



# Medicare Medi-Cal Plans and the Cal MediConnect Transition

# Agenda

- » CalAIM & Dual Eligible Beneficiaries
- » The Cal MediConnect (CMC) Transition
- » Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans)
- » Information for Beneficiaries
- » Public Health Emergency Unwinding
- » Next Steps
- » Questions & Comments

# Initial check-in

- » QUESTION 1: True or False – I am aware of the upcoming transition from Cal MediConnect to Medi-Medi Plans.
- » QUESTION 2: True or False – I understand how the transition to Medi-Medi Plans will impact individuals I serve/care for.
- » QUESTION 3: True or False – I believe the transition to Medi-Medi Plans is beneficial for dual eligible beneficiaries.

# CalAIM and Dual Eligible Beneficiaries



# California Advancing and Innovating Medi-Cal (CalAIM)

- » CalAIM is a multi-year initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Californians by implementing broad delivery system, program, and payment reform across Medi-Cal (California's Medicaid program for low-income and other qualified individuals).
- » CalAIM has three primary goals:
  1. Identify and manage comprehensive needs through whole person care approaches and social drivers of health;
  2. Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform; and
  3. Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

If you would like to learn more about CalAIM, visit the [DHCS CalAIM website](#).

# Dual Eligible Beneficiaries

- » Dual eligible beneficiaries are individuals eligible for both Medicare and Medi-Cal, often referred to as Medi-Medis.
- » Nationally, dual-eligible beneficiaries were more likely than non-dual Medicare beneficiaries to report being in poor health (13% vs. 4%). They were also more likely to live in an institution (13% vs. 3%).
- » In California, almost a quarter (22.4%) of Medicare beneficiaries were dually eligible for Medicare and Medi-Cal, or 1.4 million Californians. Of the 1.4 million dual eligible beneficiaries, 43% had Medicare Advantage (MA) and 57% had Original (Fee-For-Service) Medicare.

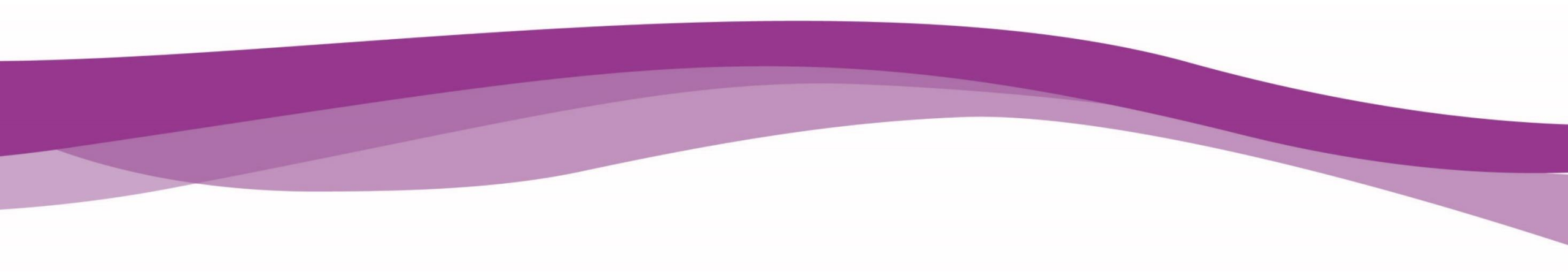
More information about the California Medicare population and the duals Medicare population is available in the [OMII Profile of the California Medicare Population](#).

# Medicare, Medi-Cal, and the Need for Coordinated Care

- » For most dual eligible beneficiaries, Medicare and Medi-Cal operate separately and with different funding streams.
- » This fragmented system lacks incentives to provide these often high-need individuals with person-centered services.
- » For dual eligible beneficiaries with high rates of chronic conditions and functional impairments, streamlined access to services across health and long-term services and supports (LTSS) systems is critical.



