

Understanding dual-eligible health benefits

An overview for patients who may qualify for
both Medicare and Medicaid



About this guide

If you are like more than 12 million people aged 65 or older in the United States who may need extra assistance paying for some or all the costs of your healthcare, **you may qualify as a dual-eligible beneficiary.**¹ This means that you can receive health benefits through both Medicare and Medicaid.

These 2 government programs work together to pay for much of the care you need. This guide gives information about what it means to be dual eligible and how it can help you with the cost of your care.

Included is a list of websites that may help you learn more about dual eligibility (page 16) and important terms to know about your health benefits as someone who is dual eligible (page 18).

This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice.

If you have any questions about the information in this guide, be sure to ask your doctor or see the Resources section (page 16).



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Overview of Medicaid and Medicare

Dual-eligible beneficiaries receive healthcare benefits from both Medicare and Medicaid. Although these 2 programs have similar names, each program has different requirements. The following explains the differences between Medicare and Medicaid and how dual-eligible beneficiaries receive benefits when the 2 programs work together.

Medicaid

Medicaid is a health insurance program funded by federal and state governments. Unlike Medicare, for which most US citizens are eligible once they turn age 65, Medicaid pays the healthcare costs for certain individuals and families with low incomes and limited resources. The level of income and resources vary by the state you live in.²

How to apply for Medicaid

Application requirements vary by state. To apply, contact your state's Medicaid agency. Links to each state's Medicaid office website are available at <https://www.medicaidplanningassistance.org/state-medicaid-resources/>.

Medicare

Medicare is the federal health insurance program for³:

- ✓ People 65 or older
- AND/OR**
- ✓ Certain people under 65 with disabilities
- ✓ People with end-stage renal disease sometimes called ESRD (or a kidney transplant)



Medicare helps pay for healthcare services in 4 categories^{4,5}:

Part A (hospital insurance)	<p>Helps pay for hospital stays, care in a skilled nursing facility, hospice care, and some home healthcare</p>
Part B (medical insurance)	<p>Helps pay for certain doctors' services, outpatient care, medical supplies, preventive services, and most infusion services, such as chemotherapy and other medications administered in your doctor's office or hospital outpatient setting</p>
Part C (Medicare Advantage)	<p>Offered by private managed care companies that contract with Medicare to provide Part A and Part B benefits, and (if you choose) Part D drug benefits. Medicare Advantage plans may charge lower out-of-pocket costs (copayments, deductibles, or coinsurance) than fee-for-service (FFS) Medicare, but they may also require patients to use doctors who are in the plan's network</p>
Part D (prescription drug coverage)	<p>An optional benefit offered by private insurance companies that must follow rules set by Medicare. A Part D plan helps pay for most self-administered prescription drugs covered through a prescription drug plan</p>

Patients insured through Medicare can choose:

- Original Medicare (commonly called fee-for-service [FFS] Medicare): Patients receive Part A and Part B services directly through a plan administered by the federal government, which pays providers on an FFS basis. Patients may also purchase extra (or supplemental) insurance from a Medicare supplemental insurance company—often called Medigap—or from a former employer or union

OR

- Medicare Advantage (Part C)

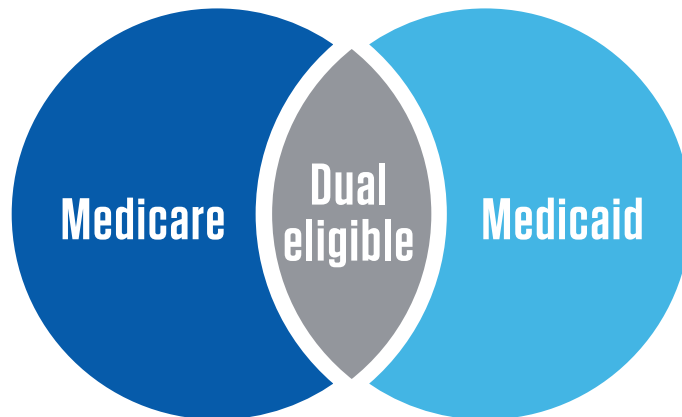
How to apply for Medicare

If you are collecting Social Security or getting benefits from the Railroad Retirement Board, you'll automatically get Part A and Part B, starting the first day of the month you turn 65.⁴ Other patients may need to sign up for Part A and Part B.

