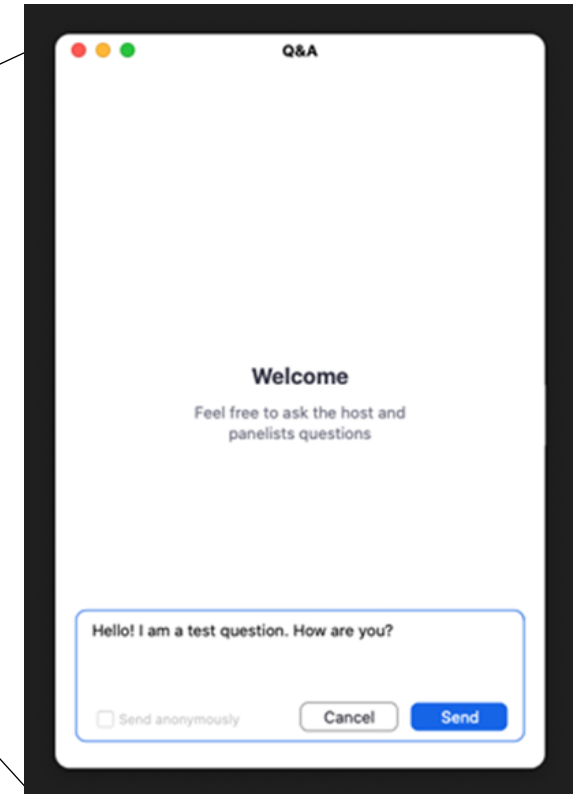


Working with Medicare: Medicare 101

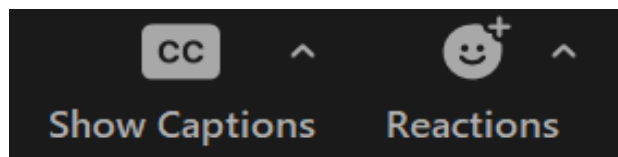
April 23, 2025
1:00-2:00 pm ET

Logistics

To ask a question or share a comment, use the Q&A icon at the bottom of your screen.



To enable closed captioning, click on the "Show Captions" icon in the Zoom toolbar at the bottom of your screen.



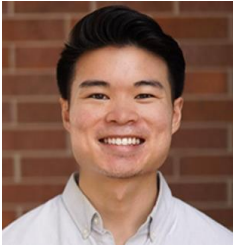
ICRC's "Working with Medicare" Series

- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible individuals
- Recording and slides from past Working with Medicare webinars are available on the ICRC website:
<https://www.integratedcareresourcecenter.com/resource-library?f%5B0%5D=resource+type%3A307>
- Supplemented by:
 - ICRC written tools on Medicare topics that are important to states
 - ICRC updates/e-alerts on important new Medicare information
 - Sign up to receive e-alerts and view past e-alerts: <https://www.integratedcareresourcecenter.com/about-us/e-alerts>

Agenda

- Welcome and introductions
- Introduction to Medicare
- Dually eligible individuals and Medicare enrollment
- Roles of Medicare and Medicaid in serving dually eligible individuals
- Medicare and Medicaid benefits in practice
- Questions and answers

Presenters



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Introduction to Medicare

What is Medicare?

- Federal health insurance program that provides health insurance coverage to 65 million people
- Created as part of the Social Security Amendments of 1965; added as Title XVIII of the Social Security Act
- Paid for through a combination of payroll taxes, premiums, general revenue, and other sources

Who Qualifies for Medicare?

Age

- People age 65 or older, regardless of income or health status, who:
 - 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), or
 - 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)

Medicare Benefits

Part A (Hospital Insurance)	Part B (Medical Insurance)	Part D (Drug Insurance)
<ul style="list-style-type: none"> • Inpatient care <ul style="list-style-type: none"> • Hospital • Skilled nursing facility (SNF) care • Hospice care • Home health care after a hospital or SNF stay 	<ul style="list-style-type: none"> • Services from doctors and other health care providers • Outpatient care • Preventive services • Home health • Durable medical equipment (DME) 	<ul style="list-style-type: none"> • Prescription drugs (coverage offered through private plans)

Note: Medicare Part C is an option through which Medicare beneficiaries can receive their benefits through a managed care plan.

