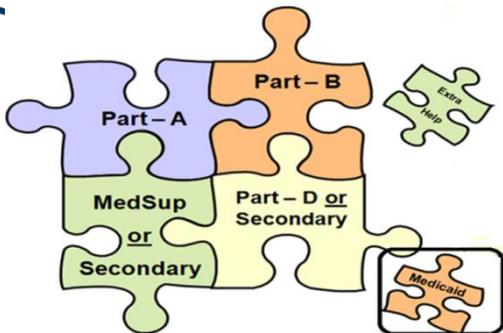
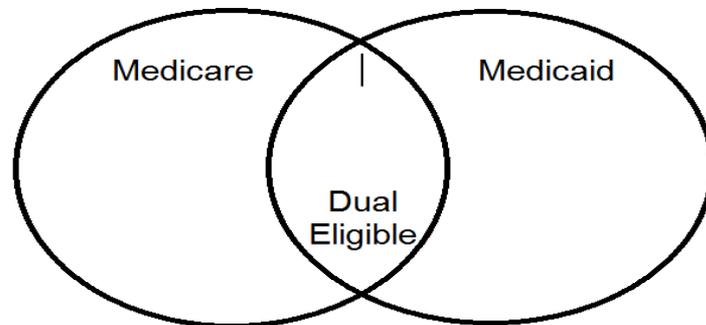


Medicare Annual Open Enrollment



Medicaid Basics and Medicare-Medicaid Dual Eligibility



Illinois Department on Aging
Senior Health Insurance Program (SHIP)
800-252-8966
Aging.SHIP@illinois.gov

Session Objectives

Introduce you to:

- What is Medicaid & how it differs from Medicare
- What is AABD Medicaid & how is the case identified
- What is a Dual Eligible and what are the benefits
- What is the Medicare Savings Programs (MSP)
- What is Spenddown
- How can MSP and Spenddown assist in getting Extra Help/LIS assistance with Part D

Medicaid Overview

- Medicare and Medicaid are completely separate programs.
- Medicare is federally funded and administered
- Medicaid is jointly funded by the Federal and State government, but is administered by the State of Illinois
- Medicaid is an income based entitlement program for those with low-income and limited resources.
- There are stringent financial requirements to qualify
- The Illinois Department of Human Services (DHS) is the local Medicaid office that is responsible for assisting beneficiaries
- Medicaid is the “Payer of last resort”

Medicaid vs. Medicare Overview

	MEDICARE	MEDICAID
Funded by	Federal	Federal & State
Eligibility determination	Social Security Administration	State
Administered by	Federal CMS Centers for Medicare & Medicaid Services	State Medicaid (HFS & DHS)
For whom	Age 65 and above & certain disabled	Lower income individuals

Medicare & Medicaid Case Scenarios

(full or partial Medicaid benefit)

Medicaid medical only	Medicare only	Medicare and Medicaid	Medicare and MSP (QMB.SLIB,QI)	Medicare and Medicaid and MSP
↓	↓	↓	↓	↓
AABD Or ACA Adult	N/A	Dual Eligible Medicare Medicaid medical	Medicare with MSP only (QMB.SLIB,QI)	Medicare - Medicaid (Dual Eligible) and MSP
↓	↓	↓	↓	↓
Age, Blind or Disabled Or Age 19-64	N/A	Medicare pays first and Medicaid is secondary (If see a doctor that accepts both)	Illinois Medicaid helps pay for Medicare	Medicare pays first and Medicaid is secondary & Illinois Medicaid helps pay for Medicare costs
	Must apply for Extra Help with Part D drug costs	Automatically “deemed” eligible for Extra Help with Part D drug costs	Automatically “deemed” eligible for Extra Help with Part D drug costs	Automatically “deemed” eligible for Extra Help with Part D drug costs

Have Both Medicare and Medicaid Medical

- If see a medical provider that accepts both Medicare & Medicaid
- Medicare pays first and Medicaid pays secondary

“Medicaid is the
“payer of last resort”

Medicaid will never pay until every other insurance has paid.

