

California's Medi-Medi Plan Expansion in 2026

How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
 - For example: Cassidy Acosta – Aurrera Health Group

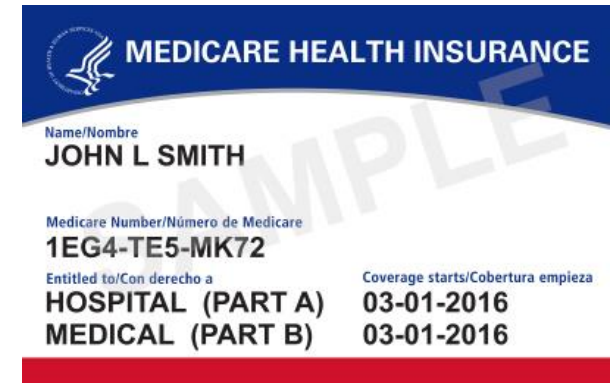
Agenda

- » Welcome and Introductions
- » Overview: Dual Eligible Members
- » Medi-Medi Plans
- » Medi–Medi Plan Coordination with In-Home Supportive Services (IHSS), and County Behavioral Health
- » 2026 Look-Ahead for Stakeholders

Overview: Dual Eligible Members

Medicare and Medi-Cal

- » Some people have both Medicare and Medi-Cal, known as dual eligibles (Medi-Medis).
- » Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- » Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, and In-Home Supportive Services (IHSS).



