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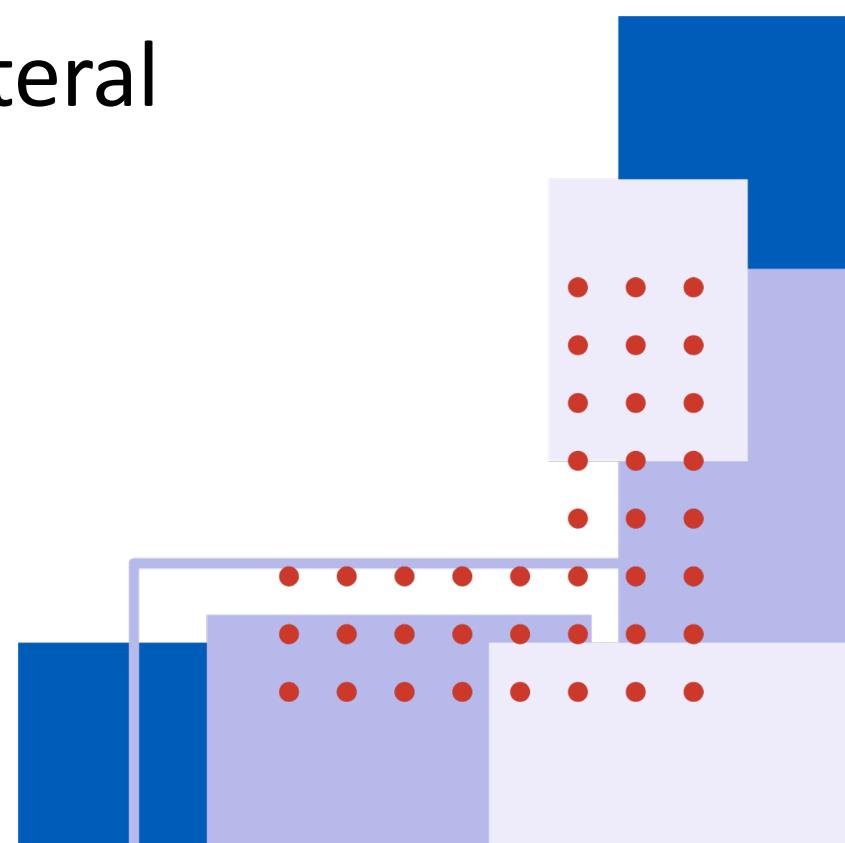
Medicare Advantage Dual Eligible Special Needs Plans

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What is Medicare?

- Medicare is a federal health insurance program administered by the Centers for Medicare & Medicaid Services (CMS).
- Medicare serves:
 - individuals age 65 or older (with sufficient work history of 10 years);
 - individuals under 65 with long term disabilities; and
 - individuals with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS).



Medicare Beneficiaries Choose Between

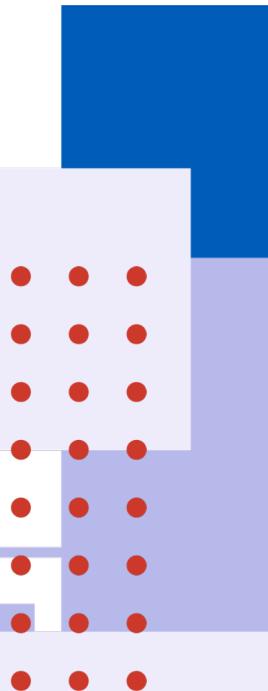
Two Coverage Options

- “Original” or “Traditional” Medicare:
 - Pays providers on a fee-for service (FFS) basis
 - Provides benefits required under federal law
 - No limits on beneficiary annual out-of-pocket expenses
 - Beneficiaries can see any provider or any facility that accepts Medicare
- Medicare Advantage:
 - Also known as Medicare managed care
 - Offered by health plans
 - Provide FFS benefits and can offer additional benefits (e.g., vision, dental)
 - Annual cost-sharing is limited

Health Plans Bid to Offer Medicare

Advantage Coverage

- Each year, health insurance plans submit bids to federal Centers for Medicare & Medicaid Services (CMS) for each county in which they want to offer Medicare coverage.
 - Because plans choose the counties they want to participate in, Medicare Advantage is not available in every county in California.
 - CMS provides a tool to find out if Medicare Advantage is available in a county:
<https://www.medicare.gov/plan-compare>
- Bids are due to CMS on the first Monday in June for the coming year; CMS publishes the approved plans before October 1st in time for Medicare's annual open enrollment period (October 15 – December 7).



