



# SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

## Medi-Cal Redeterminations, Medi-Medi Plans

March 19, 2024

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**Agenda Item 1:  
Welcome/Opening Remarks  
& Updates**

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# Agenda

1. Welcome/Opening Remarks & Updates
2. Agenda Review, New Member Introductions, and Updates
3. Presentation & Discussion: Commission Attendance
4. Presentation, Discussion & Action: Medi-Cal Redeterminations Update & Commission Letter to Board of Supervisors
5. Presentation, Discussion & Action: Medi-Medi Plans for Dual Eligible Members
6. Discussion: Topics of Interest for Future Meetings
7. Public Comment
8. Closing Comments & Adjournment

**Agenda Item 2:  
Agenda Review, New  
Member Introductions, and  
Updates**

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**Agenda Item 3:  
Presentation & Discussion:  
Commission Attendance**

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**Agenda Item 4:**  
**Presentation and Discussion:**  
**Medi-Cal Redeterminations**  
**Update & Commission Letter to**  
**Board of Supervisors**

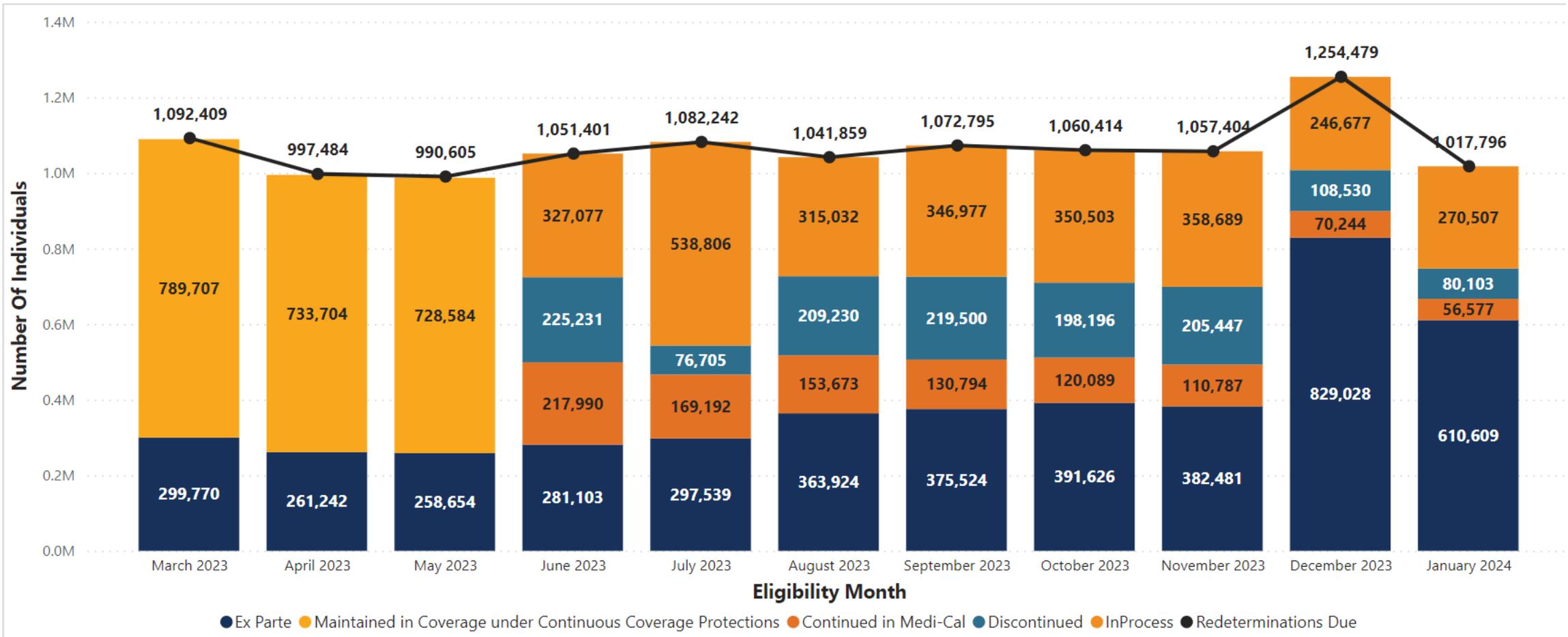
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# Medi-Cal Continuous Coverage Unwinding Dashboard January 2024

