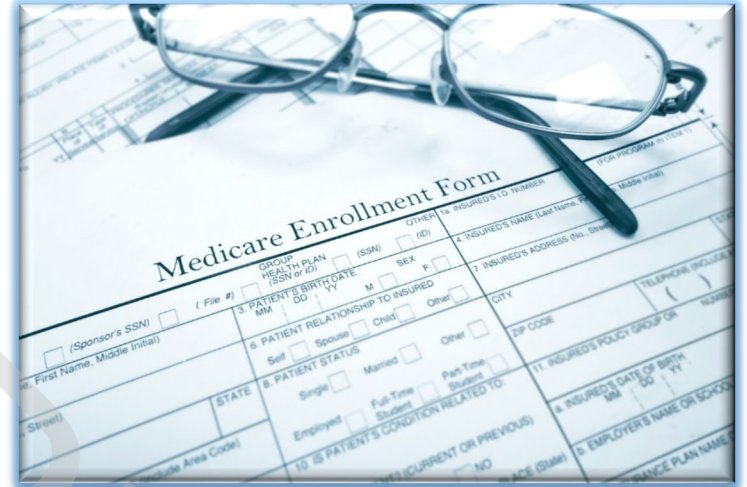# Attachment I

Applying for Medicare as a Condition of Medicaid Eligibility

2018

Logistics

❑ Audio

- Speakers & Mic

- Phone

Technical Difficulties?

Objectives

❑ To provide you, the Facilitated Enroller, with the necessary information to help an individual apply for Medicare

❑ In order to do this, we must first understand Medicare, how individuals apply for Medicare and what effect it has on them once they apply

❑ This is to align with the Department of Health's requirement to apply for Medicare as a Condition of Medicaid eligibility

Agenda

Section 1: Applying for Medicare as a Condition of Medicaid Eligibility

Section 2: Role of the Facilitated Enroller

Section 3: What is Medicare?

Section 4: Who is Eligible for Medicare?

Section 5: Enrolling in Medicare

Section 6: How to Apply for Medicare

Section 7: Next Steps

Section 8: Medicaid and the Medicare Savings Program (MSP)

Section 9: Low Income Subsidy (LIS) Program

EXPECTATIONS

❑ What is your top expectation for this training?

A. To learn as much as I can about Medicare

B. Better understanding of my role as a Facilitated Enroller when assisting individuals applying for Medicare

C. To learn about the coverage provided by Medicare

D. To understand the benefits of being eligible for the Medicare Savings Program and the Low Income Subsidy Program

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Section 1: Applying for Medicare as a Condition of Medicaid Eligibility
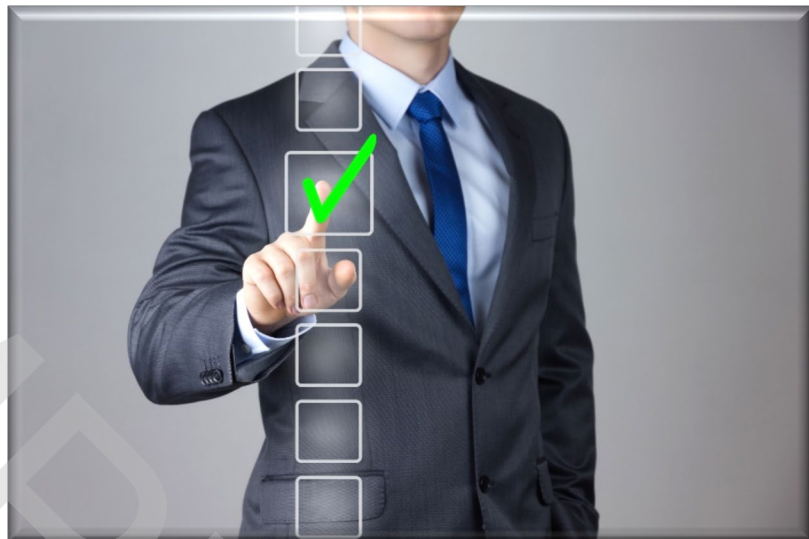
Applying for Medicare as a Condition of Medicaid Eligibility

❑ Applying for Medicare is a requirement for the Medicaid program

- Section 366 (2)(b)(1) of the NYS Social Services Law requires individuals who are eligible for, or reasonably appear to meet the criteria of eligibility for, benefits under Title XVIII of the Social Security Act (Medicare), apply for such benefits as a condition of receiving assistance under the Medicaid program

