General Questions about Duals

1. ***What does "dual eligible" mean?***

   "Dually eligible" or "dual eligible enrollees" generally refers to anyone that is eligible for both Medicare and Medicaid. They are "dually eligible" for both health care programs.

   Some dual eligible enrollees are eligible for all Medicare and Medicaid benefits and services, and are sometimes referred to as "full-benefit dual eligibles". Others may be eligible for all Medicare benefits but only receive assistance from the state through payment of their Medicare premium, copays and deductibles. They are sometimes referred to as "partial-benefit dual eligibles". Partial dual eligible individuals do not receive full Medicaid benefits.

2. ***What does Medicare cover vs. Medicaid?***

   Medicare is the primary payer for dual eligible enrollees. Medicare services can be grouped into the following categories:

   - **Part A** – **Hospital Insurance** (inpatient hospital care, inpatient care in a Skilled Nursing Facility, hospice care, and some home health services)
   - **Part B** – **Medical Insurance** (physician services, outpatient care, durable medical equipment, home health services, and many preventive services), and
   - **Part D** – **Prescription Drug Benefit** (Medicare-approved private companies cover outpatient prescription drug coverage)

   For full benefit dual eligible enrollees, Medicaid will cover many services that Medicare does not cover or only partially covers. Such services include, but are not limited to, the following:

   - Long-term institutional care, such as nursing facility or long-stay hospital,
   - Long-term home health and personal care services,
   - Other home and community-based services, such as adult-day, community mental health and substance use disorder services,
   - Non-emergency transportation services,
   - Medicare premiums, copays and deductibles, and
   - Dental and Vision (limited).

   All full benefit dual eligible enrollees in Virginia are required to enroll with a Managed Care Organization (MCO) (a private health insurance plan) for their Medicaid coverage. MCOs offer additional benefits such as:

   - Vision,
   - Hearing,
   - Cell phone,
   - Gym membership, and more.

   Medicaid will cover most Medicare premiums, coinsurance and co-pays for both full and partial benefit duals.

3. *What are the Medicare and Medicaid enrollment options for duals in Virginia?*

Medicare

When an individual first enrolls in Medicare and during certain times of the year, they can choose how they get their Medicare coverage. There are two main ways to get their Medicare coverage—Original Medicare (Part A and Part B) or a Medicare Advantage Plan (Part C). Some people choose to get additional coverage, like Medicare prescription drug coverage or Medicare Supplement Insurance (Medigap).

Original Medicare

Original Medicare, also known as "traditional Medicare" or "Medicare Fee-For-Service", includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). If an individual wants prescription drug coverage, they can join a separate Medicare drug plan (Part D). Signing up for Part D coverage is voluntary but they must sign up for Part D coverage to avoid penalties. They can also add supplemental coverage, like insurance from a former employer or Medicare Supplement Insurance (Medigap), to help pay out-of-pocket costs (like the 20% coinsurance).

With Original Medicare, individuals can use any doctor or hospital that takes Medicare, anywhere in the U.S.

Medicare Advantage

Medicare Advantage, also known as Part C, is an "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D. Medicare Advantage plans are provided by private health insurance plans called Managed Care Organizations (MCO).

Medicare Advantage plans may have lower out-of-pocket costs than Original Medicare. Most offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

In many cases, Medicare Advantage enrollees will need to use doctors who are in the plan's network.

Special Needs Plans

Some enrollees may be eligible for a specialized type of Medicare Advantage plan called a Special Needs Plan (SNP). SNPs are specifically designed to meet the special needs of the individuals they enroll. SNPs must cover all Medicare Part A, B, and Part D benefits, and all SNPs are required to offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more. SNPs also offer care coordination to assist you in coordinating and accessing your health benefits. There are three types of SNPs:

- Institutional SNP (I-SNP) which is designed to meet the needs f individuals who meet institutional level of care, such as those residing in a nursing facility.
- Chronic Conditions SNP (C-SNP) which is designed to meet the needs of individuals with severe or disabling chronic conditions, such as those with HIV/AIDS or chronic lung disorders

- Dual Eligible SNP (D-SNP) which is designed to meet the needs of dual eligible enrollees, by integrating the Medicare and Medicaid services and benefits.

If an individual wants to learn more about their Medicare enrollment options they can contact Virginia Insurance Counseling and Assistance Program (VICAP) at **1-800-552-3402 V/TTY** or visit their website at this link. VICAP is part of a national network of programs that offers FREE, unbiased, confidential counseling and assistance for people with Medicare.

Medicaid

Most Medicaid enrollees must enroll with one of the Commonwealth's five Medicaid Managed Care plans, often referred to as Managed Care Organizations (MCO). These plans will cover all medical, behavioral, and long-term care health benefits as well as prescription drugs.

- Most Medicaid enrollees will have $0 co-pay.
- Enrollees will need to use doctors who are in the plan's network.
- Plans offer extra benefits that traditional Medicaid, sometimes called Medicaid Fee-For-Service, doesn't cover—like vision, hearing, and more.

