

Community Alert

**January 1, 2007
through March 31, 2007**

***is a general enrollment period
for Medicare Part A and Part B
(Medicare is federal health insurance
with the red-white-and-blue card.)***

You may be entitled to Medicare if you

➤ **are 65 years old or older**

and

➤ **are either a citizen *or*
a lawfully admitted permanent resident
who has lived in the United States
continuously for the last five years**

Are you receiving all your Medicare benefits?

The QMB program may pay your Medicare premiums.

If you are 65 or older and you have NO MEDICARE

If you are 65 or older and a citizen *or* a lawfully admitted permanent resident who has lived in the United States continuously for the last five years, you are probably entitled to have *both Part A and Part B* of Medicare (the red-white-and-blue health care card).

Many people who have not worked and paid into the Social Security system do not know that they may get Medicare when they turn 65. Sometimes people are told that they have to pay very high monthly premiums if they want Medicare coverage. While it is true that there are monthly “premium” costs to get Medicare benefits, many people are eligible for the State Medicaid program to pay those premiums under QMB (The Qualified Medicare Beneficiary program). If you qualify, the QMB program helps pay your premiums and other cost sharing so that you can have both **Medicare Part A and Medicare Part B** at no cost to you.

If you are 65 years old or older and you do not have both Medicare Part A (hospital insurance) and Medicare Part B (medical insurance), you should take the following steps to apply:

Step 1: Apply for Medicare at the Social Security Administration

Remember, the Social Security Administration is required to provide you with an interpreter if you need one. If you have problems getting an interpreter when speaking to the Social Security Administration either by phone or in the local office, ask them to look up the Social Security policy about providing interpreters at GN 00203.011 *Special Interviewing Situations: Limited English Proficiency (LEP) or Language Assistance Required*.

Go to the Social Security Administration during an enrollment period. An enrollment period could be:

- Your “initial enrollment period.” Your initial enrollment period usually includes the three months before you turn 65 years old, the month of your 65th birthday, and the three months after you turn 65. (For some people, the initial enrollment period includes the seven months surrounding the month that they are over 65 *and* either a citizen or a lawfully admitted permanent resident who has resided continuously in the United States for at least five years.)

- Any “general enrollment period.” General enrollment periods for Medicare Part A and Part B are **January 1 through March 31st** of every year.

If you or a spouse have not worked enough quarters to be “insured” or entitled to Medicare based on your work history, then the Social Security Representative should take your application for “Premium Hospital Insurance” (Part A) and “Medical Insurance.” (Part B). **You should request “conditional enrollment” in Part A hospital insurance.**

“Conditional enrollment” in Part A allows you to get hospital insurance *only if* you qualify for the State to pay your monthly premium through the QMB program described above. (On the other hand, if you and your family are able to pay the monthly Medicare premiums, you may wish to enroll in both Part A and Part B on a premium basis.)

If the Social Security Representative you meet with is not familiar with this application procedure, ask them to look up the following Social Security Administration policies: HI 00801.126; HI 00801.131; HI 00801.137; and HI 00801.140. **The Social Security Administration cannot send you away without taking your Medicare application.**

When you leave the Social Security Administration, you should have proof that you applied for Medicare “Hospital Insurance” (Part A) and Medicare “Medical Insurance” (Part B).

Step 2: Apply for QMB Benefits at the local Medicaid office (the Family Support Division).

After you apply for Medicare, within 60 days, you should receive Notice that you are entitled to Medicare Hospital Insurance and to Medical Insurance. The Notice should tell you the month that your entitlement to Medicare begins. (For example, the letter may say: *You are entitled to Medicare Hospital Insurance and Medical Insurance effective July, 2007.*)

Even though the letter shows you are *entitled* to Medicare, you may not receive Medicare coverage unless the State pays your Medicare premiums under QMB.

To get the State to pay your monthly Medicare premiums, you must take your Medicare Notice to your local Medicaid office (Family Support Division) and apply for QMB benefits. If you have Medicaid already, you should request QMB benefits on your active Medicaid case.

If the State caseworker is not familiar with the application, ask the caseworker or supervisor to look up the Family Support Division policy in the Income Maintenance Policy Manual at: **0865.020.00 through 0865.020.00.** **The Caseworker cannot send you away without taking your QMB application.**

If you are already on Medicaid and all your information is current, the caseworker can approve your QMB benefits right away, with no delay. If you are not on Medicaid, the caseworker should take an application and explain all State programs that you may qualify for. The caseworker may request information from you, like current bank statements, verification of any

life insurance or burial insurance, etc. Be sure to provide any information requested. If the caseworker requests information that you do not have, you should contact the caseworker, tell her you do not have the information, and request help in getting the information.

