

## Final Notice: Important Information The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]

The way you get Medi-Cal services is changing. You must now enroll in a Medi-Cal managed care health plan to receive Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place, make your services work better together.

**Comment [A1]:** What place - it's not a physical location.

This is the FINAL letter telling you about your options for choosing a Medi-Cal managed care plan.

Unless you choose a different option, make a different health plan choice, your coverage in [Health Plan Name] will become effective on MM/DD/YYYY. We chose this plan for you based on your past services and health care needs, but you still have the right to choose to select a different Medi-Cal health plan.

If you are in Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

**Comment [A2]:** This notice is only going to individuals with Medicare.

### How will this change affect me?

- Your Medi-Cal health plan will coordinate all of your Medi-Cal covered services, including long-term services and supports.
- Your Medicare provides services or and benefits will not change.
- Your Medi-Cal eligibility does not change and it will not cost you extra.
- You may have to change some providers, like where you get your medical equipment. Check with your medical equipment providers to see which health plans they work with.
- Your Medi-Cal services or benefits will NOT be cut.
- If you have Medicare, your Medicare providers will not change.
- If you have Medi-Cal only, you will need to check with your health plan to determine if your providers work with the health plan.
- Your Medi-Cal plan will pay for Medicare cost-sharing and other benefits that are not covered by Medicare.

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**Comment [A3]:** But they could change.

**Comment [A4]:** This notice is only going to individuals with Medicare.

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### What are Medi-Cal Long Term Services and Supports?

- In-Home Supportive Services (IHSS) are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- Community-Based Adult Services (CBAS) is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions.
- Multipurpose Senior Services Program (MSSP) provides social and health care coordination services for people age 65 and older. If you get MSSP, your health

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plan will work with your MSSP providers to better coordinate your care. If you currently get MSSP, you do not have to change your MSSP provider.

- Nursing home care: If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you are interested in living in a different nursing home or outside of a nursing home with home and community-based supports and services, your health plan will discuss these options with you.

**Comment [A5]:** This may not be true - the doctor could be a Medicare provider and will not work to coordinate care in the nursing facility.

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- If you do not get these services now, your health plan can help you get them in the future, if you need them.

What are my choices?

~~You can contact Health Care Options at 1-844-580-7272 to make a choice to:~~

- ~~Stay in Choose~~ the Medi-Cal health plan we have selected for you listed above. If you decide that this plan is right for you, you do not need to do anything.
- Select a different Medi-Cal health plan. You may review the plans available in your county to see if one of those is better for you. We sent you a choice packet that gives you information about the plans you can choose. If you need another copy of the choice packet, call Health Care Options.
- ~~Choose the Program of All-Inclusive Care of the Elderly (PACE). You may be eligible to join a PACE plan~~
- ~~Stay in regular Medicare. Even if you choose to stay in regular Medicare, you will still be required to select a Medi-Cal managed care plan to receive your Medi-Cal services.~~

**Comment [A6]:** this is confusing - it's the first time PACE is introduced and complicates the notice.

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**Comment [A7]:** this is not applicable here.

To choose a health Medi-Cal plan, call Health Care Options at 1-844-580-7272 the number below or fill out, sign, and return the Medi-Cal Health Plan Choice Form by MM/DD/YYYY.

~~For help or more information~~

~~If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.~~

If you want to select a different Medi-Cal plan, stay in regular Medicare, or get this letter in another language or alternate format — like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

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