

Making the Switch

Transitioning from ACA Adult Medicaid to AABD Medicaid with Medicare

Option for AABD Spenddown

- Monthly income and/or annual asset Spenddown available for beneficiaries over AABD income and/or asset limits
- Medicaid Fee For Service (FFS) coverage may be available on a monthly basis with Pay In Spenddown, medical expenses, or the cost of LTSS services available through other public programs.

Drug Coverage Transition

- Medicaid stops covering drugs
- If the beneficiary meets at least one month of Spenddown or enrolls in an MSP, they will be auto enrolled into Extra Help and then a Part D plan.
- LINET coverage available if Rx needs to be filled before Part D plan begins if Spenddown is met.

SLMB or QI Enrollment

- If eligible, these Medicare Savings Programs (MSP) will pay Part B premiums
- Beneficiary can apply online or in person

Redetermination

- Medicaid and MSP coverage is redetermined annually through Illinois Department of Human Services.
- Extra Help is automatically renewed provided beneficiary maintains Medicaid or MSP coverage

Medicare Starts

- ACA Adult Medicaid Managed Care plan ends
- Beneficiary is put into Medicaid Fee For Service

ACA Adult Medicaid to AABD Medicaid Transition

- A Medicaid redetermination form should get sent to screen for new AABD income limit and asset limit.

>100% FPL and/or over AABD asset limit

Monthly income
≤100% FPL and under AABD asset limit

Option for Dual Special Needs Plan (D-SNP)

- Beneficiary can opt to enroll in a Dual Special Needs Plan (D-SNP) through Medicare.gov
- All Medicare, Medicaid, and long term care services will be covered
- Beneficiary must stay within the D-SNP plan network

Drug Coverage Transition

- Beneficiary auto enrolled into Extra Help. D-SNP plan will include drug coverage.
- LINET coverage available if Rx needs to be filled before Medicare drug coverage begins.

QMB Enrollment

- Beneficiary should qualify for QMB provided they meet asset guidelines
- This Medicare Savings Program (MSP) pays Part A and Part B premiums.
- Apply online or in person if not automatically enrolled

Redetermination

- Medicaid and MSP coverage is redetermined annually through Illinois Department of Human Services.
- Extra Help is automatically renewed provided beneficiary maintains Medicaid or MSP coverage

Fee For Service Medicaid with option f or MLTSS

- Medicaid and Medicare coverage is separate. Medicare coverage will either be:
 - Original Medicare and Part D plan
 - Standard Medicare advantage plan
- Long term care must be covered by a Managed Long Term Service and Support (MLTSS) plan. Beneficiary can enroll in a MLTSS plan on HFS's Client Enrollment Services site.

Drug Coverage Transition

- Beneficiary auto enrolled into Extra Help and then a Part D plan. Medicaid stops covering Part D prescription drugs.
- LINET coverage available if Rx needs to be filled before Part D plan begins

QMB Enrollment

- Beneficiary should qualify for QMB provided they meet asset guidelines
- This Medicare Savings Program (MSP) pays Part A and Part B premiums. *and* covers all Medicare Part A and B cost sharing (copays, coinsurance, deductibles)
- Apply online or in person if not automatically enrolled

Redetermination

- Medicaid and MSP coverage is redetermined annually through Illinois Department of Human Services.
- Extra Help is automatically renewed provided beneficiary maintains Medicaid or MSP coverage

*Avisery recommends submitting an ABE application for MSP to trigger the ACA Adult Medicaid to AABD Medicaid transition.



Glossary

AABD (Aid to the Aged, Blind, and Disabled) – A Medicaid eligibility category for individuals age 65 or older, or individuals determined to be disabled by the Social Security Administration.

ABE Application: Refers to the Illinois online application for Medicaid, SNAP, MSP, and AABD Cash benefits. Can be accessed at abe.illinois.gov

ACA Medicaid (Affordable Care Act Medicaid) – The Medicaid Expansion eligibility group established under the Affordable Care Act, covering adults ages 19–64 who do not qualify for another Medicaid eligibility category.

D-SNP (Dual Eligible Special Needs Plan) – A type of Medicare Advantage plan designed specifically for individuals who are enrolled in both Medicare and Medicaid.

Dual Eligible / Dual Eligibility / Dual – Terms referring to a person who is enrolled in both Medicare and Medicaid.

Extra Help – A federal program that helps pay Medicare Part D premium and prescription drug costs.

FFS (Fee-for-Service) – A payment model in which the state Medicaid agency pays providers directly for each service delivered, rather than through a Managed Care Organization.

FIDE (Fully Integrated Dual Eligible) – A type of Dual Eligible Special Needs Plan that integrates Medicare and Medicaid benefits, financing, and care coordination. All Illinois D-SNPs are FIDE SNPs.

FPL (Federal Poverty Level) – A federal income guideline used to determine eligibility for many public assistance programs, including Medicaid and Medicare Savings Programs.

HCBS (Home and Community-Based Services) – Long-term services and supports provided in a person's home or community rather than in an institutional setting.

HFS (Health and Family Services) – Refers to the Illinois Department of Healthcare and Family Services, the state agency that administers Illinois Medicaid.

LINET (Low Income Newly Eligible Transition Program) – A Medicare program that provides immediate prescription drug coverage for Medicare beneficiaries who qualify for Medicaid or Extra Help but are not yet enrolled in a Part D plan.

MLTSS (Managed Long-Term Services and Supports) – Medicaid health plans that cover Long Term Services and Supports (LTSS) who are *not* enrolled in a D-SNP. MLTSS plans only cover LTSS, some behavioral health, and some transportation.

MSP (Medicare Savings Program) – A group of Medicaid programs that help pay certain Medicare Part A and Part B costs for individuals with limited income.

QI (Qualified Individual) – A Medicare Savings Program that pays Medicare Part B premiums for eligible beneficiaries.

QMB (Qualified Medicare Beneficiary) – A Medicare Savings Program that pays Medicare Part A and Part B premiums and covers Medicare cost-sharing, including deductibles, coinsurance, and copayments.

SLMB (Specified Low-Income Medicare Beneficiary) – A Medicare Savings Program that pays Medicare Part B premiums for eligible beneficiaries.

Spendedown: A program where a beneficiary can get Medicaid coverage on a monthly basis by either submitting medical bills, paying a monthly fee, or receiving HCBS waiver services.

SNP (Special Needs Plan) – A type of Medicare Advantage plan designed to provide targeted care and services to specific populations, such as people with certain chronic conditions, individuals living in institutions, or those eligible for both Medicare and Medicaid.