Welcome to Colorado’s Medicare-Medicaid Program, Medicare Training Webinar

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We will start promptly on the hour.
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Audio Setup Wizard

Chat Pod

Status
Today’s Moderator

Sophie Thomas

• Will be helping with:
  ➢ Speaker introductions
  ➢ Managing questions & chat
  ➢ Providing technical assistance
Today’s Presenters

Van Wilson
• Medicare-Medicaid Program Project Manager

Matt Vedal
• Medicare-Medicaid Program Specialist

Nicholas Cogdall
• Medicare-Medicaid Policy Intern
Accountable Care Collaborative: Medicare-Medicaid Program

Medicare Training Webinar

For care coordinators who serve Medicare-Medicaid Clients

The Department of Health Care Policy and Financing
ACC: MMP Team
Our Mission

Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources
Today’s Agenda

• ACC: MMP 101
• Medicare Basics
• Medicare Savings Plans
• ACC: MMP Eligibility and Coverage
• Overlapping Medicare-Medicaid Benefits
• Medicare Resources
Today’s Agenda

- ACC: MMP 101
  - Medicare Basics
  - Medicare Savings Plans
  - ACC: MMP Eligibility and Coverage
  - Overlapping Medicare-Medicaid Benefits
  - Medicare Resources
ACC: MMP 101

• Began enrolling Medicare-Medicaid clients in the Accountable Care Collaborative in September 2014
• Concluded “phased-in” enrollment in May 2015
• Approximately 30,000 enrollees state-wide
• Continue to enroll newly eligible clients
ACC: MMP 101

• For the first time, clients with both Medicare and Medicaid are now part of the ACC

• RCCOs and their delegates are engaging clients in care coordination

• RCCOs are building partnerships with providers across the continuum to better coordinate care
Improving Communication

RCCO

Hospitals - SNFs - Hospice - CCBs - BHOs - SEP - Disability Orgs - Home Health
**ACC: MMP Coverage**

Full Benefit Medicare-Medicaid Enrollees:

- Medicare Parts A, B, D and full Medicaid benefits
- Medicaid pays for Part A and Part B premiums, deductibles, coinsurance, and co-pays
- Medicare pays first, then Medicaid pays for any additional costs
- Almost all health care costs are covered
Today’s Agenda

✓ ACC: MMP 101

➤ Medicare Basics

• Medicare Savings Plans
• ACC: MMP Eligibility and Coverage
• Overlapping Medicare-Medicaid Benefits
• Medicare Resources
Medicare Basics

Medicare is:

- Federal government health insurance for:
  - Age 65 and older
  - Under age 65 with certain disabilities
Who is Eligible for Medicare?

U.S. citizens, or

- Lawful permanent residents with five consecutive years of residence in U.S.

- Must have paid payroll taxes in the U.S. for 10 years, and:
  - Age 65, or
  - Disabled, and on SSDI, for 24 months, or
    - Amyotrophic Lateral Sclerosis (ALS), or
    - End Stage Renal Disease (ESRD)
How Does Someone Enroll?

• If already receiving Social Security
  ➢ Auto-enrolled into Medicare Part A and Part B when they turn 65, or in the 25th month of SSDI

• If not auto-enrolled, they must take action to enroll (unless they have creditable health coverage from employer or union)

• If covered by employer, they need not enroll in Medicare (if coverage is ‘creditable’)
Original Medicare Coverage

Part A = Inpatient Hospital
- Usually no monthly premium
- $1,260 Deductible
- 20% Co-insurance

Part B = Outpatient (office visits, x-rays, labs)
- $104.90/month premium (higher if income is >$85,000)
- $147 Deductible
- 20% Co-insurance per visit

8/11/2015
Part D = Prescription Medications

- Monthly premium
- Co-pay or co-insurance per prescription
- Coverage by private insurer
**Medicare Parts and Costs continued**

- **Part C = Medicare Advantage**
  - Combines Parts A, B and usually D
  - Private insurers
  - HMOs and PPOs
  - Special Needs Plans
  - Monthly premiums to Medicare and to the insurance carrier
  - Co-insurance or co-pay
Today’s Agenda

✓ ACC:MMP 101
✓ Medicare Basics

 ➢ Medicare Savings Plans
  • MMP Eligibility and Coverage
  • Overlapping Medicare-Medicaid Benefits
  • Medicare Resources
Medicare Savings Plans (MSP)

Help pay for Medicare Part A (hospital insurance) and Part B (medical insurance) deductibles, coinsurance, and copayments.

