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JOHN SAMPLE  
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ANYTOWN CA 90000



XX/XX/XXXX

## Important news about your Medi-Cal coverage

Dear Member,

You will soon get intermediate care and most of your Medi-Cal services through a Medi-Cal health plan in your county. You will be enrolled automatically in a Medi-Cal health plan. If you have Medicare, your Medicare benefits and providers will **not** change.

### You will be enrolled in this Medi-Cal health plan and dental plan:

Health Plan	Dental Plan	Start Date
<MCP>	<Dental Program>	01/01/2024

Here are some important things to know:

- **Your Medi-Cal eligibility and covered services will not change.** You do not need to call your county eligibility worker.
- **Your Medi-Cal health coverage will change from Fee-For-Service (FFS) (Regular) Medi-Cal to Medi-Cal Managed Care.**
- **Your Intermediate Care Home will not change for at least 12 months from the date you enrolled in your new Medi-Cal health plan, if you live in an:**
  - Intermediate Care Facility for the Developmentally Disabled (ICF/DD),
  - Intermediate Care Facility for the Developmentally Disabled-Habilitative (ICF/DD-H), or
  - Intermediate Care Facility for the Developmentally Disabled-Nursing (ICF/DD-N).
- **You do not have to ask for “Continuity of Care” to stay in your facility.** You can stay in your ICF/DD, ICF/DD-H, or ICF/DD-N home. As long as the services you get are medically necessary, you do not have to ask for continuity of care.

After 12 months, you can ask your new Medi-Cal health plan to stay in your ICF/DD, ICF/DD-H, or ICF/DD-N home for another 12 months.

- **If you have a concern about your quality of care at the ICF/DD, ICF/DD-H, ICF/DD-N home** where you live and you want to move to a new home, contact your new Medi-Cal health plan.
- **Your other Medi-Cal providers may change.** This includes your Medi-Cal doctors, specialists, and therapists. Your Medi-Cal health plan will contact you. They will work with you, your ICF/DD, ICF/DD-H, or ICF/DD-N home, your Regional Center, and your caregivers. They will discuss your care needs and how you will keep getting the care you need. You have a right to ask for continuity of care to keep your current providers for up to 12 months.

### **Learn more**

To learn more about these changes, go to the Medi-Cal website at [www.dhcs.ca.gov/provgovpart/Pages/ICF-DD-LTC-Carve-In-Member-Information.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/ICF-DD-LTC-Carve-In-Member-Information.aspx) to read the *Notice of Additional Information About Your Rights and Long-Term Care Benefits (NOAI)*. You can also scan the Quick Response (QR) code with your smartphone at the bottom of this letter to access the NOAI. It has more about Medi-Cal health plan enrollment, your Medi-Cal health plan choices, Medicare and Medi-Cal services, continuity of care, and resources for answers to questions.

If you want a written copy of this notice mailed to you, call Medi-Cal Health Care Options (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 such as 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).

We will also call you or your authorized representative to offer information and support during this change.

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

If you are enrolled in Medicare, your Medicare benefits and providers will not change when your Medi-Cal health plan changes. Your Medicare providers:

- Do not have to be in your Medi-Cal health plan network to keep giving you care
- Cannot charge co-pays, co-insurance, and deductibles if you are in 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 now:**

- Medicare benefits
- Home and community-based services
- Pharmacy services
- Substance use disorder (SUD) treatment services
- Specialty mental health services
- Dental services, in most counties

**Your other health coverage**

If you have other health coverage (OHC) such as private insurance, Medi-Cal is the payer of last resort. Your OHC providers must also be enrolled in Medi-Cal, but they:

- Do not have to be in your Medi-Cal health plan network to keep giving you care. If a service requires prior authorization (pre-approval), the out-of-network provider can use a letter of agreement or something similar. Without this, the provider may not be paid for billed amounts above the allowable FFS rate.
- Cannot charge co-pays, co-insurance, and deductibles if you are in 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

**About Medi-Cal health plans**

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

- Help manage your Medi-Cal benefits and services
- Help you find Medi-Cal doctors and specialists in the plan network (group)
- Help you keep your current Medi-Cal providers for up to 12 months, if certain conditions are met
- 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 provider, such as your specialist or hospital
- Help you get services you 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

- Work with your intermediate care facility or subacute care facility to coordinate your health care needs, including your medical, mental health, pharmacy, or social services needs
- Work with your authorized representative to engage in your care plan

### **How to contact your new 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. If you need to update your mailing address, call your local Medi-Cal county office. The welcome packet will explain how to stay with your doctors if they are not in your new Medi-Cal health plan. It will also tell you about your new Medi-Cal health plan's benefits.

### **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**. The Medi-Cal Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.
- 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 for Medicare and Medi-Cal.
- Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is open 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, intermediate care home, or subacute care facility with complaints and with knowing their rights and responsibilities.
- Call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077). Or go to Medi-Cal HCO at **www.healthcareoptions.dhcs.ca.gov**.

Thank you,

Medi-Cal

California Department of Health Care Services

