



Medicare for Individuals Under Age 65 Webinar Series

Transitions Onto (and Off of) Medicare

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Presented by

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Transitions Onto (and Off of) Medicare For Individuals Under Age 65

Part 1: Individuals who qualify for Medicare and when they become eligible

Part 2: How Medicare enrollment generally occurs – the Initial Enrollment Period

Part 3: What an individual with other health coverage should consider before delaying Medicare enrollment

Part 4: How does an individual with Medicaid transition

Part 5: How does an individual transition off of Medicare if their disability ends

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Part 1:
Individuals Who Qualify for Medicare
Under Age 65
and When They Become Eligible

Who Qualifies for Medicare
Under Age 65?

- The General Rule:
 - Someone receiving SSDI/RRDB for 24 months
- Exceptions to the General Rule:
 - Allow more people under age 65 to get Medicare: Disabled widow(er)s, people with ESRD, some government employees
 - Allow people under age 65 to get Medicare more quickly: Previously disabled, people with ESRD, people with ALS

Examples of Eligibility:

- Mr. Bob has SSDI. SSA determined the onset date of his disability (the date he became unable to perform regular and continuous work activity) to be January 2, 2014:
 - SSDI (Not ALS): Mr. Bob starts getting SSDI payments on July 1, 2014. He is eligible for Medicare July 1, 2016.
 - SSDI (ALS): Mr. Bob starts getting SSDI payments on July 1, 2014. He is eligible for Medicare July 1, 2014.
 - ESRD: Mr. Bob begins regular dialysis on January 2, 2014. He is eligible for Medicare May 1, 2014.

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Other Individuals Under Age 65 Who May Be Eligible for Medicare:

- Disabled Widow(er)s
 - Reach age 50 [but if a widow(er) is over 60, he/she may file a Disabled Widow(er) Benefit claim for Medicare entitlement purposes only]
- Government Workers Not “Insured” For Social Security Disability Insurance
 - Some public employees only pay Medicare taxes, not Social Security. Medicare Part A is premium free once an individual has 40 Medicare quarters of coverage

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Part 2:
The Initial Enrollment Period
For Individuals Under Age 65

Medicare Initial Enrollment Period

- An individual getting SSDI or RRDB:
 - Will be contacted a few months before he/she becomes eligible for Medicare.
 - Will be automatically enrolled in Medicare Parts A and B (with the option of turning down Part B, since he/she must pay a premium).
 - Will not be automatically enrolled in Part B if he/she lives in Puerto Rico or is a resident of a foreign country.

Medicare Initial Enrollment Period

- For individuals who are not getting SSDI or RRDB:
 - A disabled widow(er) between 50 and 65 who has not applied for SSDI because he/she is already getting another kind of Social Security benefit
 - Some government employees disabled before age 65
 - An insured individual, spouse, or dependent child with ESRD (Generally a 3 month WP, shortened if transplant)

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Part 3: What an Individual With Other Health Coverage Should Consider Before Delaying Medicare Enrollment

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Types of Other Coverage

- A Group Health Plan (GHP)
- COBRA
- TRICARE
- VA
- Other Coverage
- A Marketplace Exchange Plan (QHP)
- Medicaid

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Medicare with a Large Group Health Plan

- Coverage is based on someone's current employment
- A Large Group Health Plan for those under age 65:
 - LGHP = 100 or more employees or part of a multi-employer/multi-employee group (e.g. union) where at least one employer has 100 employees
 - LGHP pays first, Medicare second (Note: 65 or older? 20 or more employees)
- Usually may delay Part B enrollment
- 7 month D-SEP when current employment status ends, or possibly, when LGHP no longer primary

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Medicare with a Group Health Plan

- Coverage is based on someone's current employment
- A Group Health Plan for those under age 65:
 - GHP = less than 100 employees
 - Medicare pays first, GHP second
- Caution: If the GHP is secondary, an individual may need to enroll in Medicare Part B before the GHP will pay. The individual should check with the employer.

Medicare with a Group Health Plan

- Caution: If the GHP is an HMO/PPO, and the individual goes outside the plan network, it is possible that neither the plan, nor Medicare, will pay. The individual should check with the employer.
- For an individual with ESRD, upon eligibility for Medicare, any GHP pays for the first 30 months (no limit on number of employees and no current employment requirement). Medicare pays after the first 30 months.

