



State of California—Health and Human Services Agency  
**Department of Health Care Services**



DATE: October 27, 2021

Medi-Cal Eligibility Division Information Letter No.: 21-30

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY MEDS LIAISONS

SUBJECT: California Advancing and Innovating Medi-Cal (CalAIM) Mandatory  
Managed Care and Mandatory Fee-for-Service Enrollment Initiative

### **Purpose**

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to provide information to counties about the Department of Health Care Services' (DHCS) efforts related to the California Advancing and Innovating Medi-Cal (CalAIM) Mandatory Managed Care Enrollment and Mandatory Fee-for-Service Enrollment initiative. CalAIM encompasses many initiatives that address broad-based delivery system programs, and payment reform across the Medi-Cal program.

### **Background**

Currently, the Medi-Cal program provides benefits through both Fee-For-Service (FFS) and managed care delivery systems. Enrollment into the FFS or managed care delivery system is based on where the beneficiary lives, the health plan model, and/or the beneficiary's aid code. DHCS has developed a framework that encompasses broad-based delivery system, program and payment reform across the Medi-Cal program, through a multi-year initiative called CalAIM, which is designed to improve quality of life and health outcomes. CalAIM advances several key priorities by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents.

The major components of CalAIM build upon the successful outcomes of various pilots (including but not limited to the Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance. DHCS is standardizing which aid code groups will require

mandatory managed care enrollment versus mandatory FFS enrollment, across all models of care and aid code groups, statewide.

## **Policy**

Under this initiative, starting January 1, 2022, some beneficiaries in a voluntary managed care aid code, or who are currently excluded from managed care enrollment, (and accessing the FFS delivery system), will be required to choose a Medi-Cal managed care plan and would be required to access health care services through the managed care delivery system. Other beneficiaries who are in a managed care aid code will be disenrolled from their managed care plan and be required to access the FFS delivery system.

DHCS is implementing this change in two phases:

- Phase I- Transitioning non-dual populations (beneficiaries that receive Medi-Cal and beneficiaries that receive Medi-Cal and Medicare Part A **or** Part B only) on January 1, 2022.
- Phase 2- Dual populations (beneficiaries that receive Medi-Cal and Medicare) on January 1, 2023.

## **Phase I**

The following populations are moving from FFS to Mandatory Managed Care effective January 01, 2022:

- Trafficking and Crime Victims Assistance Program (TCVAP), except share of cost non-dual and dual
- Individuals participating in Accelerated Enrollment (AE)
- Breast and Cervical Cancer Treatment Program (BCCTP) non-dual
- Beneficiaries with Other Health Care (OHC) coverage non-dual
- Beneficiaries living in rural zip codes non-dual

In County Organized Health Systems (COHS) counties, American Indian/Alaska Native beneficiaries will not have the option to opt out of mandatory managed care enrollment. American Indian/Alaska Native beneficiaries will have the option to opt in or opt out of managed care enrollment in Non-COHS counties only.

The following populations are moving from Managed Care to Mandatory FFS effective January 1, 2022:

- Omnibus Budget Reconciliation Act (OBRA): This population was previously mandatory managed care in Napa, Solano, and Yolo counties.
- Share of cost (SOC) non-dual and dual: beneficiaries in COHS and Coordinated Care Initiative (CCI) counties with SOC

Beneficiaries in the following aid code groups will have Mandatory FFS enrollment without transitioning:

- Restricted scope
- SOC (including Trafficking and Crime Victims Assistance Program (TCVAP)) SOC, excluding LTC SOC
- Presumptive Eligibility
- State medical parole, county compassionate release and incarcerated individuals
- Non-citizen pregnancy-related individuals enrolled in Medi-Cal (not including Medi-Cal Access Program)

## **Phase II**

All dual aid code groups, except share of cost or restricted scope will be moving from FFS to Mandatory Managed Care starting January 1, 2023:

- Individuals in Long Term Care (LTC), including LTC SOC, dual and non-dual
- Non-Disabled Adults (with no SOC)
- Non-Disabled Children
- Aged
- Breast and Cervical Cancer Treatment Program (BCCTP)
- Disabled
- Beneficiaries with Other Health Care (OHC) coverage
- Beneficiaries living in rural zip codes
- All beneficiaries in Home and Community Based Services Waivers, including Cal MediConnect

DHCS will not change enrollment requirements for foster care children and youth at this time. For more details on the populations that will be moving from managed care to FFS and from FFS to managed care, please see the DHCS [CalAIM](https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx) webpage <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>.