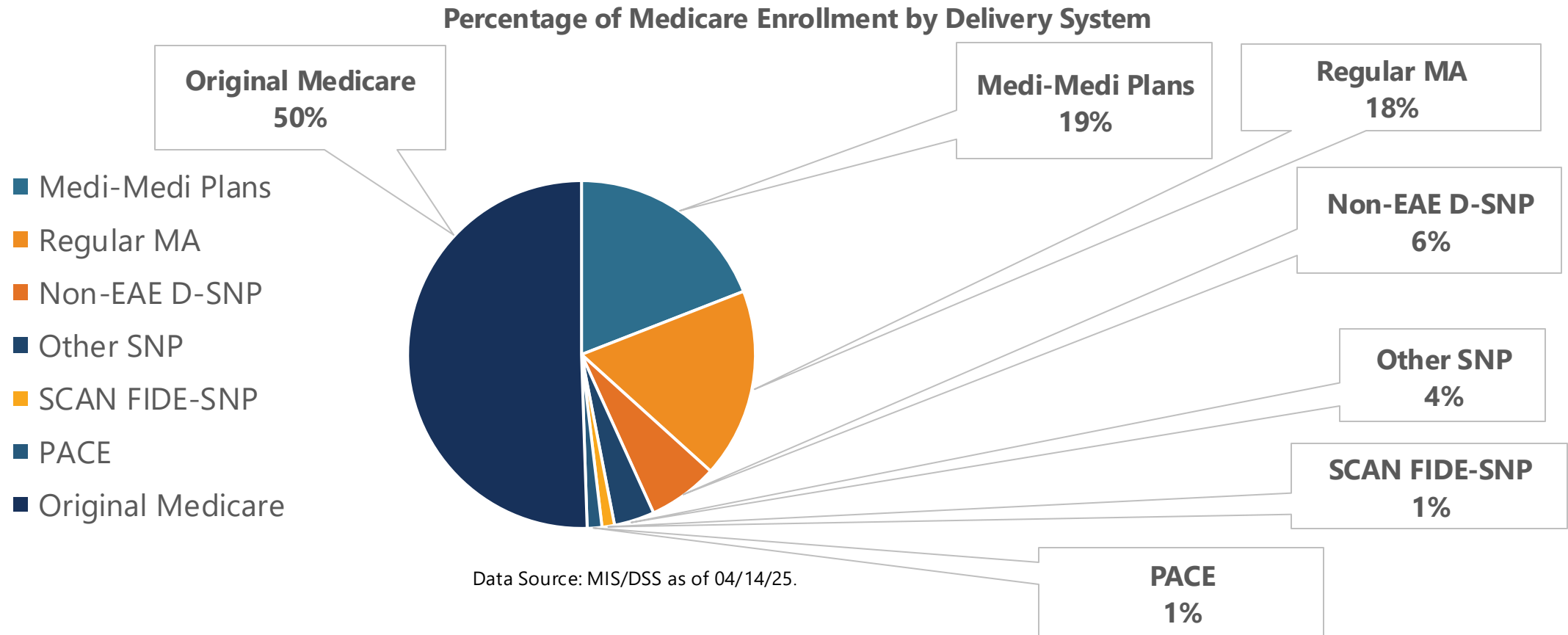
Dual Eligible Members

- » Nationally, dual eligible individuals are more likely than people with Medicare only to report being in poor health (13% vs. 4%).
 - Heart failure, hypertension, depression diagnoses among dual eligible individuals occur at significantly higher rates than in Medicare-only population.
- » Dual eligible individuals have high rates of chronic conditions, high utilization, and are a diverse group:
 - 25% under age 65
 - 33% limited English proficiency
 - About 18% prevalence of dementia
- » Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.

Dual Eligible Members in California

- » In California, almost a quarter of Medicare members also have Medi-Cal (**1.7 million Californians**).
- » Statewide, about 50% of dual eligible members are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans, and 50% are in Original (Fee-For-Service) Medicare.
- » All dual eligible members in California are enrolled in Medi-Cal managed care plans.

Medicare Delivery System Enrollment for Dual Eligibles in California (January 2025)



Dual Eligible Members in Medi-Medi Plan Counties

» As of May 2025, there were about the following number of **dual eligible members** in each county:

- Alameda – 67,000
- San Francisco – 55,000
- Tuolumne – 2,700
- Kern – 42,000
- Contra Costa – 38,000
- Stanislaus – 26,000

» As of January 2025, there were about the following percentage of members in Medicare Advantage, including D-SNPs:

- Alameda – 37%
- San Francisco – 42%
- Tuolumne – 16%
- Kern – 46%
- Contra Costa – 35%
- Stanislaus – 49%

For data updates on dual status by county, visit the [CalHHS Open Data Portal](#).

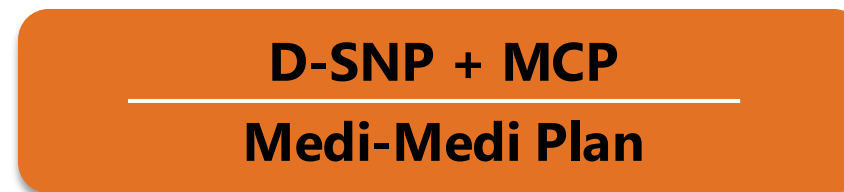
Medi-Medi Plans

The Need for Coordinated Care

- » For most dual eligible members, Medicare and Medi-Cal operate separately, with different funding streams.
- » This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.
- » CalAIM Approach: Health plan to coordinate care across Medicare and Medi-Cal, known as **Medi-Medi Plans**.
 - Available in twelve counties in 2025: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare, with total current enrollment of 330,000.
 - Will launch in additional counties on January 1, 2026.

Medi-Medi Plans

- » **Medi-Medi Plans** are a type of Medicare Advantage plan in California that are only available to dual eligible members.
- » Members enrolled in a Medi-Medi Plan receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal Managed Care Plan (MCP).
- » Enrollment in Medi-Medi Plans is **voluntary**.



D-SNPs provide Medicare services, such as:

- Hospitals
- Providers
- Prescription drugs



MCPs provide wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation

Medi-Medi Plans in California

- » The program name “Medicare Medi-Cal Plans” is used by the Department of Health Care Services (DHCS), Health Care Options (HCO), and in members notices.
 - Health plans may use their own marketing name, such as in plan-specific member materials.
- » Medi-Medi Plans are described as **a single plan** in member-facing materials, as members will receive one card, one welcome packet, and have one phone number to call for member services.
- » Fact sheets for members and providers as well as other resources are posted on the [DHCS Medi-Medi Plan website](#).
- » A list of 2025 Medi-Medi Plans by county is also available on the [DHCS website](#).

