

## What We Will Cover Today

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Today's presentation will review the following:

- What is a Special Needs Plan?
- Dual Eligible Special Needs Plan (D-SNP)
- Eligibility for Enrollment in a D-SNP plan
- Who are Dual Eligibles?
- Dual Eligible Definitions
- Two Categories of Dual Eligibility
- Medicare Savings Programs
- Medicare and Medicaid Together
- What is Medicare Extra Help?
- 2020 LIS or Extra Help Guidelines

## What is a Special Needs Plan?

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- Under the Medicare Modernization Act (MMA) of 2003, congress created a specialized Medicare Advantage plan for individuals with special needs.
  
- The MMA of 2003 laid out the following regulations to govern Special Needs Plans (SNPs):
  - SNPs are allowed to target, market and restrict enrollment to one or more types of special needs individuals.
  - SNPs are paid on the same basis as other Medicare Advantage plans.
  - SNPs must offer Part D benefits.
  
- They provide “Specialized” health care services through coordinated care.

## What is a Special Needs Plan, continued

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- D-SNPs are a type of Medicare Advantage (MA) [Special Needs Plan](#). Most D-SNPs are health maintenance organization (HMO) plans, though some are preferred provider organization (PPO) plans.
  
- Each state determines which D-SNPs a carrier can offer and the benefits they can include. Generally speaking, D-SNPs include the following:
  - Care coordination
  - \$0 monthly premiums
  - Over-the-counter quarterly benefits
  - Dental, vision, and hearing benefits
  - Transportation benefits
  - Gym memberships
  - Telehealth services

# Dual Special Needs Plan (D-SNP)

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□ There are three types of Special Needs Plans:

1. Dual Special Needs Plans (D-SNP)

- For members who are entitled to Medicare Part A and/or Part B and are eligible for Medicare and some form of Medicaid

2. Chronic Special Needs Plans (C-SNP)

- For members with severe or disabling chronic conditions

3. Institutional Special Needs Plans (I-SNP)

- For beneficiaries who are expected to reside for 90+ days in a long-term care facility, skilled nursing facility (SNF), nursing facility (NF), intermediate care facility for the mentally retarded (ICF/MR) or an inpatient psychiatric facility or for those living in a community but who require an institutional level of care

For purposes of this presentation, we will focus on D-SNPs

## Eligibility for Enrollment in a D-SNP plan

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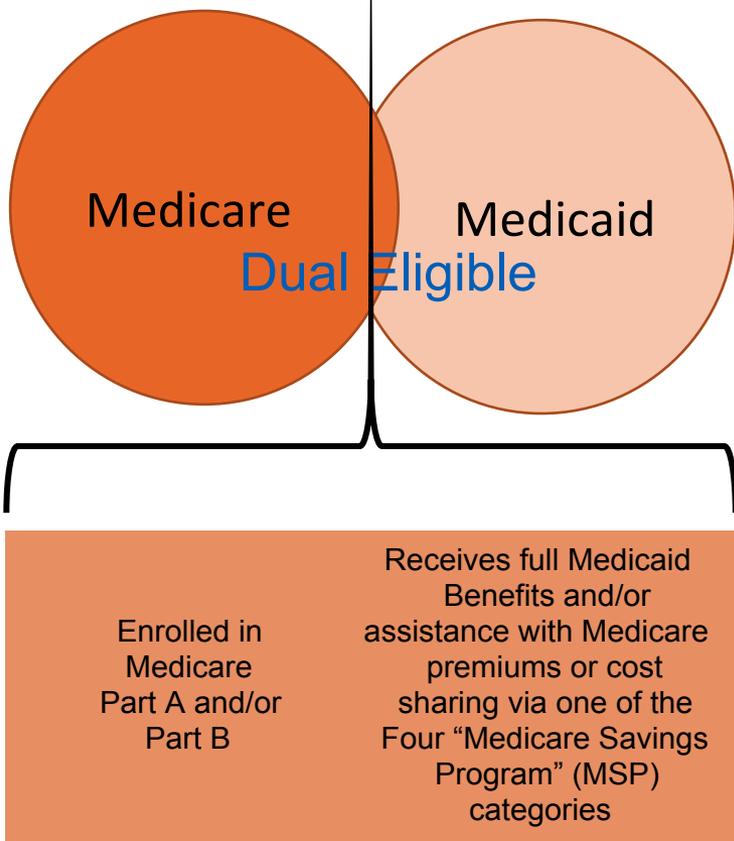
- Be entitled to Medicare Part A and/or Part B
- Be a state resident
- Be a US citizen or qualified non-citizen
- If receiving additional assistance, file for any other benefit to which they are entitled
- Disclose any rights to third-party liability
- Does not have End Stage Renal Disease (ESRD) at time of enrollment

