

Frequently Asked Questions on Dual Eligibles: Understanding what happens when a person with I/DD who receives Medicaid becomes eligible for Medicare

Dual Eligibles – General Information

1. Q: What is a “dual eligible”?

A: A person who has both Medicaid and Medicare is referred to as a dual eligible. Most individuals with intellectual and developmental disabilities (I/DD) who are “dual eligibles” received Medicaid first, and at a later time, they started to receive Medicare also. But occasionally, some individuals with I/DD may have Medicare first, and Medicaid starts later.

2. Q: Why are some people with I/DD eligible for Medicare when they are under the age of 65?

A: When the parent of an individual with I/DD retires and starts to collect Social Security, or if the parent becomes disabled or is deceased, then the individual with I/DD receives a Social Security Disability (SSD) benefit, calculated on the work record of the parent. An individual with I/DD may also start to receive SSD on his/her own work record. **After receiving the SSD benefit for 24 months, the individual with I/DD automatically starts to receive Medicare.** When individuals were previously receiving Medicaid, and then they start to receive Medicare too, they are referred to as dual eligibles.

3. Q: What are the different parts of Original Medicare?

A:

- Part A is Medicare hospital insurance
- Part B is Medicare medical insurance (visits to doctors’ offices, physical therapy, lab work, etc.)
- Part C is Medicare Advantage (Medicare managed care, also known as HMO. Note: If enrolling voluntarily in Medicare Advantage, the individual must use only the providers in that network)
- Part D is Medicare prescription drug coverage

4. Q: When an individual with I/DD has both Medicare and Medicaid, which coverage is primary, i.e., which coverage pays the doctors' bills first?

A: When individuals with I/DD have Medicaid first, and then Medicare is starting (after having SSD for 24 months) they would automatically be enrolled into Medicare A and B. For most dual eligibles*, Medicare becomes the PRIMARY insurance for hospital and medical benefits. **Medicare monthly premiums for Parts A and B will be paid by Medicaid;** however there may be a delay of 1 to 3 months before Medicaid starts paying for Medicare. If there is a delay, then the individual will be reimbursed by the Social Security Administration (SSA).

*There is an exception to the statement above that Medicare is always the primary payer (when individuals have both Medicare and Medicaid). The exception occurs when individuals have **health insurance from an employer, retiree, or union plan** in addition to Medicare and Medicaid. In those cases, sometimes the employer health insurance is primary, Medicare is secondary and Medicaid is last. In other cases, Medicare is primary, the employer health insurance is secondary and Medicaid is last. Which health insurance pays first is determined by the size of the employer, and whether the employee is actively working or retired. When a person is covered by employer health insurance, Medicare and Medicaid, the best way to learn which is primary is to contact the employer plan, or contact the State Health Insurance Assistance Program (SHIP) at 1-800-792-8820.

5. Q: What does Medicare Part B Help Pay for?

A: Medicare Part B can help pay for:

- Doctors' services (Inpatient and outpatient)
- Outpatient medical and surgical services and supplies
- Diagnostic tests & clinical laboratory tests
- Outpatient physical, speech, or occupational therapy
- Outpatient mental health services
- Some medications (See the Q & A below)
- Home health services
- Durable medical equipment
- Outpatient hospital services (i.e. Observation status in a hospital emergency department)
- Emergency ambulance services

6. Q: What is the Medicare Part B Coverage of Drugs?

A: Part B can cover 80% of the cost for specialty drugs that are:

- Not usually self-administered (ex: infusions/chemotherapy)
- Furnished and administered as part of a physician's service or

- Drugs used with durable medical equipment (ex: nebulizer or infusion pump)
- Immunosuppressive drugs for people who had Medicare covered transplant
- Oral cancer meds

After Medicare pays 80% for Part B covered prescriptions, the remaining cost should either be waived or billed to the consumer's Medicaid Managed Care Organization (MCO). (See question #8 below on Balance Billing)

Note: Most prescription drugs purchased at the pharmacy are covered through Medicare Part D (not Part B). For information on coverage of Medicare Part D drugs, see the separate heading titled, "Dual Eligibles and Prescription Medication."