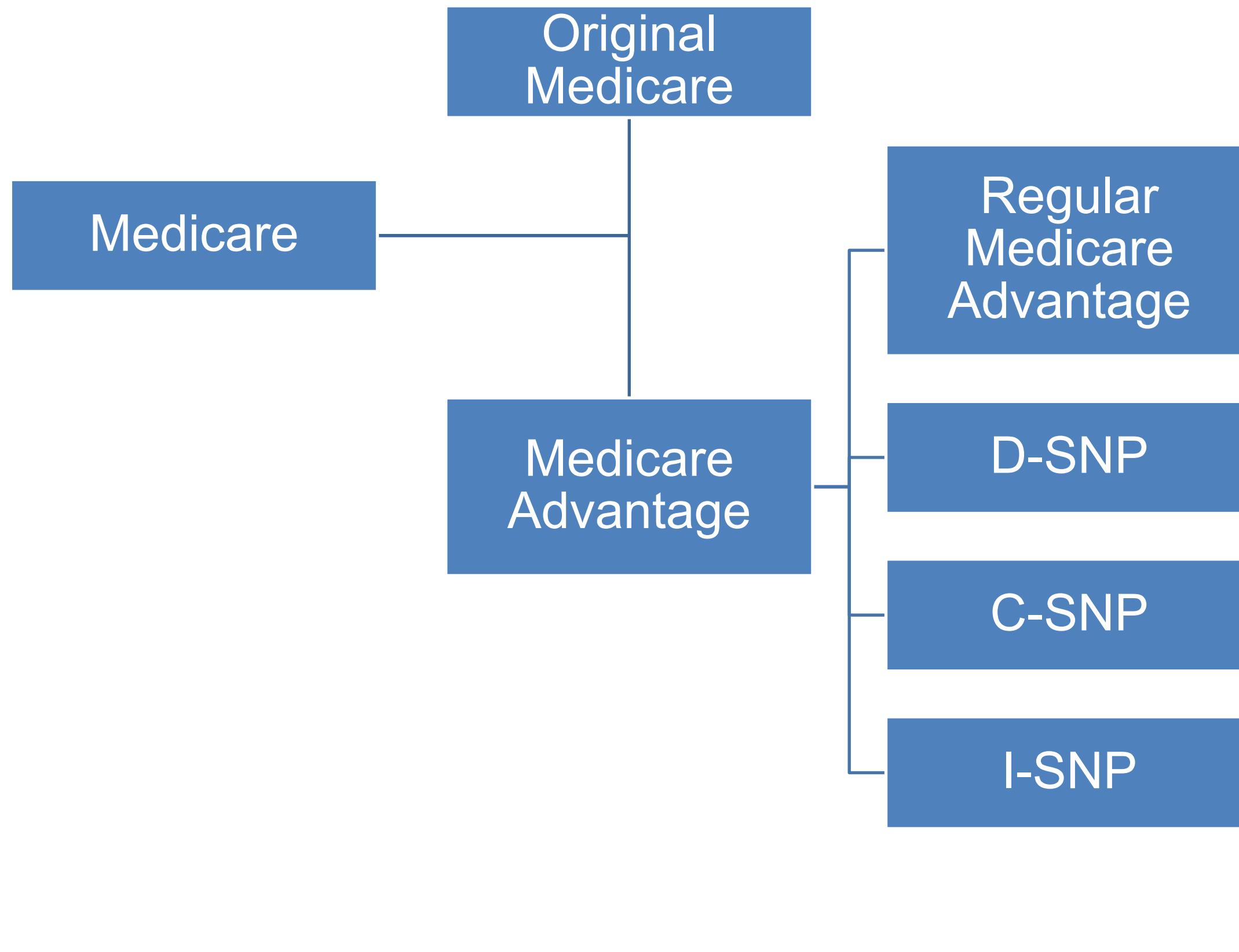
Dual Eligibles: The Basics

- Sometimes referred to as “Medi-Medi’s,” these are individuals who are eligible for and receiving both Medicare and Medicaid (Medi-Cal) benefits.
- There are approximately 1.8 million dual eligibles in California (12.4% of the total Medi-Cal population).
- Generally, most dual eligible individuals are 21 years and older.
- Nationally, 40% of duals are under the age of 65.
- 4 in 10 live on less than \$10,000 annually.
- Roughly half report having a mental health condition, and 1 in 6 has an intellectual or developmental disability.