Aged, Blind & Disabled (AABD) Medicaid Medical

- Assistance to Aged, Blind & Disabled (AABD) Medicaid
 - Up to 100% of Federal Poverty Level (FPL)
 - Income less than \$990 / month (+\$25 disregard)
 - Resources less than \$2,000/month
- Apply in person at local DHS office or online via Application Benefits Eligibility (ABE) system (ABE): <https://abe.illinois.gov/abe/access/>

Medicaid Case Number & RIN

- Letters received
 - Medicaid case number - First 2 digits
 - 91 = Senior (age 65)
 - 92 = Blind
 - 93 = Disabled
- Medical Card
 - All beneficiaries also identified by a Recipient Identification Number (RIN)

ACA Adult Medicaid Expansion

- The Affordable Care Act (ACA) gave Illinois the option of expanding Medicaid coverage to individuals age 19 – 64
 - Income up to 138% of Federal Poverty Level (FPL)
 - Less than \$1366 / month (+\$25 disregard)
 - No resource limit
 - Not eligible once become Medicare eligible

ACA Adult Medicaid

- Letters received
 - Medicaid case number - First 2 digits
 - 94 = ACA Adult (age 19 – 64)
- Medical Card
 - All beneficiaries also identified by a Recipient Identification Number (RIN)

ACA Adult vs. AABD Medicaid

- ACA Adult Medicaid and then become Medicare eligible
 - No longer eligible for ACA Adult Medicaid case
 - “Should” be sent a Medicaid Redetermination of Eligibility form (Rede) prior to Medicare eligibility
 - The Rede form serves as an application for an AABD Medicaid case
 - Many times will go into Spenddown with this transition (Spenddown discussed later)

Note: Apply for the Medicare Savings Program (MSP).
It is currently not automatically determined by the DHS caseworker.

ACA Adult vs. AABD Medicaid

Monthly Income and Resource Standards (2016)			
Program	Single Person	Couple	Resource/Asset Limit
ACA Adult (Age 19-64, not yet Medicare eligible) 138% FPL	\$1366	\$1842	No Resource Limit
AABD Aged, Blind or Disabled 100% FPL	\$990	\$1335	\$2,000 single \$3,000 couple

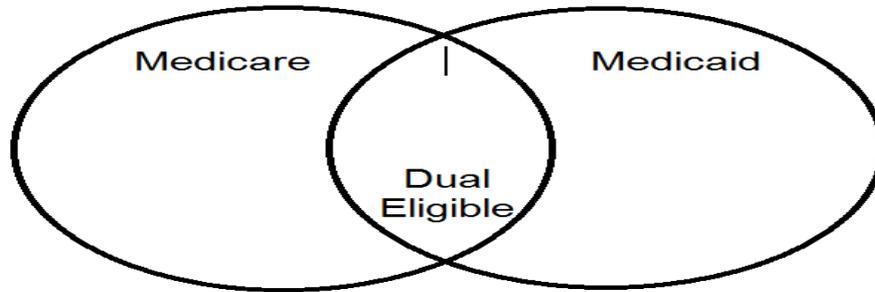
 SHIP counselors may see beneficiaries who turn age 65, become Medicare eligible and transition from ACA Adult Medicaid to AABD.

- o Many times, the beneficiary may become a Spenddown* case due to the lower income standard (100% FPL versus 138%) and the AABD resource limit.

*Spenddown discussed later.

Dual Eligible

Dual eligible refers to an individual who is entitled to Medicare Parts A and/or Part B and is eligible for “some form” of Medicaid benefit.



If you counsel an individual who has just Medicare and a Medicaid medical card, determine if they also qualify for one of the Medicare Savings Programs.

Dual Eligible = Extra help

- **Dual eligible beneficiaries are automatically “deemed” eligible for the Extra Help**
 - Extra Help is a program from Social Security that helps pay Medicare Part D costs
 - May pay for all, or some, of the monthly premiums, annual deductibles, and prescription co-payments
 - For 2017, the maximum drug copay for someone with extra help will be \$8.25

Dual Eligibles – Medicare and Medicaid

- **Medicaid and Medicare**
 - Go to any doctor that accepts BOTH Medicare and Medicaid
 - Medicare pays first
 - Medicaid pays secondary
 - Per Illinois regulations, doctors must be registered with Illinois Medicaid
 - Medicaid may or may not pay secondary with a Medicare Advantage plan

Spenddown

Using Spenddown to become Medicaid eligible

- Spenddown works similar to an insurance deductible for eligibility
- To “meet Spenddown”, client must show bills or receipts (for medical care, drugs or supplies) that are equal to your monthly spenddown amount
- Once Spenddown is met for that month, you are full Medicaid eligible for the rest of that month.
- If have Medicare and meet Medicaid Spenddown, just one time, they are considered “Full Dual Eligible” for that month and eligible for Extra Help with Part D
 - Until end of current year or current year & following year

Spenddown

■ Two Types of Medicaid Spenddown Programs

• Resource (Asset) Spenddown

- A person must meet the entire amount before they are eligible for a medical card. This type of spenddown only needs to be met once and a redetermination of eligibility is done annually.

