

# LEARNING MORE ABOUT MEDICARE AND MEDICAID

IL STATEWIDE TRANSITION CONFERENCE

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10/2019



# MEDICARE VS. MEDICAID

## MEDICARE

- EMPLOYER AND EMPLOYEE FUNDED, MANAGED BY U.S. GOVERNMENT
- NO INCOME/RESOURCE TEST
- REQUIRES MONTHLY PAYMENT FOR PART B
- MODERATE ANNUAL DEDUCTIBLE
- GENERALLY 80% COVERAGE
- HIGHER MONTHLY PAYMENTS AND DEDUCTIBLES FOR HIGHER INCOME INDIVIDUALS (OVER \$85,000 FOR 1, \$170,000 FOR COUPLE)
- COVERS ABOUT 15% OF ALL AMERICANS

## MEDICAID

- STATE AND FEDERALLY FUNDED, MANAGED BY EACH STATE
- INCOME TEST FOR MOST PROGRAMS
- RESOURCE TEST FOR SOME
- FULL PAYMENT FOR MOST SERVICES WITH LOW COPAYS
- MUST BE IN AN ELIGIBILITY GROUP
- SOME PROGRAMS HAVE LOW MONTHLY PREMIUMS
- LOW COPAYS
- COVERS OVER 25% OF ALL ILLINOISANS

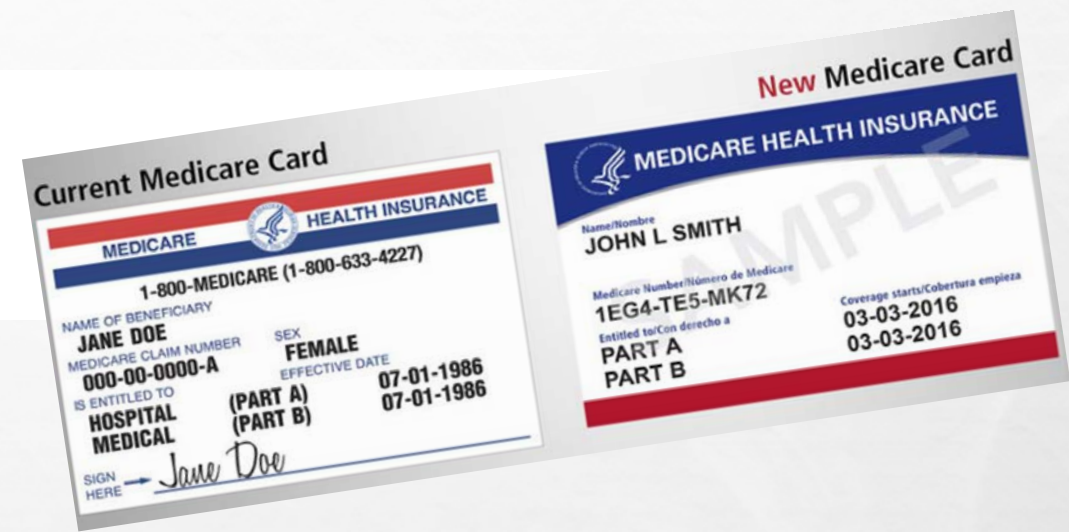


# MEDICARE





# MEDICARE



- BASED ON SOCIAL SECURITY WORK RECORD FOR PART A (HIB – HOSPITAL BENEFITS)
- ONCE ELIGIBLE FOR PART A, CAN BUY INTO PART B (SMIB – SUPPLEMENTAL BENEFITS)
- MUST BE AGE 65+, ON SSA DISABILITY FOR 24 MONTHS, OR LIVING WITH ALS OR ESRD
- PART D COVERS PRESCRIPTION DRUGS
- PART C (MEDICARE ADVANTAGE) PROVIDE PARTS A, B, AND USUALLY D COVERAGE THROUGH AN INDEPENDENT INSURANCE COMPANY AUTHORIZED BY MEDICARE
- PENALTY FOR LATE ENROLLMENT INTO PART B OR D

# MEDICARE COVERAGE

## PART A – HOSPITALIZATION, REHABILITATION

- \$1,364 HOSPITAL DEDUCTIBLE FOR FIRST 60 DAYS

- \$341 DAYS 61-90, \$682 DAYS 91+

- NO PREMIUM FOR MOST

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## PART B – DOCTOR VISITS, LABS, TESTS, DURABLE MEDICAL EQPT.