Dual Eligible Individuals Can Choose Between Medicare FFS and Medicare Advantage

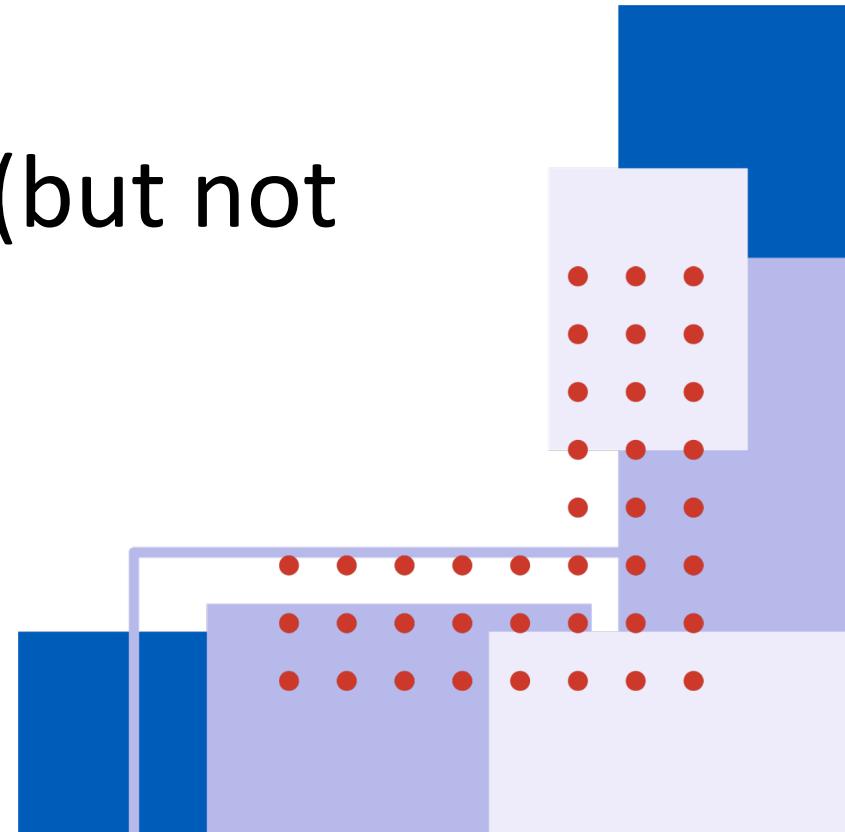
- Like all Medicare beneficiaries, dual eligible individuals can:
 - Receive medical services through traditional Medicare fee-for-service (“Original Medicare”)
 - Receive medical services through Medicare Advantage health plans
 - Receive medical services through specialized Medicare Advantage products
 - Dual Eligible Special Needs Plan (D-SNP)
 - Chronic Condition Special Needs Plan (C-SNP)
 - Institutional Special Needs Plan (I-SNP)
 - Receive medical services through a PACE plan
- For Medicaid, dual eligibles can receive Medicaid services through fee-for-service or from a Medicaid managed care plan (depending on state policy).