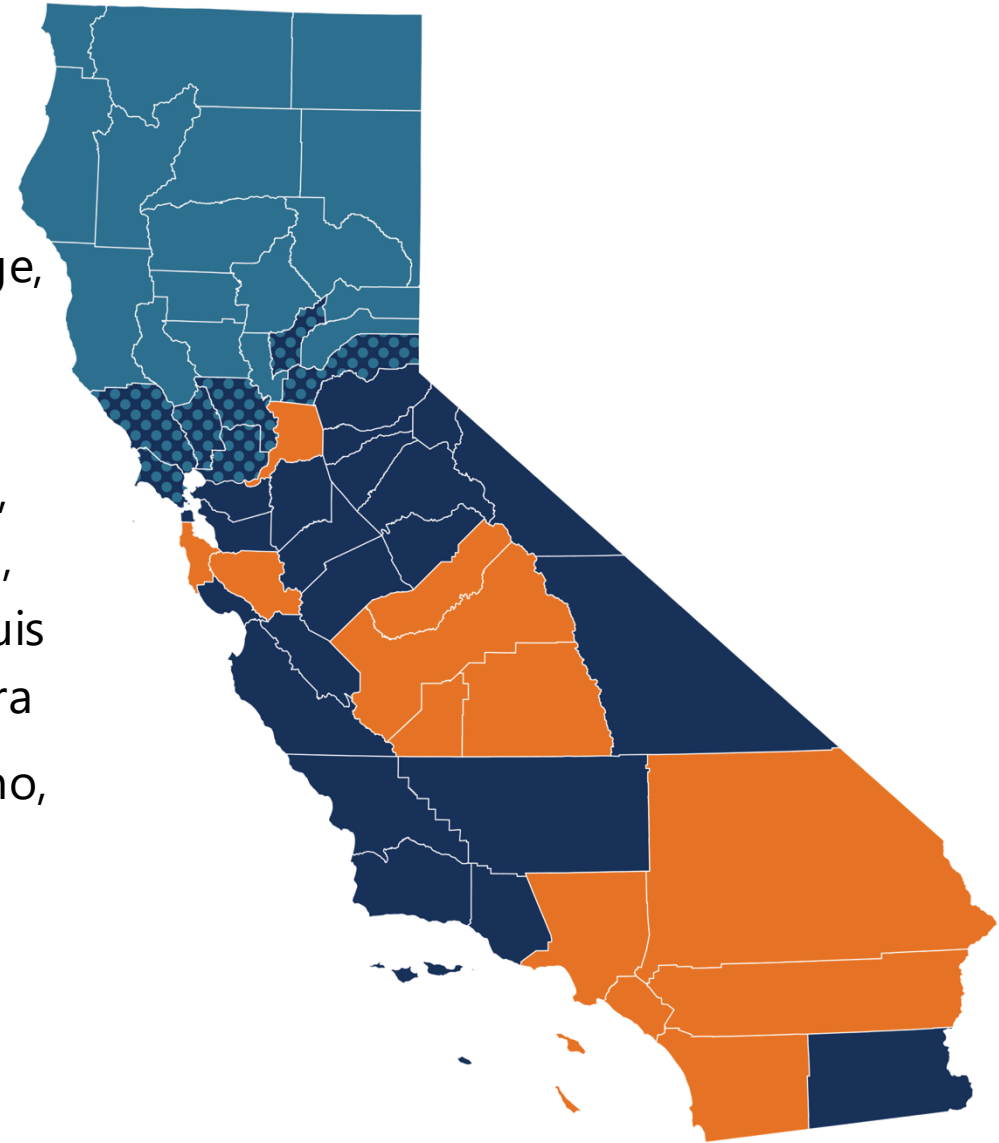
Medi-Medi Plans in California Counties

Currently available: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, Tulare