Source: CMS. "Parts of Medicare." 2025. Available at: <https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare>

Traditional (Original) Medicare

- Pays providers for each service they provide (fee-for-service)
- Beneficiaries can go to any doctor or hospital that accepts Medicare, anywhere in the U.S.
- Covers most medically necessary services and supplies in hospitals, doctor's offices, and other health care facilities
- Does not cover certain services, such as long-term care, most dental and vision care, hearing aids, nonemergency medical transportation, alternative medicine, cosmetic surgery, or care outside of the U.S.
- No maximum out-of-pocket limits
- Beneficiaries may choose to buy Medicare Supplement ("Medigap") policies to help pay for out-of-pocket costs that Medicare does not cover
 - Not typically affordable for people who are dually eligible

Medicare Advantage (Part C)

- Provides Medicare Part A and B services through private health plans
- Private insurers paid a per-member-per-month capitated rate
- In many cases, enrollees are restricted to a network of providers
- Plan characteristics and offerings vary (for example, premiums, cost-sharing requirements, out-of-pocket limits, prescription drug coverage, and supplemental benefits)
- Limits enrollees' maximum out-of-pocket costs for Parts A and B benefits
- Enrollees may not purchase Medigap policies

Source: CMS. "Comparing Original Medicare and Medicare Advantage." 2025. Available at: <https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage>

Supplemental Benefits

- In addition to covering all of the benefits required under original Medicare, Medicare Advantage (MA) plans can offer supplemental benefits
- Common benefits include coverage for preventive vision and dental care, hearing benefits, coverage for over-the-counter items, and gym memberships
- Since 2019, MA plans have additional flexibilities in the supplemental benefits they can offer:
 - **Expanded definition of primarily health-related:** Additional benefits can now include services like caregiver support, in-home support services, adult day services, and non-emergency medical transportation
 - **Updated uniformity requirements:** Plans can provide benefits to enrollees with particular diseases or health status as long as benefits are provided uniformly to every enrollee in that group
 - **Special Supplemental Benefits for the Chronically Ill (SSBCI):** Allow plans to address social needs of members with chronic illness, such as non-medical transportation, food and produce, and structural home modifications

Sources: 42 CFR §5422.102; Section 1852(a)(3) of the Social Security Act; CMS. "Reinterpretation of "Primarily Health Related" for Supplemental Benefits." April 27, 2018. Available at: <https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/hpms/hpms-memos-archive-weekly-items/syshpms-memo-2018-week4-apr-23-27>; CMS. "Reinterpretation of the Uniformity Requirement." April 27, 2018. Available at <https://www.cms.gov/research-statistics-data-and-systems/computer-data-and-systems/hpms/hpms-memos-archive-weekly-items/syshpms-memo-2018-week4-apr-23-27>; CMS. "Implementing Supplemental Benefits for Chronically Ill Enrollees." April 24, 2019. Available at: https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/Supplemental_Benefits_Chronically_Ill_HPMS_042419.pdf

Medicare Costs in 2025

Part A (Hospital Insurance)	Part B (Medical Insurance)	Part C (Medicare Advantage)	Part D (Drug Coverage)
<ul style="list-style-type: none"> • No monthly premium for people with 40 credits¹ • Deductible: \$1,676 per inpatient benefit period • Coinsurance for inpatient stays 	<ul style="list-style-type: none"> • Standard monthly premium: \$185 • Deductible: \$257 • Coinsurance: 20% of Medicare-approved amount for most services 	<ul style="list-style-type: none"> • Monthly premium, deductibles, copayments, and coinsurance vary by plan • Medicare Advantage plan enrollees must continue to pay the monthly Part B premium in addition to any plan premium that may apply 	<ul style="list-style-type: none"> • Monthly premium, deductibles, copayments, and coinsurance vary by plan • Low-income subsidy (LIS) covers premiums and most cost-sharing for dually eligible individuals

¹ Some individuals who do not qualify for premium-free Part A may purchase Part A coverage by paying a monthly premium.