D-SNPs are Part of Medicare Advantage



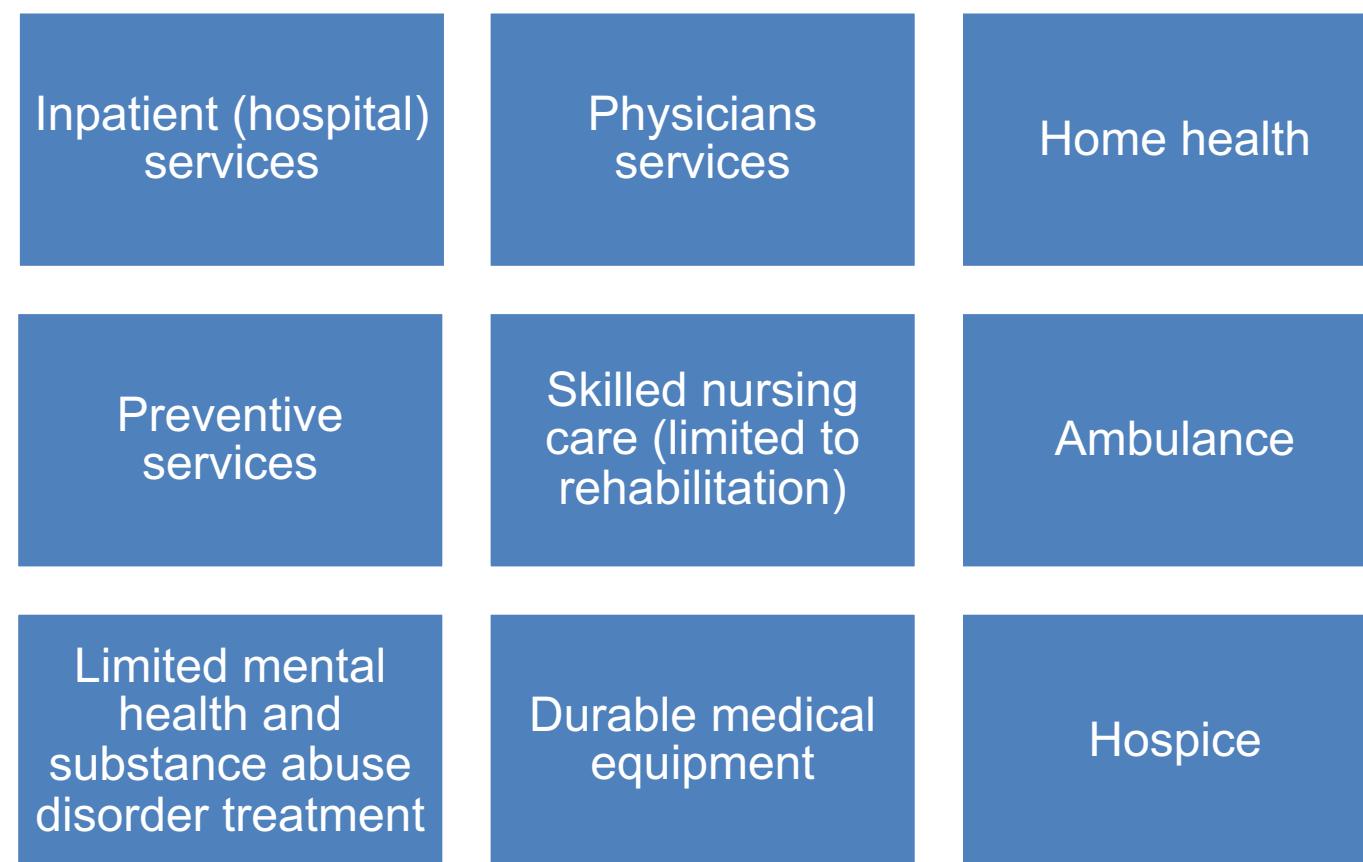
D-SNPs are Growing in California

- D-SNPs are a type of Medicare Advantage plan that only enroll duals
 - Enrollment in a D-SNP is not subject to annual open enrollment rules
 - Higher acuity patients = higher capitation payments
- Most recent data shows 26% of dual eligible individuals are enrolled in a D-SNP.
- Nationally, health plans want the higher capitation payment (but not necessarily the higher acuity and associated costs).



What do D-SNPs cover?

