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Free Webinar: Medi-Cal Updates and the Medi-Cal Unwinding

Webinar Transcript

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Lauren Carden: Hello everyone. We will wait for people to jump on and then get started in a few seconds.

Lauren Carden: Okay, let's get started. So, thank you all for joining us today for this California training on Medi-Cal Updates and Medi-Cal Unwinding. My name's Lauren Carden from Justice in Aging, and I will be joined today by my colleague, Tiffany Huyenh-Cho, who is the Director of California Medicare and Medicaid Advocacy at Justice in Aging. I'm going to cover a few logistics and then hand the webinar over to her.

Lauren Carden: So, this webinar will be conducted with a simultaneous Spanish interpretation, which is provided by Alma. To select your language for the webinar, you can locate the globe icon at the bottom of your screen in the Zoom platform, and you can click on the icon and select your preferred language for the webinar. Either English or Spanish.

Lauren Carden: Okay, can go to the next slide. Okay. So, for those of you who are unfamiliar with Justice in Aging, we are a national organization that uses the power of law to fight senior poverty by securing access to affordable healthcare, economic security, and the courts for older adults with limited resources. Next slide.

So, some quick housekeeping. Everyone is on mute, so please use the Q&A function for substantive questions and technical concerns and we will answer the substantive questions at the end of the webinar. If you have technical difficulties, you can email us at trainings@justiceinaging.org. The webinar is being recorded and we will make the recording available on our website at our new California specific resource page.

Closed captioning is also available. To access closed captioning you can enable the CC on the Zoom control panel. To make sure you're receiving all our

notifications for future trainings and resources. You can join our network either through our website or by emailing info@justiceinaging.org. Last slide.

So, Justice and Aging is committed to advancing equity for low-income older adults in economic security, healthcare, housing, and elder justice initiatives, and committed to addressing the enduring harms and inequities caused by systemic racism and other forms of discrimination that impact older adults in marginalized communities. So, with those intro slides, I'm now going to pass it over to Tiffany to talk about the substance of our webinar.

Tiffany Huyenh-Cho: All right, thank you Lauren. So, today's webinar will cover the Medi-Cal unwinding that is currently taking place. We will also cover significant updates in the Medi-Cal program for 2023 and 2024. And then we should have some time at the end of the slides for some question and answers.

So first, let's dive into what is called the Medi-Cal unwinding and why it's important for older adults and people with disabilities. So, during the Covid-19 public health emergency, Medi-Cal renewals, most negative actions were paused under state and federal rules for a three-year period. Except for a few exceptions, California was prohibited from terminating Medi-Cal coverage during the public health emergency, and that was so people had access to healthcare during the pandemic. But now California is going through a process called the unwinding, that is the end of pandemic related protections and the restart of Medi-Cal renewals and negative actions.

This is a significant undertaking, because this might be the first time a person has completed a Medi-Cal renewal in years, or even for the very first time. The restart of renewals will take place over a 14-month period from April 2023 to May 2024. California restarted renewals on April 1st and will redetermine eligibility for Medi-Cal for around 15 million people. Not everyone will undergo their renewals at once. It is a month-to-month process.

The first group who had renewals due was June 2023. Individuals will keep their Medi-Cal coverage until a first renewal is completed during the unwinding period. As a refresher, Medi-Cal renewals, also called redeterminations, is a regular procedure that typically happens once a year. Before Covid-19, people would complete renewal forms to prove that they continue to qualify for Medi-Cal. These forms asked for updated income or assets, they might also ask about residency or updated addresses. Information required in renewals can also be submitted by phone, in person, online or by mail.

Before a paper renewal packet is sent out to an individual to complete, there are certain procedures that must be followed. So, one important procedure are ex parte renewals. Counties are required to first try to renew a person's Medi-Cal ex parte, and that is the process by which the county renews benefits using data that's already in the file or through electronic data sources. If the ex parte process is successful, Medi-Cal is automatically renewed. The county will not

reach out to the person with a renewal packet and no further action is needed. If the ex parte process is not successful, a paper renewal packet is then mailed to the individual to complete and they have at least 60 days to complete and return that renewal information.

