



Health Plan 
of San Joaquin

 Mountain Valley
Health Plan

Medi-Medi Plans in San Joaquin, Stanislaus, El Dorado, and Alpine Counties

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Meeting Agenda

Topics	Facilitator
Welcome	Provider Services
Overview: Dual Eligible Beneficiaries	Cynthia Peña
Medicare Medi-Cal Plans (Medi-Medi Plans)	Cynthia Peña
2026 Look-Ahead for Providers	Cynthia Peña
Open Discussion	Provider Services
Closing	

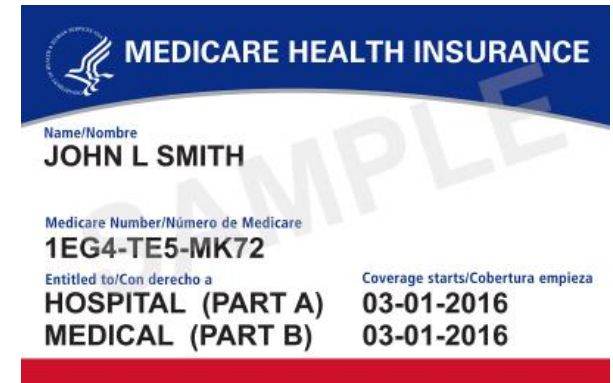


Overview: Dual Eligible Beneficiaries



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 Beneficiaries in California

- » In California, almost a quarter of Medicare beneficiaries also have Medi-Cal (**1.7 million Californians**).
 - About 45% of dual eligible beneficiaries are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans, and 55% are in Original (Fee-For-Service) Medicare.
 - According to data [published](#) by the Centers for Medicare & Medicaid Services (CMS) January 2024 enrollment in Medi-Medi Plans is approximately 293,000.
 - This is an increase of approximately 48,000 from October 2023.
- » All dual eligible beneficiaries in California are enrolled in Medi-Cal managed care plans.

Medicare Medi-Cal Plans (Medi-Medi Plans)

The Need for Coordinated Care

- » For most dual eligible beneficiaries, 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 **Medicare Medi-Cal Plans (or Medi-Medi Plans)**
 - Available in twelve counties in 2024: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare.
 - Will launch in 46 additional counties by January 1, 2026.

Medi-Medi 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.

» 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 (MCP).



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 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 are described as **a single plan** in beneficiary-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 2024 Medi-Medi Plans by county is also available on the [DHCS website](#).

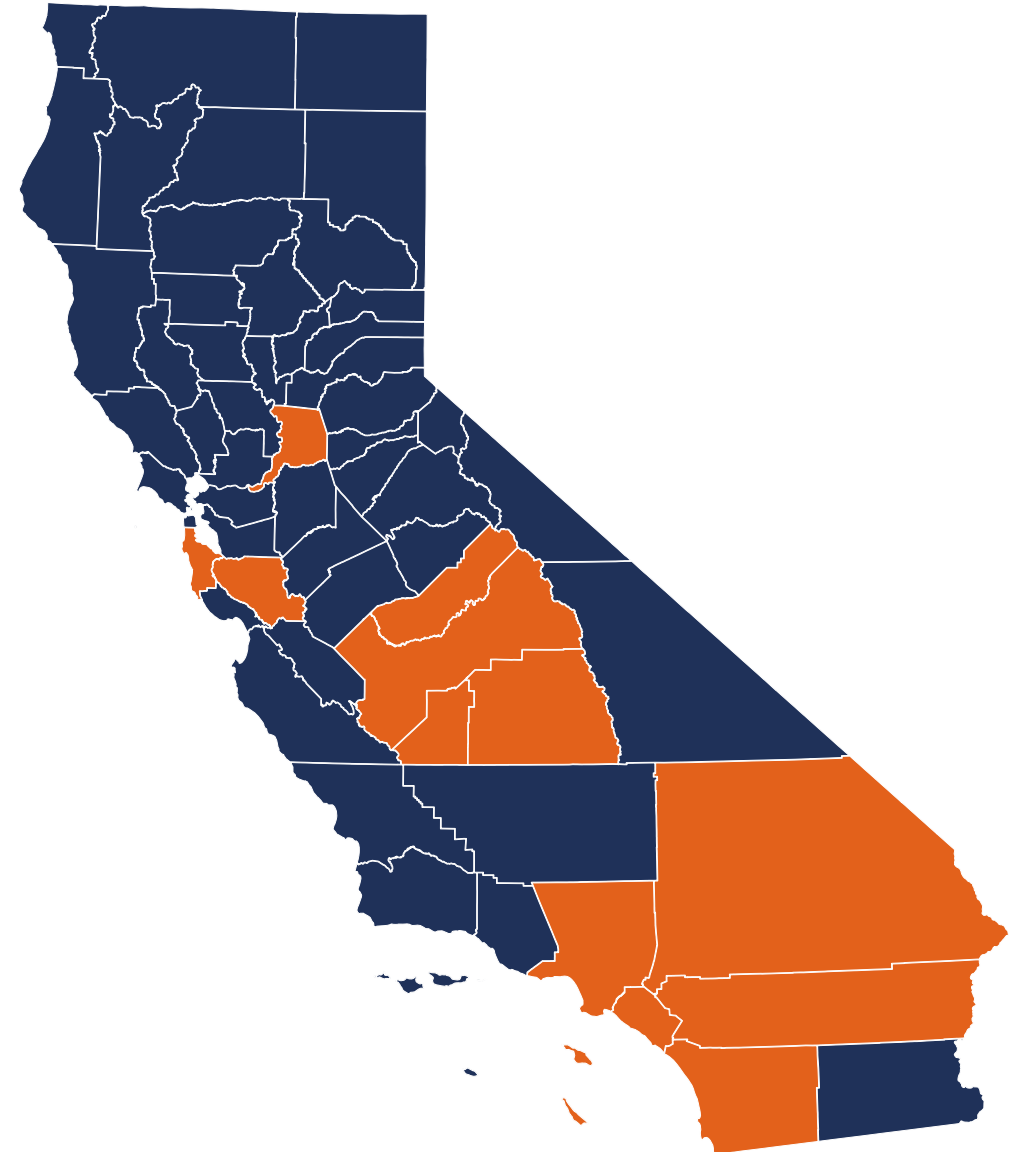
Medi-Medi Plans in California (cont.)



