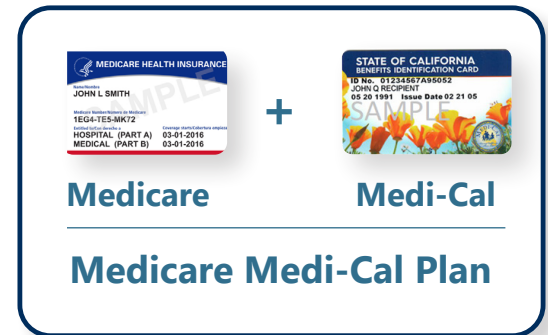


Medi-Medi Plans

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 members are automatically enrolled in the aligned Medi-Cal plan operated by their Medicare plan. Medi-Medi Plan members will have their Medi-Cal and Medicare benefits and care coordinated by one organization. In 2023, Medi-Medi Plans are available in seven counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. In 2024, Medi-Medi Plans will be available in five additional counties: Fresno, Kings, Madera, Sacramento, and Tulare.



Durable Medical Equipment for People Enrolled in a Medi-Medi Plan

For clinicians prescribing Durable Medical Equipment (DME), the difference between Medicare and Medi-Cal benefits can be confusing – especially for clinicians who see a majority of Medi-Cal-only or Medicare-only members. Medicare and Medi-Cal have different criteria for coverage of DME. Medicare, the primary payer for dual eligible members, limits DME coverage to equipment needed for use in the home. Medi-Cal covers some DME that is needed for use both in the home and in the community. A Medi-Medi Plan member is entitled to the full range of DME coverage under both Medicare and Medi-Cal criteria. For more information, see resources at the end of this document.



Medi-Medi Plan members receive all covered services by Medicare and Medi-Cal, including DME, through one health care plan. Providers should evaluate a member for DME under both Medicare and Medi-Cal criteria. One goal of integrated care models, such as Medi-Medi Plans, is to seamlessly provide medical care and other health services, including DME, for dual eligible members. The Medi-Medi Plan will review all DME requests for coverage under both Medicare and Medi-Cal criteria. Providers should refer to the member's Medi-Medi Plan for approved DME providers and/or manufacturers.

Person-Centered Care Plans

It is essential that plans and providers center care around their members and consider diagnosis, condition, and disability in the context of the whole person. DME should appropriately and timely serve members and provide opportunities in alignment with the member's care plan circumstances and goals. Person-centered care plans should be shared, discussed, and updated to ensure DME is provided in a manner that is most useful to each person. Medi-Medi Plans are encouraged to ensure that a member's DME needs are identified in their care plan, accounting for their unique living environments, capabilities, and care structures, and to identify and establish a plan for meeting all DME needs. Medi-Medi Plans must also ensure there is no duplication in payment between Medicare and Medi-Cal.

Coverage Requirements for Durable Medical Equipment

Each piece of DME has different requirements for coverage and treatment authorization limits. DME usually requires a clinician prescription and in-person office visit or video visit. Physicians, nurse practitioners, clinical nurse specialists, and physician assistants may prescribe DME and must review the member's need for DME annually. Most DME requires prior authorization, including documentation of medical necessity. Please refer to the appropriate plan's provider manual process specific to DME. Plan provider manuals cannot be more restrictive than Medicare and Medi-Cal coverage guidelines.



Wheelchair and Scooter Coverage

Medicare will cover mobility assistive equipment (MAE), including power-operated vehicles (scooters and/or power chairs) and manual wheelchairs, for use in a person's home when medically necessary. Medi-Cal will cover power wheelchairs for use inside and outside the home if it is the least costly alternative, meets the medical needs of the member, and all other alternatives have been investigated. DME providers and/or Medi-Medi Plans must evaluate authorization requests for MAE under both the Medicare and Medi-Cal coverage standards, and include references to both standards and the evaluation dispositions in notices of adverse member determinations.

TABLE 1: Summary of the differences between DME covered by Medicare and Medi-Cal for Dual Eligible Members. Medi-Medi Plans cover Medicare and Medi-Cal DME benefits.

Medicare	Medi-Cal
<p>DME is defined as equipment that is:</p> <ul style="list-style-type: none"> » Durable (can withstand repeated use) » Used for a medical reason » Not usually useful to someone who isn't sick or injured » Appropriate for use in the home » Generally has an expected lifetime of at least 3 years 	<p>DME is defined as equipment that is:</p> <ul style="list-style-type: none"> » Durable (can withstand repeated use) » Used for a medical reason » Not usually useful to someone who isn't sick or injured » Intended for use in or out of the home, including what is needed for community access
<p>Examples of Covered Services Include:</p> <ul style="list-style-type: none"> » Mobility assistive equipment (walkers, wheelchairs and scooters) for use inside the person's home » Home oxygen equipment and related supplies; speech generating devices » Certain prescription medications and supplies used with DME, even if they are disposable or used only once. E.g., medications used with nebulizers 	<p>Most DME covered under Medicare is generally covered under Medi-Cal with the addition of:</p> <ul style="list-style-type: none"> » Mobility devices (walkers, wheelchairs and scooters) for use in the home or community » Certain oxygen equipment not covered by Medicare » Infusion equipment, and therapeutic anti-decubitus mattresses and bed products
<p>Examples of Non-Covered Services Include:</p> <ul style="list-style-type: none"> » Equipment that is not suitable for use in the home (such as equipment used in hospitals or skilled nursing facilities) or that is intended to help outside the home (such as a motorized scooter for getting around outside the home). » Items that are generally for convenience or comfort (such as grab bars) or disposable supplies not used with DME (such as incontinence pads) 	<p>Examples of Non-Covered Services Include:</p> <ul style="list-style-type: none"> » Modification of automobiles » Exercise equipment » Orthopedic mattresses or other furniture items » Books or other items of a primarily educational nature » Household items » Items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them

Resources

Medi-Medi Plan Resources

For questions about covered services, please refer to the appropriate Medi-Medi Plan's provider manual or contact their provider services department.

Care Coordinators

For questions about specific needs of people you work with, please refer them to their Medi-Medi Plan care coordinator, care manager, or designated party. This contact information can be in the Medi-Medi Plan's member handbook.

[The Facts on Balance Billing Fact Sheet](#)

For information regarding balance billing and how providers should bill for Medicare-covered services.

[Medicare DME Coverage](#)

More information about Medicare DME coverage is available on [Medicare.gov](#).

[Medi-Cal Provider Manual](#)

For more information about Medi-Cal coverage of DME, please refer to Part 2 - Durable Medical Equipment and Medical Supplies (DME) of the Medi-Cal Provider Manual.

[Medicare Medi-Cal Ombudsperson](#)

If your members have questions and/or concerns about their ability to access DME, please refer to the Medicare and Medi-Cal Ombudsperson Program (1-855-501-3077).