

Month DD, YYYY

IMPORTANT INFORMATION ABOUT YOUR MEDICARE SAVINGS PROGRAM COVERAGE

Dear Medicare Savings Program Member,

You are receiving this letter because of a recent court order related to Medicare Savings Programs. These programs help pay for Medicare costs. At some point between March 1, 2020, and March 31, 2023, you were moved into a program with less coverage.

The Department of Health Care Services (DHCS) has restored your original Medicare Savings Program coverage back to the date of the change. **You do not need to take any action.** You will receive this coverage until your next annual renewal. The county will check to see if you still qualify for the Medicare Savings Program.

You Can Get Paid Back for Out of Pocket Costs

The Social Security Administration will pay you back you if you paid any Medicare Part A premiums. This will happen automatically, but it may take several months to get your premiums back from the Social Security Administration. If you have more questions about your Medicare Part A premiums, please call the Social Security Administration at (800) 772-1213 or contact your local Social Security office.

The Qualified Medicare Beneficiary Program may pay you back for bills you already paid. You may be eligible to get money back if you paid out of pocket for any of the following:

- Deductibles: the amount you paid before Medicare paid
- Co-payments: the amount you paid at the time of service or were billed
- Co-insurance: a percentage that you paid of the cost of services

To get money back, you must turn in a claim. Contact the Beneficiary Service Center at (916) 403-2007 to receive a claim form or access the form online at <http://dhcs.ca.gov/Conlan>.

The included letter explains more about this process (also referred to as Conlan). It may take several months for your refund to be approved. Any premiums you get back are not used for Medi-Cal eligibility purposes.

For questions about Medi-Cal or Medicare Savings Programs, call your local county office. Find your local county office information at <http://dhcs.ca.gov/COL> or call the Telephone Service Center at (800) 541-5555.

Sincerely,

Department of Health Care Services
State of California



State of California—Health and Human Services Agency
Department of Health Services



SANDRA SHEWRY
 Director

ARNOLD SCHWARZENEGGER
 Governor

IF YOU WERE ELIGIBLE FOR MEDI-CAL ANYTIME SINCE JUNE 27, 1997, OR ARE ELIGIBLE NOW, MEDI-CAL MAY REIMBURSE YOU FOR MEDICAL OR DENTAL BILLS YOU PAID

Conlan v. Bontá; Conlan v. Shewry

As the result of two court decisions, you may be able to be repaid for some medical expenses you paid. The California Department of Health Services (CDHS) will assist you in getting your money back if all criteria below are met:

1. You received a medically necessary medical or dental service during one or all of these time periods:
 - ✓ The 3-month period prior to the month you applied for the Medi-Cal program,
 - ✓ From the date you applied for the Medi-Cal program until the date your Medi-Cal card was issued,
 - ✓ After your Medi-Cal card was issued (includes excess co-payment and excess share of cost charges).
2. You paid for your medical or dental service; or another person paid for your medical or dental service on your behalf. You will be asked to provide proof that the medical or dental service was paid for by you or the other person.
3. You received the medical or dental service from a Medi-Cal enrolled provider (note: you do not need to have received the service from a Medi-Cal enrolled provider if you received the medical or dental service during the 3-month period prior to applying to Medi-Cal, or you received the services on or after June 27, 1997 but before February 2, 2006 and you had applied for Medi-Cal but not yet received a Medi-Cal card).
4. For those Medi-Cal services that were provided and would have required Medi-Cal authorization, you have documentation from the medical or dental provider that shows medical necessity for the service.
5. You were Medi-Cal eligible to receive that specific medical or dental service.
6. The medical or dental service was a benefit under the Medi-Cal program.
7. The medical or dental service was provided on or after June 27, 1997.
8. After you received your Medi-Cal card, you contacted your provider and showed your provider your Medi-Cal card and the provider would not give you your money back.

Important dates and time frames:

- For services received June 27, 1997 through November 16, 2006, you must submit your claim by November 16, 2007, or within 90 days after issuance of the Medi-Cal card, which ever is longer.
- For services received on or after November 16, 2006, you must submit your claim within one year of receipt of services or within 90 days after issuance of the Medi-Cal card, which ever is longer.

For more information or to file a claim, you MUST call or write to Medi-Cal at:

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| For Medical, Mental Health, Drug and Alcohol, and In-Home Supportive Services Claims: California Department of Health Services Beneficiary Services P.O. Box 138008 Sacramento, CA 95813-8008 (916) 403-2007 TDD: (916) 635-6491 | For Dental Claims: Denti-Cal Beneficiary Services P.O. Box 526026 Sacramento, CA 95852-6026 (916) 403-2007 TDD: (916) 635-6491 |
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-- DON'T FORGET TO KEEP ALL RECEIPTS FOR THE MEDICAL AND DENTAL CARE YOU RECEIVE --

Medi-Cal will review your claim for repayment and send you a letter with a check or a denial letter that tells you the reason for denial. If Medi-Cal denies your request for payment, you may ask for a state hearing. The denial letter will tell you how to ask for a state hearing.