Will be available in 2026: Alameda, Alpine, Amador, Calaveras, Contra Costa, El Dorado, Imperial, Inyo, Kern, Mariposa, Merced, Mono, Monterey, San Benito, San Francisco, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tuolumne, Ventura

At least one plan available in 2026: Marin, Napa, Placer, Solano, Sonoma, Yolo, Yuba

Will be phased in after 2026: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity



Care Coordination in Medi-Medi Plans

- » Medi-Medi Plans help members with all their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.
- » Instead of Medi-Cal ECM, Medi-Medi Plans provide **California Integrated Care Management (CICM)**.



Coordination with Related Medi-Cal Benefits

- » Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits, including “carved-out” benefits such as:
 - In-Home Supportive Services (IHSS)
 - Specialty Mental Health and Substance Use Disorder Services provided by the county
 - Medi-Cal Dental (including Dental Managed Care plans)
 - Multipurpose Senior Services Program (MSSP)
- » Joining a Medi-Medi Plan will **not** impact a members IHSS benefits.
 - Members can keep their IHSS providers and hours.
 - Members still retain the right to hire, fire, and manage their IHSS providers.

Community Supports and Enhanced Care Management (ECM) for Members in Medi-Medi Plans

- » Members in Medi-Medi Plans can receive Community Supports.
 - Community Supports are provided by a member's Medi-Cal MCP.
 - The Medi-Medi Plan is responsible for coordinating Community Supports, as with other Medi-Cal benefits.
- » Dual eligible members in Medi-Medi Plans may also receive California Integrated Care Management (CICM), which is similar to Medi-Cal ECM.
 - Care management is provided by a member's D-SNP, including clinical care management for chronic conditions.
 - The Medi-Medi Plan is responsible for providing sufficient care management.

Medi-Medi Plans Support Access to Providers

Provider Network

- » Members will have access to a provider network through their Medi-Medi Plan.
- » If a member's provider is not in network, a provider can join the Medi-Medi Plan's network or the Medi-Medi Plan will help the member find a new doctor they like.
- » To join a Medi-Medi Plan network, a provider should contact the plan's provider relations department directly.

Continuity of Care

- » If a provider is not currently in network, there is a continuity of care period, where the member can continue to see their provider for up to 12 months (in most cases).
- » The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

Medicare Network Adequacy Requirements

- » Medicare Advantage (MA) plans, including Medi-Medi Plans, must maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served.
- » CMS reviews and monitors Medicare provider networks and Medicare network adequacy.
- » CMS network adequacy requirements are at the contract level, not the sub-network (e.g., delegation) level.
- » Medicare Advantage Network Guidance is available on the [CMS website](#).
- » If any concerns come up about Medicare network access and adequacy for a particular Medi-Medi Plan, please contact the plan first.
 - For further escalation, please contact the CMS Regional Office at ROSFOORA@cms.hhs.gov.
 - Stakeholders can also contact 1-800-Medicare with the member to file a complaint.

Network Overlap between Medicare and Medi-Cal networks

- » Medi-Medi Plans are required to report the percent of contracted Medi-Cal providers and facilities that are also contracted Medicare providers and facilities, to DHCS to show how aligned the networks are.
- » The goal of aligning D-SNP's Medicare and Medi-Cal networks is to ensure continuity of access to providers across Medi-Cal and Medicare for members transitioning from Medi-Cal only to dual eligibility.

Crossover Billing in Medi-Medi Plans

» Crossover Billing Process

- In a Medi-Medi Plan, a member's D-SNP and Medi-Cal plan are operated by the same organization.
- When a provider bills the D-SNP for primary Medicare payment, the same organization should process the secondary (Medi-Cal) claim.

» Crossover Billing Resource

- If you have questions about how to bill for dual eligible members enrolled in Medi-Cal managed care, please see the DHCS [Crossover Billing Toolkit](#).