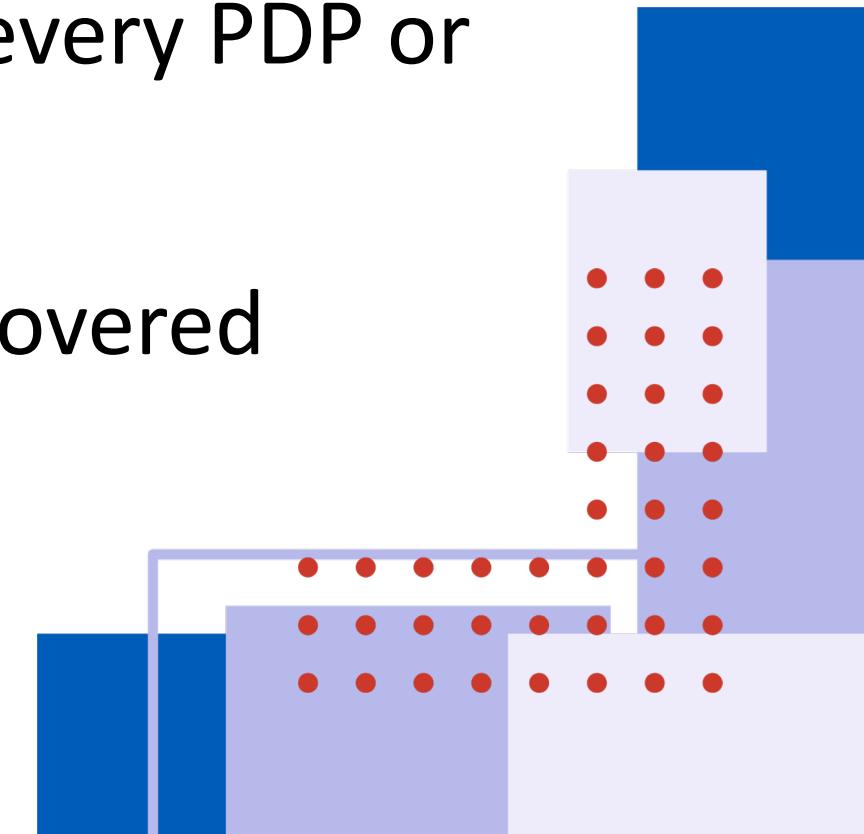
- D-SNPs are required to provide the same benefits as Original Medicare:



- Like other Medicare Advantage plans, D-SNPs also can voluntarily provide “extra” benefits not otherwise covered by Medicare.

D-SNPs May Cover Pharmacy Benefits ...

- But, then again, another plan could provide pharmacy benefits!
- Dual eligible members, like regular Medicare enrollees, must enroll in a Medicare Advantage Prescription Drug Plan (MAPDP) or a standalone prescription drug plan (PDP).
- There are dozens (if not hundreds!) of MA-PDP and PDP options.
- While dual eligibles are generally protected from cost-sharing, not every PDP or MA-PDP guarantees no-cost coverage for dual eligible enrollees.
- State Medicaid programs may (but are not required) to pay any uncovered portion of the premium or coinsurance.



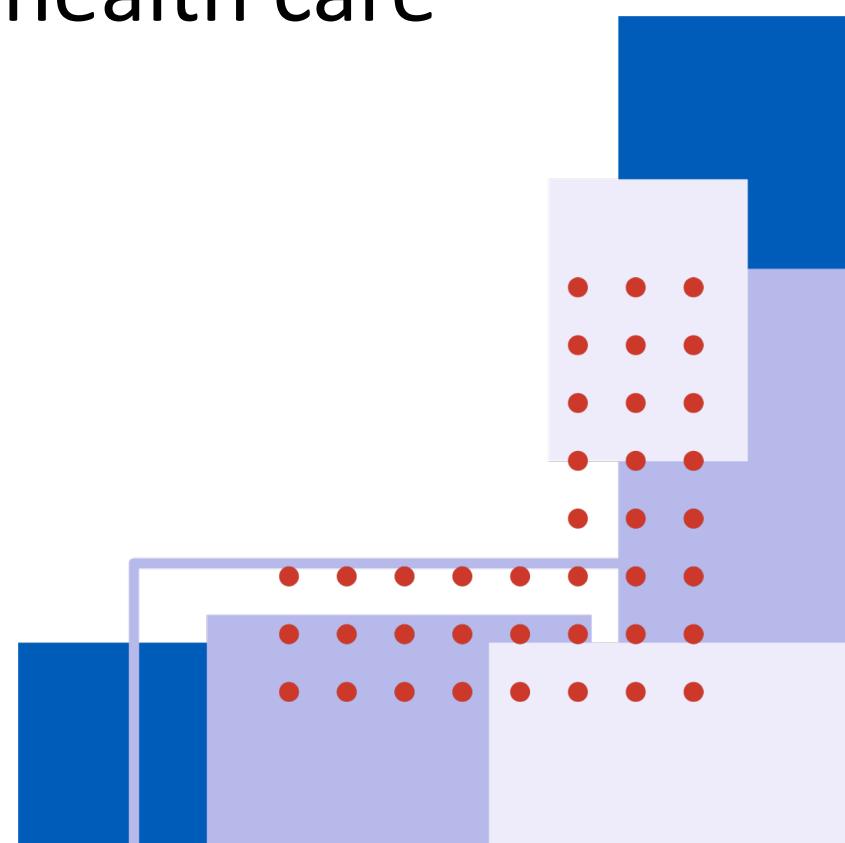
Medi-Cal Coverage for Duals:

Medi-Cal “Wraps Around” Medicare

- Medi-Cal FFS and/or the Medi-Cal plans cover what Medicare does not for the dual eligibles:
 - Vision
 - Dental (dental is largely fee-for-service)
 - Long-term care (residential skilled nursing care)
 - In-Home Supportive Services (carved out to Dept of Social Services)
 - Community-Based Adult Services (CBAS)
 - Specialty Mental Health (carved out to county Behavioral Health plans)
- For the duals, Medicare is the primary payer, and Medi-Cal is the secondary payer.

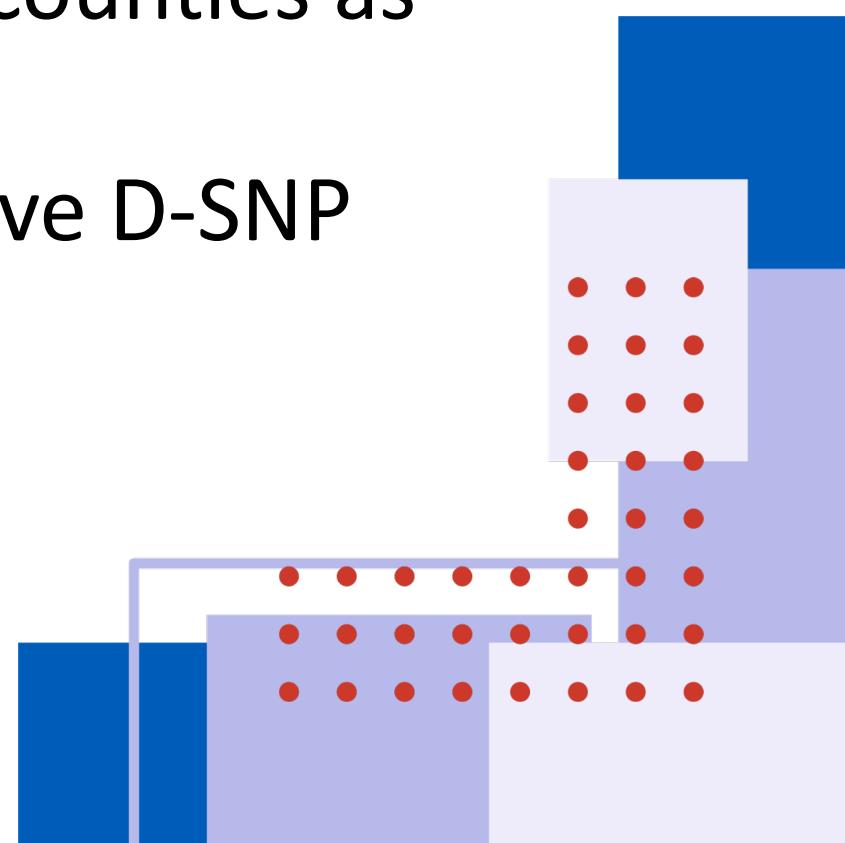
Unicorns of Dual Coverage

- PACE (Program of All-Inclusive Care for the Elderly)
 - There are many PACE organizations (over 30) in 27 counties
- FIDE-SNP (Fully-Integrated Dual Eligible Special Needs Plan)
 - In California, there is a single FIDE-SNP: SCAN Health Plan.
 - SCAN serves Los Angeles, San Bernardino, Riverside, and San Diego counties.
- Beneficiaries enrolled in either PACE or FIDE-SNP receive all of their health care through a single entity (both Medicare and Medicaid benefits).