Applicants and beneficiaries have been notified through an outreach letter and notice of additional information (included in this MEDIL) which was mailed out the week of October 18, 2021. A second outreach letter and notice of additional information will be mailed to applicants and beneficiaries in late November 2021. Beneficiaries that request additional information from the county should be advised to call the DHCS Medi-Cal Helpline at 1-800-541-5555 or TTY 1-800-430-7077 if they have questions. Or, they can call the DHCS Ombudsman Office at 1-888-452-8609, or TTY dial 711 (for the California State Relay), Monday through Friday 8:00 a.m. to 5:00 p.m., or reach them by email at: [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov). The Ombudsman Office helps people with Medi-Cal use their managed care benefits and understand their rights and responsibilities. Beneficiaries that request additional information from the county for Non-County-Organized Health System model plans, should be referred to call Health Care Options, at 1-800-430-4263 or TTY 1-800-430-7077, Monday through Friday 8:00 a.m. until 6:00 p.m. or go to <https://www.healthcareoptions.dhcs.ca.gov/enroll>.

If you have any questions or require additional information, please contact Jill Davis via email at [Jillian.Davis@dhcs.ca.gov](mailto:Jillian.Davis@dhcs.ca.gov).

Sincerely,

**Original Signed by**

Sandra Williams, Chief  
Medi-Cal Eligibility Division

Enclosures



State of California—Health and Human Services Agency  
**Department of Health Care Services**



## **Important news about your Medi-Cal coverage**

Dear [Member Name],

This letter is about changes to your health benefits. You will have the same coverage.

### **The way you get services will change**

Starting January 1, 2022, you will go from a Medi-Cal Managed Care Plan to Fee-For-Service (regular or straight) Medi-Cal.

You will be disenrolled from (leave) your Medi-Cal Managed Care Plan. You can read more about this change in the *Notice of Additional Information About your Medi-Cal Benefits*. It came with this letter. You will get another letter before the change.

### **You will have Fee-For-Service Medi-Cal**

Fee-For-Service Medi-Cal gives you “medically necessary” services. You can go to any doctor or provider that takes Fee-For-Service Medi-Cal. To find Fee-for-Service providers, call the Medi-Cal Helpline at **1-800-541-5555**. Or use the list at <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>.

If your providers take Fee-For-Service Medi-Cal, you can keep them. After the change, you will not find providers through a Medi-Cal Managed Care Plan.

### **You may have a small co-pay for some services**

If you also have a Share-Of-Cost (SOC) now, you may still have an SOC after January 1, 2022.

### **You will need providers who take Fee-For-Service starting January 1, 2022**

Before you get medical or dental care, ask if the provider takes Medi-Cal Fee-For-Service patients. Providers have the right to refuse Medi-Cal.

Always take your Medi-Cal Benefits Identification Card (BIC) to medical or dental visits. Your BIC is a plastic card. It has a “poppy flower” or blue and white design. “State of California” is on the card. If you need a new BIC, call your county Medi-Cal office.

**If you have Medicare and Medi-Cal and are in a Cal MediConnect Plan**

You should have received a letter from your Cal MediConnect Plan in September about this change.

Cal MediConnect will no longer cover people who have Medi-Cal Share of Cost (SOC) and do not live in a nursing facility. You will leave your Cal MediConnect Plan. Your Cal MediConnect and prescription drug coverage will end December 31, 2021. When your Cal MediConnect Plan ends, you will still have Medicare and Fee-For-Service Medi-Cal benefits, including prescription drugs.

If you don't choose a new Medicare Prescription Drug Plan by December 31, 2021, Medicare will choose a new drug plan for you. You will have original Medicare starting January 1, 2022.

**What if I have questions?**

- For help with your Medi-Cal, call the Department of Health Care Services (DHCS) Medi-Cal Helpline Monday through Friday, 8 a.m. to 5 p.m. (except national holidays) at **1-800-541-5555**.
- For questions about your Medi-Cal rights and responsibilities, call the DHCS Ombudsman Office Monday through Friday, 8 a.m. to 5 p.m. at **1-888-452-8609**.

For questions about this change, call Health Care Options Monday through Friday, 8 a.m. to 6 p.m. at **1-800-430-4263** (TTY: 1-800-430-7077).

Thank you,  
Department of Health Care Services

## **Frequently Asked Questions (FAQ)**

### **Notice of Additional Information (NOAI) About your Medi-Cal Benefits**

#### **1. Will I still have Medi-Cal?**

Yes. You still have Medi-Cal coverage, with the same services you have now.

#### **2. Why is my Medi-Cal changing?**

Starting January 1, 2022, a new law will require some Medi-Cal members with Medi-Cal health plans to enroll in Fee-For-Service Medi-Cal.

#### **3. What is the difference between Fee-For-Service Medi-Cal and a Medi-Cal Managed Care Plan?**

In Fee-For-Service, you can go to any provider who takes Fee-For-Service Medi-Cal. With Medi-Cal Managed Care, usually you can only go to providers in the plan's network (group).

A Medi-Cal Managed Care Plan has a network (group) of doctors, hospitals, pharmacies and other health care providers in the Plan's service area. They arrange your health care services. When you join a Medi-Cal Managed Care Plan, you may still get some health care services through Fee-For-Service Medi-Cal. These include some pharmacy services, substance use disorder treatment services, and dental services.

