



Alameda Alliance Wellness (HMO D-SNP) Eligibility Definitions Explained

On Thursday, January 1, 2026, Alameda Alliance for Health (Alliance) is launching the Alameda Alliance Wellness Health Maintenance Organization (HMO) Dual Special Needs Plan (D-SNP) plan in Alameda County. D-SNPs are Medicare Advantage Prescription Drug (MA-PD) plans that provide specialized care to people who are dually eligible for Medicare and Medi-Cal. These Medicare Advantage plans provide Medicare Part A, B, and D services, specialized care coordination, and wrap-around Medi-Cal services.

Alameda Alliance Wellness is an Exclusively Aligned Enrollment (EAE) D-SNP. Medicare and Medi-Cal Plans, also known as Medi-Medi Plans (MMPs), are the California-specific program names for EAE D-SNPs. Individuals who are enrolled in a Medi-Medi Plan receive their Medicare benefits through a D-SNP and their Medi-Cal benefits through the affiliated Medi-Cal Managed Care Plan (MCP).

2026 Enrollment Options with the Alliance

A dual eligible member in Alameda County has the following choices to receive services from the Alliance:

1. Alameda Alliance Wellness
2. Original Medicare fee-for-service (FFS) + Alliance Medi-Cal plan
3. Other Medicare Advantage plan + Alliance Medi-Cal plan

Eligibility Definitions Explained

Alameda Alliance Wellness only enrolls “full duals.” Full duals are entitled to full-scope Medi-Cal benefits. This includes coverage for Medicare cost-sharing, such as Medicare premiums and copays. Additionally, full duals receive Medi-Cal benefits not provided by Medicare, such as long-term services and community supports.

Eligibility Categories for Alameda Alliance Wellness:

- **Qualified Medicare Beneficiary (QMB) with full-benefit Medicaid (QMB-Plus, also known as QMB “full-benefit” or QMB+):** These individuals meet the QMB eligibility requirements and the eligibility requirements for Medicaid. QMB-plus individuals receive coverage for Medicare Parts A and B premiums and Medicare cost-sharing, as well as the full range of Medicaid benefits applicable to their eligibility group.
- **Specified Low-Income Medicare Beneficiary (SLMB) with full-benefit Medicaid (SLMB-Plus, also known as SLMB “full-benefit” or SLMB+):** These individuals meet the SLMB eligibility requirements and the eligibility requirements for Medicaid. SLMB-plus

individuals receive coverage for Medicare Part B premiums and Medicare cost-sharing, as well as the full range of Medicaid benefits applicable to their eligibility group.

- **Full-benefit Medicaid (FBDE):** These individuals do not qualify for the QMB or SLMB programs. FBDE individuals receive coverage for Medicare Part B premiums and Medicare cost-sharing, as well as the full range of Medicaid benefits applicable to their eligibility group.

Additional Resources

Automated Eligibility Verification System (AEVS)

Monday – Sunday (seven (7) days a week), 7 am – 8 pm

Toll-Free: **1.800.456.2387**

Social Security Administration (SSA)

Monday – Friday, 8 am – 7 pm local time

Toll-Free: **1.800.772.1213**

Health Insurance Counseling and Advocacy Program (HICAP)

Monday – Friday, 9 am – 5 pm local time

Phone number: **1.510.839.0393**

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Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

Email: **providerservices@alamedaalliance.org**

www.alamedaalliance.org