# The Cal MediConnect Transition





# Cal MediConnect

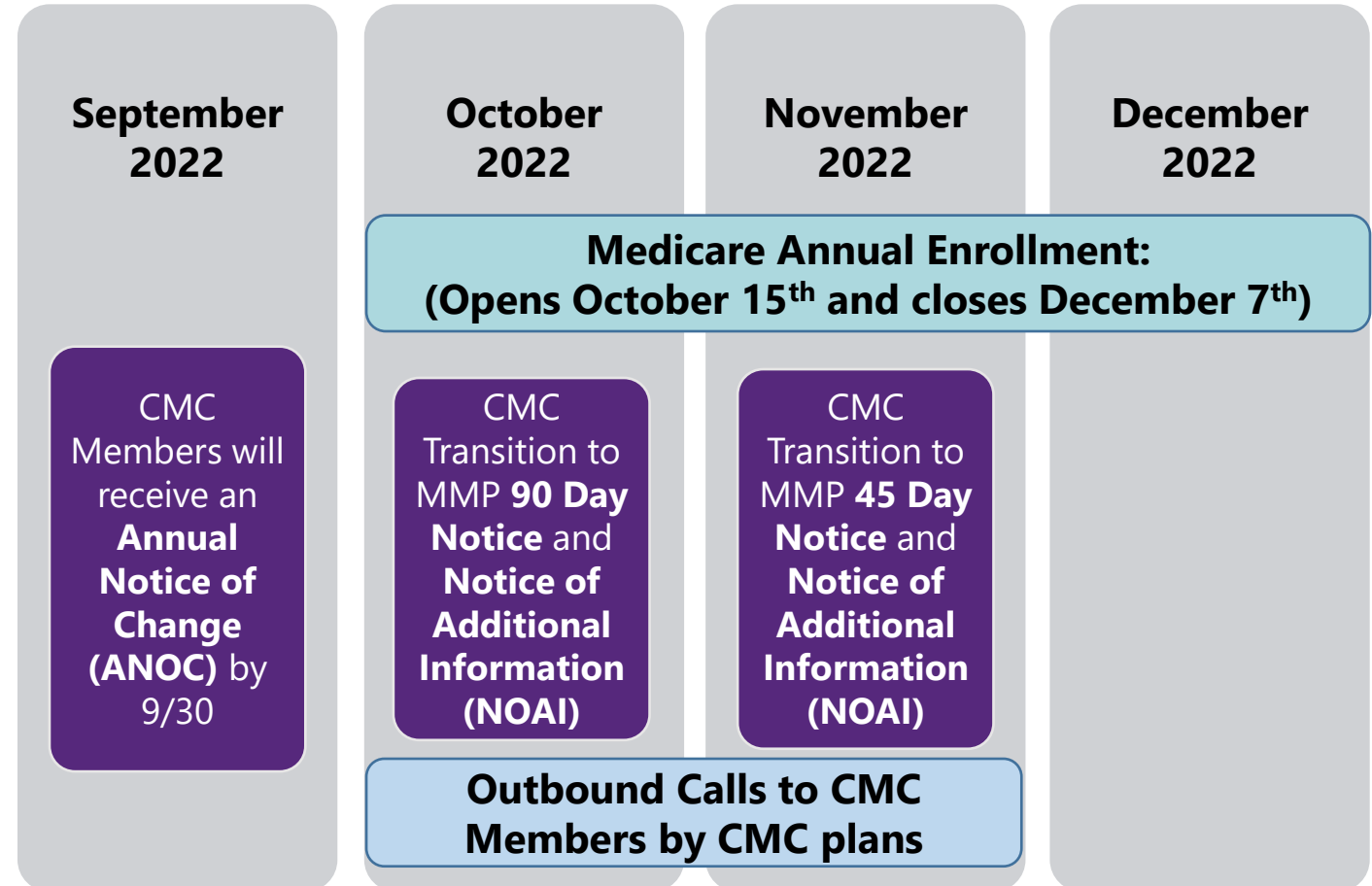
- » A health plan for dually eligible beneficiaries that combines Medicare and Medi-Cal benefits with additional care coordination.
  - » Part of a demonstration project (the Coordinated Care Initiative or CCI) launched by the state of California to provide better coordinated care for individuals eligible for both Medicare and Medi-Cal.
- » Available in seven counties (known as the CCI counties):
  - » Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Clara, and San Mateo
- » There are some populations that are excluded from Cal MediConnect, such as beneficiaries who have partial benefits, End-Stage Renal Disease, a Medi-Cal share-of-cost (SOC), or a Home and Community-Based Services waiver.

