CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING TRANSCRIPT

CALIFORNIA'S MEDI-MEDI PLAN EXPANSION IN 2026 WEBINAR

Date:	July 29, 2025
Time:	12:00 p.m. – 1:00 p.m.
Number of Speakers:	2
Duration:	58 minutes

Speakers:

- Cassidy Acosta
- Anastasia Dodson

TRANSCRIPT:

00:00:05 — Cassidy Acosta — Slide 1

Good afternoon, and welcome to today's webinar on California's Medi-Medi Plan expansion in 2026. Today, we have a great presentation from Anastasia Dodson, Deputy Director in the Office of Medicare Innovation and Integration at DHCS. Just a few meeting management items to note before we begin. All participants will be on mute during the presentation. However, we welcome folks to submit any questions that you may have via the chat.

During the discussion, if you would like to come off mute and ask a question or provide comments and feedback, please feel free to use the raise hand function and we can come around to unmute you. Next slide.

00:00:44 — Cassidy Acosta — Slide 2

We would ask that you all take a moment now to add your organization's name to your Zoom name so that it appears your name and organization. To do this, you can click on the participant icon at the bottom of the window. Hover over your name in the participants list on the right side of the zoom window. Click more and select rename from the dropdown menu. From there, you can enter your name and add your organization as you would like it to appear. And on our next slide, we'll go through our agenda for today.

00:01:19 — Cassidy Acosta — Slide 3

So, for today's agenda, we'll begin the meeting by hearing an overview of dual eligible members. Then we'll spend some time discussing Medi-Medi Plans which will be followed by a discussion on Medi-Medi Plan coordination with In-Home Supportive Services and County Behavioral Health. We'll then wrap today's meeting with a 2026 look ahead for stakeholders. There will also be two opportunities for stakeholders to ask questions during today's webinar.

But again, we encourage you to drop your questions into the chat throughout the presentation today. And with that, I will turn it over to Anastasia.

00:01:50 — Anastasia Dodson — Slide 4

Wonderful. Thank you so much, Cassidy, and I'm really excited to be here with you all today. For those of you who have been following along on this topic, these slides are

not going to have anything new. But I really am glad for those of you who are joining who may not have heard about this before or maybe just high level.

So, we're going to walk through, and we have plenty of time for questions. First let's start with an overview of people who are dually eligible with Medicare and Medi-Cal. Next slide.

00:02:27 — Anastasia Dodson — Slide 5

Medicare and Medi-Cal are two separate programs. Medicare is managed by the federal government, and Medi-Cal is a joint state-federal partnership. Some people have both Medicare and Medi-Cal. Medi-Cal is for people who are low income, and Medicare is for people who are older than 65, or under age 65 but have long-term disabilities. So, the people who have both are either over 65 or have long-term disabilities, and they are low-income. That's how people have both Medicare and Medi-Cal, also known as dual eligibles. For these folks, Medicare covers their doctor visits, hospital stays, labs, prescription drugs, and many other benefits. Medicare has a robust set of benefits. Medi-Cal also has a lot of benefits. But for people who have Medicare and Medi-Cal, Medicare pays first. So, they get their doctor's visits, hospital stays, etc., through Medicare.

For people who are dually eligible, Medi-Cal covers Medicare Part B premiums and copays, and helps them afford their Medicare. Medi-Cal also covers some things that Medicare does not like Adult Day Health, dental, In-Home Supportive Services, and long-term skilled nursing facility care. So again, two separate programs, some people have both. And for the people that have both, Medicare covers certain things and Medi-Cal covers other things.

There are some benefits that are covered by both, durable medical equipment and we'll go through some other examples. Next slide.

00:04:28 — Anastasia Dodson — Slide 6

People who are dually eligible, unfortunately, are quite a bit more likely than people with Medicare only to report being in poor health. They're also more likely to have chronic conditions and have multiple chronic conditions. So, heart disease, high blood pressure, depression, dementia and many other chronic conditions are quite a bit more prevalent among people who are dually eligible. Because of those chronic conditions, people who are dually eligible also have high utilization of medical and home and community-based services. You can see at the bottom of this slide, for the IHSS program, about 75% of IHSS recipients statewide are dually eligible. And for folks who

are in a skilled nursing facility long term, about 80% of them, if they have Medi-Cal, they also have Medicare, they are dually eligible.

Now, the last couple points I'll make on this slide is that not all duals are older adults. About one quarter are under the age of 65, and that population tends to be eligible for Medicare from perhaps, some kind of disease that came in childhood or significant behavioral health needs, serious mental illness, etc., so it is a very diverse group.

Again, you have those under 65, those over 65, and then in California, about one third of dual eligibles have limited English proficiency. So again, when we think about coordinating care and navigating complex systems, one third being limited English proficient, that does make it challenging, especially for that population. Before we leave this slide, I mentioned dementia. You can see on the slide for dual eligibles, there's about an 18% prevalence of dementia among this population, which again, can make it hard to navigate across multiple delivery systems. Let's go to the next slide.