## Eligibility for Enrollment in a D-SNP plan, continued

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- Special Election Period (SEP) – all DSNP members can move from plan to plan one time per quarter for the first nine months of the year while they are Medicaid Eligible. The SEP may **NOT** be used during the fourth quarter of the year.
- For those that lose Medicaid Eligibility, they have a SEP beginning the month they receive the notice of the loss of eligibility, plus two additional months to make an enrollment choice.
- Must receive care from contracted plan providers
- Meet Medicaid eligibility requirement for their state as determined in the DSNP Agreement

## Who are Dual Eligibles?



### Primary coverage for dual eligibles:

- Medicare is always primary
- Medicaid is the payer of last resort and supplements Medicare coverage

### How do people become dual eligible?

- Qualify on the basis of assets and income through the Medicare Savings Program (MSP)
- Eligibility for SSI
- Other optional means such as medically needy or through Section 1115 waiver; state specific

### Duals may be "full benefit duals" or "partial benefit duals"

- Full duals are eligible for Medicaid benefits
- Partial duals are only eligible for premium and for some levels, assistance with Medicare cost share
- States set asset levels that determine full benefit status

# Dual Eligible Definitions

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## Full dual eligible

- Refers to those who receive full Medicaid benefits and are also enrolled in Medicare.
- People who are full dual eligible typically receive Supplemental Security Income (SSI) benefits, which provide cash assistance for basic food and housing needs.
- Qualifying as full dual eligible is based on your assets, which include checking and savings accounts, stocks, real estate (other than your primary residence) and vehicles (if you own more than one).

## Partial dual eligible

- Includes those who receive assistance from Medicaid in order to help pay for Medicare costs such as premiums, coinsurance or deductibles.
- Partial dual eligible fall into one of four categories of eligibility for Medicare Savings Programs.

# Two Categories of Dual Eligibility

## 1. Full Medicaid

- Income is generally between 0-135% of the Federal Poverty Line (FPL) but varies by state
- Includes primary and acute services secondary to Medicare
- The Member is held harmless for Medicare A & B deductibles, co-pays, and coinsurance for all Dual Eligible with Full Medicaid (generally extras such as transportation, dental, vision, hearing, non-Part D Rx, etc.)

## 2. Medicare Savings Programs (MSP)

- MSP consists of the 5 categories below and also QMB+ and SLMB+ (neither offered in the State of Maine):

QMB:

SLMB:

QI:

QDWI:

FDBE:



## Medicare Savings Program

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- Qualified Medicare Beneficiary (QMB) Only
- QMB (QMB) Plus (this is not offered in Maine)
- Specified Low-Income Medicare Beneficiary without other Medicaid (SLMB) Only
- Specified Low-Income Medicare Beneficiary with other Medicaid (SLMB) Plus (this is not offered in Maine)
- Qualifying Individual (QI)
- Qualified Disabled and Working Individual (QDWI)