4 kinds of MSP

1. **Qualified Medicare Beneficiary (QMB)**
2. Specified Low-Income Medicare Beneficiary (SLMB)
3. Qualifying Individual (QI)
4. Qualified Disabled and Working Individuals (QDWI)
### MSP Program Criteria

<table>
<thead>
<tr>
<th>Program</th>
<th>Income Criteria</th>
<th>Resources Criteria</th>
<th>Medicare Part A and B Entitlement</th>
<th>Benefits</th>
</tr>
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<tbody>
<tr>
<td>QMB Plus</td>
<td>≤ 100% FPL • Meets Financial criteria for full Medicaid benefits</td>
<td>≤ 3 times SSI resource limit</td>
<td>Part A</td>
<td>• Medicaid pays for Part A and Part B premiums, deductibles, coinsurance, and copayments; and, • Full Medicaid benefits</td>
</tr>
<tr>
<td>QMB Only</td>
<td>≤ 100% FPL</td>
<td>≤ 3 times SSI</td>
<td>Part A</td>
<td>• Medicaid pays for Part A and Part B premiums, deductibles, coinsurance and copayments for Medicare services</td>
</tr>
</tbody>
</table>
ACC:MMP Eligibility Categories

Two types:

1. Qualified Medicare Beneficiary Plus (QMB+, Dual)
2. Full Medicare and Medicaid
ACC: MMP Eligibility

1. Qualified Medicare Beneficiary Plus (QMB+, Dual)
   - $\leq$ 100% FPL
   - $\leq$ 3 times SSI resource limit, or $8780

   • Meets financial criteria for full Medicaid benefits
     - Individual monthly income limit $933
     - Married couple monthly income limit: $1,331
ACC: MMP Eligibility (cont’d)

2. Full Medicare and Medicaid
   ➢ Not eligible for MSP
   • Eligible for Medicare Part A and Part B
   • Eligible for full Medicaid benefits
     ➢ Income and resource requirements vary
   • Medicaid pays for Medicare deductibles, coinsurance, and copayments
Coverage for ACC:MMP Clients
(not exhaustive)

Medicare
- Hospital Care
- Physician & Ancillary
- Skilled Nursing Facility*
- Home Health Care
- Preventative Services
- Mental Health Services
- Durable Medical Equipment
- Prescription

Medicaid
- Medicare Cost sharing
- Nursing Home*
- Home and Community-Based Services
- Hospital*
- Dental/Vision/Hearing†
- Some Prescriptions*$
- Durable Medical Equipment
- Mental Health Services
- Substance Abuse Services

Dependent on Medicaid Benefit package: State-Plan or HCBS Waiver
Part D for MMP Clients

Clients that have Medicare Part A or Part B, are eligible for Part D.

Once eligible for Part D, Medicaid can no longer cover prescriptions.

