



PacificSource Services for Dual-eligible Oregonians

In the Columbia Gorge and Central Oregon regions, PacificSource is the only organization that can provide both Medicare Advantage and Medicaid coordinated care organization (CCO) coverage for residents who are eligible for both. For these members, the Medicare Advantage plan is the primary health insurance, and the PacificSource Medicaid CCO pays for some services that Medicare doesn't cover, such as dental care or rides to healthcare appointments.



2018–19 Dual Eligibility

This is a job aid for DHS and ADP caseworkers, not for distribution to PacificSource members.

	Medicaid Eligibility Status	Income Limit*	Medicaid Subsidy	Medicare Plan Selection	Medicaid CCO Plan Type
Full Dual Status	Qualified Medicare Beneficiary (QMB/OHP Plus) MMIS Code: BMM MSP Code: QMB-BAS	≤100% of Poverty Level for QMB: <ul style="list-style-type: none"> \$1,041 individual \$1,410 couple OHP Plus income limits vary	Medicaid pays Medicare premiums, and cost-sharing including copays, deductibles, and coinsurance	Essentials Rx 27 Plan— Member may have pharmacy copays (which the CCO would cover through cost-sharing)	CCOA – physical, mental, and dental health CCOB – physical and mental health Limited drug OHP
	Specified Low-Income Medicare Beneficiary (SLMB/OHP Plus) MMIS Code: BMD and SMB MSP Code: QMB and SMB	>100% and <120% of Poverty Level for SMB: <ul style="list-style-type: none"> \$1,249 individual \$1,691 couple OHP Plus income limits vary	Medicaid pays Medicare Part B premiums	Essentials Rx 27 Plan— Member may have pharmacy copays	CCOA – physical, mental, and dental health CCOB – physical and mental health Limited drug OHP
	Other Qualified Medicare Beneficiaries (OI) SBIs and CBIs are designations used for those over income for MSP, but eligible for OSIPM using special income standards.	Consult with APD/AAA office for eligibility	State or client buy-in options for Medicare premiums	Essentials RX 27 Plan— Member pays deductibles, copays	CCOA – physical, mental, and dental health CCOB – physical and mental health Limited drug OHP
Partial Dual Status	Qualified Medicare Beneficiary (QMB Only) MMIS Code: MED MSP Code: QMB only	≤100% of Poverty Level: <ul style="list-style-type: none"> \$1,041 individual \$1,410 couple 	Medicaid pays Medicare Part B premiums, and cost-sharing including copays, deductibles, and coinsurance	Essentials Rx 27 Plan**— Member may have pharmacy copays	No OHP; Cannot be enrolled in CCO
	Specified Low-Income Medicare Beneficiary (SLMB/SLMB Only) MMIS Code: SMB MSP Code: QMB-SMB	>100% and <120% of Poverty Level: <ul style="list-style-type: none"> \$1,249 individual \$1,691 couple 	Medicaid pays Medicare Part B premiums	Essentials RX 27 Plan**— Member pays deductibles, copays, and reduced cost Medicare Advantage plan premium	No OHP; Cannot be enrolled in CCO

*Please refer individuals to local APD/AAA offices for review of their eligibility, and for assessment of whether or not they might need and qualify for LTC/HCBS programs.

**Partial dual-status members who join PacificSource Medicare Advantage may choose any plan, but the RX 27 Plan is the least expensive option, and it includes prescription coverage. Member cost varies based on individual qualifications. For exact quotes, contact PacificSource Customer Service at (541) 385-5315 or (888) 863-3637.

What is the difference between Coordinated Care Organization and Fee-for-Service Medicaid coverage?

Medicaid coverage, also known as Oregon Health Plan (OHP), is received by most people through their region's coordinated care organization (CCO). In the Columbia Gorge and Central Oregon, the CCO is PacificSource. Some people are permitted to receive their Medicaid outside of a CCO, which is known as "fee-for-service" and is administered directly by the Oregon Health Authority. PacificSource's CCOs offer a broader network of dental providers than fee-for-service, provide care coordination services, offer high quality customer service, and provide access to funding for nonmedical services and supplies to improve member's health, known as flexible services. For more information about Medicaid member benefits, check the Your Health Benefits section on the PacificSource Community Solutions website.

When can a client who qualifies for both Medicare and Medicaid change their choice for Medicaid coverage?

People who are eligible for both Medicare and Medicaid may switch between a coordinated care organization and fee-for-service coverage at any time. They need to make this change through their caseworker at the Oregon Department of Human Services, Aging and People with Disabilities division.

When can a client who qualifies for both Medicare and Medicaid change their choice for Medicare coverage?

Fully or partially dual-eligible people who enroll in a PacificSource Medicare Advantage plan may change their choice to original Medicare or another company's Medicare Advantage plan once each quarter of the calendar year. If their financial situation changes, they can ask for a status review to determine if they still qualify for dual status.

What does a dual eligible client pay for their healthcare coverage?

A fully dual-eligible person who chooses the PacificSource Essentials Rx27 Plan and a PacificSource CCO, will pay \$0 in premium costs and will pay nothing or reduced cost copays for prescriptions. If the client qualifies for partial dual status, they will need to pay a premium for health insurance and may have copays, although the costs will be lower than for someone with no dual status. Clients may call our Customer Service or Medicare Sales teams to find out the exact amount they will need to pay each month.

What is different on Medicare Advantage vs. regular Medicare?

Medicare Advantage (MA) plans combine Medicare Part A (hospital care) and Medicare Part B (clinic care) coverage in one place. Most Medicare Advantage plans also include Medicare Part D (prescription drugs); these are also known as MAPD plans. If a client chooses a MA plan, they are not allowed to add a stand-alone Part D plan for prescription coverage. If the client wants prescription coverage, they should choose an MAPD plan.

Why should my client sign up for a plan with prescription coverage?

PacificSource strongly recommends that members choose Medicare Advantage with prescription coverage (MAPD) unless they have other health insurance that covers their medications, such as retiree health insurance from a former employer or full prescription coverage through the U.S. Veterans' Administration. There is a financial penalty for people who wait to get Medicare Part D coverage. In addition, if someone buys a Medicare Advantage plan without prescription coverage and then buys a separate Part D policy, the federal government will remove them from their Medicare Advantage plan.



Will the member be able to keep their doctors?

PacificSource has a large provider network across the region. If a provider is not in the network, they can nominate them to become a contracted provider.

To find out if a Provider is in the PacificSource Provider Network, your client can check our directory: www.Medicare.PacificSource.com/search/provider or call PacificSource Customer Service for assistance toll-free: (888) 863-3637 / TTY: (800) 735-2900.



Will prescriptions be covered?

PacificSource members with full dual status receive a subsidy to pay their Medicare Advantage plan premiums. This allows PacificSource full-dual members to have a Medicare Advantage plan that includes prescription coverage without paying a premium. Some members may have prescription copays based on their LIS subsidy.

To find out if a prescription is covered, your client can check the formulary at: www.Medicare.PacificSource.com/search/drug or call PacificSource Customer Service for assistance toll-free: (888) 863-3637 / TTY: (800) 735-2900.



Other questions?

We're available

8 a.m. – 5 p.m., Monday - Friday

Central Oregon: (800) 431-4135
Columbia Gorge: (855) 204-2965