Data provided by the Department of Health Care Services, and available for viewing at [Continuous-Coverage-Eligibility-Unwinding-Dashboard-October2023 \(ca.gov\)](#)

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# Statewide Data: Monthly Redetermination Processing



1. "Blanks" indicate fields that have numeric values less than 11 and needs to be suppressed per DHCS Data De-Identification Guidelines v2.2.
2. "Zeroes" represent fields with no data.
3. "Continued" in this dataset is derived by subtracting Ex Parte from Continued and represents those individuals continued in Medi-Cal by providing counties with requested information.

# Monthly Redetermination Processing: Statewide & County Comparison

	<b>SACRAMENTO</b>		<b>STATEWIDE</b>
<b>Month</b>	<b>January</b>		<b>January</b>
<b>Redeterminations Due</b>	<b>42,471</b>		<b>1,017,796</b>
<b>In process</b>	<b>14,212</b>	<b>33.46%</b>	<b>26.58%</b>
<b>Discontinued</b>	<b>3,050</b>	<b>7.18%</b>	<b>7.87%</b>
<b>Continued in Medi-Cal</b>	<b>25,209</b>	<b>59.36%</b>	<b>65.55%</b>

# Sacramento County Data: January 2024

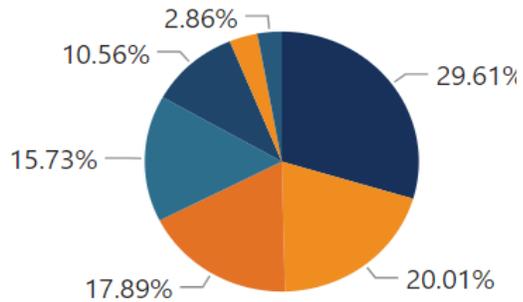
## Redeterminations by Race & Written Language