❑ Failure to comply with this requirement will result in denial or discontinuance of their Medicaid coverage

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# Applying for Medicare as a Condition of Medicaid Eligibility

❑ Enrolling in Medicare ensures individuals receive all the benefits they are entitled to

❑ The New York State Medicaid program has a financial interest in ensuring all potential Medicare beneficiaries apply for benefits

❑ The Medicare program, in general, pays primary to Medicaid

Applying for Medicare as a Condition of Medicaid Eligibility

❑ Consumers who are required to apply for Medicare must provide verification of the application status

❑ Acceptable forms of verification include:

  ▪ A receipt of application; or

  ▪ Award or denial letter; or

  ▪ Medicare card (copy front and back)

❑ Verification must be provided to the Local Department of Social Services (LDSS) or Human Resources Administration (HRA) for verification of Medicare application

  o If an individual needs additional time to provide application verification, an extension may be granted

Section 2: Role of the Facilitated Enroller
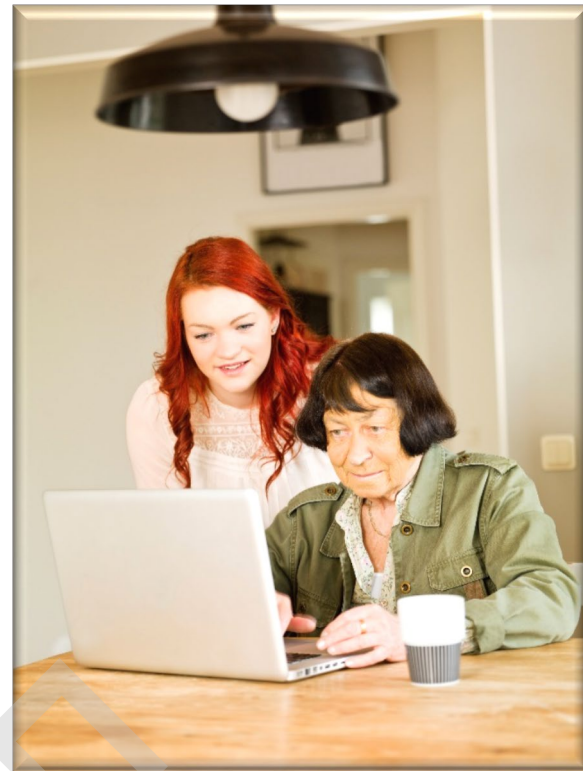
Identifying the Individuals

❑ Individuals identified received a notice informing them they need to apply for Medicare in order to maintain their Medicaid coverage

❑ The Department of Health will be providing lead agencies monthly lists of individuals who potentially qualify for enrollment into Medicare

❑ These lists will include individuals:

• Recipients of Medicaid over the age of 65 and not enrolled in Medicare

• Recipients of Medicaid turning age 65 and not enrolled in Medicare

• Recipients of Medicaid with End Stage Renal Disease (ESRD) and are not enrolled in Medicare

Providing Outreach

❑ Contact potential enrollees by phone or mail using a postcard provided by the Department of Health

❑ The Department of Health will provide standardized scripts for phone outreach

Inform, Educate, and Assist Individuals

- Inform potential Medicare enrollees regarding the requirement to apply for Medicare to maintain their Medicaid coverage

- Educate consumers on how to apply for Medicare

- Assist potential Medicare enrollees in completing the application and gathering required information and documentation

- Provide language assistance when necessary

Facilitated Enroller Assistance

❑ Applying for Medicare by phone, online, or in-person at the Social Security Administration (SSA)

❑ Making appointments and resolving appointment issues with the SSA

❑ Providing verification to the LDSS/HRA of the status of the individual's Medicare application so they do not lose their Medicaid benefits

Section 3:
What is Medicare?

What is Medicare?