• Income Spenddown

- A person can meet a set amount on a monthly basis to receive a medical coverage each applicable month. The spenddown amount is based on how much surplus income the person has that is over the allowable Medicaid income limit.

Resource Spenddown Example

■ Resource (Asset) Spenddown example

- Mr. Benny Fishery has resources that total \$6,000.
- Medicaid's resource limit for a single person at \$2,000
- Therefore Mr. Fishery is required to spenddown \$4,000 in resources (medical services) to qualify for a medical card.

Resource Spenddown Example	
Assets Available	\$6000
Resource Limit	- \$2000
Resource Spenddown	\$4000

Income Spenddown Example

Income Spenddown

- The amount of their monthly income that exceeds the Medicaid income limit is their monthly Spenddown amount.
- Example: \$1,250 monthly income, minus Medicaid \$25 income disregard = \$1225 countable income, minus \$990 income limit = \$235 monthly Spenddown

Spenddown Example:	
Beneficiary's gross monthly income	\$1250
Minus \$25 Medicaid income disregard	- 25
Countable income	\$1225
Minus the AABD income standard (single)	- 990
Monthly Spenddown Amount	\$235

Income Spenddown

Ways to meet income Spenddown

- *Paid* Receipts for medical expenses within the last 6 months, such as:
 - medical treatment
 - uncovered services
 - copays
 - transportation
 - Other insurance –Medicare premiums, supplements, other insurance
 - DRS/DDD/DoA home services
- *Unpaid* Bills for medical expenses
- *Pay-In* spenddown
 - Springfield Pay-In Spenddown Unit (800) 226-0768

Medicare Savings Programs (MSPs)

- The Medicare Savings Program (MSP) is a state **Medicaid program** that can **help to pay Medicare premiums, and possibly deductibles, and coinsurance** for Medicare beneficiaries MSPs are categorized into groups:
 - **Qualified Medicare Beneficiary (QMB)**
 - Pays Part A & B premiums, deductibles & coinsurance
 - **Specified Low-Income Medicare Beneficiary (SLMB)**
 - Pays Medicare Part B premiums
 - **Qualified Individuals (QI)**
 - Pays Medicare Part B premiums
- Eligibility for each program is determined by income and resources

Eligibility for these programs automatically qualify for Extra Help for Medicare Part D

Medicare Savings Program (MSP)

- Eligibility for each program is determined by income and resources

Program	Monthly Income Limit			Monthly Income Limit		State Pays For
	Single	Couple		Single	Couple	
QMB	\$990	\$1,335		\$7,280	\$10,930	Part A & B premiums, deductibles & coinsurance
SLMB	\$1,187	\$1,601		\$7,280	\$10,930	Medicare Part B premiums
QI	\$1,336	\$1,801		\$7,280	\$10,930	Medicare Part B premiums

Balance Billing of QMB's

Balance Billing is the practice where Medicare providers seek to bill a beneficiary for Medicare cost-sharing.

- Medicare cost-sharing can include deductibles, coinsurance, and copayments.
- The beneficiary is not responsible to pay the balance of Part B covered services after both Medicare and the QMB program pay their share