During the Covid-19 pandemic, California saw a 16% increase in Medi-Cal enrollment. As of June 2023, approximately 15 million people were on Medi-Cal, and of that 15 million people, a little over one million had renewals that were due in June. In June, we saw about 35,000 individuals on non-modified adjusted gross income Medi-Cal, also called non-MAGI, had their Medi-Cal terminated after June renewals. This group is made up of a large number of older adults over age 65 or people with disabilities, as well as some children and pregnant women.

The overwhelming reason behind these terminations was due to a procedural discontinuance, and a procedural discontinuance is an automatic termination if the renewal packet is not completed and returned. That means counties could not review eligibility due to incomplete information. I'll note that a procedural discontinuance is not a determination that a person no longer meets Medi-Cal's eligibility criteria. It is simply a termination for paperwork reasons.

And there could be many reasons why a renewal was not completed. It could be because a person did not receive a renewal packet if it was mailed to an old address, or the renewal packet was returned to the county but not marked as received, or a person simply did not return their renewal information because they did not realize that they needed to. So, all to say that there are many reasons for procedural discontinuance, but in reality many of these individuals are still eligible. And in June renewal data showed that 88% of individuals terminated were because of a procedural discontinuance.

June data also showed that older adults and people with disabilities are not automatically renewed via that ex parte process. This group was automatically renewed ex parte less than 1% of the time, drastically less than younger adults and children who were renewed at a rate of 30% ex parte. There are many reasons for that contrast, but the counties use different electronic data sources and internal processes for the Medi-Cal programs that are used by older adults and people with disabilities.

California has implemented several temporary policies also called flexibilities that will simplify renewals during this unwinding period. I will cover a few today, but the list on this slide is not exhaustive. First, during 2023, Medi-Cal renewals will not count assets. The asset limit that older adults and people with disabilities are subject to will be eliminated in January 2024. So, in the months leading up to January, California is not counting assets during renewals since the limit is going to be eliminated in a few short months anyway. This will reduce the churn of having to re-enroll in Medi-Cal in 2024 after assets are eliminated.

This policy was just put place in the spring. It is new, it is temporary. So, the current renewal packets that are being sent out will still ask for asset information, but counties should not ask people to supply additional written proof of their assets. New applications for Medi-Cal in 2023 do still have an asset limit however. And then secondly, another temporary policy is that individuals who only have stable incomes do not need to submit proof of their income.

Older adults and people with disabilities are more likely to have stable fixed incomes from retirement, pensions and social security benefits. These common examples are considered stable income, because these types of income are generally fixed and they do not fluctuate except for some small cost of living adjustments. So, with this policy, counties will be able to automatically verify someone's income during the renewal process without asking them for additional information or proofs of their stable income.

To use this flexibility, two criteria must be met. The person must have reported stable sources of income in their most recent renewal or at application, and that stable source of income was their only source of income. Someone with a pension and active wages from employment would not qualify for this renewal flexibility, because active wages is not a stable income source. And by stable we mean a fixed income. And secondly, there must not be any contradictory information on income in the file that disputes this stable income source.

And then lastly, another renewal flexibility is that individuals can provide a reasonable explanation if for some reason the county finds a discrepancy between self-reported income and income that is reported through electronic data sources. These reasonable explanations can be reported verbally or in writing. It could be as simple as explaining that there was a temporary seasonal job months ago or that there is now a change in someone's marital status. These flexibilities are not permanent. They are temporary during the restart of renewals, but they are designed to simplify the renewal process to reduce the number of paper renewal packets that are mailed and increase the number of people who have completed renewals and can continue coverage.

So, the unwinding, it is an enormous undertaking and we're concerned about the high rate of procedural discontinuance, because the loss of Medi-Cal coverage impacts older adults and people with disabilities for very specific reasons. First, Medi-Cal is a comprehensive health insurance program. It provides many services that older adults and people with disabilities rely on. This includes transportation to medical appointments or for dialysis treatments. Medicare is not a good alternative to turn to, since Medicare's transportation benefit is very limited.