# The Cal MediConnect Transition

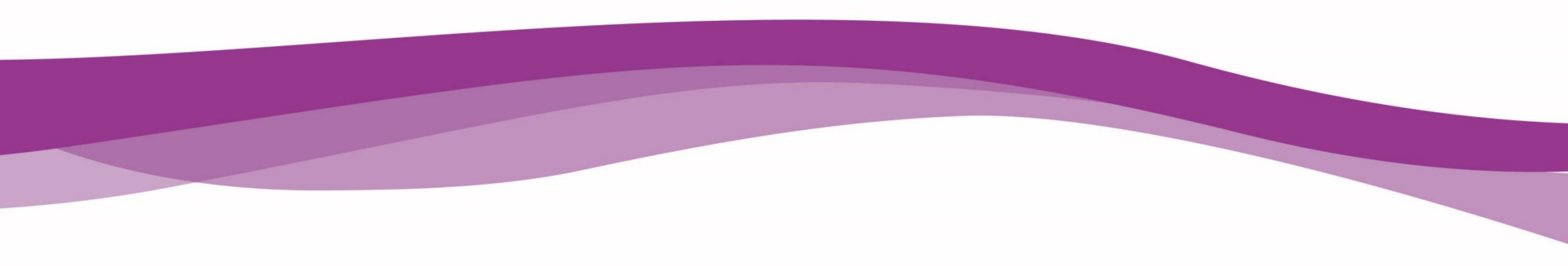
- » Cal MediConnect will continue until **December 31, 2022**.
- » On **January 1, 2023**, beneficiaries in Cal MediConnect plans will be automatically transitioned into a **Medicare Medi-Cal Plan (MMP or Medi-Medi Plan)** operated by the same parent company as the Cal MediConnect plan.
  - » There will be no gap in coverage.
  - » Provider networks will be substantially similar.
  - » Continuity of Care provisions.
  - » The plans will operate similar to Cal MediConnect, with care coordination, one health plan card, and one Member Services number to call for both Medicare and Medi-Cal benefits.
- » Beneficiaries will continue to have the choice to voluntarily enroll in the Medicare coverage of their choice, including Original Medicare, Medicare Advantage plans, and D-SNPs.

# Cal MediConnect Transition Member Communications

- » Beneficiaries will begin to receive notices from their Cal MediConnect plan about the transition starting in fall 2022.
- » Health plans have started to communicate these upcoming changes with beneficiaries, upon receiving approval from DHCS and CMS.



# Medicare Medi-Cal Plans



# Medicare Medi-Cal Plans in California

- » Medi-Medi Plans are a type of Medicare Advantage plan in California that are only available to dual eligible beneficiaries.
- » The program name “Medicare Medi-Cal Plans” will be used by DHCS, Health Care Options (HCO), and in beneficiary notices.
- » Health plans may use their own marketing name, such as in plan-specific member materials.
- » Medi-Medi Plans will be described as **a single plan** in beneficiary-facing materials, as beneficiaries will receive one card, one welcome packet, and have one phone number to call for member services.

# Medicare Medi-Cal Plans

- » Beneficiaries 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.
  - » D-SNPs (a type of Medicare Advantage plan) provide Medicare Part A, B, and D services (hospitals, providers, and prescription drugs) in addition to specialized care for dual eligible beneficiaries also enrolled in the matching Medi-Cal plan.
  - » Medi-Cal plans provide wrap-around services, including Medicare cost-sharing, Long-Term Services and Supports (LTSS), and durable medical equipment (DME).
- » Both are operated by the same parent organization for better care coordination and integration.

# Medicare Medi-Cal Plan Transition and New Enrollment

- » In CCI counties, members in Cal MediConnect plans will transition into Medi-Medi Plans on January 1, 2023.
- » Dual eligible beneficiaries who are not Cal MediConnect members will also have the option to enroll in a Medi-Medi Plan in CCI counties.
- » During the 2022 Medicare Annual Enrollment period, beneficiaries will have the choice to select a Medi-Medi Plan.

