

2026 Medi-Medi Plan Expansion

Medi-Medi Plans are a type of Medicare Advantage (MA) plan designed for Californians who are dually eligible for Medicare and Medi-Cal (dually eligible individuals).





These plans combine Medicare and Medi-Cal benefits into a single plan and coordinate all benefits and services across both programs, reducing administrative barriers and enhancing member support.

Beginning in 2026, Medi-Medi plans will be available in most California counties. Enrollment in Medi-Medi plans is voluntary.



Medicare Basics

Administered by the federal government, **Medicare** is a health insurance program for individuals aged 65 and older, or under 65 with long-term disabilities. The Medicare program has four parts.

PART A	PART B	PART C	PART D
 Hospital Insurance	 Medical Insurance	 Medicare Advantage	 Prescription Drug Coverage
<p>Covers inpatient care in hospitals, limited skilled nursing facility (SNF) care, hospice care, and home health care</p> <p>As of January 1, 2025, California participates in a Part A buy-in agreement</p>	<p>Covers doctor visits, outpatient care, preventive services, durable medical equipment, and some home health care</p>	<p>Includes all benefits from Parts A and B (often also includes Part D), as well as additional benefits, like vision, dental, and hearing</p> <p>Part C plans are administered by private insurance companies</p>	<p>Covers outpatient prescription drugs</p>

Medicare Basics

There are two Medicare delivery systems and eligible individuals have the option to choose either one.

Original Medicare (Fee-for-Service)

- Administered directly by the federal government
- Includes Medicare Parts A and B
- Ability to see any provider in the U.S. that accepts Medicare
- Federal government pays the provider a set rate for each service
- Enrollees pay Part B premiums and their share of costs (such as deductibles or coinsurance)
- Only covers medically necessary services (excludes dental, vision, hearing); Optional [Medigap](#) and Part D plans can be purchased for additional coverage

Medicare Advantage

- Administered by private insurance companies contracted with the federal government
- Medicare Part C: Includes Medicare Parts A, B, and typically Part D
- Typically requires receiving care from a set network of providers
- Federal government pays private insurance companies a fixed monthly rate; Insurance plans manage care and pay providers
- Enrollees pay premiums, and their share of costs (such as deductibles or coinsurance) up to the out-of-pocket limit
- Often includes extra benefits like dental, vision, and hearing

Who Are California's Dually Eligible Individuals?



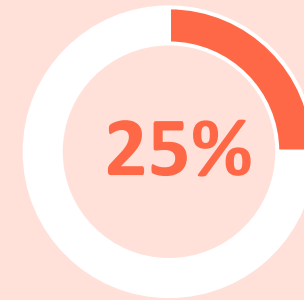
1.7 million

of Californians are dually eligible
for Medicare & Medi-Cal

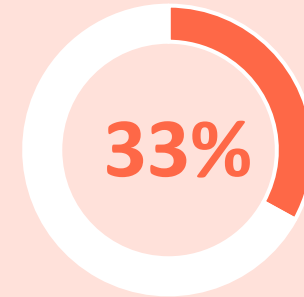
Higher Health Needs

- More likely to report poor health than Medicare-only populations
- Higher rates of chronic conditions and frequent use of health services
- 75%+ of In-Home Supportive Services recipients (IHSS) and 80% of long-term Medi-Cal SNF residents are dually eligible individuals

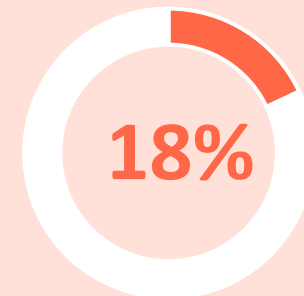
Demographics



Are under age 65
(often people with long-term disabilities)



**Have limited
English
proficiency**



**Live with
dementia**

Current Medicare and Medi-Cal Enrollment for Dually Eligible Individuals in California

About **50%** are enrolled in Medicare Fee-for-Service

19% are already in Medi-Medi plans
(330,000 enrollees in 12 counties)

18% are enrolled in regular MA plans

6% are enrolled in Dual Special Needs Plans (D-SNPs)
that do not have companion Medi-Cal plans