» Balance Billing

- Medicare providers cannot bill dual eligible members for Medicare Part A and B cost sharing. This is known as balance billing, or "improper billing," and is illegal under both federal and state law. Dual eligible members may still have a small copay for prescription drugs. Additional information is available on the [DHCS website](#).

Joining a Medi-Medi Plan



Members can join a Medi-Medi Plan if they:

- ✓ Have both Medicare Part A and B and Medi-Cal
- ✓ Are 21 years or older
- ✓ Live in one of the counties that offers Medi-Medi Plans



Member enrollment in Medi-Medi Plans is **voluntary**.



To enroll, a member can contact their Medi-Cal plan or 1-800-MEDICARE.

Medi–Medi Plan Coordination with In-Home Supportive Services (IHSS), and County Behavioral Health

In-Home Supportive Services (IHSS)



No Changes to IHSS Eligibility

- » The IHSS program provides in-home assistance to Medi-Cal members, including dual eligible members, to support activities of daily living.
- » Dual eligible members who join Medi-Medi Plans will not have any impact to their IHSS benefits.
 - County IHSS agencies continue to determine IHSS eligibility.
 - Joining a Medi-Medi Plan will not impact a members IHSS benefits. Members can keep their IHSS providers and hours and retain the right to hire, fire, and manage their IHSS providers.

Medi-Medi Plan Coordination with IHSS

- » Medi-Medi Plans can help dual eligible members with IHSS, by providing referrals to and coordinating with County IHSS programs.
 - A Medi-Medi plan is the same organization as the MCP.
 - Medi-Cal MCPs are required to execute MOUs with counties to coordinate IHSS.
 - No additional MOU is needed between the D-SNP and the county.
 - The single MOU helps improve care coordination between MCPs (and D-SNP members) and county IHSS programs.
 - Details are available on the [DHCS website](#).
- » Medi-Medi plans, as a D-SNP, are federally required to coordinate all Medicare and Medi-Cal services, including carved out Medi-Cal services, like IHSS. All Medi-Medi Plans are required to coordinate with County IHSS agencies, to support IHSS referrals and connections to primary care and hospital discharge planning.

County Behavioral Health



Medicare Behavioral Health Services

- » Behavioral health services includes both mental health and substance use disorder (SUD) treatment.
- » Medicare is the primary payer of behavioral health services for dual-eligible members. Medicare services include, but are not limited to:
 - Individual and group therapy and Family counseling
 - Diagnostic tests
 - Inpatient hospitalization, partial hospitalization, and Intensive outpatient services
 - SUD treatments
- » Additional information is available here: [Supporting Medicare Patients in California: Coverage for Behavioral Health Services](#)
- » Note: Medi-Cal may cover additional services not covered by Medicare.

Medi-Medi Plan Coordination with County Behavioral Health

- » Medicare Advantage plans, including Medi-Medi Plans, cover Medicare behavioral health services.
- » Dual eligible members in Medi-Medi Plans may access Medicare behavioral health services through the Medi-Medi Plan.
- » Medi-Cal county behavioral health services are also available to dual eligible members, but please note: **Medi-Cal is the payer of last resort.**
- » Medi-Cal MCPs have MOUs with County Behavioral Health Agencies, to coordinate specialty mental health and SUD services between MCPs and County Behavioral Health Departments.
- » No additional MOU is required between the Medi-Medi Plan and the county, since the same health plan manages the MCP and D-SNP.

Medi-Medi Plan Coordination with County Behavioral Health (cont.)

- » Per federal requirements, Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal mental health services, including services provided by County Behavioral Health Agencies.
- » Note: Under HIPAA, the exchange of PHI data between County Mental Health Plans, MCPs, and D-SNPs (Medi-Medi Plans) for the purpose of care coordination and case management is permitted, without requiring a Business Associate Agreement.

Questions?