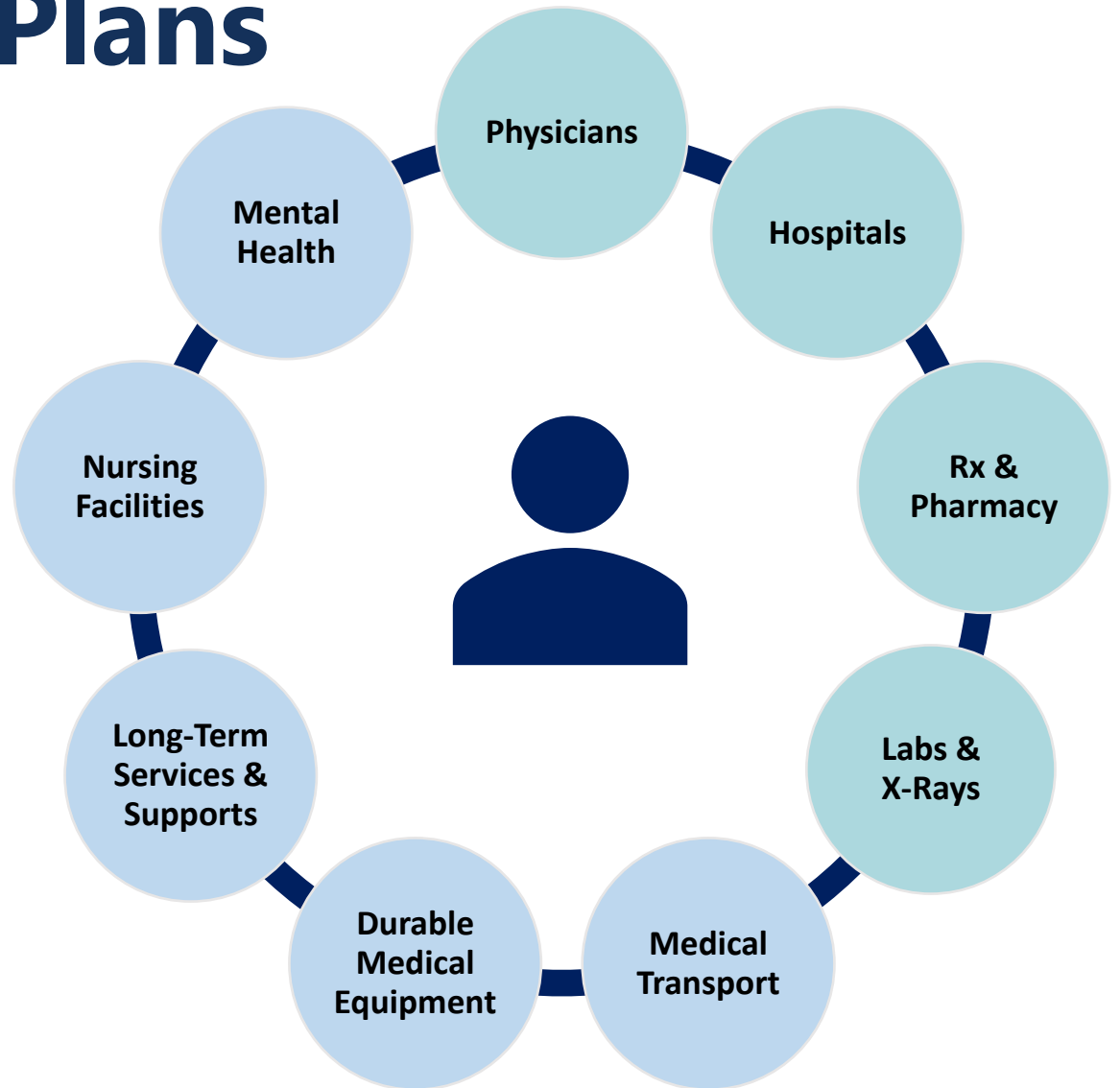
# Services Provided by Medicare Medi-Cal Plans

- » Medi-Medi Plans provide the following services to beneficiaries:
  - » 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, medical transportation, and Medicare cost-sharing
  - » Additional supplemental benefits over and above original Medicare and Medi-Cal
  - » Coordination with carved-out benefits, such as In-Home Supportive Services (IHSS) and Medi-Cal Specialty Mental Health Services (SMHS) provided by the county
  - » Similar care coordination and providers as Cal MediConnect plans
  - » One care management team to coordinate care and help a beneficiary manage their services



# Care Coordination in Medicare Medi-Cal Plans

» Medi-Medi Plans will help beneficiaries with all their health care needs and will coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.