Major Changes in California

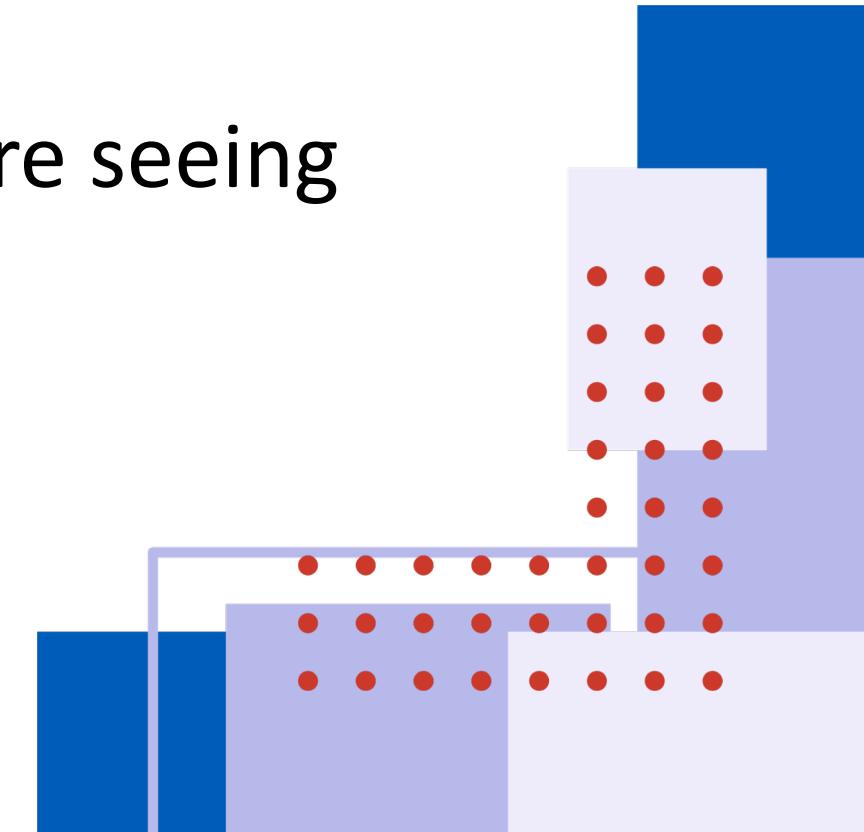
- Starting in 2022 under CalAIM, California required some Medi-Cal managed care plans to offer a D-SNP.
- Dual individuals were mandatorily enrolled in the Medi-Cal plan for MEDICAID benefits, and the plan could try and encourage the individual to also enroll in the companion D-SNP for their MEDICARE benefits.
- This initiative, originally offered in 12 counties, has expanded to 41 counties as of January 2026.
 - Most of the counties served by Partnership Health Plan do not have D-SNP option.



Dual Eligibles & CalAIM Benefits:

Community Supports

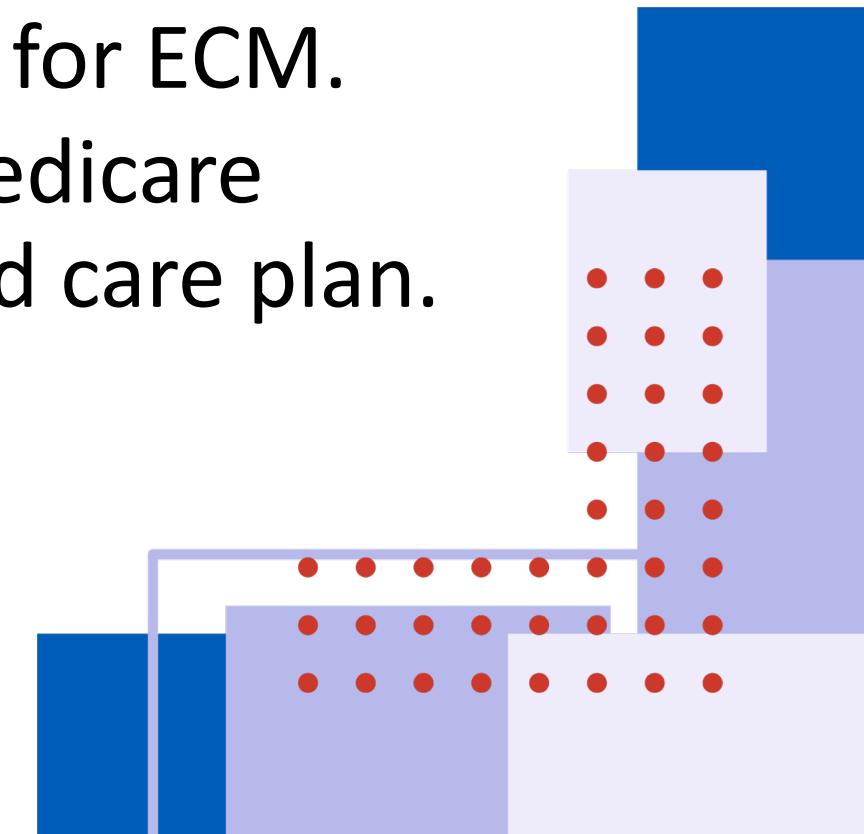
- CalAIM's Community Supports are available to dual eligibles:
 - Dual eligibles access these services just as other Medi-Cal enrollees do and must meet eligibility criteria to access Community Supports (determined by each Medi-Cal managed care plan)
- Community Supports are offered at the option of the health plan.
- As plans gain more experience with the Community Supports, we are seeing changes in eligibility, authorization requirements, contracting, etc.



