



Kern Family
Health Care.®

— Medicare (D-SNP)

Medicare Dual Special Needs Plan

Informational Session for Health Care Providers and Community Partners

Kern Health Systems &
Department of Health Care Services
July 17, 2025

Agenda

1. Welcome

- Housekeeping

2. Kern Family Health Care Medicare Overview

- Emily Duran, CEO

3. 2026 Medi-Medi Plan Expansion

- Anastasia Dotson, Deputy Director



Kern Family
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Medicare (D-SNP)

Meeting Housekeeping

This meeting is being recorded and will be posted on the Kern Family Health Care website.

Please hold questions for the end of the meeting. A QR code will be available to collect questions.

All attendees will be muted for the duration of the presentation.



Kern Family
Health Care®

Medicare (D-SNP)

Who We Are



- Kern County's Local Initiative Medi-Cal Managed Care Plan
- Serving our community since 1996
- More than 406,000 Medi-Cal Members



Kern Family
Health Care®

Medicare (D-SNP)

Mission and Core Values

Our Mission

Kern Health Systems is dedicated to improving the health status of our members through an integrated managed health care delivery system

Core Values



Excellence



Integrity



Collaboration



Equity



Innovation



Compassion



Kern Family
Health Care[®]

Medicare (D-SNP)

Overview

- All Medi-Cal Managed Care Plans that do not currently offer a D-SNP will be required to do so by 2026.
 - This requirement applies exclusively to Medi-Cal plans
- Dual-eligible members have the option to enroll in Kern Family Health Care's D-SNP
 - Enrollment is voluntary and not automatic



- Provider participation in Kern Family Health Care's D-SNP is not mandatory and will not impact a provider Medi-Cal contract with the Plan.
- Strong provider partnerships are essential to building a successful program

Overview

- Individuals enrolled in both Medicare and Medi-Cal already access Medi-Cal services through Kern Family Health Care
- These members enrolled in both Medicare and Medi-Cal are commonly referred to as “**Dually Eligible**,” “**Duals**,” or “**Medi-Medis**”

Currently, Kern Family Health Care serves approximately
25,000 Duals through Medi-Cal



Kern Family
Health Care®

Medicare (D-SNP)

Our Value

Members

- Coordinated care across Medi-Cal and Medicare with a single Call Center to support Member needs
- Integrated Grievances and Appeals
- Gathering Member insights through focus groups, research, and surveys to understand what they expect from an Medicare Advantage Exclusively Aligned Enrollment (MA EAE) D-SNP Plan

Community

- Medicare Advantage Plans promote quality by tying revenue to STARS performance
- Community partnerships and engagement

Providers

- Improved Payment Coordination (single claim for most Providers)
- Accessible Care Management and Care Coordination
- Patient-Centered Care
- Local Resource Assistance



**Kern Family
Health Care**

Medicare (D-SNP)

Work Already Underway

Engage Providers

Continue enhancing the D-SNP provider network to deliver a seamless experience for future Kern Family Health Care Medicare members

Educate Community Stakeholders

On the importance of D-SNP in Kern County, emphasizing the coordination between health care and social services in a D-SNP.

Ensure Readiness for Program Implementation

Beginning with annual enrollment in October 2025





Please Welcome

Anastasia Dotson, Deputy Director

DHCS Office of Medicare Innovation and Integration (OMII)

2026 Medi-Medi Plan Expansion

Presentation for
Kern Health Systems Townhall

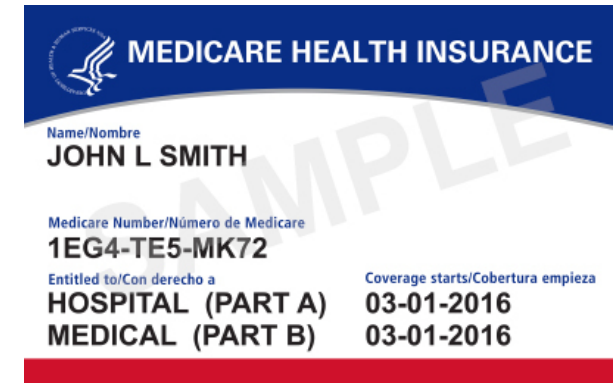
Agenda

- » Overview: Dual Eligible Members
- » Medicare Medi-Cal Plans (Medi-Medi Plans)
- » 2026 Look-Ahead for Providers

