

Dual Eligible Beneficiaries and Humana

Objectives

This resource includes information on the following:

- Humana’s dual eligible special needs plan (DE-SNP)
- How the dual eligible special needs plans (DE-SNPs) may add value to dual eligible Beneficiaries and the help they get from Medicaid.
- The availability of DE-SNPs
- How to determine the level of Medicaid and eligibility for plan
- Plan options dual eligible beneficiaries have
- Providers that dual eligible plan members can see
- Special enrollment periods (SEPs) available to dual eligible beneficiaries

NOTE: You must be logged into Humana MarketPoint University to access the links contained in this job aid.

Compliance note: *You are not responsible for determining Medicaid eligibility. Your role is to be aware of what it is and how it may interact with Humana plans. If beneficiaries have questions about Medicaid, have them contact their local state Medicaid office.*

Note: The terms dual eligible, dual(s) and DE are interchangeable. You may also hear the term Medi/Medi throughout the industry, but Humana prefers dual eligible or dual(s).

Humana’s Dual Eligible Special Needs Plans (DE-SNPs)

Humana strives to offer plans that leverage our strengths to assist Medicare beneficiaries including dual eligible beneficiaries. Humana offers special needs plans for dual eligible (DE-SNPs) in some service areas within certain states. These are health maintenance organization (HMO) & some preferred provider organizations (PPO) plans. In addition, they include medical and prescription drug coverage as well as some Medicaid benefits. The offering of DE-SNPs is a big part of our corporate strategy.

Dual eligible special needs plans offer an enhanced level of care coordination. These plans have care coordinators that support member’s health and well-being. These coordinators provide:

- Acute-and-chronic-care management
- Support over the phone and in person
- Help to members in understanding and accessing Medicare and Medicaid benefits
- Educational resources- members can also attend workshops and get support for families and caregivers

These plans may be more appealing to dual eligible beneficiaries than other plans in their service area.

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Eligibility for Humana’s Dual Eligible Special Needs Plans (DE-SNPs)

To enroll in a DE-SNP, the beneficiary:

- Must be dual eligible (have Medicare and Medicaid)
- Must belong to the dual eligible category eligible for the plan
- Must live the plan’s service area

Humana works with the state Medicaid agencies to determine the eligible categories of dual eligible beneficiaries that can enroll in the DE-SNP in each state.

Humana’s Dual Eligible Special Needs Plans (DE-SNPs) Availability

A few resources show where DE-SNPs are available:

- All plans offered in a service area will show in Humana systems
- The job aid titled- [TRN-REF-233a Dual Eligible Special Needs Plans \(DE-SNP\) Medicaid Eligibility and Plan Availability](#)
- Humana.com displays plans (beneficiaries can view them, but they are not able to enroll on their own as they can with non-DE-SNP plans)

Here we will focus on the job aid. The job aid provides a snapshot of the plan footprint and the dual eligible categories able to enroll in the DE-SNP.

The job aid shows by state who is eligible to enroll in the DE-SNP.

Important to Know:

- These plans are not available in every state
- In the states where available, plan may not be available in all service areas
- Be sure to use Humana systems for availability based on zip code

2022 Dual SNP Medicaid Eligibility Plans

Below are the dual eligible categories eligible to enroll per their state in the Special Needs Plan. In some states eligibility may vary by market. *All members are cost share protected. Note: FL, GA, LA and MS have more than 1 DESNP plan type, be sure to check Summary of Benefits for eligibility.