You can also contact your local Social Security Administration (SSA) office. You can find your local Social Security office at <https://secure.ssa.gov/ICON/main.jsp>.



What is a dual-eligible beneficiary?



Dual-eligible beneficiaries receive healthcare coverage through both Medicaid and Medicare. If you are enrolled in both programs, you may receive greater healthcare coverage and have lower or no out-of-pocket costs.

You may be able to receive dual-eligible coverage if you⁶:

- Qualify for **Medicare** because you are aged 65 or older or have a disability. This means you are enrolled in Medicare Part A (hospital benefits) and Part B (medical benefits) and you have the option to enroll in a Part D prescription drug plan (though it is not required).

AND

- Qualify for **Medicaid** because you meet income requirements and other state requirements. (These requirements are based on the state you live in.) You can go to <https://www.medicaid.gov/state-overviews/index.html> to find out if you are eligible for Medicaid in your state

All dual-eligible beneficiaries qualify for **full Medicare benefits**. However, the level of Medicaid benefits you may be eligible for **can vary** depending on your income and other assets⁷



Levels of coverage for dual-eligible beneficiaries: Full benefits and partial benefits

For people who qualify as dual eligible, Medicare and Medicaid work together to provide payment for your care.

Medicare is the primary payer for^{4,5}:

- ✓ Doctors
- ✓ Hospitals
- ✓ Skilled nursing after a hospital stay
- ✓ Certain home healthcare services, such as part-time skilled nursing care and physical and speech therapy
- ✓ Prescription drugs you pick up at a pharmacy (through automatically qualifying for the Extra Help program)
- ✓ Drugs infused at a doctor's office, such as chemotherapy drugs

Dual-eligible beneficiaries get additional services from Medicaid where Medicare leaves off. Depending on the level of coverage you qualify for, **Medicaid coverage** for dual-eligible beneficiaries may include^{8,9}:

- ✓ Long-term services, such as nursing homes
- ✓ Eye care
- ✓ Other home healthcare services that help you stay in your home. These services vary by state but may include adult day care, housekeeping services, and meal delivery
- ✓ Dental care
- ✓ Transportation to and from doctors
- ✓ Support and help with Medicare premiums, deductibles, and copayments

The type of coverage you may receive if you qualify as a dual-eligible beneficiary depends on your income and the type of assets you may have. Assets are resources such as checking and savings accounts, as well as stocks, real estate (other than your primary residence), and vehicles.⁸ Pages 8 through 10 provide more information on the types of coverage you may be eligible for based on your income and resources.



What is a dual-eligible beneficiary? (cont'd)

Full-benefit dual-eligible coverage

You may qualify as a **full-benefit dual-eligible beneficiary** if you are a US citizen or national and receive Supplemental Security Income, which provides cash assistance to people who are 65 and older, blind, or disabled and have limited income or resources.^{8,10} In [2023], this means that^{10,11}:

- Your monthly income is \$[914] for individual or \$[1,371] for a couple
- Your assets are limited to \$[2,000] for an individual (or a child) or \$[3,000] for a couple

If you qualify as a full-benefit dual-eligible beneficiary, you are enrolled in Medicare and receive full Medicaid benefits. This means that Medicaid may cover services that Medicare does not cover, such as⁸:



Nursing home care



Additional home healthcare services



Dental care



Eye care



Transportation to and from doctors

The type, amount, duration, and scope of services may vary from state to state. Not all services listed here are covered in every state.

