

Notice of Additional Information About Your Rights and Mandatory Medi-Cal Managed Care Enrollment

1. Why is my Medi-Cal changing?

A new law requires most Medi-Cal beneficiaries who have Fee-For-Service (FFS) (Regular) Medi-Cal to join a Medi-Cal Managed Care Plan.

2. Will I still have Medi-Cal?

Yes, you will still have Medi-Cal coverage. Your Medi-Cal eligibility and covered services will not change.

3. Will I still have Medicare?

Yes. If you have Medicare, you will keep your Medicare benefits and providers. Your Medicare benefits and providers won't change when you join a Medi-Cal Managed Care Plan.

Your Medicare providers:

- Don't have to be in your Medi-Cal Managed Care Plan network to keep giving you care
- Can't charge co-pays, co-insurance, and deductibles if you are in Medi-Cal
- Should bill your Medi-Cal Managed Care Plan for those costs even if they are not in the Medi-Cal network

If you have questions about your Medicare Advantage benefits, call the number on your Medicare Advantage plan member card.

4. What is the difference between Fee-For-Service (Regular) Medi-Cal and a Medi-Cal Managed Care Plan?

Fee-For-Service (FFS) Medi-Cal is also called "Regular" Medi-Cal.

If you have FFS Medi-Cal, you can go to any Medi-Cal provider who takes FFS, usually, without coordination across Medi-Cal benefits.

With Medi-Cal Managed Care, your health plan **coordinates** your Medi-Cal benefits and has a network of Medi-Cal providers. Also, Medi-Cal Managed Care plans offer services called Community Supports that are not offered in FFS Medi-Cal.

5. What is a Medi-Cal Managed Care Plan?

A Medi-Cal Managed Care Plan is a health plan that:

- Works with doctors, hospitals, and other health care providers in your service area to give you health care services
- Gives you the medically necessary Medi-Cal services you need
- Works with you and your provider to coordinate and manage your care

When you are in a Medi-Cal Managed Care Plan, you may still get some services through FFS Medi-Cal instead of through your Medi-Cal Managed Care Plan. In most counties, these include:

- Certain home and community-based services
- Most Medi-Cal pharmacy services
- Substance use disorder (SUD) treatment services
- Dental services

If you get In-Home Supportive Services (IHSS), you will keep getting those services through FFS Medi-Cal the way you do now.

If you qualify for Medicare, your Medi-Cal health plan can give you more benefits along with your Medicare benefits. These include:

- Transportation to medical appointments
- Durable medical equipment
- Medical supplies
- Community Supports

To learn more about benefits available through Medi-Cal Managed Care plans, go to www.healthcareoptions.dhcs.ca.gov.

6. How do I choose a Medi-Cal Managed Care Plan?

Your Medi-Cal Managed Care Plan choices depend on the county you live in, and whether you are in a Medicare Advantage plan. (Read Question 9.)

- If you live in a county that **does not have** a County Organized Health System (COHS) and you are not in a Medicare Advantage plan, you will get or get a *My Medi-Cal Choice* packet at the end of November. It has your Medi-Cal Managed Care Plan choices.

You can enroll in a Medi-Cal Managed Care Plan by phone. Call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or, enroll online at: www.healthcareoptions.dhcs.ca.gov.

If you do not choose a Medi-Cal Managed Care Plan and you are not in a Medicare Advantage plan with a matching Medi-Cal plan, the Department of Health Care Services (DHCS) will choose a Medi-Cal plan for you.

You have the right to ask to change your Medi-Cal Managed Care Plan at any time. Call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to www.healthcareoptions.dhcs.ca.gov.

To go back to FFS Medi-Cal, you need an exemption. To learn more about exemptions from joining a Medi-Cal Managed Care Plan, read Question 13.

- If you live in a county that **does have** a COHS, there is one Medi-Cal Managed Care health plan in your county. You will be in that plan. You cannot go back to Fee-For-Service.

Call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to **www.healthcareoptions.dhcs.ca.gov**.