- \$185 ANNUAL DEDUCTIBLE

- \$135.50 PREMIUM PER MONTH

- 80% OF COVERED CHARGES

## PART D – PRESCRIPTION DRUGS

- BASED ON PLAN, THERE ARE COPAYMENTS AND COINSURANCE COSTS (IE; 25%) AND MONTHLY PREMIUMS (\$33.19 AVG)

- GENERICS USUALLY CHEAPER THAN NAME BRAND

- EACH PLAN HAS SET FORMULARY

- CATASTROPHIC COVERAGE OVER \$5,100 OUT OF POCKET (\$3.40 GEN. OR \$8.50 NAME BRAND)

- CAN APPLY FOR EXCEPTIONS; APPEAL

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## PART C – ADVANTAGE PLANS

- COST BASED ON PLAN

- BC/BS ONLY IL GUARANTEED ISSUER AFTER IEP



# ILLINOIS STATE MEDICAID

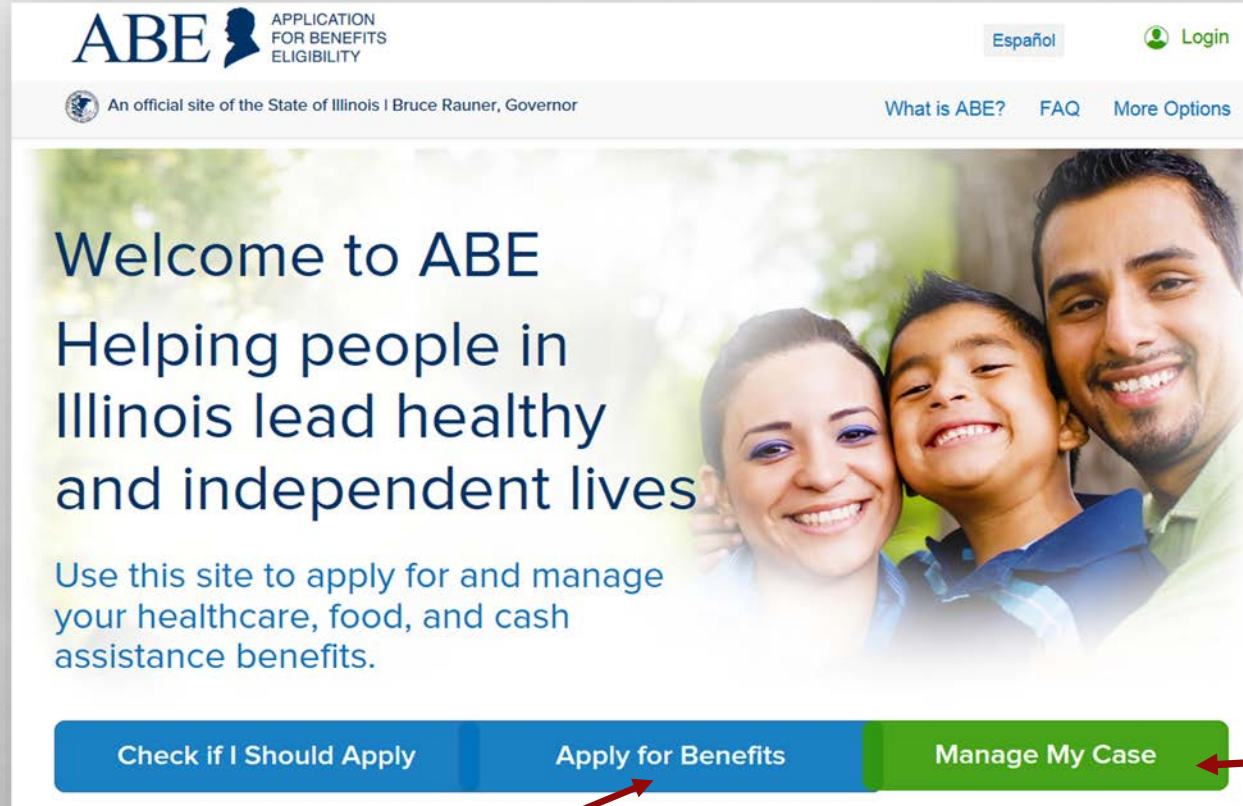




# MEDICAID

- ORIGINALLY BASED ON SSA – AGED, BLIND, DISABLED, DEPENDENTS
- EACH STATE DEFINES ELIGIBILITY WITHIN FEDERAL GUIDELINES FOR FEDERALLY-FUNDED PROGRAMS
- STATES CAN ADD STATE-FUNDED PROGRAMS
- STATES CAN APPLY FOR WAIVERS OR DEMONSTRATION PROJECTS
- AFFORDABLE CARE ACT ADDED MEDICAID EXPANSION GROUP (CHILDLESS ADULTS), MAGI INCOME COUNTING RULES FOR SOME MEDICAID GROUPS, AND ESSENTIAL HEALTH BENEFITS
- ENROLLMENT OF ABOUT 3.1M TOTAL - 1.4M CHILDREN, 265K ADULTS WITH DISABILITIES, 625K ACA ADULTS, 217K SENIORS, AND 550K OTHER ADULTS WITH FULL BENEFITS (ABOUT 2.2M IN MANAGED CARE)

# ABE – APPLICATIONS AND UPDATES ONLINE



The screenshot shows the homepage of the ABE (Application for Benefits Eligibility) website. At the top left is the ABE logo with the text 'APPLICATION FOR BENEFITS ELIGIBILITY'. To the right are links for 'Español' and 'Login'. Below the logo is the text 'An official site of the State of Illinois | Bruce Rauner, Governor'. On the right side of the header are links for 'What is ABE?', 'FAQ', and 'More Options'. The