Target Population			
State	2022 Medicaid Eligibility Level	State	2022 Medicaid Eligibility Level
Alabama	All Duals	Montana	*QMB+, QMB, and SLMB+
Arkansas	*FBDE, QMB+, QMB, and SLMB+	Nebraska	*FBDE, QMB+, QMB, and SLMB+
California	*FBDE, QMB+, and SLMB+	Nevada	*FBDE, QMB, and QMB+
Colorado	*QMB, QMB+, and SLMB+	New York	*FBDE, QMB+, QMB, and SLMB+
Connecticut	*FBDE, QMB, QMB+, and SLMB+	North Carolina	*FBDE, QMB+, QMB, and SLMB+
Delaware	*FBDE, QMB, QMB+, and SLMB+	Ohio	*FBDE, QMB+, QMB, and SLMB+
Florida	All Duals	Oklahoma	*FBDE, QMB+, QMB, and SLMB+
Florida	Full Duals *FBDE, QMB+, and SLMB+	Pennsylvania	*FBDE, QMB+, QMB, and SLMB+
Florida	Partial Duals QMB, SLMB, QI, and QDWI	Puerto Rico	All Duals
Georgia	*FBDE, QMB, QMB+, and SLMB+	South Carolina	*FBDE, QMB+, and QMB
Georgia	FBDE, QMB, QMB+, SLMB, SLMB+, and QI	Tennessee	*FBDE, QMB+, QMB, and SLMB+
Iowa	*FBDE, QMB, QMB+, and SLMB+	Texas	*QMB+, QMB and SLMB+
Indiana	*FBDE, QMB+, QMB, and SLMB+	Utah	*FBDE, QMB+, and SLMB+
Kentucky	*FBDE, QMB+ QMB, and SLMB+	Washington	*QMB+, QMB, and SLMB+
Louisiana	*FBDE, QMB, QMB+, and SLMB+	West Virginia	*FBDE, QMB+, QMB, and SLMB+
Louisiana	QDWI, QI, and SLMB		
Maine	*FBDE, QMB+, QMB, and SLMB+		
Michigan	*FBDE, QMB+, QMB, and SLMB+		
Mississippi	*FBDE, QMB+, QMB, and SLMB+		
Mississippi	QDWI, QI and SLMB		
Missouri	*QMB+ and QMB		

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Discussing Availability of Dual Eligible Special Needs Plans (DE-SNPs)

When a DE-SNP is available in your prospect's service area, let them know with this permission to discuss statement:

"In your area we offer Dual Eligible Special Needs Plan(s). These are plans specifically designed for those who have both Medicare and Medicaid. Would you like to hear more about these plans?"

If the answer is "yes", then you can further discuss eligibility for their state.

Validating the Dual Eligible Beneficiary's Status

To avoid disenrollments and unnecessary changes for the beneficiary, it is important to enroll only those eligible into a DE-SNP.

Dual eligible beneficiaries do not always know their dual eligible category. It is your role to ask questions to gain a basic understanding of their eligibility.

CMS prohibits us from discussing income, resources, and health- screening questions, but does allow us to ask if they meet the dual eligible requirements needed to enroll.

For example- *"The Humana Gold Plus SNP- DE H6622-015 (HMO SNP) offered in Licking County (Ohio) may enroll dual eligible beneficiaries who are QMB Plus, QMB, FBDE. Do you fall within one of those requirements?"*

If they are not sure, you can ask them a few questions to understand:

- Ask them if they have their eligibility letter from their state Medicaid program
- Ask them if they receive help paying their Part B premium
- Ask if they are cost-share-protected when visiting a provider. (If they were to go see a doctor would they have any out-of-pocket costs.)

Remember: We cannot ask them how many times they visit the doctor or why, etc. Those types of questions are "health-screening questions".

Ways to find out if your beneficiary qualify for the DE-SNP with their level of Medicaid:

- Call the Agent Support Unit (ASU) in states where DE-SNPs are available (exception of Florida)
- Some MSA's are able to verify level of Medicaid
- In Florida, agents use the ACCESS [direct]/Social Services team
- Use MarX & the DSNP Verification tool verify eligibility (if available)
- Use WiPro in EHUB (for Career Field & Partner only)

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Note: Agents are not to call the state to verify. The following job aids provide guidance: [TRN-REF-869 Dual Eligible Special Needs- How to Verify Eligibility](#). Florida agents use [TRN-REF-878 ACCESS Direct Job Aid](#).

Be sure to ask your Manager for the process in your market.

Validating the Dual Eligible Beneficiary’s Category

Remember to be aware of information in the chart below in case you need it to help you determine DE category to the best of your ability.