Source: CMS. "2025 Medicare Parts A & B Premiums and Deductibles." November 8, 2024. Available at: <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>

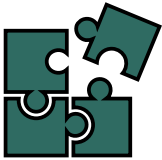
Key Takeaways



Medicare is a federal health insurance program



Each part of Medicare covers different benefits



Medicare beneficiaries (including dually eligible individuals) can choose to receive Medicare benefits through Traditional Medicare or Medicare Advantage (MA) managed care plans



MA plans can provide a variety of supplemental benefits in addition to Part A, B, and D benefits

Dually Eligible Individuals and Medicare Enrollment

Dually Eligible Individuals: The Basics

Dually eligible individuals qualify for both Medicare and Medicaid

Medicare Eligibility Criteria

Federal health insurance program

Age 65 or older

OR

Under age 65 with a disability, such as:

- Intellectual/Developmental disabilities
- Cognitive disabilities
- Physical disabilities
- Behavioral health needs
- Chronic medical conditions

OR

Any age with End Stage Renal Disease



Medicaid Eligibility Criteria

State health insurance program

Meet income and asset requirements
(varies by eligibility group and state)

AND

Member of eligible group
(varies by state)

- Adults with disabilities
- Older adults
- Children and families
- Other

Two Types of Dually Eligible Individuals



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)

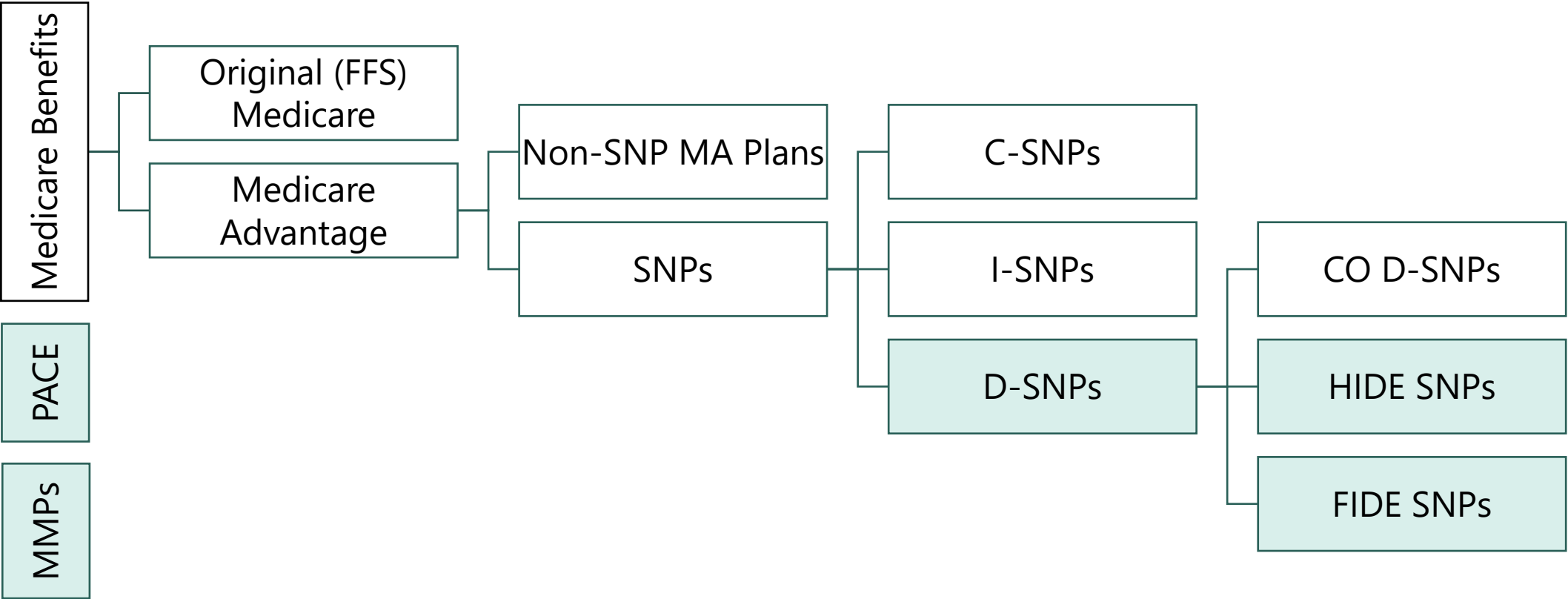


Partial-benefit dually eligible individuals

- ✓ 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](#) for more details.