main content area features a large image of a smiling family (a woman, a young boy, and a man). To the left of the image, the text reads: 'Welcome to ABE', 'Helping people in Illinois lead healthy and independent lives', and 'Use this site to apply for and manage your healthcare, food, and cash assistance benefits.' At the bottom of the page, there are three buttons: 'Check if I Should Apply' (blue), 'Apply for Benefits' (blue), and 'Manage My Case' (green). Two red arrows point to the 'Apply for Benefits' and 'Manage My Case' buttons.

**ABE** APPLICATION FOR BENEFITS ELIGIBILITY

Spanish Login

An official site of the State of Illinois | Bruce Rauner, Governor

What is ABE? FAQ More Options

## Welcome to ABE

Helping people in Illinois lead healthy and independent lives

Use this site to apply for and manage your healthcare, food, and cash assistance benefits.

Check if I Should Apply Apply for Benefits Manage My Case



# ILLINOIS CHILDREN

- ALL KIDS/FAMILY CARE – CHILDREN UNDER 18 AND THEIR PARENTS/RELATED CARETAKERS WITH FAMILY INCOME UP TO 138% OF THE FEDERAL POVERTY LEVEL (FPL) FOR THE ADULTS, 147% FPL FOR CHILDREN. CHILDREN REMAIN ELIGIBLE UNTIL AGE 19.
- ALL KID SHARE – COVERS CHILDREN UNDER 19 WITH FAMILY INCOME BETWEEN 147% AND 157% FPL
- ALL KIDS PREMIUM 1 AND 2 - COVERS CHILDREN UNDER 19 WITH FAMILY INCOME BETWEEN 157% AND 318% FOR A LOW MONTHLY PREMIUM (UP TO \$40 PER FAMILY FOR PREM 1, UP TO \$80 FOR PREMIUM 2)
- MOMS AND BABIES – COVERS PREGNANT WOMEN AND THEIR NEWBORN UP TO AGE 1 WITH INCOME UP TO 213% FPL
- FAMILYCARE SPENDDOWN – FOR CHILDREN AND PREGNANT WOMEN WITH INCOME OVER THE ALLOWABLE STANDARD
- DCFS – COVERS CHILDREN IN FOSTER/ADOPTIVE CARE