If the beneficiary shares that they do not have any out-of-pocket costs when visiting a provider.... they “may” be QMB or QMB Plus. In some states may also be FBDE or SLMB Plus.

Your response could be:
 “Mrs. Jones based on what you have shared it seems you may be cost-share-protected. If you are cost-share-protected then you may qualify for the Special Needs plan designed for dual eligible beneficiaries in your area.”
 Would you like to hear more about it?

		Assistance Type			
		Part A Premium	Part B Premium	Medicare Cost Sharing	Full Medicaid Benefits
Dual Eligible Category	Medicaid Only (FBDE)	No	Yes	No ***	Yes
	Qualified Medicare Beneficiary (QMB)	Yes	Yes	Yes	No
	Qualified Medicare Beneficiary Plus (QMB Plus)	Yes	Yes	Yes	Yes
	Specified Low Income Beneficiary (SLMB)	No	Yes	No	No
	Specified Low Income Beneficiary Plus (SLMB Plus)	No	Yes	No ***	Yes
	Qualifying Individual (QI)	No	Yes	No	No
	Qualifying Disabled Working Individual (QDWI)	Yes	No	No	No
Green=“Full Duals” and Plum= “Partial Duals” *** Some states cover Medicare Cost Sharing for this category too***					

Dual Eligible Beneficiaries Plan Options

Dual eligible beneficiaries can select to enroll in **any** plan that fits their needs for which they are eligible. They are **not** required to select a DE-SNP plan, when available. Humana also offers Value Plus plans primarily in markets where there is not a DE-SNP. However, you may find both in some areas. The Value Plus plans can be an HMO or PPO. These plans may be a nice option to a cost-share-protected dual eligible. Dual eligible may have more plan options to choose from than other beneficiaries may. Keep in mind that cost-share-protected categories always have help from their state. Therefore, if a QMB or QMB Plus dual eligible beneficiary enrolls in a regular MAPD they will not be responsible for cost shares for any Medicare covered expenses. Some states also extend cost-share-protection to FBDE and SLMB plus too. They will be responsible for prescription drug costs but receive help with that through the Low Income Subsidy- Extra Help.

Dual eligible beneficiaries are always responsible for any Part C (Medicare Advantage) plan premiums. This is because the states only cover Part A and/or Part B premiums and do not cover Part C premiums. Remember all dual eligible receive some level of LIS for Part D, therefore the plan premium may be less.

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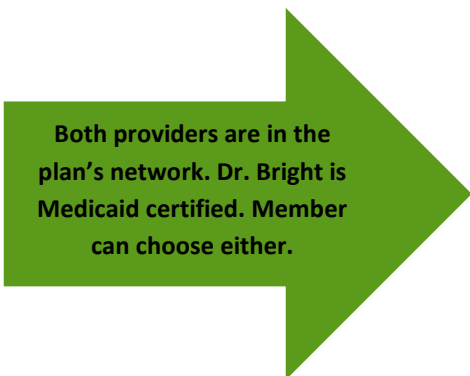
When presenting Humana Medicare plans it is important to follow the process. Conducting a suitability assessment is always important. Dual eligible beneficiaries need to be aware of all plans available in their area. **You should always help dual eligible beneficiaries in selecting plans with low premiums and low cost sharing, when available.** This may include advising them the coverage they already have is better than what we have to offer.