Medicare Coverage Options for Dually Eligible Individuals



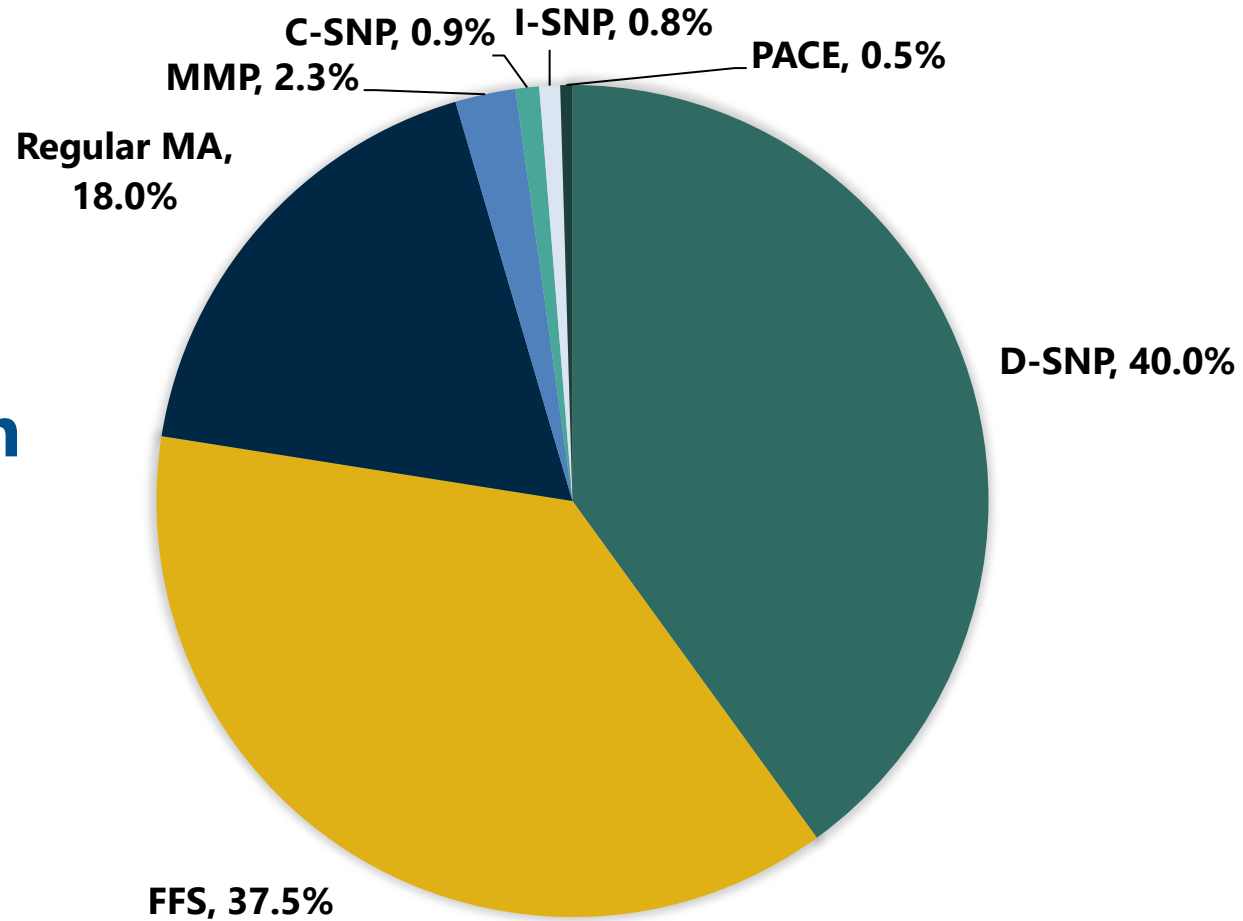
Shaded boxes indicate a type of integrated care plan.

Abbreviations: FFS=Fee-for-Service; MA=Medicare Advantage; D-SNP=Dual Eligible Special Needs Plan; I-SNP=Institutional SNP; C-SNP=Chronic Condition SNP; CO D-SNP= Coordination-Only Dual Eligible SNP; HIDE SNP= Highly Integrated Dual Eligible SNP; FIDE SNP= Fully Integrated Dual Eligible SNP; PACE=Program for All-Inclusive Care for the Elderly; MMP=Medicare-Medicaid Plan

Note: 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.