D-SNPs without companion Medi-Cal plans are closed to
new enrollment

About **1%** are enrolled in PACE

All Medi-Cal enrollees, including dually eligible individuals, are enrolled in a Medi-Cal managed care plan (MCP)

Medicare and Medi-Cal Coordination

- Administered by the State, Medi-Cal is California's Medicaid program, which provides free or low-cost medical services to low-income individuals
- For dually eligible individuals:
 - Medicare pays first; Medi-Cal fills in coverage gaps
 - Medicare generally pays 80% of approved medical expenses (after deductibles are met); if a specialist visit costs \$100, Medicare will pay \$80, and Medi-Cal will cover the remaining \$20
 - Medi-Cal pays for Medicare Part B premiums, co-pays, and some benefits that Medicare does not pay for (e.g., long-term services and supports, dental)
 - Some benefits, such as durable medical equipment (DME), are covered by both programs, though Medi-Cal coverage is generally broader
 - Medicare only covers DME that helps an individual function at home; Medi-Cal covers DME that helps an individual function at home as well as in the community

How Do Medi-Medi Plans Work?



Overview

- Medi-Medi plans offer a single plan experience: One welcome packet, one card, one phone number, one appeals and grievances process.
- Plans are required to coordinate all benefits, including carved-out services like IHSS, county behavioral health, and substance use disorder treatment.
- Medi-Medi members can receive Community Supports (e.g., housing, nutrition, personal care and homemaker services) and California Integrated Care Management (similar to Enhanced Care Management).



Provider Networks

- Plans must meet Medicare network adequacy standards set by the Centers for Medicare & Medicaid Services.
- The Department of Health Care Services (DHCS) encourages Medi-Medi Plans to have robust overlap with their Medicare and Medi-Cal provider networks.
- New members can continue seeing an existing provider who is not in their Medi-Medi Plan's network for up to 12 months if certain conditions are met; such providers can also join the Medi-Medi Plan network, or the plan can help members find new in-network providers.



Billing

- Medi-Medi Plans simplify crossover billing since one plan manages both Medicare and Medi-Cal.
- No balanced billing is allowed.
- Members may pay small Part D drug copays.

Impact on IHSS & Behavioral Health



In-Home Support Services

- Eligibility and self-direction rights (hire/fire/manage providers) do not change under a Medi-Medi Plan
- Medi-Medi Plans coordinate with county IHSS programs but do not take over county processes



Behavioral Health

- Medicare offers robust behavioral health coverage, and Medi-Medi Plans coordinate access
- Medi-Cal county behavioral health services remain available, but Medi-Cal is the payer of last resort
- No new Memorandums of Understanding (MOUs) are needed—existing county and MCP MOUs cover these requirements

Who Can Join a Medi-Medi Plan?

To join a Medi-Medi Plan, members must



Be 21 or older



**Have full-scope
Medi-Cal**



**Have Medicare
Parts A & B**



**Live in a county where
Medi-Medi Plans
are offered**

Where to Find Support



Provider Questions

Direct program questions to your Medi-Cal plan



General Inquiries

Contact DHCS or the Health Insurance Counseling and Advocacy Program for assistance

Refer complex cases to the Medicare Medi-Cal Ombudsman Program at 1-855-501-3077

FAQs

What is the difference between a D-SNP and a Medi-Medi Plan?

- D-SNPs are MA plans that coordinate benefits.
- Medi-Medi Plans are a specific type of D-SNP that operate with Exclusively Aligned Enrollment where the Medicare and Medi-Cal plans are integrated under the same organization.

What are the enrollment rules affecting dually eligible individuals in California?

- If eligible, duals can enroll in/leave a Medi-Medi plan on a monthly basis.
- Duals can leave any MA plan and enroll in Original Medicare and a standalone Medicare Part D Plan on a monthly basis.
- Duals can switch between Medicare Part D plans on a monthly basis.
- Duals can only join a regular MA plan-or a D-SNP that is not a Medi-Medi plan during Open Enrollment or if they have a special situation that allows them to enroll (like if the member has moved and is new to that plan's service area).





Additional Resources

- [DHCS Medi-Medi Plans webpage](#)
- [Medicare Medi-Cal Plan List webpage](#)
- [Medi-Cal Plans with Medi-Medi Plans in 2026](#)