Overview: Dual Eligible Members

Medicare and Medi-Cal

- » Some people have both Medicare and Medi-Cal, known as dual eligibles (Medi-Medis).
- » Medicare covers doctor visits, hospital stays, labs, prescription drugs, and other benefits.
- » Medi-Cal covers Medicare Part B premiums, copays, adult day health care, skilled nursing facility care, dental, and In-Home Supportive Services (IHSS).



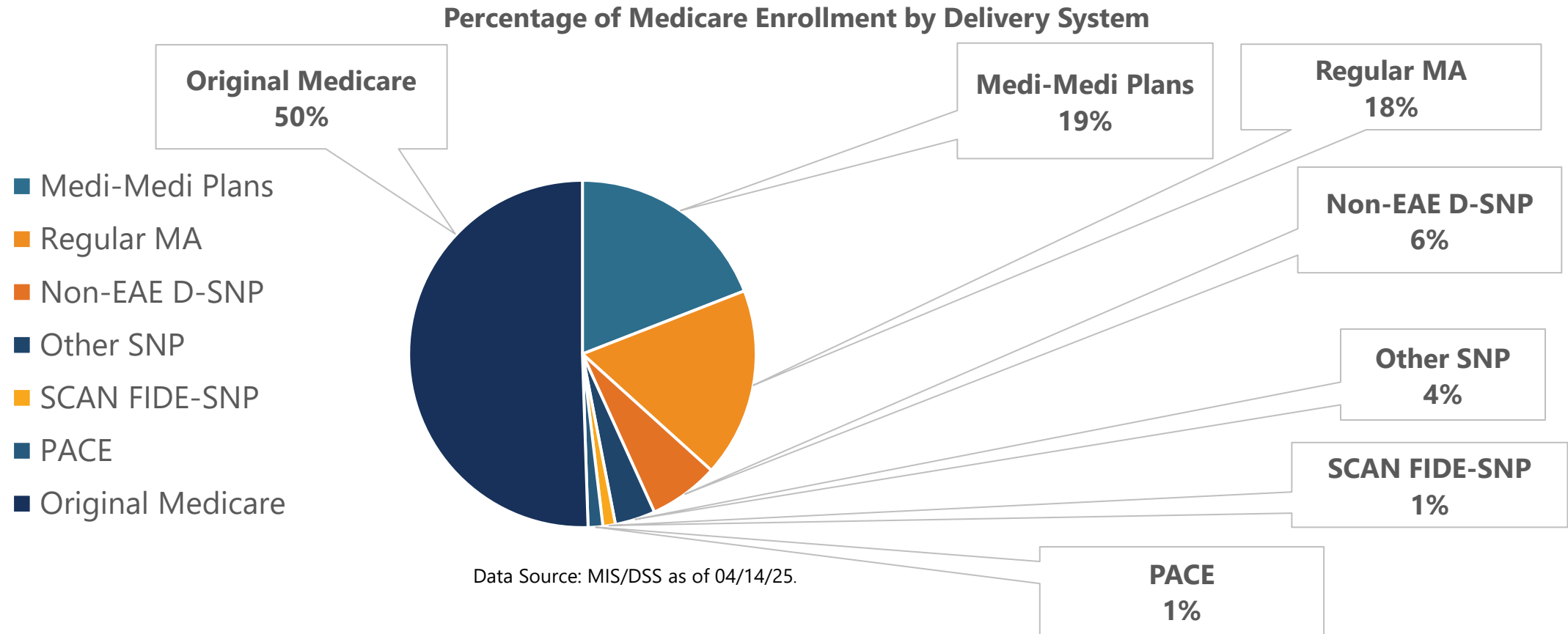
Dual Eligible Members

- » Nationally, dual eligible individuals are more likely than people with Medicare only to report being in poor health (13% vs. 4%).
 - Heart failure, hypertension, depression diagnoses among dual eligible individuals occur at significantly higher rates than in Medicare-only population.
- » Dual eligible individuals have high rates of chronic conditions, high utilization, and are a diverse group:
 - 25% under age 65
 - 33% limited English proficiency
 - About 18% prevalence of dementia
- » Over 75% of In-Home Supportive Services (IHSS) recipients and 80% of long-term Medi-Cal Skilled Nursing Facility (SNF) residents are dually eligible.

Dual Eligible Members in California

- » In California, almost a quarter of Medicare members also have Medi-Cal (**1.7 million Californians**).
- » Statewide, about 50% of dual eligible members are enrolled in some type of Medicare Advantage (MA) plan, including integrated plans, and 50% are in Original (Fee-For-Service) Medicare.
- » All dual eligible members in California are enrolled in Medi-Cal managed care plans.

Medicare Delivery System Enrollment for Dual Eligibles in California (January 2025)



Dual Eligible Members in Kern County

- » As of August 2024, there were about 40,700 dual eligible members in Kern County.
 - As of January 2025, about 19,200 of these members were in Medicare Advantage, including Dual Eligible Special Needs Plans (D-SNPs).

Medi-Medi Plans

The Need for Coordinated Care