# Medicare Medi-Cal Plan Provider Networks

- » Beneficiaries will continue to have access to a provider network through their Medi-Medi Plan, which will include similar providers they see today, or the Medi-Medi Plan will help them find a new doctor they like.
- » If a beneficiary's provider is not currently in their Medi-Medi Plan network, there will be a **continuity of care** period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

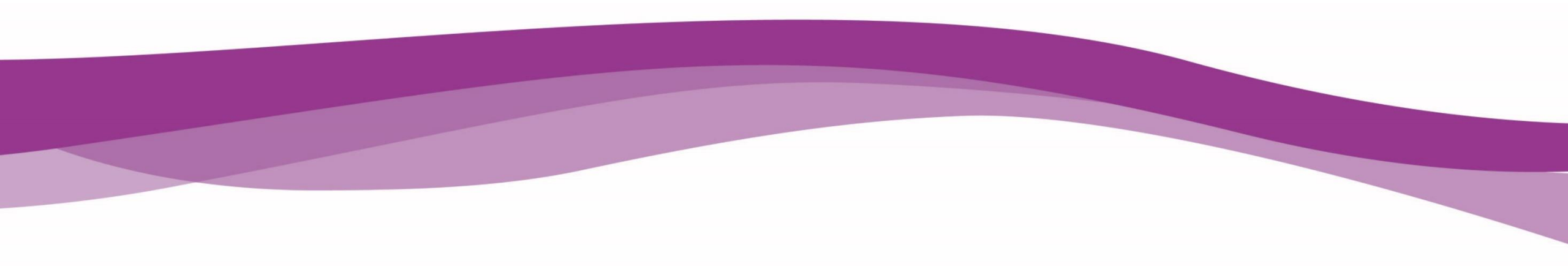
# Balance Billing

- » Dual eligible beneficiaries should **never** receive a bill for their medical services. This is called improper billing (or balance billing) and is illegal under state and federal law.
- » Beneficiaries will not pay a plan premium or pay for doctor's visits and other medical care when they receive services from a provider in their Medi-Medi Plan's provider network. They may still have a copay for prescription drugs.

# In Comparison: Medicare Medi-Cal Plans & Cal MediConnect

Element	2023 MMP Requirement	CMC Requirement
Medicare covered services - providers, hospitals, prescription drugs, etc.	✓	✓
Coordination of covered Medi-Cal benefits/services - LTSS, DME, medical transportation	✓	✓
Care Coordination - Health Risk Assessments, Individualized Care Plans, Interdisciplinary Care Teams, and Care Coordinators	✓	✓
Quality Measurement and Performance Improvement	✓	✓
Continuity of Care - Up to 12 months (in most cases)	✓	✓
Integrated Materials - One health insurance card and one member services number to call	✓	✓

# Information for Beneficiaries



# What Beneficiaries Need to Know

- » If a beneficiary is in Cal MediConnect today, they do **NOT** need to do anything to enroll in the Medi-Medi Plan and keep their current benefits.
  - » The beneficiary will be automatically transitioned from the Cal MediConnect plan into the Medi-Medi Plan on January 1, 2023.
  - » Beneficiaries will also be provided options of additional Medicare plans to enroll into if they do not want to be in an Medi-Medi Plan.
- » If a beneficiary would like to enroll into Cal MediConnect, they can enroll through **November 2022**, with a Cal MediConnect plan start date of December 1, 2022. They will still transition on January 1, 2023 into a Medi-Medi Plan.

# Enrollment in Medicare Medi-Cal Plans is Voluntary

- » Enrollment in Medi-Medi Plans is voluntary, and beneficiaries retain the choice of any other Medicare options, such as:
  - » Original Medicare
  - » Medicare Advantage plans
  - » Program of All-Inclusive Care for the Elderly (PACE).
- » There will not be any changes for beneficiaries currently enrolled in Original Medicare.

