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XX/XX/XXXX

Important news about your Medi-Cal coverage

Dear Member,

You will soon get Subacute Care (adult and pediatric) and most of your Medi-Cal services through a Medi-Cal health plan in your county. You will be enrolled automatically in a Medi-Cal health plan. If you have Medicare, your Medicare benefits and providers will **not** change.

You will be enrolled in this Medi-Cal health plan and dental plan:

Health Plan	Dental Plan	Start Date
<MCP>	<Dental Program>	01/01/2024

Here are some important things to know:

- **Your Medi-Cal eligibility and covered services will not change.** You do not need to call your county eligibility worker.
- **Your Medi-Cal health coverage will change from Fee-For-Service (FFS) (Regular) Medi-Cal to Medi-Cal Managed Care.**
- **Your Subacute Care Facility will not change for at least 12 months from the date you enrolled in your new Medi-Cal health plan, if you live in a:**
 - Subacute Care Facility
- **You do not have to ask for “Continuity of Care” to stay in your facility.** You can stay in your Subacute Care Facility. As long as the services you get are medically necessary, you do not have to ask for continuity of care. After 12 months, you can ask your new Medi-Cal health plan to stay in your Subacute Care Facility for another 12 months.

- **If you have a concern about your quality of care at the Subacute Care Facility** where you live and you want to move to a new Subacute Care Facility, contact your new Medi-Cal health plan.
- **Your other Medi-Cal providers may change.** This includes your Medi-Cal doctors, specialists, and therapists. Your Medi-Cal health plan will contact you. They will work with you, your Subacute Care Facility, your Regional Center, and your caregivers. They will discuss your care needs and how you will keep getting the care you need. You have a right to ask for continuity of care to keep your current providers for up to 12 months.

Learn more

To learn more about these changes, go to the Medi-Cal website at www.dhcs.ca.gov/provgovpart/Pages/Subacute-LTC-Carve-In-Member-Information.aspx to read the *Notice of Additional Information About Your Rights and Long-Term Care Benefits (NOAI)*. You can also scan the Quick Response (QR) code with your smartphone at the bottom of this letter to access the NOAI. It has more about Medi-Cal health plan enrollment, your Medi-Cal health plan choices, Medicare and Medi-Cal services, continuity of care, and resources for answers to questions.

If you want a written copy of this notice mailed to you, call Medi-Cal Health Care Options (Medi-Cal HCO) Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). If you want this notice in another language or format such as large print, audio, or Braille, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

We will also call you or your authorized representative to offer information and support during this change.

Your Medicare benefits will not change

If you are enrolled in Medicare, your Medicare benefits and providers will not change when your Medi-Cal health plan changes. Your Medicare providers:

- Do not have to be in your Medi-Cal health plan network to keep giving you care
- Cannot charge co-pays, co-insurance, and deductibles if you are in Medi-Cal
- Should bill your Medi-Cal health plan for co-pays, co-insurance, and deductibles even if they are not in the Medi-Cal network

American Indian and Alaska Native Members

If you are an American Indian or Alaska Native member enrolled in a Medi-Cal health plan, you may get services from an Indian Health Care Provider of your choice. If you have questions about your benefits, call your Medi-Cal health plan or the Medi-Cal Ombudsman at 1-888-452-8609.

You will keep getting these benefits the same way you get them now:

- Medicare benefits
- Home and community-based services
- Pharmacy services
- Substance use disorder (SUD) treatment services
- Specialty mental health services
- Dental services, in most counties

Your other health coverage

If you have other health coverage (OHC) such as private insurance, Medi-Cal is the payer of last resort. Your OHC providers must also be enrolled in Medi-Cal, but they:

- Do not have to be in your Medi-Cal health plan network to keep giving you care. If a service requires prior authorization (pre-approval), the out-of-network provider can use a letter of agreement or something similar. Without this, the provider may not be paid for billed amounts above the allowable FFS rate.
- Cannot charge co-pays, co-insurance, and deductibles if you are in Medi-Cal
- Should bill your Medi-Cal health plan for co-pays, co-insurance, and deductibles even if they are not in the Medi-Cal network

About Medi-Cal health plans

A Medi-Cal health plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers to give you the medically necessary Medi-Cal services you need. Your health plan will:

- Help manage your Medi-Cal benefits and services
- Help you find Medi-Cal doctors and specialists in the plan network (group)
- Help you keep your current Medi-Cal providers for up to 12 months, if certain conditions are met
- Have a 24-hour nurse advice line you can call
- Have a free member services telephone number to answer your questions
- Help you with rides to and from your provider, such as your specialist or hospital
- Help you get services you need that your plan does not cover
- Give you language services you need such as, interpreter services; documents in your language; or documents in Braille, large print, or audio or data CD

- Work with your intermediate care facility or subacute care facility to coordinate your health care needs, including your medical, mental health, pharmacy, or social services needs
- Work with your authorized representative to engage in your care plan

Other health plan options

You may be eligible to enroll in another Medi-Cal health plan. If you want to choose a different Medi-Cal health plan, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

How to contact your new Medi-Cal health plan

To contact: [<Insert Kaiser/COHS/Single Plan Name>](#)

Call member services at: [<Insert Member Services number here and TTY>](#)

Or visit them online at: [<Insert web address>](#)

Your new Medi-Cal health plan will send you a welcome packet. If you need to update your mailing address, call your local Medi-Cal county office. The welcome packet will explain how to stay with your doctors if they are not in your new Medi-Cal health plan. It will also tell you about your new Medi-Cal health plan's benefits.

Questions?

- Call the Medi-Cal Helpline Monday – Friday 8 a.m. to 5 p.m. at 1-800-541-5555. The call is free.
- Call the Medi-Cal Ombudsman Office Monday – Friday 8 a.m. to 5 p.m. at 1-888-452-8609 (TTY: 711 for California State Relay). The call is free. Or, email them at **MMCDombudsmanOffice@dhcs.ca.gov**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.
- Call the Medicare Medi-Cal Ombudsman Program at 1-855-501-3077. The call is free. The Medicare Medi-Cal Ombudsman helps people with complaints for Medicare and Medi-Cal.
- Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is open 24 hours a day, 7 days a week. The call is free. The Long-Term Care Ombudsman helps people who live in a skilled nursing home, intermediate care home, or subacute care facility with complaints and with knowing their rights and responsibilities.
- Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to Medi-Cal HCO at **www.healthcareoptions.dhcs.ca.gov**.

Thank you,

Medi-Cal

California Department of Health Care Services

