

Dual Eligibles & Medicare Savings Programs



Pennsylvania Health Law Project
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About PHLP

- Statewide non-profit legal organization dedicated to ensuring access to public health coverage and services
- What we do:
 - Helpline for clients and advocates
 - Free legal services
 - Community education/trainings
 - Monthly email newsletter
 - Policy Advocacy



Agenda

1. Dual eligibility
2. Medicare Savings Programs
3. Unwinding reminders and background
4. Information for older adults/people with disabilities who lose Medicaid during the unwinding
 - Medicare SEPs after loss of Medicaid
 - Medigap Guaranteed issue opportunity
 - Extra Help
 - PACE/PACENET
5. Sources of help

Dual Eligibility

Dual Eligibles

People that have Medicare and some level of Medicaid

High need and high cost population

Need help coordinating benefits, understanding coverage, accessing care

Transitions are especially challenging

Medicare

Federal health insurance program

- Covers more than 65 million people in US, over 2.8 M in PA
- Social Security Administration and Centers for Medicare & Medicaid Services administer program

Eligibility

- People age 65+, people on SSDI for 2 years, & people with ESRD/Kidney Transplant

Coverage

- Parts A, B, C, and D
- Original Medicare + Part D or a Medicare Advantage plan

Costs

- Monthly premiums, deductibles, and coinsurance/copays

Medicaid

Federal/State Health Insurance Program

- Covers 3.6 M people – approx. 14% are dual eligibles
- PA Dept of Human Services administers, local County Assistance Offices determine eligibility

Many ways to qualify

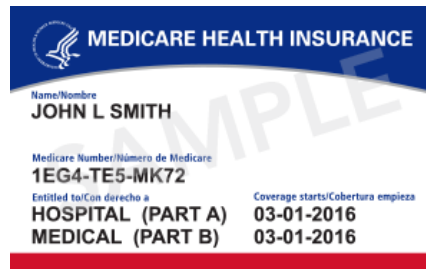
- SSI, Healthy Horizons, Long-Term Services & Supports (Waivers or Nursing Home), MAWD, Medicare Savings Programs (buy-in), MAGI/Medicaid Expansion, and more...

Can be only insurance or a secondary insurance

- Medicaid is always the payer of last resort
- Full dual eligibles have full secondary coverage through Medicaid; partial duals don't have full Medicaid

Full Dual Eligible Coverage Basics

MEDICARE



- Primary insurance
- Pays first for most health care services
- Part D with Extra Help covers prescription drugs
- Billing protections may apply

MEDICAID



- Covers Medicare Part A and B deductibles & coinsurance/copays
- Adult Benefit Package includes services not covered by Medicare (i.e., dental, vision, incontinence supplies)
- Covers OTC meds
- May pay Medicare premium (if eligible)
- Billing protections apply

More Dual Eligible Basics

All dual eligibles generally automatically qualify for full Extra Help

- Once it's turned on the year-it stays on for the entire year!

Dual eligibles can choose any Medicare health or drug plan they want

- Certain drug plans will be zero-premium – see www.phlp.org
- Certain Medicare Adv plans will be zero-premium with Extra Help
- D-SNPs are one coverage option available – some allow partial duals to enroll; D-SNPs only provide Medicare coverage; Medicaid is still second and separate coverage.

Dual eligibles don't have a choice of Medicaid delivery system but may choose physical health managed care plan

- Most are in Community HealthChoices – have choice of CHC Plan
- Some duals are in Medicaid fee-for-service (ACCESS Card) – people getting ID/Autism Waivers/Base Services; people in HIPP
- Most are in Behavioral Health HealthChoices – managed care plan set by County

Medicare Savings Programs

AKA Medicare “buy-in” program

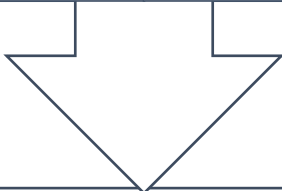
See PHLP [MSP Guide](#)

Medicare Savings Programs

Medicaid programs that help pay Medicare Part A and B costs

Covers Part B premium & maybe Part A premium

May cover deductibles and copays



Can help people get enrolled in Part B

Any late enrollment penalty is eliminated & can enroll at any time of the year

Medicare Savings Programs - benefits

Qualified Medicare Beneficiary (QMB) – 100% FPL

- State pays Part B premium (and Part A premium, if applicable)
- Also provides coverage for Medicare Part A and B deductibles and covers Medicare cost-sharing through ACCESS card