The State should complete your QMB and Medicaid applications within 45 days.

Step 3: Follow up with the State Agency until you receive a Medicare Card with both Part A and Part B

Make sure you get an approval letter for your QMB benefits within 50 days after you apply. Then, within 90 days after your QMB approval, you should get a letter from the Social Security Administration telling you that you are entitled to Medicare and that the State of Missouri will pay your premiums. Make sure you get Medicare Part A and Medicare Part B. You should receive a new Medicare (red-white-and-blue) card that has both Part A and Part B benefits listed.

If you do not receive a new Medicare card and Notice from Social Security that the State is paying *both* your Part A and Part B premiums, you should ask your caseworker to contact the Program and Policy office in Jefferson City to correct the problem. You should request that the Program and Policy office send you a letter when the problem has been corrected.

Any time you disagree with the action or lack of action of the Family Support Division, you have the right to request a Fair Hearing to correct the problem. You also have the right to meet with a supervisor.

About QMB

QMB is a special program that pays your Medicare premiums, your Medicare deductibles *and* coinsurance for all *Medicare-covered* services. In Missouri, that means QMB coverage helps pay for many services that have been otherwise cut from the Medicaid program. You are usually covered as long as you go to a doctor or medical provider who accepts both Medicare and Medicaid or Medicare and QMB.

QMB eligibility requirements:

- US Citizen or Eligible Qualified Non-Citizen
- Live in Missouri
- Have Social Security Number
- Must be receiving or conditionally enrolled in Part A of Medicare
- Have available resources less than \$4,000 if single, \$6,000 for a couple. (Certain resources are not counted, like your own home or a car that you use to go to the doctor.)
- Monthly income less than \$817 if single or \$1,100 for a married couple. (These are 2006 income limits—these limits go up each year, usually during the month of April).

Common Problems getting Medicare and some solutions

If you start getting monthly bills for Medicare Part A premiums:

If you start getting monthly bills to pay Medicare Part A premiums, the Social Security Administration did not make your Part A benefits *conditional* upon State payment of your premiums.

To fix the problem, go into the local Social Security office with a copy of your premium bills. Explain that a mistake has been made, and that you requested to be *conditionally enrolled in Part A*. Remind the Social Security representative to look at their policies about conditional enrollment, including: HI 00801.126; HI 00801.131; HI 00801.137; and HI 00801.140. When you are correctly conditionally enrolled in Part A of Medicare, your Medicare coverage shows up with a Z99 code in the Social Security's computer system. The State cannot begin paying your premiums unless the correct code for conditional enrollment is in Social Security's system. When the State of Missouri is paying your premiums, the code changes to S26. If necessary, ask to speak to a supervisor to have the problem fixed.

If the State approves your QMB, but you never get a letter from the Social Security Administration proving your Part A coverage.

If the State approves your QMB, but you never get a letter from the Social Security Administration saying that Missouri will pay your Part A premium, there is probably a mistake in the State's computer system.

To fix the problem, contact a supervisor at the Family Support Division (the Medicaid office). Tell them that even though you have QMB, the State is not paying your Part A premium. Ask them to contact the buy-in unit in Jefferson City and to send you a written proof when the problem is resolved. If the supervisor is not willing to help in this way, ask to speak to that person's supervisor and make the same request. In addition, if the workers will not fix the problem, you have the right to ask for a fair hearing. Always keep a record of who you talked to.

If the State will not approve or process your QMB request.

If the caseworker will not complete your request or your application for QMB benefits, the caseworker probably does not understand the QMB program.

To fix the problem you should request a fair hearing and request a supervisor's review. Many caseworkers do not understand the QMB program, and it is important to request a hearing and a supervisor's review so the caseworker gets the training and information needed to handle QMB cases.

If you are eligible for Medicare and for State payment of your Medicare premiums, you will receive a letter explaining that you have Medicare hospital insurance and that the State of Missouri will pay your Medicare premiums. In addition, you will receive a **new red-white-and-blue Medicare card** that proves you have both Hospital Insurance (Part A) and Medical Insurance (Part B).

If you are unable to get Medicare and QMB through these steps, **you may be eligible for help from Legal Services of Eastern Missouri's Public Benefits Project: The phone number is 314-534-4200, ext, 1213.**