Medicare Enrollment of Dually Eligible Individuals, 2023

Total: 12.2 million

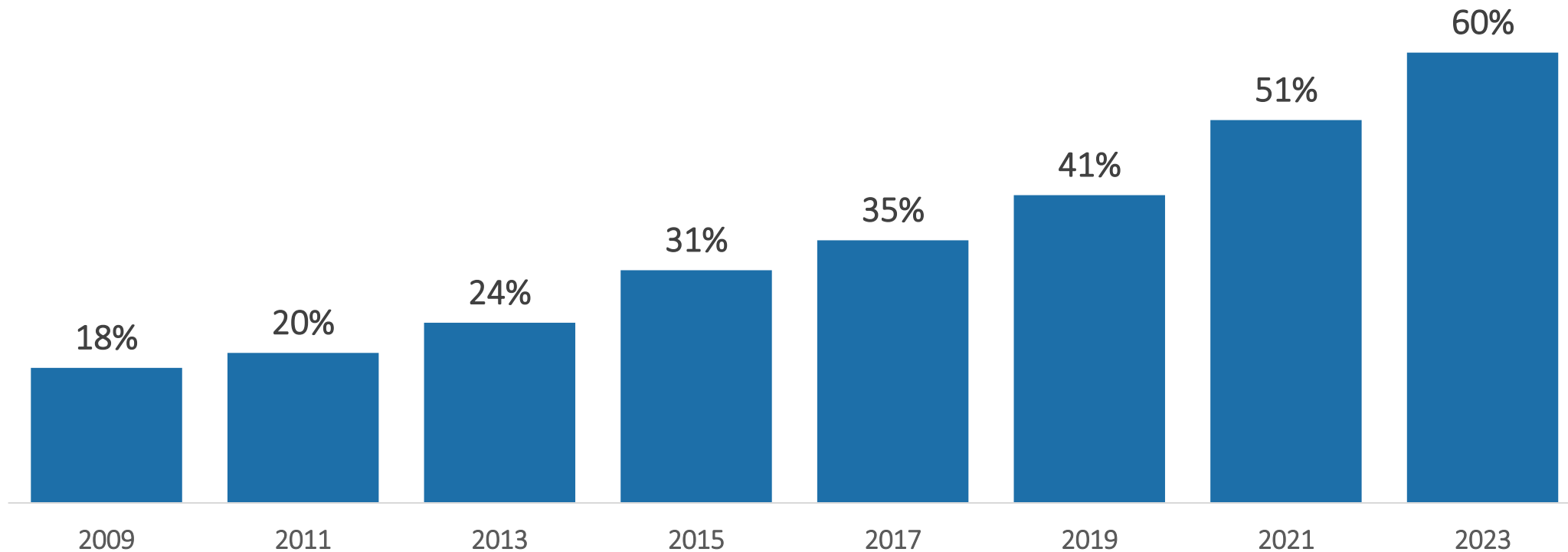


Abbreviations: D-SNP=Dual Eligible Special Needs Plan; FFS=Fee-for-Service Medicare; MA=Medicare Advantage; MMP=Medicare-Medicaid Plans; C-SNP=Chronic Condition SNP; I-SNP=Institutional SNP; PACE=Program for All-Inclusive Care for the Elderly

Sources: ATI Advisory. "Dual Eligible Enrollment by Medicare Program and State." May 6, 2024. Available at: https://atiadvisory.com/resources/wp-content/uploads/2023/11/Dual-Eligible-Enrollment-by-Medicare-Program-and-State_ATI-Advisory.pdf and CMS. "Benefits Data." September 10, 2024. Available at: <https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data/benefits-data>

Growth in Dually Eligible Individuals' Enrollment in Medicare Advantage Plans

Percent of Dually Eligible Individuals enrolled in Medicare Advantage (including D-SNPs), 2009-2023



Note: This graph includes enrollment of both full-benefit dually eligible individuals and partial-benefit dually eligible individuals. Two different data sources were used to calculate these percentages; 2009-2021 are based on a combination of CMS' Common Medicare Environment (CME) data and State Medicare Modernization Act (MMA) data, while 2023 is based on Medicare Master Beneficiary Summary File (MBSF) data.

Sources: CMS. "Data Analysis Brief: Comparing Managed Care Enrollment Trends among Dually Eligible Individuals to Medicare-only Beneficiaries, 2012 through 2021." Available at: <https://www.cms.gov/files/document/managedcareenrollmenttrendsdatabrief2012-2021.pdf>; ATI Advisory. "Dual Eligible Enrollment by Medicare Program and State." May 6, 2024. Available at: https://atiadvisory.com/resources/wp-content/uploads/2023/11/Dual-Eligible-Enrollment-by-Medicare-Program-and-State_ATI-Advisory.pdf

What's New in Medicare for 2025?