00:06:54 — Anastasia Dodson — Slide 7

There are 1.7 million Californians that have Medicare and Medi-Cal. Statewide, about half are in some type of Medicare Advantage plan, and about half are in Original or Fee-For-Service Medicare. I want to make a really important point, though, with that statewide number, what is underneath it is wide variation by county. So, in certain Southern California counties, there is higher than 50% enrolled in any type of Medicare Advantage. In certain rural counties, there's much lower than 50% enrolled in Medicare Advantage. So again, it's just a statewide number, and we will see some county specific examples shortly. That's all about Medicare. Medicare Advantage is a way to get Medicare benefits, if you choose to be enrolled in a Medicare Advantage plan.

On the Medi-Cal side, all people who are dually eligible for Medicare and Medi-Cal are enrolled in a Medi-Cal Managed Care Plan. We will see some examples in future slides. But I want to really make this point that Medi-Cal managed care enrollment can be separate from being in a Medicare Advantage plan or being Original Medicare. So, the two programs don't always sync up. If you're in a health plan for one, you could be in a different health plan for the other, or no health plan on the Medicare side if you're in Original Medicare.

00:08:40 — Anastasia Dodson — Slide 8

So, this slide, I know we have a little technical glitch there, but the point of it is that the navy blue is Original regular Medicare. Again, statewide, about half of Duals are in that 50% part of the pie chart.

The medium blue, the next part over as we go to the right, that's the percent of folks who are already in a Medi-Medi Plan. And we are going to talk very specifically about Medi-Medi Plans in just a couple minutes. But I want you to know that there are already about 19% of people who are dually eligible in California who are already enrolled in a Medi-Medi Plan.

In just a second, we will see a map that shows you which counties already have Medi-Medi Plans, but that medium blue, 19% are already in a Medi-Medi Plan. And then the next color around on the wheel, the yellow, that's the people who are in a regular Medicare Advantage plan, and that's about 18%. So, you can see on that right hand side of the wheel is all the different types of Medicare Advantage, including Medi-Medi Plans, including regular Medicare Advantage, and then there's C-SNPs, there's PACE, there's other types of D-SNPs. So, we don't want to get too lost in the language here. But the point is there's different types of Medicare Advantage, and Medi-Medi Plans already have people enrolled. Next slide.

00:10:27 — Anastasia Dodson — Slide 9

Here are some examples. On the left-hand side, you can see how many dual eligible members are in each of these example counties. And then on the right-hand side, you can see what percentage are in some type of Medicare Advantage. Think of that right hand side of the circle. Any type of Medicare Advantage in Alameda County currently is about 37%. Stanislaus, you can see is 49%.

And some counties that are not on here: San Bernardino, Riverside, and Los Angeles, it's over 50%. So, there's quite a bit of variation and an interesting example, Tuolumne County, you can see, is just 16%. So that is an example of the rural counties. The pattern we see is most people are not enrolled in any type of Medicare Advantage, but there are some. Next slide.

00:11:30 — Anastasia Dodson — Slide 10

Let’s start talking about Medi-Medi Plans. That's the main topic here today. Next slide.

00:11:37 — Anastasia Dodson — Slide 11

For most people who are dually eligible, Medicare and Medi-Cal operate separately, and there's different funding streams. Again, Medicare is a federal program and is federally funded. The federal government decides what type of criteria there are for Medicare Advantage plans and for Original Medicare, and how doctors get paid, etc. So, Medi-Cal is administered at the state level, Department of Health Care Services, and then Medi-Cal Managed Care Plans.

Medicare and Medi-Cal are separate. It can be quite confusing and hard to navigate for people who have both sets of benefits, Medicare and Medi-Cal. And it may not provide person-centered services. So as part of CalAIM, you've probably heard, it is a Medi-Cal multiyear, large initiative that we have at DHCS. There are several components. One of the main components that we are working on and talking with you all about today is Medi-Medi Plans. And those are a type of health plan that coordinates across Medicare and Medi-Cal. Those types of plans are already available in 12 counties in 2025. And again, we'll look at a map in just a second. So, you can see the list on this slide across areas of Central Valley and a couple Bay Area counties, and then the large Southern California counties.

The total current enrollment in those Medi-Medi Plans is 330,000, and it's increasing every year. And big news that we want to highlight today is that these Medi-Medi Plans will launch in additional counties in January 2026. So, we're going to talk a little bit more about open enrollment, etc. But more counties will have health plans that are offering voluntary enrollment in Medi-Medi Plans. And that, again, is with the intent to provide an option for better coordinated care for dually eligible members. Next slide.

00:13:52 — Anastasia Dodson — Slide 12

Some of you may be more interested in the technical details. Medi-Medi Plans are a type of Medicare Advantage plan, but they're only available to dual eligible members. One other thing is that Medi-Medi Plans, that's a generic name that we use at the state, but each health plan has their own individual plan name.