Specified Low-Income Beneficiary (SLMB) – 120% FPL

- State pays Part B premium

Qualified Individual (QI-1) – 135% FPL

- State pays Part B premium
- Cannot have QI-1 and full Medicaid (i.e. through MAWD or waiver)

Part A buy-in

Medicaid can pay the Part A premium, if eligible

- People on SSI, People in Healthy Horizons or QMB cost-sharing
- Sometimes Part B buy-in happens but Part A does not
- See MAEH 388.2 and Policy Clarification [PMA 20789-388](#)

Reach out to CAO and ask for Part A buy-in

- If someone is not on Medicaid at all, have them apply
- Once goes through – client should get new Medicare card showing Part A and B
- DHS doing data sweeps to catch people & enroll in Part A buy-in

Unwinding Reminders and Background

Continuous Eligibility Protections for People on Medicare

Continuous Eligibility Protections
in place from 3/2020-3/2023

- PA Medicaid not allowed to end or be reduced unless voluntary withdrawal, move out of PA, person passed away

Starting November 2020, federal
rule change affecting protections
for people on Medicare

- Allowed people on Medicare to have their Medicaid reduced to MSP only
- Lawsuit (Carr v. Beccera) filed in late 2022 challenged this change

Continuous Eligibility Protections
Ended as of 4/1/2023

- Normal Medicaid eligibility rules are back in effect
- Everyone's coverage can end or be reduced
- Renewal required before changes are made!

Carr v. Becerra Order (1/31/23)

- Class: People reduced from:
 - Full MA to Part B Buy-In Only, or
 - Qualified Medicare Beneficiary (QMB) to other Part B Buy-In categories (SLMB/QI-1)
- Injunction
 - Cease reductions during MA continuous coverage
 - Retroactively reinstate



Carr Clarifying Order (3/2/2023)

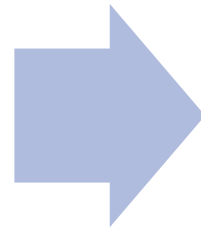
- People whose Medicaid was reduced to MSP-only since November 2020 must have their Medicaid reinstated back to the date of termination
- People whose benefits were reduced since November 2020 should have been reinstated moving forward and retroactively – can contact CAO and ask for reinstatement if needed.
 - Coverage going forward: Put back in the CHC plan had before
 - Retro coverage: Through ACCESS card

COVID-Maintained

- 1.3 million + MA maintained due to COVID continuous coverage (“**COVID Maintained**”)
 - ≈ 600,000 “COVID Flag”
(information indicating no longer eligible)
 - ≈ 800,000 Overdue Renewals
 - ≈ 272,000 Overlap between above groups
- Data Tracker by County - www.dhs.pa.gov/PHE/Pages/Unwinding-Progress-Tracker.aspx
- Medicaid OPS Memo 23-03-03 outlines Unwinding Policy

When Can DHS Act on Changes?

People must
report changes to
the County
Assistance Office



CAO action depends on
whether someone is
COVID-maintained

- If person is COVID-maintained – no action until normally scheduled full renewal
- If not COVID-maintained, CAO redetermines eligibility based on changes.
 - If benefits end or are reduced → termination notice with appeal rights

Change in Circumstances COVID Maintained

- Rita is on Medicare and has been on Medicaid since December 2019.
- During the PHE, Rita remembers seeing some renewal forms from DHS, but never returned any of them.
- In July 2023, Rita receives an \$11,000 inheritance that is reported to the CAO. The CAO does not act on the change in circumstances because Rita is Covid Maintained.
- Rita's Medicaid eligibility is reviewed at their regularly scheduled renewal in December 2023. Rita's MA may end or get reduced depending on her resources at the time of renewal.



Change in Circumstances Not COVID Maintained



- Martha has been a dual eligible since September 2019.
- Every September, she fills out and returns her renewal paperwork.
- She last renewed in September 2022 and she continued to meet the eligibility criteria for Healthy Horizons.
- Martha gets a part-time job in July and reports her new income. The CAO reviews her income and determines she is above the Healthy Horizons limit but eligible for an MSP.
- Martha receives a notice reducing her Medicaid in August 2023 to MSP only.