# ILLINOIS ADULTS

- AGED, BLIND AND DISABLED (AABD) PROGRAM – COVERS PERSONS AGE 65+, LIVING WITH BLINDNESS OR DISABILITY WITH INCOME UP TO 100% FPL AND COUNTABLE ASSETS UP TO \$2000 FOR 1, \$3000 FOR A COUPLE
- ACA ADULTS – COVERS INDIVIDUALS AGE 19 - 65 NOT COVERED BY MEDICARE WITH INCOME UP TO 138% FPL
- HEALTH BENEFITS FOR WORKER WITH DISABILITIES (HBWD) – COVERS WORKERS UNDER AGE 65 LIVING WITH A DISABILITY AND INCOME UP TO 350% FPL AND UP TO \$25,000 IN RESOURCES FOR A LOW MONTHLY PREMIUM
- MEDICARE SAVINGS PROGRAM – COVERS PART B COSTS FOR PERSONS WITH PART A AND INCOME UP TO 135% FPL WITH RESOURCES UP TO \$7,730 FOR 1, \$11,600 FOR 2
- DAC (DISABLED ADULT CHILDREN) AND WIDOWS/WIDOWERS - ASSET TEST ONLY
- 1619 – SPECIAL EARNED INCOME INCENTIVE FOR FORMER SSI RECIPIENTS
- FORMER FOSTER CHILDREN UP TO AGE 26

# MEDICAID OPTIONS

UNDER 18		19 AND OLDER		
All Kids	AABD	ACA Adult	AABD	HBWD
<ul style="list-style-type: none"> <li>• Higher income limit</li> <li>• MAGI budgeting</li> </ul>	<ul style="list-style-type: none"> <li>• Lower income limit</li> <li>• Asset test</li> <li>• Must meet disability std</li> </ul>	<ul style="list-style-type: none"> <li>• Higher income limit</li> <li>• MAGI budgeting</li> </ul>	<ul style="list-style-type: none"> <li>• Lower income limit</li> <li>• Asset test</li> <li>• Must meet disability std</li> </ul>	<ul style="list-style-type: none"> <li>• Higher income limit</li> <li>• Higher resource test</li> <li>• Must meet disability std</li> <li>• Must be working paying taxes</li> </ul>



# GENERAL ELIGIBILITY CRITERIA

- BE A RESIDENT OF THE STATE OF ILLINOIS
- MEET CITIZEN OR LEGAL RESIDENT STATUS (EXCEPT NONCITIZEN CHILDREN AND PREGNANT WOMEN)
- MEET INCOME REQUIREMENTS
- MEET RESOURCE REQUIREMENTS FOR AABD-RELATED PROGRAMS (AABD CASH, AABD MEDICAL, HBWD AND MEDICARE SAVINGS PROGRAM)
- MEET AGE REQUIREMENTS, WHEN APPLICABLE
- PROVIDE A SOCIAL SECURITY NUMBER OR APPLY FOR ONE (EXCEPT NONCITIZEN CHILDREN AND PREGNANT WOMEN)

# 2019 INCOME STANDARDS

HH Size	Family Care Adults	All Kids Children	All Kids Share	All Kids Premium 1	All Kids Premium 2	Moms & Babies	AABD/QMB	SLIB	QI	ACA Adults	HBWD
	138%	147%	157%	209%	318%	213%	100%	120%	135%	138%	350%
1	\$1436	\$1530	\$1634	\$2175	\$3310	N/A	\$1041	\$1248	\$1404	\$1436	\$3643
2	\$1945	\$2071	\$2212	\$2945	\$4481	\$3002	\$1409	\$1690	\$1901	\$1945	\$4932
3	\$2453	\$2613	\$2791	\$3715	\$5652	\$3786	\$1778	\$2132	\$2399	\$2453	\$6221
4	\$2961	\$3154	\$3369	\$4485	\$6824	\$4571	\$2146	\$2574	\$2896	\$2961	\$7510
Resource Test	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	N/A	Yes