There is something called a Dual Eligible Special Needs Plan, a D-SNP. That is the agreement that the health plan organization has with the federal Medicare side. And then there's also a companion Medi-Cal Managed Care Plan. So, the D-SNP plus the Medi-Cal plan together make the Medi-Medi Plans. And even though there are two separate entities, it's under the same health plan, managing both the Medicare and the Medi-Cal benefit. To the members, the Medi-Medi Plan is presented as one single plan. There's not a discussion or a presentation to members that “this is your D-SNP and this is your Medi-Cal plan.” No, it is a single plan, you get a single card. You have one phone number to call, and one care coordinator. So, we will talk a little bit more about the integration features in just a second.

I also want to emphasize that enrollment in Medi-Medi Plans is voluntary, just like any other type of Medicare plan is voluntary. We talked about, in the beginning, that Medi-Cal managed care is required, but any type of Medicare plan is voluntary.

Again, on the D-SNP side, the hospital, doctors, and prescription drugs, that's covered through Medicare and under the D-SNP, and then the Medi-Cal plans provide the Medi-Cal piece, cost sharing and long-term service and supports; but it's under one health plan. Let's go to the next slide.

00:16:09 — Anastasia Dodson — Slide 13

As I mentioned, we have this Medi-Medi Plan or Medicare Medi-Cal Plan terminology that we use at the state level. But each health plan has their own marketing name, and they use that marketing name in their plan-specific member materials. This is the same as any other Medicare plan, where they decide what name they want to use that communicates something about that option to the member.

Medi-Medi Plans, again I'm using the generic term, they are a single plan as far as the member is concerned. All the materials, there's combined one welcome packet, one health plan card, and one phone number to call for member services. There's also an integrated appeals and grievance process at the plan level. So, the member does not need to worry about whether this "is this a Medicare benefit or a Medi-Cal benefit, what's the right appeals process?"

We have a lot of fact sheets and information on the DHCS website. You will see on this slide there's a couple of links and there'll be more links on other slides. We have so many things on our website, and I know the Aurrera team is putting it in the chat there. Let's go to the next slide.

00:17:37 — Anastasia Dodson — Slide 14

Great. Here's the map. So, you can see the orange counties. The counties that are colored orange are where Medi-Medi Plans are already available. And then the dark blue, in those counties, that's where Medi-Medi Plans will be newly available for 2026. You can see the areas where Medi-Medi Plans are going to be newly available is along the Central Coast, Imperial County, more in the Bay area, more in the Central Valley, and then in the Eastern Sierras.

There are also some areas: Marin, Sonoma, Napa, Solano, etc., those are polka dots on the map, and that's where there is at least one Medi-Medi Plan available in 2026. And then that medium blue among the top counties, the northernmost counties in California, is where Medi-Medi Plan availability is going to be phased in in those counties in later years.

00:18:47 — Anastasia Dodson — Slide 15

Care coordination is really a core part of Medi-Medi Plans. This circle, that lists all those different benefits, is an illustration of all the different benefits that are available across Medicare, Medi-Cal, and sometimes both. And that the health plans, these Medi-Medi Plans, they are required to coordinate across all those different benefits.

So, I mentioned durable medical equipment that is partially covered by Medicare or partially covered by Medi-Cal. The health plan needs to make sure that the member gets the correct service there, the right benefit worked out between Medicare and Medi-Cal. Some of the benefits are primarily Medicare, like physician visits, hospitals, prescription drugs, etc., but especially for those things that crossover with both, it can be really valuable to have a combined health plan. Medical transportation, nursing facility care, and dental, that can be complicated as well for dual eligibles. So, all of those benefits are required to be coordinated by the health plan.

Some of those things like Medi-Cal Dental, that benefit is not funded through the Medi-Cal plan. It's administered through primarily DHCS Medi-Cal Dental as Fee-For-Service. But regardless, the health plan needs to coordinate all those benefits, including things like dental, and others that are not necessarily carved in or part of the health plan's regular benefits, because we know that all these things connect with each other. There's a connection between mental health, dental, primary care physicians, pharmacy, all those things connect to each other.

One final thing I'm going to mention is you may have heard of ECM, Enhanced Care Management. That's one of our marquee programs here under CalAIM at DHCS. So, the one thing that we've found in developing this model is that CMS, Medicare, and the federal government, they have an interest in very robust care coordination. And so, they set very strict care coordination standards for D-SNPs for Medi-Medi Plans that are very similar to ECM.

To avoid having duplicate care managers across ECM and then the Medicare care coordination requirements plus state requirements, we have something instead. We have California Integrated Care Management, which has the same types of services available to members. Generally administered by the health plan, but the same type of important detailed care coordination for dual members.

And again, if someone is enrolled in a D-SNP, they can get that intensive care coordination through California Integrated Care Management instead of ECM. Let's go to the next slide.

00:22:12 — Anastasia Dodson — Slide 16

Back to this coordination across things that are not generally part of the Medi-Cal plan. So, for things like IHSS, County Behavioral Health, dental, and MSSP, even though those benefits are not directly administered by the Medi-Cal plan, the Medi-Medi Plan as a whole is required to coordinate those benefits. But I do want to really emphasize for IHSS, for example, if someone who has IHSS has joined a Medi-Medi Plan, that does not impact their IHSS benefits, it does not impact their authorized hours. The county still has the responsibility to determine authorized hours and eligibility for IHSS, and the member still keeps their right to hire, fire, and manage their IHSS providers.

