Upcoming Changes to Medi-Cal in 2022

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Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been denied and excluded from justice, such as older women, older adults of color, LGBTQ older adults, and older immigrants and older adults with limited English proficiency.
To achieve Justice in Aging, we must:

• Acknowledge systemic racism and discrimination
• Address the enduring negative effects of racism and differential treatment
• Promote access and equity in economic security, health care, and the courts for our nation’s low-income older adults
• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, economic class
Housekeeping

• All on mute. Use Questions function for substantive questions and for technical concerns.

• Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.

• Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.
Today’s Agenda

• Medi-Cal Changes under CalAIM
• Changes under 2021 Budget and Legislative policies
What is CalAIM?

- Multi-year, statewide plan to standardize managed care enrollment and benefits to provide person-centered care and address social determinants of health to reduce disparities and inequities
- 2022 to 2027 implementation timeline
Definitions

• **Coordinated Care Initiative (CCI) Counties:** Los Angeles, San Bernardino, Riverside, Orange County, San Diego, Santa Clara, and San Mateo.

• **County Organized Health System (COHS) Counties:** Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo.

• **Dual eligibles:** individuals with both Medicare and Medi-Cal health coverage
Individuals with a Share of Cost Transition to Fee-For-Service

• **Overview:** Managed care beneficiaries with a “share of cost” (SOC) moving out of managed care into fee-for-service (FFS)
  • Cal MediConnect (CMC) & Medi-Cal managed care
• **When:** January 1, 2022
• **Where:** 7 CCI counties and 22 COHS counties
• **Exception:** long-term care share of cost
• **Impact:** CMC enrollees assigned new Part D prescription drug plan; Medi-Cal transportation benefits
Example

• Rita is enrolled in Cal MediConnect. Rita has a share of cost (SOC) and will transition to Original Medicare and FFS Medi-Cal in January 2022. Rita has prescriptions that are covered by her Cal MediConnect plan.

• Rita will receive notices in Fall 2021 of the upcoming change and automatically assigned to a new Part D prescription drug plan, effective Jan. 1, 2022. She will receive a “blue notice” identifying her new Part D plan. On Jan. 1st, Rita will access medical, prescriptions, and other care from Original Medicare, her new Part D plan, and Medi-Cal FFS.
Mandatory Managed Care Enrollment

- **Overview:** mandatory enrollment into Medi-Cal managed care for groups previously excluded
- **When:** January 1, 2022
- **Where:** Statewide
- **Impact:** other health coverage (OHC)
  - **Exceptions:** dual eligibles (2023); share of cost (SOC) except for long term care
MSSP Transition Out of Medi-Cal Managed Care

• **Overview:** Multipurpose Senior Services Program (MSSP) waiver moved out of managed care into FFS; care continues to be provided at MSSP sites

• **When:** January 1, 2022

• **Where:** CCI Counties

• **Impact:** Beneficiaries should not see a disruption or reduction in services

• **Exceptions:** Health Plan of San Mateo
Enhanced Care Management

• **Overview:** ECM is defined as comprehensive, whole person care management to managed care high-need enrollees who meet “populations of focus” criteria

• **When:** January 1, 2022

• **Where:** WPC and HHP counties; statewide

• **Exceptions:** CMC, Program of All-Inclusive Care for the Elderly (PACE), Home and Community-Based (HCBS) waivers

• **Populations of focus:** homelessness; high utilizer adults; serious mental illness or substance abuse disorder
Community Supports

• **Overview:** optional services Medi-Cal plans can offer in lieu of covered benefit; Community Supports include housing transition services, housing deposits, respite services, medically tailored meals

• **When:** January 1, 2022

• **Where:** Statewide but Community Support services can vary by county and/or plan

• *formerly known as In-Lieu of Services*
Medi-Cal Rx

• **Overview:** Medi-Cal Prescription Drug benefit moved out of Medi-Cal managed care into fee for service (FFS)

• **When:** January 1, 2022

• **Where:** Statewide

• **Impact:** MC covered prescriptions provided under Medi-Cal RX FFS; dual eligibles continue with Medicare Part D

• **Exceptions:** CMC, PACE, SCAN, MRMIP
Medi-Cal Rx Example

• **Example**: A dual eligible is prescribed medication to treat his heart condition. He lives in Los Angeles, has Original Medicare Parts A, B, and a Part D Prescription Drug Plan. He is enrolled in Medi-Cal managed care for his Medi-Cal benefits.

• Under Medi-Cal Rx, he will see no change because Medicare Part D is responsible for his prescriptions. His Part D plan will continue to authorize and pay for his heart medication.
Expanded Medi-Cal Coverage for Undocumented Older Adults

• **Overview:** Expansion of full-scope Medi-Cal to all age 50 or older, regardless of immigration status, who meet financial eligibility criteria

• **When:** May 1, 2022

• **Where:** Statewide

• **Fullscoop Medi-Cal:** primary and specialty care, dental, behavioral health, long term care, In-Home Supportive Services (IHSS), vision, podiatry, transportation benefits, and home and community based services
Asset Test Elimination in Medi-Cal and Medicare Savings Programs

• **Overview:** Asset limit for non-MAGI (Aged, Blind, Disabled), Long Term Care, and Medicare Savings Programs increased
  • $130k and 65k for each additional family member

• **When:** July 1, 2022

• **Where:** Statewide

• **Asset test eliminated completely Jan. 1 2024**
Cal MediConnect Plans Ending

• **Overview:** Cal MediConnect plans will sunset
• **When:** December 31, 2022
• **Where:** CCI Counties
• **Impact:** Automatically switch into exclusively aligned Dual Special Needs Plans (D-SNP) operated by former CMC Plan
  • Enrollment in 2 plans: D-SNP and matching Medi-Cal plan
  • D-SNP responsible for Part A, B, D; coordinates with Medi-Cal plan operated by same D-SNP parent organization
Online Resources

- DHCS CalAIM
- CalAIM Proposal
- Medi-Cal Rx and FAQ
- Justice in Aging CCI Advocate Guide
Resources

- **CCI Ombudsman**: (855) 501-3077 (TTY: 855-847-7914), Monday through Friday, 9am-5pm
- **HICAP**: (800) 434-0222
- **Health Consumer Alliance**: 1-888-804-3536; Monday through Friday, 9am-5pm
Questions?

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