



## In Alignment: CalAIM's Plan to Coordinate Care for Dual Enrollees in Medicare and Medi-Cal

People who are eligible for both Medicare and Medicaid (“dually eligible”) often have complex care needs and account for a disproportionate share of spending in both programs compared to non-dually eligible people.<sup>1</sup> Dually eligible Californians are disproportionately people of color compared with the state’s overall Medicare population and the state’s population as a whole; nationally, dually eligible people from communities of color have poorer experiences of care and worse health outcomes than those who are White.<sup>2</sup> Dually eligible people typically receive their Medicare and Medicaid benefits from different delivery systems, which can result in uncoordinated, fragmented care that can be very difficult for a consumer to navigate.<sup>3</sup> Currently, only about 8% of California’s 1.6 million dually eligible people receive their Medicare and Medicaid benefits through a system that integrates those benefits.<sup>4</sup>

California’s Department of Health Care Services (DHCS) is implementing an ambitious, multi-phased initiative to improve the care delivered by Medi-Cal called CalAIM (California Advancing and Innovating Medi-Cal).<sup>5</sup> This initiative seeks to streamline care and improve outcomes for dually eligible Californians (among other populations), while also increasing administrative alignment for plans and the state.<sup>6</sup> To accomplish this goal, over the next several years, dually eligible Californians will have the option to enroll in Medicare Medi-Cal Plans (MMPs).<sup>7</sup> MMPs are Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) that are “aligned” with a Medi-Cal managed care plan (MCP) from the same parent organization. By 2026, all dually eligible people will have the option to enroll in these aligned plans through

a process that the Centers for Medicare & Medicaid Services (CMS) calls “exclusively aligned enrollment” (EAE).<sup>8</sup> The intent of aligned MMPs is for one plan to be responsible for coordinating across all Medicare and Medi-Cal benefits and to make it easier for dually eligible Californians to navigate both systems through comprehensive care management, streamlined member notification materials, a single insurance card for both plans, single provider directories and prescription formularies, and a unified grievances and appeals process.<sup>9</sup>

*“Having Medicare and Medi-Cal benefits managed by the same organization, as it is for MMPs, is an important component of CalAIM and aligns with the Department’s Managed Long-Term Services and Supports (MLTSS) strategy.”*

– California Department of Health Care Services (DHCS)

Source: [“Dual Eligible Special Needs Plans in California,”](#) California DHCS, accessed August 9, 2022.

This issue brief provides an overview of the planned transition to MMPs in California, describes evidence supporting why integrated, aligned care is better for dually eligible people, and shares lessons from several state leaders who were interviewed about their experiences integrating care for this population.

# Transitioning Dually Eligible Californians to Aligned Medicare Medi-Cal Plans

California will gradually phase in this new approach to aligning and integrating care through Medicare Medi-Cal Plans (MMPs) for dually eligible people over several years.

## MMPs available in Coordinated Care Initiative counties:

- **January 2023.** In the first phase, Medi-Cal managed care plans (MCPs) in the seven Coordinated Care Initiative (CCI) counties will establish MMPs and will transition members of Cal MediConnect (CMC) plans into MMPs by January 1, 2023.<sup>10</sup> While CMC plans already provide Medicare and Medi-Cal benefits through a single integrated plan, the federal demonstration authority for CMC expires at the end of 2022. At that time, the state will transition current CMC members into MMPs. Notifications to people affected by this change began in October 2022.<sup>11</sup> Dually eligible people in these counties who are not currently CMC members also will have the option to enroll in MMPs starting in 2023. While the plans in these counties have experience coordinating Medicare benefits through CMC, they will be making adjustments with the introduction of MMPs.

## MMPs available statewide:

- **January 2026.** In the second phase, all other Medi-Cal MCPs across the state are expected to develop MMPs by January 2026. Plans in some counties may implement MMPs sooner than 2026. In addition, DHCS may provide three-year exemptions from the requirement for some MCPs.<sup>12</sup> Many of these plans will be providing Medicare benefits for the first time.

