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XXX123456789\_ABCD0-00-0-000000



XX/XX/XXXX



JOHN SAMPLE  
1234 SAMPLE STREET  
Line 2  
ANYTOWN CA 90000

## Tso cov xov xwm ua tshuam cuam ntawm koj Medi-Cal kev pab them nqi

Nyob zoo [Member Name],

Lub kaum ib hlis, peb xa ib tsab ntawv rau koj. Uas qhia koj txog qhov hloov npauv kev pab them qis kev kho mob ntawm koj Medi-Cal. Tam si no Koj raug **txwv** kev kho mob thiab kev pab cuam lawm Medi-Cal cov kev pab cuam. Koj li kev pab them nqi kho mob yuav raug hloov pauv mus rau qho **them tag nrho** Medi-Cal pib **lubib hlis 1, 2024**. Koj yuav tau txais kev saib xyuas kev pab cuam ntau dua qub. Koj yuav tau txais koj li kev kho mob xws li Medi-Cal cov kev pab cuam los ntawm Medi-Cal Managed Care Daim Phiaj Kho Mob.

Koj yuav tsum xaiv sau npe rau qhov no Medi-Cal Managed Care Daim Phiaj Kho Mob thiab Daim Phiaj Kho Hniav:

**Kev kho mob**

<Insert MCP>

**Kev kho hniav**

<Insert Dental Program>

**Pib hnub**

01/01/2024

### Yuav Tiv Tauj Rau Koj Txoj Phiaj Xwm Tswj Xyuas Kev Saib Xyuas Mob Nkeeg Medi-Cal Tau Li Cas

Qhov Medi-Cal Managed Care Daim Phiaj Kho Mob yog ib daim phiaj pov hwm kev noj qab haus huv. Nws ua hau lwm nrog cov kws kho mob, cov tsev kho mob, cov tsev muag tshuaj, thiab lwm cov tub saib xyuas kev kho mob nkeeg yuav muab kev kho mob coos tshaj plaws rau koj Medi-Cal cov kev kho mob uas koj xav tau. Koj txoj hauv kev yuav:

- Pab tuav tswj koj li Medi-Cal cov txiaj ntsig thiab cov kev pab cuam
- Pab koj nrhiav kws kho mob thiab cov kws tshaj li uas nyob pab pawg
- Muaj ib tug line uas lawm muaj peev xwm qhia rau koj hauv xov tooj 24 xuaj moos uas koj hu tau rau uas koj hu tau rau

- Muaj ib tug xov tooj hu dawb xwb nws mam teb koj cov lus nug
- Pab koj koj mus rau tom tsem kho mob thiab koj koj rov qab los tsev
- Pab koj kom tau txais kev pab cuam uas tsis tau nyob hauv koj koj daim kev pab
- Pab koj txhais lus, txhais lus rau koj cov ntawv, los yog cov ntawv hauv Braille, luam ua tus ntawv loj, los sis ua suab los sis cov ntaub ntawv CD

### **Yuav tiv tauj koj tus Medi-Cal Managed Care Daim Phiaj Kho Mob**

Npe Txoj Phiaj Xwm: [<Insert COHS/Single Plan Name>](#)

Cov kev pab cuam rau tswv cuab: [<Insert Member Services number here and TTY>](#)

Cov vev xaib: [<Insert web address>](#)

Koj li Medi-Cal Managed Care Daim Phiaj Kho Mob mam xav cov nqi rau koj. Nws mam qhia koj txog kev xaiv ib tug kws kho mob. Nws kuj mam qhia koj txog ntawm cov txiaj ntsig.

### **Muaj lus nug?**

- Hu rau Medi-Cal Kev Pab Zwj Hli (Monday) - Zwj Kuab (Friday), 8 teev sawv ntxov mus txog 5 teev tsaus ntuj ntawm tus xov tooj **1-800-541-5555**. Hu dawb xwb.
- Hu rau Medi-Cal Ombudsman Office Zwj Hli (Monday) - Zwj Kuab (Friday), 8 teev sawv ntxov mus txog 5 teev tsaus ntuj ntawm tus xov tooj **1-888-452-8609** (TTY: 711 rau California State Relay). Qhov kev hu xov tooj yog hu dawb xwb. Los sis, xa email rau lawv tau ntawm **MMCOmbudsmanOffice@dhcs.ca.gov**. Lub Medi-Cal Ombudsman Office pab cov neeg uas muaj Medi-Cal los siv lawv cov nyiaj pab thiab paub txog lawv cov cai thiab cov luag hauj lwm.
- Nyeem Cov Nqe Lus Nug Uas Kheev Nquag Nug Tas Li Frequently Asked Questions (FAQ) ob hauv Medi-Cal lub website ntawm: **[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)**. Yog hais tias koj xav theej ib daim ntawv sau ntawm FAQ muab xa rau koj hauv chaw xa ntawv, ces hu rau HCO, Zwj Hli (Monday) - Zwj Kuab (Friday), 8 teev sawv ntxov mus txog 6 teev tsaus ntuj tau ntawm tus xov tooj **1-800-430-2022** (TTY: 1-800-430-7077). Yog hais tias koj xav kom daim ntawv ceeb toom no sau ua lwm hom lus los sis ua lwm hom ntawv, xws li luam ua ntawv loj, ua suab, los Braille, thov hu rau HCO Zwj Hli (Monday) - Zwj Kuab (Friday), 8 teev sawv ntxov mus txog 6 teev tsaus ntuj ntawm tus xov tooj **1-800-430-2022** (TTY: 1-800-430-7077).

Ua tsaug,

Medi-Cal

Department of Health Care Services