CAO Must Review for All MA Categories

Healthy Horizons

QMB

SLMB

QI-1

MAWD

Workers with Job Success

Waiver

... and more

[PHLP's 2023 Monthly Income and Resource Limits For Medicaid & Other Health Programs](#)

Unwinding Takeaways

- Renewals:
 - Normal Medicaid eligibility & renewal rules resumed April 1st
 - Over the next year, everyone getting Medicaid will have coverage renewed
 - People **must** complete their renewal paperwork to keep coverage
- Reconsideration:
 - People can still submit renewal paperwork after their renewal due date.
 - If someone loses coverage for not completing a renewal, they have **up to 90 days** to submit the renewal paperwork to have coverage reinstated.
- People should get written notice ***before*** benefits end or change.
- Appeal **within 15 days** to keep benefits in place!

Information for Older Adults/People with Disabilities Who Lose Medicaid During Unwinding

Keep in mind...

Managed care plans cover entire month!

- If get termination notice, Community HealthChoices plan will last through the end of the month; so will Behavioral Health plan

D-SNP grace period

- People enrolled in D-SNPs can remain enrolled for up to 6 months after they lose Medicaid.
- Should connect with PA MEDI for counseling about whether to change Medicare plans before the end of the grace period.

New Medicare Part A and B SEP

Helps people eligible for Medicare but who did not enroll timely or dropped coverage

Available to those who lose Medicaid coverage on or after January 1, 2023

Must enroll in Medicare within 6 months

No late enrollment penalty!

Fill out CMS-10797 and mail/fax to Social Security

Attach copy of Medicaid termination notice.

Choose Medicare Start Date

Back to date of MA termination (must pay back premiums) or month after enroll through SEP

DHS sending notice about SEP to people age 65+ with Medicaid but no Medicare

Special Enrollment Periods for Medicare Parts C and D

Lose eligibility for Medicaid

- Three months after the loss of eligibility or notice, whichever is later

People with Extra Help

- Can use once per quarter during first three quarters of the calendar year

Lose eligibility for Special Needs Plan

- Begins the month eligibility changes and ends three months after the effective date of involuntary disenrollment from the SNP

Medigap Guaranteed Issue Opportunity

- **New, time-limited opportunity** to enroll in a Medigap plan for people who lose Medicaid during the unwinding of the COVID continuous coverage protections.
 - Medigap insurers should not deny coverage, charge higher premiums based on health conditions, or impose pre-existing condition coverage exclusions
 - Use within 63 days of losing Medicaid in most cases
- See our newsletter [article](#) and the [notice](#) in the PA Bulletin

Extra Help

Lowers Medicare Part D costs

- Premiums, deductibles, and copays

Any Medicaid = automatic full Extra Help

- People whose benefits are reduced to MSP only continue to automatically qualify for FULL Extra Help

Extra Help lasts for entire calendar year (at least)

- If Medicaid ends before 7/1/2023, EH ends 12/31/2023
- If Medicaid ends **after 7/1/2023**, EH ends 12/31/2024

After Extra Help ends

- Notice sent to people losing automatic eligibility in Sept
- Can apply to SSA - See PHLP's [Extra Help Guide](#)

PACE/PACENET

Prescription program for older adults with limited incomes.

To qualify, someone:

- Must be age 65 or older
- Be PA resident for at least 90 days
- Meet income limits—looks at **last year's income**:
 - PACE: \$14,500 (single); \$17,700 (married)
 - PACENET: \$33,500 (single); \$41,500 (married)

PACE/PACENET program information

Funded by
the PA
lottery

Only looks
at income

Note:
Amount paid
for Medicare
Part B
premium
does not
count

Can have
other drug
coverage

PACE-\$6/\$9

PACENET-
\$8/\$15
(+premium
if no Part D)

Creditable
Coverage
for
Medicare
Part D

How to Apply

Online

- <https://pacecares.magellanhealth.com>
- Helpful FAQs and other program information on the site

Fax

- 1-888-656-0372

Mail

- PACE/PACENET, PO Box 8806, Harrisburg, PA 17105-8806

Email

- papace@magellanhealth.com

Phone

- PACE Customer Service at 1-800-225-7223
- Have income and insurance information available

