



**DATE:** September 16, 2014

**TO:** Select Medicare Advantage Dual Eligible Special Needs Plans in California

**FROM:** Kathryn Coleman, Acting Director, Medicare Drug & Health Plan Contract Administration Group

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**SUBJECT:** Model Notice for Option to Send Alternate to ANOC/EOC to Dual Eligible Special Needs Plan Members Being Passively Enrolled into Cal MediConnect Medicare-Medicaid Plan (MMP) – CORRECTION to 9/15/2014  
MEMORANDUM

We identified an error in the model letter attached to yesterday's Memorandum with the same subject name. Attached is an updated version of the model letter, in which the language in the second paragraph directing individuals to contact the plan to opt out has been replaced with language to contact Health Care Options.

Please contact your Regional Office Account Manager if you have any questions.

Attachment (1)

## **Optional Notice for Renewing DSNP to send to Dual Eligible Members Passively Enrolled by California to a Medicare-Medicaid Plan in Same Organization– for non-COHS plans**

Dear < Member>:

Soon you will be receiving a letter telling you that you will be switching to a Cal MediConnect plan starting, January 1, 2015. The Cal MediConnect plan will offer your health and drug coverage in <MMP name> instead of <D-SNP name> starting January 1, 2015. This new Cal MediConnect plan includes your Medi-Cal, Medicare, and prescription drug benefits.

**There will be no gap in your coverage.** The State of California will automatically enroll you in <MMP name>, so you don't have to do anything. You can choose not to be automatically enrolled in <MMP name> — you can opt out. If this is your choice, you need to contact Health Care Options at 1-844-580-7272 (TTY users should call 1-800-430-7077) no later than December 31, 2014. If you don't contact them or make a different choice by December 31, your new coverage with a Cal MediConnect plan will start on January 1, 2015. See below for your other options.

<MMP name> network primary care providers and pharmacies will provide all of your health care services and prescription drugs as of January 1, 2015. If you need emergency or urgently needed care, or out-of-area dialysis services, you can use providers outside of <MMP name>'s network. < Plan to add other state-required services>

By December 1, <MMP name> will send you a new member kit. **Your kit will include:**

- A welcome letter
- Summary of benefits
- List of covered drugs
- *[insert <Provider and pharmacy directory> or <Instructions for getting more information about network providers and pharmacies>]*
- *[if including in the new member kit, insert <Member ID card>]*
- *[if including in the new member kit, insert <Member handbook>]*

**For questions about <MMP name>,**

- Call <MMP name> <Member Services> at <toll-free phone number> <days and hours of operation>.
- Call <toll-free number> if you use TTY.
- Visit <web address>.

**Do I have other options?**

Yes. Here are your options for **Medicare coverage**:

**Option 1: You can join a different Medicare health plan.** A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and may offer extra coverage such as vision, hearing or dental. You may not choose a Medicare health plan designed specifically for people who have both Medicare and Medicaid, called Dual Eligible Special Needs Plans.

**Option 2: You can change to Original Medicare.** Original Medicare is fee-for-service coverage managed by the Federal government. If you choose Original Medicare, Medicare and you don't select a new prescription drug plan, Medicare will choose one for you.

If you chose one of these options for your Medicare coverage, you must also choose a Medi-Cal plan to receive your **Medi-Cal benefits**. Health Care Options will send you more information about your Medi-Cal choices. You may also contact Health Care Options to obtain more information: 1-844-580-7272. TTY users should call 1-800-430-7077.

**Get Help Comparing Your Options**

It's important to find a plan that covers your doctor visits and prescription drugs.

Please visit [www.medicare.gov](http://www.medicare.gov) or refer to your Medicare & You Handbook for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these health plans, call the health plan to get information about their costs, rules, and coverage. Please note Medicare isn't part of the Health Insurance Marketplace you may have been hearing about.

Following the instructions in this letter will ensure that you are reviewing Medicare plans and not Marketplace options.

You can also get help comparing plans if you:

- **Call <Name of SHIP> at <SHIP phone>.** Tell them you got a letter from the State of California telling you that they will switch you to a CalMediconnect plan starting January

1, 2015. Counselors are available to answer your questions, discuss your needs, and give you information about your options. All counseling is **free**. TTY users should call <SHIP TTY>.

- **Call Health Care Options at 1-844-580-7272.** Customer service representatives are available to provide information about Medicare-Medicaid plans and other Medi-Cal only options. Tell them you got a letter from the State of California telling you that they will switch you to a CalMediconnect plan starting January 1, 2015, and you would like more information on Medicare-Medicaid Plan options in your county. TTY users should call 1-800-430-7077.
- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter from the State of California telling you that they will switch you to a CalMediconnect plan starting January 1, 2015, and you would like more information on Medicare plans available in your area and you want help choosing a new plan. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit [www.medicare.gov](http://www.medicare.gov).** Medicare’s official web site has tools that can help you compare plans and answer your questions.
  - **Click “Find health & drug plans”** to compare the plans in your area.

### **What if I have questions about Medi-Cal?**

If you have questions about Medi-Cal, call <Medicaid phone number>, <days and hours of operation>.

<plans may include language thanking the beneficiary for their membership and/or apologizing for any inconvenience>

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