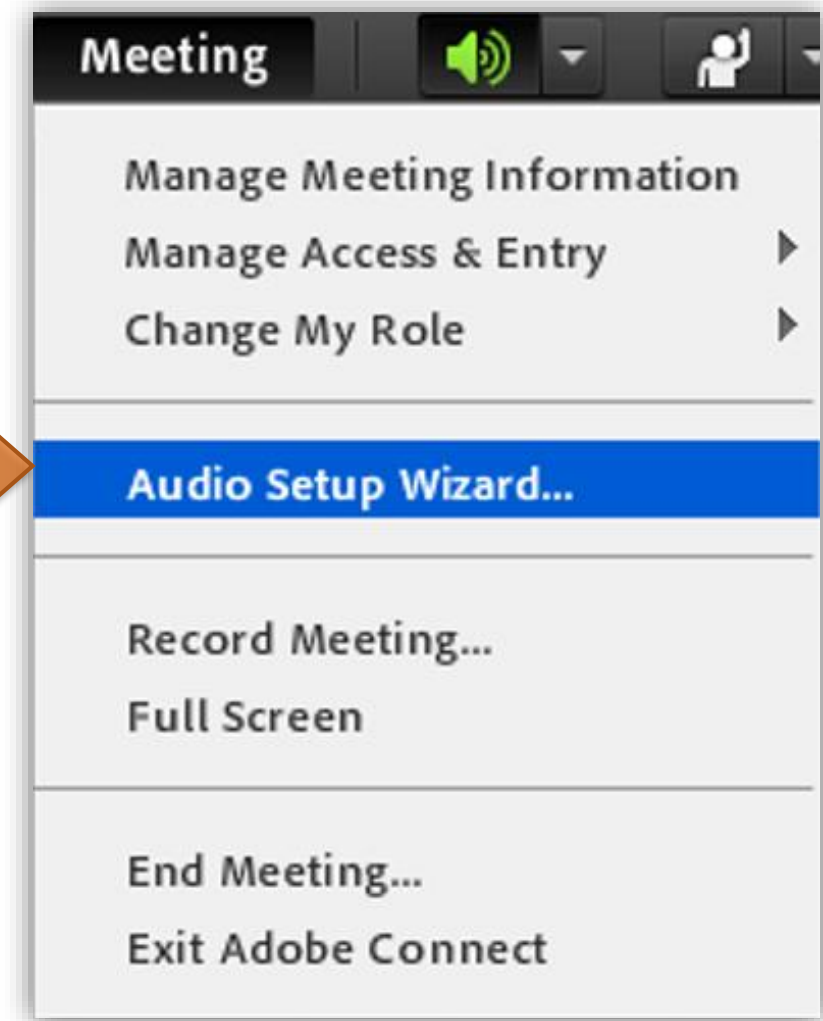
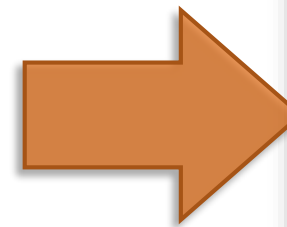


Welcome to Colorado's Medicare-Medicaid Program, Medicare Training Webinar

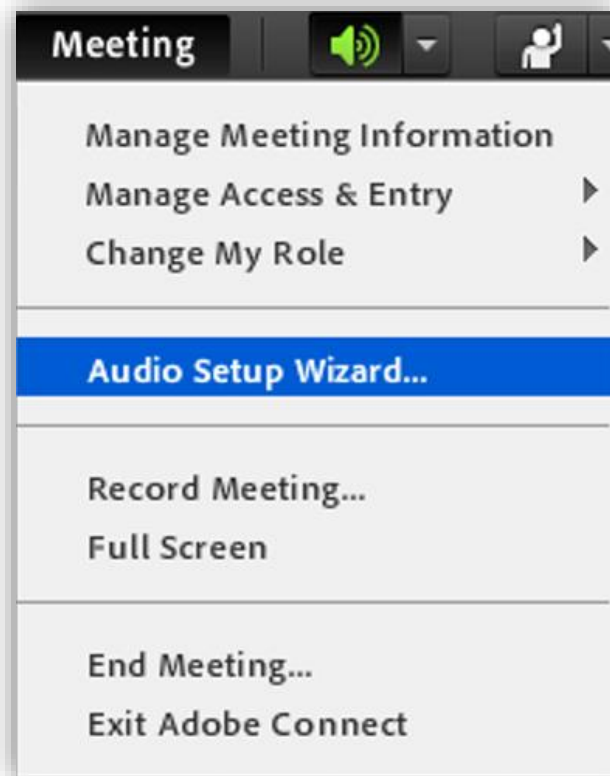
You can hear meeting audio through your computer speakers. Take a moment to run through the **Audio Setup Wizard** before the webinar begins.



