

Understanding Medicaid and Medicare Dual Eligibility

Many adults with developmental disabilities are eligible for Medicaid by age 18, if not before due to low income or receipt of a Medicaid Waiver. Medicaid provides healthcare coverage, in addition to funding Virginia's Medicaid Waivers, which offer long term care and support options. These same adults may also become eligible for Medicare, either because they have worked a significant amount of time at a job, reached age 65, or because they begin to receive Social Security Disability Insurance (SSDI) once their parents retire or pass away. 24 months after someone receives SSDI, they are automatically enrolled in Medicare, in addition to keeping their existing Medicaid. These people are often called "Dual Eligibles" or "Duals" because they're enrolled in both programs.

Parts of Medicare:

Medicare comes in several parts. Part A covers hospital visits and stays. Part B covers medical care. These two parts are awarded together for someone automatically receiving Medicare because they have been an SSDI recipient for 24 months or more. Medicare Part D is optional, and includes prescription drug coverage. Medicaid users may not need this part of Medicare if they are able to get prescription coverage through Medicaid or other insurance(s).

Medicare Part C is called Medicare Advantage. It is managed care Medicare, meaning plans that cover Parts A, B, and (usually) D all together, and are overseen by private healthcare companies. The benefit of Part C plans is that they offer supplemental coverage, like vision, dental, hearing, and more. The downside is that you must ensure your care providers accept the type of Medicare Part C plan you've selected, as not all providers who accept Medicare enroll with every plan. If you choose to enroll in an *optional* Part C Medicare Advantage Plan, you can change that plan once a year during open enrollment periods.

Having Multiple Plans... Who Pays?

Generally speaking, if someone has an employer sponsored plan from their own job or from their parent's employer, that is the primary payor for insurance claims. Keep in mind most adults with disabilities are able to stay on their parent's plan after age 26, if the insurance plan offers ongoing coverage to people with developmental disabilities and they have proof of that disability. Ask your particular plan manager for details.

For people who have Medicare and Medicaid, Medicare will always be billed first (after the private insurance plan, if there is one), and Medicaid is always the payor of last resort. Bills sent to Medicare from medical providers will automatically bill Medicaid for any portion of the uncovered balance.

If you have Medicaid and Medicare, Medicaid will generally cover all or part of your monthly enrollment in Medicare Parts A and B. Work with your Department of Social Services eligibility worker to ensure this is set up correctly, but it often happens automatically.

Managed Care, Medicare Advantage, and Cardinal Care and Plan Alignment

Managed care is the term used to describe when a private healthcare company manages, authorizes, and oversees public health insurance (e.g., Medicare or Medicaid). If you have Medicare, you can opt to enroll in Medicare Part C, which is managed care called Medicare Advantage OR opt to use traditional fee-for-service Medicare. If you have Medicaid, you will be enrolled in a Cardinal Care Managed Care plan unless you are part of a small group of excluded populations (e.g., those receiving HIPP coverage). These managed care plans should provide benefits above and beyond traditional Medicare and Medicaid. If you have a CCC Plus Waiver, your Medicaid managed care plan will oversee your CCC Plus Waiver services, but DD Waiver services are still overseen by Community Services Boards.

Dual Special Needs Plans and Plan Alignment

If someone has Medicare and Medicaid (i.e., they are a “Dual”), they have the **option** of enrolling in a Dual Special Needs Plan (D-SNP). These plans are designed to help with coordination between Medicare and Medicaid benefits to make accessing services easier. These plans must cover Medicare Parts A, B, and D and offer additional benefits. Traditionally, D-SNP enrollees could choose one managed care plan for their Medicaid benefits and another for their Medicare/D-SNP benefits. As of January 1, 2025, D-SNP members must have the same managed care plan for their Medicare and Medicaid to better ensure benefits alignment and coordination. Members who had different plans would have their Medicaid switched to their Medicare MCO. These fully aligned members will have one card for their Medicare and Medicaid benefits and integrated statements, like those detailing drug coverage and summaries of benefits.

Resources:

1. [A handout on completing Medicaid applications](#)
2. [Information on HIPP](#), a program to fund monthly insurance co-payments for adults who receive Medicaid and employer sponsored coverage
3. [Information on SSDI](#) and it’s intersection with Medicaid and Medicaid Waiver
4. [A video reviewing dual eligibility](#)
5. [Information on applying for and navigating Social Security benefits](#)
6. [Fact sheet about Medicaid Managed Care Options \(MCOs\)](#) under Cardinal Care
7. <https://thearcofnova.org/resource-library/#waivers> FAQs about the Medicaid Waiver system for long term care
8. The Managed Care providers in Virginia for Medicaid Managed Care AND Medicare Advantage Plans are: Aetna Better Health of Virginia, Anthem Healthkeepers Plus, Molina Healthcare of Virginia, Sentara Health, and United HealthCare
9. [Medicare Plan Finder](#) to find a Dual Special Needs Plan near you
10. [Virginia Insurance Counseling and Assistance \(VICAP\)](#) provides free counseling for Medicare beneficiaries on plans
11. [VirginiaManagedCare.com](#) has information Virginia’s Medicaid Managed Care options