

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs



This publication provides the following information on dual eligible beneficiaries under the Medicare and Medicaid Programs:

- The Medicare and Medicaid Programs;
- Dual eligible beneficiaries;
- Assignment;
- Prohibited billing; and
- Resources.

When “you” is used in this publication, we are referring to Medicare and Medicaid health care providers.



The Medicare and Medicaid Programs

The Medicare Program

The Original Medicare Program, also known as Fee-For-Service (FFS) Medicare, consists of:

- Part A, hospital insurance; and
- Part B, medical insurance.

Under FFS Medicare, eligible individuals may enroll in Part A, Part B, or both Part A and Part B. Most individuals choose to enroll in both Part A and Part B.

FFS Medicare was expanded in 1973 to include:

- Individuals who are under age 65 with certain disabilities; and
- Individuals with End-Stage Renal Disease.

Two parts were added to the Medicare Program in 1997 and 2006, respectively:

- Part C, Medicare Advantage (MA) (first known as Medicare+Choice); and
- Part D, the Prescription Drug Benefit.

A sample Medicare Health Insurance card. The card has a red header with "MEDICARE" and "HEALTH INSURANCE" in white. Below the header is a blue bar with the phone number "1-800-MEDICARE (1-800-633-4227)". The card contains the following information: NAME OF BENEFICIARY: JOHN DOE; MEDICARE CLAIM NUMBER: 000-00-0000-A; SEX: MALE; IS ENTITLED TO: HOSPITAL (PART A) 01-01-2007 and MEDICAL (PART B) 01-01-2007. There is a "SIGN HERE" label with an arrow pointing to a line at the bottom left. A large "SAMPLE" watermark is overlaid on the card.

MA is another health plan choice available to beneficiaries. It is a program run by Medicare-approved private insurance companies. Most MA organizations arrange for or directly provide health care items or services to the beneficiary who:

- Is entitled to Part A and enrolled in Part B;
- Permanently resides in the service area of the MA Plan; and
- Elects to enroll in a MA Plan.

The Prescription Drug Benefit provides prescription drug coverage to all beneficiaries enrolled in Part A and/or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or a MA Prescription Drug Plan. Insurance companies or other companies approved by Medicare provide prescription drug coverage to such individuals who live in the Plan's service area. Medicare beneficiaries who meet certain income and resource limits may qualify for the Extra Help Program, which helps pay for PDP costs.

The Medicaid Program

The Medicaid Program is a cooperative venture funded by Federal and State governments that pays for medical assistance for certain individuals and families with low incomes and limited resources. Within broad national guidelines established by Federal statutes, regulations, and policies, each State:

- Establishes its own eligibility standards;
- Determines the type, amount, duration, and scope of services;
- Sets the rate of payment for services; and
- Administers its own program.



Dual Eligible Beneficiaries

Dual eligible beneficiaries include individuals who receive full Medicaid benefits as well as those who only receive assistance with Medicare premiums or cost sharing. They must meet certain income and resource requirements and be entitled to Medicare Part A and/or Part B and one of the following Medicaid Programs:

- Full Medicaid; or
- Special Need Plans, which include the following four programs:
 - Qualified Medicare Beneficiary (QMB) Program;
 - Specified Low-Income Medicare Beneficiary (SLMB) Program;
 - Qualifying Individual (QI) Program; and
 - Qualified Disabled Working Individual (QDWI) Program.

Dual eligible beneficiaries may choose coverage under FFS Medicare or a MA Plan. Medicare-covered services are paid first by Medicare because Medicaid is always the payer of last resort. Medicaid may cover the cost of prescription drugs and other care that Medicare does not cover.



The chart below provides additional information on dual eligible Medicaid programs.

Dual Eligible Medicaid Programs

Program	Income Criteria	Resources Criteria	Medicare Part A and Part B Entitlement	Other Criteria	Benefits
Full Medicaid	Determined by State	Determined by State	Part A and Part B	Income and resource criteria are lower than QMB criteria	<ul style="list-style-type: none"> • Full Medicaid coverage either categorically or through optional coverage groups based on Medically Needy status, special income levels for institutionalized individuals, or home- and community-based waivers; and • Medicaid pays for Part A (if any) and Part B premiums and cost sharing for Medicare services furnished by Medicare providers to the extent consistent with Medicaid State Plan.
QMB Only	≤100% of Federal Poverty Line (FPL)	≤3 times Supplemental Security Income (SSI) resource limit, adjusted annually in accordance with increases in Consumer Price Index (CPI)	Part A	Not applicable (N/A)	<ul style="list-style-type: none"> • Medicaid pays for Part A (if any) and Part B premiums, deductibles, coinsurance, and copayments for Medicare services furnished by Medicare providers to the extent consistent with Medicaid State Plan.
QMB Plus*	≤100% of FPL	≤3 times SSI resource limit, adjusted annually in accordance with increases in CPI	Part A	Meets financial criteria for full Medicaid benefits	<ul style="list-style-type: none"> • Medicaid pays for Part A (if any) and Part B premiums, deductibles, coinsurance, and copayments; and • Full Medicaid coverage to the extent consistent with State Plan.