**Due: 42,471**

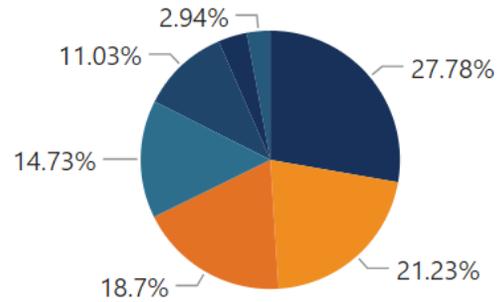
**Continued: 25,209**

**Discontinued: 3,050 (7.18%)**

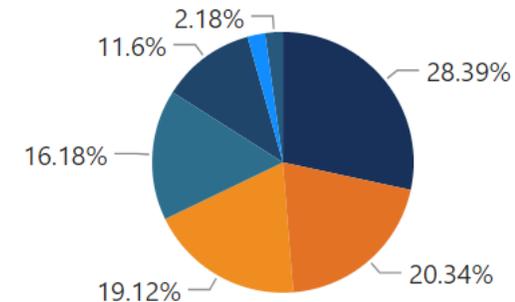
**Race/Ethnicity**



**Race/Ethnicity**

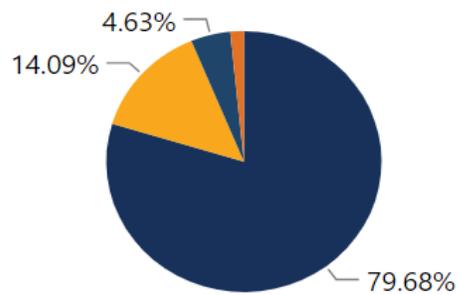


**Race/Ethnicity**

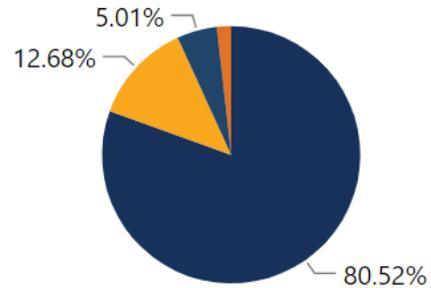


- Hispanic
- Not Reported
- White
- Other
- Black
- Asian Indian
- Chinese

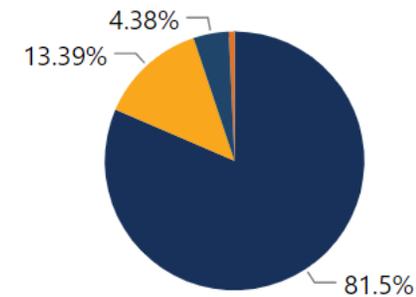
**Written Language**



**Written Language**



**Written Language**

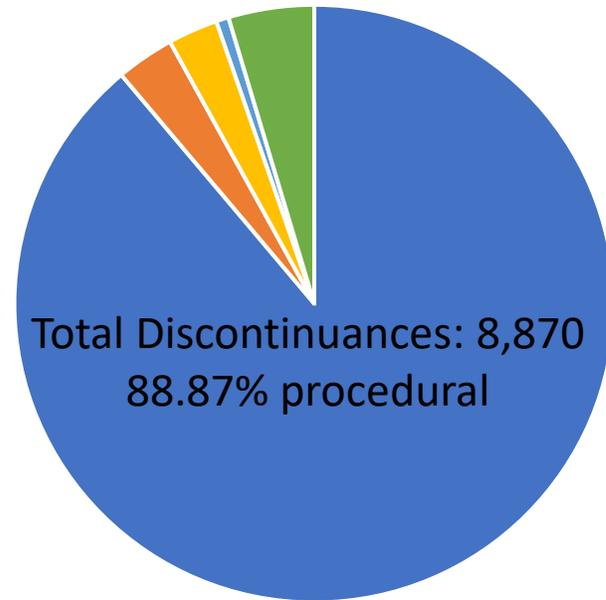


- English
- Spanish
- Russian
- Vietnamese

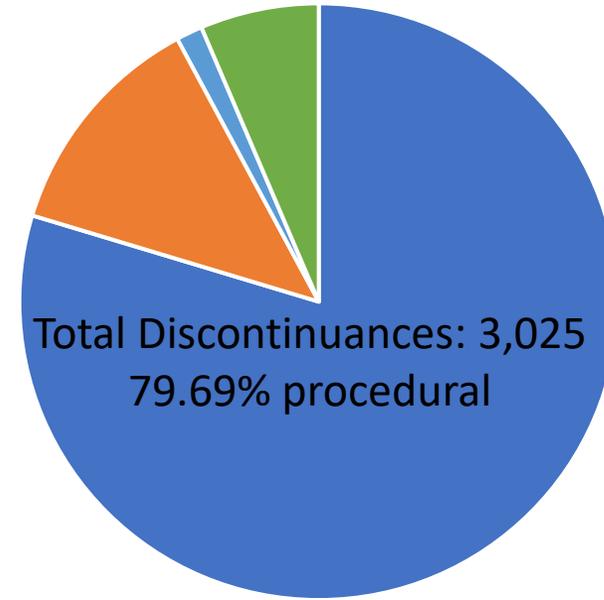
# County-level Discontinuance Reasons:

Comparison | October data last reviewed in January commission meeting

October



January



- Procedural
- Excess Income
- California Residency
- Voluntary Withdrawal
- Deceased
- Other Reasons

# Statewide Procedural Disenrollment Survey

The individuals surveyed in the Procedural Disenrollment Survey does not include the individuals that were determined ineligible because they have requested discontinuance from Medi-Cal or were determined ineligible for Medi-Cal on other basis.

[Survey Month 2](#)   [Survey Month 1](#)   [Survey Questions](#)

## **Month 2 Key Findings (State-wide data)**

- About one-third of all survey respondents (32%) said they did not know they would lose Medi-Cal if they failed to complete their renewal.
- Nearly four in ten (38%) of all respondents said they would like to restart Medi-Cal but did not know how.
- Nearly half of all survey respondents (46%) said they did not receive a renewal form.
- Of those who received a renewal form, six in ten respondents (60%) reported completing it.
- Of those who received a renewal form and completed or tried to complete it, about one-third (32%) said that they called but got no answer, were on hold too long, or got disconnected.
- Respondents who live in households whose members all identify as Hispanic were significantly more likely to experience some challenges compared to other households.