❑ Medicare is the federal health insurance program available to individuals age 65 and older and certain disabled individuals, including those with end stage renal disease (ESRD)

❑ The Centers for Medicare and Medicaid Services (CMS) is the federal agency in charge of the Medicare program

❑ Individuals apply for Medicare through the Social Security Administration (SSA)

❑ The SSA determines eligibility and enrolls those who qualify into the Medicare program

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Parts of Medicare

❑ Each part of Medicare provides different services:

- Medicare Part A (Hospital Insurance)

- Medicare Part B (Medical Insurance)

- Medicare Part C (Medicare Advantage Plans)

  o Individuals have the option to choose a Medicare Advantage Plan through a private insurance company that has been approved by Medicare

- Medicare Part D (Prescription Drug Coverage)

Medicare Part A (Hospital Insurance)

❑ Part A generally covers all expenses incurred while an individual is in the hospital

❑ This may include:

- Semi-private room
- Regular nursing services
- Operating and recovery room services
- Intensive and coronary care services
- Drugs, lab tests, and X-rays
- Medical supplies and appliances
- Rehabilitation services, such as physical therapy
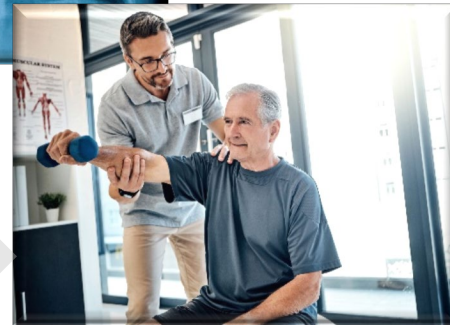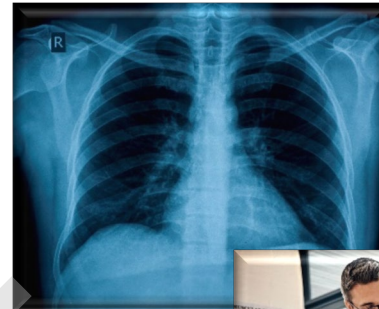
Medicare Part B (Outpatient Coverage)

❑ Part B covers general medical and outpatient hospital services, such as:

- Doctor's services (including office visits and surgical services)
- Diagnostic tests
- Radiology and pathology services
- Emergency room and outpatient clinical services
- Home health visits under certain conditions
- Ambulance transportation
- Home dialysis
- Outpatient physical/occupational/speech therapy services, and radiation

Medicare Part C (Medicare Advantage Plans)

❑ Medicare Advantage Plans (Part C) are offered by private insurance companies which have been approved by Medicare

- Enrollment in a Part C plan is voluntary

- Plans must follow the rules set by CMS

- Coverage includes all benefits/services covered under Original Medicare

- May offer extra coverage (ex. vision, hearing, dental)

- Usually includes Part D prescription coverage

Medicare Part D (Prescription Drug Coverage)

❑ Medicare Part D is prescription drug coverage and is offered to everyone eligible for Medicare

❑ Medicaid eligible individuals who are also enrolled in Medicare are required to enroll in Part D

Medicare Part D (Prescription Drug Coverage)

❑ Two ways to receive Prescription Drug coverage:

- ▪ Medicare Prescription Drug Plan (Part D)

- ▪ Medicare Advantage Plan (Part C)

Services Not Covered by Original Medicare

❑ Original Medicare does not provide coverage for:

- Custodial care
- Most nursing home care
- Routine dental care
- Vision care

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REMINDER!

❑ Applying for Medicare is a condition of eligibility for Medicaid

- It is important to encourage individuals to apply for Medicare if they may be eligible

- Medicaid is the payor of last resort

Section 4:
Who is Eligible for Medicare?

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Who is Eligible for Medicare

❑ Most individuals <u>65 years of age or older</u>

- All US citizens and lawfully admitted non-citizens, living in the US continuously for 5 years prior to applying, are eligible for Medicare

- Individuals age 65 or older are eligible to purchase Part B regardless of eligibility for Social Security or Railroad Retirement Board (RRB) benefits

❑ Individuals <u>under 65 years of age with certain disabilities</u>

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Who is Eligible for Medicare

❑ Individuals with End-Stage Renal Disease (ESRD) requiring dialysis or a kidney transplant can get Medicare **at any age**

- ▪ Doctor/ Dialysis Center submits the required medical form (CMS 2728)
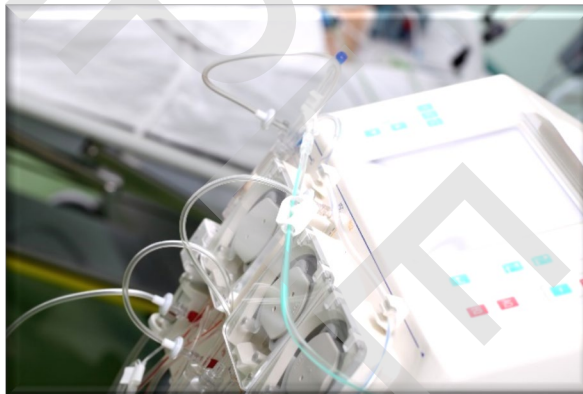
QUESTIONS?