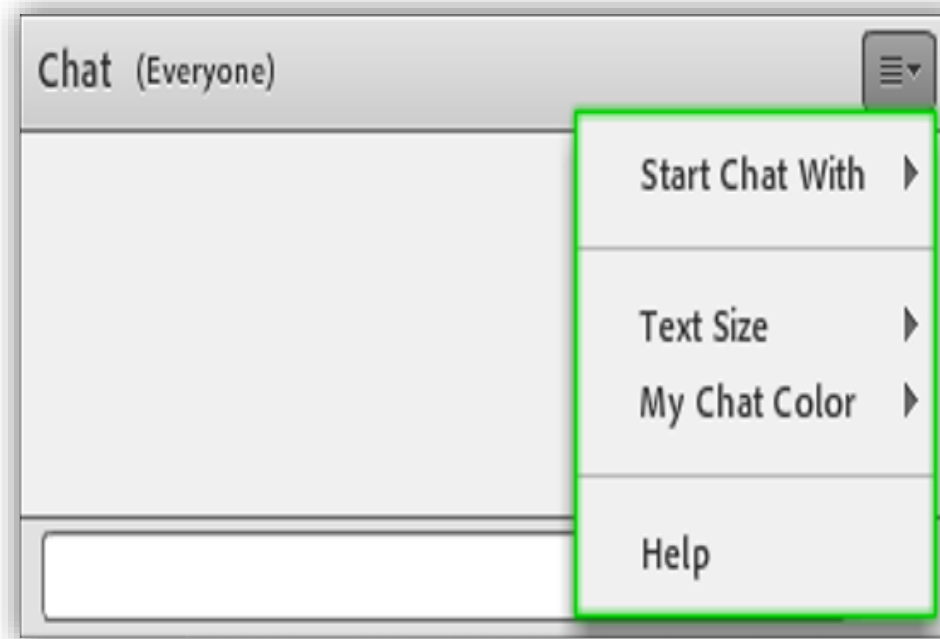
We will start promptly on the hour.

How to Participate in this Webinar

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



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Department of Health Care
Policy & Financing

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



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Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Today's Agenda

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



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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

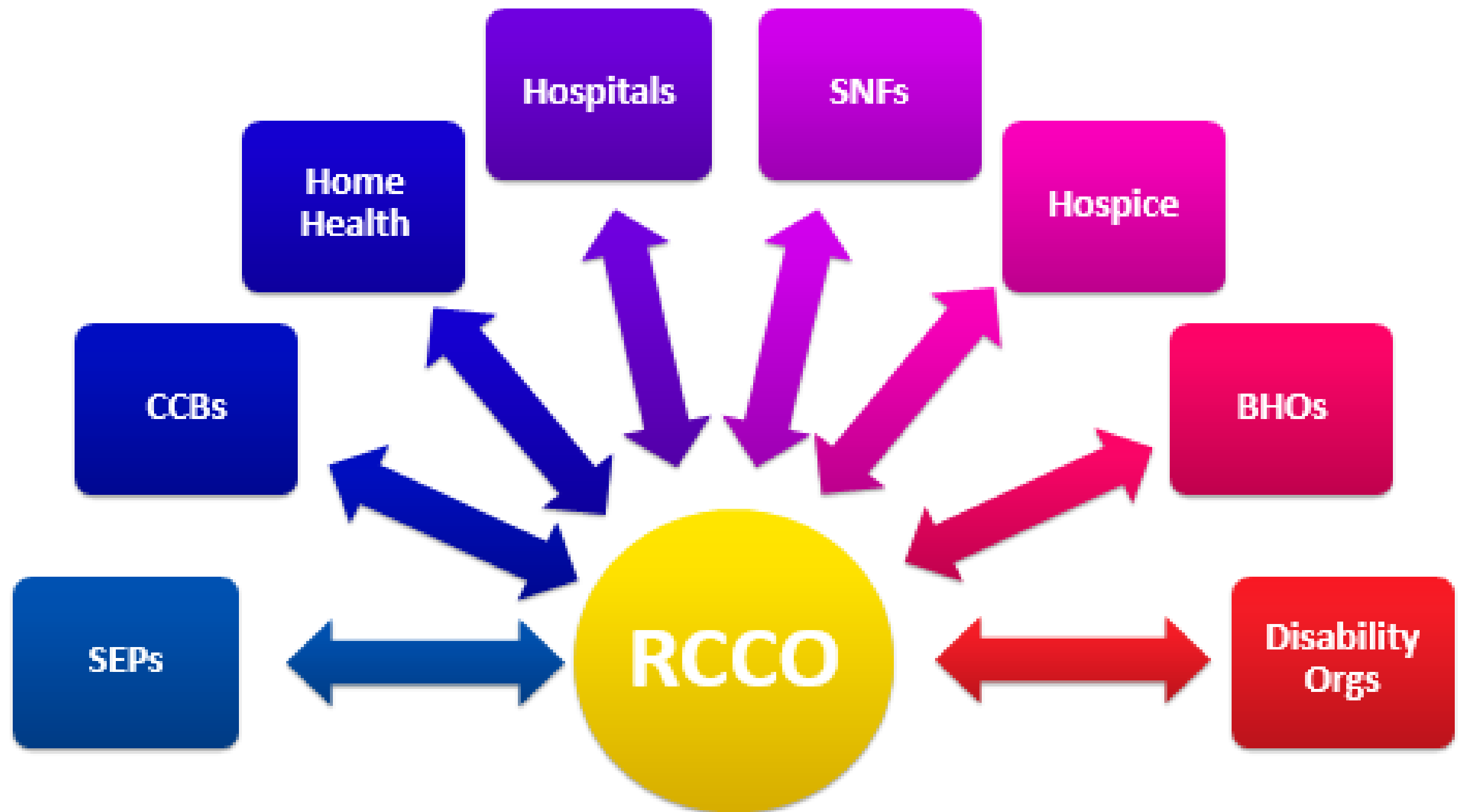
- For the first time, clients with both Medicare and Medicaid are now part of the ACC
- RCCOs and their delegates are engaging clients in care coordination
- RCCOs are building partnerships with providers across the continuum to better coordinate care