7. Q: What does NJ Medicaid cover for dual eligibles?

A: NJ Medicaid covers all Medicare cost-sharing, Part A and Part B monthly premiums and late penalties, Part A and Part B deductibles and co-insurance (*paid in part or full by the Medicaid managed care organization or waived by the provider*). **NJ Medicaid also covers many services that are not covered by Medicare:**

- Dental
- Personal Care Assistance- through home health agency or Personal Preference Program (PPP)
- Eyeglasses
- Podiatrist
- Home Health Aides
- Medical Day Care
- Care Management
- Chiropractors
- Non-emergency medical transportation

Note: The above benefits are provided through the Medicaid MCO plan, but the dual eligible must use providers that are in-network with the Medicaid plan.

8. Q: What are Cost Sharing and Balance Billing Issues?

A:

- A Medicare provider must accept the amount that Medicare covers (and Medicaid payment, if any) as payment in full, without sending a "balance due" bill to the dual eligible.
- **However, Medicare providers can decide NOT TO TREAT a dual eligible because the provider would not be receiving the full payment that other patients would provide.**
- If the Medicare provider participates with the consumer's Medicare Advantage Plan, D-SNP or the Medicaid MCO, then the provider **MUST** treat the consumer.

9. Q: What Is Medigap? Can a dual eligible combine Medigap and NJ FamilyCare/Medicaid Insurance?

A: Medigap policies are sold by insurance companies to cover cost “gaps” in the Original Medicare Plan, such as co-pays for appointments with the doctor. Medigap is also called “**Medicare Supplement Insurance.**”

- If the individual is enrolled in NJ FamilyCare/Medicaid before becoming eligible for Medicare, they CANNOT purchase or switch a Medigap policy. This is a Federal prohibition and considered duplicative coverage.
- However, if the individual has Medicare and for some reason loses coverage under Medicaid, they can apply to purchase a Medigap policy.
- If an individual purchases Medigap BEFORE becoming eligible for NJ FamilyCare/Medicaid, they can keep the Medigap policy. This allows consumers access to more providers.
- Medigap Premiums are NOT covered by Medicaid. Premiums range from \$100 to \$300 per month.
- Consumers under age 65 who are not enrolled in NJ FamilyCare/Medicaid can only purchase a Medigap policy when they are new to Medicare (first 6 months of coverage), or other special circumstances (for example if private health insurance from employer/retiree or union coverage ends).
- An NJ SHIP counselor can answer questions about the Medigap rules and plans available. Contact the SHIP hotline at **1-800-792-8820**.

10. Q: What is SHIP (State Health Insurance Assistance Program) and how can SHIP counselors help dual eligibles?

A: SHIP is a statewide, locally-based program to help consumers navigate Medicare. SHIP is administered by the NJ Dept. of Human Services, Division of Aging Services (DoAS), and funded by the federal government. **SHIP provides free counseling for:**

- Information on all aspects of Medicare, including Part D – drug plans
- Questions about Medicare and Medicaid coverage (dual eligibility)
- Questions regarding private insurance in addition to having Medicare and Medicaid
- Dual Eligible Special Needs Plans (D-SNPs)
- Problems with claims, denials, or enrollment

SHIP counselors are trained and certified by DoAS, unbiased and do not sell or recommend any products. SHIP has 450 counselors based in local agencies throughout New Jersey. Half of the counselors are trained volunteers. For more information or to contact SHIP, please call the hotline at DoAS:

1-800-792-8820 or NJ SHIP website: <http://www.state.nj.us/humanservices/doas/services/ship/>

For additional information on Medicaid, Medicare and other health care information pertaining to individuals with intellectual and developmental disabilities (I/DD), see this website, which can also be accessed from The Arc of New Jersey's website: www.mainstreamingmedicalcare.org. You may also contact Beverly Roberts, Director, Mainstreaming Medical Care Program at The Arc of New Jersey at broberts@arcnj.org