Most dual eligible enrollees will be eligible for the Cardinal Care Managed Care program. If an individual wants to learn more about Cardinal Care Managed Care, they can visit the Cardinal Care helpline online at https://www.virginiamanagedcare.com/ or by telephone at **1-800-643-2273 (TTY: 1-800-817-6608).**

Providers can submit questions about the Cardinal Care Managed Care to ccmccontract@dmas.virginia.gov, and DSNP questions to our DSNP team at dsnp@dmas.virginia.gov.

Doing Business with Dual Eligible Special Needs Plans

1. ***What advantage do D-SNPs offer providers?***

   There are several advantages that D-SNPs offer providers. Medicare and Medicaid were never built to work together, creating gaps and overlaps in care, however when a https://lis.virginia.gov/cgi-bin/legp604.exe?241+ful+HB127+pdfmember enrolls in a D-SNP and has all of their health care needs and benefits coordinated those gaps and overlaps are eliminated, making the provider's abilities to serve the member more seamless. Each D-SNP member has a care manager to help support them with the ultimate goal of improving health outcomes. The care management team for the D-SNP member works hand in hand with the member and provider to manage health issues, such as transportation to the member's appointments, picking up the member's medications, and addressing social determinants of health. D-SNP members can, but are not required to, enroll in the same health plan for their Medicare and Medicaid benefits. This will enhance and simplify the coordination of their benefits, lead to more seamless claims processing and crossover billing, and in overall reduce the member's burden as well as the provider's burden.

2. ***Who is eligible and ineligible for D-SNPs in Virginia?***

   Managed Care Organizations can enroll individuals into their D-SNPs who are entitled to benefits under Medicare Part A, B, and D and who are also receiving full Medicaid benefits. Eligible D-SNP members include both partial benefit duals (full Medicare and Medicaid covers coinsurance) and full benefit duals (full Medicare and full Medicaid). Individuals who are a part of the Medicaid Expansion Population are excluded from receiving dual benefits through a D-SNP.

3. ***How do I contract with a D-SNP?***

   All D-SNPs have staff dedicated to contracting with prospective providers. You may contact these staff with questions regarding the contracting process or to start the contracting process using the following contact information:

Health Plan Name	Phone Number	Website
Aetna Better Health	1-855-463-0933	Aetnabetterhealth.com/mydsnp
Anthem HealthKeepers	1-800-676-BLUE (2583)	https://www.anthem.com/provider/getting-started/
Molina Medicare Complete Care	1-800-424-4461	https://www.molinahealthcare.com/providers/va/medicaid/network/join-our-network.aspx
Optima Community Complete	1- 877-865-9075	https://www.optimahealth.com/providers/provider-support/join-our-network
UnitedHealthcare Dual Complete	1-877-842-3210	https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html

4. ***Who do I talk to if I have a question about accessing Medicare Services?***

   All D-SNPs have staff dedicated to assisting members and providers access services for their members. You can contact the D-SNP's using the contact information below:

Health Plan Name	Phone Number	Website
Aetna Better Health	1-855-463-0933, TTY 711	https://www.aetnabetterhealth.com/virginia-hmosnp/
Anthem HealthKeepers	1-855-679-8810, TTY 711	https://shop.anthem.com/medicare/shop/landing?brand=ABCBS&role=consumer&locale=en_US
Molina Medicare Complete Care	1-800-424-4495	https://dsnp.mccofva.com/providers/join-our-network/
Optima Community Complete	1-844-563-4201	https://www.optimahealth.com/plans/medicare/optima-community-complete-hmo-d-snp
UnitedHealthcare Dual Complete	1-844-368-7151	https://www.uhcprovider.com/en/health-plans-by-state/virginia-health-plans/va-medicare-plans/va-dual-complete-snp-plans.html

5. ***If I accept Medicaid and do not receive any additional payment from Medicaid, may I balance bill the D-SNP member?***

No. D-SNP members, like all dual eligible members, are protected by state and federal regulations from balance billing. Providers are not permitted to balance bill and must accept the Medicare and Medicaid (if applicable) payments as payment in full.

Providers may not seek payments for cost sharing from dual-eligible members for health care services; cost sharing is handled by the state Medicaid agency, or its contracted Medicaid managed care plans. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or the DSNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges.

6. ***Do I have to contract with the Medicaid MCO to have a crossover claim paid?***

No. All Cardinal Care Managed Care MCOs are required to pay crossover claims regardless of if you are a contracted network provider or not.

7. ***Who do I talk to if I have a question about a claim?***

All D-SNP's have staff dedicated to assisting provider's resolve claims payment issues. You can contact the D-SNP's using the contact information below:

Health Plan Name	Phone Number	Website
Aetna Better Health	1-855-463-0933	https://www.aetnabetterhealth.com/virginia-hmosnp/providers/hmo-snp-pr/claims
Anthem HealthKeepers	1-800-676-BLUE (2583)	https://www.anthem.com/provider/contact-us/

Molina Medicare Complete Care	1-800-424-4495	https://www.molinahealthcare.com/members/va/en-us/mem/medicare/medicare.aspx
Optima Community Complete	1-800-229-8822, Option 2	Email - ProviderRelations@sentara.com
UnitedHealthcare Dual Complete ONE	1-844-368-7151	https://www.uhcprovider.com/en/claims-payments-billing.html?CID=none

See Question 4 above on balance billing for more information.