If you are someone who qualifies as a dual-eligible beneficiary, Medicare will be the first program to cover your healthcare services. If you have full-benefit dual-eligible coverage, Medicare usually covers the cost of healthcare services, and Medicaid covers whatever Medicare does not fully cover (as long as that service is covered by your state's Medicaid program).⁸



Example* of a patient with full-benefit dual-eligible coverage

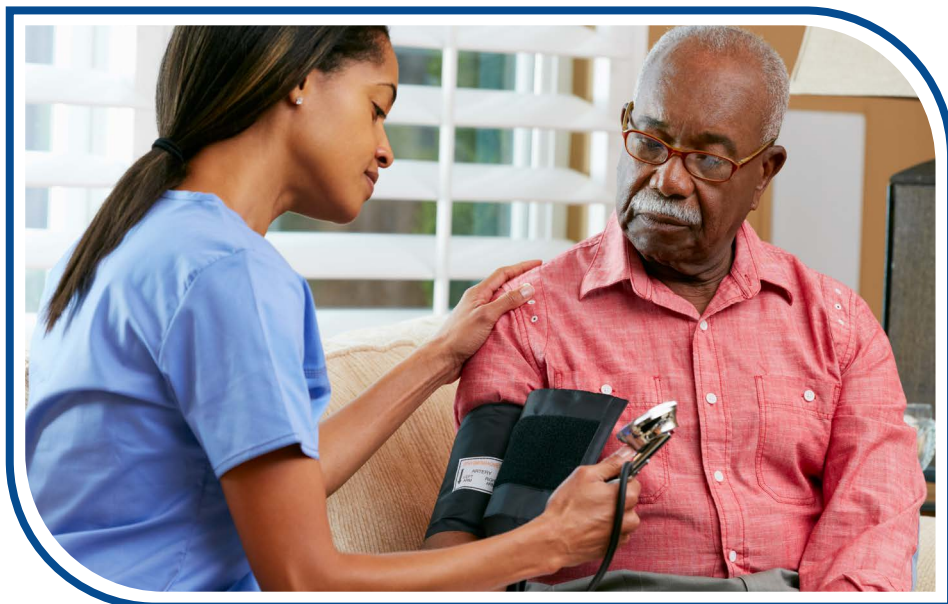
John is 80 years old and receives full-benefit dual-eligible coverage. He was recently diagnosed with cancer, which requires him to receive an infusion at his doctor's office. In addition, he recently had a stroke and spent 10 days in the hospital. As a result of his stroke, John's doctors and family decided that he should move into a nursing home, where he will receive care around the clock.

In this example, John's Medicare coverage pays for:

- ✓ John's hospital stay after his stroke
- ✓ Prescription drugs
- ✓ Any infused drug medications such as the one that treats his cancer
- ✓ Follow-up appointments with his doctor

John's Medicaid coverage pays for:

- ✓ John's residency in the nursing home
- ✓ All of John's Medicare deductibles, copays, and coinsurance from his hospital stay and doctors' visits



*All examples in this brochure are hypothetical. Contact your health plan or doctor if you have questions about specific coverage details.



What is a dual-eligible beneficiary? (cont'd)

Partial-benefit dual-eligible coverage

If you qualify as a **partial dual-eligible beneficiary**, Medicaid may pay for some or all of your Medicare Part A and/or Part B costs, such as your premium, deductible, copay, or coinsurance.

You may qualify as a partial dual-eligible beneficiary if you⁷:

- Get your health coverage through Medicare
- Have income and assets below a certain level

Medicaid pays for these costs through a program called a **Medicare Savings Program (MSP)**. There are 3 types of MSPs. The table below explains the MSPs available and how they may be able to help with some of your Medicare costs.¹²

Program name	How the program helps you	To qualify, your monthly income must be no more than...	...and your resources must be no more than...*
Qualified Medicare Beneficiary (QMB) Program	Helps pay for Medicare Part A and/or Part B premiums and your out-of-pocket costs, such as deductibles, copays, and coinsurance	\$[1,153] for an individual and \$[1,546] for a married couple	\$[8,400] for an individual \$[12,600] for a couple in [2022]
Specified Low-Income Medicare Beneficiary (SLMB) Program	Helps pay for Part B premium	\$[1,379] for an individual and \$[1,851] for a married couple	\$[8,400] for an individual \$[12,600] for a couple in [2022]
Qualified Disabled Working Individual (QDWI) Program	Helps pay for Medicare Part A premium if you have disabilities and are working	\$[4,615] for an individual and \$[6,189] for a married couple	\$[4,000] for an individual \$[6,000] for a couple in [2022]