Medi-Cal is also the primary payer of long-term services and supports used by older adults and people with disabilities. That includes in-home supportive services or IHSS, or Home and Community-Based Services HCBS. These are

services that many people rely on in their everyday life. A Medi-Cal termination then is also the termination of Medi-Cal covered IHSS S or HCBS and can increase the risk of hospitalization or admission to a nursing facility if these services are cut off. And lastly, for people that are duly eligible for Medicare and Medi-Cal, a Medi-Cal termination can cut off financial subsidies that pay for the cost of Medicare, which can be particularly high.

So, Medicare savings programs are a type of Medi-Cal program. These programs help pay for Medicare cost sharing such as monthly premiums, co-insurance, and copays under Medicare. Even without a Medicare savings program, Medi-Cal pays the Medicare cost sharing on behalf of people that are duly eligible for Medicare and Medi-Cal. So, Medi-Cal renewals are particularly important for duly eligible individuals because a Medi-Cal termination means that these individuals will then face payment of the Medicare premiums and cost sharing.

Medicare premiums are normally paid by Medi-Cal, and if Medi-Cal is lost, the Medicare premiums will then be deducted from the monthly social security or social security disability checks. And it could even be for multiple months of past premiums. The premiums can be automatically deducted and can be a sudden shock. The reduced checks can be devastating, putting people at risk of eviction or homelessness if they cannot make their monthly rent, utilities or bills because of their reduced benefit checks because those Medicare premiums were deducted.

For qualified Medicare beneficiaries, the loss is particularly severe as these individuals are the lowest income and are often supplemental security income recipients. These individuals can lose payment of both their part A and part B premiums. So, bottom line, we want to see as few procedural discontinuances in the renewal process as possible since many people likely still qualify and the loss of Medi-Cal can have severe negative effects.

Some people are also enrolled and Medicare Part C advantage plans called D-SNPs or Dual Eligible Special Needs Plans. Enrollment in these plans are limited to people who are dually eligible for both Medicare and Medi-Cal. If you lose Medi-Cal during the renewals, you cannot remain in these plans. Dis-enrollment from these Dual Eligible Special Needs Plans can also disrupt access to a person's current providers and their scheduled appointments and care. Importantly, these plans also serve as the prescription drug plan for all their members.

A person dis-enrolled from the Dual Eligible Special Needs Plan must then choose a new prescription drug plan. Advocates should also know that these plans in California all offer a deeming period. Deeming is a protection that maintains enrollment in the Dual Eligible Special Needs Plan for a short period of time. That this deeming period gives people some time to reinstate their Medi-Cal coverage so they can remain enrolled in these plans past the deeming period. The length of this period can vary by plan, but all D-SNPs or Dual Eligible

Special Needs Plans in California must offer at least a three month period. And on the resources slide of this PowerPoint, I've linked to a list of the deeming periods that are specific to each plan.

Advocates should know that individuals terminated for Medi-Cal due to procedural reasons also have a 90-day cure period. With the cure period, you can return your renewal paperwork within 90 days and restore your Medi-Cal coverage back to the original date of termination. The 90 day cure applies to all Medi-Cal programs, including those that primarily serve older adults and people with disabilities. Medi-Cal individuals also have appeal rights. You have the right to appeal an eligibility decision on your Medi-Cal that you disagree with by filing for a State Fair Hearing.

The deadline to request this hearing has been extended to 120 days. That is a temporary extension. It is in place until September 2024. The regular deadline to file for a State Fair Hearing is 90 days, so this is an extension of an additional 30 days. This is in place during this restart of renewals. Individuals also have the right to Aid Paid Pending. Aid Paid Pending provides ongoing Medi-Cal coverage during the appeal process if you appeal during a specific timeframe. You will get a paid pending if you appeal within 10 days of the notice of action, or if you file for that appeal before the negative action takes effect.