<p>Agents and Brokers</p>	<p>Cap and standardize MA plan compensation to brokers, including prohibiting volume-based bonuses for enrollment into certain plans</p>
<p>Data Protections</p>	<p>Limit the distribution of personal beneficiary data by third-party marketing organizations</p>
<p>Behavioral Health</p>	<p>Improve access to behavioral health providers by updating network adequacy standards</p>
<p>Enrollment</p>	<p>Promote aligned Medicare and Medicaid enrollment for individuals dually eligible for Medicare and Medicaid through new special enrollment periods <i>(For details, see the CMS tool entitled "New Special Enrollment Periods for Dually Eligible and Extra Help-Eligible Individuals" at https://www.cms.gov/files/document/duals-lissepsjobaid01012025.pdf)</i></p>

Source: CMS. "Contract Year 2025 Medicare Advantage and Part D Final Rule (CMS-4205-F)." April 4, 2024. Available at: <https://www.cms.gov/newsroom/fact-sheets/contract-year-2025-medicare-advantage-and-part-d-final-rule-cms-4205-f>

Key Takeaways

- Dually eligible individuals qualify for Medicare and Medicaid benefits (full Medicaid benefits or partial benefits to help pay Medicare costs) depending on their income and assets
- Dually eligible individuals have a variety of Medicare coverage options, including Original Medicare, Medicare Advantage, and integrated care plans
- The majority of dually eligible individuals now receive their Medicare coverage through a Medicare Advantage plan
- New changes in Medicare in 2025 include updates to agent and broker compensation, data protections, behavioral health network standards, and special enrollment periods for dually eligible individuals

Roles of Medicare and Medicaid in Serving Dually Eligible Individuals

Medicare and Medicaid Coverage of Key Benefits for Dually Eligible Individuals

	Benefit	Medicare is Primary Payer	Medicaid is Primary Payer	Primary Payer Depends on Service/State
Hospital Stays and Outpatient Provider Visits	Inpatient and Outpatient Care	✓		
	Mental Health Services and Substance Use Disorder (SUD) Treatment			✓
Post-Acute and Long-Term Care Services	Nursing Facility – Skilled Nursing	✓		
	Nursing Facility – Custodial Care		✓	
	Home and Community Based Services (HCBS)		✓	
	Home Health			✓
Other	Durable Medical Equipment			✓
	Non-Emergency Medical Transportation		✓	

Inpatient and Outpatient Care

Medicare Coverage

- Covers inpatient care, emergency department visits, ambulance transportation to a hospital or skilled nursing facility for medically necessary care, physician office visits, diagnostic tests, and other outpatient services

Medicaid Coverage

- Coverage of Part A and B cost sharing through Qualified Medicare Beneficiary (QMB) program and/or full Medicaid benefits
- May cover additional services depending on the Medicaid state plan

Sources: CMS. "Medicare & You 2025." Available at: <https://www.medicare.gov/publications/10050-medicare-and-you0.pdf> and CMS. "Dually Eligible Individuals – Categories." Available at: <https://www.cms.gov/medicare-medicare-coordination/medicare-and-medicare-coordination/medicare-medicare-coordination-office/downloads/medicaremedicaidenrolleecategories.pdf>

Mental Health Services

Medicare Coverage

- Inpatient psychiatric care in a general or free-standing psychiatric hospital, but the latter has 190-day lifetime limit
- Outpatient mental health services provided by approved health care professionals¹
 - May include individual and group psychotherapy, psychiatric diagnostic interviews, medication management, and other services and therapies including Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Prescription drugs to treat mental health conditions

Medicaid Coverage

- Many mental health services fall within Medicaid benefit categories that states must cover (e.g., inpatient/outpatient hospital services, psychiatrist services, rehabilitative services)
- Most states cover several optional services, including non-medical support services
- Medicaid does not cover inpatient care in institutions for mental disease (IMDs) for people between the ages of 21 and 65 unless a state has used specific authorities to provide such coverage
 - *For details, see the Congressional Budget Office fact sheet entitled "Budgetary Effects of Policies to Modify or Eliminate Medicaid's Institutions for Mental Diseases Exclusion" at <https://www.cbo.gov/system/files/2023-04/58962-Medicaid-IMD-Exclusion.pdf>*

¹ Approved health care professionals include: psychiatrists and other physicians, clinical psychologists, clinical social workers, clinical nurse specialists, nurse practitioners, and physician assistants, marriage and family therapists, and mental health counselors.

