



NC Department of Health and Human Services

Division of Health Benefits (NC Medicaid)

Medi-What!

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Medicare and Medicaid

What's the difference between Medicare and Medicaid?

Medicare is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions.

Medicaid is a joint federal and state program that gives health coverage to some people with limited income and resources.

Components of Medicare

- **Part A** provides inpatient/hospital coverage.
- **Part B** provides outpatient/medical coverage.
- **Part C** offers an alternate way to receive your Medicare benefits (managed care)
- **Part D** provides prescription drug coverage.

Medicare Coverage: Part A

- **Inpatient hospital care:** This is care received after you are formally admitted into a hospital by a physician. You are covered for up to 90 days each benefit period in a general hospital, plus 60 lifetime reserve days. Medicare also covers up to 190 lifetime days in a Medicare-certified psychiatric hospital.
- **Skilled nursing facility (SNF) care:** Medicare covers room, board, and a range of services provided in a SNF, including administration of medications, tube feedings, and wound care. You are covered for up to 100 days each benefit period if you qualify for coverage. To qualify, you must have spent at least three consecutive days as a hospital inpatient within 30 days of admission to the SNF, and need skilled nursing or therapy services.
- **Home health care:** Medicare covers services in your home if you are homebound and need skilled care. You are covered for up to 100 days of daily care or an unlimited amount of intermittent care. To qualify for Part A coverage, you must have spent at least three consecutive days as a hospital inpatient within 14 days of receiving home health care.
- **Hospice care:** This is care you may elect to receive if a provider determines you are terminally ill. You are covered for as long as your provider certifies you need care.

Note: Medicare does not usually pay the full cost of your care, and you will likely be responsible for some portion of the cost-sharing (deductibles, coinsurances, copayments) for Medicare-covered services.

Medicare Coverage: Part B

- Durable medical equipment (DME): This is equipment that serves a medical purpose, is able to withstand repeated use, and is appropriate for use in the home. Examples include walkers, wheelchairs, and oxygen tanks. You may purchase or rent DME from a Medicare-approved supplier after your provider certifies you need it. Durable Medical Equipment
- Home health services: Services covered if you are homebound and need skilled nursing or therapy care.
- Ambulance services: This is emergency transportation, typically to and from hospitals. Coverage for non-emergency ambulance/ambulette transportation is limited to situations in which there is no safe alternative transportation available, and where the transportation is medically necessary.
- Preventive services: These are screenings and counseling intended to prevent illness, detect conditions, and keep you healthy. In most cases, preventive care is covered by Medicare with no coinsurance.
- Therapy services: These are outpatient physical, speech, and occupational therapy services provided by a Medicare-certified therapist.
- Mental health services (out patient).
- X-rays and lab tests.
- Chiropractic care when manipulation of the spine is medically necessary to fix a subluxation of the spine (when one or more of the bones of the spine move out of position).
- Provider services: Medically necessary services you receive from a licensed health professional.

Medicare Coverage: Part D

- Medicare's prescription drug benefit (Part D) is the part of Medicare that provides outpatient drug coverage. Part D is provided only through private insurance companies that have contracts with the federal government—it is never provided directly by the government (unlike Original Medicare).
- If you want to get Part D coverage, you have to choose and enroll in a private Medicare prescription drug plan (PDP) or a Medicare Advantage Plan with drug coverage (MAPD).
  - Enrollment is optional (though recommended to avoid incurring future penalties) and only allowed during approved enrollment periods. Typically, you should sign up for Part D when you first become eligible to enroll in Medicare.

Medicare Coverage: Part C

- Part C ins a Managed Care option which allow member to choose to get Medicare coverage through a Medicare Advantage Plan (Part C) instead of through Original Medicare Parts (A & B).
- Medicare Advantage Plans must offer, at minimum, the same benefits as Original Medicare (those covered under Parts A and B) but can do so with different rules, costs, and coverage restrictions. You also typically get Part D as part of your Medicare Advantage benefits package (MAPD).
  - Many different kinds of Medicare Advantage Plans are available. You may pay a monthly premium for this coverage, in addition to your Part B premium.