Section 5: Enrolling in Medicare

Application

Some individuals must apply for Medicare

Automatic Enrollment in Medicare Part A and B: <u>At Age 65</u>

❑ In most cases, automatic enrollment depends on whether or not the individual is receiving Social Security benefits

❑ Automatic enrollment in Medicare Parts A and B at 65 occurs when:

- Individuals are receiving Social Security Retirement Benefits

- Individuals are receiving Railroad Retirement Board (RRB) benefits

Who Must Apply for Medicare

❑ If turning 65, and <u>not</u> receiving Social Security or Railroad Retirement Board (RRB) benefits, they must apply for Medicare

- ▪ Should contact the SSA or the RRB three months before turning 65

❑ Individuals who have End Stage Renal Disease (ESRD) requiring dialysis or a kidney transplant

Conditional Enrollment of Medicare

❑ If an individual applies and is not entitled to premium-free part A (lacking 40 work quarters), SSA should enroll the individual in Part B and "conditional Part A"

- They are considered to be enrolled in Medicare Part A and enrolled in Part B

❑ If the State later finds the individual is not eligible for Medicaid or MSP at the Qualified Medicare Beneficiary (QMB) level (must be at or below 100% FPL), the Medicare enrollment is dropped so the individual is not personally liable for the premium(s)

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Medicare Enrollment Periods

- Individuals not eligible for Medicaid or the Medicare Savings Program (MSP) can only apply for Medicare during specific enrollment periods

❑ There are three distinct enrollment periods

- ▪ Initial Enrollment Period
- ▪ General Enrollment Period
- ▪ Special Enrollment Period
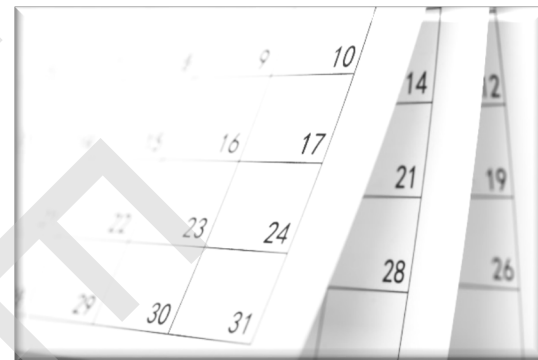
Medicare Enrollment Periods

❑ Fully eligible Medicaid and MSP recipients do not have to wait for the General Enrollment Period (GEP) to apply and enroll in Medicare

REMINDER!

❑ It is important to encourage applicants to apply for Medicare and enroll if eligible

❑ Applicants must enroll in Medicare, if eligible, as a requirement of the Medicaid program

❑ Individuals should maximize benefits for programs they are eligible for

❑ Medicaid is the payor of last resort

don't forget

Section 6: How to Apply for Medicare

How to Apply for Medicare

❑ When applying for Medicare the information the applicant may need includes:

- Name and Social Security Number of the applicant

- Date and place of birth
  - If born outside the United States or it's territories
    - Name of the birth country as the country may now have a different name
    - If not a U.S. citizen, a Permanent Resident Card number

- Medicaid/CIN number with start date or other current health insurance, if applicable

Who Can Submit the Application for Medicare

❑ The applicant; or

❑ The FE who is assisting the applicant; or

❑ Family member; or

❑ Friend

- NOTE: You do not need to be appointed as the authorized representative of the person you are helping in order to help them apply for benefits
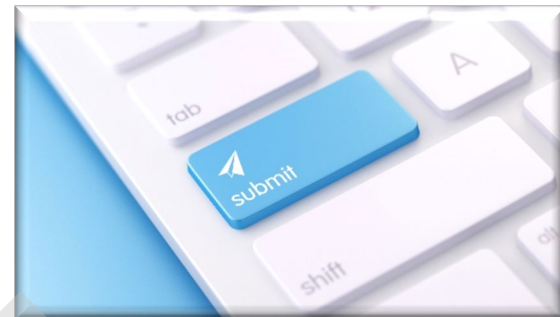
How to Apply for Medicare

❑ There are multiple ways to apply for Medicare:

- By telephone at SSA
  - o   1-800-772-1213; or
- Online at SSA's website; or
- In-person at SSA office