2026 Look-Ahead for Stakeholders

DHCS Medi-Medi Plan Outreach Support

- » DHCS is supporting Medi-Cal plans in their outreach to inform providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.
- » Providers should direct questions to their contracted Medi-Cal plan. Providers can also submit general questions to DHCS at info@calduals.org.
 - To learn more about Medi-Medi Plans, providers can:
 - Visit the [DHCS Medi-Medi Plan Webpage](#)
 - View the [Medi-Medi Plans: Information for Providers Fact Sheet](#)
- » DHCS encourages Medi-Cal plans to partner with local Health Insurance Counseling and Advocacy Programs (HICAPs) and the Medicare Medi-Cal Ombudsman Program (MMOP) in their outreach efforts.

Options for Dual Eligible Members in 2026

- » A dual eligible member may have the following choices in 2026:
 - Original Medicare and a Medi-Cal plan
 - A Medi-Medi Plan*
 - A Medicare Advantage plan and a Medi-Cal plan
 - PACE** (for those who need nursing facility level of care)
- » **Reminder:** 2026 Medicare Open Enrollment is October 15 – December 7, 2025.

*Except in counties that will be phased in after 2026.

**Please refer to the DHCS [Medi-Cal Managed Care Health Plan Directory](#) to see whether PACE is an option in your county.

Talking to Members about Medi-Medi Plans

- » As trusted sources of information, members may come to providers and community partners with questions about Medi-Medi Plans.
- » When talking to members, consider sharing the following messages:
 - A Medi-Medi Plan has care coordination, one health plan card, and one number to call for both Medicare and Medi-Cal benefits.
 - Medi-Medi Plans have care coordinators who can help a member find doctors and make appointments, understand prescription drugs, set up transportation to doctor's visits, get follow-up services after leaving a hospital or facility, and support connections with home and community-based services.
 - Enrollment in a Medi-Medi Plan is voluntary.

Tips for Providers When Talking to Members about Medicare Options and Medi-Medi Plans

- » As a provider, patients may approach you about their health care choices.
- » When a patient requests information from you about their Medicare options, per federal regulations, you can:
 - Share unaltered, printed materials created by CMS (e.g., Medicare Plan Finder, “Medicare & You” Handbook, etc.).
 - Provide the names of the Medi-Medi Plans you contract with.
 - Answer questions about Medi-Medi Plans, such as cost sharing and benefit information.
 - Refer members to Medi-Medi Plan marketing materials (available in **common areas** only).
 - Provide information and assistance in applying for the Low-Income Subsidy (LIS).
 - Refer members to other organizations for support, like HICAP and MMOP.

Providers and Medicare Marketing Materials

- » As a provider, you may not share any Medicare marketing materials in an area where care is being administered, such as:
 - Exam rooms
 - Hospital patient rooms
 - Treatment areas where patients and providers may interact (e.g., in dialysis treatment facilities)
 - Pharmacy counters
- » Medicare marketing materials can be shared in common areas, such as:
 - Common entryways
 - Vestibules
 - Waiting rooms
 - Hospital cafeterias
 - Community, recreational, or conference rooms

Resources for Members

- » Dual eligible members can learn more about Medi-Medi Plans by viewing the [Medi-Medi Plan Fact Sheet](#) on the [DHCS Medi-Medi Plan Webpage](#).
 - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- » To change Medicare plans, a member can contact the health plan of their choice directly or call 1-800-Medicare.
- » For support, members can contact:
 - HICAP for free counseling on health care options: 1-800-434-0222
 - MMOP for help resolving issues with providers or health plans: 1-855-501-3077

Additional Resources

- » For more information about coordinated care for dual eligibles, visit the [DHCS Integrated Care for Dual Eligible Beneficiaries Website](#).
- » To learn more about D-SNPs, visit the [DHCS D-SNPs in California Website](#).
- » Join the next [MLTSS and Duals Integration Stakeholder Workgroup](#) on September 24th at 12:00pm ([registration is required](#)).
- » If you have any questions, contact us at info@calduals.org.

Questions and Discussion

