Upcoming Changes to Medi-Cal in 2023 for Older Adults – Part 3

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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.
Justice in Aging’s Commitment to Advancing Equity

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.
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

• Mandatory Medi-Cal managed care enrollment for dually eligible individuals
• Medi-Cal Long-Term Care carve in
• Cal MediConnect Transition
• D-SNP Look Alike Transition
• Medi-Cal matching plan policy
• New CalAIM Services – Enhanced Care Management & Community Supports
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 individuals dually eligible for both Medicare and Medi-Cal

• **When:** January 1, 2023

• **Where:** Statewide, primarily counties where dually eligible individuals not required to enroll into MCPs (31 counties)

• 325,000 approximately statewide
Impacted Groups

- Individuals dually eligible for Medicare and Medi-Cal
- Dually eligible individuals with other health coverage
- Dually eligible individuals in 1915c HCBS waiver enrollees
- Individuals in skilled nursing facilities (SNF)
  - With or without a Share of Cost (SOC)
Exceptions

• Share of cost & living in the community
• SCAN Health Plan FIDE 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 (FFS) Medi-Cal
Medical Exemption Requests

• Dually eligible individuals do not need a MER to continue seeing Medicare providers

• MERs can be requested but only approved if meet MER criteria

• MER Requirements:
  • Have a complex medical condition; and
  • care receiving from Medi-Cal provider for the complex condition cannot be changed; and
  • Medi-Cal doctor is not part of a Medi-Cal plan in your county

• Individuals with existing MERs exempt from Medi-Cal managed care enrollment until MER expires
What does this mean?

- Medicare remains primary, Medi-Cal is secondary payor of last resort
- Medicare providers bill the Medi-Cal plan
- Medi-Cal plan responsible for benefits

Medicare does not cover:

- Long term services and supports (CBAS, long term nursing facility care)
- Enhanced Care Management
- Community Supports
- Transportation to/from medical appts
**Improper Billing**

- Improper billing occurs when providers bill a dually eligible beneficiary for Medicare cost sharing.
  - Medicare cost sharing includes deductibles, coinsurance, and copayments
- Medicare providers **do not** need to contract with the Medi-Cal plan to submit claims for Medicare cost-sharing
- Dually eligible individuals are not financially responsible for services covered under Medicare or Medi-Cal (Welf. & Inst. Code Section 14019.4)
Example: Maria

• Maria lives in Alameda County. She has both Original Medicare and FFS Medi-Cal. In January 2023, Maria is enrolled in one of Alameda’s Medi-Cal managed care plans.

• Maria’s Medicare provider, Dr. Eyeful, has been treating her glaucoma for years. Dr. Eyeful has never billed Maria for Medicare cost-sharing.

• 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 Original Medicare does not cover.
Example: Maria

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 the plan for Medicare deductibles, co-payments, or co-insurance.

Can Dr. Eyeful charge Maria the Medicare coinsurance?

• No. She is protected by state law from improper billing. Maria is not financially responsible for the Medicare co-insurance. 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

• Medi-Cal long-term care (LTC) benefit provided at Skilled Nursing Facilities (SNF) will become responsibility of Medi-Cal managed care plans
• SNF residents required to enroll into Medi-Cal managed care plans
• **When**: January 1, 2023
• **Where**: 31 counties where SNF is not already carved in to managed care
• **Approx.**: 28,000 beneficiaries statewide
Previous Rule

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

• Under current rule (except CCI and COHS counties), Medi-Cal plans responsible for SNF benefit for the month of admission and following month. After, disenrolled into FFS Medi-Cal

• In 2023, persons needing SNF services will not be disenrolled into Medi-Cal FFS
What does this mean?

- Individuals currently in a SNF will enroll into Medi-Cal managed care plans
- Medi-Cal plans required to authorize and cover needed services in SNFs
- If discharged from hospital into a SNF, choose facility contracted with Medi-Cal managed care plan
- Access to Medi-Cal managed care services, including Enhanced Care Management & Community Supports
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 LTC facilities and homes carved into Medi-Cal managed care 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

• Residents of ICF, ICF-DD, and subacute care services (adult and pediatric services) will join Medi-Cal managed care July 1, 2023
Transition to Dual Eligible Special Needs Plans
Cal MediConnect Transition

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

• January 1, 2023, Cal MediConnect members automatically enrolled into Medicare Medi-Cal Plans (MMPs) operated by same parent organization operating their CalMediConnect plan

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

• Voluntary enrollment
Medicare Medi-Cal Plans

- MMPs are exclusively aligned Dual Eligible Special Needs Plan (D-SNP) and matching Medi-Cal plan
  - Medi-Cal plan responsible for Medi-Cal
- D-SNP and matching Medi-Cal plan coordinate to deliver services
- Single member health plan card
- Built upon Cal MediConnect model w/ integrated notices & materials
- Membership limited to those enrolled in matching Medi-Cal managed care plan affiliated with the D-SNP plan
What is a Dual Eligible Special Needs Plan?

