Upcoming Changes to Medi-Cal in 2023

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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 marginalized and excluded from justice, such as women, people of color, LGBTQ individuals, and people with limited English proficiency.
To achieve Justice in Aging, we must:

- **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

- Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

- Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
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- All on mute. Use Questions function for substantive questions and for technical concerns.
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- 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

• Mandatory Medi-Cal managed care enrollment
• Medi-Cal long-term care carve in
• Cal MediConnect Transition
• D-SNP Look Alike Transition
Acronyms & 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

- **Dually eligible individuals**: individuals receiving both Medicare and Medi-Cal health coverage
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.

• CalAIM: *California Advancing and Innovating Medi-Cal.* Overseen by Dept. of Health Care Services.

• Five year implementation (2022 - 2027)
Medi-Cal Managed Care Enrollment for Dually Eligible Individuals
Mandatory Medi-Cal Managed Care Enrollment

• Mandatory enrollment into Medi-Cal managed care for dually eligible individuals

• **When**: January 1, 2023

• **Where**: Statewide, primarily counties where dually eligible individuals not currently required to enroll

• 325,000 approximately statewide
2023 Counties

Population Groups

• All individuals dually eligible for Medicare and Medi-Cal are required to enroll their Medi-Cal into managed care plans

• Dually eligible individuals with other health coverage

• 1915c HCBS waiver enrollees

• Individuals in SNF facilities (SOC or no SOC)
Exceptions

• Share of cost living in the community
• SCAN Health Plan enrollees
• Program of All Inclusive Care for the Elderly (PACE) enrollees
• Resident of Veterans’ Homes of California
• HIV/AIDS and Native Americans who choose fee for service Medi-Cal

• Dually eligible individuals are not eligible for a Medical Exemption Request (MER) from managed care
  • MER is available to individuals who are Medi-Cal only, where Medi-Cal is primary payer of medical services
Transition Notices

• *Early November* – 60 day notice of mandatory enrollment

• *Late November* - Choice packets mailed

• *Early December* - 30 day notice, health plan confirmation letter

• *December* - outbound telephone calls to current FFS beneficiaries

• Written materials include frequently asked questions about managed care
What does this mean?

• Medicare remains primary, Medi-Cal is secondary

• Medicare provider relationships remain the same

• Medi-Cal plan responsible for benefits Medicare does not cover:
  • Long term services and supports (CBAS, long term nursing facility care)
  • Community Supports
  • Enhanced Care Management
  • Transportation to/from medical appts
Improper Billing

- Improper billing occurs when Medicare providers seek to bill a beneficiary for Medicare cost sharing. Medicare cost sharing includes deductibles, coinsurance, and copayments.

- Medicare providers do not need to be a contracted provider with the Medi-Cal plan to submit claims.

- Dually eligible individuals are not financially responsible for services covered under Medicare or Medi-Cal (except SOC or Part D co-pays).

- Medicare providers can continue treating their dually eligible patients.
Example: Maria

- Maria lives in Alameda County. She has both Medicare and Medi-Cal benefits. In 2023, Maria is enrolled in one of Alameda’s Medi-Cal managed care plans. She gets her Medicare through fee for service.

- Maria’s FFS Medicare doctor, Dr. Eyeful, has been treating her glaucoma for years. and not balance billing Maria. Now Dr. Eyeful tells Maria that, because Dr. Eyeful is not in Maria’s Medi-Cal managed care plan’s network, things have changed. Dr. Eyeful starts charging Maria the amounts Medicare does not cover.
Example: Maria (continued)

Does it matter that Dr. Eyeful is not part of the network of Maria’s Medi-Cal plan?

• No. Medicare is the primary payor and Dr. Eyeful will still be paid by Medicare. She does not need to be part of Maria’s Medi-Cal plan’s network to bill 20% co-insurance (if any)

Can Dr. Eyeful start charging Maria coinsurance?

• No. She is protected by state law as a person with both Medicare and Medi-Cal benefits. Maria’s protections did not change because she now receives her Medi-Cal benefit through managed care.
Long Term Care Carve-In
Long Term Care Carve In

• Long term care benefit provided at Skilled Nursing Facilities (SNF) will become responsibility of Medi-Cal managed care plans

• SNF residents required to enroll Medi-Cal managed care

• **When**: January 1, 2023

• **Where**: 31 counties where SNF is not already carved in to managed care

• Medi-Cal managed care plans required to authorize and cover services in skilled nursing facilities (including at a distinct part or unit of a hospital)
Previous Rule

- LTC means care that is provided in a skilled nursing facility (SNF), intermediate care facility (ICF), or sub-acute facility

- Medi-Cal plans in COHS and CCI counties already responsible for LTC benefit

- In all other counties, Medi-Cal plans are responsible for SNF benefit for the month of admission and following month, and then a person is moved to fee-for-service Medi-Cal

- In 2023, persons needing long term care services will remain in their Medi-Cal managed care plan instead of moving to fee-for-service Medi-Cal
2023 Counties


- Unlisted counties are COHS or CCI counties where LTC already carved in
Notice Timelines

• Early November: 60-day notice and frequently asked questions

• Late November: Medi-Cal plan choice packets mailed

• Early December: 30 day notice mailed and frequently asked questions

• December – outbound telephone calls to beneficiaries
What Does This Mean?

