

# Working with Medicare

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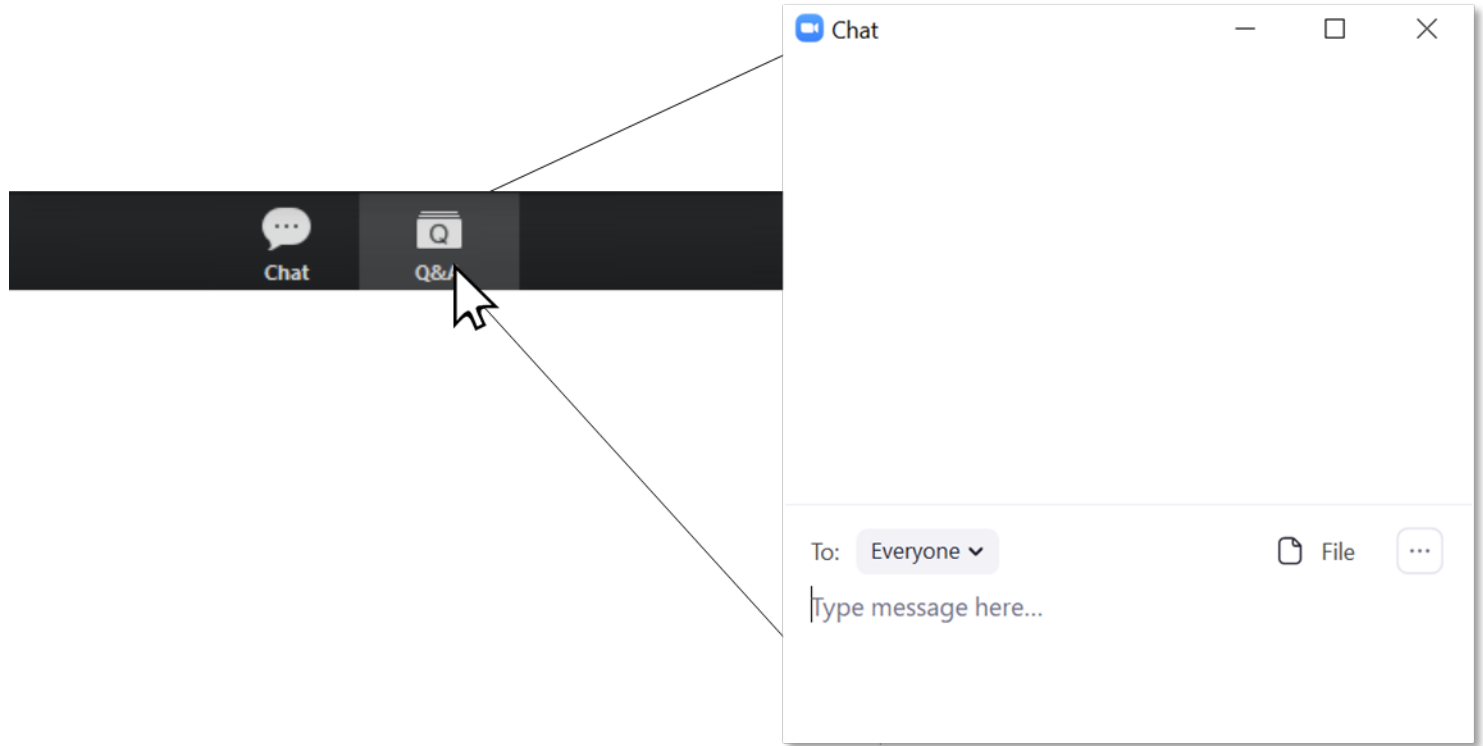
## Introduction to Dual Eligibility

June 10, 2025

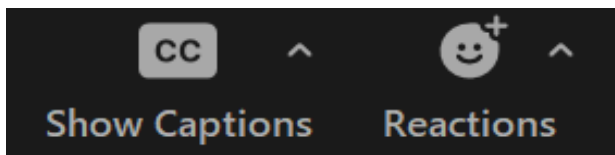
2:00-3:00pm ET

# Logistics

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# ICRC's "Working with Medicare" Series

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- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible individuals
- Webinars in the current WWM series:
  - Medicare 101
  - Introduction to dual eligibility
- Supplemented by:
  - ICRC updates/e-alerts on important information about policies and programs affecting dually eligible individuals
  - ICRC technical assistance briefs and other written tools
- Sign up and view past e-alerts: <https://www.integratedcareresourcecenter.com/about-us/e-alerts>

# Agenda

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- Welcome and introductions
- Introduction to dually eligible individuals
- Medicare Savings Program overview
- Medicare and Medicaid coverage options for dually eligible individuals
- Steps states can take to improve coordination and care for dually eligible individuals
- Questions and answers

# Presenters

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# Introduction to Dually Eligible Individuals