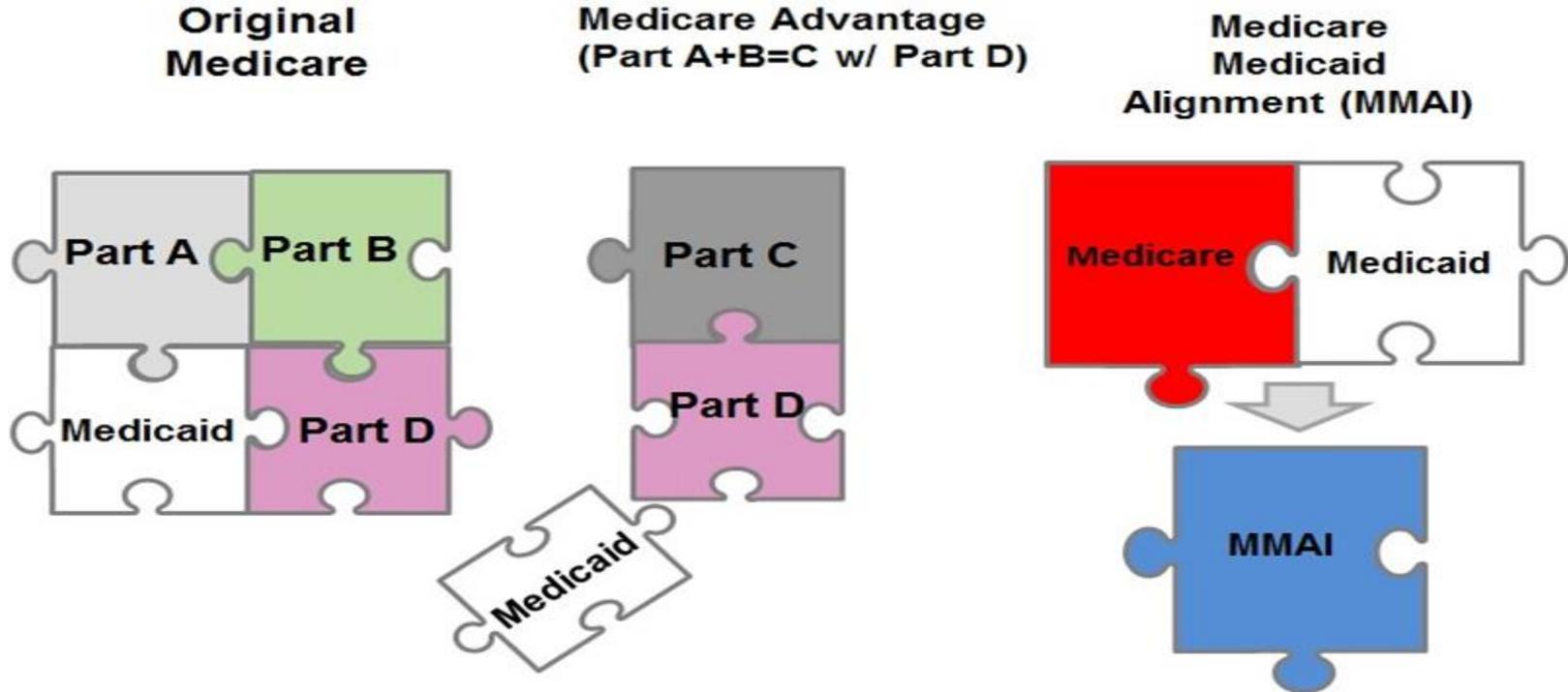
Example:	
Dr. Rich charges	\$ 1000.00
Medicare pays	- \$ 800.00
Medicaid (QMB) pays	- \$ 100.00
Balance	= \$ 100.00
Per Medicare law, the beneficiary is not responsible for any charges after both Medicare and QMB pay	

Medicare-Medicaid Alignment initiative (MMAI)

MMAI is a *joint initiative* of the Federal and State governments to improve quality of care for individuals eligible for both Medicare and Medicaid.

- Instead of receiving healthcare through two separate fee-for-service programs through Medicare and Medicaid:
 - They receive ALL of their benefits under one MMAI health plan,
 - Only one health plan card is used for the doctor, hospital, or pharmacy,
 - Can change plans at any time.
 - All enrollments must go through Illinois Client Enrollment Services at 1-877-912-8880 (TTY: 1-866-565-8576)

Medicare-Medicaid Alignment initiative (MMAI)



Medicare-Medicaid Alignment initiative (MMAI)

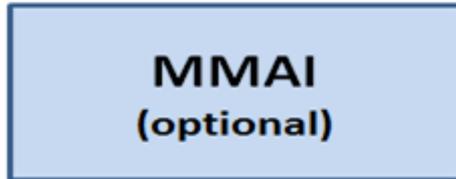
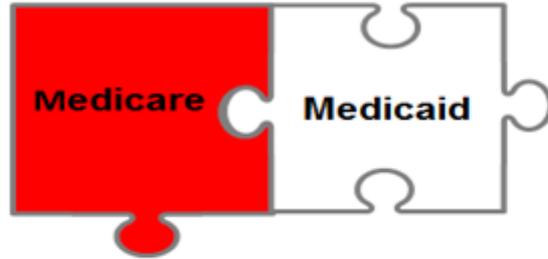
- MMAI is only being piloted in 21 counties within Illinois
 - **Greater Chicago:** Cook, Lake, Kane, DuPage, Will, Kankakee
 - **Central Illinois (N):** Knox, Peoria, Tazewell
 - **Central Illinois (S):** Champaign, Christian, DeWitt, Ford, Logan, Macon, McLean, Menard, Piatt, Sangamon, Stark, Vermilion

NEW - Managed Long Term Services and Supports (MLTSS)