# Medicare Savings Program

Medicare Savings Program (MSP) Assistance	Part A Premium covered?	Part B Premium covered?	Part A & B Cost Sharing Covered?	Full Medicaid Benefits Provided?
Qualified Medicare Beneficiary (QMB)	YES	YES	YES	NO
QMB Plus (QMB+)	YES	YES	YES	YES
Specified Low-Income Medicare Beneficiary (SLMB)	NO	YES	NO	NO
SLMB Plus (SLMB+)	NO	YES	YES	YES
Qualifying Individual (QI)	NO	YES	NO	NO
Qualified Disabled Working Individual (QDWI)	YES	NO	NO	NO
Full Benefit Dual Eligible (FBDE)	YES	YES	YES	YES
<b>FBDE *</b>	<b>NO</b>	<b>NO</b>	<b>√YES</b>	<b>√YES</b>

## Medicare Savings Program - QMB

A Medicare Savings program (MSP) is a federally funded program administered within each state that helps lower income people pay for Medicare premiums, deductibles, copayments and coinsurance.

*States may vary in determining eligibility categories, therefore, there may be state-specific differences in the eligibility levels in comparison to those listed here.*

### Qualified Medicare Beneficiary (QMB):

#### Eligibility:

- Entitled to Medicare Part A
- Income of 100% Federal poverty level (FPL) or less (varies by state) - no more than \$1,061 per month for an individual in 2020, or \$1,430 per month for a married couple
- Resources of no more than \$7,730 for an individual in 2020, or \$11,600 for a married couple
- Resources that don't exceed three times or less the limit for Supplemental Social Security Income (SSI) eligibility

#### Benefits:

- Medicare Part A premiums, if any
- Medicare Part B premiums
- Medicare Parts A and B Cost Sharing (deductibles, co-pays and coinsurance)
- Income of 100% Federal poverty level (FPL) or less (varies by state)
- Resources that don't exceed three times or less the limit for Supplemental Social Security Income (SSI) eligibility

#### Benefits Do NOT Include:

- Out-of-pocket (OOP) costs for the deductible, premium, coinsurance or co-pays for Medicare Part D prescription drug coverage

## Medicare Savings Program - SLMB

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A Medicare Savings program (MSP) is a federally funded program administered within each state that helps lower income people pay for Medicare premiums, deductibles, copayments and coinsurance.

*States may vary in determining eligibility categories, therefore, there may be state-specific differences in the eligibility levels in comparison to those listed here.*

### Specified Low Income Medicare Beneficiary without other Medicaid (SLMB):

#### Eligibility:

- Entitled to Medicare Part A
- Income of 100% Federal poverty level (FPL) but less than 120% FPL (varies by state) - no more than \$1,269 per month for an individual in 2020, or \$1,711 per month for a married couple
- Resources of no more than \$7,730 for an individual in 2020, or \$11,600 for a married couple
- Resources that don't exceed three times or less the limit for Supplemental Social Security Income (SSI) eligibility
- Is not otherwise eligible for Medicaid benefits

#### Benefits:

- Medicare Part B premiums

#### Benefits Do NOT Include:

- Out-of-pocket (OOP) costs for the deductible, premium, coinsurance or co-pays for Medicare Part D prescription drug coverage

## Medicare Savings Program - QI

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A Medicare Savings program (MSP) is a federally funded program administered within each state that helps lower income people pay for Medicare premiums, deductibles, copayments and coinsurance.

*States may vary in determining eligibility categories, therefore, there may be state-specific differences in the eligibility levels in comparison to those listed here.*

### Qualified Individual (QI):

#### Eligibility:

- Entitled to Medicare Part A
- Income at least 120% FPL, but less than 135% FPL (varies by state) - no more than \$1,426 per month for an individual in 2020, or \$1,923 per month for a married couple
- Resources of no more than \$7,730 for an individual in 2020, or \$11,600 for a married couple
- Resources that don't exceed three times or less the SSI limit
- Is not otherwise eligible for Medicaid benefits

#### Benefits:

- Medicare Part B premiums

#### Benefits Do NOT Include:

- Out-of-pocket (OOP) costs for the deductible, premium, coinsurance or co-pays for Medicare Part D prescription drug coverage

## Medicare and Medicaid Together

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How do Medicare and Medicaid work together?

