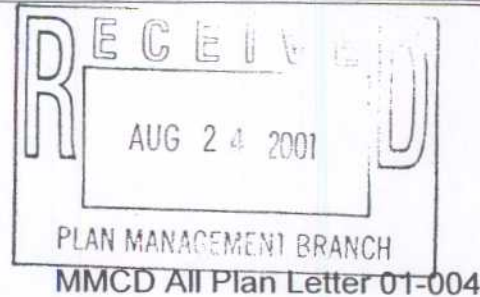


**DEPARTMENT OF HEALTH SERVICES**

714 P STREET, Room 650  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320  
☎ 654-8076



August 21, 2001

**TO:**

- Two-Plan Model Plans
- Geographic Managed Care Plans
- County Organized Health System Plans
- Fee-for-Service Managed Care

**SUBJECT:** HEALTH PLAN CHOICE REMINDERS (ANNUAL RENOTIFICATIONS)

The purpose of this letter is to provide Medi-Cal Two-Plan Model and Geographic Managed Care plans (plans) with a copy of the Health Plan Choice Reminder Notice (Notice) being sent to managed care members in accordance with the Balanced Budget Act of 1997, Section 4701. The Notice was developed in collaboration with the Medi-Cal Managed Care Advisory Group. A copy of the English version of the Notice is enclosed.

Notices are mailed out based on the criteria below:

- Notices will be sent to members who have been enrolled in the same plan for at least ten continuous months;
- Notices will be addressed to case heads and will include names of all household members who have been enrolled for at least ten consecutive months; and
- Notices will contain a postage-paid "tear off" postcard addressed to Health Care Options (HCO) for members who wish to request enrollment packets.

Effective the week of May 7, 2001, MAXIMUS commenced mailing 50,000 Notices per week to all members who had been in the Medi-Cal Managed Care program for 10 months continuously or more. This initial mailing was completed over a 12 week period, and included a random selection methodology to ensure equitable distribution among health plans. The first six mailings were sent to all English-speaking members. Mailing of Notices in threshold languages began in June 2001.

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August 21, 2001

Following completion of the initial release of Notices, expected during the month of August 2001, annual Notices will be mailed to members on an ongoing basis, staggered throughout the year. This is expected to begin in April 2002.

It is difficult to predict the rate of member response to the Notices. Health plans should, however, be prepared to accommodate increased needs for health plan materials and an increased number of calls to their Member Services Departments.

As you may be aware, there is only one managed care plan operational in Stanislaus County; as such, Notices will not be sent out to residents in this county.

If you have any questions, or need additional clarification, please contact your contract manager.

Sincerely,

A handwritten signature in cursive script that reads "Cheri Rice".

Cheri Rice, Chief  
Medi-Cal Managed Care Division

Enclosure

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Page 3

August 21, 2001

bcc: Ms. Linda Minamoto  
Associate Regional Administrator  
Centers for Medicare and Medicaid  
Division of Medicaid  
75 Hawthorne Street, Fifth Floor  
San Francisco, CA 94105-3903

Mr. Byron Chell  
Executive Director  
California Medical Assistance Commission  
770 L Street, Suite 1000  
Sacramento, CA 95814

Mr. Kevin Aslanian  
C.C.W.R.O.  
1901 Alhambra Blvd.  
Sacramento, CA 95816

Ms. Lorraine Brown  
Deputy Director  
Benefits & Quality Monitoring  
Medical Risk Management Insurance Board  
1000 G Street, Suite 450  
Sacramento, CA 95815

Mr. Ruben Gonzalez  
Acting Chief  
Field Operations  
Medi-Cal Operations Division  
600 North 10<sup>th</sup> St., Suite 230C  
Sacramento, CA 95814

Mr. Robert P. Pierson, Chief  
Office of Medi-Cal Dental Services  
11155 International Drive, Bldg C  
Rancho Cordova, CA 95670

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August 21, 2001

bcc: Ms. Vivian Auble  
Acting Chief  
Third Party Liability Branch  
Payment Systems Division  
591 North Seventh Street  
Sacramento, CA 95814

Mr. Winston Mesaku,  
Acting Chief  
Medical Review Branch  
Audits and Investigations  
591 North Seventh Street  
Sacramento, CA 95814

Ms. Carol Freels  
Acting Chief  
Office of Long Term Care  
1800 Third Street, Suite 205  
Sacramento, CA 95814

Mr. Jerry Stanger, Chief  
Payment Systems Division  
9800 Old Winery Place  
Sacramento, CA 95827

Ms. Maridee Gregory, M.D., Chief  
Children's Medical Services Branch  
Primary Care & Family Health Division  
8/350

Ms. Laura Blank, Chief  
Office of Clinical Standards and Quality  
Medi-Cal Managed Care Division  
8/523

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bcc: Mr. Luis R. Rico, Chief  
Plan Monitoring/Member Rights Branch  
Medi-Cal Managed Care Division  
8/650