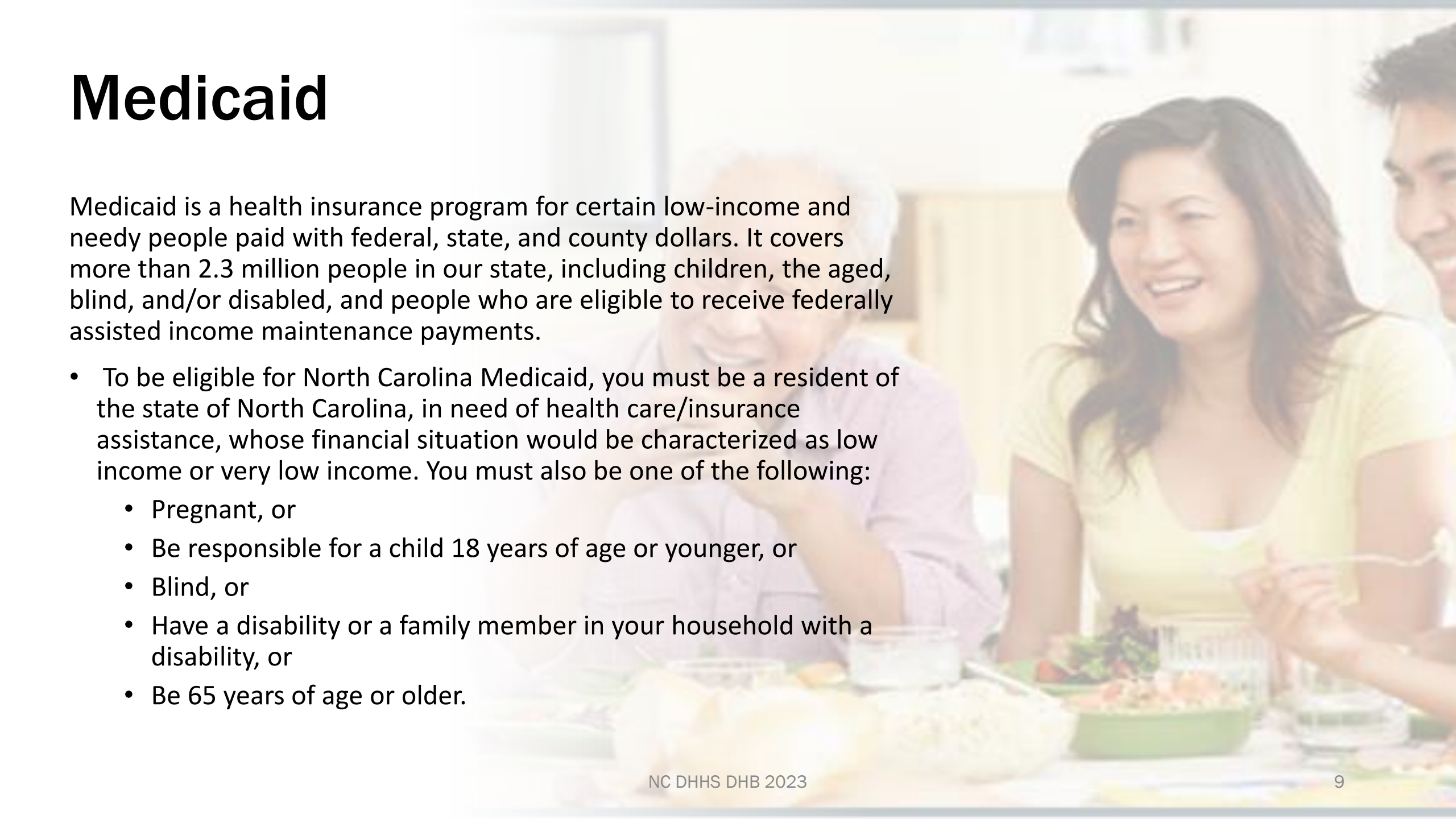
Medicare Supplements

- Medicare Supplement Plans are health insurance policies that offer standardized benefits to work with Original Medicare (not with Medicare Advantage).
  - They are sold by private insurance companies. If you have a supplement plan, it pays part or all of certain remaining costs after Original Medicare pays first.
  - These plans may cover outstanding deductibles, coinsurance, and copayments and may also cover health care costs that Medicare does not cover at all, like care received when traveling abroad.
  - Medicare Supplement Plans only work with Original Medicare. If you have a Medicare Advantage Plan, you cannot buy a Medicare Supplement Plan.
- Depending on where you live, you have up to 10 different Medicare Supplement policies to choose

Medicaid

Medicaid is a health insurance program for certain low-income and needy people paid with federal, state, and county dollars. It covers more than 2.3 million people in our state, including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

- To be eligible for North Carolina Medicaid, you must be a resident of the state of North Carolina, in need of health care/insurance assistance, whose financial situation would be characterized as low income or very low income. You must also be one of the following:
  - Pregnant, or
  - Be responsible for a child 18 years of age or younger, or
  - Blind, or
  - Have a disability or a family member in your household with a disability, or
  - Be 65 years of age or older.