- » For most dual eligible members, Medicare and Medi-Cal operate separately, with different funding streams.
- » This fragmented system can be confusing and hard to navigate. It may not provide person-centered services.
- » CalAIM Approach: Health plan to coordinate care across Medicare and Medi-Cal, known as **Medi-Medi Plans**.
 - Available in twelve counties in 2025: Fresno, Kings, Los Angeles, Madera, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Mateo, Santa Clara, and Tulare, with total current enrollment of 330,000.
 - Will launch in additional counties on January 1, 2026.

Medi-Medi Plans

- » **Medi-Medi Plans** are a type of Medicare Advantage plan in California that are only available to dual eligible members.
- » Members enrolled in a Medi-Medi Plan receive their Medicare benefits through a Dual Eligible Special Needs Plan (D-SNP) and their Medi-Cal benefits through a Medi-Cal Managed Care Plan (MCP).
- » Enrollment in Medi-Medi Plans is **voluntary**.

D-SNP + MCP

Medi-Medi Plan



D-SNPs provide Medicare services, such as:

- Hospitals
- Providers
- Prescription drugs



MCPs provide wrap-around services, such as:

- Medicare cost-sharing
- Long-Term Services and Supports (LTSS)
- Transportation

Medi-Medi Plans in California

- » The program name “Medicare Medi-Cal Plans” is used by the Department of Health Care Services (DHCS), Health Care Options (HCO), and in members notices.
 - Health plans may use their own marketing name, such as in plan-specific member materials.
- » Medi-Medi Plans are described as **a single plan** in member-facing materials, as members will receive one card, one welcome packet, and have one phone number to call for member services.
- » Fact sheets for members and providers as well as other resources are posted on the [DHCS Medi-Medi Plan website](#).
- » A list of 2025 Medi-Medi Plans by county is also available on the [DHCS website](#).