Providers That Dual Eligible Beneficiaries Can See

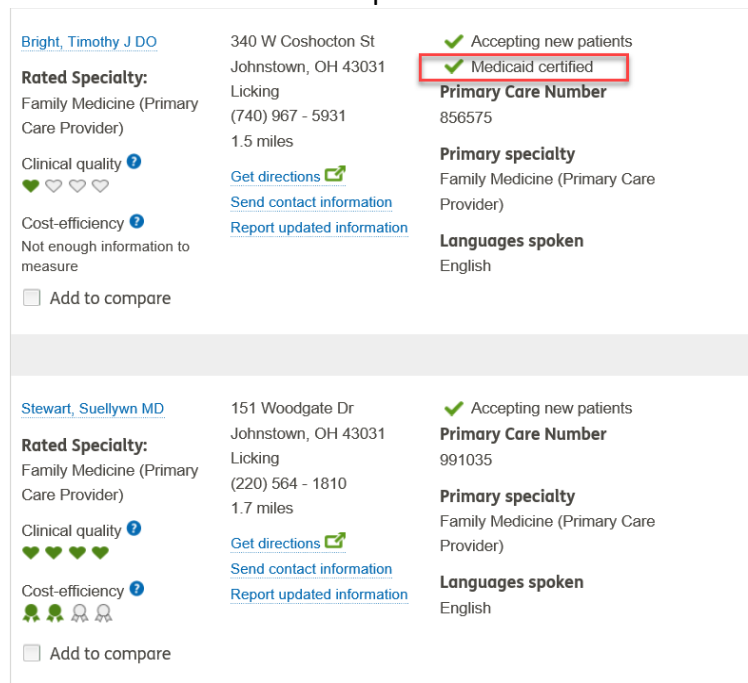
When the dual eligible is part of a Medicare Advantage plan, they need to follow the rules of the health plan. Members of the DE-SNP (HMO) plan can only see providers within the plan's network. Use the Physician Finder Plus to locate network providers by plan. It also shows if the provider is Medicaid certified.








Important: DE-SNP members are **not** restricted to seeing only network providers that are Medicaid certified. **Plan members can see any provider that is part of the plan's network.**

See below an example of PCP search from Humana.com for a DE-SNP in zip code 43031:



Both providers are in the plan's network. Dr. Bright is Medicaid certified. Member can choose either.



Bright, Timothy J DO Rated Specialty: Family Medicine (Primary Care Provider) Clinical quality  Cost-efficiency  Not enough information to measure <input type="checkbox"/> Add to compare	340 W Coshocton St Johnstown, OH 43031 Licking (740) 967 - 5931 1.5 miles Get directions Send contact information Report updated information	 Accepting new patients  Medicaid certified Primary Care Number 856575 Primary specialty Family Medicine (Primary Care Provider) Languages spoken English
Stewart, Suellywn MD Rated Specialty: Family Medicine (Primary Care Provider) Clinical quality  Cost-efficiency  <input type="checkbox"/> Add to compare	151 Woodgate Dr Johnstown, OH 43031 Licking (220) 564 - 1810 1.7 miles Get directions Send contact information Report updated information	 Accepting new patients Primary Care Number 991035 Primary specialty Family Medicine (Primary Care Provider) Languages spoken English

When seeing a provider, a dual eligible plan member should always show their Humana member ID card and their Medicaid card.

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The provider must bill the Medicare (Humana) plan first. Once the Medicare (Humana) plan has paid, the provider may bill the remaining balance or cost share to Medicaid. The provider must follow Medicaid rules to bill Medicaid. These Medicaid rules include, the provider must accept whatever Medicaid pays on the claim, even if it is \$0 as payment in full. If the provider chooses not to follow Medicaid rules to bill the cost share, they must accept whatever the plan paid as payment in full. **The cost-share-protected member cannot be billed.**

Federal law **does not** allow providers to bill or collect cost share from cost-share-protected individuals. All Medicare/Medicaid physicians, providers, and suppliers who offer services and supplies to cost-share-protected individuals must follow federal law. Providers who bill cost-share-protected individuals for Medicare cost sharing are subject to CMS sanctions. Humana has included language in our provider contracts prohibiting providers from collecting a cost share from cost-share-protected dual eligible beneficiaries.

Special Enrollment Periods for Dual Eligible Beneficiaries

Beneficiaries that are dual eligible have Special Enrollment Periods (SEP) to make changes outside of the Annual Enrollment Period (AEP). The following job aid will list all enrollment periods available: [Enrollment Options Job Aid DMS 024](#).

