



*We heal and inspire the human spirit.*

**To:** IEHP DualChoice (HMO D-SNP) Providers & Medicare IPAs

**From:** IEHP – Provider Relations

**Date:** December 19, 2024

**Subject:** Updates to 2025 IEHP DualChoice (HMO D-SNP) Benefits

In anticipation of 2025, please see the updates to your IEHP DualChoice (HMO D-SNP) members’ benefits.

**Please note: All qualifying Members have been or will be contacted directly regarding eligibility.**

Benefit/Policy	2024 Benefit/Eligible Members	2025 Benefit
<p><b>Medicare Part A Buy-In</b></p> <p>To read more about this benefit, click <a href="#">here</a> or visit <a href="http://www.cms.gov">www.cms.gov</a> &gt; Medicare &gt; Medicare-Medicaid Coordination &gt; Qualified Medicare Beneficiary Program &gt; State Payment of Medicare Premiums</p>	<ul style="list-style-type: none"> <li>• Not applicable for 2024</li> </ul>	<p>Under the Medicare Part A Buy-In agreement, eligible full-scope Medi-Cal members who are enrolled in Medicare Part B, if they qualify for the Qualified Medicare Beneficiary (QMB) program, can be automatically enrolled in Medicare Part A Buy-In.</p> <p>This means if the QMB Medi-Cal member is eligible, Medicare, instead of Medi-Cal, will provide primary coverage for hospitalizations and other inpatient benefits that are covered through Medicare Part A.</p>
<p><b>Utilities Allowance</b></p>	<ul style="list-style-type: none"> <li>• \$65 Per Member Per Month</li> <li>• Requires Member Opt-In</li> <li>• Approx 18K Members are eligible for the benefit.</li> <li>• Member has one or more of covered chronic conditions and have high risk health status (risk for hospitalization) and requiring complex care coordination</li> </ul>	<ul style="list-style-type: none"> <li>• No Changes to \$65 benefit amount</li> <li>• No 2024/2025 Member Roll Over</li> <li>• Member has one or more of covered chronic conditions and have a high-risk health status</li> <li>• Complex care coordination requirement has been removed</li> </ul>
<p><b>Meals/Healthy Food</b></p>	<ul style="list-style-type: none"> <li>• Not applicable for 2024</li> </ul>	<ul style="list-style-type: none"> <li>• 2 meals per day for 365 days</li> <li>• An estimated 1,300 Members are eligible for the benefit</li> <li>• Member must have <b>both</b> diabetes and cardiovascular disease, live in an ADI 9-10 location (qualifying neighborhood), and at high-risk health status</li> </ul>

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347 or email [ProviderServices@iehp.org](mailto:ProviderServices@iehp.org)

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