Counties where Medi-Medi Plans are **currently** available



Counties where Medi-Medi Plans will be available **starting in 2026**



Care Coordination in Medi-Medi Plans

Medi-Medi Plans help beneficiaries 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.



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)
 - Multipurpose Senior Services Program (MSSP)
 - Specialty Mental Health and Substance Use Disorder Services provided by the county
 - Medi-Cal Dental (including Dental Managed Care Plans)
- » Joining a Medi-Medi Plan will **not** impact a beneficiary’s IHSS benefits.
 - Beneficiaries can keep their IHSS providers and hours.
 - Beneficiaries still retain the right to hire, fire, and manage their IHSS providers.

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

- » Dual eligible beneficiaries in Medi-Medi Plans are eligible for 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 beneficiaries in Medi-Medi Plans may also receive ECM-like care management.
 - ECM-like care management is provided by a member's D-SNP.
 - The Medi-Medi Plan is responsible for providing sufficient care management.

Medi-Medi Plans Support Access to Providers



Provider Network

- » Beneficiaries will have access to a provider network through their Medi-Medi Plan.
- » If a beneficiary's provider is not in network, a provider can join the Medi-Medi Plan's network or the Medi-Medi Plan will help the beneficiary 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 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.

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 beneficiary to file a complaint.

Crossover Billing in Medi-Medi Plans

» Crossover Billing Process

- In a Medi-Medi Plan, a beneficiary'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 beneficiaries enrolled in Medi-Cal managed care, please see the DHCS [Crossover Billing Toolkit](#).

» Balance Billing

- Medicare providers cannot bill dual eligible beneficiaries 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 beneficiaries may still have a small copay for prescription drugs. Additional information is available on the [DHCS website](#).

Joining a Medi-Medi Plan



Beneficiaries 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



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



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

2026 Look-Ahead for Providers

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 is encouraging 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.

Talking to Beneficiaries about Medi-Medi Plans

- » As trusted sources of information, beneficiaries may come to their providers with questions about Medi-Medi Plans.
- » When talking to beneficiaries, 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.

Resources for Beneficiaries

- » Dual eligible beneficiaries 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 beneficiary can contact the health plan of their choice directly or call 1-800-Medicare.
- » For support, beneficiaries 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](#).
- » If you have any questions, contact us at info@calduals.org.

Contact and Resource Information

Provider Services

- ❑ Email: providerservices@hpsj.com
- ❑ Call: (209) 942-6340

Contracting Department

- ❑ Email: ContractingDepartment@hpsj.com
For Contract Terms and Language

Weblinks

- ❑ Health Plan: <https://www.hpsj.com/>
- ❑ Health Plan / Provider: <https://www.hpsj.com/providers/>
- ❑ Health Plan / Our Network: <https://www.hpsj.com/our-network/>



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Questions?