[Medi-Cal Eligibility Statistics](#)

# **Review Letter to Board of Supervisors**

**[Link to document](#)**

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## Agenda Item 5:

# Medi-Medi Plans in Sacramento County

Presentation for the  
Sacramento County Health Authority Commission

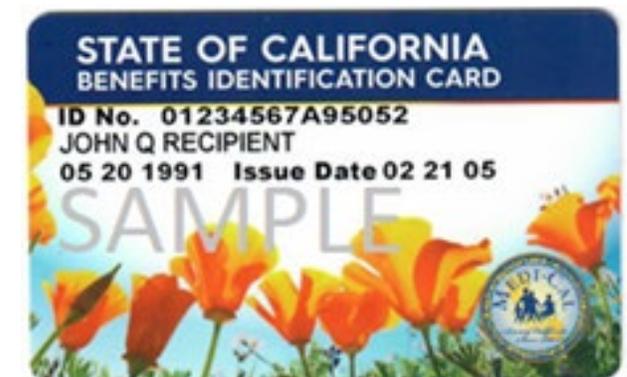
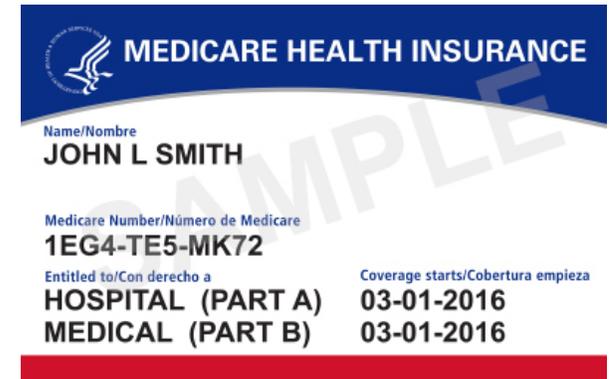
# Agenda

- » Overview: Dual Eligible Beneficiaries
- » Medicare Medi-Cal Plans (Medi-Medi Plans)
- » Resources