Medicare/Medi-Cal Coverage: Starting January 1, 2006, medications covered under Medicare Part D will not be a covered benefit under the Medi-Cal Program and are not eligible for reimbursement. For questions regarding Medicare Part D contact 1-800-Medicare.



State of California—Health and Human Services Agency
Department of Health Services



SANDRA SHEWRY
 Director

ARNOLD SCHWARZENEGGER
 Governor

SI USTED ERA ELEGIBLE PARA MEDI-CAL EN CUALQUIER MOMENTO DESDE EL 27 DE JUNIO DE 1997, O AHORA ES ELEGIBLE, ES POSIBLE QUE MEDI-CAL LE REEMBOLESE POR CUENTAS MÉDICAS O DENTALES QUE USTED HAYA PAGADO

Conlan v. Bontá; Conlan v. Shewry

Como resultado de dos decisiones de la corte, es posible que usted pueda ser reembolsado/a por algunos costos médicos que usted pagó. El Departamento de Servicios de Salud de California (California Department of Health Services-CDHS) le asistirá en conseguir el reembolso de su dinero si satisface todos los requisitos mencionados abajo:

1. Si usted recibió un servicio médico o dental que fue médicamente necesario durante estos períodos:
 - ✓ En el período de 3 meses antes del mes que usted solicitó para el programa de Medi-Cal,
 - ✓ A partir de la fecha que usted solicitó el programa de Medi-Cal hasta que su tarjeta de Medi-Cal fue expedida,
 - ✓ Después de que se expida su tarjeta médica (incluye exceso del pago parcial y exceso de cargos de parte del costo).
2. Si usted pagó por su servicio médico o dental, u otra persona pagó por su servicio médico o dental de parte suya. Usted va ser requerido que provea pruebas del servicio medico o dental, que fue pagado por usted u otra persona.
3. Si usted recibió el servicio médico o dental de un proveedor inscrito en Medi-Cal (nota: usted no necesita haber recibido el servicio de un proveedor inscrito en Medi-Cal si usted recibió el servicio médico o dental durante el período de tres meses antes de solicitar Medi-Cal).
4. Si usted tiene, una autorización de un proveedor médico o dental, y tienes documentación del proveedor medico o dental que enseña que los servicios fueron necesarios.
5. Si usted tenía elegibilidad de Medi-Cal para recibir ese servicio específico médico o dental.
6. El servicio médico o dental fue un beneficio bajo el programa de Medi-Cal.
7. El servicio médico o dental fue proporcionado en o después del 27 de junio de 1997.
8. Después de que usted recibió su tarjeta de Medi-Cal, usted contactó a su proveedor y le mostró a su proveedor su tarjeta de Medi-Cal y el proveedor no le reembolsó su dinero.

Fechas y horarios importantes:

- Para los servicios recibidos el 27 de junio de 1997 al 16 de noviembre del 2006, usted debe presentar su reclamo antes del 16 de noviembre del 2007, o en el plazo de 90 días después de que se recibió la tarjeta de Medi-Cal, cualquier plazo que sea el más largo.
- Para los servicios recibidos en o después del 16 de noviembre del 2006, usted debe presentar su reclamo dentro del plazo de un año de la fecha que recibió los servicios, o en el plazo de 90 días después de que se recibió la tarjeta de Medi-Cal, cualquier plazo que sea el más largo.

Para más información o presentar un reclamo, usted DEBE llamar o escribir a Medi-Cal a las siguientes direcciones:

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| <p>Para Reclamos Médicos, de Salud Mental, de Drogas y Alcohol, y de Servicios de Casa y Cuidado Personal (Medical, Mental Health, Drug and Alcohol, and In-Home Supportive Service Claims):</p> <p>California Department of Health Services Beneficiary Services P.O. Box 138008 Sacramento, CA 95813-8008 (916) 403-2007 TDD: (916) 635-6491</p> | <p>Para Reclamos Dentales (Dental Claims):</p> <p>Denti-Cal Beneficiary Services P.O. Box 526026 Sacramento, CA 95852-6026 (916) 403-2007 TDD: (916) 635-6491</p> |
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--NO SE OLVIDE GUARDAR TODOS LOS RECIBOS DEL LOS SERVICIOS MÉDICO Y DENTAL QUE USTED RECIBIO--

Medi-Cal revisará su reclamo para el reembolso y le enviará una carta con un cheque o una carta de negación que le explicará la razón del porqué fue negado. Si Medi-Cal niega su petición de pago, usted puede pedir una Apelación al Estado. La carta de negación le dirá cómo pedir la Apelación al Estado.

Cobertura de Medicare/Medi-Cal: Empezando el 1º de Enero del 2006, los medicamentos cubiertas bajo Medicare Parte D no serán un beneficio cubierto bajo el programa de Medi-Cal y estos medicamentos no son elegibles para el reembolso. Para preguntas sobre Medicare Parte D llame al 1-800-Medicare.