|  |  |  |  |
| --- | --- | --- | --- |
| **1. December 2012: Initial notice** | **2. 60-Day Medi-Cal Managed Care Choice** | **3. 30-Day: Final Notice about Medi-Cal Managed Care Choice** |  |
| 1. You have new choices to improve the quality of your health care. 2. You are receiving this notice because you have BOTH Medicare and Medi-Cal benefits and live in one of the 8 counties where California is launching a new program called \_\_\_\_\_\_\_\_\_\_\_ to improve your care. 3. California wants to make Medi-Cal and Medicare work better together so you get all the services you need to stay healthy and you have one place to go to coordinate all your health care needs. 4. This effort to improve your care means two key changes next year:   1) Any Medi-Cal long-term care services you receive will be provided through a local health plan. You will receive an enrollment choice packet next month. Please watch your mail.  2) After you have enrolled into a health plan for your Medi-Cal services, you will have a choice to enroll in the new \_\_\_\_\_\_\_\_\_\_\_ program to coordinate your Medicare and Medi-Cal benefits.   1. Next Steps: Watch your mail. 2. Questions? Call HCO, visit website, attend a learning session | 1. You are receiving this notice because in your county Medi-Cal long-term care services soon will become managed care benefits and you must choose a health plan to coordinate these services. This enrollment is mandatory for most Medi-Cal recipients in your county, including people who also have Medicare. 2. You have to choose a local health plan to coordinate your Medi-Cal long-term care services. 3. Your Enrollment Choices Are: X,Y \* 4. This packet includes: X,Y, Z 5. If you do not choose a plan, you will be automatically enrolled into a health plan. You will be assigned to a plan based on X,Y,Z criteria. 6. Reminder about the Duals Demo: These health plans also will offer the new \_\_\_\_\_\_\_\_ program that you can join a few months after you enroll in managed Medi-Cal long-term care. This new program will help coordinate all your Medicare and Medi-Cal Services through a single health plan. In this program you will receive all current benefits plus: x, y, z. 7. Next Steps: Attend a learning session, get help choosing, send in your choice form. 8. Questions? Call HCO, visit website | 1. This is a reminder that you have received two notices about your need to choose a health plan to coordinate your Medi-Cal LTSS. 2. The state has not heard from you! 3. You have to choose a local health plan to coordinate your Medi-Cal long-term care services. 4. Summary of Upcoming Changes 5. You received a choice packet with information to help you choose a health plan. 6. Your choices are: X, Y, Z 7. If you did already make a choice, call HCO to confirm. 8. If you need a new packet call HCO. 9. This is the last notice you will receive to make a choice. 10. If you don’t make a choice by DATE you will be assigned to \_\_\_\_\_\_\_\_\_ plan. This plan was selected for you based on X, Y, Z criteria.\* 11. Please do not call your eligibility worker! They cannot help you. 12. Next Steps: Attend a learning session, get help choosing, send in your choice form. 13. Questions? Call HCO. | Enrollment Confirmation |
| 1. Cover Letter/Post Card  3. FAQ brochure (with glossary)  4. Your road to Complete Care (visual depiction of the process) | | 1. Cover Letter 2. Choice Packet 3. FAQ brochure (with glossary) 4. Health Plan Provider Directory 5. Choice Form with PACE option 6. PrePaid Return envelope | 1. Cover Letter  2. FAQ brochure (with glossary)  4. Your road to Complete Care (visual depiction of the process/steps) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. 90-Day Notice About New Demo Program** | **5. 60-Day Notice: Options for new Demo Program (Coordinated with CMS)** | **6. 30-Day Final Notice on Demonstration Options** |  |
| 1. You are eligible to join a new program called \_\_\_\_\_\_\_\_\_\_\_ that will improve the quality of care your care. 2. You are eligible because you have both Medicare and Medi-Cal and live in one of the 8 counties where California is launching the new program. 3. This new no-cost program will start in your county in DATE and will be available through your current health plan [insert name]; or you can join X health plan, which is also available in your county. 4. If you join you will continue receiving ALL of your current benefits, plus you will receive X, Y, Z supplemental benefits. 5. How to join or opt out: You will receive a choice packet next month or you can call HCO to enroll over the phone. 6. We know you just enrolled in \_\_\_\_\_\_\_ health plan, which is offering this new program. If you know you want to join this program through your current health plan, please call 1-800-430-4263 to make that choice. 7. What if I do nothing? You will be automatically enrolled into the Demonstration program offered by your current health plan effective DATE. 8. Next Steps: Attend a learning session, get help choosing, send in your choice form. 9. Questions? Call HCO, visit website, attend a learning session | 1. You are receiving this notice because you have BOTH Medicare and Medi-Cal benefits and live in one of the 8 counties where California is launching a new program called \_\_\_\_\_\_\_\_\_\_\_ to improve your care. 2. Under the new no-cost \_\_\_\_\_\_\_\_ program all of your current Medicare and Medi-Cal Services will be delivered through a single health plan. Plus you will receive all extra benefits including: x, y, z. 3. Explain Passive Enrollment: You have the OPTION to enroll in this new program which is offered by the health plan that you are currently enrolled in; or you can choose to enroll in X or Y plans, which are also available in your county. 4. This packet includes details on your choices and frequently asked questions about the new program. 5. You must let us know if you do not want to join this new program. If you do not make a choice, you will be automatically enrolled into the \_\_\_\_\_Program, offered by your current health plan. 6. This packet includes details on your choices and frequently asked questions about the new program. 7. Next Steps: Attend a learning session, get help choosing, send in your choice form. 8. Please do not call your eligibility worker! They cannot help you. 9. Questions? Call HCO, visit website, attend a learning session | 1. The State has mailed you two letters about your options regarding a new program called \_\_\_\_\_\_\_\_ that will coordinate your Medicare and Medi-Cal benefits to improve the quality of care your health care. 2. We have not heard from you! 3. You received a choice packet and form last month for a new program to coordinate your Medicare and Medi-Cal services through a single health plan. 4. The packet tells how to enroll into the \_\_\_\_\_\_program and instructions for opting out. 5. If you already made a choice, call HCO to confirm your choice. 6. If you need a new packet call: HCO. 7. This is the last notice you will receive to make a choice. If you don’t make a choice by DATE you will be enrolled in to the \_\_\_\_\_\_\_\_\_ Program offered by the health plan that you are currently enrolled in (insert name). 8. Next Steps: Attend a learning session, get help choosing, send in your choice form. 9. Don’t call your eligibility worker! They can’t help you. 10. Questions? Call HCO, visit website, attend a learning session | Enrollment Confirmation |
| 1. Cover Letter 2. FAQ brochure (with glossary) 3. Your Road to Complete Care (visual depiction or process/steps) | 1. Cover Letter 2. Choice Packet 3. FAQ brochure (with glossary) 4. Health Plan Provider Directory 5. Choice Form 6. PrePaid Return envelope | 1. Cover Letter 2. FAQ brochure (with glossary) |  |