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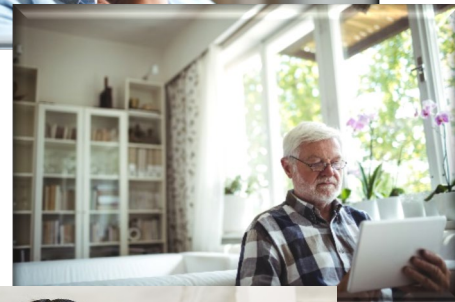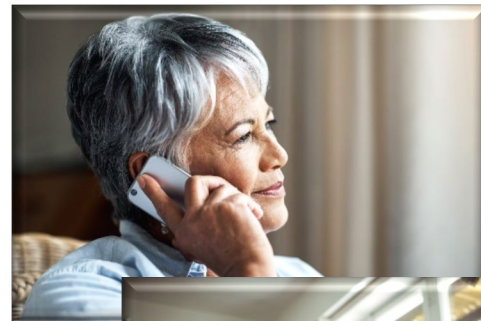
Applying by Telephone

❑ Individuals should call the Social Security Administration at:

- 1-800-772-1213

- TTY users 1-800-325-0778

- Monday - Friday, 7 AM to 7 PM

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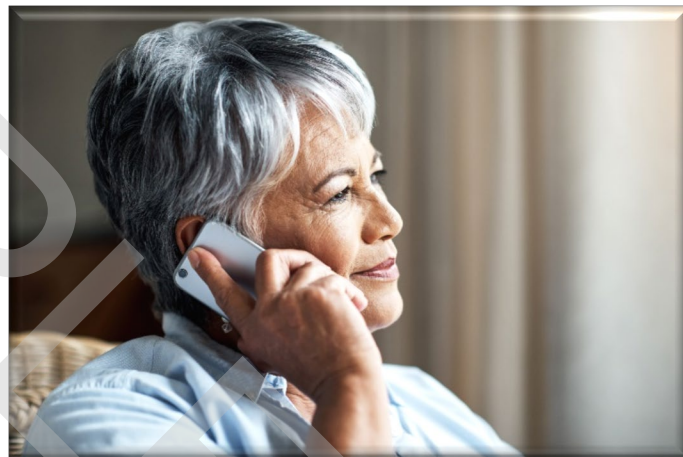
Phone Appointments with Social Security

❑ When making phone appointments:
- The first available appointment will be offered
- <u>SSA will call the applicant</u> on the date and time of the appointment
- SSA accepts a verbal attestation of application, no signature is required
- SSA will mail the applicant an application acknowledgement letter once the appointment has been completed
- FEs can assist in a phone application by participating in a 3 way call with Social Security and the applicant

Applying Online

☐ Individuals can apply online at:

www.SocialSecurity.gov

☐ Will need:

- A valid email address;
- Social Security Number; and
- Valid U.S. mailing address

Applying Online

❑ Only those who have enough work quarters (40 quarters) can apply online

❑ If the applicant does not meet the online requirements, they will be directed to call SSA

❑ If assisting the applicant with an online application, the applicant must be the one to submit the application

❑ **The individual must print the receipt for proof of application to be submitted to the LDSS/HRA**

❑ More information is available at:

- www.ssa.gov/pubs/EN-05-10531.pdf
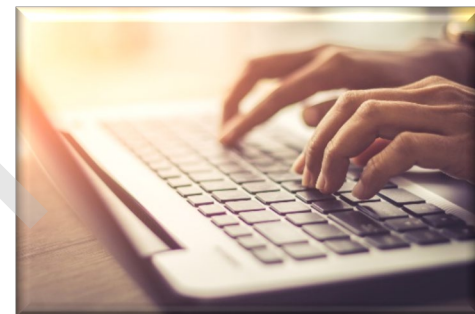
Checklist for Online Medicare, Retirement, and Spouses Applications

❑ SSA's checklist is used to assist with gathering information needed to complete the online Medicare application

- The Medicare only online application can only be used if a person is "fully insured", which means they've worked 40 quarters and are eligible for free Part A coverage

Social Security Administration

Checklist For Online Medicare, Retirement, and Spouses Applications

This checklist will help you gather the information you may need to complete the online Medicare, Retirement, and Spouse's applications. We recommend you print this page to use while you gather your information. We hope you find our online application easy and convenient.

