

Questions for individuals eligible for Medicare and Medicaid to ask when choosing coverage

If you have both Medicare and Medicaid, meaning you are a dually eligible individual, you have several options for how you receive your coverage. Some options combine Medicare and Medicaid coverage. For other options, Medicare and Medicaid are separate. A few examples are listed below:

- Original Medicare or Medicare Advantage, with separate Medicaid coverage
- Dual-eligible Special Needs Plan (D-SNP)
- Program of All-Inclusive Care for the Elderly (PACE)
- Medicare-Medicaid Plan (MMP)

Not all coverage options are available in every state or county.

Some options may have eligibility requirements for enrollment (such a minimum age or requiring that you need a certain level of long-term care).

For help learning about the options available to you, contact:

- Your local Medicaid office
 - Visit www.medicaid.gov/about-us/contact-us/index.html
- Your state's long-term care ombudsman
 - Visit www.theconsumervoice.org/get_help
- Your State Health Insurance Assistance Program (SHIP)
 - Visit www.shiptacenter.org or call 877-839-2675
- 1-800-MEDICARE (1-800-633-4227)

Below are questions you should ask when considering your coverage options. Depending on your situation, some coverage options may meet your health care needs better than others.

Eligibility

- Am I a dually eligible individual, meaning I have both Medicare and Medicaid?
- Do I require long-term care services or behavioral health care?
 - Long-term care encompasses a range of services and supports to help individuals perform everyday activities

- Behavioral health care includes mental health care services and substance use disorder treatment
- Do the plans in my state have other eligibility requirements, such as a minimum age?
- Do the available plans serve individuals in my service area?

Providers, hospitals, and other facilities

- Will I be able to use my doctors? Are they in the plan's network?
- Do doctors and providers I want to see in the future take new patients who have this plan?
- If my providers are not in-network, will the plan still cover my visits? Will I have any out-of-pocket costs?
- Which hospitals, nursing homes, home health agencies, and skilled nursing facilities are in the plan's network?

Prescription drugs

- Are my prescriptions on the plan's formulary (list of covered drugs)?
- Will I be able to use my pharmacy?

Care coordination

- Does the plan ensure that all in-network providers take Medicare and Medicaid?
- Does the plan offer care plans and/or care management services?

Coordination of benefits

- Does a single plan administer and cover my Medicare and Medicaid benefits?
- Which insurance cards do I use for my Medicare and Medicaid coverage? Do I have a single insurance card for all services?

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