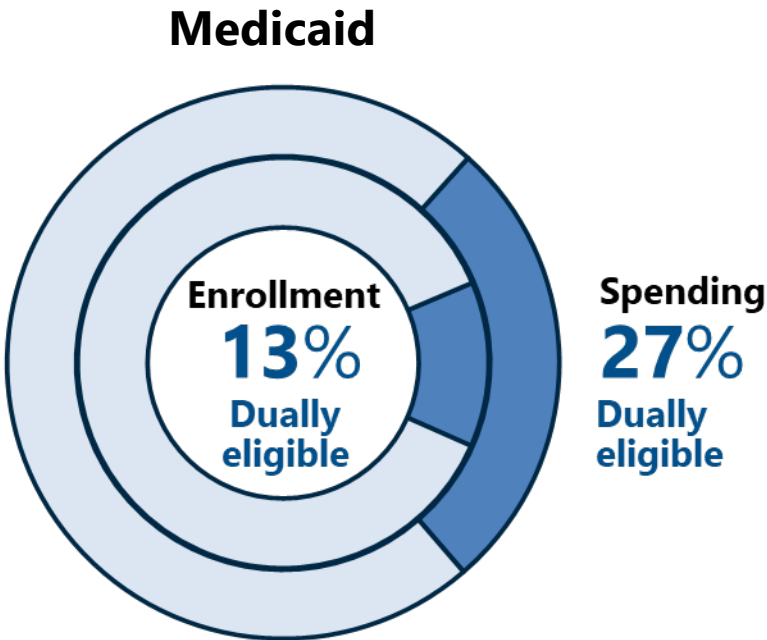
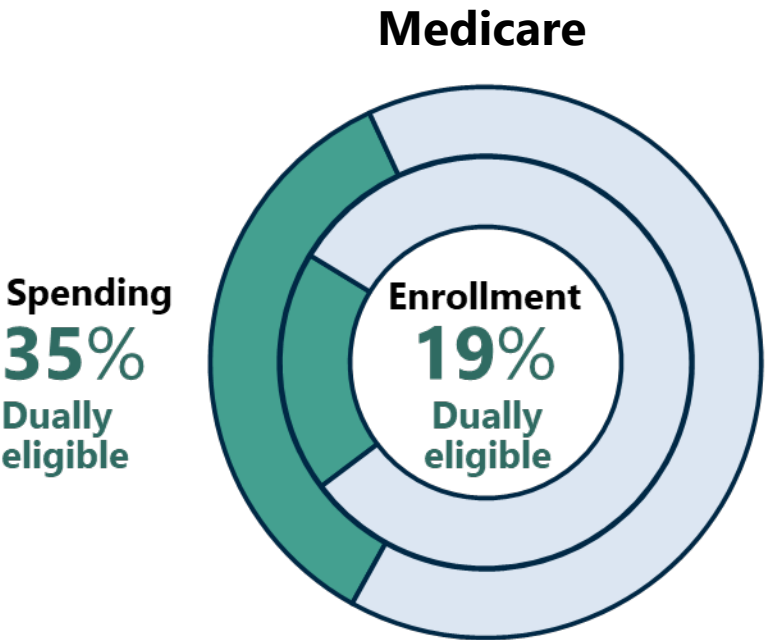
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# Dually Eligible Individuals Are a High Need, High-Cost Population

**63%** of dually eligible individuals have **three or more chronic conditions**

**64%** of full-benefit dually eligible individuals **have a behavioral health diagnosis**, such as depression or serious mental illness

**37%** of full-benefit dually eligible individuals **use long-term services and supports**



**Sources:** ATI Advisory. "A Profile of Medicare-Medicaid Dual Beneficiaries." June 2022. Available at: <https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf>; Kaiser Family Foundation (KFF) "A Profile of Medicare-Medicaid Enrollees (Dual Eligibles)." January 31, 2023. Available at: <https://www.kff.org/medicare/issue-brief/a-profile-of-medicare-medicare-enrollees-dual-eligibles/>; KFF. "How Does Use of Medicaid Wraparound Services by Dual-Eligible Individuals Vary by Service, State, and Enrollees' Demographics?" January 31, 2024. Available at: <https://www.kff.org/medicaid/issue-brief/how-does-use-of-medicare-wraparound-services-by-dual-eligible-individuals-vary-by-service-state-and-enrollees-demographics/>; Medicare Payment Advisory Commission and Medicaid and CHIP Payment and Access Commission. "Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid." January 2024. Available at: [https://www.macpac.gov/wp-content/uploads/2024/01/Jan24\\_MedPAC\\_MACPAC\\_DualsDataBook-508.pdf](https://www.macpac.gov/wp-content/uploads/2024/01/Jan24_MedPAC_MACPAC_DualsDataBook-508.pdf).

# Dually Eligible Individuals: The Basics

**Dually eligible individuals qualify for both Medicare and Medicaid.**

## Medicare

- Age 65+
  - 65% of dually eligible individuals
- Under age 65 with a disability or end-stage renal disease (ESRD)
  - 35% of dually eligible individuals

## Medicaid

- Meets income and asset requirements
- Eligibility groups can include:
  - Aged, Blind and Disabled (ABD)
  - People with Supplemental Security Income (SSI) benefits
  - Medicare Savings Program groups
  - Medically needy groups
  - People who are eligible for certain waivers
  - Other



# Who Qualifies for Medicare?

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## Age

- People age 65 or older, regardless of income or health status
  - Individuals qualify for premium-free Part A if they have earned 40 or more work credits from Social Security or Railroad Retirement (through their own work record or that of a spouse or ex-spouse).
  - Individuals who lack sufficient work quarters may qualify to enroll in Medicare Part B and pay a premium for Part A by meeting citizenship/residency requirements.

