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JOHN SAMPLE  
1234 SAMPLE STREET  
ANYTOWN CA 90000



XX/XX/XXXX

## Important news about your Medi-Cal

Dear [Member Name],

You got this letter because you or people in your family are members in Fee-For-Service (FFS) Medi-Cal (Regular Medi-Cal). FFS Medi-Cal will not be available in your county starting January 1, 2024

Medi-Cal health plan that will no longer be available:

**Fee-For-Service Medi-Cal (Regular Medi-Cal)**

**You will be automatically enrolled in this Medi-Cal health plan on January 1, 2024:**

[MCP Name]

[XXX-XXX-XXXX]

### **Your health plan change is part of statewide upgrades to Medi-Cal**

Starting in 2024, Medi-Cal health plans will have new rules to advance health equity, quality, access, accountability, and transparency. As part of this, some Medi-Cal health plans will change on January 1, 2024.

### **Your Medi-Cal eligibility and benefits will not change**

This health plan change does **not** affect your Medi-Cal eligibility and benefits. You do not need to call your eligibility worker unless you need to update personal information. If you have changes to report, contact your local Medi-Cal county office. You can find a list of county offices at [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx).

### **Medicare Advantage**

You are a member of a Medicare Advantage Plan that has a matching Medi-Cal health plan in your county. You are currently enrolled in the matching Medi-Cal health plan in your county. Because your Medi-Cal health plan will no longer be a Medi-Cal health plan starting in January 2024, your Medi-Cal health plan will

automatically change to the matching Medi-Cal health plan on January 1, 2024. If you change your Medicare Advantage plan and there is a matching Medi-Cal health plan in your county, we may change your Medi-Cal health plan to match your new Medicare Advantage plan.

The state has a Medi-Cal matching plan policy in some counties. If you join a Medicare Advantage plan and there is a Medi-Cal health plan that matches it, you must choose that Medi-Cal health plan. This policy does **not** change or affect your choice of a Medicare Advantage plan. Read the matching Medicare and Medi-Cal health plans in your county at [www.healthcareoptions.dhcs.ca.gov/medi-medi-charts](http://www.healthcareoptions.dhcs.ca.gov/medi-medi-charts).

To enroll in a Medicare Advantage plan, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048).

### **Your Medicare benefits will not change**

Your Medicare benefits and providers will not change when your Medi-Cal health plan changes unless you change your Medicare Advantage plan. Your Medicare providers:

- Do not have to be in your Medi-Cal health plan network to keep caring for you.
- Cannot charge you co-pays, co-insurance, and deductibles if you have 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 today:**

- Medicare benefits
- Home and community-based services
- In-home supportive services (IHSS)
- Pharmacy services
- Substance use disorder (SUD) treatment services
- Specialty mental health services
- Dental services
- Regional Center services

## Learn more

Read more about this change in the *Notice of Additional Information About Your Rights and Benefits (NOAI)* at **[www.dhcs.ca.gov/Pages/MCP-Transition-Member-Information.aspx](http://www.dhcs.ca.gov/Pages/MCP-Transition-Member-Information.aspx)**. You can also use your smartphone to scan the Quick Response (QR) code at the bottom of this letter to read the NOAI. The NOAI has more information about Medi-Cal health plan enrollment, your Medi-Cal health plan choices, Medicare and Medi-Cal services, continuity of care, and resources on who to call for answers to questions.

If you want a printed NOAI mailed to you, call 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 like 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).

## Other health plan choices

If you are 55 years old or older and need a higher level of care to live at home, you may qualify to join a Program of All-Inclusive Care for the Elderly (PACE) plan in your area. PACE coordinates your health care, home care, transportation, and dental care. PACE also offers social centers and senior gyms. If you choose to join a PACE plan and you have Medicare, your Medicare providers may change. You will also be disenrolled from your Medicare Advantage plan if you join a PACE plan.

To find out if PACE is available in your county or to learn more about PACE, go to **[www.CalPACE.org](http://www.CalPACE.org)**. Or 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 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. It explains how to choose a doctor and how to ask to keep your doctors if they are not in your new Medi-Cal health plan network (group). It also tells you about the benefits your new Medi-Cal health plan offers.

## Questions?

- Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). The call is free. Or go to Medi-Cal HCO at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.
- 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 **[MMCDOmbudsmanOffice@dhcs.ca.gov](mailto: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 Medi-Cal Helpline Monday – Friday 8 a.m. to 5 p.m. at 1-800-541-5555. The call is free. They will help you learn more about what services you can get through Medi-Cal.

Thank you,

Medi-Cal

California Department of Health Care Services

