

Please circulate to others and file in your *Provider Manual* for future reference.

June 8, 2009

Beginning July 1, 2009, the Department of Health Care Services (DHCS) will eliminate some of the optional benefits to all Medi-Cal participants both in the fee-for-service and managed Medi-Cal health plans. All Medi-Cal recipients will be receiving a notice from DHCS. A copy is included below, **as issued by DHCS** for your reference. We recognize the fact that this notice leaves questions unanswered. Community Health Group is working through the specifics of these changes and will be providing you more detail as we receive clarification from DHCS. As always, we will be following our established processes to provide services consistent with current Medi-Cal coverage guidelines. For member benefit questions, please call Member Services at 1-800-224-7766. For Providers with specific case management questions, please call Martha Jazo-Bajet, RN MPH, Director of Utilization Management Services at 619 498-6430 or Edward D. Hutt, MD, MBA, Chief Medical Officer at (619) 498-6593 for further specific clinical questions.

State of California--Health and Human Services Agency  
Services

Department of Health Care  
Medi-Cal Program

June 2009

## Notice of Reduction of Medi-Cal Benefits

Dear Beneficiary:

The California Department of Health Care Services has sent this notice to let you know of a change in the law contained in Welfare and Institutions Code section 14131.10. Starting July 1, 2009, Medi-Cal will no longer pay for some benefits. This change will affect only Medi-Cal beneficiaries age 21 and older. If you are age 21 and older, you can still get all of these benefits through June 30, 2009.

### **What benefits will Medi-Cal no longer pay for?**

Medi-Cal will no longer pay for the following benefits and services for most adults (there are some exceptions):

- Dental services
- Speech therapy services
- Podiatric services
- Audiology services
- Chiropractic services
- Acupuncture services
- Optometric and optician services (ophthalmology [doctor services for the eyes] will continue to be covered)
- Psychology services (psychiatry services, and all services through county mental health programs will continued to be covered)
- Incontinence creams and washes

### **What are the exceptions?**

The above benefits and services will NOT change for Medi-Cal beneficiaries who are:

- Under the age of 21; or
- Living in a skilled nursing facility (Level A or B; this includes subacute care facilities); or
- Pregnant. (If you are pregnant, you can continue to receive pregnancy-related benefits and services. You can also receive other benefits and services listed above to treat conditions that, if left untreated, might cause difficulties for the pregnancy. This includes dental exams, cleanings, and gum treatment. Dental and other benefits and services may also be available up to 60 days after the baby is born;) or
- Receiving benefits through the California Children's Services program; or
- Receiving benefits through a Program of All-Inclusive Care for the Elderly.

**If I do not meet the above exceptions, can I still receive the reduced benefits?**

You can still receive some or all of the reduced benefits, and certain dental services if you are:

- Receiving the services through the Genetically Handicapped Persons Program; or
- Receiving the benefits through the county mental health program; or
- Receiving the benefits through the Medicare Part B program; or
- Receiving the services directly from a physician.

You should contact your physician or dentist if you have any questions about these changes.

**Are there any benefits and services listed above that I can still get if I do not meet the exceptions?**

Yes.

- You can receive the benefits and services listed above if an emergency condition occurs and the benefit is required to treat the emergency condition.
- Some medical and surgical services provided by a dentist will continue to be covered. Check with your dentist for more information.
- Some of these benefits and services may be provided in hospital outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, adult day health care centers, or through home health agencies. Check with your primary health care provider for a referral.
- Some of these benefits and services may be continued if you are currently receiving them or if you move from an exempt group, such as under 21 years of age, to a non-exempt group, such as turning 21 years of age. Check with your primary health care provider for more information.
- Your county health department may be able to provide you some of the benefits and services no longer covered by Medi-Cal.

**Where can I go for more information?**

We will provide more answers on the Department of Health Care Services website at <http://www.dhcs.ca.gov> and on the Medi-Cal Web site at <http://www.medi-cal.ca.gov/>.

If you have more questions about these changes, you may call the Medi-Cal Beneficiary Services Line at **1-888-284-0623**.