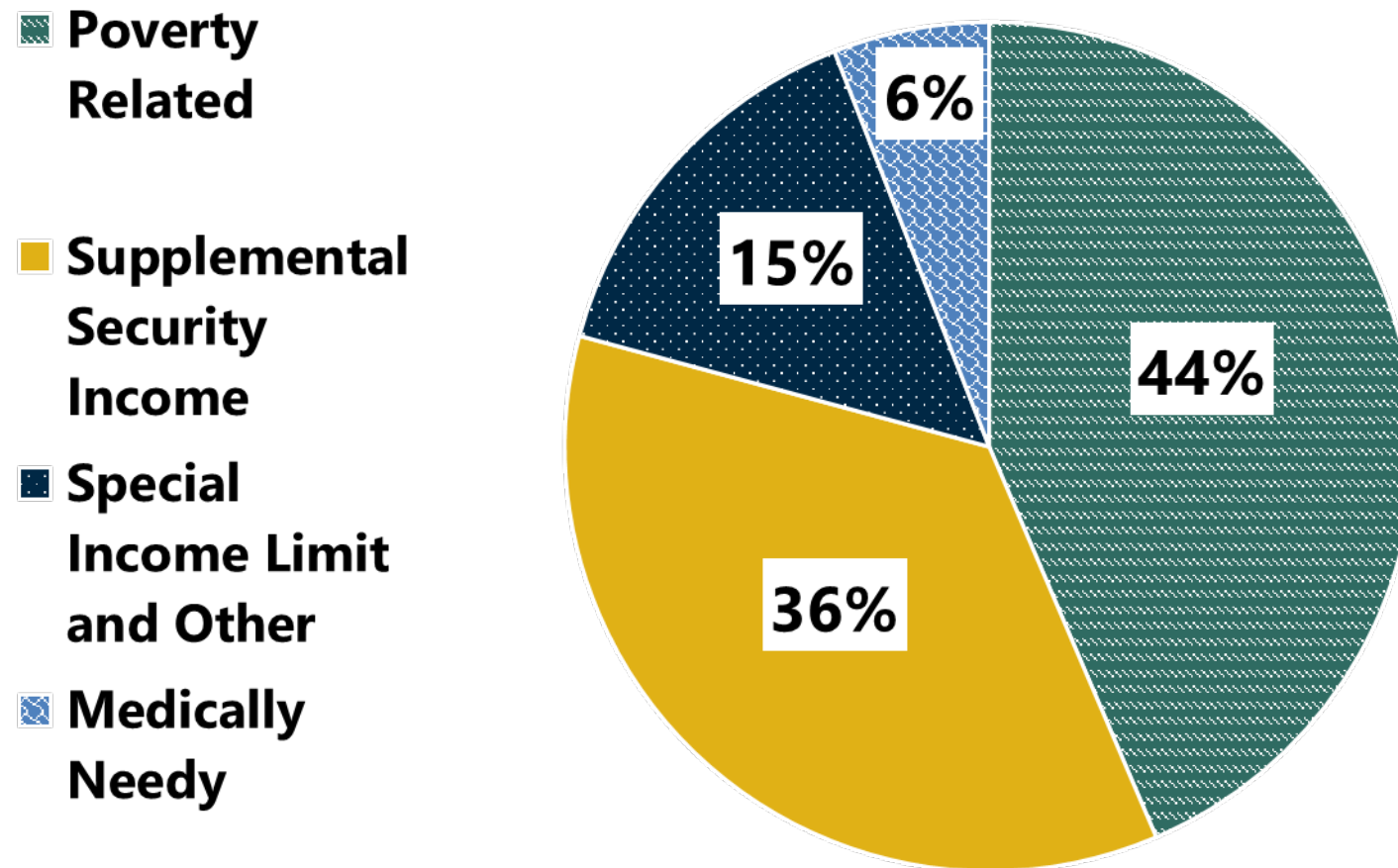
## Disability

- People under age 65 who:
  - Have been receiving Social Security Disability Insurance (SSDI) payments for at least two years, or
  - Have been diagnosed with amyotrophic lateral sclerosis (ALS) (no waiting period).

## End-Stage Renal Disease (ESRD)

- Diagnosed with ESRD (shorter waiting period).

# Medicaid Eligibility Pathways Among Dually Eligible Individuals, 2021



**Note:** Less than 1% of dually eligible individuals qualify for Medicaid through a Section 1115 waiver pathway (not shown).

**Source:** MACPAC "Duals Data Book". 2024. Available at: <https://www.macpac.gov/publication/data-book-beneficiaries-dually-eligible-for-medicare-and-medicaid-3/>

# Key Takeaways

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- Many dually eligible individuals have multiple chronic conditions, behavioral health needs, and/or long term services and supports needs.
- Dually eligible individuals account for disproportionate amounts of Medicare and Medicaid spending.
- While all dually eligible individuals have Medicare and Medicaid benefits, they may qualify for those benefits through a variety of pathways.