MMP clients are auto enrolled in a Part D Rx plan

- Can change plans at any time
Extra Help Program

Low Income Subsidy (LIS) for Medicare prescription drug costs

- Covers premiums for “benchmark” plans, deductibles, co-pays, no donut hole

- Continuous enrollment period

- Automatic if Medicaid or Medicare Savings Program

- Others apply to SSA [www.ssa.gov/prescriptionhelp/](http://www.ssa.gov/prescriptionhelp/)
Coverage in Practice

Medicare is primary payer, Medicaid is “last-resort”

• If it is a Medicare covered service,
  - Provider provides the service and bills Medicare
  - Claims then “cross over” to Medicaid for payment of beneficiary cost sharing and for services Medicare does not cover

• Medicare-Medicaid clients \textit{should not} be billed for any services
  - Exception: Medicaid co-pays
Prior Authorizations in Medicare

Original Medicare:

• General rule is no prior authorization

• Medicare processes claims after service is delivered

• Advance Beneficiary Notification (ABN)
  ➢ Says Medicare unlikely to pay
  ➢ Requires beneficiary to agree to be responsible
  ➢ If no ABN and Medicare denies, provider may not charge
Today’s Agenda

✓ ACC:MMP 101
✓ Medicare Basics
✓ Medicare Savings Plans
✓ MMP Eligibility and Coverage

➤ Overlapping Medicare-Medicaid Benefits

• Medicare Resources
Overlapping Benefits

- Skilled Nursing Facility
- Home Health
- Hospice
- Durable Medical Equipment
Skilled Nursing Facility (SNF)

- Medicare limits 100 days, often less
- Must require skilled care, no custodial care
- Improvement standard does not apply
- Need 3 day Part A hospital stay for Medicare coverage
  - Emergency room and observations services are considered outpatient care, not inpatient
  - Observation care and inpatient admissions often look the same. Always ask for the official status!
SNF Issues for Clients

• Access to wider range of facilities if under Medicare

• Hospitalization of Medicaid SNF resident can restart Medicare coverage
  ➢ Financial incentive for unnecessary hospitalization.
Home Health

• Both Medicare and Medicaid cover

• Medicare has homebound requirement
  ➢ Medicaid does not

• For Medicare coverage, client must require intermittent skilled nursing or PT, OT or speech-language pathology

• Improvement standard does not apply
Hospice

Medicare pays for hospice care while Medicaid pays for room and board

• Reimbursed through an all-inclusive, per diem rate. Includes:
  ➢ Care by an interdisciplinary team
  ➢ Medications
  ➢ Supplies
  ➢ DME
  ➢ Additional treatments

• No Co-payments
• 9 month limit
Durable Medical Equipment (DME)

- Covered by both Medicare and Medicaid
- Medicare coverage is limited for use in home
- Must be prescribed by an appropriate physician, physician’s assistant or nurse practitioner
  - Must be within the scope of the prescribing provider’s license
- Must be medically necessary
DME Issues for Clients

• Medicaid always payer of last resort

• Medicare usually does not use prior authorization
  ➢ Only processes claim after delivery
  ➢ Medicaid won’t review claim until after a Medicare denial.

• Suppliers want to know they will be paid before they deliver DME. Client left without DME
Other Issues?
Today’s Agenda

✓ ACC:MMP 101
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✓ Medicare Savings Plans
✓ MMP Eligibility and Coverage
✓ Overlapping Medicare-Medicaid Benefits

➢ Medicare Resources
For help with Medicare

SHIP- State Health Insurance Assistance Program

• 16 SHIP Locations in Colorado
  ➢ 1-888-696-7213 (for Consumers)
  ➢ 1-866-665-9668 en Español

• State SHIP Office: 303-894-2946
  ➢ Dora.Colorado.gov/SHIP

• Medicare National Office: 1-800-MEDICARE
Understanding Medicare Coverage

Medicare & You Handbook provides basic information on Medicare coverage, coverage limits, and payment obligations of the beneficiary.

[www.medicare.gov/Pubs/pdf/10050.pdf](www.medicare.gov/Pubs/pdf/10050.pdf)

Evidence of Coverage booklet of each Medicare Advantage plan and Prescription Drug Plan explains coverage and cost for that plan.

- Available by calling plan, on plan website or through [www.Medicare.gov](www.Medicare.gov)
Medicare-Medicaid Advocate

Single, statewide ombudsman for Medicare-Medicaid Enrollees

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Thank You!