Example* of a patient with partial-benefit dual-eligible coverage

Mary is 76 years old and is enrolled in original FFS Medicare and a Medicare Part D plan. She also qualifies for partial dual-eligible benefits through the Qualified Medicare Beneficiary (QMB) Program because her income was \$[11,000] in [2022], which is lower than 100% of the federal poverty level for [2022], with assets less than \$[7,000]. As a partial dual-eligible beneficiary, Mary qualifies for the following benefits through Medicare:

- ✓ Full coverage through Medicare Part A and Part B
- ✓ Doctors' office visits
- ✓ Hospital stays
- ✓ Drugs that may be infused in a doctor's office and covered under Part B
- ✓ Drug costs through Extra Help

Medicaid covers:

- ✓ Mary's Part A deductible and coinsurance for hospital stays
- ✓ Mary's Part B premium, deductible, copays, and coinsurance for her doctor's appointments and hospital stays

As a partial dual-eligible beneficiary, Mary **does not** receive the full amount of benefits available for those with full-benefit dual-eligible coverage, such as:

- ✓ Nursing home care
- ✓ Additional home healthcare services
- ✓ Dental care
- ✓ Eye care
- ✓ Transportation to and from doctors

Unsure if you are eligible?

Call or apply for an MSP if you think you may qualify for savings, even if your income or resources may be higher than the amounts listed in the table shown on page 10.

More information about these programs is available by calling your state Medicaid Program. You can find your state's contact information at <https://www.medicaid.gov/about-us/beneficiary-resources/index.html#statemenu>



Options for enrolling in both Medicare and Medicaid^{4,8}

If you qualify as dually eligible, you have many options for enrolling in plans that help pay for your care. The number of options may be different depending on the state you live in.

Medicare plans

Original Medicare, which includes Medicare Parts A (hospital insurance), B (medical insurance), and D (optional drug benefit coverage). (See page 5 for information about Original Medicare.)

Original Medicare (Parts A and B)

If you qualify for full dual-eligible benefits and you choose Original Medicare, Medicaid pays for healthcare services that **are not covered by Medicare** as well as Medicare premium and cost-sharing payments. If you qualify for partial dual-eligible benefits, Medicaid may pay for a portion of Medicare premium and cost-sharing payments, depending which MSP you qualify for. (See page 10 for information about how you may be eligible for MSPs.)

Medicare Advantage

See page 5 for information about Medicare Advantage (also known as Part C).

Similar to how Medicaid works with Original Medicare, Medicaid pays for services provided by the Medicare Advantage plan and pays for care that Medicare does not cover first.



Medicaid plans

Medicaid Managed Care

As with Medicare Advantage plans, states contract with private health plans to manage and deliver the care for Medicaid dual-eligible beneficiaries.

Combination plans

Dual-eligible Special Needs Plans (D-SNP)

These plans, available in some states, combine Medicare and Medicaid benefits into 1 plan. They are for people with chronic conditions, such as chronic heart failure, diabetes, dementia, or end-stage renal disease. These plans often include a group of doctors who specialize in treating your condition. They may also include a prescription drug benefit.

Programs of All-Inclusive Care for the Elderly (PACE)

Similar to D-SNPs, PACE plans provide medical and social services to medically frail and elderly individuals, most of whom qualify as dual eligible. Rather than placing patients in long-term care facilities, PACE helps patients receive care at home by assigning a team of doctors to coordinate treatment. PACE provides all the care and services covered by Medicare and Medicaid if authorized by your healthcare team.

To find out which plan may be right for you, visit your state's Medicaid website. You can find a listing of all states' agencies for Medicaid at <https://www.medicaid.gov/about-us/beneficiary-resources/index.html>



How to receive dual-eligible benefits

If you qualify as a dual-eligible beneficiary and you enroll in a D-SNP because you meet the criteria, you can enroll right away so you begin to receive the extra benefits that are available to you.¹³

If you already have Medicare and Medicaid, you can also switch plans once during the **Special Enrollment Period (SEP)** or during the **Medicare Annual Enrollment Period (AEP)**. As long as you are still eligible, your dual health plan will renew automatically each year. However, you will need to *recertify* that you are still eligible for Medicaid every year to stay qualified for a dual health plan.¹³ This means you may have to provide proof that your income and resource levels still qualify you to receive Medicaid benefits.