For example, if your Medi-Cal is set to terminate September 30th, and if you appeal before September 30th, you will get Aid Paid Pending and ongoing Medi-Cal coverage until you get a final decision on your Medi-Cal appeal. So, here are a few tips to know for advocates. First, Medicare individuals with Medi-Cal, including those that are in those Medicare Savings Programs, are automatically enrolled in the Part D, Low Income Subsidy or Extra Help Program. Low Income Subsidy or Extra Help is a federal program that lowers the out-of-pocket costs for prescription copays and premiums.

It is a separate program from Medi-Cal and so Extra Help enrollment does not end immediately if Medi-Cal ends. In fact, Extra Help will continue through the end of the year if Medi-Cal ended prior to July 1st. If your Medi-Cal terminated after July 1st, your Extra Help enrollment will actually continue until the end of 2024. So, it is a pretty longstanding protection for those in the Dual Eligible Special Needs Plans, if someone is dis-enrolled from that plan and loses their corresponding Part D prescription drug coverage, they do get a special enrollment period to enroll into a new prescription plan.

Individuals should promptly choose a new prescription plan. If you do not, Medicare will automatically enroll individuals into a new low cost prescription drug plan, but that plan may not align with the current prescriptions a person may have. So, advocates can refer to high cap or counseling on available Part D prescription drug plans. And then lastly, as we just covered, you can restore a Medi-Cal coverage if coverage was lost due to a procedural discontinuance using that 90 day cure period, or you can appeal.

So, this is just a quick example of a renewal process for Maria. Maria has Medi-Cal and her renewal month is September 2023. In July, the county attempted to renew Maria's Medi-Cal ex parte using information already in the case file, but they were not able to do so. So, they mail her a renewal packet to complete. That packet is due on or before September 30th. Maria completes the renewal packet and returns it in person at her local office. What happens if Maria returns her renewal packet on September 15th? The county must process her renewal packet as received. Her coverage will continue until the county reviews that renewal information and determines if she still meets Medi-Cal's eligibility criteria. The county must mail Maria a notice of action notifying her of their decision.

What happens if Maria ends up to returning her packet after the deadline of September 30th? Maria's Medi-Cal is terminated effective October 1st, the day after the September 30th deadline. That's considered a procedural discontinuance. The county did mail Maria a notice of action at least 10 days before September 30th notifying her of the upcoming termination if she did not complete the renewal information. So, what else can Maria do at this point? Maria does have that 90-day cure period. She can cure the termination by submitting her renewal information, the packet, between October to December 2023.

If she still meets the eligibility requirements, Medi-Cal will be reinstated and retroactive to October 1st. All right, so we covered the restart of Medi-Cal renewals and then we'll move into some of the Medi-Cal updates. So first, Enhanced Care Management and Community Supports are two new services that were introduced in 2022. Enhanced Care Management is the highest level of care management available to high need individuals and are offered to specific populations in Medi-Cal managed care plans.

Community supports itself are services that are similar to home and community-based waivers. They're offered by plans as a substitute for other Medi-Cal covered services. One of the goals of community supports is to keep individuals at home and in the community and they can include services such as medically tailored meals, housing transition assistance, as well as help with transitions out of a nursing home and back into the community. Based on data that's been released by the Department of Healthcare Services, we saw that about 109,000 people received Enhanced Care Management in 2022 and about 36,391 people received Community Supports in the first year of their release. Duly eligible individuals represent about 15% of the Enhanced Care Management population and about 21% of the Community Supports population.

A key feature of Community Supports is that it's an optional service for managed care plans to offer, and that means they are not uniform across the state. Managed care plans in each county may offer different variations of Community Supports. It is not a uniform benefit in all 58 counties in California. So, because of that, the current structure of Community Supports does allow for

some wide variation amongst Medi-Cal plans and that causes the potential to leave out impacted Californians. Duly eligible individuals already face very complex, near impossible Medicare enrollment choices. So, now you are also expected to review your Medicare enrollment choices, but you're also now expected to consider what community supports a Medi-Cal plan is offering when you make a Medi-Cal plan choice.

