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Department of Health Care Services



GAVIN NEWSOM
Governor

Important news about your Medi-Cal coverage

Dear Member,

You will soon get skilled nursing home care and most of your Medi-Cal services through a Medi-Cal Managed Care Plan in your county. Your Medicare benefits and providers will not change.

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.** You are a member of a Medicare Advantage Plan with a matching Medi-Cal Managed Care Plan in your county. We will enroll you in the matching Medi-Cal Managed Care Plan.
- **Your skilled nursing home care will not change, unless you have a concern about your quality of care at the skilled nursing home.** If you get care in a skilled nursing home now, you do not have to move. You can keep getting this care for **12 months**. But, your other Medi-Cal providers may change. This includes your Medi-Cal doctors. Your Medi-Cal Managed Care Plan will contact you. They will work with you, the skilled nursing home, your care manager, and your caregivers. They will discuss your care needs and how you will keep getting the care you need.

Your Medicare benefits

If you have Medicare, your Medicare benefits and providers won't change when you join a Medi-Cal Managed Care Plan. Your Medicare providers:

- Don't have to be in your Medi-Cal Managed Care Plan network to keep giving you care
- Can't charge co-pays, co-insurance, and deductibles if you are in Medi-Cal
- Should bill your Medi-Cal Managed Care Plan for those costs even if they are not in the Medi-Cal network

You are a member of a Medicare Advantage Plan with a matching Medi-Cal Managed Care Plan in your county. We will enroll you in the matching Medi-Cal Managed Care Plan. The State has a Medi-Cal matching plan policy in certain counties. This means that if you join a Medicare Advantage plan and there is a Medi-Cal plan that matches with that plan, you must choose that Medi-Cal plan. This policy does not change or affect your choice of a Medicare plan.

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

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

You may qualify to join a Program of All-Inclusive Care for the Elderly (PACE) plan in your area if you are 55 or older and need a higher level of care in order to live at home. PACE will coordinate your healthcare, homecare, transportation, and dental care. PACE also offers social centers and senior gyms. If you choose to join a PACE plan and you have Medicare, your Medicare providers may change. You will be disenrolled from your Medicare Advantage plan.

To find out if PACE is available in your county or to learn more about PACE, go to **www.CalPACE.org**. Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077).

To learn more about these Medi-Cal changes, read the *Notice of Additional Information About Your Rights and Long-Term Care*. It came with this letter. We will also call you or your authorized representative to offer more information or support during this change.

About Medi-Cal Managed Care Plans

A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals and other health care providers in your service area to give you health care services. It gives you the medically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find Medi-Cal doctors and specialists in the plan network (group)
- 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 providers (such as your specialist or hospital)
- Help you get services you may need that your plan does not cover
- Give you language services you need (interpreter services; documents in your language; or documents in Braille, large print, or audio or data CD)
- Work with your skilled nursing home 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

You will keep getting these benefits the same way you get them today:

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

Exemptions from joining a Medi-Cal Managed Care Plan

You may not have to join a Medi-Cal Managed Care Plan if you:

- Are an American Indian/Alaska Native
- Are a beneficiary who gets assistance under Foster Care, the Adoption Assistance Program, or Child Protective Services
- Live in a California Veteran's home
- Live in an Intermediate Care Facility (ICF),
- Live in an Intermediate Care Facility for Developmentally Disabled (ICF-DD)
- Receive Subacute Care Services (adult and pediatric services)
- Already have an approved medical exemption from the requirement to join a Medi-Cal Managed Care Plan
- Get a medical exemption from the requirement to join a Medi-Cal Managed Care Plan

To learn more, read the *Notice of Additional Information About Your Rights and Long-Term Care*. It came with this letter.

Medical exemption from joining a Medi-Cal Managed Care Plan

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

You do **not** need a medical exemption to keep your **Medicare** providers.

There are two ways you can ask for a medical exemption:

- Call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m.
- Go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

If your exemption is approved, you can stay in FFS Medi-Cal and keep your doctor until the medical exemption ends.

If you have certain health conditions and want to keep your Medi-Cal provider for **more than 12 months**, you may be able to ask for a medical exemption extension. If you want to ask for an extension, you must wait until at least **11 months** from your existing medical exemption's start date. Health Care Options will tell you when it is 45 days before your medical exemption ends. They will tell you how to ask for an extension.

To learn more about medical exemptions, read the *Notice of Additional Information About Your Rights and Long-Term Care*. It came with this letter.

What to do now?

1. You do not have to do anything. You will be automatically enrolled into the matching Medi-Cal Managed Care Plan. Your new coverage will start January 1, 2023.
2. Read the *Notice of Additional Information About Your Rights and Long-Term Care*. It came with this letter. It has options for Medicare and Medi-Cal coverage.
3. If you want to choose another Medi-Cal Managed Care Plan, PACE Plan or Dental Plan, contact Health Care Options:
 - **By phone:** Call 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m.
 - **Online:** Enroll at www.healthcareoptions.dhcs.ca.gov.

Questions?

For questions about Medi-Cal:

- Call the DHCS Medi-Cal Helpline at 1-800-541-5555 Monday – Friday 8 a.m. to 5 p.m. The call is free.

For questions about why your Medi-Cal services are changing:

- Call the DHCS 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. You can also email MMCDOmbudsmanOffice@dhcs.ca.gov. The 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 and issues for both Medicare and Medi-Cal.
- Call the Long-Term Care Ombudsman at 1-800-231-4024. The line is available 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 with complaints and with knowing their rights and responsibilities.

To learn more about health plan and provider choices:

- Call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m. Or go to Health Care Options at www.healthcareoptions.dhcs.ca.gov.

For more resources, read the *Notice of Additional Information About Your Rights and Long-Term Care*. It came with this letter.

Thank you,

Department of Health Care Services