# 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

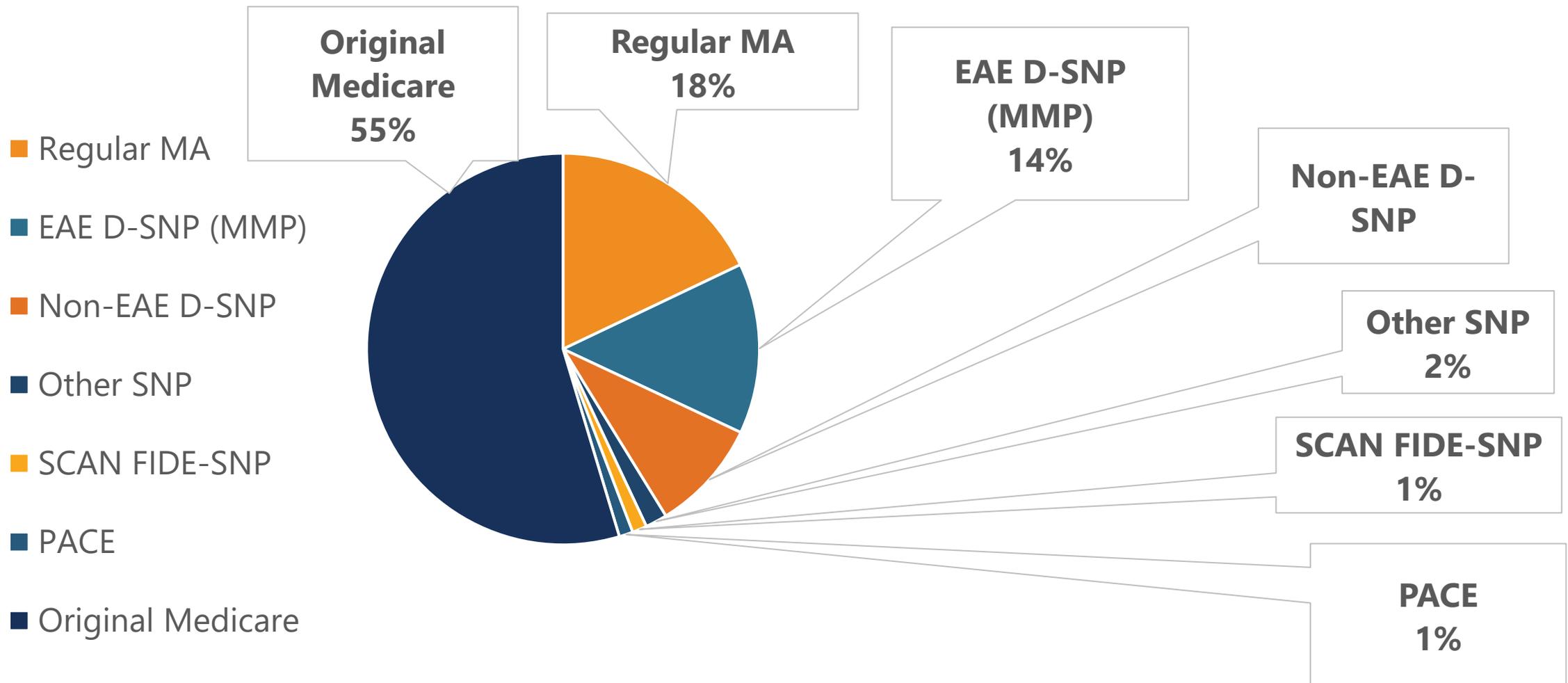
- » Nationally, dual eligible beneficiaries are more likely than people with Medicare only to report being in poor health (13% vs. 4%).
  - Heart failure, hypertension, depression diagnoses among dual eligible beneficiaries occur at significantly higher rates than in Medicare-only population.
- » Dual Eligible beneficiaries have high rates of chronic conditions, high utilization, and are a diverse group:
  - 25% under age 65
  - 33% limited English proficiency
  - About 18% prevalence of dementia
- » Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.

# Dual Eligible Beneficiaries in California

- » In California, almost a quarter of Medicare beneficiaries also have Medi-Cal (**1.6 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.
- » All dual eligible beneficiaries in California are enrolled in Medi-Cal managed care plans.

# Medicare Delivery System Enrollment for 1.7 million Dual Eligibles in California (October 2023)

Percentage of Medicare Enrollment by Delivery System



# January 2024 Medi-Medi Plan Enrollment (Preliminary)

- » 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.

# Dual Eligible Beneficiaries in Sacramento County

- » In Sacramento County, about 27% of Medicare beneficiaries are dually eligible and 47% of these dual eligible beneficiaries are enrolled in some type of Medicare Advantage plan.
- » As of October 2023, there were about 73,000 dual eligible beneficiaries in Sacramento County.
  - 35,500 of these beneficiaries were in Medicare Advantage, including Dual Eligible Special Needs Plans (D-SNPs) and the Program of All-Inclusive Care for the Elderly (PACE).
- » As of February 2024, a total of 23,800 members are enrolled in Medi-Medi Plans in Sacramento County.
  - Anthem Full Dual Advantage Aligned: 7,500 enrollees
  - Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2: 13,500 enrollees
  - Wellcare Dual Align: 2,800 enrollees

**Questions?**

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# **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 – **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 other counties by 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](#).

# 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.
- » Dual eligible beneficiaries in Medi-Medi Plans are also eligible for Community Supports provided by their Medi-Cal MCP, and Enhanced Care Management-like services from their D-SNP.

# 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](mailto:ROSFOORA@cms.hhs.gov).

# Medicare Sub-Network Requirements

- » The CMS Medicare Advantage Network Guidance includes language on sub-networks (Section 5.3).
- » A sub-network occurs when the network provider group guides enrollee access to providers/facilities.
- » Each provider group furnishes primary care and may furnish specialty and institutional care.
  - For example, a plan with sub-networks has more than one provider group, and referrals by an enrollee's primary care provider (PCP) are typically made to providers/facilities in the same group.
- » A plan with sub-networks must allow enrollees to access all providers/facilities in the CMS-approved network for the plan's service area; that is, **the enrollees may not be "locked-in" to the sub-network.**
  - If an enrollee wants to see a specialist within their plan's overall network, but that is outside of the referral pattern of their current PCP in a sub-network, then the plan can require the enrollee to select a PCP that can refer the enrollee to their preferred specialist. However, each plan must ensure that it has a network that meets current CMS network adequacy criteria.