# Medicare Savings Programs

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# Introduction to Medicare Savings Programs

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- Four Medicare Savings Programs (MSPs) assist low-income individuals with Medicare costs.
  - MSPs cover (“buy in”) premiums for Medicare Part A and/or B and, for most enrollees, Medicare Part A and B cost sharing.
- MSPs are administered by state Medicaid agencies as Medicaid eligibility groups.
- MSP enrollees are automatically enrolled in the Medicare Part D Low-Income Subsidy (LIS) program, which helps pay prescription drug costs and is sometimes referred to as the “Extra Help” program.
- MSPs do not provide full Medicaid coverage.
  - Individuals with only MSP benefits do not receive coverage for benefits that are only covered by Medicaid, like long-term services and supports. They only receive assistance with Medicare costs.

# Medicare Savings Program (MSP) Categories

Qualified Medicare Beneficiary (QMB)	Specified Low-Income Medicare Beneficiary (SLMB)	Qualified Individual (QI)	Qualified Disabled and Working Individuals (QDWI)
<ul style="list-style-type: none"> <li>• <b>Covers Medicare Part A and B premiums and cost sharing</b></li> <li>• Income limit: 100% of the federal poverty level (FPL)*</li> <li>• Asset limit (2025): \$9,660/individual or \$14,470/couple*</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Covers Medicare Part B premium only</b></li> <li>• Income limit: 120% FPL*</li> <li>• Asset limit (2025): \$9,660/individual or \$14,470/couple*</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Covers Medicare Part B premium only</b></li> <li>• Income limit: 135% FPL*</li> <li>• Asset limit (2025): \$9,660/individual or \$14,470/couple*</li> <li>• Cannot be eligible for any other Medicaid category</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Covers Medicare Part A premium only</b></li> <li>• Income limit: 200% FPL*</li> <li>• Asset limit (2025): \$4,000/individual or \$6,000 couple*</li> </ul>

\*States can use authority granted in section 1092(r)(2) of the Social Security Act to establish higher income and/or asset limits for Medicare Savings Programs than the federal baseline limits shown here, eliminate the asset limit entirely, or disregard certain types of income and/or assets.

**Source:** Centers for Medicare & Medicaid Services (CMS). "Medicare Savings Programs". 2025. Available at: <https://www.medicare.gov/basics/costs/help/medicare-savings-programs>.

# Two Types of Dually Eligible Individuals

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## Full-benefit dually eligible individuals

- ✓ Qualify for Medicare
- ✓ Qualify for full state Medicaid benefits
- ~ May receive financial assistance with Medicare premiums (and in many cases, cost sharing)



## Partial-benefit dually eligible individuals

- ✓ Qualify for Medicare
- ✗ DO NOT qualify for full Medicaid benefits
- ✓ Receive financial assistance with Medicare premiums (and in many cases, cost sharing)

Within these groups, there are several categories of dual eligibility. See the [CMS Dually Eligible Individuals Categories](#) document for details.

# Categories of Dual Eligibility

Category	Covers Part A premium (when applicable)	Covers Part B premium	Covers Parts A & B cost sharing	Full Medicaid coverage	Full or Partial?	% of All Dually Eligible Individuals in Category (2024)
<b>QMB only</b>	X	X	X		Partial	14%
<b>QMB+</b>	X	X	X	X	Full	54%
<b>SLMB only</b>		X			Partial	8%
<b>SLMB+</b>		X	Depends on state plan*	X	Full	3%
<b>QI</b>		X			Partial	5%
<b>QDWI</b>	X				Partial	<1%
<b>“Other” full-benefit dually eligible (FBDE) individuals</b>		Depends on state plan*	Depends on state plan*	X	Full	16%

**Sources :** CMS. "Dually Eligible Individuals - Categories." Revised September 6, 2024 Available at: <https://www.cms.gov/medicare-medicaid-coordination/medicare-and-medicaid-coordination/medicare-medicaid-coordination-office/downloads/medicaremedicaidenrolleecategories.pdf>  
 CMS. "Enrollment Snapshots - Quarterly Release." March 2024. Available at: <https://www.cms.gov/data-research/research/statistical-resources-dually-eligible-beneficiaries/mmco-statistical-analytic-reports>.



# Differences In Experience By Dual Eligibility Category

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Dr. Jones, a chronic condition specialist, is only enrolled as a Medicare provider; she does not accept Medicaid. The state where Dr. Jones provides care does not cover Medicare cost sharing for full-benefit dually eligible individuals without QMB benefits.

- **Joe** has **QMB benefits and full Medicaid benefits** (meaning Joe is a “QMB+” individual). Joe does not have to pay any cost sharing when he visits Dr. Jones.
- **Pam** has **QI benefits** and uses original (fee-for-service) Medicare coverage. Pam must pay a 20% coinsurance for each visit to Dr. Jones after paying the \$257 Part B deductible in 2025.
- **Maria** has **full Medicaid benefits but no MSP benefits**. Maria receives her Medicare benefits through original (fee-for-service) Medicare. Because Dr. Jones does not accept Medicaid and Maria’s state does not cover Medicare cost sharing as a Medicaid benefit, Maria must also pay the 20% coinsurance to see Dr. Jones after meeting the Part B deductible.

# Key Takeaways – Medicare Savings Programs

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- MSPs provide coverage for Medicare premiums and, in some cases, cost sharing for low-income Medicare beneficiaries.
- Different MSPs – and full Medicaid benefits – offer different levels of coverage to eligible individuals.
- Individual experiences with costs and care can vary greatly by category of dual eligibility.
- “Full-benefit” dually eligible individuals qualify for full Medicaid benefits. “Partial-benefit” dually eligible individuals qualify for a Medicare Savings Program but not full Medicaid benefits.