And that's because Community Supports are not uniform amongst the Medi-Cal plans. There's, like we said, a lot of variation in what plans are going to offer and there's a need for standardization and uniformity in Community Supports. We also saw in 2022 that even when Community Supports were offered by a plan, some plans reported zero utilization of that specific Community Support in 2022. So, Enhanced Care Management is available to individuals who fall under specific populations of focus. This is not an exhaustive list, but the populations of focus on this slide are more likely to include older adults and duly eligible individuals and people with disabilities.

In 2023, two new populations of focus were introduced. That's the adults living in the community and at risk for long-term care institutionalization, or adult nursing facility residents that want to and can safely transition back to the community. Enhanced Care Management is designed to help these specific populations of focus with very comprehensive care management and help with coordinating care and finding wraparound services as well as navigating the healthcare system and the other services and supports that will help folks with a successful transition back to the community, for example.

All Medi-Cal plans must offer Enhanced Care Management. And in 2024, another population of focus that is expanding will be for individuals that are transitioning from incarceration. This will then be a population of focus statewide in all Medi-Cal plans. Right now it is limited to only certain plans. It is a significant expansion because older adults, 55 and older, make up 15% of the population in carceral settings and the incarcerated population is getting older.

And then as you hopefully have heard already, the Medi-Cal asset limit will be completely eliminated in January 2024. Today, older adults and people with disabilities must meet both income and asset limits to qualify for Medi-Cal. Assets can include cash, savings, even a second vehicle. In July of 2022, the asset limit was increased to 130,000 for a single person and an additional 65,000 per household member. These asset limits will disappear in 2024 and California has already received federal approval to make this change. I'll note that assets that produce income can still be counted, but only the income that is produced is counted, not the value of the asset itself.

So, the elimination of the asset limits will apply to the Medi-Cal programs listed on this slide. These programs are what are considered non-modified adjusted gross income or non-MAGI programs. The programs on these slides have an asset limit today, and again, the asset limit will be eliminated in these categories

effective January 2024. The asset limit elimination is specific only to California's Medi-Cal program. It does not apply to other public benefit programs within California such as CalFresh. It also does not apply to people that are automatically linked to Medi-Cal through their receipt of another program such as CalWORKs or Supplemental Security Income or SSI.

People who are in SSI or CalWORKs must continue to meet those programs respective income and asset requirements. And also California's Medi-Cal program is a state-based program, so the asset limits in California are specific to California residents only. Asset elimination also does not change the rules on Medi-Cal estate recovery. California is required by federal law to seek recovery from the states of deceased Medi-Cal individuals in very limited circumstances. A state recovery then will continue even after the asset elimination, but there are exceptions that exist. You can learn more in the guide that I've linked to on this slide. It is put out by the California Advocates for Nursing Home Reform.

So, with about three and a half months left until January 2024, people who apply for Medi-Cal today could still be denied because they have assets higher than the current limits. If so, these individuals can reapply in January 2024 when the limits are eliminated altogether. You could also apply in December 2023, and if you do not meet the limits in December, the counties will assess for January eligibility. And then another change that's happening in the Medi-Cal program is the phase two of Medi-Cal's long-term care benefit. So, as part of a multi-year transformation happening now in the Medi-Cal program, Medi-Cal's long-term care benefit is being phased into Medi-Cal managed care plans in two phases.

In the first part, the skilled nursing facility benefit became a Medi-Cal managed care benefit earlier this year. So, individuals in skilled nursing care facilities were mandatorily enrolled into Medi-Cal managed care in January 2023. And in phase two, residents of sub-acute facilities and intermediate care facilities will also be enrolled into Medi-Cal managed care. The subacute facilities and intermediate care facility benefit will become the responsibility of managed care plans. This is mandatory, so there isn't a lot that can be done at this point, but it is part of the overall standardization that the Medi-Cal program is undergoing right now.