California will use exclusively aligned enrollment (EAE) to maximize the number of dually eligible people in aligned MMPs. The state's EAE strategy will require enrollment in an aligned Medi-Cal plan if an enrollee chooses an MMP.<sup>13</sup> Thus, when dually eligible people enroll in an MMP, they will be mandatorily enrolled into an aligned Medi-Cal plan. Also, when dually eligible people are already in a Medi-Cal plan that aligns with their MMP, they will be required to stay in that Medi-Cal plan.

Because federal rules prohibit Medicare enrollees from being mandated into any Medicare managed care (including MMPs), existing Medicare options will still be available to dually eligible Californians across all counties.<sup>14</sup> For example, dually eligible people will still have the option to change their current MA plan or enroll in fee-for-service (FFS) Medicare. However, education and outreach efforts will inform dually eligible Californians, and those who assist them, about the advantages of enrolling in an aligned MMP.

## Why Aligned Medicare Medi-Cal Plans?

**Improving experience through greater integration.** California chose to use aligned MMPs because they offer greater integration and simplicity for both people who are dually eligible and for the plans that administer both Medicare and Medi-Cal. Nonaligned, non-integrated Medicare and Medi-Cal can be confusing and fragmented. For dually eligible people, having to navigate both programs can result in confusion about available benefits and provider networks. Nonaligned care can also produce financial incentives that contribute to delays or gaps in care. Below are some examples of how MMPs may address these problems:

- **Care Coordination:** When dually eligible people have nonaligned care, they may end up with different care coordinators from different plans and providers, causing duplication and confusion. With aligned MMPs, there will be one care coordinator across both Medicare and Medi-Cal benefits. The care coordinators must be trained on the full spectrum of Medicare and Medi-Cal long-term services and supports (LTSS) programs, including payment and coverage rules for both home and community-based services (HCBS) and long-term institutional care.<sup>15</sup>
- **Durable Medical Equipment:** Both Medi-Cal and Medicare cover durable medical equipment (DME), but Medi-Cal’s coverage is broader. However, Medicare is the primary payer (i.e., must be used first before Medi-Cal coverage begins). Thus, if a dually eligible person in nonaligned plans needs DME that is only covered under Medi-Cal, oftentimes Medicare must first deny the DME claim before Medi-Cal provides the equipment. This process can cause potentially dangerous delays in enrollee receipt of DME.<sup>16</sup> With MMPs, DME will be coordinated across the two types of coverage which may prevent delays.
- **Non-Medical Supports:** Dually eligible people in California can receive nonmedical “Community Supports” from their Medi-Cal plan, but also are sometimes eligible for special supplemental benefits from an MA plan.<sup>17</sup> Aligned MMPs will coordinate these various nonmedical benefits to ensure that services that address social needs and social determinants of health are streamlined and maximized.<sup>18</sup>

### Benefits of Aligned MMPs

Aligned MMPs will ensure that dually eligible Californians can more easily navigate their Medicare and Medi-Cal benefits through the following integrated materials and requirements:

- Member handbook
- Annual notice of change
- Summary of benefits
- Provider and pharmacy directory
- One drug formulary
- Integrated member notification materials
- Single member ID card to access both services
- Unified grievances and appeals process
- One customer service number

Source: [CalAIM MLTSS and Duals Integration Workgroup](#), May 19, 2022.