So, joining a Medi-Medi Plan does not change IHSS. What we do hope and expect is that the health plan will contact the county, if there's a hospitalization or discharge, or something that could affect IHSS, so that the county and the health plan are talking to each other and making sure that the member gets what they need. Let's go to the next slide.

00:23:34 — Anastasia Dodson — Slide 17

So back to this, CalAIM Community Supports and Enhanced Care Management. Those are really important programs that DHCS has launched through Medi-Cal Managed Care Plans. Members who are in Medi-Medi Plans, they can still receive Community Supports the same way. Sometimes there are supplemental benefits that the plan might provide that are duplicative of Community Supports. So, the health plan will work that out. But there's still the same ability to get Community Supports for someone who joins a Medi-Medi Plan.

For Enhanced Care Management, we just talked about that. Members who are in a Medi-Medi Plan, they may also receive California Integrated Care Management, a higher level of care coordination, very similar to ECM. And that's provided by the D-SNP on the Medicare side. It does include clinical care management for chronic conditions because that’s such a high prevalence among dual members. Let's go to the next slide.

00:24:45 — Anastasia Dodson — Slide 18

Provider network. We know that's really important for health plans, to maintain that good, diverse, strong, and deep network of providers. Medicare, on the CMS side, they set the requirements for Medi-Medi Plans as far as their Medicare network. CMS has a very detailed set of requirements, and checks and balances to look at Medicare networks to make sure they include all the right specialist types, to make sure that they meet the geographic access provisions and all that.

So, again, most of the network in a Medi-Medi Plan is really about Medicare providers. And again, those are federal requirements. But, if there's a provider that's not in the network and a member wants to try out joining a Medi-Medi Plan, then we do have requirements and guidelines for Medi-Medi Plans to include a temporary agreement with a new provider. Hopefully, that provider will join the network, and that way the member can try out enrolling in that plan and get their physician there.

And one other thing that's not on the slide I want to emphasize, too. There's a federal, provision that allows people who are dually eligible to enroll in a Medi-Medi Plan any month of the year. They don't have to wait for open enrollment.

Also, there is an option for people who are dually eligible to disenroll from any type of Medicare Advantage plan, including a Medi-Medi Plan, any month of the year. They do not need to wait until open enrollment. So that's really important. CMS, the federal government, want to encourage people who are dually eligible to be able to go into Medi-Medi Plans more flexibly and to go to Medi-Medi Plans, or leave one, or go back to Original Medicare, to give many flexibilities and options to dual members for their enrollment. Next slide.

00:27:15 — Anastasia Dodson — Slide 19

This is more detail on the network adequacy requirements. We're not going to go too deep on this, but the point is that the Medi-Medi Plans must have a Medicare Advantage Medicare network. They also have to have a Medi-Cal network. But CMS reviews and monitors the Medicare provider networks.

And even if there is a delegation, because we know that's common in California, we're a delegated state in our health care delivery systems. So, the network adequacy requirements are at the D-SNP contract level. In case any of you providers are curious about that. If there are any concerns about the Medicare network access and adequacy for a particular plan, we encourage you to contact that plan.

And really, all the plans right now that are either existing D-SNPs or new D-SNPs, they're going to be new Medi-Medi Plans. They will always want more providers; they're working on their networks. So, you can contact the plan, or the CMS regional office, or 1-800-MEDICARE if there's any concerns. Next slide.

00:28:31 — Anastasia Dodson — Slide 20

We also look at the overlap between a Medi-Medi Plans Medicare network and their Medi-Cal network. And we want to encourage all of the plans, all of the Medi-Medi Plans, to have a good overlap. So, people who are maybe Medi-Cal only, they might be

age 64 as they age into Medicare and consider joining a Medi-Medi Plan, they can keep access to those same doctors and the same providers that they have been using when they had just Medi-Cal. Let's go to the next slide.

00:29:11 — Anastasia Dodson — Slide 21

Crossover billing, we will not be able to get too deep on this topic. But basically, crossover billing happens when there is a Medicare provider that has a claim, they submit, they provide a service to a Medicare member. And if that member is dually eligible, first Medicare pays and then there may be a remaining portion of the claim that Medi-Cal will pay.

So, if someone is in a mismatch where they're in Health Plan A for Medicare and then Health Plan B for Medi-Cal, that provider has to submit their claim to two different places to get that crossover billing worked out. But since the same health plan administers both the Medicare and the Medi-Cal in a Medi-Medi Plan, then the provider only needs to submit their claim to that one organization, and then that one organization can handle both parts of the claim, the first Medicare piece and then the crossover billing. We do have some materials on our website.

A reminder, balanced billing is not allowed. So, no Medicare or Medi-Cal provider can bill a dual eligible for any Part A or Part B cost sharing. So, if it's a physician or a hospital, DME, there should be no billing or anything that's covered under Part A or Part B. There is a small copay for prescription drugs, under Part D, for dual eligibles but that's the only exception. Next slide.

