

ANOC Cover Letter

*[Note: Header is for plan information only and should not be included in the letter the plan sends to individuals.]*

<Date>

<Name>

<Address>

<City>, <State> <Zip>

Changes to your 2024 health plan

<Name>:

*[DHCS requires this cover letter for D-SNPs that are transitioning from Medicare Medi-Cal Plans (MMPs) to D-SNPs that do not offer exclusively aligned enrollment effective January 1, 2024.]*  
Your Medicare Medi-Cal Plan *[insert MMP plan name]* is changing to *[insert Non-EAE D-SNP plan-specific branding name]* on January 1, 2024. Unless you make a different choice, you will be enrolled in *[insert Non-EAE D-SNP plan-specific branding name]* for your Medicare benefits for 2024. To view all your health care options, visit [www.medicare.gov/medicare-and-you](http://www.medicare.gov/medicare-and-you) for Medicare benefits and visit [www.healthcareoptions.dhcs.ca.gov/en/compare-medical-plans-and-dental-plans](http://www.healthcareoptions.dhcs.ca.gov/en/compare-medical-plans-and-dental-plans) for Medi-Cal benefits.

You will not have a gap in your coverage. You will keep all of your regular Medicare Part A and B benefits, and your Medi-Cal benefits. If you want to change plans and pick a different Medicare health plan, read your options on pages *[Insert ANOC page number]* through *[Insert ANOC page number]*.

Also, starting January 1, 2024, you will receive your Medi-Cal benefits from a different plan. You will receive a letter from the California Department of Health Care Services (DHCS) about your Medi-Cal plan choices.

Beginning January 1, 2024, unless you choose another Medicare Medi-Cal plan, there will be important changes to the way you receive your Medicare and Medi-Cal benefits:

- You will get a new Member ID plan card from *[insert name of Non-EAE D-SNP plan]* and a separate Medi-Cal card from your new Medi-Cal plan
- If you need to appeal a denial for a Medi-Cal service in 2024, you will have to do so through your Medi-Cal plan
- *[If there will be a change to members' care coordinators, include: Your care coordinator will change. You will be notified of your new care coordinator]*
- To learn more about these and other changes to how you will receive your Medicare and Medi-Cal benefits, see Section E. Changes to benefits beginning on page *[Insert page number]* and Section F. Administrative changes beginning on page *[Insert page number]*

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If you want to keep having integrated care you can choose another Medicare Medi-Cal Plan from this list: [Medicare Medi-Cal Plan List](#).

You will continue to get services through *[insert name of MMP D-SNP]* until December 31, 2023. On January 1, 2024, you will *[insert: [continue to get Medicare services through [2023/2024 D-SNP plan, if plan name is unchanged]] OR [automatically start getting Medicare services through [insert name of 2024 D-SNP plan into which the member will enroll]]*. You will not have a gap in your coverage. You will be automatically enrolled in *<insert Non-EAE D-SNP plan-specific branding name>* offered by *< Non-EAE plan parent organization name.>* You don't have to do anything if you want to join this plan. If you want to change plans, read your options below

*[Insert name of 2024 D-SNP]* will help you with your health care needs and will continue to coordinate your benefits and care. This includes medical services, medical supplies, and drugs. *[Insert name of 2024 D-SNP]* will include the doctors you use now or help you find a new doctor that you like. You will start getting letters about this change in October 2023.

- If you have questions about your Medicare coverage in 2024, contact us at [\[Insert plan phone number and TTY\]](#).
- You can also contact these numbers for questions about Medicare coverage:
  - HICAP (Health Insurance Counseling and Advocacy Program) at 1-800-434-0222, Monday – Friday, 8:00 a.m. to 3:30 p.m.
  - Medicare Medi-Cal Ombudsman Program at 1-855-501-3077, Monday – Friday, 8:00 a.m. to 5:00 p.m.
- If you have questions about your Medi-Cal coverage in 2024, contact:
  - Your new Medi-Cal health plan once you are enrolled in your new Medi-Cal health plan.
  - Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8:00 a.m. to 6:00 p.m.
  - The Medi-Cal Ombudsman Office at 1-888-452-8609 (TTY: 711), Monday – Friday, 8:00 a.m. to 5:00 p.m.
  - The Medi-Cal Helpline at 1-800-541-5555, Monday – Friday, 8:00 a.m. to 5:00 p.m.