Sources: Sections 1905(a) and 1905(i) of the Social Security Act; CMS. "Medicare & You 2025." Available at: <https://www.medicare.gov/publications/10050-medicare-and-you0.pdf>; CMS Medicare Learning Network. "Medicare & Mental Health Coverage" July 2024. Available at: <https://www.cms.gov/files/document/medicare-mental-health.pdf>; Substance Abuse and Mental Health Services Administration (SAMHSA). "Medication-Assisted Treatment." Available at: <https://www.samhsa.gov/medication-assisted-treatment>; Medicaid and CHIP Payment and Access Commission. "Behavioral Health Services Covered Under State Plan Authority." January 2021. Available at: <https://www.macpac.gov/subtopic/behavioral-health-services-covered-under-state-plan-authority/>; and 42 CFR §440.250 "Limits on Comparability of Services." Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-B>

Substance Use Disorder (SUD) Treatment Services

Medicare Coverage

- Inpatient psychiatric care in a general or free-standing psychiatric hospital, but the latter has 190-day lifetime limit
- Outpatient substance use disorder services provided by approved health care professionals, including Intensive Outpatient Programs¹
- Certified Opioid Treatment Programs (OTP)² and Medication-Assisted Therapy (MAT)³
- Alcohol misuse screening and counseling, alcohol treatment, detoxification, inpatient stays, outpatient hospital treatment, and rehabilitation services
- Tobacco cessation counseling

Medicaid Coverage

- Medicaid covers certain medications for medication-assisted treatment of:
 - Alcohol Use Disorder (acamprosate, disulfiram, naltrexone) and
 - Opioid Use Disorder (buprenorphine, naloxone, methadone)
- Many states provide substance use disorder services, such as detoxification, psychotherapy, peer support, and crisis intervention through Medicaid state plan services and/or Section 1115 demonstrations

Notes:

¹ Approved health care professionals include: psychiatrists and other physicians, clinical psychologists, clinical social workers, clinical nurse specialists, nurse practitioners, and physician assistants, marriage and family therapists, and mental health counselors.

² OTP includes FDA-approved opioid agonist medications (including methadone, buprenorphine, and naltrexone) and their administration, if applicable), substance use counseling, individual and group therapy, toxicology testing intake activities, periodic assessments, take-home supplies of naloxone, and intensive outpatient program services.

³ MAT is covered through a combination of Part A, B and/or D, depending on the setting in which the MAT was administered.

Sources: CMS. "Medicare & You 2025." Available at: <https://www.medicare.gov/publications/10050-medicare-and-you0.pdf>; CMS Medicare Learning Network. "Medicare & Mental Health Coverage" July 2024. Available at: <https://www.cms.gov/files/document/medicare-mental-health.pdf>; Substance Abuse and Mental Health Services Administration (SAMHSA). "Medication-Assisted Treatment." Available at: <https://www.samhsa.gov/medication-assisted-treatment>; and SAMHSA. "Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders." 2024. Available at: <https://store.samhsa.gov/sites/default/files/medicaid-coverage-reverse-overdose-pep22-06-01-009.pdf>.

Nursing Facility Care and Home and Community Based Services (HCBS)

Medicare Coverage

- Covers skilled nursing services only after a 3-day minimum, medically necessary inpatient hospital stay
- Must need daily skilled care (like intravenous fluids/medications, physical therapy)
- Does not cover non-medical long-term nursing facility care or HCBS

Medicaid Coverage

- Covers short-term skilled care with no 3-day inpatient hospital stay requirement
- Covers long-term, custodial nursing facility care and HCBS

Sources: CMS. Medicare & You 2025." Available at: <https://www.medicare.gov/publications/10050-medicare-and-you0.pdf>; Medicare.gov. "Skilled Nursing Facility Care." Available at: <https://www.medicare.gov/coverage/skilled-nursing-facility-care>; CMS. "Institutional Long-Term Care." Available at: <https://www.medicaid.gov/medicaid/long-term-services-supports/institutional-long-term-care>; and CMS. "Home & Community-Based Services 1915(c)." Available at: <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c>

Home Health

Medicare Coverage

- Covers physical therapy, speech therapy, skilled nursing, home health aide services
- Requires need for “skilled” care services
- Must be “part-time” and “intermittent”¹
- Does not require “improvement”
- Requires beneficiaries to be homebound
- Must be provided by a Medicare-certified home health agency

Medicaid Coverage

- Covers non-medical home care provided through LTSS (home-delivered meals, personal care services, laundry, cleaning, shopping)
- Does not require beneficiaries to be homebound

Notes:

¹ Medically necessary care for up to 35 hours/week may be considered on a case-by-case basis.