- Individuals residing in a SNF will be enrolled in Medi-Cal managed care
- If discharged from hospital into a skilled nursing facility, choose facility contracted with Medi-Cal managed care plan
- Access to Enhanced Care Management
  - 2023 populations of focus:
    - Members Eligible for LTC and at Risk of Institutionalization
    - Nursing Home Residents Transitioning to the Community
Continuity of Care

• Current residents of a SNF can remain in their current facility. Do not have to move residences.

• Facility must be licensed, meet quality standards, agree to Medi-Cal rates

• Continuity of care provisions for one year automatically

• Facilities paid the same Medi-Cal FFS per-diem rates applicable to that type of LTC
Long Term Care Carve in July 2023

• All other facilities and homes will become responsibility of MCPs on July 1, 2023

• Intermediate Care Facility (ICF), Intermediate Care Facility for Developmentally Disabled (ICF-DD), ICF-DD/Habilitative, ICF-DD/Nursing, Subacute Facility, Pediatric Subacute Facility
Transition to Dual Eligible Special Needs Plans
Cal MediConnect Transition

• Integrated Medicare and Medi-Cal CalMediConnect (CMC) plans will end December 31, 2022

• **Where**: 7 Coordinated Care Initiative Counties
  - Los Angeles, Santa Clara, San Bernardino, Riverside, San Mateo, Orange County, San Diego

• January 1, 2023, Cal MediConnect members automatically enrolled into Medicare Medi-Cal Plans (MMPs)

• MMPs operated by same parent organization operating former CalMediConnect plan
Medicare Medi-Cal Plans

- Medicare Medi-Cal Plans are exclusively aligned D-SNP and matching Medi-Cal plan
  - Medicare D-SNP: Part A (hospital), Part B (outpatient, durable medical equipment), and Part D (prescription drug coverage)
  - Medi-Cal plan provides Medi-Cal services
- Single member health plan card
- D-SNP and Medi-Cal plan coordinate to deliver services
- Build upon Cal MediConnect model, notices, integrated materials
- Voluntary enrollment
What is a Dual Eligible Special Needs Plan?

• Type of Medicare Advantage/Part C plan specifically designed for individuals dually eligible for Medicare and Medi-Cal

• Enrollment is limited to dually eligible individuals only

• D-SNPs sign State Medicaid Agency Contract (SMAC) with DHCS

• SMACs are important; establishes care coordination and Medicare Medi-Cal benefit coordination requirements
Exclusively Aligned Enrollment

• Medicare Medi-Cal Plan (MMPs) limit membership to those enrolled in matching Medi-Cal managed care plan affiliated with the D-SNP plan

• Formerly known as Exclusively Aligned Enrollment Dual Eligible Special Needs Plans (EAE D-SNPs)

• MMPs is California’s specific name for EAE D-SNPs, will be used by Health Care Options

• Individual MMPs will have their own respective names
Exclusively Aligned Enrollment Model

Company A
D-SNP

Exclusively Aligned Enrollment

Company A
Medi-Cal Plan

Company B
D-SNP

Exclusively Aligned Enrollment

Company B
Medi-Cal Plan
Notice Timelines

- **Received by Sept 30:** Annual Notice of Change sent by CalMediConnect plan
- **Early October:** 90 day notice from CalMediConnect plan of MMP, frequently asked questions, other integrated options notice
- **Early November:** 45 day notice and frequently asked questions
- Plans can make outbound telephone calls to members after 90 day notice
Continuity of Care Protections

- Provider networks substantially similar because MMP is operated by parent organization of former CMC plan

- Continuity of Care – Existing relationship, no distinction between PCP or specialist (both once in 12 months)

- Durable Medical equipment – continuity of care for both supplies and vendors

- Deeming period – at least 3 months
Benefits & Services

• Medicare and Medi-Cal services
• Integrated care, integrated materials
• Vision services
• Transportation
• Care coordination
• Community Supports
• Prescriptions drugs
  • Primarily covered under Medicare Part D
  • Medi-Cal Rx for Medi-Cal covered medications
2023 Enrollment Choices

• Original Medicare + Medi-Cal managed care plan
• Medicare Advantage (non-DSNP) + Medi-Cal managed care plan
• CalAIM Medicare Medi-Cal Plan (MMP)
• Program of All-Inclusive Care for the Elderly (PACE)**
Look-Alike Transition

• CMS requiring D-SNP look-alike plans to phase out in 2023

• D-SNP look alikes are Medicare Advantage plans whose membership is made up of 80% or more dually eligible individuals

• Look alikes are not D-SNPs and do not coordinate Medicare & Medi-Cal benefits
Transition

• Enrollees can move to:
  1. D-SNP operated by parent organization, if available
  2. Medicare Advantage plan with zero premium, operated by parent organization, if available
  3. Medicare fee-for-service

• Annual Notice of Change received by Sept 30

• 141,300 beneficiaries statewide
Medi-Cal Matching Plan Policy

• **What**: dually eligible individuals who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal plan, under the same parent organization, if there is one

• **Where**: 12 counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus

• **When**: 2022 and 2023
Online Resources

• **DHCS CalAIM**
• **Statewide Medi-Cal managed care**
  • MEDIL 21-30
  • APL 21-15 & Attachment 1
• **D-SNPs in California** – DHCS
• **Long-Term Care Carve In** – DHCS
• **Medi-Cal Matching Plan policy** – DHCS
• **D-SNP Primer** – Justice in Aging
• **Improper Billing toolkit** – Justice in Aging
Questions?

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