Information	Medicare Only	Retirement and/or Spouses
Date and Place of Birth If you were born outside the United States or its territories: • Name of your birth country at the time of your birth (it may have a different name now) • Permanent Resident Card number (if you are not a U.S citizen)	X	X
Medicaid (state health insurance) Number & Start and End Dates	X	
Current Health Insurance • Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan • Start and end dates for the Group Health Insurance provided by you (or your spouse's) current employer	X	
Marriage and Divorce • Name of current spouse • Name of prior spouse (if the marriage lasted more than 10 years or ended in death) • Spouse(s) date of birth and SSN (optional) • Beginning and ending dates of marriage(s) • Place of marriage(s) (city, state or country, if married outside the U.S.)		X
Names and Dates of Birth of Children Who • Became disabled prior to age 22, or • Are under age 18 and are unmarried, or • Are aged 18 to 19 and still attending secondary school full time		X
U.S. Military Service • Type of duty and branch • Service period dates		X
Employer Details for Current Year and Prior 2 Years (not self-employment) • View your Social Security Statement online at http://www.socialsecurity.gov/myaccount/ • Employer name • Employment start and end dates		X
Self-Employment Details for Current Year and Prior 2 Years • View your Social Security Statement online at http://www.socialsecurity.gov/myaccount/ • Business type • Total net income		X
Direct Deposit: **Domestic bank (USA)** • Account type and number • Bank routing number **International bank (non-USA)** • International Direct Deposit (IDD) bank country • Bank name, bank code, and currency • Account type and number • Branch/transit number		X

We may contact you for additional information after you submit your online application.

❏ Checklist can be found at:

https://www.ssa.gov/hlp/isba/10/isba-checklist.pdf

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Applying In Person

❑ Individuals can also apply in person at their local Social Security office

- Social Security office locator: https://secure.ssa.gov/ICON/main.jsp
- Must first call to make an appointment
- First available appointment will be offered

Former Railroad Employees

❑ Former railroad employees should contact the Railroad Retirement Board to apply for Medicare

❑ RRB National Telephone Service: (877) 772-5772

Medicare Application Process

❑ Once SSA receives the Medicare application, they will:

- Review the application and contact the individual if they need more information or if they need to see other documents;

  o Applicant has 30-days to return necessary documentation

  o Can return documents by mail or can be taken to the local SSA office

- Process the application once they have all the necessary information and documents; and

- Mail the applicant a decision letter

Extension Requests

❑ Individuals can request additional time in providing proof of Medicare application

- Up to 90 day extension can be given

❑ Individuals must ask for additional time

- Individuals living upstate can call their LDSS office

- Individuals living downstate can:
  - Submit MAP 3062(c), "Request for Time Extension: Medicare Application" form to NYC DSS Undercare Processing Division
    - Mail to: UPD 785 Atlantic Ave 5th Floor, Brooklyn, NY 11238
  - Call the HRA Medicaid Helpline (888)-692-6116

REQUEST FOR A TIME EXTENSION:
MEDICARE APPLICATION

NYC — Human Resources Administration Department of Social Services

MAP-3062c 01/10/2018

Date: _____

Case Name: _____

Case Number: _____

CIN: _____

I am unable to provide the documentation that HRA requested at this time. I am requesting additional time past the deferral due date that HRA provided. I understand that this extra time will delay the final processing of my case which could result in an eligibility determination taking longer than the normal case processing timeframe of 30 days for a case containing a child, 45 days for a case containing adults only, or 90 cases for a case based on a disability.

INITIAL EXTENSION REQUEST (place a checkmark in the appropriate box or boxes)

My due date to provide documents is_____.

☐ I am requesting the following:

   ☐ Up to_____additional calendar days to give you my documents

Reason for
Extension: _____
_____
_____
_____

FOLLOW-UP EXTENSION REQUEST (place a check in the box below if this is not your first extension request)

☐ I am requesting up to_____additional calendar days to give you my documents

Reason for
Extension: _____
_____
_____
_____

MAP-3062c (E) 01/10/2018

Page 1 of 2

Please tell us what you have done to get the documents. Include the name and contact information of the third party contacted (e.g. Bank, Life Insurance Company, Pension Company, IRS, SSA, etc.) the dates contacted and the response received. Attach any relevant correspondence.

_____
_____
_____
_____
_____
_____

I understand that if I do not provide the documents requested by the date it is due, or send HRA a request for an additional extension explaining why I need more time, HRA will make an eligibility determination based upon the documents and information on file and:

My application may be:

- Denied for Medicaid. HRA will not authorize Nursing Home coverage or any other type of Medicaid coverage
- Determined eligible for Medicaid Community Coverage with Community Based Long Term Care; only
- Determined eligible for Medicaid Community Coverage without Long-Term Care, only

Name of Consumer/Representative (Print)	Name of Consumer/Representative (Sign)	Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? We can help you. Call us at 212-331-4540. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

MAP-3062c (E) 01/10/2018

Page 2 of 2

QUESTIONS?