# Joining a Medi-Medi Plan



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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



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



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

# Medi-Cal Matching Plan Policy



# Medi-Cal Matching Plan Policy

- » In 17 counties, dual eligible beneficiaries who are enrolled in a Medicare Advantage plan must be enrolled in the matching Medi-Cal managed care plan **if a matching plan is available.**
  - The Medi-Cal Matching Plan counties are: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Orange, Riverside, **Sacramento**, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Stanislaus, and Tulare.
- » Medicare is the lead plan, meaning a member's Medicare plan choice determines their Medi-Cal plan.

# **2024 Options for Dual Eligible Beneficiaries in Sacramento**



# Options for Dual Eligible Beneficiaries in Sacramento County

» A dual eligible beneficiary could have the following choices in 2024 in Sacramento County:

- Original Medicare and any Medi-Cal plan
- A Medi-Medi Plan
- A Medicare Advantage plan, with automatic enrollment in their matching Medi-Cal plan, if one is available
- A Medicare Advantage plan and any Medi-Cal plan, if the Medicare Advantage plan does not have a matching Medi-Cal plan
- Program of All-Inclusive Care for the Elderly (PACE)

# Integrated Care Options in Sacramento County

## Medi-Medi Plans

Anthem Full Dual Advantage Aligned (HMO D-SNP)

Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 (HMO D-SNP)

Wellcare Dual Align (HMO D-SNP)

## PACE

InnovAge PACE

Sutter SeniorCare PACE

**Questions?**

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# Intersections: PACE and Long-Term Care

# Medi-Medi Plans and PACE

- » PACE is a different type of integrated care option for dual eligible beneficiaries who meet PACE's eligibility criteria.
  - PACE covers Medicare and Medi-Cal benefits, including prescription drugs, and can help coordinate healthcare, homecare, transportation, and dental care.
- » A dual eligible beneficiary cannot be enrolled in a Medi-Medi Plan and PACE at the same time.
- » For more information about PACE, visit [CalPACE.org](https://www.calpace.org).

# Medi-Cal MCPs and Long-Term Care

- » Under CalAIM, DHCS transitioned institutional Long-Term Care (LTC) benefits from Fee-For-Service to Medi-Cal Managed Care Plans. All MCPs are now responsible for the full LTC benefit at the following facility types and homes:
  - Skilled Nursing Facilities (SNF), both freestanding and hospital-based;
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N) Home;
  - Subacute Care Facility and;
  - Pediatric Subacute Care Facility.
  
- » DHCS also requires non-dual and dual LTC Members receiving LTC services (including those with a Share of Cost) to be enrolled in an MCP.

# Medi-Medi Plans and Long-Term Care

- » About 74 percent of SNF residents are dual eligible members.
- » Members with complex needs require comprehensive care management, particularly during transitions of care between a hospital and a SNF or during transitions back to their home and community.
- » Medi-Medi Plans offer robust care management for members in institutional settings and provide a broad array of services for Members in LTC homes/facilities, including services to residents who may be able to transition to a home or community-based setting.
- » Medi-Medi Plans offer more integrated systems of care and can better coordinate all services a Member in an LTC home/facility may need, such as Durable Medical Equipment (DME) and transportation to medical appointments.

**Questions?**

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# Resources

# Resources for Providers

» 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](#)

» Crossover Billing

- Many Medicare providers may have questions about how to bill for dual eligible beneficiaries enrolled in Medi-Cal managed care. DHCS prepared a [Crossover Billing Toolkit](#) to address these questions.

» 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](#).

# 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:
  - Health Insurance Counseling and Advocacy Program (HICAP) for free counseling on health care options: 1-800-434-0222
  - Medicare Medi-Cal Ombudsman Program 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](#): **Thursday, May 30 at 10:00 a.m.**
- » If you have any questions, contact us at [info@calduals.org](mailto:info@calduals.org).