00:30:58 — Anastasia Dodson — Slide 22

So how to join a plan. They have to have both Medicare Part A and B, and Medi-Cal. They have to be age 21 or older, and they have to live in one of the counties where the Medi-Medi Plans are offered. Enrollment in a Medi-Medi Plan is voluntary. And to enroll, a member can contact your Medi-Cal plan or 1-800-MEDICARE. Next slide.

00:31:26 — Anastasia Dodson — Slide 23

We're briefly going to talk about IHSS and County Behavioral Health, and then we're going to pause for questions. But we sent the invitation for this webinar out to county IHSS agencies and County Behavioral Health agencies that were in the dark blue counties from the map.

So, the counties where there will be Medi-Medi Plans newly available in your county, if you're with an IHSS agency or County Behavioral Health, we specifically invited you here

today. And that's why we're going to talk a little bit more about IHSS and behavioral health. Next slide.

00:32:10 — Anastasia Dodson — Slide 24 - 25

The big takeaway is that there is no change to IHSS eligibility for someone who joins a Medi-Medi Plan. The IHSS program already has its own established processes for determining eligibility; change of hours, how to get your provider, all that. There's no change. Let's go to the next slide.

00:32:53 — Anastasia Dodson — Slide 26

The health plan is not involved in the county process to determine eligibility. But we do want and expect that Medi-Medi Plans will be coordinating with IHSS. And coordination is a general term, so we know it's not going to be the same in every county. And we know that there is no absolute quality measure, score, or checklist that we're looking for in 2026 related to coordination with IHSS.

However, there is already that MOU requirement between county IHSS agencies and Medi-Cal Managed Care Plans. So, our thinking is that it is already a strong foundation. But we know those MOUs are not all fully executed across the state, or they might be. But, like I say, we don't have a specific checklist for Medi-Medi Plans for 2026; "Have you got that such and such agreement with the county IHSS agency?" We really want to know point of contact at the least for 2026 and again, for the member's benefit, if there's somebody in the hospital, they've had a change in conditions, it is really good for the health plan and county IHSS to talk to each other.

The other thing is the federal requirement is for these Medi-Medi Plans to coordinate all Medicare and Medi-Cal benefits, and IHSS is a Medi-Cal benefit. So, we meet that requirement by having that coordination. We look between the IHSS county agency and the health plan. But again, we don't have a specific checklist, and we want to try to make sure that there's a continued improvement path that we can look forward to in the coming years to improve relations between counties and health plans. Next slide.

00:35:09 — Anastasia Dodson — Slide 27

So that's it for the IHSS piece. Let's go to County Behavioral Health. I know there's lots of stuff going on in the chat, so we'll get to those in just a second. Let's go to the next slide.

00:35:22 — Anastasia Dodson — Slide 28

Many of you may know this already, but Medicare actually does offer a robust set of behavioral health benefits, both for mental health, non-specialty mental health, and substance use disorder services.

So, that's great news, that Medicare offers so many different benefits. Therapy, family counseling, diagnostic tests, inpatient hospitalization, partial hospitalization, intensive outpatient services, and substance use disorder treatments are covered by Medicare. We do have a fact sheet, and there's a link on the slide. One thing that I do want to point out is that there is a little bit of overlap that is not entirely complete on the Medicare and the Medi-Cal side for behavioral health.

There are some types of benefits for providers that are covered only by Medi-Cal. Even though Medicare has a very robust set of behavioral health services that are covered, there are some things that are covered only by Medi-Cal. We don't have an easy list because it varies by service location, by provider type, by client codes, etc. Let's go to the next slide.

00:36:47 — Anastasia Dodson — Slide 29

But again, Medicare Advantage plans, including Medi-Medi Plans, cover all those Medicare behavioral health services. So, because Medi-Cal is a payer of last resort, ideally those members should be accessing their behavioral health services primarily through the Medi-Medi Plan, which contracts with a variety of behavioral health providers. Again, Medi-Cal is a payer of last resort, but there are some pieces that are covered only by Medi-Cal.

So, we do not have time in this webinar to get really deep in the details on that, but we look forward to further conversation. And I just want to point out again on that map, remember all those counties that have Medi-Medi Plans that have already been up and running for many years and they have successfully sorted out with their County Behavioral Health agencies how to make sure that for a dual eligible, that's in the Medi-Medi Plan, that Medi-Medi Plan is covering the behavioral health benefits that Medicare covers.

And there are MOUs between Medi-Cal plans and County Behavioral Health agencies. We think those are great. If it's appropriate, they can be amended to reference what to do about people who are dually eligible and how to work together. But we do not require an additional MOU between the Medi-Medi Plan and the county, since it's the same organization that's managing the Medi-Cal plan and the D-SNP. And those of you who are in your County Behavioral Health, hopefully all this is making sense. As I said, we can do further discussions about this to make sure everybody's clear. Next slide.

00:38:39 — Anastasia Dodson — Slide 30

But again, just like with IHSS, the federal requirements are that the Medi-Medi Plans need to coordinate all their Medicare and Medi-Cal mental health services, including the services provided by the County Behavioral Health agencies.

