



Becoming A Dual Medicare-Medicaid Eligible Guide for Adults 18+ with IDD

Will you need to change health care providers?

- a. Are you an Adults with DD Waiver participant with Medicaid as your only insurance?
 - When you become a Dual Eligible and participate in the DD waiver, you will become exempt from Medicaid Managed Care and need to notify your Medicaid Managed Care Organization (MCO) to process your disenrollment.
 - As a Dual you will be in Fee for Service (FFS) Medicaid and Traditional Medicare (not a Medicare Advantage plan). You need to:
 - (i) Apply to the Illinois Medicare Savings Program -online: www.abe.illinois.gov (scroll to “Program Options” -far right icon with an encircled plus sign) or call/write your local Public Aid office (called Family Community Resource Center -FCRC) to obtain a written application or go to the FCRC for help applying. Find your FCRC here: <https://www.dhs.state.il.us/page.aspx?module=12> -choose Family Community Resource Center as “Office Type”
 - (ii) Select a Medicare Part D plan for prescription coverage. Seniors and adults with disabilities can call the Senior Health Insurance Program (SHIP) for help with questions about Medicare: 1-800-252-8966 or Age Options (708-383-0258/1-800-699-9043)
 - (iii) Apply for “Extra Help” a federal program that helps with costs of Part D Prescriptions: www.ssa.gov/benefits/medicare/prescriptionhelp.html
 - (iv) When scheduling medical appointments, ask beforehand if the provider accepts both Medicare and Medicaid.

- (i) If healthcare provider accepts both forms of insurance, they are not allowed to bill for any balance left on an individual's account (called balance billing)
- (ii) If healthcare provider accepts Medicare only, but not Medicaid, then you must decide:
 - a. Will you see the provider/pay the balance due yourself?
 - b. Will you look for another provider who accepts Medicare and Medicaid?

(For people who have third party liability (TPL) -for example are covered under an employer or retiree health plan) and have Medicare and Medicaid, this can be more complicated)

- Private insurance will be primary, Medicare will be secondary and Medicaid is always the payor of last resort.
- If you choose to see a provider who accepts only your private insurance and Medicare, you are liable for any balance due.
- If you get a prescription from a provider who is not enrolled in Illinois Medicaid, you will only be able to have your private coverage and possibly Medicare Part D cover it.
- You can ask your healthcare provider to enroll in Medicaid

Are you are a Dependent Adult Child (DAC) covered by parental insurance from parental employment?:

1. The Affordable Care Act (ACA) allows an adult child up to age 26 to remain on parental insurance
2. Illinois law allows certain adult children to remain on parental insurance beyond age 26 if disabled:

Illinois laws require that for an insured plan, the insurance company must cover the children of the policyholder up until the age of 26.

If the child is disabled, the insurer must carry the child past the age of 26. (215 ILCS 5/356(b) [here](#) (a very long page, but you can jump directly to what you're looking for by doing a ctrl+F and then typing 356b).

The 1968 IL Insurance continuation for adults with disabilities statute states as follows:

(215 ILCS 5/356b) (from Ch. 73, par. 968b)

Sec. 356b. (a) This Section applies to the hospital and medical expense provisions of an accident or health insurance policy.

(b) If a policy provides that coverage of a dependent person terminates upon attainment of the limiting age for dependent persons specified in the policy, the attainment of such limiting age does not operate to terminate the hospital and medical coverage of a person who, because of a disabling condition that occurred before attainment of the limiting age, is incapable of self-sustaining employment and is dependent on his or her parents or other care providers for lifetime care and supervision.

(c) For purposes of subsection (b), "dependent on other care providers" is defined as requiring a Community Integrated Living Arrangement, group home, supervised apartment, or other residential services licensed or certified by the Department of Human Services (as successor to the Department of Mental Health and Developmental Disabilities), the Department of Public Health, or the Department of Healthcare and Family Services (formerly Department of Public Aid).

(d) The insurer may inquire of the policyholder 2 months prior to attainment by a dependent of the limiting age set forth in the policy, or at any reasonable time thereafter, whether such dependent is in fact a person who has a disability and is dependent and, in the absence of proof submitted within 60 days of such inquiry that such dependent is a person who has a disability and is dependent may terminate coverage of such person at or after attainment of the limiting age. In the absence of such inquiry, coverage of any person who has a disability and is dependent shall continue through the term of such policy or any extension or renewal thereof.

(e) This amendatory Act of 1969 is applicable to policies issued or renewed more than 60 days after the effective date of this

amendatory Act of 1969.

(Source: P.A. 99-143, eff. 7-27-15.)

The law does not apply to all policies. It does not apply to:

- Individual or group health insurance policies or HMO contracts that do not otherwise include dependent coverage;
- Short term travel, disability income, long-term care, accident only or limited (including dental and vision) or specified disease policies;
- Business employer plans which are self-insured and non-public
- Self-insured health and welfare plans, such as union plans
- Insurance policies or trusts issued in other states, except for HMO contracts written outside of Illinois, if the HMO member is an Illinois resident and the HMO has established a provider network in Illinois

Most health plans of large companies are self-insured, meaning they can cover their own health costs, even if they use a major healthcare insurer to process their bills. If so, the Illinois statute does not apply. If the employer purchases a policy from an Illinois health insurance company, then the Illinois policy applies. You can check with your HR Department to learn if your employer is self-insured.

How do you make health coverage decisions?

- ✓ What is current coverage?
- ✓ What will change?
- ✓ What can you afford?
- ✓ What else may not be covered?
- ✓ What else needs to be done?
- ✓ What have medical providers shared about possible future needs?
- ✓ Are new providers (primary care and/or specialists) needed?
- ✓ Is person tax dependent?
- ✓ Is person under age 26?
- ✓ Does 1968 IL insurance continuation law apply? (info provided above)
- ✓ What state and federal requirements do you need to be aware of?