# Medicare and Medicaid Coverage Options for Dually Eligible Individuals

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# Roles Of Medicare And Medicaid In Serving Dually Eligible Individuals

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- **Medicare**

- Primary payer for acute, primary, and preventive care.
- Provides most prescription drug coverage.

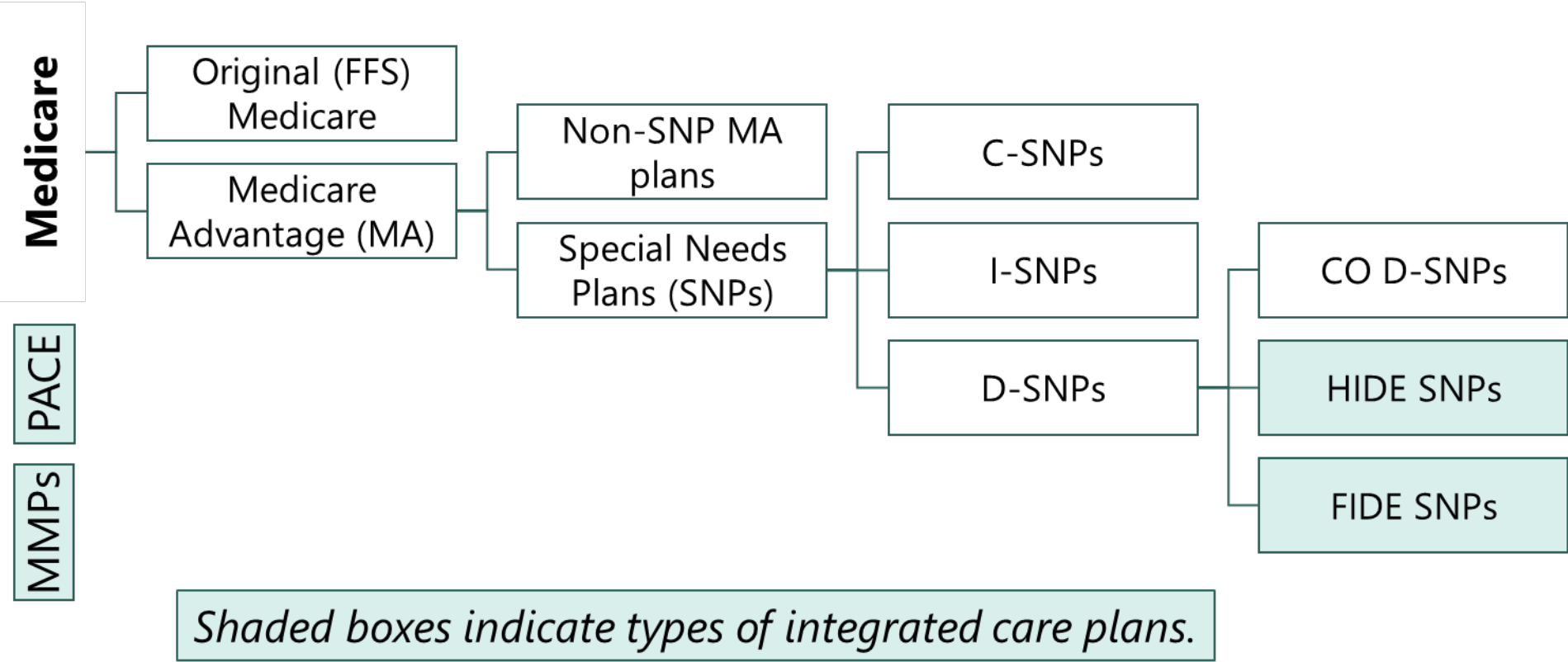
- **Medicaid**

- Secondary payer for services covered by Medicare.
- Primary payer for:
  - Long-term services and supports (LTSS);
  - Some behavioral health services; and
  - Wrap-around benefits like dental, vision, and non-emergency medical transportation (NEMT).

- For mental health services, substance use disorder (SUD) treatment, home health, and durable medical equipment, the primary payer can depend on the service and/or the beneficiary's circumstances.

*See ICRC's ["Medicare 101" webinar](#) in this *Working with Medicare* webinar series for details.*

