

Medicare Medi-Cal Plans

Medicare Medi-Cal Plans (Medi-Medi Plans) are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries. Medi-Medi Plans provide Medicare Part A, B, and D services, specialized care coordination, and wrap-around Medi-Cal services. Medi-Medi Plan patients are automatically enrolled in the aligned Medi-Cal plan operated by their Medicare plan.

Medi-Medi Plan patients will have their Medi-Cal and Medicare benefits and care coordinated by one organization.

Medi-Medi Plans are open for enrollment in 12 counties in 2025. Starting in 2026, Medi-Medi Plans will be open for enrollment in most counties in California. Please visit the [DHCS Medi-Medi Plans Webpage](#) for more information.



Medicare

Medi-Cal

Medicare Medi-Cal Plan



The benefits of Medi-Medi Plans include:

- » Reduced administrative burden through integrated materials for patients, such as a single health plan card and one number to call for both Medicare and Medi-Cal benefits;
- » Care coordination, including a unified Health Risk Assessment, a person-centered Individualized Care Plan, and an Interdisciplinary Care Team that includes a patient's Medicare, Medi-Cal, and carved-out service providers; and
- » Continuity of care so patients can continue to see their providers if they are not in the health plan's provider network.

Medicare and Medi-Cal Benefits

Medi-Medi Plans will coordinate all benefits and services across both Medicare and Medi-Cal, including:

- » All Medicare covered services, including medical providers, hospitals, prescription drugs, labs, and x-rays
- » All Medi-Cal covered services, including long-term services and supports, durable medical equipment, and medical transportation
- » Additional supplemental benefits over and above Original Medicare and Medi-Cal
- » Coordination with carved-out benefits, such as In-Home Supportive Services, Medi-Cal Dental Benefits, and Medi-Cal Specialty Mental Health Services provided by the county
- » One care management team to coordinate care and help a beneficiary manage their services



Provider Networks and Continuity of Care

Patients enrolled in a Medi-Medi Plan must receive their physician services from providers who are in the plan's network. If your patient is in a Medi-Medi Plan, you will eventually need to be in the Medi-Medi Plan provider network to continue seeing your patient. Contact the Medi-Medi Plan's provider relations department to learn more about joining the plan's provider network.

If you decide to remain out-of-network, there will be a **continuity of care period**, where your patient can continue to see you as their provider for up to 12 months (in most cases). The patient must have a prior relationship with you as their provider, and you and the health plan must agree to terms, including payment terms.

Balance Billing

It continues to be unlawful to bill dual eligible patients. Your dual eligible patients should never receive a bill for their medical services. This is called balance billing (or improper billing) and is illegal under state and federal law. These patients should not pay for physician visits and other medical care when they receive services from a provider in their Medi-Medi Plan provider network. Patients may still have a copay for prescription drugs.



Information for Your Patients

As a trusted source of information, your patients may come to you with questions about Medi-Medi Plans. When talking to your patients, consider sharing the following messages:

- » Your Medi-Medi Plan has care coordination, one health plan card, and one number to call for both Medicare and Medi-Cal benefits.
- » You can see a care coordinator to provide an added layer of support. Your care coordinator can help you with:
 - ✓ Finding doctors and making appointments.
 - ✓ Understanding your prescription drugs.
 - ✓ Setting up transportation to your doctor's visits.
 - ✓ Getting follow-up services after leaving a hospital or facility.
 - ✓ Connecting you with home and community-based services.
- » If you join a Medi-Medi Plan, you should not have a gap in coverage. If your doctor is not currently in network, you may be able to continue seeing them for up to 12 months.
- » Enrollment in a Medi-Medi Plan is voluntary. You have choices of additional Medicare options if you do not want to be in a Medi-Medi Plan.