Dual Eligibles & CalAIM Benefits:

D-SNP Enrollees Are Not Eligible for ECM

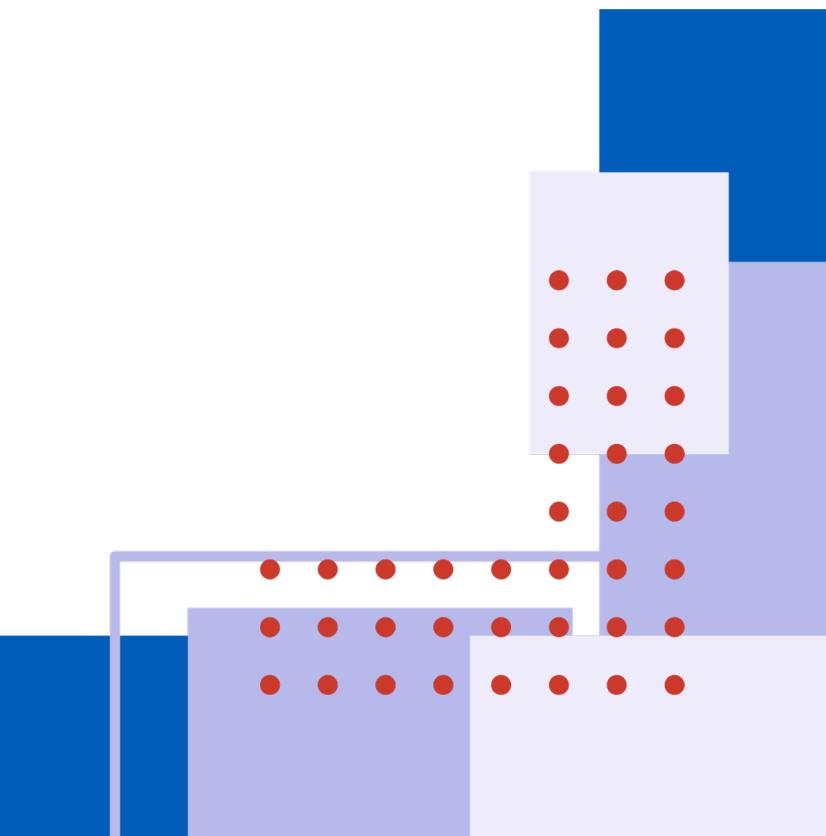
- Dual eligibles enrolled in a D-SNP CANNOT receive Medi-Cal Enhanced Care Management (ECM).
- Instead, D-SNPs are required to offer a similar benefit, known as California Integrated Care Management (CICM).
- However, dual eligibles who are not enrolled in a D-SNP are eligible for ECM.
 - This means dual eligibles in Original Medicare or a non-D-SNP Medicare Advantage plan can receive ECM through their Medi-Cal managed care plan.



CICM is Similar ... But Not Identical to ECM

- Care management is provided by a dual eligible's D-SNP, including clinical care management for chronic conditions.
- Plans can provide CICM services in-house rather than contract with community-based providers.
- Available to the following Populations of Focus:
 - Adults Experiencing Homelessness
 - Adults At Risk for Avoidable Hospital or Emergency Department Utilization
 - Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
 - Adults Transitioning from Incarceration
 - Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization Adult Nursing Facility Residents Transitioning to the Community
 - Adults who are Pregnant or Postpartum and Subject to Racial and Ethnic Disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity)
 - Adults with Documented Dementia Needs

Questions?



Thank you!