**Improving outcomes and satisfaction.** Research has demonstrated that integrating care for dually eligible people can improve some outcomes. A study comparing outcomes for dually eligible people in integrated models to people in regular, nonaligned MA plans found that many of the more integrated models were associated with an increase in HCBS and less institutionalization (see Table 1).<sup>19</sup> While there is little evidence that fully integrated models consistently reduce costs, studies focusing on the experiences of dually eligible people in these models showed high ratings related to quality of care and access to care with overall satisfaction increasing over time.<sup>20</sup>

Table 1. Types of Integrated, Coordinated, and Aligned Models for Dually Eligible People

LEVEL	MODEL	STATUS
FULLY INTEGRATED	Program of All-Inclusive Care for the Elderly (PACE) provides fully integrated Medicare, Medicaid, and long-term services and supports (LTSS) for people age 55 or older who live in the community but have functional impairment that would otherwise require them to live in a nursing home. <sup>21</sup>	PACE programs are geographically limited to a specific site and region. <sup>22</sup> There are fewer than 50,000 PACE enrollees nationwide and only 16,000 in California. <sup>23</sup>
FULLY INTEGRATED	Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) integrate Medicare and Medicaid benefits (including LTSS and behavioral health) under a single managed care organization. <sup>24</sup>	There is one FIDE-SNP authorized in California, which serves more than 15,000 dually eligible people with high level of care needs in four southern counties. <sup>25</sup>
FULLY INTEGRATED	Financial Alignment Initiative (FAI) plans operate within a fully integrated model that provides Medicare and Medicaid under one managed care plan. <sup>26</sup> In California, the FAI plans (called Cal MediConnect plans) were developed as part of a federal demonstration that will end on December 31, 2022. <sup>27</sup>	Approximately 112,000 dually eligible Californians were enrolled in Cal MediConnect plans in 2022 and will be transitioned to Medicare Medi-Cal Plans (MMPs) on January 1, 2023. <sup>28</sup>
ALIGNED	Medicare Medi-Cal Plans (MMPs) in California are a type of Exclusively Aligned Enrollment Dual Eligible Special Needs Plan (D-SNP) that require their enrollees to receive their Medi-Cal benefits through the Medi-Cal managed care plan operating under the same parent company. These plans will provide comprehensive care coordination across Medicare and Medi-Cal benefits, and streamline enrollee experiences, such as integrating member notification materials, grievances and appeals processes, and a single drug formulary.	MMPs will begin enrollment in Coordinated Care Initiative (CCI) counties in January 2023 and will be available in all counties in January 2026.
COORDINATED	Dual Eligible Special Needs Plans (D-SNPs) are a type of Medicare Advantage (MA) plan intended for dually eligible people. D-SNPs are required to coordinate all Medicare and Medicaid benefits. However, in California some D-SNPs are not affiliated with Medi-Cal plans, or some D-SNP members are not enrolled in Medi-Cal plans under the same parent company, making such coordination more difficult. <sup>29</sup>	In 2021, 35 D-SNPs operated in California, with just over 150,000 dually eligible enrollees. <sup>30</sup>
NO INTEGRATION	Medicare Advantage (MA) Plans are a type of Medicare managed care plan that Medicare beneficiaries can opt into. The average American has 39 different MA plans to choose from. <sup>31</sup> For dually eligible people, non-D-SNP MA plans do not coordinate with Medi-Cal benefits.	In 2022, more than 48% of California Medicare beneficiaries were enrolled in an MA plan, slightly higher than the national average of 43%. Among dually eligible Californians, 43% were enrolled in an MA plan (including D-SNPs). <sup>32</sup>
NO INTEGRATION	Fee-for-service (FFS) Medicare (often called “original” or “traditional” Medicare) does not have an organized delivery system. Enrollees can go to any certified Medicare provider that is paid by the federal government. FFS Medicare providers do not coordinate with Medi-Cal.	In 2022, a higher proportion of dually eligible Californians were in FFS Medicare (57.3%) compared to the national average (47.3%). <sup>33</sup>

Source: Author analysis of data from multiple sources.

# Medicare Medi-Cal Plan Implementation Considerations

As California prepares for implementation of MMPs, stakeholders can draw from the state's own experience of integrating care through CMC as well as the experiences of other states that have implemented aligned enrollment D-SNPs.<sup>34</sup> Potential implementation challenges drawn from literature reviews and key informant interviews are described below, along with strategies for addressing those challenges.