# Dual Eligible Beneficiary Options in CCI Counties

- » A dual eligible beneficiary could have the following choices in a CCI county in 2023:
  - » Original Medicare and any Medi-Cal plan
  - » A Medicare Medi-Cal Plan (Medi-Medi Plan)
  - » A Medicare Advantage plan (non-D-SNP), with automatic enrollment in their affiliated Medi-Cal plan, if one is available
  - » If available, a Medicare Advantage plan with a non-affiliated Medi-Cal plan, if the Medicare Advantage plan does not have an affiliated Medi-Cal plan
  - » In certain counties and locations, the Program of All-Inclusive Care for the Elderly (PACE) or a FIDE-SNP (SCAN Health Plan)



# How Beneficiaries Can Change Medicare Plans

- » Dual eligible beneficiaries may change their Medicare plan once per quarter (January – September) and following the annual coordinated election period (October – December).
- » Medicare choice will drive Medi-Cal plan enrollment. If a beneficiary wishes to join a new Medicare plan that has an aligned Medi-Cal plan, they will also need to change to the aligned Medi-Cal plan.
  - » If a beneficiary disenrolls from their Medi-Medi Plan, their Medicare Part D may be provided by a different Medicare prescription drug plan.
  - » If a beneficiary joins Original (Fee-for-Service) Medicare, they can keep their existing Medi-Cal plan.

# How Beneficiaries Can Change Medi-Cal Plans

- » Medi-Cal managed care is mandatory for dual eligible beneficiaries.
- » Medi-Cal plan choice does not impact Medicare provider or plan choice.
- » A beneficiary's Medicare plan choice is the lead, and the Medi-Cal plan follows. If a beneficiary changes their Medicare plan, their Medi-Cal plan might change.
- » Medi-Cal plan choices are based on county, model, prime plan(s), and delegates, if any. In CCI counties, one of the following three models will apply:
  - » County Organized Health System (COHS)
  - » Two-Plan
  - » Geographic Managed Care (GMC)

# Who Beneficiaries Can Contact to Change Plans

- » If a beneficiary wants to join or change their Medicare plan, they can contact the health plan of their choice directly.
- » If a beneficiary is unable to reach the health plan, they can:
  - » Contact Medicare to change their Medicare plan: **1-800-633-4227**.
  - » Contact Health Care Options to change their Medi-Cal plan: **1-800-430-4263**.
- » If beneficiaries want more information about PACE, they can go to [CalPACE.org](http://CalPACE.org). Or call Health Care Options Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY 1-800-430-7077).

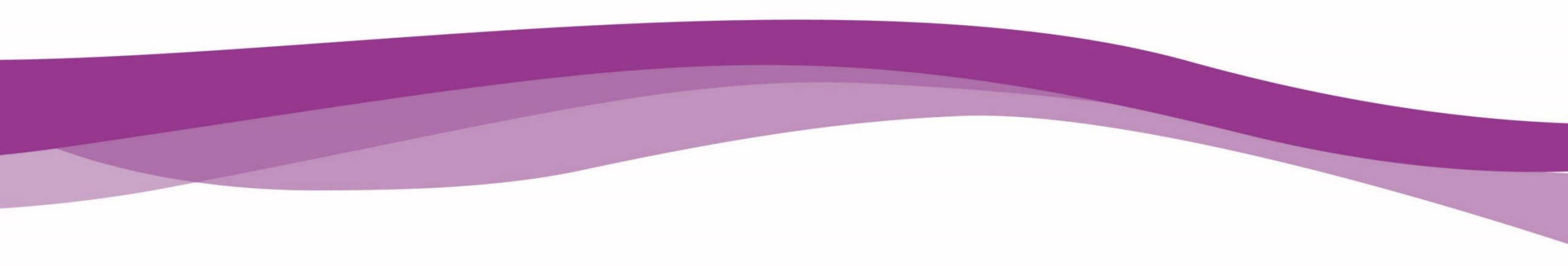
# Who Beneficiaries Can Contact for Help