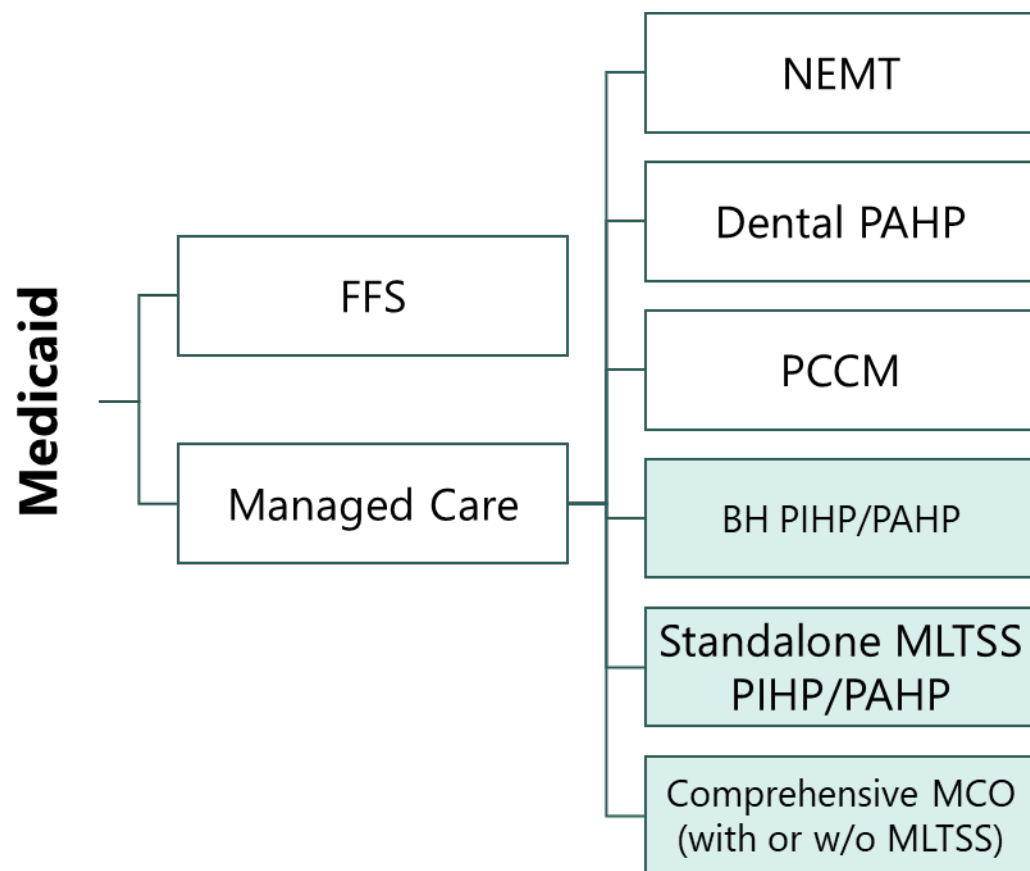
# Medicare Coverage Options For Dually Eligible Individuals



**Key:** C-SNPs= Chronic Conditions Special Needs Plans; CO-D-SNPs = Coordination Only D-SNPs; D-SNPs = Dual Eligible Special Needs Plans; FIDE SNPs = Fully Integrated Dual Eligible Special Needs Plans; HIDE SNPs = Highly Integrated Special Needs Plans; I-SNPs = Institutional Special Needs Plans; MMPs = Medicare-Medicaid Plans; PACE = Program of All-Inclusive Care for the Elderly, SNPs = Special Needs Plans

**Notes:** Dually eligible individuals who select Original Medicare are automatically enrolled in a Prescription Drug Plan if they do not choose a plan on their own. MMPs operate in demonstrations under the Financial Alignment Initiative and are set to end as of December 31, 2025.

# Medicaid Coverage Options For Dually Eligible Individuals



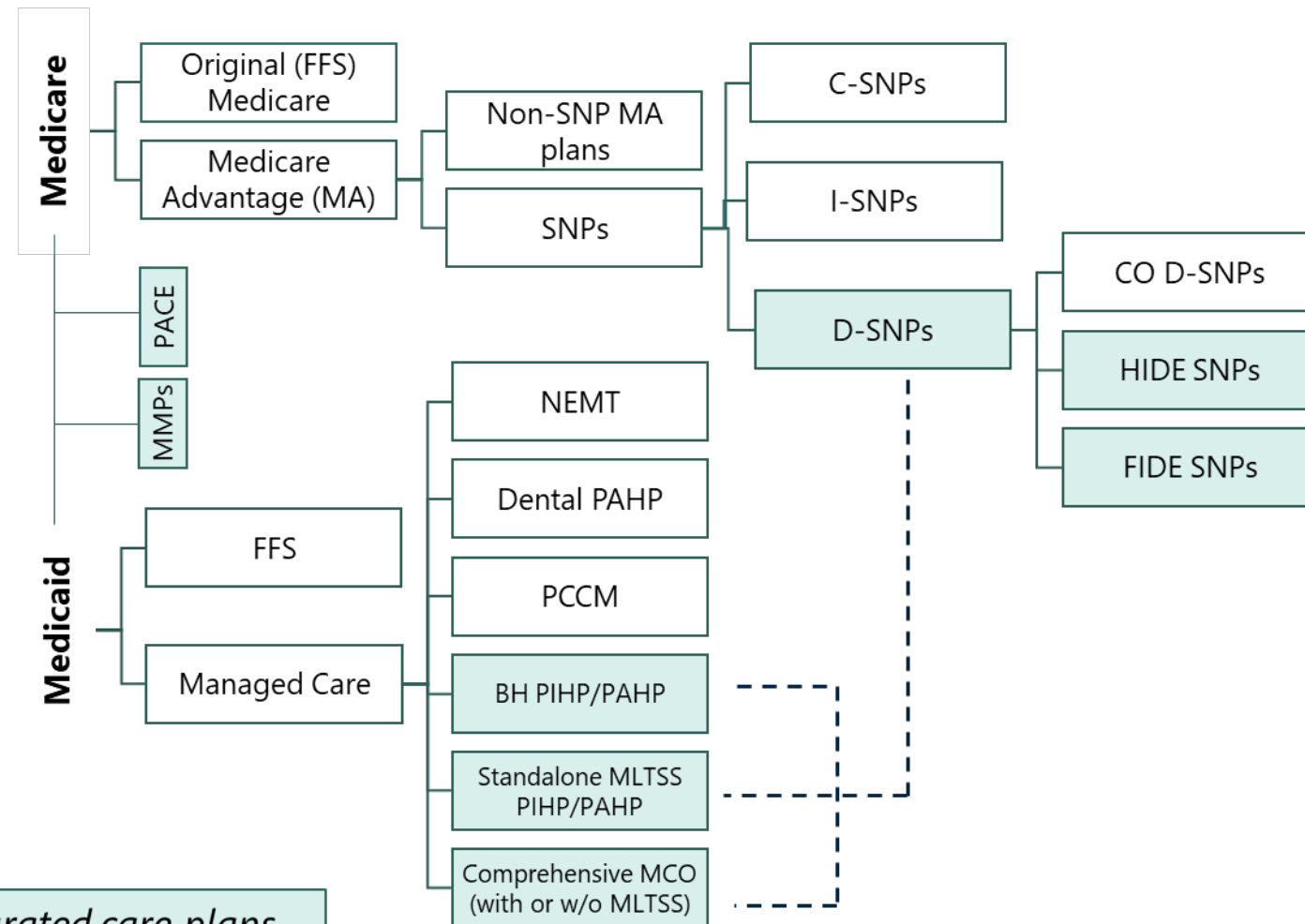
*Shaded boxes indicate types of Medicaid managed care plans that can be aligned with D-SNPs to create integrated care plans.*