It doesn't mean that the counties can't work with this population, but it's really more about making sure that the Medi-Medi Plan, especially because so much of it is covered by Medicare, that they have points of contact.

And one more little piece about HIPAA on the county mental health side. There are already agreements, there are Medi-Cal plans and counties exchanging data, the same thing applies to the D-SNP, because of federal HIPAA requirements. Let's go to the next slide.

00:39:30 — Anastasia Dodson — Slide 31

Lots of questions! I haven't looked at any of the chat.

00:39:35 — Cassidy Acosta — Slide 31

All good, Anastasia. Yes, lots of questions coming in through the chat, and I see that Suzanne has her hand raised as well. Suzanne, we'll start with you, and then we can dive into the chat. You should be able to unmute now.

00:39:46 — Suzanne Tavano — Slide 31

Yeah. Thank you. Good afternoon, everyone. I do have a question in thinking this through. For dual eligibles, for D-SNP, for benefits that are not covered by Medicare but are covered by Medi-Cal, I'm the director of a behavioral health plan, would we expect that our rates that are established by the state for Medi-Cal claiming would be comparable to what the MCPs would be reimbursing under the D-SNP program so that we're not “losing revenue?”

00:40:24 — Anastasia Dodson — Slide 31

The Medicare rates are determined and negotiated through that health plan. So, at DHCS, we do not set the Medicare reimbursement rates.

00:40:36 — Suzanne Tavano — Slide 31

Yeah. So, for a benefit that's not covered by Medicare.

00:40:40 — Anastasia Dodson — Slide 31

Oh, right.

00:40:43 — Suzanne Tavano — Slide 31

Currently, we could claim at a rate established by DHCS. My question is will the MCPs request a rate that is lower than what we would get from claiming directly to Medi-Cal under our current structure?

00:41:005 — Anastasia Dodson — Slide 31

I wouldn't think so, but it's a good question. We'll take that back and there will probably be several other questions that come up on this webinar. And we'll make sure we clear them with our DHCS behavioral health team.

00:41:18 — Suzanne Tavano — Slide 31

Great. Thank you.

00:41:20 — Cassidy Acosta — Slide 31

Thanks so much. Sylvia, you should be able to unmute now.

00:41:24 — Sylvia Park — Slide 31

Hi, everyone. My name is Sylvia. I'm from Project Food Box. So, we are contracted right now for Community Supports to do Medically Tailored Meals. My question is a two-part question. The first part is if we have an existing contract with an MCP, do we need a separate contract to service Medi-Medi members?

00:41:49 — Anastasia Dodson — Slide 31

I wouldn't think so. If the health plan contracts with you all for their Medicare supplemental benefits on top of the Community Supports, they might want a separate contract. But the gist of it is that Medi-Cal contracts for Medi-Cal benefits do not need to be changed because of this. For durable medical equipment, or some other things that overlap, maybe there's some revised contracting needed, but not for Community Supports that are only Medi-Cal benefits.

00:42:25 — Sylvia Park — Slide 31

Got it. My second part to that is regarding the 1915 Waivers and the 1115 Waivers. I know CMS has just approved those as ILOS systems. So that still wouldn't affect our contracting for these services to Medi-Medi members?

00:42:41 — Anastasia Dodson — Slide 31

I cannot speak to the waiver authority, and renewal and approval pieces under the Medi-Cal side. But Medi-Cal still stands; all Medi-Cal is not changed.

00:43:00 — Cassidy Acosta — Slide 31

Thanks so much, Sylvia. Susan, you should be able to unmute now.

00:43:05 — Susan Lapadula — Slide 31

Thank you. Cassidy. Hello, Anastasia, how are you?

00:43:08 — Anastasia Dodson — Slide 31

Hi, Susan. Good. Thanks.

00:43:10 — Susan LaPadula — Slide 31

Wonderful. So, I've got a couple of questions on behalf of the long-term care providers. Question number one is for the Medicare crossovers. We're having trouble currently with the 12 counties having a standardized acceptance of a UB national standard and a HIPAA standard for our claim form, whether it be electronic or hardcopy.

We could use some guidance from the Department for the various plans to be sure that the UB-04 type of bill and revenue codes are accepted and expected, and it is in the SMAC contract language. It's just not happening out in the field.

00:44:01 — Anastasia Dodson — Slide 31

Thank you. I know we have good email chains going with you and we have some work to do on our side around improving crossover billing, particularly for long-term care. So, I apologize that we don't have that wrapped up by now, but we are working on it. Thank you for your patience.

00:44:24 — Cassidy Acosta — Slide 31

Thanks Susan. In the interest of time, I want to get to a couple of additional questions that we've gotten in the chat. Anastasia, just flagging that we've gotten a few questions, specifically asking “what's the difference between a D-SNP and a Medi-Medi Plan?” I thought it might be helpful to clarify that difference here.

00:44:41 — Anastasia Dodson — Slide 31

Yes, and we'll definitely share the slides. A D-SNP is the technical name for the plan that has the contract with Medicare, for all the Medicare benefits. And the D-SNP plus the companion Medi-Cal plan, that makes the Medi-Medi Plan. So, the Medi-Medi Plan is just a DHCS generic term for the D-SNP Medicare plus the Medi-Cal MCP together.