Section 7: Next Steps

The Role of LDSS/HRA in Medicare Enrollment

❑ After an individual has applied for Medicare and received entitlement, the Medicare Savings Program (MSP) can pay the Medicare Part A and/or B premiums for certain individuals

❑ Individuals who will be automatically enrolled to Part B include:

- Individuals receiving premium free Part A and eligible for Medicaid or MSP

- Individuals receiving premium free Part A and previously declined Part B

- In order for the State to enroll an individual, they must have established entitlement with SSA

Providing Proof of Application to LDSS/HRA/NY State of Health

❑ The following are acceptable documents to prove Medicare application:

- A copy of the applicant's Medicare card can be used as proof (this is preferred)

- If applying online, applicants can print out the receipt of application

- If applying via phone or face-to-face, applicants can provide the mailed application acknowledgment letter or an award or denial letter from SSA

CRITICAL!

Two main ways to receive Medicare coverage:

Original Medicare
(Includes Part A & Part B)
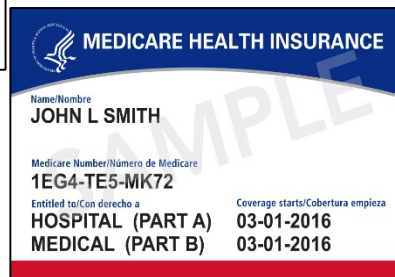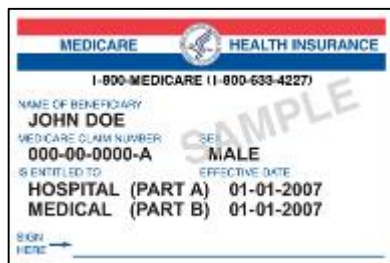
OR

Medicare Advantage Plan
(Part C)
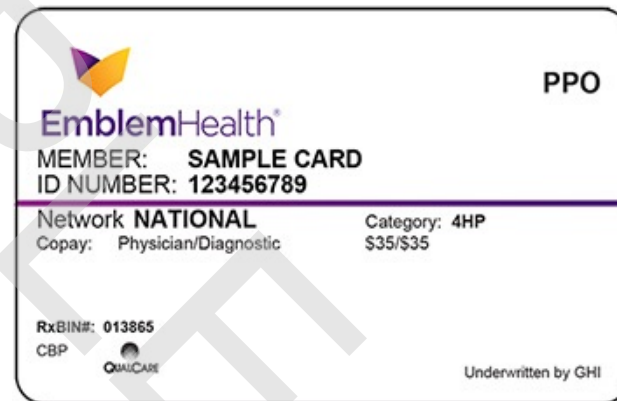
www.medicare.gov

www.emblemhealth.com

Section 8:

- **Medicaid**
- **Medicare Savings Program (MSP)**

What is Medicaid?

❑ Medicaid is a joint state and federal program that helps cover medical costs for people with limited income and resources

❑ Medicaid is health coverage provided to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and individuals with disabilities

Medicaid for Dual Eligible Individuals

❑ Dual eligible is a term describing individuals who are enrolled in both Medicare and Medicaid

❑ Eligibility is based on an individual's income and may involve additional resources of the applicant
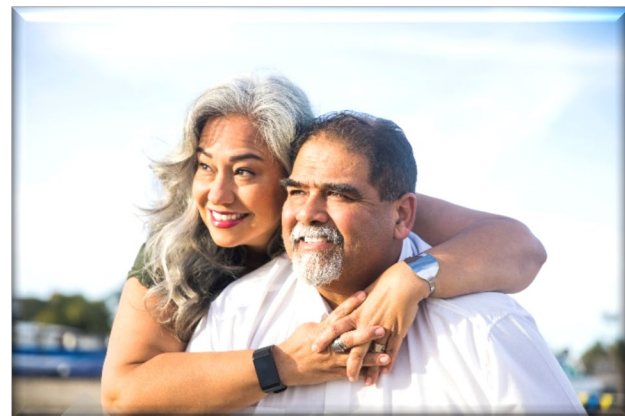
Medicare Savings Program (MSP)

Medicare Savings Program (MSP)

