

**Model Protocols for Transmittal of Proof of Medicare Applications between
_____ County Department of Social Services or
the Human Resources Administration and _____**

Under the scope of this project:

The FE Lead Agency Agrees to:

- a. Receive a file from New York State Department of Health (Department) identifying Medicaid recipients who were notified by New York State of potential Medicare eligibility and instructed to apply for Medicare including those turning age 65 within three (3) months or diagnosed with End Stage Renal Disease (ESRD);
- b. Perform outreach to recipients that appear on monthly lists provided by the State;
- c. Educate the recipients about Medicaid requirements to pursue Medicare eligibility;
- d. Educate recipients about Medicare benefits via, but not limited to, letters and phone calls;
- e. Instruct recipients or the recipient's authorized representative on how and where to apply for Medicare;
- f. Help recipients apply for Medicare, if requested;
- g. Educate recipients about potential Medicaid payment of Medicare premiums through the Medicare Savings Program;
- h. Submit proof of Medicare application along with the completed, *Proof of Medicare Application Transmittal & Confirmation Receipt* Form (DOH 5266), to the local Department of Social Services (LDSS) or the Human Resources Administration (HRA) for applicants who applied for Medicare and received proof of application;
- i. Identify a contact person (name, address, phone number and email address) and a backup person for communication with the LDSS/HRA; and
- j. Report outcomes of outreach efforts to New York State Department of Health using the format and tools provided.

The LDSS/HRA agrees to:

- a. Identify a contact person (name, address, phone number, email address) and a backup person at the LDSS/HRA for purposes of communication with the FE lead agency;
- b. Accept proof of Medicare application from the FE lead agency with the completed, *Proof of Medicare Application Transmittal & Confirmation Receipt* Form (DOH 5266), for individuals who applied for Medicare and received proof of application. Proof may include, but is not limited to, the following forms of documentation: Receipt from the Social Security Administration (SSA) for online applications, letter from the SSA for phone applications and an acknowledgement letter from SSA for in-person appointments;

- c. Confirm receipt of proof of Medicare application submitted by the FE agency within three (3) business days using the DOH-5266;
- d. Notify the FE lead agency of any invalid/unacceptable proof of Medicare application submitted. At its discretion, return to the FE lead agency any invalid proof of Medicare documentation and enlist the FE lead agency to work with the applicant in obtaining acceptable proof. The LDSS/HRA shall use the DOH "Status/Need for Correction" form developed for the FE Program for the Aged, Blind and Disabled (ABD) program or a comparable tool agreed to by both parties, to notify the FE lead agency of corrections needed, within five (5) business days of receipt by the LDSS/HRA;
- e. Track proof of Medicare applications. The LDSS/HRA shall provide the FE lead agency a description of the districts procedures for receiving and tracking proof of Medicare applications, including the location where the documentation will be received, control mechanisms, and communications with the FE agency on incomplete proof of Medicare applications; and
- f. Monitor the quality of proof of Medicare applications submitted by the FE lead agency. Proof of Medicare application that is considered complete by the FE lead agency that does not contain all the information needed to verify that an application for Medicare was submitted to SSA will count as an error.