Sources of Help



pennsylvania

Medicare Education and Decision Insight

[PA MEDI](#) - Free Medicare counseling – Statewide Helpline – 1-800-783-7067

- If fully on Medicare refer for:
 - Counseling on Medicare plans and program options
 - Assistance switching Medicare Rx and Medicare Advantage (health) plans
- If not on Medicare (or only partially) refer for:
 - Assistance with new 6-month Special Enrollment Period after loss of MA to enroll in Medicare Part A and B without a late enrollment penalty
 - Help with new Medigap guaranteed issue opportunity



- [Pennsylvania's health insurance marketplace](#) for ACA coverage
- Income-based subsidized premiums. Reduced cost sharing for some
- Most people substantively ineligible for MA sent to Pennie automatically (Not people on Medicare)
- Open to lawfully present immigrants ineligible for MA too
- **Special Enrollment Periods**
 - Enroll within 120 days of losing MA (60 days for retro coverage)
 - Only applies during Unwinding
 - MA coverage loss date = date MA managed care plan coverage ends
 - Households with income \leq 150% FPL can apply to Pennie at any time (for now)

Medicare - 1-800-MEDICARE; www.medicare.gov

- Can answer questions about Medicare, help research Medicare Advantage and Part D plans, take complaints, check Extra Help status; set up account at medicare.gov

CAOs/DHS Customer Service Center - 1-877-395-8930/215-560-7226 Philly; [COMPASS](#)

- Answer questions about Medicaid category or coverage status, take updates to contact information, confirm application/renewal received, local office list [here](#)
- Medical Assistance Eligibility Handbook and Long Term Care Handbook [here](#)

PHLP – 1-800-274-3258; staff@phlp.org

- Advice about Medicaid eligibility
- Help troubleshooting eligibility problems
- Advice/representation on Medicaid eligibility appeals

Helpful Info

- PHLP's previous unwinding trainings & other consumer education materials – find in [PHLP's Resource Library](#)
- DHS unwinding website: <https://www.dhs.pa.gov/PHE/Pages/PHE-Individual-Communications.aspx>
- [Unwinding Ops Memo](#)

Case Example - Ted

- Ted is on Medicaid through the MAGI/Medicaid Expansion Category. He turned 65 in November 2022. In December, the CAO reduced his benefits to MSP only (SLMB category). He is up for renewal in December 2023. What will happen to Ted's Medicaid?
- Ted is impacted by the Carr v. Beccera litigation – in early April, the CAO should have reinstated Ted's full Medicaid benefits back to December when they got reduced.
- His coverage is through a CHC plan moving forward.
- His coverage from December 2022-April 2023 is through the ACCESS card
- When he has his renewal in December, he will likely move back to SLMB after the renewal is processed. He should get a notice about this.
- Ted should have automatically qualified for full Extra Help as of November 2022

Case Example - Rebecca

- Rebecca is in MAWD. She had a renewal in February 2023 and still qualified. She turned 65 in March 2023.
- She turned down Medicare Part B because she didn't think she needed it with the Medicaid coverage, but qualified for free Part A and was auto-enrolled into a Part D plan with Extra Help.
- She is over income and resources for MSP. She is up for renewal in February 2024.
- Rebecca's Medicaid coverage changed to CHC after she turned 65 – she kept her Medicaid because of continuous coverage protections still in place in March, but she was moved out of MAWD to a different category.
- At renewal in February 2024, she will likely lose Medicaid. She should receive a written termination notice with the right to appeal.
- She should contact PA MEDI for help – she can use the Part B SEP to enroll in Medicare Part B with no late enrollment penalty. PA MEDI can counsel her about Medicare plan options (Medigaps, Medicare Advantage, etc).
- Rebecca should have full Extra Help until 12/31/2024

What should happen during the unwinding for Rebecca?

Case Example-Sam

- Sam is 80 years old. He gets Medicaid QMB benefits and he has Medicare. He is up for renewal in July. He is having problems reading his mail because of his macular degeneration. Sam doesn't return his renewal paperwork. What happens to Sam's Medicaid?
- Sam will lose his Medicaid for failing to return his renewal packet and will get a notice about this.
- Sam continues to get Extra Help (until 12/31/2024).
- Sam's daughter comes to visit him in September and sees all the paperwork. She calls someone for help and submits the renewal paperwork and asks for reconsideration.
- The CAO reviews Sam's situation and turns back on his QMB benefits back to when they ended.

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Questions?

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