Medi-Medi Plans in California Counties



Currently available



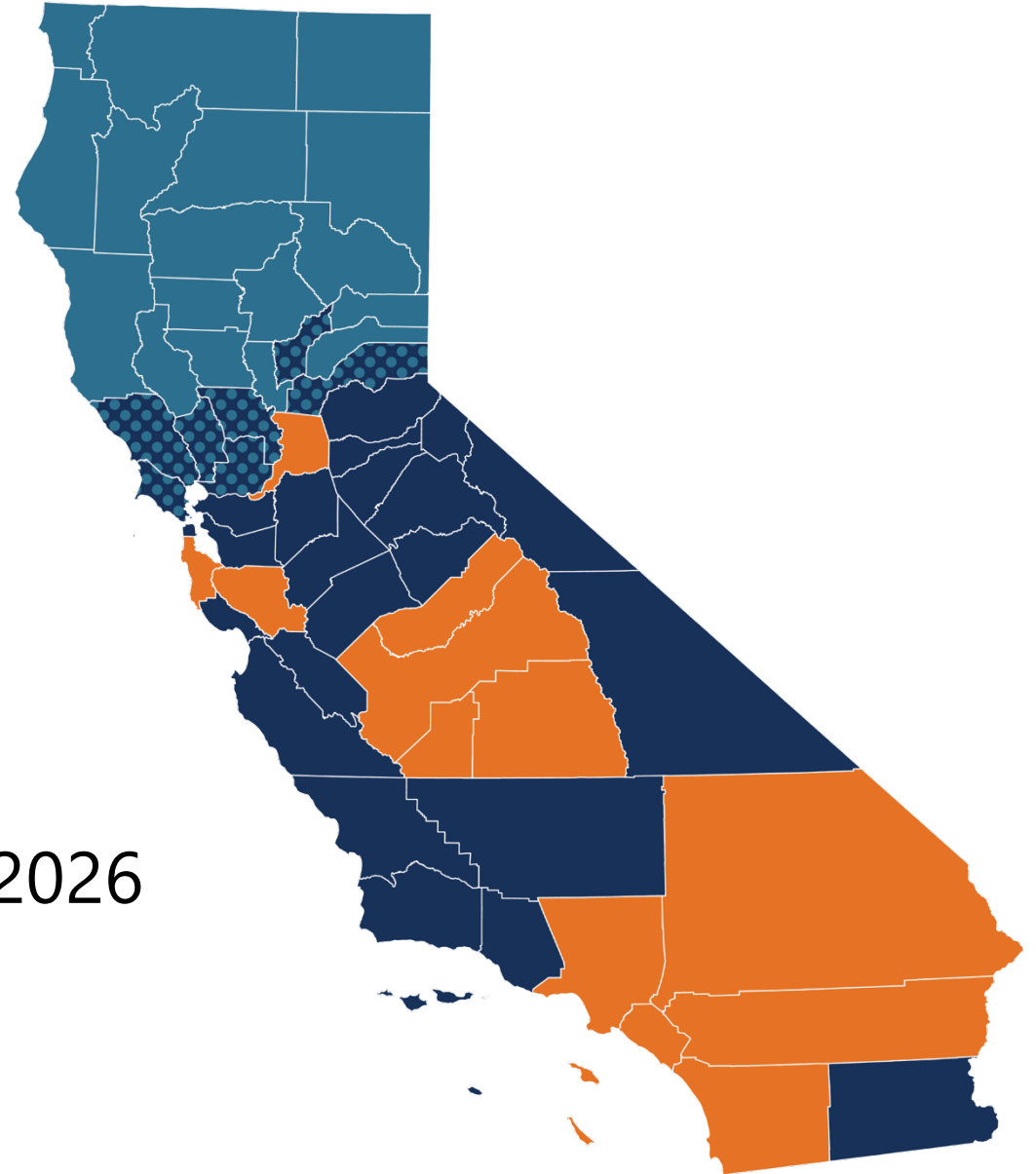
Will be available in 2026



At least one plan available in 2026



Will be phased in after 2026



Care Coordination in Medi-Medi Plans

- » Medi-Medi Plans help members with all their health care needs and coordinate benefits and care, including carved-out benefits, medical and home and community-based services, durable medical equipment, and prescriptions.
- » Instead of Medi-Cal ECM, Medi-Medi Plans provide **California Integrated Care Management (CICM)**.