# MEDICAID COVERED SERVICES

- OUT-PATIENT TREATMENT (DOCTOR VISITS)
- IN-PATIENT TREATMENT (HOSPITALIZATION)
- PRESCRIPTION DRUGS
- OVER-THE COUNTER MEDICATION (WHEN PRESCRIBED BY A PHYSICIAN)
- DURABLE MEDICAL EQUIPMENT (WHEELCHAIRS, WALKERS, CRUTCHES, ETC.)
- MENTAL HEALTH SERVICES
- BEHAVIORAL HEALTH TREATMENT (SUBSTANCE USE COUNSELING AND TREATMENT)
- LAB TESTS AND X-RAYS
- REHABILITATION SERVICES
- DENTAL AND VISION CARE
- HOME HEALTH CARE
- MEDICAL TRANSPORTATION (EMERGENCY AND NON-EMERGENCY)
- HOSPICE CARE
- NO COPAYS FOR MOST INDIVIDUALS





# ILLINOIS MEDICAID WAIVERS

\* parental income exempt

Waiver		Operating Agency	Target Population
Medically Fragile/ Technology Dependent	MFTD*	UIC – Division of Specialized Care for Children	Medically fragile, technology dependent children under age 21
Adults with Developmental Disabilities	DD Adult	DHS Div. of Developmental Disabilities	Persons with Developmental Disabilities, age 18+
Children with Developmental Disabilities - Residential	DD Child Residential*	DHS Div. of Developmental Disabilities	Persons with Developmental Disabilities, age 3-21
Children with Developmental Disabilities - Support	DD Child Support*	DHS Div. of Developmental Disabilities	Persons with Developmental Disabilities, age 3-21
Persons with Brain Injury	Brain injury	DHS Div. of Rehab Services	Persons with brain injury
Persons with HIV/AIDS	HIV/AIDS	DHS Div. of Rehab Services	Persons with HIV/AIDS
Persons with Disabilities	Disability	DHS Div. of Rehab Services	Persons with disabilities, under age 60
Elderly	Elderly	Dept. on Aging	Persons over age 60
Supportive Living Program	SLP	HFS	Age 65+ or 22-64 with disabilities, living in a 24 hr. assistance facility

# WAIVER SERVICES

- SERVICES ARE SPECIFIC TO THE POPULATION SERVED BY THE WAIVER.

SOME OF THE SERVICES INCLUDE:

- HOME / ENVIRONMENTAL MODIFICATION
- EMERGENCY RESPONSE SYSTEM
- SPECIALIZED MEDICAL EQUIPMENT
- HOMEMAKER SERVICES
- SPECIALIZED THERAPIES
- DAY CARE / RESPITE CARE
- ADAPTIVE EQUIPMENT
- ASSISTIVE TECHNOLOGY
- NURSING SERVICES

# MAINTAINING ELIGIBILITY

- REPORT CHANGES – ADDRESS, INCOME, HOUSEHOLD CHANGES,
- READ CORRESPONDENCE
- RETURN ANNUAL REDETERMINATION FORM WITH CHANGES/PROOF WHEN REQUIRED (AND ON TIME!) . . . . OR GO ONLINE AND COMPLETE THROUGH MANAGE MY CASE
  - NEW FORM A – NO RESPONSE REQUIRED, REDETERMINATION COMPLETED CENTRALLY. ONLY RETURN REDE FORM WHEN CHANGES HAVE OCCURRED THAT AREN'T REFLECTED ON FORM
  - FORM B – RESPONSE REQUIRED, REDETERMINATION UNABLE TO BE COMPLETED CENTRALLY. CASE WILL CANCEL AUTOMATICALLY IF NO RESPONSE BY DUE DATE.
- CASE CAN BE REOPENED WITHIN 3 MONTHS WHEN REDE RECEIVED LATE
- LATE REDES OFTEN CAUSE LOSS OF MANAGED CARE AND DISRUPTION IN WAIVER SERVICES