

STATE OF WISCONSIN BOARD ON AGING AND LONG TERM CARE

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Medicare Advantage Dual Special Needs Plans and Suitability

Recently we have received an increase in questions regarding advertisements pertaining to Dual Special Needs Plans, often referred to as "D-SNPs" or "Medicare Advantage D-SNPs". These Medicare Advantage plans are specifically for people who are dual-eligible, members who have both Medicare and Medicaid. Medicaid is a federal program with eligibility determined by income and assets. The State of Wisconsin manages the funds and have several programs within the Medicaid program. It is important to understand which Medicaid program the beneficiary is participating in prior to enrolling into a Dual Special Needs Plan.

Not all Medicaid programs provide full healthcare coverage nor are they all a Full Benefit program. There are subprograms which provide minimal healthcare coverage called a Partial Benefit program.

<u>Wisconsin's Full Benefit Programs</u>: EBD (elderly, blind or disabled), Medicaid Purchase Plan (MAPP), Family Care, IRIS, BadgerCare Plus, SSI Medicaid, and Qualified Medicare Beneficiary (QMB). A beneficiary may be in the Medicaid Deductible program which would be Full Benefit once their deductible has been met.

<u>Wisconsin's Partial Benefit Programs</u>: Well Woman program, Family Planning, and the Medicare Savings programs (SLMB, SLMB+, QDWI.)

If a person is only receiving partial benefits in the Medicaid program, D-SNP, Medicare Advantage plans may not provide the best coverage. Dual Special Needs Plans have a higher out of pocket structure for a Partial Benefit Dual Eligible beneficiary. This includes higher out of pocket co-pays (up to 20% coinsurance) for services up to that person's out of pocket limit (depending upon eligibility for the Medicaid Deductible program). This makes a person liable for more cost-sharing. A standard Medicare Advantage plan may be more suitable for partial duals, as these plans may have set copayments and a lower maximum out of pocket limit.

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When considering enrollment into a Medicare Advantage Dual-Special Needs plan, it is very important to understand first which Medicaid program the beneficiary has, the out-of-pocket costs which are applied to medical expenses based on the Medicaid coverage, and to compare those costs with the cost of a standard Medicare Advantage plan.

If unsure which Medicaid program the beneficiary has, the local Aging & Disability Resource Center (ADRC) or Consortium may be contacted. Or you can request this information from Forward Health Member Services at 1-800-362-3002. The Medigap Helpline has a free service available to assist at **1-800-242-1060** in understanding best options.

Online resources: <u>https://www.dhs.wisconsin.gov/adrc/consumer/index.htm</u> <u>https://www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm</u>

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