**Key:** BH= behavioral health; FFS= fee for service; NEMT= non-emergency medical transport; PAHP= Prepaid Ambulatory Health Plan; PIHP= Prepaid Inpatient Health Plan; MCO= Managed Care Organization; MLTSS = Managed Long-term Services and Supports

# Coordinating Medicare And Medicaid Coverage Options

**Key:** BH= behavioral health; C-SNPs= Chronic Conditions Special Needs Plans; CO-D-SNPs = Coordination Only D-SNPs; D-SNPs = Dual Eligible Special Needs Plans; FIDE SNPs = Fully Integrated Dual Eligible Special Needs Plans; FFS= fee for service; HIDE SNPs = Highly Integrated Special Needs Plans; I-SNPs = Institutional Special Needs Plans; MCO= Managed Care Organization; MLTSS = Managed Long-term Services and Supports; MMPs = Medicare-Medicaid Plans; NEMT= non-emergency medical transport; PACE = Program of All-Inclusive Care for the Elderly; PAHP= Prepaid Ambulatory Health Plan; PIHP= Prepaid Inpatient Health Plan; SNPs = Special Needs Plans.

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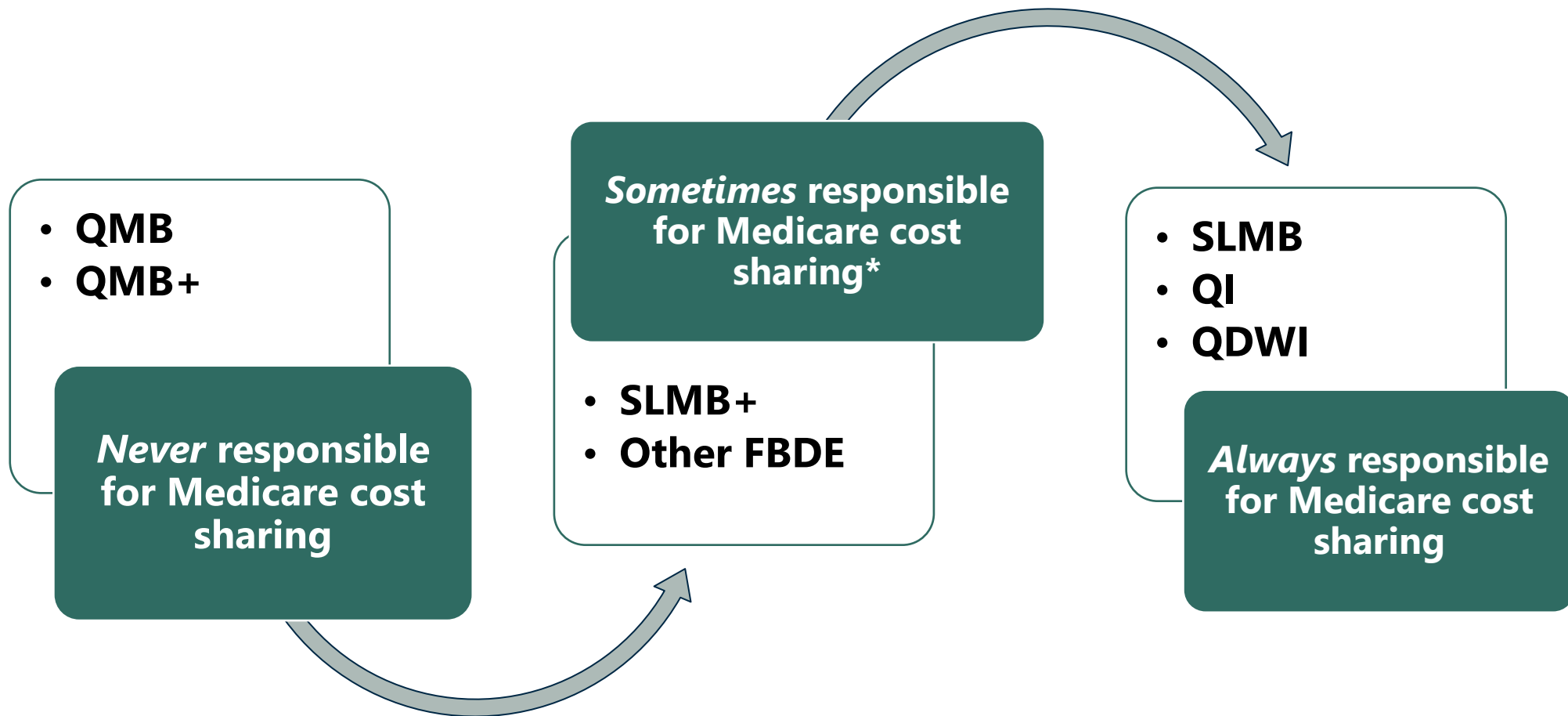
*Shaded boxes indicate types of integrated care plans.*