This transition is occurring in the counties where subacute and intermediate care facilities are not already a managed care benefit. There are about 31 counties where this change will take place. People that are affected will receive notices this fall. Plans will also conduct an outbound telephone campaign to alert folks of the transition. There's also some automatic continuity of care protections in place. Current residents of these facilities do not need to move for the first 12 months. They will get this automatic continuity of care and do not have to affirmatively ask for it. The goal is that in the initial 12 months, the plan and the facility will come to a mutual contract so that residents do not have to move after the initial 12 months.

There's also some specific protections for treatment authorizations and coverage of existing services, and those are also covered in the guide put out by the Department of Healthcare Services I've linked to on the resource page. We won't be able to go into a lot of those specific points right now just for the sake of time. And then these are the specific subacute and intermediate care facilities that are transitioning to managed care in 2024. So, there is a lot happening in the Medi-Cal world, as you can tell. Managed care plan enrollment options are also shifting in 2024. Due to the complexity and detailed nature of the changes on this slide, I'm only going to be providing a high level overview of the managed care plan changes.

A lot of these changes are very county level specific, so it will depend on the county of residents that a person is in. And there are a lot of resources and webinars that are being put out on this change that also go into more detail. These changes affect both people with Medi-Cal only and those that are duly eligible as well. So, first, the Medi-Cal plan choices are changing in 21 California counties starting 2024. Some commercial Medi-Cal plans will be newly entering a county as a Medi-Cal option. And then some existing current plans that are operating today will be leaving the market. They will no longer be a Medi-Cal plan in 2024. So, enrollees or members of plans that are leaving the Medi-Cal market will have to change their Medi-Cal plans in January 2024.

Secondly, in 17 counties, the county plan models are changing. So, some counties are moving to a single plan model where there will be only one local Medi-Cal plan available. Others are becoming county organized health system models where all Medi-Cal individuals are enrolled in the same Medi-Cal plan. And then lastly, in some counties, 32 counties, Kaiser Permanente will become an option, a direct plan option. So, Kaiser Permanente is a Medi-Cal option today, but they are a delegate to other primary Medi-Cal plans. Kaiser has now entered a direct contract with our Department of Healthcare Services and they will be a primary plan option for Medi-Cal individuals, but with some restrictions on enrollment.

Kaiser Permanente will be available in the counties where Kaiser operates today. Individuals that are duly eligible for Medicare and Medi-Cal can join Kaiser Permanente Medi-Cal plan if it's available in their county. There are other populations that can also join Kaiser Permanente, but it is not a open option for all Medi-Cal individuals. They have put out some restrictions on enrollment for now, but they are supposed to be temporary. So, on the individual side, some of these changes will be automatic and people will be automatically enrolled into a new Medi-Cal plan depending on their county. Those people do not need to take action. Others will have a choice in the Medi-Cal plans that are available to them, so it's important for those individuals to check their mail.

Notices are going out this fall. They are to start being in mailboxes October, and then other notices coming out in November and December. Current members of Medi-Cal plans that will be exiting the Medi-Cal market will keep their

enrollment through December 21st. They will not be disenrolled leading up to January 2024. There is also a freeze on new enrollment into the Medi-Cal plans that are exiting as well. This is to limit disruption since the exiting Medi-Cal plans will not be a Medi-Cal choice in January 2024. So, that enrollment freeze starts October 2023. So, that means individuals can no longer make a choice to join these exiting Medi-Cal plans, because there is no new enrollment after October 1st.

There's also continuity of care protections available for this transition as well. If someone is enrolled into a new Medi-Cal plan and then finds that their current provider does not contract with their new plan, they can ask for continuity of care for providers. That includes primary care providers and specialists. They have to demonstrate a preexisting relationship. The criteria is just that you have had a visit in the past 12 months. This is not an automatic protection. Individuals do have to ask for continuity of care for providers.

Other criteria is also just that beyond the existing relationship, there must not be any quality of care concerns with the provider itself, and the provider and the plan will come to an agreeable rate. For services, there's also continuity of care. If someone has an existing authorization for a service or a treatment prior to January, there is automatic continuity of care for six months. You do not need to get a new authorization for the initial six months in 2024. And then for people with chronic or complex conditions, there's also enhanced continuity of care protections for these groups as well. These so-called special populations do get enhanced protections. It could be people that are receiving enhanced care management or community supports or people that are on or have in-home supportive services or IHSS.