❑ MSP is a Medicaid program administered by the LDSS/HRA

❑ All Medicaid applicants and recipients enrolled in Medicare will be assessed for eligibility for the Medicare Savings Program

MSP Eligibility Criteria

❑ Must be a New York State resident and a U.S. citizen or have satisfactory immigration status

❑ Must apply for Social Security benefits, if eligible and not working full time

❑ Must have income at or below the appropriate federal poverty level

Medicare Savings Program (MSP)

❑ Individuals may be eligible for Medicaid and MSP or MSP only

❑ Has higher income levels than the Medicaid program and has no resource test

❑ Assists eligible individuals by paying their premiums and can meet some or all of their cost sharing obligations

Medicare Savings Programs (MSP)

❑ Medicare Savings Programs (MSP) available:

- Qualified Medicare Beneficiaries (QMB)

- Specified Low Income Beneficiaries (SLIMB)

- Qualified Individuals (QI)

- Qualified Disabled and Working Individual (QDWI)

MSP Income Levels

❑ Qualified Medicare Beneficiaries (QMB)

- Net income is at or below 100% of FPL

❑ Specified Low Income Medicare Beneficiaries (SLIMB)

- Net income is greater than 100% FPL but less than 120% FPL

❑ Qualified Individuals (QI)

- Net income is at least 120% of FPL but less than 135% of FPL

❑ Qualified Disabled Working Individual (QDWI)

- Net income above 120% but equal to or less than 200% of FPL

200% FPL	
	QDWI
135% FPL	
	QI
120% FPL	
	SLIMB
100% FPL	
	QMB
0% FPL	

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QMB Benefits

❑ The QMB program can pay for:

- The Medicare Part A and/or Part B premium(s), and

- The coinsurance and deductibles that are associated with Medicare if services are provided by a Medicaid provider

❑ Most individuals are eligible for premium free Part A

❑ There are some individuals who do not have enough work quarters to qualify for premium free Medicare Part A and are required to pay a monthly premium for the coverage

❑ For those individuals who meet the income requirements for QMB, NYS will pay their Part A premium on their behalf

Payment of Medicare Premiums

❑ Once eligible for MSP, the NYS Medicaid program will pay the individuals Medicare premium directly to CMS

- The process could take 1-2 months
- The enrollee will receive retro reimbursement
- SSA will add this back into the Social Security check or refund the premium

Ineligible for MSP

❑ Some individuals pay the Part B premium up front and are reimbursed by Medicaid

❑ This is known as a Medicare Insurance Premium Payment (MIPP)

 ▪ Example - NY State of Health eligible individuals receive MIPP
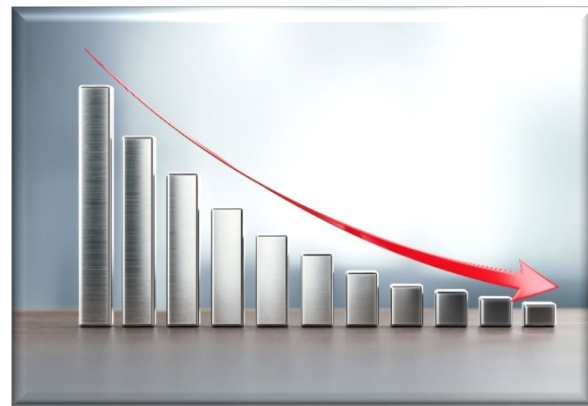
Section 9:

- **Low-Income Subsidy (LIS)**

  (Also called "Extra Help")

Low Income Subsidy (LIS)

❑ Commonly referred to as the "Extra Help" program and is administered by CMS

❑ Helps low-income Medicare beneficiaries pay for prescription drug costs associated with their Medicare Part D benefits

❑ Individuals who are found eligible for Medicaid or MSP will automatically be deemed eligible for the LIS program and enrolled in a Part D plan, if not already enrolled

❑ LIS applications at SSA will be referred to the LDSS to initiate an application for MSP

2018 Low Income Subsidy Benefits

❑ If Medicaid or MSP eligible:

- Individuals will be automatically enrolled into a Part D plan by CMS, if not already enrolled

- May change Medicare Part D plans once a month, if necessary

- Must enroll in a Medicare Part D plan as a requirement for Medicaid eligibility unless they show proof of coverage in a union or retiree health plan

- No premium if enrolled in a fully subsidized Part D plan (Benchmark Plan) of $38.98 or less

- No deductible

- Minimal prescription copayments

QUESTIONS?