Enrollment periods¹³

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
SEP 1 (Jan 1-Mar 31)			SEP 2 (Apr 1-Jun 30)			SEP 3 (Jul 1-Sep 30)			AEP (Oct 15-Dec 7)		

When does eligibility begin?

Coverage starts depending on when you enroll¹³:

If you enroll...	Your coverage begins...
When you first become eligible	The first day of the month you qualify for Medicare
In the SEP	The first day of the next month
In the AEP	The first day of the next year

Note: If your SEP also happens to be during AEP, your coverage will begin the first day of the next month.



Will I be billed for services if I am dually eligible?

Depending on what level of dual-eligible benefits you qualify for, laws generally require either Medicare and/or Medicaid to cover most or all of the costs of your healthcare.¹⁴

However, there may be special situations where you **may be** billed for some of your healthcare costs. For example, if Medicare denies coverage for a service that it decides is not medically reasonable or necessary, your doctor may provide you with a notice, called an Advance Beneficiary Notice (ABN), that lets you know why Medicare **may not pay** for the service and the cost you may be charged if it does not.¹⁴

- ✓ If you are a **dual-eligible beneficiary with QMB** and decide to receive the service anyway, you may be responsible to pay out-of-pocket costs if Medicare does not pay for the service¹⁴
- ✓ If you are a **full-benefit dual-eligible beneficiary**, Medicaid may cover the service even if Medicare does not. However, you must make sure your doctor accepts Medicaid¹⁴

It is important you or a caregiver speak with your doctor to make sure they accept the health plan you choose as a dual-eligible beneficiary and that any services you receive are covered.

How to apply for Medicare and Medicaid

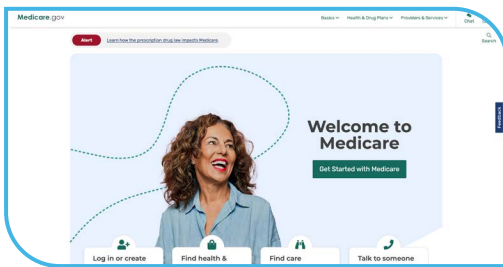
To apply for Medicaid, contact your state's Medicaid agency. Links to each state's Medicaid office website are available at <https://www.medicaidplanningassistance.org/state-medicaid-resources/>.

Remember:

It may take time for you to be approved as a dual-eligible beneficiary. Each state has its own rules and timelines. Be sure to provide as much information as you can when you first apply so the approval process is as quick as possible



There are numerous websites and online tools that can help you find out more information about dual eligibility. In addition, be sure to contact your doctor when you have questions. Your doctor is your best source of information.



Medicare.gov

The official government website that provides information about Medicare



Medicaid.gov

The official government website that provides information about Medicaid

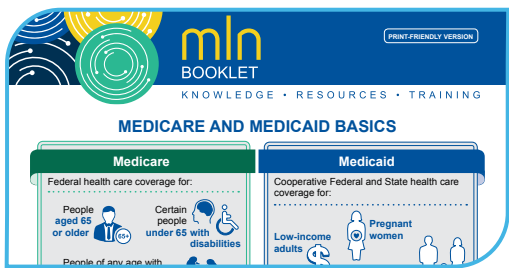


Seniors and Medicare and Medicaid Enrollees

This website explains what is covered by Medicaid and Medicare for dual enrollees and lists the [2023] financial requirements for specific programs. Available at

<https://www.medicaid.gov/medicaid/eligibility/seniors-medicare-and-medicaid-enrollees/index.html>





Medicare and Medicaid Basics

This brochure covers basic information about services provided through Medicare and Medicaid and includes a section on dual-eligible beneficiaries. Available at

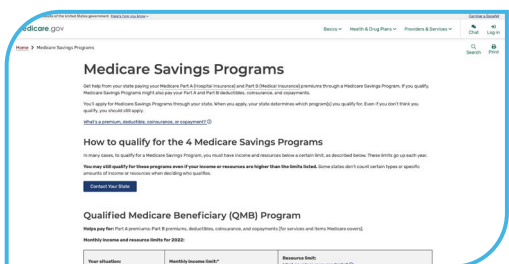
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProgramBasics.pdf>



Medicare-Medicaid Coordination Office

This website provides information about the office that helps dually eligible individuals receive coordinated care. Available at