# Dual Eligibility Status Affects Medicare And Medicaid Coverage Options

Coverage	Full-benefit dually eligible individuals	Partial-benefit dually eligible individuals
Medicare coverage	<ul style="list-style-type: none"><li>May receive Medicare benefits from original Medicare or MA plans, including D-SNPs</li></ul>	<ul style="list-style-type: none"><li>May receive Medicare benefits from original Medicare or MA plans</li><li>May or may not be allowed to enroll in D-SNPs, depending on state policy</li></ul>
Medicaid coverage	<ul style="list-style-type: none"><li>May have the option to (or be required to) enroll in Medicaid managed care plans for receipt of full Medicaid benefit</li></ul>	<ul style="list-style-type: none"><li>Not eligible for Medicaid managed care plans because they lack access to full Medicaid benefits</li></ul>



# Dual-eligibility Status Affects Medicare Cost Sharing Responsibilities



\*States may choose to cover Medicare cost sharing for these individuals as a Medicaid benefit. If a state does not provide that coverage as a Medicaid benefit, these individuals will owe Medicare cost sharing when they (1) receive a service that is not covered under the state's Medicaid state plan, or (2) seek care from a provider who does not accept Medicaid.

# Key Takeaways – Coverage Options

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- Medicare is the primary payer for most primary and acute care services for dually eligible individuals, as well as prescription drugs.
- Medicaid is the secondary payer for services covered by Medicare and primary payer for long-term services and supports and some behavioral health services.
- D-SNPs can cover Medicaid benefits or align with Medicaid managed care plans to cover those benefits.
- Dual eligibility status affects Medicare cost sharing responsibilities.

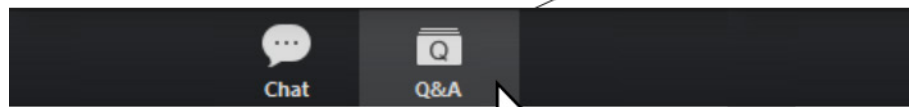
# Questions?

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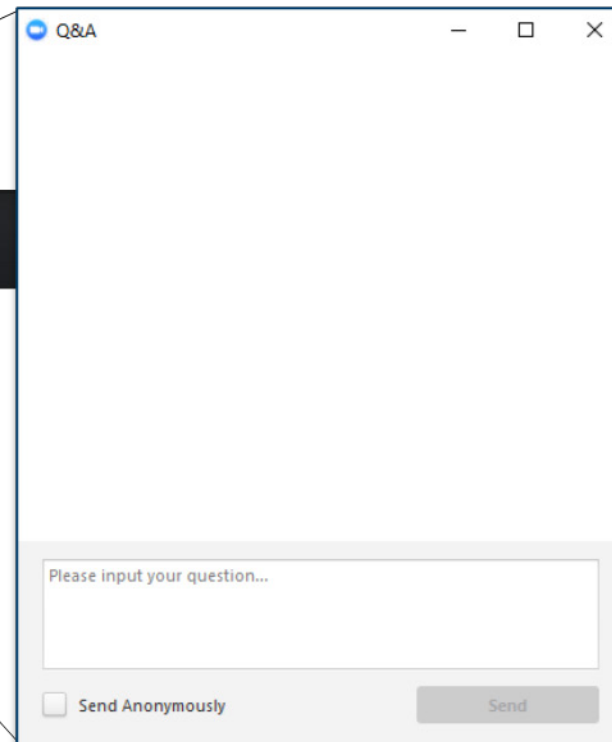
# Questions?

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Q&A

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# About ICRC

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- Established by CMS to advance integrated care models for dually eligible individuals.
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica and the Center for Health Care Strategies.
- Visit <http://www.integratedcareresourcecenter.com> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges.
- Send other ICRC questions to: [integratedcareresourcecenter@mathematica-mpr.com](mailto:integratedcareresourcecenter@mathematica-mpr.com).