

1234567AB-A8B-XX/XX/XXXX  
XXX123456789\_ABCD0-00-0-000000



XX/XX/XXXX



JOHN SAMPLE  
1234 SAMPLE STREET  
Line 2  
ANYTOWN CA 90000

## Important news about your Medi-Cal coverage

Dear [Member Name],

In November, we sent you a letter. It told you about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. Your Medi-Cal health coverage will change to **full scope** Medi-Cal starting **January 1, 2024**. You will have access to more services. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

The *My Medi-Cal Choice* packet you received tells you how to choose a Medi-Cal Managed Care Plan.

**If you do not choose a plan by the date listed on your *My Medi-Cal Choice* packet, you will be enrolled in this Medi-Cal Managed Care Plan and Dental Plan:**

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/2024

### About Medi-Cal Managed Care Plans

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

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- 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 providers such as specialists or hospitals

- Help you get services you may 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

### **How to choose a Medi-Cal Managed Care Plan**

Your Medi-Cal Managed Care Plan choices depend on the county you live in. Health Care Options (HCO) sent you a *My Medi-Cal Choice* packet. It tells you about Medi-Cal Managed Care plans in your area and how to enroll.

To learn more about your health plan and provider choices, call HCO Monday – Friday 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077). This call is free. Or, go to **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

### **Exemptions from joining 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,
- 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

### **Medical exemption from joining a Medi-Cal Managed Care Plan**

If you have a complex medical condition, including pregnancy, and your Medi-Cal doctor or clinic is a Fee-for-Service (FFS) (regular) 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 enrolling in managed care after you have been in a Medi-Cal Managed Care Plan for 90 days.

There are three ways to ask for a medical exemption:

- **Phone:** Call HCO Monday – Friday, 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077).
- **Mail:** Fill out and mail in the Medical Exemption Request form in your *My Medi-Cal Choice* packet. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form. Return the completed form to HCO.
- **Online:** Go to the HCO website at **[www.healthcareoptions.dhcs.ca.gov](http://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. You must wait until at least 11 months from the start date of your existing medical exemption. HCO will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

### **What to do now**

- If you want to stay in the Medi-Cal Managed Care Plan listed above, you do not have to do anything.
- If you want to keep your same Medi-Cal doctor or clinic, ask them if they work with a Medi-Cal Managed Care Plan in your county. If they do, then choose that plan.
- If you want to choose another Medi-Cal Managed Care Plan, contact HCO:
  - **Phone:** Call HCO Monday – Friday, 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077).
  - **Mail:** Fill out and mail the choice form in your *My Medi-Cal Choice* packet.
  - **Online:** Enroll at **[www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)**.

Your Medi-Cal Managed Care Plan will send you a welcome packet. It will tell you how to choose a doctor. It will also tell you about the benefits the plan offers.

### **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](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov)**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.
- Read the Frequently Asked Questions (FAQ) on the Medi-Cal website at: **[www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Adult-Expansion.aspx)**. If you want a written copy of the FAQ mailed to you, call 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 different format, like large print, audio, or Braille, please call HCO Monday – Friday, 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077).

Thank you,

Medi-Cal

Department of Health Care Services