7. What is Health Care Options?

Health Care Options is a service that helps members learn about Medi-Cal Managed Care plans. DHCS offers it to help members make the right choices about their Medi-Cal.

The Health Care Options website is: **www.healthcareoptions.dhcs.ca.gov**. To learn more, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

Health Care Options has information only for non-COHS counties. If you live in a COHS county, contact your county social service agency to learn more.

8. Can I enroll in the Program of All-Inclusive Care for the Elderly (PACE)?

You may qualify to join a PACE plan in your area if you are 55 or older and need a higher level of care in order to live at home.

With PACE, you get a personal care team of doctors, nurses, therapists, drivers, homecare workers, social workers, activity coordinators, and dietitians. They will coordinate your healthcare, homecare, transportation, and specialty care such as dental care and hearing aids.

Through PACE, you get most of your care at PACE Centers. You can also take part in their social programs and use their senior gyms. Sometimes your care team brings services to you at home or remotely.

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.

Enrollment in PACE is voluntary. You can disenroll at any time. There is an application process to join PACE. It includes a health assessment. This is to learn your care needs. It can take a few weeks. If you have Medi-Cal, there are no other co-pays or deductibles to enroll in PACE.

PACE services include, but are not limited to:

- Doctor and specialist visits
- Hospital care and surgeries
- Emergency and urgent care
- Vision and dental services
- Prescription drugs
- Physical, occupational, and speech therapy

- Home health care
- Behavioral health services
- Equipment and medical supplies
- Transportation to and from the PACE Centers and outside medical appointments
- Nutritional counseling and prepared meals
- Nursing home care

To find out if PACE is available in your county or to learn more about PACE, go to **www.CalPACE.org**. Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077).

9. What if I am enrolled in a Medicare Advantage Plan and live in Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, or Stanislaus County?

If you are in a Medicare Advantage plan, **and** your county has a matching Medi-Cal Managed Care Plan, you will automatically be enrolled in that matching plan.

The State has a Medi-Cal matching plan policy in certain counties. This means that if you join a Medicare Advantage plan and there is a Medi-Cal plan that matches with that plan, you must choose that Medi-Cal plan. This policy does not change or affect your choice of a Medicare plan.

Having the same plan manage your Medicare and Medi-Cal benefits improves coordination of your benefits. In some counties these plans work together as one plan. They offer more care management for your Medicare and Medi-Cal services and Medicare prescription drugs. Together, this is called a Medicare Medi-Cal Plan.

The names of your Medicare Advantage Plan and Medi-Cal Managed Care Plan may not be the same or may not match. You can read the list of matching Medicare and Medi-Cal Plans for your county at: **www.healthcareoptions.dhcs.ca.gov/medi-medi-charts**.

If you have questions about your Medicare enrollment choices, call California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222. (TTY: State Relay at 711). If you have questions about your Medicare Advantage benefits, call them at the number on your Medicare Advantage plan member card.

10. What is a Medicare Medi-Cal Plan?

A Medicare Medi-Cal Plan is a type of Medicare Advantage plan. It is for people who have **both** Medicare and Medi-Cal. It is a voluntary program. It combines your Medicare and Medi-Cal coverage into **one** plan. This means you have:

- One care team to coordinate care.
- One set of benefits, doctors, hospitals, prescription drugs, lab tests, x-rays, and some medical equipment.

- One health plan to coordinate delivery of services, including medical supplies, transportation, and long-term services and supports.
- A network of providers, including doctors, hospitals, clinics, labs, and equipment suppliers. Your new plan will include most of the doctors you have now or will help you find a new doctor you like.
- You might also get extra benefits like dental, hearing, or vision coverage, in addition to what Medi-Cal covers.

These seven counties have Medicare Medi-Cal Plans: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.

11. After I'm in a Medi-Cal Managed Care Plan, can I go back to Fee-For-Service (FFS) Medi-Cal?

In some cases, you can go back to FFS Medi-Cal. It depends on the county you live in and if you meet certain exceptions.