Dual Eligible Medicaid Programs (cont.)

Program	Income Criteria	Resources Criteria	Medicare Part A and Part B Entitlement	Other Criteria	Benefits
SLMB Only	>100% of FPL but <120% of FPL	≤3 times SSI resource limit, adjusted annually in accordance with increases in CPI	Part A	N/A	<ul style="list-style-type: none"> • Medicaid pays for Part B premiums.
SLMB Plus*	>100% of FPL but <120% of FPL	≤3 times SSI resource limit, adjusted annually in accordance with increases in CPI	Part A	Meets financial criteria for full Medicaid benefits	<ul style="list-style-type: none"> • Medicaid pays for Part B premiums; and • Full Medicaid coverage to the extent consistent with State Plan.
QI**	≥120% of FPL but <135% of FPL	≤3 times SSI resource limit, adjusted annually in accordance with increases in CPI	Part A	N/A	<ul style="list-style-type: none"> • Medicaid pays for Part B premiums.
QDWI	≤200% of FPL	≤2 times SSI resource limit	Lost Part A benefits due to their return to work; eligible to enroll in and purchase Part A coverage	N/A	<ul style="list-style-type: none"> • Medicaid pays for Part A premiums.

* Beneficiaries under this program often qualify for full Medicaid benefits by meeting Medically Needy standards or spending down excess income to the Medically Needy level.

** Beneficiaries under this program are not otherwise eligible for full Medicaid coverage through the State.

Assignment

You must accept assignment for services furnished to dual eligible beneficiaries. Assignment means that you are paid the Medicare-allowed amount as payment in full for all Part B claims for all covered services for all Medicare beneficiaries. You may not collect from the beneficiary any amount other than the unmet deductible and coinsurance.

Prohibited Billing

Under Section 1902(n)(3)(B) of the Social Security Act, as modified by Section 4714 of the Balanced Budget Act of 1997, Medicare and Medicaid payments you receive for furnishing services to a QMB are considered payments in full. You may not balance bill QMBs for any Medicare cost sharing (including deductibles, coinsurance, and copayments) for these services. You are subject to sanctions if you bill a QMB for amounts above the Medicare and Medicaid payments (even when Medicaid pays nothing).


Resources

The chart below provides dual eligible beneficiaries resources.

Dual Eligible Beneficiaries Resources

For More Information About...	Resource
Medicare Part A and Part B	Chapter 2 of the “Medicare General Information, Eligibility and Entitlement Manual” (Publication 100-01) at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c02.pdf on the Centers for Medicare & Medicaid Services (CMS) website
Medicare Advantage	http://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo on the CMS website
Prescription Drug Coverage	http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn on the CMS website “Medicare Prescription Drug Benefit Manual” (Publication 100-18) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html on the CMS website
Extra Help Program	http://www.ssa.gov/medicare/prescriptionhelp on the Social Security Administration (SSA) website

Dual Eligible Beneficiaries Resources (cont.)

For More Information About...	Resource
Medicaid	http://www.medicaid.gov on the CMS website http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Medicare-Medicaid-Enrollees-Dual-Eligibles/Seniors-and-Medicare-and-Medicaid-Enrollees.html on the CMS website
Medicare Balance Billing	http://www.ssa.gov/OP_Home/ssact/title19/1902.htm on the SSA website
All Available Medicare Learning Network® (MLN) Products	“MLN Catalog” located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLN_Catalog.pdf on the CMS website or scan the Quick Response (QR) code on the right 
Provider-Specific Medicare Information	MLN publication titled “MLN Guided Pathways: Provider Specific Medicare Resources” booklet located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website
Medicare Information for Beneficiaries	http://www.medicare.gov on the CMS website





This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This fact sheet was prepared as a service to the public and is not intended to grant rights or impose obligations. This fact sheet may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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