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XX/XX/XXXX

Important news about your Medi-Cal coverage

Dear [Member Name],

We sent you a letter in February about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

In April, you got or will get a *My Medi-Cal Choice* packet. The packet tells how to choose a Medi-Cal Managed Care Plan.

If you do not choose a plan by: [XX/XX/XXXX](#)

You will be enrolled in this Medi-Cal Managed Care Plan:

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

To learn more about your Medi-Cal coverage change, read the *Frequently Asked Questions (FAQ)* that came with this letter.

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 in your service area. They give you the medically necessary Medi-Cal 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 for health care advice
- Have member services to help answer your questions about health care

- Help you with rides to and from your provider (such as your doctor’s office, hospital, or pharmacy)
- Help you get services you may need that your plan does not cover
- Give you language services you need

When you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal, also called “Regular” Medi-Cal, instead of through your plan. These include most pharmacy services, substance use disorder (SUD) treatment services, and dental services in most counties.

If the provider you have now is not in your Medi-Cal Managed Care Plan

If you want to keep your provider and have gone to them in the past 12 months but they do not work with a Medi-Cal Managed Care Plan, you can ask your health plan for “continuity of care.” If your provider and your Medi-Cal Managed Care Plan agree to work together, you may be able to keep your provider for 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 after you are enrolled. To learn more about continuity of care, read the *Frequently Asked Questions (FAQ)* that came with this letter.

What to do next

You have two choices:

1. If you want to stay in the Medi-Cal Managed Care Plan listed above, you do not have to do anything.
2. If you want to choose another Medi-Cal Managed Care Plan, contact Health Care Options:
 - **By phone:** Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.
 - **By mail:** Fill out and mail the choice form that came in your *My Medi-Cal Choice* packet.
 - **Online:** Enroll at **www.healthcareoptions.dhcs.ca.gov**.

Your plan will send you a welcome packet with details about your plan. After you are enrolled, you can choose a primary care provider (PCP) in your plan’s network.

Medical exemption from joining a Medi-Cal Managed Care Plan

If you have a complex medical condition and your doctor or clinic is not in a Medi-Cal Managed Care Plan network in your county but is a FFS Medi-Cal provider, you might be able to get a medical exemption to keep them 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 plan for **90 days**.

To ask for an exemption, fill out and send in the Medical Exemption Request form that came with 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 Health Care Options. If your exemption is approved, you can stay in FFS Medi-Cal and keep your doctor until the exemption ends.

If you have certain health conditions and want to keep your provider for **more than 12 months**, you may be able to ask for another extension. You must make that request before your current exemption expires. Specifically, you must submit the request at least one month before your exemption expires. Health Care Options will tell you when it is 45 days before your exemption ends and will tell you how to ask for an extension.

To learn more about medical exemptions, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to get dental services

You will get **dental** services through a Medi-Cal Dental Managed Care Plan. Your *My Medi-Cal Choice* packet has a dental plan choice form. It also has details about the dental plans you can choose. For help, call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.

If you do not choose a Medi-Cal Dental Managed Care Plan before the **“choose a plan by”** date at the top of this letter, we will enroll you in the plan listed at the top of this letter.

How to get your prescription drugs

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: 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.

Next steps

- Talk to your doctor or clinic to find out if they work with a Medi-Cal Managed Care Plan in your county.
- Choose the option that’s right for you from **“What to do next”** above in this letter.
- Call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077) to learn more about plan and provider choices. Or go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

Questions?

If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay: 711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

For help with substance use disorder (SUD) services

For help with non-emergency counseling, detoxification services, and residential or long-term outpatient treatment, call the state SUD treatment line at **1-800-879-2772**. If you are outside California, call **1-916-327-3728**. Or visit the Department of Health Care Services website at www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx.

After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

For help with specialty mental health services

For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-Cal Managed Care Plan or specialty mental health services through your County Mental Health Plan.

For help with Health Care Options

Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m., or go to www.healthcareoptions.dhcs.ca.gov to:

- Learn more about the changes to your Medi-Cal
- Enroll by phone or online
- Enroll in a dental plan
- Get another copy of the *My Medi-Cal Choice* packet, or
- Get this letter in another language, large print, audio, or Braille

Thank you,

Department of Health Care Services