# Questions and Discussion



# **Agenda Item 7: Public Comment**

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**Agenda Item 8:  
Closing Comments &  
Adjournment**

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# Appendix



**California Department of  
Health Services  
(DHCS) Continuous Coverage  
Unwinding Dashboard  
Statewide Data**

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# Medi-Cal Transition – Policy Guide

The attached 2024 Medi-Cal Managed Care Plan (MCP) Transition Policy Guide has been updated with the new Continuity of Care Data Sharing Policy and updates to sections previously released. Please use the attachment while we post the updated Policy Guide to the [DHCS website](#).

The Policy Guide includes DHCS policy and Medi-Cal MCP requirements related to member transitions among MCPs that take effect on January 1, 2024. Updates from previous versions are reflected with highlights and **strikethroughs** to facilitate MCP and stakeholder tracking of the changes. The Policy Guide will be updated throughout calendar year 2023 to keep MCPs informed of new and developing guidance.



Managed\_Care\_Plan\_Transition\_Policy\_Guide.pdf

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# Key Updates to Policy Guide

- Member Enrollment and Noticing – Changes to noticing required for members enrolled in a Kaiser subcontract transitioning to Kaiser prime membership
  - Continuity of Care – Changes include:
    - Extension of some Continuity of Care protections to 6 months
    - Clarification of Special Population members with authorizations to receive Enhanced Care Management services and Community Supports
    - Addition of members who are residing in Intermediate Care Facilities for individuals with Developmental Disabilities (ICF/DD) to Special Populations
    - Addition of Intermediate Care Facilities for individuals with Developmental Disabilities (ICF/DD) to provider types eligible for Continuity of Care for providers
    - Addition of language to address inpatient billing responsibilities among Previous and Receiving MCPs
  - Enhanced Care Management and Community Supports Transition Policies – Updates to align with the ECM and Community Supports Policy Guides
  - Appendix – County Level MCP Transitions to reflect the changes to noticing required for members enrolled in a Kaiser subcontract transitioning to Kaiser prime membership
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# New Continuity of Care Data Sharing Policy

The new section on Continuity of Care data sharing is final policy. DHCS requests Managed Care Plan feedback on four attached templates as well as the file format and transmission method of data compiled according to these templates (see Section VIII):

1. Continuity of Care (CoC) Data Template - 1) Data Elements for All Members
2. Continuity of Care (CoC) Data Template - 2a) Special Populations Specifications
3. Continuity of Care (CoC) Data Template – 2b) Special Population Member File
4. Continuity of Care (CoC) Data Template – 2c) Special Populations Accompanying Data

**Please note:** The companion [All Plan Letter \(APL\) 23-018](#) establishes the binding nature of the policy guide as the DHCS authority specific to the 2024 MCP transition and remains unchanged.

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# **Unwinding Redeterminations Toolkit Materials**

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# From DHCS Website

 CAMPAIGN 

## Keep Your Medi-Cal

### DESCRIPTION

The California Department of Health Care Services (DHCS) is conducting a statewide public information, education, and outreach campaign to raise awareness about the return of the annual Medi-Cal eligibility renewals and encourage Medi-Cal members to take steps to keep themselves and their families covered.

To promote collaboration with community groups in this effort, DHCS created the Keep Your Community Covered Resource Hub with outreach materials in **English**. Simply select from the tabs below to download and share graphics, flyers, videos, and access specific audience resources. These materials can be customized and are designed to help Medi-Cal members take steps to keep their health coverage.

Important: clicking on the file names will immediately begin downloading the files.

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[General Messaging Resources](#) 

[Social Media Graphics](#) 

[Print Materials](#) 

[Media Outreach Resources](#) 

[Videos](#) 

[For IHSS Recipients](#) 

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# From DHCS Website

For Uninsured Group 

For Providers 

For Managed Care Plans (MCPs) 

For Schools and Families 

For Older Californians 

For Employers 

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 **ADDITIONAL DOWNLOADABLE ASSETS & HOUSED MEDIA**

English MAT Release Pitch

English MAT Release

English Radio Readers and Pitch

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