For questions about going back to FFS Medi-Cal or to learn more, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

If you live in San Benito County, you can choose to join a Medi-Cal Managed Care Plan or to stay in FFS Medi-Cal (Regular Medi-Cal).

12. Who does not have to join a Medi-Cal Managed Care Plan?

You may not have to join a Medi-Cal Managed Care Plan if you:

- Are an American Indian/Alaska Native
- Are a beneficiary who gets assistance under Foster Care, the Adoption Assistance Program, or Child Protective Services
- Live in a California Veteran's home
- Live in an Intermediate Care Facility (ICF),
- Live in an Intermediate Care Facility for Developmentally Disabled (ICF-DD)
- Receive Subacute Care Services (adult and pediatric services)
- Already have an approved medical exemption from the requirement to join a Medi-Cal Managed Care Plan; or
- Get a medical exemption from the requirement to join a Medi-Cal Managed Care Plan (Read Question 13)

To learn more about exemptions from joining a Medi-Cal Managed Care Plan, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

If you live in San Benito County, you can join a Medi-Cal Managed Care Plan or stay FFS Medi-Cal (Regular Medi-Cal). To learn more, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

13. Can I get a medical exemption from joining a Medi-Cal Managed Care Plan?

If you have a complex medical condition and your **Medi-Cal** doctor or clinic is a FFS Medi-Cal provider who is not in a Medi-Cal Managed Care Plan network in your county, you might be able to get a medical exemption to keep your provider for **up to 12 months**.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot qualify for an exemption from managed care enrollment after you have been in a Medi-Cal Managed Care Plan for **90 days**.

You do **not** need a medical exemption to keep your **Medicare** providers.

There are two ways you can ask for a medical exemption:

- Call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m.
- Go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

If your exemption is approved, you can stay in FFS Medi-Cal and keep your doctor until the medical exemption ends.

If you have certain health conditions and want to keep your Medi-Cal provider for **more than 12 months**, you may be able to ask for a medical exemption extension. If you want to ask for an extension, you must wait until at least **11 months** from your existing medical exemption's start date. Health Care Options will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

If your exemption is denied, you might be able to keep your doctor if you ask your Medi-Cal Managed Care Plan for "continuity of care." Read Question #18.

If you live in a COHS county, you may not qualify for a medical exemption.

To learn more about medical exemptions and how to ask for one, go to the Health Care Options website at **www.healthcareoptions.dhcs.ca.gov**.

14. If I have an approved medical exemption before January 1, 2023, will I stay in FFS?

If you get an approved medical exemption before January 1, 2023, you will stay in FFS until your approved medical exemption expires and it is medically safe for you to join a Medi-Cal Managed Care Plan.

A Medical Exemption Request (MER) lets you stay in Medi-Cal FFS until your exemption ends. You will get a letter before your medical exemption ends.

You can ask for a medical exemption extension if you believe your health condition still qualifies. If you want to ask for an extension, you must wait until **11 months** after your existing exemption's start date. When the medical exemption ends, Health Care Options will give you information about enrolling in a Medi-Cal Managed Care Plan.

15. Will I have to move from my current skilled nursing home?

If you get care in a skilled nursing home now, your skilled nursing home will not change unless there is a quality of care concern. However, your other Medi-Cal providers, including your doctors, may change. Your Medi-Cal Managed Care Plan will contact you and work with you if you do have to move due to a quality of care issue. Your Medi-Cal Managed Care Plan will contact you and work with you, the skilled nursing home, your care manager and your caregivers to discuss your care needs and how you will continue receiving the care you need.

16. How do I get care before I join a Medi-Cal Managed Care Plan?

You will have FFS Medi-Cal until you join a Medi-Cal Managed Care Plan. During this time, you can keep your primary care provider (PCP) or provider who takes FFS Medi-Cal.

To find a new provider, use the online list of providers in Medi-Cal FFS at <https://geohub-cadhcs.hub.arcgis.com>.