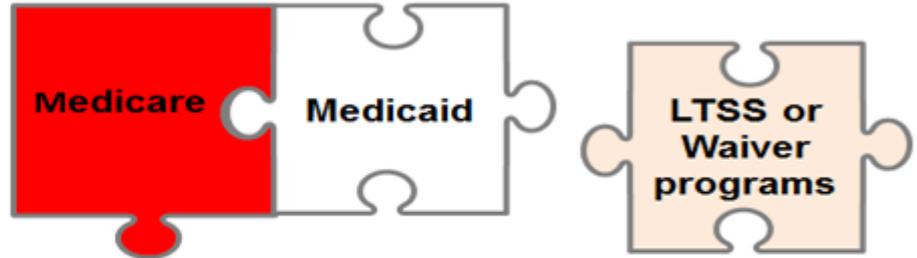
- **MLTSS** provides care to Dual eligible individuals who:
 - Live in a Long Term care facility or.
 - Receive waiver services
 - Elderly (Community Care Program participants)
 - Traumatic Brain Injury
 - HIV/AIDS
 - Physically Disabled
 - Supportive living Facility
- MLTSS is separate benefit from Medicare, Medicaid, & is included in MMAI

MLTSS - Mandatory

Medicare Medicaid Alignment Initiative (MMAI)



Medicaid Long Term Supports & Services (MLTSS)



Managed Long Term Services and Supports (MLTSS)

- For dual eligibles it is **mandatory** to enroll in a MLTSS plan if long term care or waiver services are needed
- Individuals who do NOT receive LTSS are not affected by this change
 - It is possible to have MLTSS through a MCO and still have traditional Medicare, Medicaid & Part D
- MLTSS is only implemented in Greater Chicago Area at this time
 - Central Illinois does not have enough MLTSS health plans available at this time

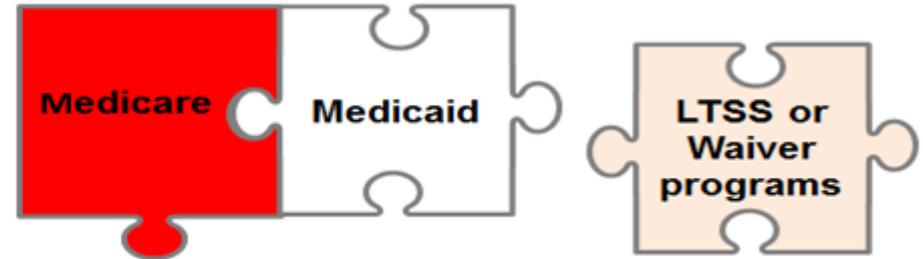
Only MLTSS is Mandatory

Medicare Medicaid Alignment Initiative (MMAI)



MMAI
(optional)

Medicaid Long Term Supports & Services(MLTSS)



MLTSS
(mandatory)

MLTSS Services

- **Under MLTSS, Medicaid Recipients Will Receive**
 - Care coordination from their MLTSS plan.
 - LTSS (homemakers, personal aid, emergency home response, etc.)
 - Non-emergency transportation,
 - Behavioral health services Medicaid covers that Medicare does not

MLTSS Scenarios

Scenario 1:

Current MMAI beneficiaries will receive their MLTSS services from their current MCO plan.
(no letter involved)

Scenario 2:

Individuals who have opted out of MMAI and receive LTSS services will get a packet that includes a letter, MMAI brochure, tip sheet and comparison charts.

There will be 90 day transitional period for newly eligibles.

Scenario 3:

Individuals who are new to MMAI will get an enrollment packet that includes a letter, a MMAI brochure, a tip sheet and plan comparison charts.

There will be 180 day transitional period for newly eligibles.

MLTSS

- MLTSS beneficiaries are “locked in” to their plan for one year.
- Dual eligibles are allowed to enroll into MMAI plans at any time.
 - So if have MLTSS and Medicare/Medicaid separately (opted-out), can always opt-in to full MMAI

Key Points

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Resources

Senior Health Insurance Program (SHIP)

Phone 1-800-548-9034

Web Page: www.state.il.us/aging/SHIP Or email SHIP at Aging.SHIP@illinois.gov

Healthcare and Family Services – IL Client Enrollment Services

Phone 1-877-912-8880

<http://enrollhfs.illinois.gov/choose/compare-plans>

MMAI Ombudsman, Illinois Dept. on Aging

Phone 1-800-252-8966

<http://www.illinois.gov/aging/pages/default.aspx>

Any Questions?

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800-252-8966

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