• D-SNPs are Medicare Advantage plans specifically designed for individuals dually eligible for Medicare and Medi-Cal

• D-SNPs sign State Medicaid Agency Contract (SMAC) with Dept. of Health Care Services

• SMACs are important; establishes care coordination and Medicare Medi-Cal benefit coordination requirements
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
  - 3 months deeming period to resolve Medi-Cal eligibility while remaining enrolled in MMP
Benefits & Services

- Medicare and Medi-Cal services
- Integrated care, integrated materials
- Vision services
- Transportation
- Care coordination
- Prescriptions drugs
  - Primarily covered under Medicare Part D
  - Medi-Cal Rx for Medi-Cal covered medications
- Community Supports
Integrated Grievances & Appeals (1 of 2)

• Single, unified appeal at the **plan level** for Medicare (other than Medicare Part D) and Medi-Cal services

• Regardless if service or benefit would typically be covered by Medicare, Medi-Cal, or both, MMP must make a decision about the request as expeditiously as the enrollee’s health condition requires

• Prior authorization requests will review request under both Medicare & Medi-Cal criteria

• If plan level appeals unsuccessful, pursue external appeals through Medicare or Medi-Cal
Integrated Grievances & Appeals (2 of 2)

• Prescription drug coverage under Medicare Part D follow Part D appeal deadlines and rules

• Carved out Medi-Cal benefits including IHSS, Denti-Cal, Medi-Cal Rx follow regular Medi-Cal State Fair Hearing rights and protections

• **D-SNP Policy Guide** Integrated Appeals & Grievances Chapter (Section VIII)
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)**
Other Changes
D-SNP 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
- 141,300 beneficiaries statewide
Medi-Cal Matching Plan Policy

• **What**: dually eligible individuals who are enrolled in a Medicare Advantage plan required to enroll Medi-Cal benefits into “matching” Medi-Cal plan affiliated with Medicare Advantage, if one is available

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

• **When**: Ongoing in 2022 and 2023

• Policy does not affect freedom of choice to choose a Medicare Advantage Plan
Matching Medi-Cal Plan Enrollment in 2023

• For individuals choosing to enroll in a MA plan, if there is a matching Medi-Cal plan available, automatic enrollment into the matching Medi-Cal plan.
New CalAIM Services

- Enhanced Care Management
- Community Supports
Enhanced Case Management (ECM)

• Comprehensive, case management and intensive coordination of health and health-related services to high-needs individuals

• ECM is provided to “Populations of Focus”

• Single, care manager responsible for coordination of clinical and non-clinical needs

• Individuals referred to ECM by their provider, identified by the Medi-Cal managed care plan, or self-referral
Populations of Focus

• 2022:
  • Individuals & Families Experiencing Homelessness
  • Adult At Risk of Avoidable Hospital or ED Utilization
  • Individuals Transitioning from Incarceration

• 2023:
  • Adults at Risk for Institutionalization
  • Adult Nursing Facility Residents Transitioning to Community
ECM Overlap and Exclusions

- ECM is not available to CalMediConnect, Medicare Medi-Cal Plans (MMPs), FIDE SNP, hospice, and PACE enrollees
  - DHCS considers it duplicative
- ECM must not be duplicative of other services
- ECM cannot be provided to individuals enrolled in 1915(c) waiver services or while receiving California Community Transitions (CCT) Money Follows the Person services
  - Cannot be enrolled at the same time
  - Waitlisted individuals can be eligible for ECM
Community Supports

• Services a Medi-Cal managed care can offer as an alternative to traditional medical services or settings to address

• Can be paired with ECM

• Community Support services provided by providers contracted with the Medi-Cal plan

• MCPs in all counties offer at least 2 community supports
  • List of community supports available by county & by Medi-Cal plan
Types of Community Supports

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition & Diversion to Assisted Living Facilities
- Community Transition Services & Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals, Medically-Supportive Food, and Medically Tailored Meals
- Sobering Centers
- Asthma Remediation
Community Supports

• Community supports is not limited to designated populations, unlike ECM

• Plans identify eligible members, self-referral, health or social services provider can submit referrals to the plan

• Each Community Supports has eligibility criteria

• Community Supports optional to offer and optional to use
Example

• Lucy is in the hospital recovering from a stroke. She is being discharged from the hospital to her home and has limited mobility. She lives alone and will need help with cooking, grocery shopping, laundry, activities needed for daily life.

• With the help of a hospital case manager, Lucy applied for IHSS but is waiting on a decision.

• Will Community Supports help Lucy?
Example Answer

• Yes. Lucy’s case manager contacts her Medi-Cal plan and the plan authorizes personal care & homemaker services under the Community Supports benefit.

• Lucy can use community supports while she waits for her IHSS application to be approved and an IHSS provider is set up to provide her care at home.
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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