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Improving Communication



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



A sample Medicare Health Insurance card for Jane Doe. The card features a red and blue header with the Medicare logo. Below the header, it lists the toll-free number 1-800-MEDICARE (1-800-633-4227). The beneficiary's name is JANE DOE. The Medicare claim number is 000-00-0000-A, and the sex is FEMALE. The card indicates entitlement to Hospital Medical (Part A) and Medical (Part B), both effective as of 07-01-1986. A large, diagonal 'SAMPLE' watermark is overlaid across the center of the card. At the bottom, there is a line for the beneficiary to sign.


MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY JANE DOE	
MEDICARE CLAIM NUMBER 000-00-0000-A	SEX FEMALE
IS ENTITLED TO HOSPITAL MEDICAL (PART A)	EFFECTIVE DATE 07-01-1986
MEDICAL (PART B)	07-01-1986
SIGN HERE _____	

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

Medicare Parts and Costs

continued

Part D = Prescription Medications

- Monthly premium
- Co-pay or co-insurance per prescription
- Coverage by private insurer



8/11/2015

Medicare Parts and Costs continued

➤ Part C = Medicare Advantage

Combines Parts A, B and usually D

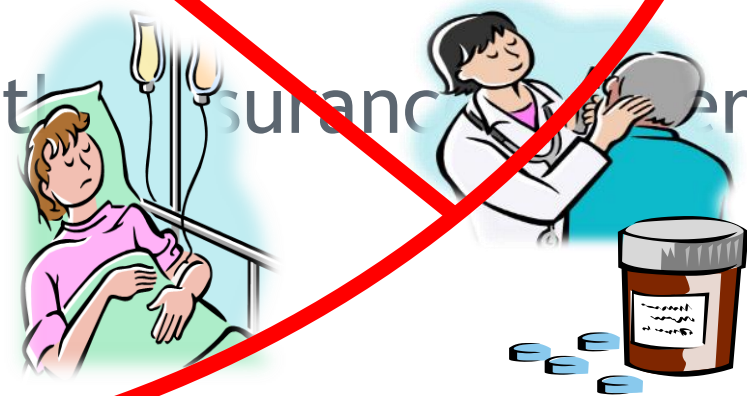
Private insurers

HMOs and PPOs

Special Needs Plans

Monthly premiums to Medicare and to the insurance plan

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

Program	Income Criteria	Resources Criteria	Medicare Part A and B Entitlement	Benefits
QMB Plus	$\leq 100\%$ FPL • Meets Financial criteria for full Medicaid benefits	≤ 3 times SSI resource limit	Part A	<ul style="list-style-type: none"> • Medicaid pays for Part A and Part B premiums, deductibles, coinsurance, and copayments; and, • Full Medicaid benefits
QMB Only	$\leq 100\%$ FPL	≤ 3 times SSI	Part A	<ul style="list-style-type: none"> • Medicaid pays for Part A and Part B premiums, deductibles, coinsurance and copayments for Medicare services