Below are the some special enrollment periods that provide opportunities for duals:

Medicare Plan Enrollment/Election Periods Job Aid for Agents

ELECTION PERIOD	DESCRIPTION OF THE ENROLLMENT/ELECTION PERIOD	ELECTION TYPE CODE
<p>M. Dual-Eligible Individuals (Medicare and Medicaid) and Other LIS-Eligible Beginning 1/1/2019</p> <p>NOTE: Beneficiaries deemed “potential at-risk” or “at-risk” are NOT eligible to use this SEP, but may still use other election periods for which they may be eligible.</p>	<p>Individuals who have Medicare A and B and receive any type of Federal or State assistance from Medicaid or Low Income Subsidy (LIS) a.k.a. Extra Help (due to financial reasons), including Full Benefit Dual Eligible (FBDE), QMB, QMB+, SLMB, SLMB+, QI, the Medicare Savings Program, or are only eligible for LIS have a onetime-per-calendar-quarter SEP between January through September. This SEP allows an individual to enroll in or disenroll from a MA, MAPD or PDP once during Jan-Mar, once during Apr-Jun and once during Jul-Sept. This coverage is effective the first of the upcoming month.</p> <p>This SEP may NOT be used during the fourth quarter of the year (Oct-Dec).</p> <p>NOTE: If a beneficiary is eligible for more than one election period, for example this and SEP-MOV, use the OTHER election period (SEP-MOV in this example).</p> <p>NOTE: The application date determines which quarter this SEP was used.</p>	<p>SEP: MDE For enrollment into MA, MAPD or PDP</p> <p>For use ONCE in each of the following calendar quarters:</p> <ul style="list-style-type: none"> Jan-Mar Apr-Jun Jul-Sept
<p>N. Who Gain, Lose or Have a Change in their Medicaid Status Beginning 1/1/2019</p>	<p>Individuals who Gain, Lose or Have a Change in their Medicaid (Dual Eligible) Status have an SEP which includes those who:</p> <ul style="list-style-type: none"> Become eligible for any type of assistance from the Title XIX program (including “partial duals” who receive cost sharing assistance under Medicaid); Lose eligibility for any type of assistance; and Have a change in the level of assistance they receive (e.g., stop receiving Medicaid benefits, but still qualify for LIS, those who have a change in cost sharing). <p>The SEP allows the individual one opportunity to make an election within three months of any of the changes noted above, or notification of such a change, whichever is later. The effective date for enrollments under this SEP is the first day of the month following receipt of the enrollment request.</p> <p>NOTE: Use of this SEP does NOT count towards the once per calendar quarter limitation.</p>	<p>SEP: MCD For enrollment into MA, MAPD or PDP</p>

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Resources

Below are additional resources: You must be logged into Humana MarketPoint University to access the following links.

- [TRN-REF-991c Medicaid and Dual Eligible Basics](#)
- [TRN-REF-991a Low Income Subsidy Basics](#)
- [TRN-REF-991b Low Income Subsidy and Humana](#)
- [TRN-REF-166 Low Income Subsidy \(LIS\) Chart](#)

You can access the job aids by visiting Mentor or MarketPoint University and simply type the titles in the search criteria.

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Compliance

Getting it Right!

- It is a **requirement** that you attempt to use MARx prior to every Medicare plan enrollment and a **requirement** that you attempt to use the DESNP Validation Tool prior to every DE-SNP enrollment AND cross-reference the results against the “To Be Eligible” section of the Summary of Benefits.
- a. **Remember: Marx** does not show a beneficiary’s Medicaid eligibility level (Medicaid is state-run). MARx will only identify the level of Low Income Subsidy (if the beneficiary has LIS/Extra Help) and whether the beneficiary has used their quarterly SEP-MDE (if eligible, among other things).
- If you are unable to confirm eligibility and the member is unsure, contact the agent Support Unit (ASU) for additional assistance.
- If requested by the beneficiary, agents are allowed to provide a *blank* LIS application.

Getting it Wrong!

- Do NOT process SEP until verifying eligibility
- Should not facilitate a sale using LIS SEP if the person recently completed an application for LIS and has not received a decision yet