- When you call a provider's office, ask if they are taking new "Medi-Cal Fee-For-Service" patients.
- You can also call the Department of Health Care Services (DHCS) Medi-Cal Helpline to get help choosing a provider at 1-800-541-5555 Monday – Friday 8 a.m. to 5 p.m. This call is free.

17. Who will be my doctor when I am in a Medi-Cal Managed Care Plan?

Once you join a Medi-Cal Managed Care Plan, you need to choose a primary care doctor (PCP) who works with your Medi-Cal Managed Care Plan, unless you have Medicare. If you do not choose a doctor within **30 days** of the date you enroll in your Medi-Cal Managed Care Plan, the Medi-Cal Managed Care Plan will choose one for you.

If you want to **keep** your doctor:

- Ask your doctor if they work with a Medi-Cal Managed Care Plan in your county.
- Choose a Medi-Cal Managed Care Plan your doctor works with.

If you want to find a **new** doctor:

- Read the online list of doctors your Medi-Cal Managed Care Plan has to choose from. Or ask them to mail you a list of doctors.
- Ask to change to a doctor who works with your Medi-Cal Managed Care Plan network. You can ask at any time.
- For help finding a doctor or to change your doctor, call your Medi-Cal Managed Care Plan's member services phone number after you join.

If you have a **Medicare** doctor:

- Your doctor won't change. Your Medicare providers do not need to be part of your Medi-Cal Managed Care Plan to keep giving you care.
- Your Medicare providers can't charge you co-pays or deductibles if you are in a Medi-Cal Managed Care Plan.

- Your Medicare providers should bill your Medi-Cal Managed Care Plan for those costs even if they are not in the Medi-Cal network

18. Can I keep my Medi-Cal doctor if my doctor does not work with a Medi-Cal Managed Care Plan?

If you have gone to a Medi-Cal doctor in the past **12 months** who does not work with a Medi-Cal Managed Care Plan, you might be able to keep your doctor if you ask your Medi-Cal Managed Care Plan for “continuity of care.”

Your doctor has to agree to work with the Medi-Cal Managed Care Plan. This can last up to 12 months, or more in some cases. If you want continuity of care, call your Medi-Cal Managed Care Plan’s member services phone number once you join the plan.

If the skilled nursing home where you live does not work with the Medi-Cal Managed Care Plan now, you might not have to move. Read Question #15.

If you have Medicare, you will keep the Medicare benefits and providers you have now.

19. What other services can I get through Medi-Cal?

Dental services

You can get dental services through Medi-Cal. Your dental benefits do not change when you enroll in a Medi-Cal Managed Care Plan.

- For **most counties**, you get Fee-For-Service (regular) Medi-Cal dental services through the **Medi-Cal Dental Program**. You need to go to a dental provider who takes Medi-Cal Dental. To find a dental provider, you can call the Medi-Cal Dental Customer Service Center Monday – Friday, 8 a.m. to 5 p.m. at 1-800-322-6384 (TTY: 1-800-735-2922). The call is free.

You can also find a dental provider and more about Medi-Cal dental services on the “Smile, California” website at www.smilecalifornia.org.

- If you live in **Sacramento County**, you will get services through a **Medi-Cal Dental Managed Care Plan**. To learn more about these plans, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or you can fill out a dental choice form you get or got in your *My Medi-Cal Choice* packet. If you do not choose a plan before the “choose a plan by” date in the letter, we will enroll you in the plan listed at the top of the letter.
- If you live in **Los Angeles County**, you can get services through the **Medi-Cal Dental Program** with Fee-For-Service dental **or** a **Medi-Cal Dental Managed Care Plan**. To learn more about joining a plan, call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or fill out a dental choice form you get or got in your *My Medi-Cal Choice* packet. If you do not choose a plan before the “choose a plan by” date in the letter, we will enroll you in the Medi-Cal Dental Program listed at the top of the letter.