Sources: CMS. Medicare Benefit Policy Manual, Chapter 7: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>; CMS. “Medicare & Home Health Care.” January 2025. Available at: <https://www.medicare.gov/publications/10969-medicare-and-home-health-care.pdf>; and 42 CFR §440.220; “Required Services for the Medically Needy.” Available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-B>

Durable Medical Equipment (DME)

Medicare Coverage

- Limits coverage of DME to equipment that is "medically necessary" and:
 - Durable (can withstand repeated use)
 - Used for a medical reason
 - Typically only useful to someone who is sick or injured
 - Used in the home
 - Expected to last at least 3 years
- Must be ordered by a Medicare-enrolled doctor or other health care provider

Medicaid Coverage

- Covers a broader range of medical supplies, equipment, and appliances suitable for use in any setting in which normal life activities take place

Sources: CMS. "Medicare & You 2025." Available at: <https://www.medicare.gov/publications/10050-medicare-and-you0.pdf> and CMS. "Durable Medical Equipment (DME) Coverage. Medicare.gov webpage. Available at: <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>; and CMS. "Strategies to Support Dually Eligible Individuals' Access to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies." May 4, 2019. Available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib010419.pdf>

Non-Emergency Medical Transportation Services (NEMT)

Medicare Coverage

- Covers very limited non-emergency ambulance transportation if other transportation would endanger the recipient's health and a physician states in writing it is medically necessary

Medicaid Coverage

- Covers travel expenses for exams and treatment by any medical provider
- Travel may be provided by ambulance, taxi, common carrier, "or other appropriate means" (42 CFR §440.170)

Sources: 42 CFR §440.170; CMS. "Medicare Coverage of Ambulance Services." February 2025. Available at: <https://www.medicare.gov/publications/11021-medicare-coverage-of-ambulance-services.pdf> and CMS. Non-Emergency Medical Transportation. Available at: <https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-booklet.pdf>

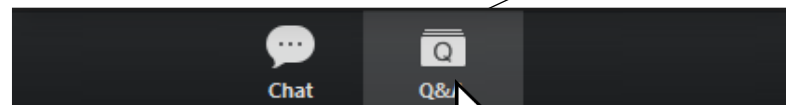
Key Takeaways

- Medicare is the primary payer for most primary and acute care services a dually eligible individual may need
- Medicaid is the primary payer for most long-term services and supports and NEMT benefits
- Medicare or Medicaid may be the primary payer for several service types (behavioral health, home health, and durable medical equipment), depending on the specific services rendered, the circumstances involved, and the coverage offered under the state's Medicaid state plan

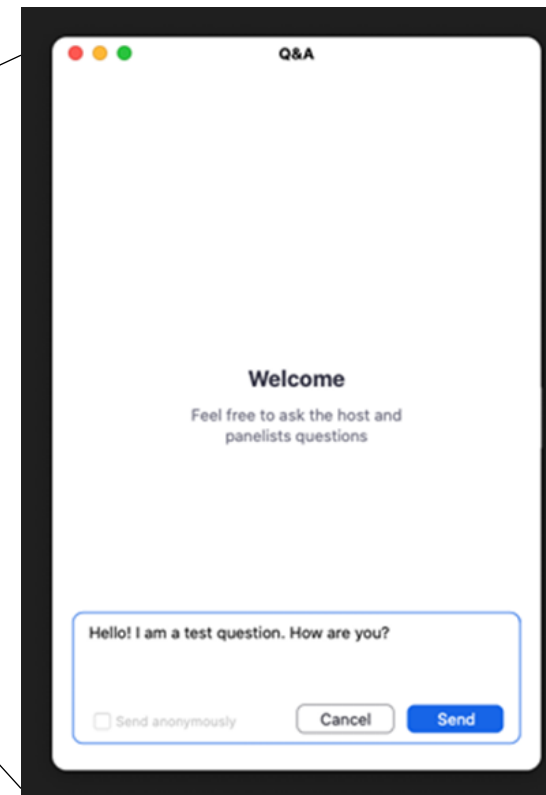
Questions?

Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.



Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



About ICRC

- 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