#### **4. How do I get health care in Fee-For-Service Medi-Cal?**

You can go to any doctor who takes Fee-For-Service Medi-Cal. To find a doctor, use the online list of doctors in the Medi-Cal Fee-For-Service program at <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>.

When you call a doctor's office, ask if they are taking new patients with "Fee-For-Service Medi-Cal." For help choosing a Fee-For-Service Medi-Cal doctor, call the Department of Health Care Services (DHCS) Medi-Cal Helpline at **1-800-541-5555**. The call is free.

#### **5. What other services will I get?**

##### **Dental Services**

You can get dental care through Medi-Cal.

- If you live in Sacramento County, you will get services through a Medi-Cal Dental Managed Care Plan. To learn more about Medi-Cal Dental Managed Care Plans, call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077). Or fill out the Dental Choice Form that comes in your Enrollment Choice Packet.
- 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 how to join a Medi-Cal Dental Managed Care Plan, call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077). Or fill out the Dental Choice Form that comes in your Enrollment Choice Packet.
- For all other counties, you will get Fee-For-Service (regular) Medi-Cal dental services. You will need a dental provider who takes Medi-Cal Dental. To find a dental provider, call the Medi-Cal Dental Telephone Services Center Monday through Friday, 8 a.m. to 5 p.m. at **1-800-322-6384** (TTY: 1-800-735-2922). The call is free. Or find a dental provider and more about dental services on the Medi-Cal Dental Program's "Smile, California" website at <http://smilecalifornia.org/>.

### **Preventive Care Services**

Preventive Care services include medical, dental, vision, hearing, mental health, and substance use disorder screenings. All preventive care and screening services are free.

### **Family Planning Services**

Family planning services include reproductive and sexual health services. Services include contraceptives, testing and treatment of sexually transmitted infections, pregnancy services, and abortion. With Medi-Cal, you have the right to choose any family planning doctor who takes Fee-For-Service Medi-Cal.

### **Mental Health Services**

If you need mental health services, talk to your doctor. You may also ask for mental health services through your county mental health plan. You do not need a referral. The County Mental Health Plan Contact List for specialty mental health services is at <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

### **Alcohol and Drug Treatment Services**

If you need help with alcohol or other substance use, you can get an assessment for substance use disorder (SUD). Medi-Cal covers many SUD services. Your doctor can help you find a provider. Or call your county Drug Medi-Cal Program for services.

Programs are listed in the Alcohol and Other Drugs Program County Directory at <https://www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx>



## Pharmacy Services

Medi-Cal Rx covers prescription drugs from your doctor and those not covered by other coverage. If you qualify for Medicare, Medicare Part D will cover most prescriptions. You must pay any co-pays. Medi-Cal will only pay for some medications not in your Medicare Part D plan.

## Transportation

If you do not have a way to get to the doctor, clinic, dentist, or to pick up a medicine or other Medi-Cal covered services, you may qualify for a free ride by car, taxi, bus or other public or private vehicle.

If your medical needs don't let you use a car, bus or taxi or other public or private vehicle to your appointments, you may qualify for free Medical Transportation. This is by ambulance, wheelchair van, or litter van. It is for those who cannot use public or private transportation.

To ask for Medical Transportation, you will need a prescription from a licensed provider. Your doctor, dentist, podiatrist, or mental health or SUD provider can prescribe Medical Transportation for you. If you are in Fee-For-Service Medi-Cal, you may be able to find a transportation company at <https://www.dhcs.ca.gov/services/medi-cal/documents/list-of-approved-nonmedical-transportation-providers.pdf>.

If there is no provider listed for your area, you cannot get transportation from the listed providers, or you are in Fee-For-Service Medi-Cal, you can ask for help by email to [Medi-Cal.Benefits@dhcs.ca.gov](mailto:Medi-Cal.Benefits@dhcs.ca.gov). Do **not** put personal information in your first email. Department of Health Care Services (DHCS) staff will reply with a secure email. They will ask for your information. It helps to ask for the service at least five days before your appointment.

## 6. Where can I learn more or get help?

- If you need more help with your Medi-Cal, call the Department of Health Care Services (DHCS) Medi-Cal Helpline at **1-800-541-5555**.
- For questions about your rights and responsibilities, call the DHCS Ombudsman Office at **1-888-452-8609**, Monday through Friday 8 a.m. to 5 p.m.
- For questions about this change, call Health Care Options at **1-844-580-7272** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.
- For general **Medicare** questions or enrollment questions, call the California Health Insurance Counseling & Advocacy Program (HICAP) at **1-800-434-0222**.
- For help with **Medicare**, call the Medicare toll-free number 24 hours a day, 7 days a week at **1-800-MEDICARE** (1-800-633-4227) (TTY: 1-877-486-2048).