**1. Medi-Cal managed care plans that create MMPs may experience financial impacts.** An independent contractor conducted a feasibility study for California's DHCS which was released in July 2022.<sup>35</sup> The study identified potential financial implications for Medi-Cal managed care plans (MCPs) as they launch MMPs, including the risk that insufficient numbers of dually eligible Californians will elect the MMP, which would make it difficult for plans to recoup start-up development costs. The feasibility study also pointed out that plans in rural areas and those in areas with excessive volume of competing nonaligned MA plans could face more financial risk.<sup>36</sup>

## Strategies to address financial challenges:

- **Improve quality scores to increase reimbursement.** The feasibility study suggested that MMPs should work to increase the quality of their plan to achieve a high (i.e., 4-5 star) rating to receive a 5% bonus from CMS and reduce administrative expenses.
- **Accurately assess MMP enrollee care needs to ensure appropriate reimbursement.** The feasibility study also suggested that MMPs more accurately capture members' "risk scores" to ensure proper reimbursement for those with complex needs.<sup>37</sup> For example, leaders of Massachusetts' financial alignment initiative

(FAI) plan, One Care, found that the risk-adjustment techniques initially used by both Medicare and Medicaid to set capitated payment levels for plan members contributed to early financial losses because they vastly underestimated the volume and scope of members' problems. More thorough member assessments, better documentation, and more accurate coding enabled the plan to reclassify roughly 25% of its members into higher-risk categories.<sup>38</sup>

- **Secure additional funds to support start-up.** One MCP in California suggested that financial risk could be ameliorated if the state offered up-front investment funds to plans to ensure that they could withstand financial losses in the first few years of implementation.<sup>39</sup>

*"We saw folks who we thought were one level of need, but once they got onto a One Care plan... and had an actual assessment, they turned out to be much more complex."*

— Daniel Tsai, former assistant secretary for MassHealth and Massachusetts Medicaid director.

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Source: Sarah Klein, Martha Hostetter, and Douglas McCarthy, "The 'One Care' Program at Commonwealth Care Alliance: Partnering with Medicare and Medicaid to Improve Care for Nonelderly Dual Eligibles," (PDF), The Commonwealth Fund, December 2016.

- 2. Expect a steep learning curve for Medi-Cal plans developing Medicare products for the first time.** Some Medi-Cal plans developing MMPs and engaging in Medicare for the first time have acknowledged that they have much to learn about Medicare benefits and markets.<sup>40</sup> California has been offering technical assistance to plans across the state in a number of different venues and will continue to do so through 2026.

### Considerations to address learning curves for MCPs:

- **Learn from Cal MediConnect (CMC).** California's CMC plans began providing integrated Medicare and Medi-Cal benefits in 2014, and lessons learned from that demonstration can inform MCPs that are beginning their own development plan. Several evaluation reports that included focus groups with dually eligible Californians (i.e., both those who chose CMC and those who opted out), a longitudinal telephone survey with members, and key informant interviews with providers can help new plans digest lessons learned.<sup>41</sup> Many of those lessons learned have been incorporated into California's MMP policy.
- **Organize more listening sessions with dually eligible Californians to learn what would help them choose MMPs.** One MCP suggested that the state conduct focus groups with dually eligible Californians to provide insight to plans about how to effectively design benefits, how to market or brand plan offerings, and how to communicate effectively with their target population.
- **Increase Medicare expertise at Medi-Cal plan organizations.** The Center for Health Care Strategies is conducting a Medicare Academy for state staff from across the country to help them develop expertise in the Medicare program to integrate care more effectively for dually eligible people.<sup>42</sup> A similar model could be provided to MCPs developing MMPs.