And again, the Medi-Cal agency has put out a very detailed guide on a lot of these protections that are in place as well. People that are in Medicare Medi-Cal plans or MMPs will also be impacted, but only in select counties. Medicare Medi-Cal plans are aligned, Dual Eligible Special Needs Plans and a matching Medi-Cal plan. Because some of the Medi-Cal plans are leaving in 2024, the Medicare D-SNP and the Medi-Cal plan will no longer be aligned, because that Medi-Cal plan will cease to operate as a Medi-Cal plan option. So, the Medi-Cal plan changes will affect duly eligible individuals that are living in San Diego, Riverside and San Bernardino and who are members of Aetna or Healthnet. They will remain in the Medicare plan, the Medicare Dual Eligible Special Needs Plan, but they will no longer be in the matching Medi-Cal plan.

So, they will be transitioned into a new Medi-Cal plan that is not affiliated with their Medicare D-SNP. They're going to be in mismatching or unaligned Dual Eligible Special Needs Plan and the Medi-Cal plan. These folks are also receiving a notice. They should also be getting what's called the annual notice of change that's happening later this month. And just as a refresher, Medicare Medi-Cal plans are what are called exclusively aligned Dual Eligible Special Needs Plans and the matching Medi-Cal plan. You are enrolled in two plans, but they are

operated by the same insurer. Medicare and Medi-Cal plans are integrated. They are limited to people that are duly eligible for Medicare and Medi-Cal. And the plans work together to coordinate to deliver services. It's built upon the Cal MediConnect model. It includes integrated notices and materials as well as integrated appeals.

These plans exist in seven counties today in 2023. They exist in Orange County, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara, and Los Angeles. This Medicare Medi-Cal plan model will be expanding in 2024. They will be newly available in five new counties and that's Fresno, Kings, Madera, Sacramento and Tulare. And then I've also linked just the current list of these Medicare Medi-Cal plans that are available in 2023. I also have some resources available to learn more about a lot of these transitions. I wish I could go into a lot more detail on all of these changes, but as you can tell there's quite a bit that's happening.

So, we've linked to several resources to learn more about these changes. There is a few on enhanced care management, the carbon of subacute and intermediate care facilities, as well as the managed care plan changes. And then for the Medi-Cal unwinding and a lot of the protections that are in place, I've listed the authorities for those as well as our Medi-Cal agencies renewal page on Medi-Cal renewals, the plan that they've put out for the restart of Medi-Cal renewals as well as that deeming period that I mentioned earlier. So, that concludes the substantive portion of our presentation and we have some time for some Q&A still.

Lauren Carden: Okay, thank you Tiffany. So, we did get a lot of questions and people can feel free to continue to add questions. Some of these are a bit of clarification, but just for the asset elimination, there were some questions on that. So, will the asset elimination apply to all adults over 60 who have Medi-Cal?

Tiffany Huyenh-Cho: It will apply to all adults over 60 who are on Medi-Cal through one of those categories that I listed. So, it would not apply to someone that is on Medi-Cal through their receipt of SSI or supplemental security income. People that receive supplemental security income do not have a separate application for Medi-Cal. They automatically receive Medi-Cal benefits because they're an SSI recipient. So, because of that, they would not be subject to the asset elimination because they are governed by the SSI program's rules. So, you would still need to meet the SSI program's income and asset limits itself. That's a very common question.

Lauren Carden: This one also related to the asset elimination. Are counties going to be revisiting beneficiary's eligibility, or is that an affirmative step that the beneficiary has to take if they were previously denied or have a high share of cost based on the asset?