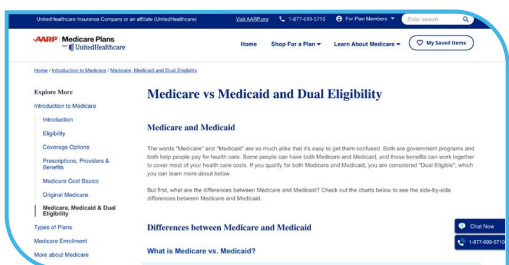
<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office>



Medicare Savings Programs

This website covers the programs that may help eligible people pay for their Medicare premiums and out-of-pocket costs. Available at

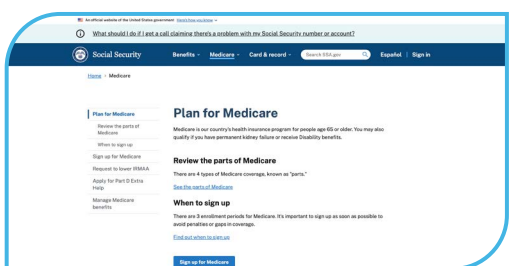
<https://www.medicare.gov/medicare-savings-programs>



AARP

This advocacy organization for older adults provides educational resources about healthcare options and sponsors medical insurance programs nationally. Available at

<https://www.aarpmedicareplans.com/medicare-education/medicare-medicaid-dual-eligibility.html>



Social Security Administration

This government organization handles Medicare enrollment applications and, if needed, can replace lost Medicare cards. Available at

<https://www.ssa.gov/benefits/medicare>



Important terms to know⁴

Copay or copayment

The amount you may be required to pay as your share for the cost of a doctor's visit, a hospital outpatient visit, or a prescription drug. Copays are generally a fixed amount, not a percentage of the total cost of care. For example, you might be charged \$5 or \$20 for a prescription drug.

Coinsurance

The amount you may be required to pay as your share for the cost of a doctor's visit or a hospital stay, after your deductible has been met. This is usually a specific percentage of the cost, such as 20% or 30% of the charges.

Deductible

The amount you must pay for prescriptions or healthcare before your insurance coverage begins to pay. The deductible amount for policies is announced annually before the start of each policy year.

Dual-eligible beneficiaries

People who qualify to receive both Medicare and Medicaid benefits.

Extra Help, also known as Low-Income Subsidy (LIS)

A Medicare program for people with limited resources and income, designed to help cover Medicare prescription drug program costs. This includes premiums, deductibles, and coinsurance.

Formulary

A list of the prescription drugs that an insurance plan will cover. This can include brand-name and generic drugs. Plans update their formulary coverage list, so you should periodically check for updates.

Inpatient rehabilitation facility

A hospital, or part of a hospital, that provides intensive rehabilitation programs to inpatients.



Long-term care hospital

A hospital that provides acute care for patients who require stays of 25 days or longer. Most patients transfer to these hospitals from an intensive care or critical care unit. These hospitals may provide comprehensive rehabilitation services, head trauma treatment, pain management, or respiratory therapy.

Medically necessary

Supplies or healthcare services needed to diagnose or treat an illness, condition, injury, disease, or related symptoms, and that meet accepted standards of medicine.

Premium

The payment made to an insurance company, Medicare, or a healthcare plan for health and/or prescription drug coverage.

Preventive services

Healthcare to prevent illness or detect illness at an early stage when treatment is likely to work best. This is also known as well care. Some examples of preventive services include flu shots, prostate-specific antigen (also called PSA) tests, breast screening mammograms, and Pap smear tests.

Primary care doctor

The doctor you see for most of your health care visits. The primary care doctor, also known as a primary care physician (PCP), will often be the caregiver who refers you to a medical specialist. Some health plans require that you first visit your PCP to get a referral before seeing a specialist.

Referral

A written order from a primary care physician (PCP), sending you to get certain medical services or meet with a medical specialist. Some health plans require you get a referral from your PCP before seeing a specialist, or else the plan may not pay for the services.

Skilled nursing facility (SNF) care

A specialized facility that provides skilled nursing care and rehabilitation services on a daily basis to the residents under their care.



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