

I'm a District resident and I have both Medicare and Medicaid. Which is which? And which does what?



Medicare is a federal program that provides medical coverage to people who qualify, mainly people over 65 or people with disabilities. Medicare covers routine and acute medical care, like doctors' visits and hospital stays.

In the District, there are a few different ways Medicare might provide you coverage.

Many people have Medicare "fee-for-service," which is sometimes called "original Medicare." If you have this coverage, you likely have a red, white, and blue card that says "Medicare Health Insurance" at the top. This coverage pays for inpatient and outpatient medical care.



Other people get their Medicare benefits through a private health plan. This may be Kaiser Permanente, Aetna, or another company. These plans provide the same benefits you get through Medicare fee-for-service. They might also offer other services and may provide you with a care manager.

A couple of these health plans, United HealthCare and Cigna, have a special agreement with the District's Medicaid agency. This agreement allows them to provide services to people enrolled in both Medicare and Medicaid. Like the other health plans, they provide the same benefits you get through Medicare fee-for-service. However, they can offer supplemental benefits and help coordinate your care.

If you enroll in a private health plan, you may not have access to all the health care providers you can access in Medicare fee-for-service. Still, each health plan must have enough doctors and other providers to serve its patients.



Finally, you may have a separate company helping with your prescription drug (Part D) benefits. Or, it might be the same company that provides your other Medicare benefits.

Medicaid is a program run by each state, coordinated with the federal government. It provides medical coverage to people who qualify due to their income, disabilities, age, or other factors. Like Medicare, Medicaid covers basic medical benefits, but it also covers many things Medicare doesn't cover. For example, it covers long-term care, dental care, hearing, and vision benefits. For people enrolled in both programs, Medicaid coverage "wraps around" Medicare benefits. This means both programs share the responsibility of providing health care coverage.

In the District, there are different ways you might have Medicaid coverage, just like with Medicare. Private Medicaid health plans cover almost 80 percent of people enrolled in District Medicaid. These health plans – such as AmeriHealth Caritas DC and MedStar Family Choice – cover all Medicaid services. However, these plans do not usually cover people who have both Medicare and Medicaid.

People who have Medicare may enroll in Medicaid fee-for-service (also sometimes called "straight Medicaid"). Many people who have disabilities or are elderly enroll in a Medicaid waiver program. Waivers can provide additional benefits and services for people who need them. In the District, we have three waiver programs: EPD, IDD, and IFS. The EPD waiver serves people who are elderly or who have physical disabilities. The IDD and IFS waivers support people who have intellectual or developmental disabilities and their families.



Some people who have help from both Medicare and Medicaid have complete Medicare coverage, but they do not have access to Medicaid benefits. These people are usually described as "QMBs" (Qualified Medicare Beneficiaries). While they don't qualify for Medicaid benefits, the Medicaid agency *does* help pay for their Medicare benefits.

I heard there are changes coming in 2022 to Medicare and Medicaid. What is changing? What do I need to do?

More than 36,000 people live in the District who have some form of Medicare coverage *and* some kind of Medicaid coverage. It can be confusing and complicated when you have more than one kind of health care coverage. The District government wants to make it easier for people to find and get services they need. To do that, the DC Department of Health Care Finance (DHCF), which is the Medicaid agency for the District of Columbia, is starting new programs and expanding existing programs.

PACE

The Program of All-Inclusive Care for the Elderly will be coming to the District for the first time in 2022. PACE is a model that has been in place in other states for many years, and the District's first PACE program will serve Wards 7 and 8. PACE is unique in several ways. It allows for integration of Medicare and Medicaid services into a "one-stop shop." This occurs at a community-based PACE Center which includes an "interdisciplinary care team" or IDT. The IDT has 11 different PACE program team members who work together to make sure PACE participants' needs are met.

If you enroll in PACE, you may not be able to access other services you use now, because your provider may not work with the PACE team. However, the PACE program must offer all Medicare and Medicaid services. They will work with you and your family to make sure all the services needed to keep you safe and healthy in the community are included in your service plan.

If you are currently enrolled in United or Cigna for your Medicare benefits, talk to the health plan or your care team about how services might change in 2022. If you are enrolled in both United or Cigna *and* the EPD waiver, talk with your EPD waiver case manager, too.

Dual Choice

The District is expanding its current Dual Choice program with special Medicare Advantage health plans. United HealthCare and Cigna are our current health plans in this program. Currently, people enrolled in both Medicare Advantage and Medicaid access their Medicaid benefits through fee-for-service Medicaid and their Medicare benefits through the health plan. In 2022, the health plans will also provide Medicaid benefits, combining both sets of services into a "one-stop shop." This will allow the health plans to offer more coordinated benefits across the two programs.

If you enroll in Dual Choice, you may not be able to access other services you use now, because your provider may not work with the health plan. If you are already enrolled in Dual Choice for your Medicare benefits, you may experience changes in your *Medicaid* benefits (such as home health or EPD waiver benefits). However, you will still be entitled to all Medicare and Medicaid services. The Dual Choice plan will work with you and your family to make sure all the services needed to keep you safe and healthy in the community, delivered by a provider you choose, are included in your service plan.

If you are interested in learning more about Dual Choice or PACE so that you can consider enrolling in 2022, talk to your health care providers or the DC State Health Insurance Program (SHIP, 202-727-8370).