- » Beneficiaries can access free counseling on their health coverage by contacting the Health Insurance Counseling and Advocacy Program (HICAP): **1-800-434-0222**
- » If beneficiaries cannot resolve issues with their provider or health plan, they can contact the ombudsman:
  - » Medicare Medi-Cal Ombudsman Program: **1-855-501-3077**
  - » Medi-Cal Managed Care Ombudsman: **1-888-452-8609**

# Additional Resources

- » For more information about coordinated care for dual eligibles, visit the [DHCS Integrated Care for Dual Eligible Beneficiaries Website](#).
- » Visit the [DHCS CCI Website](#) for more information about the future of Cal MediConnect.
  - » If beneficiaries have questions about the Cal MediConnect transition, they should contact their health plan directly.
- » To learn more about D-SNPs, visit the [DHCS D-SNPs in California Website](#).
- » For more information about CalAIM, visit the [DHCS CalAIM Website](#).

# Public Health Emergency Unwinding



# Public Health Emergency (PHE) Unwinding

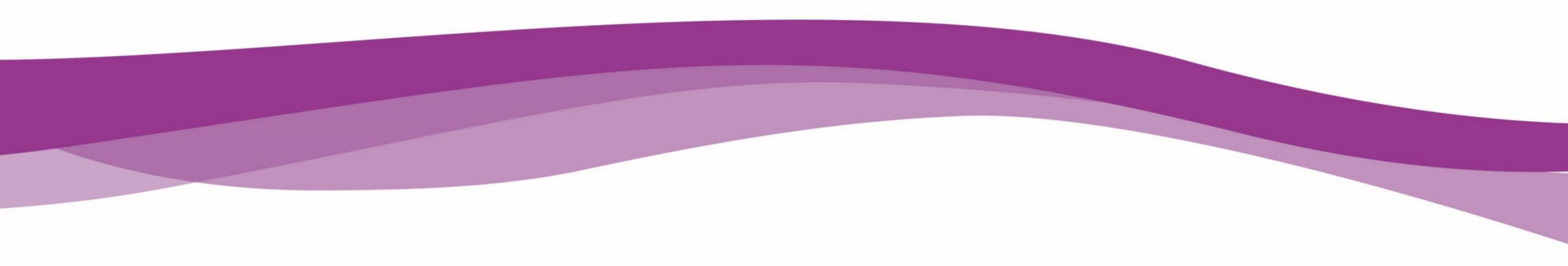
- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - » Become a **DHCS Coverage Ambassador**
  - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

# DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.



# Next Steps



# How to get Involved

- » Statewide – **CalAIM Managed Long-Term Services and Supports (MLTSS) and Duals Integration Stakeholder Workgroup**
  - » The monthly workgroup serves as a stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. It provides an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
  - » The workgroup is open to the public and registration is available [online](#).
- » Locally – **County-based Communications Workgroups**
  - » Communications Workgroups offer a neutral platform for stakeholders and collaborative partners to discuss the Cal MediConnect transition and D-SNP expansion. They are currently offered in six of the seven CCI counties, with a statewide convening quarterly.
  - » If you are interested in joining any of the local Communications Workgroups, please email Cassidy Acosta at [Cassidy@AurreraHealth.com](mailto:Cassidy@AurreraHealth.com) for more information.

# Closing Check-In

- » QUESTION 1: True or False – After this presentation, I feel confident in my ability to disseminate information related to the transition to Medi-Medi Plans to colleagues and consumers.
- » QUESTION 2: True or False – After this presentation, I understand how the transition to Medi-Medi Plans will impact individuals I serve/care for.
- » QUESTION 3: After this presentation, I believe the transition to Medi-Medi Plans is beneficial for dual eligible beneficiaries because:
  - » A) It will help identify and manage comprehensive needs
  - » B) Improve the quality of health outcomes and reduce health disparities
  - » C) Make Medi-Cal a consistent and seamless system for enrollees
  - » D) All of the Above
  - » E) None of the Above

# Closing Check-In (cont.)

- » QUESTION 4: I would rate this presentation as (select all that apply):
  - » A) Informative
  - » B) Valuable
  - » C) Easy to Understand
  - » D) Complicated
  - » E) Other/None of the Above

# Questions and Comments

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# Thank you!