Ms. Vickie Orlich  
Acting Chief  
Policy & Program Development Branch  
Medi-Cal Managed Care Division  
8/650

Mr. Roberto Martinez, Chief  
Medi-Cal Policy Division  
8/1561

Ms. Carolyn Pierson, Chief  
Plan Management Branch  
Medi-Cal Managed Care Division  
8/1400

Ms. Mickey Richie  
Local Liaison  
Executive Office  
8/1253

Ms. Janet Olsen-Coyle, Chief  
Headquarters Management Branch  
Payment Systems Division  
9800 Old Winery Place  
Sacramento, CA 95827

Mr. Ted Spelis, Chief  
Health Care Options Section  
Payment Systems Division  
10365 Old Placerville Road, STE. 100  
Sacramento, CA 95827

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bcc: Ms. Jan Inghish, Chief  
Medical Review Branch – San Francisco  
Audits and Investigations  
591 North 7<sup>th</sup> Street, 1<sup>st</sup> Floor  
Sacramento, CA 95814

**DEPARTMENT OF HEALTH SERVICES**

714 P Street, Room 650  
 P. O. Box 942732  
 Sacramento, CA 94234-7320



Family member(s) →

- JOE SAMPLE1
- JOE SAMPLE2
- JOE SAMPLE3
- JOE SAMPLE4
- JOE SAMPLE5
- JOE SAMPLE6
- JOE SAMPLE7
- JOE SAMPLE8
- JOE SAMPLE9
- JOE SAMPLE10
- JOE SAMPLE11
- JOE SAMPLE12
- JOE SAMPLE13
- JOE SAMPLE14
- JOE SAMPLE15

01 70104000001\_122 0280

JOHN SAMPLE  
 ANY ADDRESS  
 ANY TOWN CA XXXXX

**Health Plan Choice Reminder**

This is a reminder that you or your family members can choose any of the Medi-Cal Managed Care health plans in the area where you live. Family members can choose different plans. You can change your health plan now or at any time.

**If you and your family members are happy with your health plan(s), and you want to stay in your current plan: You do not need to do anything.**

**If you want to change plans:**

- ◆ Return the attached card to get a packet. This packet will have forms and other materials needed to change plans.
- ◆ If you have questions, or need someone to help you change plans, please call Health Care Options:

LANGUAGE	TELEPHONE	LANGUAGE	TELEPHONE
ENGLISH & LANGUAGES NOT LISTED	1-800-430-4263	HMO08 (Hmong)	1-800-430-2022
ՀԱՅԵՐԵՆ (Armenian)	1-800-840-5032	ພາສາລາວ (Laotian)	1-800-430-4091
ខ្មែរ (Cambodian)	1-800-430-5005	РУССКИЙ (Russian)	1-800-430-7007
粵語 (Chinese)	1-800-430-6006	ESPAÑOL (Spanish)	1-800-430-3003
فارسی (Farsi)	1-800-840-5034	VIỆT (Vietnamese)	1-800-430-8008

For TDD users call 1-800-430-7077

Other places to get help with managed care questions or problems:

- ◆ Member Services Section of your health plan.
- ◆ Office of the Ombudsman at 1-888-452-8609.

**Please tell your county worker and your health plan if you move or change your phone number.**

MU\_0003426\_ENG2\_0401



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO 238 WEST SACRAMENTO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

>> R - [Barcode] <<

CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
 HEALTH CARE OPTIONS  
 PO BOX 989009  
 WEST SACRAMENTO CA 95798-9850



SR\_RL\_01 70104000001\_122 0280 \*1 of 1

**PLEASE TEAR OFF  
 THIS STUB AT THE  
 PERFORATION  
 BEFORE MAILING!**

PLEASE TEAR OFF  
THIS STUB AT THE  
PERFORATION  
BEFORE MAILING!

HEALTH PLAN ENROLLMENT/DISENROLLMENT POSTCARD



Please send me  
a Health Care  
Choice Packet  
and choice Form

F

- Խնդրում ենք հետեւեալ տեղեկութիւնը ուղարկէք Հայերէնով (ARM)
- សូមផ្ញើព័ត៌មានមកអោយខ្ញុំជាភាសាខ្មែរ។ (CAM)
- 請將此資料的中文本寄給我。 (CHI)
- لطفاً این اطلاعات را به فارسی برایم بفرستید. (FAR)
- Thov xa cov ntaub ntawv no uas lus Hmoob tuaj rau kuv. (HMO)
- ກະລຸນາສົ່ງຂໍ້ມູນນີ້ໃຫ້ຂ້າພະເຈົ້າເປັນພາສາລາວ. (LAO)
- Пожалуйста пришлите мне эту информацию на русском языке. (RUS)
- Por favor envíeme esta información en español. (SPA)
- Xin gửi cho tôi chi tiết này bằng tiếng Việt. (VIE)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please fill in the information above.

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