Components of NC Medicaid

- **Managed Care (1115 Waiver)**
  - **Standard Pre-Paid Health Plans**
  - **Tailored Pre-Pair Health Plans (as of 4/1/2023)**
- **Medicaid Direct (fee for service)**
  - **Program of All-Inclusive Care for the Elderly (PACE) *managed care***
  - **1915c Home and Community Based Services Waivers**

NC Medicaid Coverage

- Primary Care
- Visits to doctors, OB/GYNs, health departments and rural health clinics
- Laboratory and radiology
- Hospitals, anesthesia and ambulatory surgical centers
- Outpatient specialized therapy
- Prescriptions (except prescriptions for Medicare beneficiaries)
- Vision and hearing
- Dental services
- Orthodontic services - limited to children
- Podiatry
- Mental Health and Behavorial Health Services
- Nursing home care
- Personal care
- Home health services and Private Duty Nursing
- Hospice
- Medical equipment, such as wheelchairs
- Orthotics and prosthetics
- Transition from facilities to home-based and community care
- Telehealth
- Medicare premiums, copayments and deductibles (for some eligibles)

Basic Eligibility Requirements

Medicaid may be available to people who are:

- Age 65 or older
- Blind or disabled
- Infants and children under the age of 21
- Pregnant
- Low-income individuals and families
- In need of long-term care
- Receiving Medicare

You are automatically eligible for Medicaid if you receive any of the following:

- Supplemental Security Income (SSI)
- State/County Special Assistance for the Aged or Disabled

Community Alternative Program for Children (CAP/C)

- Assistive technology;
- CAP/C in-home aide (IHA);
- Care advisor;
- Case management;
- Community transition service;
- Financial management services;
- Home accessibility and adaptation;
- Goods and services – Participant, Individual-directed, Pest eradication, Nutritional services and Non-medical transportation;
- Vehicle modification;
- Participant goods and services;
- Pediatric nurse aide services;
- Respite care (institutional and in-home);
- Specialized medical equipment and supplies;
- Training, education, and consultative services; and
- Consumer directed services

Community Alternative Program for Disabled Adults (CAP/DA)

- Adult day health;
- CAP In-home aide;
- Equipment, modification and technology;
- Meal preparation and delivery;
- Respite services - Institutional respite and In-Home Aide respite;
- Personal Emergency Response Services (PERS);
- Goods and services – Participant, Individual-directed, Pest eradication, Nutritional services, Non-medical transportation and Chore services-declutter and garbage disposal;
- Community transition;
- Community integration;
- Training, education and consultative;
- Coordinated caregiving;
- Case management – case management and care advisement;
- Personal assistance;
- Financial management; and
- Specialized medical supplies;
- Consumer directed services

1915c Waivers: Consumer Direction

Consumer Direction is offered as an option in both waivers. The self-directed service delivery model is an alternative to traditionally delivered and managed services, such as an agency delivery model. Self-direction of services allows participants to have the responsibility for managing all aspects of service delivery in a person-centered planning process. Consumer-directed supports gives you the privilege to manage your own support workers. This means you can:

- Choose the people you want to hire to provide your services and supports.
- Decide what special knowledge and skills, if any, the people you hire must have.
- Train workers to meet your needs.
- Replace (dismiss) workers, when necessary, who do not meet your needs.

VA provides a number of health care services, including:

- Hospital, outpatient medical, dental, pharmacy,
- Prosthetic services
- Domiciliary, nursing home, and
- community-based residential care
- Treatment related to Military Sexual Trauma (MST)
- Readjustment counseling
- Homeless Veteran programs
- Alcohol and drug dependency treatment
- Medical evaluation for disorders related to Gulf
- War service or environmental hazards
- Specialized health care for women Veterans

Caregivers:
VA supports caregivers who provide personal care services to Veterans who are seriously injured, chronically ill, disabled, or are getting older and are no longer able to adequately care for themselves.

Helpful Resources

- 2023 Medicare Part A and B Premiums, Deductibles, and Co-Insurances)
- https://www.ncdoi.gov/media/2159/open
- https://ncgov.servicenowservices.com/sp_beneficiary?id=bnf_eligibility
- https://benefits.va.gov/benefits/
- Olmstead Plan: https://www.ncdhhs.gov/media/13787/open


That's all Folks!
Questions