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MEDICARE FOR PEOPLE WITH DISABILITIES

Se habla español

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HOW DO PEOPLE WITH DISABILITIES QUALIFY FOR MEDICARE?

Medicare is available for certain people under 65 determined disabled by the Social Security Administration (SSA) and for individuals who have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease).

Generally, beneficiaries with disabilities are eligible for Medicare coverage after they are eligible for Social Security Disability (SSD) benefits for 24 months. Individuals become eligible to receive SSD benefits five months from the first day of the month after the date the SSA determines to be the onset of the disability. **In other words, for most individuals with disabilities, Medicare eligibility begins 29 months after the month from the disability onset date, as determined by the SSA.**

For Medicare beneficiaries with ESRD, coverage usually starts on the fourth month of dialysis when the beneficiary participates in dialysis treatment in a dialysis facility. Medicare coverage can start as early as the first month of dialysis if:

- The beneficiary takes part in a home dialysis training program in a Medicare-approved training facility to learn how to do self-dialysis treatment at home;
- The beneficiary begins home dialysis training before the third month of dialysis; and
- The beneficiary expects to finish home dialysis training and give self-dialysis treatments.

Medicare coverage can start the month a beneficiary with ESRD is admitted to a Medicare-approved hospital for kidney transplant, or for health care services that are needed before the transplant if the transplant takes place in the same month or within the two following months.

For Medicare beneficiaries with ALS, coverage begins the same month the individual is eligible to receive SSD benefits. Eligibility to receive benefits begins five months from the first day of the month after the date the SSA determines to be the onset of the disability.

People who meet all the criteria for SSD are generally automatically enrolled in Parts A and B. People who meet the medical criteria of the SSD program, but do not qualify for Social Security benefits, can purchase Medicare by paying a monthly Part A premium, in addition to the monthly Part B premium.

HOW DO PEOPLE WITH DISABILITIES ENROLL IN MEDICARE?

People who qualify for SSD benefits should receive a Medicare card in the mail when the required time period has passed. If this does not happen or other questions arise, contact the local Social Security office.

WHAT MEDICARE BENEFITS ARE AVAILABLE FOR PEOPLE WITH DISABILITIES?

The same benefits are available for people who qualify based on disability as for those who qualify based on age. Coverage includes certain hospital, nursing home, home health, physician, and community-based services. The health care services do not have to be related to the individual's disability in order to be covered.

**ARE MEDICARE BENEFITS AVAILABLE FOR PEOPLE WITH DEMENTIA,
MENTAL ILLNESS, AND
OTHER LONG-TERM AND CHRONIC CONDITIONS?**

Yes! There are no illnesses or underlying conditions that disqualify people for Medicare coverage.

Beneficiaries are entitled to an individualized assessment of whether they meet coverage criteria.

Although there are criteria that must be met to obtain coverage for particular types of services, Medicare should not be denied based on the person's underlying condition, diagnosis, or other "Rules of Thumb." For example:

- Medicare coverage should not be denied simply because a beneficiary will need health care for a long time.
- Medicare coverage should not be denied simply because the individual's underlying condition will not improve. Coverage is available if a skilled professional is needed to prevent further deterioration or to preserve current capabilities.
- **Restoration potential or improvement is not required in order to obtain Medicare coverage.**

**PEOPLE WITH CERTAIN CONDITIONS ARE AT PARTICULAR RISK FOR BEING
UNFAIRLY
DENIED MEDICARE COVERAGE**

These conditions include, but not limited to:

- Alzheimer's Disease
- Mental Illness
- Multiple Sclerosis
- Parkinson's Disease

People with these and other long-term conditions are entitled to coverage if the care ordered by their doctors meets Medicare criteria.

If it seems that Medicare coverage has been unfairly denied, ask the individual's doctor to explain in writing why the care is medically necessary.

**COVERAGE SHOULD NOT BE DENIED BECAUSE THE SERVICES ARE
"MAINTENANCE ONLY" OR
BECAUSE THE PATIENT HAS A PARTICULAR
ILLNESS OR CONDITION**

Physical therapy and other services *can* be covered even if they are only expected to maintain or slow deterioration of the person's condition, not to improve it. Reaching the annual Medicare payment cap for outpatient therapy does not mean the patient's therapy is no longer medically reasonable and necessary.

If the annual cap is met and the therapy continues to be medically reasonable and necessary, the therapist should submit the claim using the Medicare Exceptions process.

**RESTORATION POTENTIAL IS NOT REQUIRED
TO OBTAIN MEDICARE COVERAGE.**

**MEDICARE IS AVAILABLE IF
A SKILLED PROFESSIONAL IS NEEDED TO
MAINTAIN CURRENT CAPABILITIES OR
PREVENT FURTHER DETERIORATION.**

**MEDICARE COVERAGE SHOULD NOT BE
DENIED SIMPLY BECAUSE THE INDIVIDUAL'S
CONDITION IS CHRONIC OR EXPECTED
TO LAST A LONG TIME.**

Need help?

Contact your State's Health Insurance Assistance
Program (SHIP)

In Connecticut, this is CHOICES, (800) 994-9422.

There is also a great deal of information and Self-help packets
on the Center for Medicare Advocacy's website:

www.MedicareAdvocacy.org

HELP US KEEP THIS INFORMATION AVAILABLE!

Donate Securely Online At:

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Thank you!

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CENTER FOR MEDICARE ADVOCACY, INC.

The Center for Medicare Advocacy, founded in 1986, is a national non-profit law organization that works to ensure fair access to Medicare and quality health care. The Center is based in Connecticut and Washington, DC, with offices around the country.

Based on our work with real people, the Center advocates for policies and systemic change that will benefit all those in need of health care coverage and services.

Staffed by attorneys, legal assistants, nurses, and information management experts, the organization represents thousands of individuals in appeals of Medicare denials. The work of the Center also includes responding to over 7,000 calls and emails annually from older adults, people with disabilities, and their families, and partnering with CHOICES, the Connecticut State health insurance program (SHIP).

Only through advocacy and education can older people and people with disabilities be assured that Medicare and health care are provided fairly:

- We offer education and consulting services to help others advance the rights of older and disabled people and to provide quality health care.
- We draw upon our direct experience with thousands of Medicare beneficiaries to educate policy-makers about how their decisions play out in the lives of real people.

The Center for Medicare Advocacy is the most experienced organization for Medicare beneficiaries and their families.

Visit our website:

www.MedicareAdvocacy.org