In-Home Supportive Services

The In-Home Supportive Services Program (IHSS) helps pay for services that help you stay safely in your own home. IHSS is an alternative to out-of-home care such as nursing homes or board and care facilities. IHSS can authorize these types of services:

- Housecleaning
- Meal preparation
- Laundry
- Grocery shopping
- Personal care services such as bowel and bladder care, bathing, grooming and paramedical services
- Accompaniment to medical appointments
- Protective supervision for the mentally impaired

To apply for IHSS, contact your local county social service agency. A county social worker will interview you at your home to find if you qualify for and need IHSS. Based on your ability to safely perform certain tasks for yourself, the social worker will assess the types of services you need and the number of hours the county will authorize for each of these services.

If you are approved for IHSS, in most counties you must hire someone (your individual provider) to perform the authorized services. Your county IHSS Public Authority can help connect you with qualified IHSS providers.

Mental health services

If you need mental health services, talk to your new Medi-Cal Managed Care Plan member services. Or talk to your primary care provider (PCP). You may get some mental health services through your Medicare or Medi-Cal Managed Care Plan's network. You may also qualify for specialty mental health services. Your county mental health plan provides specialty services.

Your Medi-Cal Managed Care Plan must help you with your mental health care needs and help you find the right provider. The County Mental Health Plan Contact List for specialty mental health services is at: www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Alcohol and drug treatment services

If you need help with alcohol or other substance use disorder treatment services, you can get an assessment from your Medi-Cal Managed Care Plan. You can also call your county Drug Medi-Cal program for substance use disorder treatment services. Or call your Medi-Cal Managed Care Plan member services for help to get treatment for a substance use disorder.

Pharmacy services

Medi-Cal Rx covers prescription drugs that your provider prescribes for you to get from a pharmacy. Your Medi-Cal Managed Care Plan covers the drugs your provider gives you in person, such as at the doctor’s office or clinic.

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to www.medi-calrx.dhcs.ca.gov. Or call the Medi-Cal Rx Customer Service Center at 1-800-977-2273 (TTY: State Relay at 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan’s member services phone number.

If you qualify for Medicare, Medicare Part D will cover most prescriptions. You must pay any co-pays. Medi-Cal will only pay for a few medications not in your Part D plan.

If you live in a skilled nursing home, you get your prescription drugs from the skilled nursing home. This does not change.

Transportation

If you do not have a way to get to the doctor, clinic, dentist, mental health and substance use disorder treatment services, or to pick up a medicine or for other Medi-Cal covered services, you may qualify for free Non-Medical Transportation services. If you qualify, you can get a ride by car, taxi, bus or other public or private vehicle.

If you cannot use a car, bus or taxi, or other public or private vehicle to your appointments due to your health conditions, you may qualify for free Non-Emergency Medical Transportation. This is by ambulance, wheelchair van, or litter van. It is for people who cannot use public or private transportation.

You will need a prescription from a licensed provider to ask for Non-Emergency Medical Transportation. Your primary care provider, dentist, podiatrist, mental health or substance use disorder provider can prescribe Non-Emergency Medical Transportation. If you get Medi-Cal through a Medi-Cal Managed Care Plan, call member services to ask for a ride.

20. Where can I learn more or get help about this change?

For questions about Medi-Cal:

- Call the DHCS Medi-Cal Helpline at 1-800-541-5555 Monday – Friday 8 a.m. to 5 p.m. The call is free.

For questions about why your Medi-Cal services are changing:

- Call the DHCS Ombudsman Office at 1-888-452-8609 (TTY: California State Relay at 711), Monday – Friday, 8 a.m. to 5 p.m. The call is free. Or email them at MMCOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and understand their rights and responsibilities.

- You may also 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 and issues for both Medicare and Medi-Cal.
- Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is available 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 with complaints and know their rights and responsibilities.

To learn more about health plan and provider choices:

- Call Health Care Options Monday – Friday, 8 a.m. to 6 p.m at 1-800-430-4263 (TTY: 1-800-430-7077) for more on plan choices and doctor or clinic choices. Or go to our website at **www.healthcareoptions.dhcs.ca.gov**.