**3. MMPs may face challenges recruiting Medicare providers into their networks.** Robust MMP provider networks that include the Medicare providers that already see dually eligible people are a key to encouraging people to join or remain members. For example, one of the primary reasons many dually eligible Californians opted out of CMC was because their specific Medicare provider was not in the CMC network and they did not want to change providers.<sup>43</sup> Provider perceptions of lower

reimbursement rates, delayed payouts, risk sharing, and financial disincentives led some Medicare providers to decline participation in CMC.<sup>44</sup> Thus, MMPs, especially those new to Medicare, must work to include their enrollees' Medicare providers into their networks. DHCS included network adequacy requirements to support continued access to existing providers for Medi-Cal enrollees who are transitioning from CMC to an MMP, and will be releasing additional network guidance for MMPs.<sup>45</sup>

### Strategies to address provider network development and robust enrollment:

- **Increase payment to providers to encourage them to join the network.** One MCP that is conducting its own feasibility study reported in an interview that to recruit Medicare providers they would need to increase rates to at least 110% of standard FFS Medicare rates.<sup>46</sup> However, the feasibility study suggested that plans would need to limit Medicare reimbursement rates to no higher than 105% of FFS Medicare rates to remain financially strong.
- **Use data on current FFS Medicare providers to target outreach.** MCPs must do their best to include enrollees' current providers in their networks. One MCP suggested that the state could provide more data to help them better target provider outreach. For example, they were interested in the state providing lists of FFS Medicare providers that their Medi-Cal members were seeing to be able to target them during their Medicare network development.<sup>47</sup> Experience from CMC underscores the importance of engaging and educating potential Medicare providers on the benefits of the aligned plans for both members and providers.<sup>48</sup> DHCS continues to conduct provider outreach and engagement to educate this audience about the benefits of MMPs.

**4. MMPs will need to attract sufficient numbers of people to enroll in their plans to remain financially viable.** The state cannot passively enroll people into MMPs as it did during the CMC, as that strategy is only available under a federal waiver.<sup>49</sup> Passive enrollment also has been shown to result in lower satisfaction among enrollees.<sup>50</sup> However auto-enrollment could be possible as Medi-Cal beneficiaries age-in to Medicare — a strategy used in other states. Nevertheless, MMPs will need to develop strategies to attract members to actively choose their MMP. Once a dually eligible Californian chooses an MMP, they will be automatically enrolled into the matching Medi-Cal plan.

**Considerations to address enrollment challenges:**

- **Develop targeted outreach and marketing strategies to help people understand the benefits of coordinated and integrated care, and to encourage MMP enrollment.** Nationally, Medicaid programs have used a variety of strategies to maximize enrollment, include combining broad mass communication with localized grassroots efforts, implementing personalized enrollment assistance, harnessing data to target potential enrollees, and using principles of health literacy to create marketing materials.<sup>51</sup> (For detailed information about notifying Medi-Cal enrollees about transitions, see *Easing Transitions: CalAIM's Changes for California's Older Adults and People with Disabilities*.<sup>52</sup>)
- **Focus on individualized information and outreach.** A study of CMC enrollees showed most enrollees felt that the written notifications and enrollment information they received did not give them the information they needed about their specific care or their providers to feel confident staying in the plan.<sup>53</sup> A plan in Massachusetts used individualized outreach and collaborated with trusted partners to support enrollment into their FAI plan for dually eligible

people. As a result, their opt-out rate was much lower than California's CMC program.<sup>54</sup>

- **Mobilize partner organizations to assist.** Arizona and Pennsylvania worked with specially trained consultants to help dually eligible people with enrollment. In Arizona, the Medicaid office collaborated with the state's Aging and Disability Resource Centers and State Health Insurance Assistance Program counselors to help enrollees understand their options. Pennsylvania required D-SNPs to work with the state's independent enrollment broker to assist with Medicaid enrollment.<sup>55</sup> DHCS is working with state partners, such as the California Department of Aging and California Department of Insurance, to ensure local outreach and engagement with the Health Insurance Counseling and Advocacy Program (known as HICAP, California's State Health Insurance Assistance Program) as well as health insurance agents and Medicare brokers.
- **Incorporate the needs and opinions of target populations when developing marketing strategies.** State Medicaid programs and health plans can use focus groups, listening sessions, or consumer advisory committees to ensure that information, benefit design, and enrollment materials are meeting consumer needs. CMS has engaged a contractor to test the integrated notification materials being sent to CMC members in fall 2022 about the transition to MMPs.<sup>56</sup> One MCP suggested that listening sessions with the dually eligible enrollees who are currently in their Medi-Cal plan will be essential to develop an effective marketing strategy.<sup>57</sup>

