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QMB/QMB PLUS				
Benefits & Qualifications	Description			
Benefits	<ul> <li>Medicaid pays Part A (if any) and Part B premiums.</li> <li>Medicaid is liable for Medicare deductibles, coinsurance, and copayments for Medicare-covered items and services.</li> <li>Even if Medicaid doesn't fully cover these charges, the QMB+ isn't liable for them.</li> <li>QMB+: Get full Medicaid coverage plus Medicare premiums and cost-sharing coverage.</li> </ul>			
Qualifications  Source: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-New	Income can be up to 100% of the FPL Resources limit: 3 times the SSI resource limit, increased annually by the Consumer Price Index (CPI).  2023: \$9,090 for an individual, \$13,630.00 for a couple QMB qualifications include enrollment in Part A (or if uninsured for Part A, have filed for premium Part A on a conditional basis).  Social Security Administration Program Operations Manual System section HI 00801.140 has more information.			
Source. https://www.cms.gov/outreacn-and-taucation/medicare-tearning-ne	twoix-imility/milityfroducts/Downloads/Medicare Beneficiaries Dual Eligibles At a Glance.pdf			

Specified Low-Income Medicare Beneficiary (SLMB)/SLMB PLUS					
Benefits & Qualifications	Description				
Benefits	<ul> <li>Medicaid pays Part B premium.</li> <li>SLMB+: Get full Medicaid coverage plus Medicare Part B premium coverage</li> </ul>				
Qualifications	<ul> <li>Income between 100%–120% of FPL.</li> <li>Resource limit: 3 times the SSI resource limit, increased annually by the CPI.</li> <li>2023: \$9,090 for an individual, \$13,630.00 for a couple.</li> <li>Enrolled in Part A.</li> <li>SLMB+: Also meet state-specific Medicaid eligibility</li> </ul>				

Source: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare Beneficiaries Dual Eligibles At a Glance.pdf



Qualifying Individual (QI)				
Description				
<ul> <li>Medicaid pays Part B premium.</li> <li>Benefits limited to first-come, first-served</li> <li>Annual funding allotment.</li> </ul>				
<ul> <li>Income between 120%–135% of FPL.</li> <li>Resources can't be more than 3 times the SSI resource limit, increased annually by the CPI.</li> <li>2023: \$9,090 for an individual, \$13,630.00 for a couple</li> <li>Enrolled in Part A.</li> <li>QI beneficiaries aren't eligible for any other Medicaid coverage.</li> </ul>				

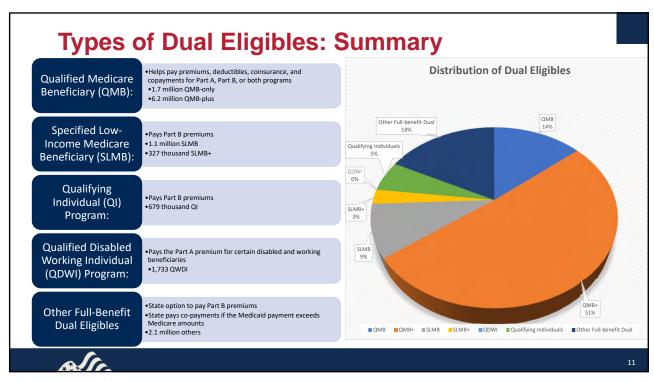
Qualified Disabled Working Individual (QDWI)				
Benefits & Qualifications	Description			
Benefits	Medicaid <u>pays Part A premium.</u>			
Qualifications	<ul> <li>Income up to 200% of FPL.</li> <li>Resources up to 2 times the SSI resource limit.</li> <li>Individuals under 65 with a qualifying disability who lost premium-free Part A coverage after returning to work and now must pay a premium to enroll in Part A.</li> <li>QDWI beneficiaries aren't eligible for any other Medicaid coverage.</li> </ul>			

Source: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicare Beneficiaries Dual Eligibles At a Glance.pdf



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Benefits & Qualifications	Description
Benefits	<ul> <li>Medicaid provides full Medicaid benefits</li> <li>Will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay to the extent necessary to pay the beneficiary's Medicare cost-sharing liability.</li> <li>Payment by Medicaid of Medicare Part B premiums is a state option</li> </ul>
Qualifications	<ul> <li>Entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits.</li> <li>Not eligible for QMB, SLMB, QDWI, or QI.</li> <li>Usually in Medicaid spend down or a Medicaid eligibility group that exceeds the MSP income requirements.</li> </ul>



### **Basic Overview of Dual Eligibility Payment**

### Medicare

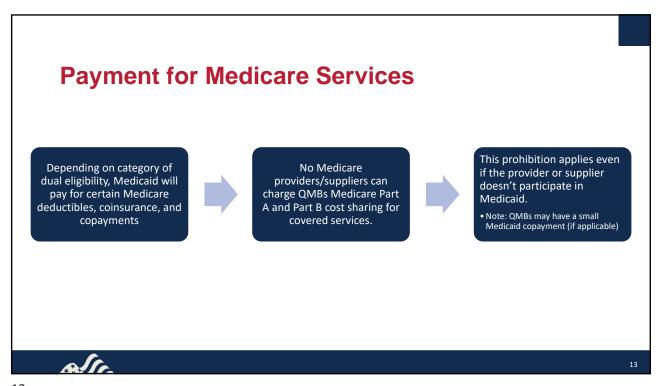
- Primary coverage for Dual Eligibles
  - Medicare is first source of payment
- Medicare coverage/authorization/payment rules apply

