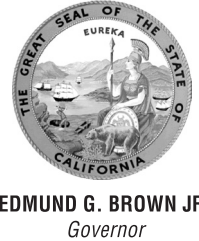




State of California-Health and Human Services Agency
Department of Health Care Services

P.O. Box 989009, West Sacramento, CA 95798-9850



JOHN SAMPLE
1234 SAMPLE STREET
ANYTOWN CA 90000

XX/XX/XXXX

Important Information

About your Medical Exemption Request

Dear John Sample:

During the last two years, many beneficiaries were enrolled in a Medi-Cal managed care health plan. At that time, you and your doctor sent us a Medical Exemption Request (MER), asking to stay in Regular Medi-Cal.

Due to a programming error, you did not get a letter telling you that your MER was denied, and that you would have to join a health plan. If you are satisfied with your health care today, you do not need to do anything, and you can stay in your Medi-Cal health plan. If you are not satisfied with your health care today and want to go back to Regular Medi-Cal, you can now ask for a State Fair Hearing (SFH).

This letter does NOT change your Medi-Cal eligibility. This letter tells you about your options. If you do nothing, you will still get all your Medi-Cal services through your health plan.

You have the following options:

Can I keep my health plan doctor I have now?

Yes. You do not have to do anything if you want to keep your doctor.

Can I request a State Fair Hearing (SFH) to go back to Regular Medi-Cal?

Yes. You have two options when you request a SFH to go back to Regular Medi-Cal.

1. *You can keep your health plan doctor while you wait for your hearing.*

If you choose this option, nothing will change unless your SFH is approved. If your SFH is approved, you will move to Regular Medi-Cal for up to one year. If your SFH is denied, nothing will change and you will keep the same health plan doctor that you have now.

You must request a new SFH within forty-five (45) days of the date of this letter.

2. *You can ask to go back to Regular Medi-Cal while you wait for your hearing.*

If you choose this option, you will go back to Regular Medi-Cal while the SFH is in process. If your SFH is approved, you will stay in Regular Medi-Cal for up to one year. If your SFH is denied, you will go back to the same health plan doctor that you have now.



If you want to go back to Regular Medi-Cal while you wait for your hearing, you **must**:

- i. Call Health Care Options (HCO) at: 1-800-430-4263 within thirty (30) days from the date of this letter and ask to go back to Regular Medi-Cal; and
- ii. Request a SFH within forty-five (45) days from the date of this letter. If you do not request a SFH within forty-five (45) days, you will be moved back from Regular Medi-Cal to the same health plan and doctor that you have now.

How do I request a State Fair Hearing (SFH)?

You can request a SFH over the phone or in writing. To request a SFH over the phone, call:

1-800-952-5253
TTY: 1-800-952-8349
Monday – Friday, 8 am - 5 pm

To request a SFH in writing, write a letter that includes:

- Your name
- The name of the person asking for the SFH
- Your Medi-Cal Benefits Identification Number
- Your Address
- Your telephone Number
- List your reason for requesting a SFH as: Disagree with MER denial
- Language or dialect (in case you need an interpreter)
- The name, address, and telephone number of your authorized representative

Please mail your letter to the following address:

California Department of Social Services
State Hearings Division
P.O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430

Note:

Before you decide to file a SFH, talk to the doctors you want to see in Regular Medi-Cal. Make sure they will take you as a patient if your SFH is approved. This is a doctor who is not part of your health plan.

For help or more information

If you need this letter in another language or alternate format, like large print, audio, or Braille; or you need help understanding this letter call:

Health Care Options
1-800-430-4263
TTY: 1-800-430-7077
Monday - Friday, 8 am - 5 pm
Email: merhelp@dhcs.ca.gov