**5. The move to MMPs may be challenging for historically marginalized groups and people with limited English proficiency or limited literacy.** When CMC was implemented, certain language and racial/ethnic groups opted out at higher rates. For example, Korean and Chinese dually eligible people had high opt-out rates

while Latino/x individuals had lower opt-out rates compared to White individuals.<sup>58</sup> Some enrollees who opted out reported feeling overwhelmed by the number of choices in the county and found the member materials to be “too dense, complicated, and confusing.”<sup>59</sup> As MMPs seek to enroll as many dually eligible people as possible, they will need to attend to the varied needs and priorities of a highly diverse population.

### Considerations to better engage historically marginalized groups and people facing language barriers:

- **Develop resources that can aid enrollment processes, centering equity considerations.** Minnesota conducted a cultural diversity project, which helped the state identify opportunities to enhance outreach to specific racial/ethnic groups, including Laotian, Hmong, Somali, and Black populations, who had experienced barriers to enrollment in the Minnesota Senior Health Options.<sup>60</sup> This project helped the state Medicaid agency and participating plans address health disparities.<sup>61</sup> Idaho used care coordinators to support enrollment and required coordinators to live in the same communities as members, to encourage a better understanding of members’ (and potential members’) needs.<sup>62</sup>
- **Actively monitor inequities in service use and outcomes.** An advocate for dually eligible enrollees has noted that “states could use D-SNP encounter data to monitor use of Medicare-covered services and identify disparities in health outcomes and service use, which may be important to states’ efforts to reduce health disparities.”<sup>63</sup> As historically marginalized groups can be at greater risk during and after program transitions, MMPs and the state could use data to monitor enrollment rates, health outcomes, grievances, and disenrollments to identify and address disparities. California is

implementing state-specific reporting requirements to provide high-quality care to historically marginalized populations. Additionally, DHCS is requiring more strict state-specific translation of materials to address the needs of nonspeaking populations across the state.

- **Uniformly assess members for social determinants of health, as required in the new federal rule.** New federal rules released in March 2022 require all SNPs to conduct uniform assessments that capture social determinants of health, including housing, food security, and access to transportation.<sup>64</sup> As these social risk factors are known to have an impact on a person’s overall health, all SNPs are required to include at least one question in the annual assessment that addresses each of the following three areas: housing stability, food security, and access to transportation; however, all plans are not required to use the same specific standardized questions.<sup>65</sup> This new requirement will help plans better understand their enrollees’ needs by identifying the areas that are impacting enrollees’ ability to access care and improve their health outcomes.

## Conclusion

When done successfully, integrating care for dually eligible people can help improve health outcomes. California’s plan to implement MMPs has potential to provide dually eligible people with more streamlined and coordinated care. As the state rolls out this new model, stakeholders should prioritize clearly communicating the benefits of an aligned approach to dually eligible Californians and their providers, monitoring how these new plans operate, and evaluating the impacts on enrollees’ experiences and whether aligned MMPs improve outcomes and address disparities. Input from dually eligible Californians, providers, and MCPs should inform the next phases of implementation over the next few years.



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## About the Foundation

The [California Health Care Foundation](#) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

### CalAIM for Seniors and People with Disabilities

is a series of reports focusing on elevating experiences from California and other states to ensure CalAIM reforms impacting Medi-Cal's seniors and people with disabilities build on past efforts to integrate and improve care.

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