00:45:15 — Cassidy Acosta — Slide 31

Thanks, Anastasia. And then can you also confirm for "current counties that have Medi-Medi Plans available, and counties expanding in 2026, can dual eligible members still enroll in a different type of Medicare Advantage plan?"

00:45:30 — Anastasia Dodson — Slide 31

Yes. So, there's still a lot of Medicare Advantage plans that are not D-SNPs, that are available to newly enrolled people who are dually eligible. So, there's many choices on the Medicare side. They're all still open to duals. All this is just an additional option. But again, it's a major option for people who are dually eligible.

00:45:55 — Cassidy Acosta — Slide 31

Thanks, Anastasia. Could you also speak a little bit about the "ability for dual eligible members to enter and leave Medi-Medi Plans?"

00:46:06 — Anastasia Dodson — Slide 31

Yes. So federal regulations allow people who are dually eligible to join a Medi-Medi Plan any month of the year. They can also leave a Medi-Medi Plan any month of the year. They can also leave a regular MA Plan any month of the year and go into original Fee-For-Service regular Medicare. The one thing that dual eligibles cannot do any month of the year is join or change a regular Medicare Advantage plan; they can only do that during the appropriate open enrollment periods.

00:46:48 — Cassidy Acosta — Slide 31

Thanks, Anastasia, and we also have gotten a couple of questions in the chat, specifically asking "how members can enroll in a Medi-Medi Plan."

00:46:54 — Anastasia Dodson — Slide 31

There are a couple different ways. One is to call 1-800-MEDICARE. And again, we're not in open enrollment yet, and once we get to the next slides we will be talking about those dates. But 1-800-MEDICARE during the right time period. Also, because these plans are not available for enrollment just yet, you have to wait till the open enrollment period in the fall, then you can call the health plan itself, and the health plan will be able to implement that transaction.

00:47:27 — Cassidy Acosta — Slide 31

Perfect. I think, in the interest of time, it might be helpful to move into our next section. So, I think we can go ahead and move to the next slide.

00:47:35 — Anastasia Dodson — Slide 32

Great. And I'm so glad for all the feedback in the chat. And I'm sorry we're not going to be able to get to all of it. But we will take a look at it and then we'll figure out what groups I need to meet with next, and what are the key topics. So, let's look ahead to think about the next steps. What's going to happen in the fall. Next slide.

00:47:56 — Anastasia Dodson — Slide 33

So, of course, at DHCS we're doing a lot of outreach. But we do recommend, if you have specific questions, especially about behavioral health and working with your plan, contact your plan, please. I know it's a new thing, you want to know what the state policy is, but many things will be worked out directly between the health plan and the County Behavioral Health.

But we do have an inbox, info@calduals.org, where we welcome all questions and comments. We have lots of information on our website and these links, they have been put in the chat, but we have fact sheets and materials in other languages. There's also the HICAP agencies in each county or region, and they can provide one-on-one counseling to dual members. The Ombudsman for the Duals Ombudsman program, which is the umbrella for all the legal aid organizations in California, are also available and knowledgeable about these Medi-Medi Plans. Next slide.

00:49:07 — Anastasia Dodson — Slide 34

This is just another bird's eye view across many counties. What choices would a dual eligible member have for 2026? Original Medicare, again, half statewide are in Original Medicare, so Original Medicare is always an option, plus they have to be enrolled in a Medi-Cal plan.

Next is a Medi-Medi Plan that combines both Medicare and Medi-Cal. Next is another type of Medicare Advantage plan, plus a Medi-Cal plan; and they may or may not be with the same carrier. And then finally, there's PACE in certain counties; and that's for those who need nursing facility level of care.

The Medicare open enrollment for 2026 is October 15th through December 7th. So, in that window is when those enrollment transactions, for 2026 on the Medicare side, that's when those can be made, and that's when people can sign up to start getting in a Medi-Medi Plan for 2026.

Now, if you're in a county that already has Medi-Medi Plans, members can join now, any month. But for the counties where the new Medi-Medi Plans are being launched in 2026, you must wait for this fall open enrollment. Let's go to the next slide.

00:50:30 — Anastasia Dodson — Slide 35

Okay, so when we've had some of these county specific webinars with providers, questions have come up about "what can we say to our patients?"

We have some suggested talking points. But again, it's really the choice of the member, what health plan they want, if any. We suggest that a Medi-Medi Plan has care coordination, one health plan card, one phone number for both Medicare and Medi-Cal benefits, and they have care coordinators who can help members get doctor's appointments, understand their prescription drugs, transportation to visits, help leaving a hospital or a facility, and then connections with all the Medi-Cal home and community-based services. Bottom line, enrollment in a Medi-Medi Plan is voluntary. Next slide.

00:51:24 — Anastasia Dodson — Slide 36

So, some tips. Again, this came up in other meetings, and so we talked to the federal government and got information specifically from them about what they are allowed to say and what are providers allowed to say. On the Medicare side, you can share unaltered printed materials created by CMS like the *Medicare & You Handbook*. Medicare providers can provide the names of the Medi-Medi Plans or other plans that you're contracted with.