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)

≤ 100% FPL

≤ 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



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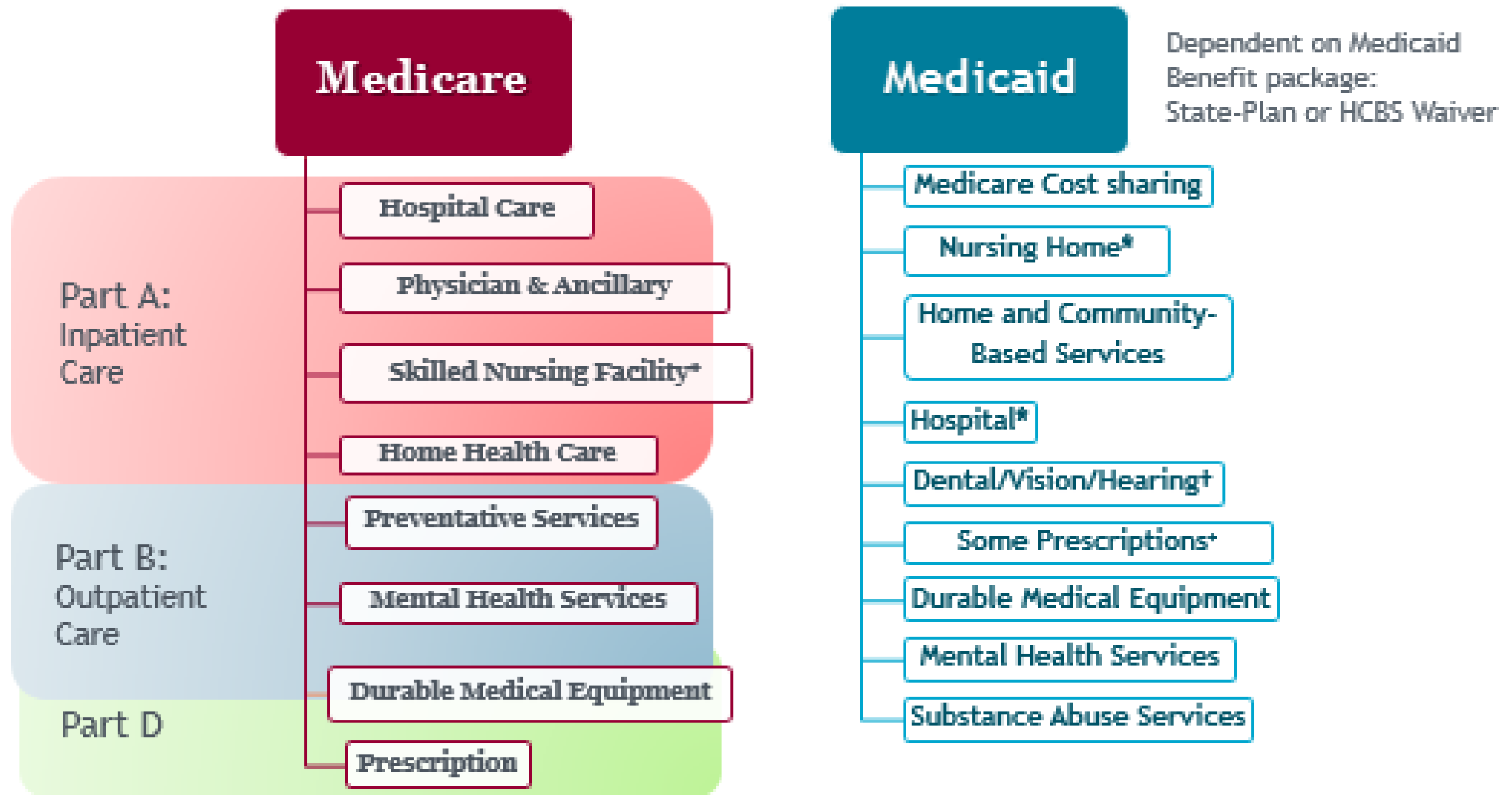
ACC: MMP Eligibility (cont'd)

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)



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/



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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 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
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- **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!



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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
- ✓ Medicare Basics
- ✓ 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

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



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Medicare-Medicaid Advocate

Single, statewide ombudsman for
Medicare-Medicaid Enrollees

Disability Law Colorado

Julie Bansch-Wickert

455 Sherman Street, Suite 130

Denver, CO 80203

Phone: 303-722-0300

Fax: 303-722-0720

www.disabilitylawco.org



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Questions?



Contact Information

Van Wilson
Medicare-Medicaid Project Manager
Van.Wilson@state.co.us



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Thank You!



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