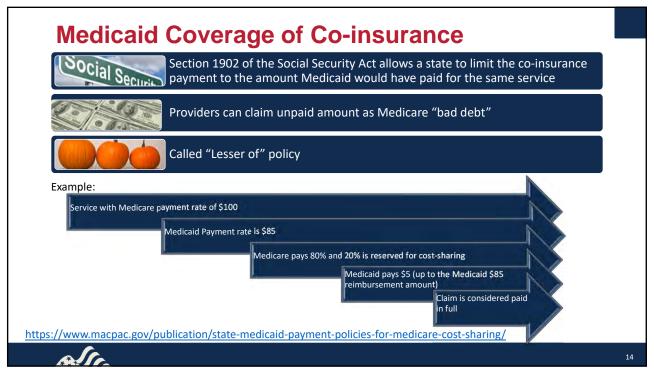
### Medicaid

- Covers premiums and co-insurance
- Covers "non-Medicare" services\*:
  - Long-term care
  - Dental
  - Hearing/Vision
  - Certain behavioral health

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### **States' Duals Payment Policy**

Policy Type	Hospital inpatient	Hospital outpatient	Nursing facilities	Physician services
Lesser of	34	33	35	38
Full Payment	7	7	6	5
Other	2	4	0	1

https://www.macpac.gov/publication/state-medicaid-payment-policies-for-medicare-cost-sharing/



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## **Advance Beneficiary Notice: Home Health Example for Duals**

Medicare and Medicaid both cover home health services.

CMS expects that the beneficiary will select "Option 1" and have a claim submitted to Medicare









Under the Medicare statute, an HHA will provide an ABN, to any Medicare beneficiary (including a dually eligible individual) before providing a service Pain point: participant does not meet "homebound criteria" and Medicare will reject

- Most states require Option 1 and rejection prior to Medicaid payment
- Change from some prior practice
- Other options available?

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• Due to challenges with appeals, benefits, and payments, policy has focused on improving "integration" and "coordination" of benefits for dual eligibles



- Most of these policies emphasize managed care as the path to integration:
  - Plan of All-Inclusive Care for Elderly (PACE)
  - Financial Alignment Demonstration
  - D-SNP Enrollment

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### **Dual Eligible Special Needs Plans**

Specialized Medicare Advantage plans for dual eligible individuals

As of February 2022, D-SNPs were operating in 45 states and the District of Columbia

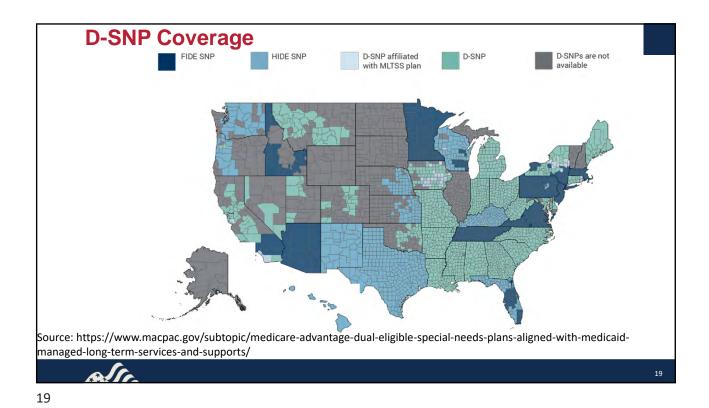
Approximately 3.8 million enrollees nationwide

### Different types:

- Fully-integrated
- Highly-integrated
- Affiliated with state-MLTSS
- D-SNP



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Financial Alignment Demos

Allows for shared savings of Medicare dollars

 Addresses a longstanding tension regarding Medicaid investments leading to Medicare savings

Capitated Utilizes threeway contracts between CMS, state, and plans

- Enrollment decreased from 429,073 to 307,748 between 2022-2023 due to phase-out
- All capitated MMPs transitioned to integrated D-SNPs by end of 2025

Managed Fee For Service

- WA state demonstrated savings through their Health Homes-based model
- CO did not have the same success

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# PACE Programs PACE: • Covers all Medicare Parts A, B, D benefits, all Medicaid-covered benefits, and certain other services and supports • 153 PACE organizations operating in 32 states and the District of Columbia • Over 300 PACE centers • Nearly 70,000 participants Eligibility: • Age 55 and older • Meet Medicaid nursing home level of care criteria • Usually (but not always) dual eligible PACE model: • Built around an adult day center • Must have care-team to manage the services Limited in size

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## Current Issues November 2022: Bi-partisan group of Senators (Cassidy, Carper, Cornyn, Menendez, Scott, and Warner) issued request for information on improving coverage and integration 2022-2023 various draft legislation has included • Creating new program (ie: Title XXII or Medicare "Part E") • Mandating that states develop an integration strategy • Providing additional funding for dual eligible integration • Expanding PACE Summary of 2022 legislation: <a href="https://www.healthaffairs.org/content/forefront/congress-considers-strategies-improve-medicare-and-medicaid-integration-dual-eligible">https://www.healthaffairs.org/content/forefront/congress-considers-strategies-improve-medicare-and-medicaid-integration-dual-eligible</a> Cassidy 2023 legislation: <a href="https://sachspolicy.com/wp-content/uploads/2023/05/Dual-Eligible-Legislation-Discussion-Draft.pdf">https://sachspolicy.com/wp-content/uploads/2023/05/Dual-Eligible-Legislation-Discussion-Draft.pdf</a>



### Thank you!

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