You can answer questions about Medi-Medi Plans, like cost sharing and benefit information. Also, you can refer members to Medi-Medi Plan marketing materials. Again, those can only be in common areas. And then you can provide information about applying for a low-income subsidy that is automatic for most duals but can be separate if you're not a dual. And of course, referring people to HICAP or the Duals Ombudsman. Next slide.

00:52:26 — Anastasia Dodson — Slide 37

Then, on the federal government side, there are certain restrictions about where Medicare marketing materials can be shared. They are okay to be in common areas. But the printed marketing materials cannot be in exam rooms or hospital patient rooms and treatment areas. They have to be in common areas. Next slide.

00:52:51 — Anastasia Dodson — Slide 38

More information about all the different webpages and materials that we have, again, in multiple languages. 1-800-MEDICARE on the Medicare side and then HICAP is available for many questions about Medicare. If there are complex, challenging issues, we

recommend the Duals Ombudsman. We have the acronym MMOP, Medicare Medi-Cal Ombudsman Program. But basically, for duals, that phone number will route you to your local legal aid office for more complex situations. Next slide.

00:53:34 — Anastasia Dodson — Slide 39

More about different websites and materials that we have. And then we do have another public stakeholder meeting on September 24th, and there's registration information there. And again, I have not looked at the chat and I'm sure we'll get stuff in our inbox. If there's particular issues, County Behavioral Health, etc., we can look at having dedicated calls on that topic. Next slide.

00:54:06 — Anastasia Dodson — Slide 40

And that might be the last one. Yes.

00:54:08 — Cassidy Acosta — Slide 40

Thanks so much, Anastasia. We do have a couple more minutes for some additional questions. I know we won't be able to get through everything that's come in through the chat, but let's see if we can tackle a few more of these. So, we did get one question asking for some clarification around "can a member leave a D-SNP and join another D-SNP if they're dual eligible?" I think it might be helpful to clarify the differences between a Medi-Medi Plan and other types of D-SNPs in this case.

00:54:36 — Anastasia Dodson — Slide 40

In the last few years, as we have been transitioning toward the availability of Medi-Medi Plans in additional counties, there are some D-SNPs that don't have the partner Medi-Cal plan. So, we have closed those plans. They are not open to new enrollment, if they don't have a companion Medi-Cal plan in a certain county.

There's tens of thousands of people who are dually eligible that get their Medicare through a D-SNP that does not have an affiliated Medi-Cal plan in that county. And that's perfectly fine. But again, those plans are not open to new enrollment. The plans that are open to new enrollment, the D-SNPs, are those that have a companion Medi-Cal plan in that county.

00:55:34 — Cassidy Acosta — Slide 40

Thanks, Anastasia. And then a couple of questions about Community Supports, specifically wondering "if members in a Medi-Medi Plan are eligible for Community Supports."

00:55:44 — Anastasia Dodson — Slide 40

Oh, yes. There's no change when someone is not in a Medi-Medi Plan, and then they join one. There are no rules that say they cannot get Community Supports.

Now, maybe there's a supplemental benefit on the Medicare side that can be just as good or better, but for the most part, there should not be an interruption of service of Community Supports when someone joins a Medi-Medi Plan and we don't adjust our payments at all to the health plans for Community Supports for duals, non-duals; that distinction is not there.

00:56:23 — Cassidy Acosta — Slide 40

Great. And then, a question came in around CICM, California Integrated Care Management, asking "if there is a difference between what D-SNPs currently provide today for case management and CICM?"

00:56:36 — Anastasia Dodson — Slide 40

CICM is a little bit of a hybrid between the federal requirements because there's very robust and detailed federal care coordination requirements, and we cannot change those, CMS requires them. So, we have built a few state-specific requirements on top of the federal requirements. The federal requirements plus our state requirements, that's what CICM is.

We look very carefully at what the ECM requirements are in Medi-Cal, and we imported a lot of those. So, there's not a big difference, the only thing is that ECM is focused on delivery through community providers, and California Integrated Care Management, it may be more plan-based care management, depending on the person's needs and who they're working with. But, again, all of these health plans are also Medi-Cal plans.

We really want there to be a smooth transition if somebody has ECM in their Medi-Cal and they join a Medi-Medi Plan. The health plans know that we expect a smooth transition. There should not be an abrupt interruption of service. The health plan needs to make sure that any transition there is working smoothly for members with ECM.

00:58:07 — Cassidy Acosta — Slide 40

Great. Thanks, Anastasia. I think that that might be all we have time for today, but any final words before we wrap up?

00:58:15 — Anastasia Dodson — Slide 40

Well, I really appreciate so many of you joining, and we will continue to talk about this. And sometimes I need to hear things multiple times in order to get all the nuances. So, we'll keep talking about this and we'll keep talking about it in 2026. It doesn't mean that January 1st is the end and that's it, we'll keep going. We'll keep talking about it because we want a successful transition and implementation in additional counties. Thank you very much.

00:58:48 — Cassidy Acosta — Slide 40

Thanks, everyone.