Medicare and Low-Income Programs
Medicare and Low-Income Programs

CONTENT

• Medicare vs. Medicaid
• Medicaid and Spend Down
• CHIP Program
• Medicare Savings Programs
• Medicaid and Advantage Plans
• Low Income Subsidy (Extra Help)
# Medicare vs. Medicaid

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>National program that is consistent across the country</td>
<td>Statewide programs that vary among states</td>
</tr>
<tr>
<td>Administered by the Federal government</td>
<td>Administered by state governments within Federal rules (Federal/state partnership)</td>
</tr>
<tr>
<td>Eligibility based on age, disability, or End–Stage Renal Disease (ESRD)</td>
<td>Eligibility based on need; financial and non-financial requirements</td>
</tr>
<tr>
<td>Nation’s primary payer of inpatient hospital services to the elderly and people with ESRD</td>
<td>Nation’s primary public payer of acute health, mental health, and long-term care services</td>
</tr>
</tbody>
</table>

[ODI Ohio Department of Insurance]
Dual Eligible Beneficiary

• Dual eligible means eligible for Medicare and Medicaid
  - You may receive payment by Medicaid of your
    • Part A and/or Part B premiums
    • Other Medicare cost-sharing
  - Coverage of certain services not covered under Medicare
Mandatory Medicaid State Plan Benefits

- Physician services
- Laboratory and X-ray
- Inpatient hospital
- Outpatient hospital
- Early Periodic Screening & Diagnostic Testing
- Family planning
- Rural and Federally-qualified health centers
- Freestanding birth center services
- Nursing facility services for adults
- Home health
- Cost sharing for Dual Eligibles
- Transportation to medical care
- Tobacco cessation
Optional Medicaid State Plan Benefits

• Dental services
• Prescription drugs
• Therapies – PT/OT/Speech/Audiology
• Prosthetic devices, optometry services, eyeglasses
• Podiatry services
• Case management
• Clinic services
• Hospice
• Intermediate Care Facility for the Mentally Challenged
• Psychiatric Residential Treatment Facility for <21
• Other diagnostic, screening, preventative and rehabilitative services
• Special services in waivers and demonstrations
Aged, Blind, Disabled

• Apply if you are aged, blind, or disabled and
  – Are terminally ill and want to get hospice services
  – Live in a nursing home with limited income and resources
  – Need nursing home care (may get community care services)
  – Eligible for Medicare with limited income and resources
Non-Financial Requirements

- State resident
- Citizen or qualified alien
- Must have Social Security number
- Assignment of rights to medical support and payment
- Always check with Medicaid on what documentation they need
Financial Requirements

• Divided into two broad areas
  – 2016 Income requirements
    • $663/mo single
    • $1,120/mo married
  – 2016 Resource requirements
    • $1,500 single
    • $2,250 married

• Special Rules
  – Those who live in nursing homes
What is Income?

• Anything that could purchase food or shelter

• Two types
  – Earned income
    • Wages and salary
    • Compensation for work
  – Unearned income
    • Social Security Disability Insurance
    • Retirement benefits
    • Interest and dividends
What are Resources?

• Cash
• Anything owned that can be converted to cash
• Liquid resources
  – Savings accounts
  – Stocks and bonds
  – Other assets that could be cashed
• Real estate (other than the person’s home)
Medicaid and Spend Down

- Can qualify for Medicaid on a monthly basis if income is over the limit but resources are at or below
- Must meet the difference between income and Medicaid limit in health care expenses
- Qualify for Medicaid for the rest of the month
- Qualify one month at a time
Spend Down

• Mary is single and her monthly income is $693, which is $30 over the Medicaid limit. She can qualify for Medicaid after spending $30 on medical expenses such deductibles, copays and Part D out-of-pocket costs.

• She would be eligible for Medicaid for the rest of the month and would need to qualify again for the next month.
Children’s Health Insurance Program (CHIP)

- Provides health insurance for children
  - Up to age 19 and those not already insured
- Federal/State partnership
- States set own guidelines within federal rules
Medicare Savings Programs

• Help from Medicaid to pay Medicare premiums
  – For people with limited income and resources
  – May also pay Medicare deductibles and coinsurance (QMB)
2016 Medicare Savings Programs*

Qualified Medicare Beneficiary (QMB)
QMB acts like a free Medicare supplement policy. QMB pays: Part B premium, all deductibles and coinsurance that Medicare does not pay

QMB Eligibility

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income:</td>
<td>$1,001</td>
<td>$1,348</td>
</tr>
<tr>
<td>Total resources:</td>
<td>$7,280</td>
<td>$10,930</td>
</tr>
</tbody>
</table>

Specified Low Income Medicare Beneficiary (SLMB)
SLMB pays the Medicare Part B premium

SLMB Eligibility

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<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income:</td>
<td>$1,197</td>
<td>$1,613</td>
</tr>
<tr>
<td>Total resources:</td>
<td>$7,280</td>
<td>$10,930</td>
</tr>
</tbody>
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Qualified Individual (QI)
QI pays the Medicare Part B premium

QI Eligibility

<table>
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<th>Single</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income:</td>
<td>$1,345</td>
<td>$1,813</td>
</tr>
<tr>
<td>Total resources:</td>
<td>$7,280</td>
<td>$10,930</td>
</tr>
</tbody>
</table>
QMB and Spend Down

• A client can have both QMB and Medicaid with a Spend Down

• Medicaid-only expenses can be used to meet the spend down
  – Vision and dental expenses would count toward spend down

• Out-of-pocket costs paid by QMB do not
  – 20% coinsurance under Part B would not since it is paid by QMB and not the patient
Example of QMB and Spend Down

• Sally’s income is $713, which for 2016 is $50 over the Medicaid limit. She is on both QMB and Medicaid with a spend down. The $50 she spends at the dentist would count toward her spend down, but the 20% coinsurance left over when she went to the doctor would not since it is covered by QMB.
Medicaid and Medicare Advantage

- A client can have both Medicaid and a MA plan
  - Medicaid will pay copays and deductibles for Medicare covered services
  - Recipient may still have a premium for the health portion of the plan

- Patient will still need to follow the network set by MA plan
  - Medicaid will not pay in-network rate for out-of-network providers
2016 Low Income Subsidy (Extra Help)

Anyone with Medicare can join a Part D plan but some may qualify for Extra Help to pay the out-of-pocket costs

- Reduced or NO premium
- Reduced or NO deductible
- No more than 15% copays

NO DOUGHNUT HOLE

Income:  
Single- $1,458  
Married- $1,966

Resources:  
Single- $13,440  
Married- $26,860
Is Extra Help Automatic?

• Extra Help enrollment is automatic if:
  – Already enrolled in Medicaid or a Medicare Savings Program

• Extra Help is not automatic for anyone not already enrolled in Medicaid/MSP

• Patients on Extra Help will be auto-enrolled into a Part D plan unless they choose their own
  – Have continuous open enrollment period
A person cannot have both Medicare Advantage and Medicaid

A) True

B) False
Which of the options below is not a Medicare Savings Program?

A) Specified Low Income Medicare Beneficiary
B) Qualified Individual
C) Certified Individual
D) Qualified Medicare Beneficiary
There are income and resource guidelines tied to Medicare eligibility

A) True

B) False
Where does someone apply for Medicaid?

A) Social Security Office
B) Ohio Jobs and Family Services Office
C) OSHIIP
D) Center for Medicare and Medicaid Services
Someone who is on Medicaid or a Medicare Savings Program will be auto-enrolled in Part D Extra Help

A) True

B) False