For dual eligible beneficiaries, Medicare serves as the **primary payer**, and Medicaid acts as the **secondary payer**.

That means Medicare is the first to pay for covered services and items, and then Medicaid will help pay some or all of your remaining costs.

## What is Medicare Extra Help?

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Extra Help is a federally funded program that helps pay for out-of-pocket costs related to Medicare prescription drug coverage. Extra Help is also known as the Medicare Part D Low-Income Subsidy (LIS). Assistance that may be provided includes:

- Help paying Part D premiums
- Lowered out-of-pocket costs of prescription drugs
- An annual Special Enrollment Period to enroll in a Part D plan or switch to a new one
- Elimination of Part D late enrollment penalties

You automatically qualify for Extra Help if you are enrolled in Medicaid, Supplemental Security Income (SSI) or a Medicare Savings Program.

You may still qualify for Extra Help if you are not enrolled in any of those programs but still have income and assets below a certain limit.

# 2020 LIS or Extra Help Guidelines

## 2020 MEDICARE EXTRA HELP: STANDARD PART D COST SHARE

CMS Co-pay Category	Your Eligibility	Your Premium Subsidy	Deductible you pay (if applicable)	Your Standard LIS Cost Share				Levels
				Deductible Stage Initial Coverage Stage \$4,020 Coverage Gap Stage		Catastrophic Stage \$6,350		
				Generic	Brand	Generic	Brand	
3	<b>Full Subsidy (FBDE)</b> -Full Benefit Dual Eligibles (FBDE) Individuals -Institutionalized Beneficiaries -Beneficiaries receiving home and community-based services	100% <sup>1</sup>	\$0	\$0	\$0	\$0	\$0	LIS 1
2	<b>Full Subsidy (QMB+, FBDE)</b> -Full Benefit Dual Eligibles (FBDE) Individuals -Non-Institutionalized Beneficiaries -Up to or at 100% FPL	100% <sup>1</sup>	\$0	\$1.30 <sup>2</sup>	\$3.90 <sup>2</sup>	\$0	\$0	LIS 2
1	<b>Full Subsidy (SLMB+, FBDE)</b> -Full Benefit Dual Eligibles (FBDE) Individuals -Non-Institutionalized Beneficiaries -Over 100% FPL OR <b>Full Subsidy (QMB, SLMB, QI)</b> -Non-FBDE Individuals -QMB / SLMB / QI, SSI -Income at or below 135% FPL and resources <= \$9,060 (Individuals) or <= \$14,340 (couples)	100% <sup>1</sup>	\$0	\$3.60 <sup>2</sup>	\$8.95 <sup>2</sup>	\$0	\$0	LIS 3 & 4
4	<b>Partial Subsidy (QDWI)</b> -Income below 150% FPL with resources between \$9,060-\$14,100 (individual) or \$14,340 - \$28,150 (couples)	100%, 75%, 50% or 25% <sup>1</sup>	\$89 <sup>2</sup>	15% <sup>2</sup>		\$3.60 <sup>2</sup>	\$8.95 <sup>2</sup>	100%=5/6 75%=7 50%=8 25%=9
0	<b>No Subsidy Assistance</b>	0%	\$435 (unless your plan has a lower deductible)	Varies by region (Deductible and Initial Coverage Stages) 25% co insurance (coverage gap stage)	Varies by region (Deductible and Initial Coverage Stages) 25% co insurance (coverage gap stage)	Greater of 5% or \$3.60	Greater of 5% or \$8.95	N/A

1. If you qualify for 100% subsidy, you may still pay a premium depending on the plan you select.

2. During the Initial Coverage Stage: Any time the actual cost of drugs or the plan's non subsidized co-pay is less than the subsidized co-pay, the member pays the lesser amount. CMS Co-pay Category 4 members who pay 15% coinsurance, pay the applicable 15% of the daily, 30 or 90 day cost of the drug. Subsidized members pay ONE co-pay, regardless of the number of days (30 or 90) they are getting filled.