Coordination with Related Medi-Cal Benefits

- » Medi-Medi Plans are required to coordinate all Medicare and Medi-Cal benefits, including “carved-out” benefits such as:
 - In-Home Supportive Services (IHSS)
 - Specialty Mental Health and Substance Use Disorder Services provided by the county
 - Medi-Cal Dental (including Dental Managed Care plans)
 - Multipurpose Senior Services Program (MSSP)
- » Joining a Medi-Medi Plan will **not** impact a members IHSS benefits.
 - Members can keep their IHSS providers and hours.
 - Members still retain the right to hire, fire, and manage their IHSS providers.

Community Supports and Enhanced Care Management (ECM) for Members in Medi-Medi Plans

- » Members in Medi-Medi Plans can receive Community Supports.
 - Community Supports are provided by a member's Medi-Cal MCP.
 - The Medi-Medi Plan is responsible for coordinating Community Supports, as with other Medi-Cal benefits.
- » Dual eligible members in Medi-Medi Plans may also receive California Integrated Care Management (CICM), which is similar to Medi-Cal ECM.
 - Care management is provided by a member's D-SNP, including clinical care management for chronic conditions.
 - The Medi-Medi Plan is responsible for providing sufficient care management.

Medi-Medi Plans Support Access to Providers



Provider Network

- » Members will have access to a provider network through their Medi-Medi Plan.
- » If a member's provider is not in network, a provider can join the Medi-Medi Plan's network or the Medi-Medi Plan will help the member find a new doctor they like.
- » To join a Medi-Medi Plan network, a provider should contact the plan's provider relations department directly.



Continuity of Care

- » If a provider is not currently in network, there is a continuity of care period, where the member can continue to see their provider for up to 12 months (in most cases).
- » The member must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

Medicare Network Adequacy Requirements

- » Medicare Advantage (MA) plans, including Medi-Medi Plans, must maintain a network of appropriate providers that is sufficient to provide adequate access to covered services to meet the needs of the population served.
- » CMS reviews and monitors Medicare provider networks and Medicare network adequacy.
- » CMS network adequacy requirements are at the contract level, not the sub-network (e.g., delegation) level.
- » Medicare Advantage Network Guidance is available on the [CMS website](#).
- » If any concerns come up about Medicare network access and adequacy for a particular Medi-Medi Plan, please contact the plan first.
 - For further escalation, please contact the CMS Regional Office at ROSFOORA@cms.hhs.gov.
 - Stakeholders can also contact 1-800-Medicare with the member to file a complaint.

Crossover Billing in Medi-Medi Plans

» Crossover Billing Process

- In a Medi-Medi Plan, a member's D-SNP and Medi-Cal plan are operated by the same organization.
- When a provider bills the D-SNP for primary Medicare payment, the same organization should process the secondary (Medi-Cal) claim.

» Crossover Billing Resource

- If you have questions about how to bill for dual eligible members enrolled in Medi-Cal managed care, please see the DHCS [Crossover Billing Toolkit](#).

» Balance Billing

- Medicare providers cannot bill dual eligible members for Medicare Part A and B cost sharing. This is known as balance billing, or "improper billing," and is illegal under both federal and state law. Dual eligible members may still have a small copay for prescription drugs. Additional information is available on the [DHCS website](#).

Joining a Medi-Medi Plan



Members can join a Medi-Medi Plan if they:

- ✓ Have both Medicare Part A and B and Medi-Cal
- ✓ Are 21 years or older
- ✓ Live in one of the counties that offers Medi-Medi Plans



Member enrollment in Medi-Medi Plans is **voluntary**.



To enroll, a member can contact their Medi-Cal plan or 1-800-MEDICARE.

2026 Look-Ahead for Stakeholders

DHCS Medi-Medi Plan Outreach Support

- » DHCS is supporting Medi-Cal plans in their outreach to inform providers and stakeholders about the launch of Medi-Medi Plans throughout California in 2026.
- » Providers should direct questions to their contracted Medi-Cal plan. Providers can also submit general questions to DHCS at info@calduals.org.
 - To learn more about Medi-Medi Plans, providers can:
 - Visit the [DHCS Medi-Medi Plan Webpage](#)
 - View the [Medi-Medi Plans: Information for Providers Fact Sheet](#)
- » DHCS encourages Medi-Cal plans to partner with local Health Insurance Counseling and Advocacy Programs (HICAPs) and the Medicare Medi-Cal Ombudsman Program (MMOP) in their outreach efforts.