Tiffany Huyenh-Cho: That's a good question. Unfortunately, they will not be revisiting eligibility for most people. If you applied for Medi-Cal in December and were denied because you were over asset, the counties will reassess you for January. Because in January there will be no asset limits, so they can't reassess someone for January eligibility. Share of cost Medi-Cal is separate than the asset limits. Share of cost is dependent on a person's monthly income. So, with the asset limit elimination, it will not affect a share of cost assessment. If your income has changed however, and you think the share of cost is incorrect, notify your county or you may be able to appeal, but it is separate than the asset elimination.

Lauren Carden: Speaking of the income limit, are there going to be any changes or increases to the income limit for Medi-Cal in 2024?

Tiffany Huyenh-Cho: The Medi-Cal income limits do go up usually each year by a small amount. For older adults such as the aged and disabled, 138% federal poverty level program, the poverty limits change every year. So, the income limits will likely increase by a small amount in the spring of 2024, but they aren't significant increases in the income limits.

Lauren Carden: Okay. We also got a lot of questions on the Medi-Cal managed care plan changes portion. And I think you may have gone over these after the question was asked, but is there a place that people can find out which counties are undergoing the Medi-Cal model change for 2024?

Tiffany Huyenh-Cho: Yes, definitely. I linked to the, I think on the resources slide it says the Medicare plan transition, that's the department's overall webpage on it. And on that page, I think right in the middle they have a link to the county level changes that are happening and the specific Medi-Cal plans that will be available in 2024 in each county.

Lauren Carden: So, let me know if this one is maybe too specific or it depends on the county, but someone also asked, do people have the opportunity to change plans year round or per quarter or only during an open enrollment period? And then will that be the same year for year for the Medi-Cal managed care plans?

Tiffany Huyenh-Cho: Yeah, for Medi-Cal managed care plans, yes, you can change each month. You can change once a month. There aren't restrictions on that. For people with Medicare that are in prescription drug plans or in a Part C plan, there are more limits on enrollment into the Medicare piece of that. But for the Medi-Cal plan side, yes, if you have a choice in Medi-Cal plans, you can change once a month.

Lauren Carden: And then again, I think you may have mentioned this, but someone asked, will all participants of Medi-Cal receive a notification about the new Medi-Cal managed care plans if they're going to need to choose a new plan?

Tiffany Huyenh-Cho: Yes. Anyone that is impacted by those changes will get a notice. This is a big change that's happening throughout California. There isn't really a choice if your

Medi-Cal plan is simply leaving the market. And the department understands that could be a disruption in care, so they want to make sure that folks are notified of those changes and can make any plans accordingly if they need to. So, they all will be getting multiple notices in the mail. And the hard part, I think that's what's happening, is we have the Medi-Cal renewals that are restarting, so mail is coming because of that. And then we also have some Medi-Cal plan changes that are coming, so there is quite a bit that folks need to be aware of right now. And so part of our goal is just to educate advocates and individuals themselves because this is a time period where there's just a lot of pieces that are moving at once.

Lauren Carden: Okay. One question on the cure period, the 90-day cure period, can a Medi-Cal beneficiary seek an extension of that cure period, or is it a firm 90 days and then they have no other options?

Tiffany Huyenh-Cho: It is 90 days only for the cure period itself. If you miss the cure period, you can always reapply. You could reapply for Medi-Cal and then qualify, have Medi-Cal ongoing. The cure period will allow for retroactive Medi-Cal. You don't have to reapply for it itself, but you don't necessarily have no other options after the cure period, but you would need to reapply for Medi-Cal itself.

Lauren Carden: Okay. I think a lot of questions are very county specific. So, Tiffany, I don't know if you were able to, after the webinar, maybe answer some of those questions individually for folks who we aren't able to answer in this call?

Tiffany Huyenh-Cho: Yes, I will get a copy of all of the questions that have been asked and I can follow up afterwards. And really appreciate everyone's engagement. And if you have other questions that come out, my email is on the slide, so feel free to reach out as well. So, thank you everybody.

Lauren Carden: Yeah, thank you Tiffany. And thank you everyone for attending. Also, if you didn't get a chance to ask a question, you can always email us or Tiffany if you have a question that comes up after this recording. Okay. Thank you everyone and I hope you have a good afternoon.