Options for Dual Eligible Members in Kern County in 2026

- » A dual eligible member will have the following choices in 2026 in Kern County:
 - Original Medicare and a Medi-Cal plan
 - A Medi-Medi Plan
 - A Medicare Advantage plan and a Medi-Cal plan
 - PACE (for those who need nursing facility level of care)
- » DHCS expects Medi-Medi Plans will be available from Kern Family Health Plan, Anthem Blue Cross, and Kaiser Permanente.
- » **Reminder:** 2026 Medicare Open Enrollment is October 15 – December 7, 2025.

Talking to Members about Medi-Medi Plans

- » As trusted sources of information, members may come to providers and community partners with questions about Medi-Medi Plans.
- » When talking to members, consider sharing the following messages:
 - A Medi-Medi Plan has care coordination, one health plan card, and one number to call for both Medicare and Medi-Cal benefits.
 - Medi-Medi Plans have care coordinators who can help a member find doctors and make appointments, understand prescription drugs, set up transportation to doctor's visits, get follow-up services after leaving a hospital or facility, and support connections with home and community-based services.
 - Enrollment in a Medi-Medi Plan is voluntary.

Tips for Providers When Talking to Members about Medicare Options and Medi-Medi Plans

- » As a provider, patients may approach you about their health care choices.
- » When a patient requests information from you about their Medicare options, per federal regulations, you can:
 - Share unaltered, printed materials created by CMS (e.g., Medicare Plan Finder, “Medicare & You” Handbook, etc.).
 - Provide the names of the Medi-Medi Plans you contract with.
 - Answer questions about Medi-Medi Plans, such as cost sharing and benefit information.
 - Refer members to Medi-Medi Plan marketing materials (available in **common areas** only).
 - Provide information and assistance in applying for the Low-Income Subsidy (LIS).
 - Refer members to other organizations for support, like HICAP and MMOP.

Providers and Medicare Marketing Materials

» As a provider, you may not share any Medicare marketing materials in an area where care is being administered, such as:

- Exam rooms
- Hospital patient rooms
- Treatment areas where patients and providers may interact (e.g., in dialysis treatment facilities)
- Pharmacy counters

» Medicare marketing materials can be shared in common areas, such as:

- Common entryways
- Vestibules
- Waiting rooms
- Hospital cafeterias
- Community, recreational, or conference rooms

Resources for Members

- » Dual eligible members can learn more about Medi-Medi Plans by viewing the [Medi-Medi Plan Fact Sheet](#) on the [DHCS Medi-Medi Plan Webpage](#).
 - The fact sheet is available in English, Spanish, Hmong, Vietnamese, Traditional Chinese/Cantonese, Russian, Khmer/Cambodian, Arabic, Farsi, American Sign Language, and Mexican Sign Language.
- » To change Medicare plans, a member can contact the health plan of their choice directly or call 1-800-Medicare.
- » For support, members can contact:
 - HICAP for free counseling on health care options: 1-800-434-0222
 - MMOP for help resolving issues with providers or health plans: 1-855-501-3077

Additional Resources

- » For more information about coordinated care for dual eligibles, visit the [DHCS Integrated Care for Dual Eligible Beneficiaries Website](#).
- » To learn more about D-SNPs, visit the [DHCS D-SNPs in California Website](#).
- » Join the next [MLTSS and Duals Integration Stakeholder Workgroup](#) on September 24th at 12:00pm ([registration is required](#)).
- » If you have any questions, contact us at info@calduals.org.

Thank you for your time!

D-SNP Questions? Please scan the QR code now!

D-SNP Questions?



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Medicare (D-SNP)


KERN HEALTH
SYSTEMS