Medicare with a LGHP or GHP

- Equitable relief (waiver of penalty):
 - If a disabled beneficiary is misinformed (about whether a GHP or LGHP should be the primary payer of benefits), by the federal government or its agents (e.g. SSA, Medicare Contractor) OR by an employer or by the GHP/LGHP, equitable relief (a SEP) may be granted to correct the results of incorrect information.
- GHP size requirements:
 - Under age 65 with a GHP of 100 or more employees or multiple employee plans, the GHP pays first. (Note: age 65 or older, a GHP with 20 or more employees or multiple employee plans, the GHP pays first.)

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Medicare with COBRA

- COBRA is “continuation coverage” to keep a GHP for a limited time after employment ends
- COBRA is usually available for 18 months, or up to 36 months in some cases
- COBRA may be a good option to bridge the 24 month waiting period to Medicare
- COBRA used to be one of the only options for people under 65 with a pre-existing condition, now an individual should explore Qualified Health Plan (QHP) options through marketplace exchanges

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Medicare with COBRA

- Caution: An individual with COBRA must enroll in Part B Medicare in their initial enrollment period or face a possible Part B enrollment penalty and loss of Medigap open enrollment protections.
- Disabled and covered by COBRA?
 - Medicare pays first, COBRA pays second
- ESRD with COBRA?
 - Upon eligibility for Medicare, COBRA pays for first 30 months. Medicare pays after the first 30 months.

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Further COBRA Cautions

- When an individual loses employer coverage and has Medicare, he or she should be aware of the timeframes of the following:
 - The COBRA Election Period,
 - The Part B Enrollment Period, and
 - The Medigap Open Enrollment Period
- These may all have different deadlines that overlap
- What an individual decides about one type of coverage (COBRA, Part B, Medigap) might cause them to lose rights under other types of coverage

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Medicare with TRICARE

- Who Gets TRICARE? Uniformed service/families, National Guard and Reserve/families, survivors, former spouses, Medal of Honor/families, DEERS
- TRICARE pays for care in a military hospital or by a federal health care provider (“system”).
- Caution: An individual with TRICARE must enroll in Part B Medicare in their initial enrollment period or face a Part B enrollment penalty.
- When enrolled, Medicare pays first outside the “system”, TRICARE will cover Medicare deductibles and coinsurance.

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Medicare with VA

- Either the VA or Medicare, but not both, may pay.
- The VA pays when an individual goes to a VA facility or the VA authorizes the services in a non-VA facility.
- If an individual has a VA Fee-Basis ID card, he/she may use a listed provider and the provider must accept VA payment as payment in full.
 - Who gets a VA Fee-Basis card?
 - An individual with a service connected disability.
 - An individual who needs medical services for an extended period of time.
 - An individual who lives in an area with no VA hospitals.

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Medicare with Other Coverage

- **Worker's Compensation:**
 - Worker's Compensation pays first for services related to the claim, Medicare pays second
 - Medicare pays first for non-claim related services
- **No Fault or Liability Insurance:**
 - Insurance pays first for services related to the accident, Medicare pays second
 - Medicare pays first for non-accident related services.
- **Federal Black Lung Benefits:**
 - For services related to black lung, FBL program pays 1st

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Medicare with a Qualified Health Plan

- An individual under age 65 who has auto-enrollment into Medicare at month 25 after receiving SSDI/RRDB (ALS at month 1):
 - Loses QHP tax credits and reduced cost sharing benefits at time of eligibility for Medicare.
 - Has no automatic dis-enrollment from QHP, he/she must give affirmative consent to dis-enroll from QHP to discontinue QHP coverage and payment liability.

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Medicare with a Qualified Health Plan

- An individual under age 65 with no auto-enrollment into Medicare and is eligible to receive premium-free Part A:
 - Enroll in Medicare at the initial enrollment period, or there may be late enrollment penalties.
 - Loses QHP tax credits and reduced cost sharing benefits at time of eligibility for Medicare.
 - Must affirmatively dis-enroll from QHP to discontinue QHP coverage and payment liability.

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Medicare with a Qualified Health Plan

- An individual under age 65 with no auto-enrollment into Medicare, and is not eligible for premium-free Part A:
 - Must enroll in Medicare Part B at the initial enrollment period, or there may be late enrollment penalties.
 - Does not lose tax credits or reduced cost sharing benefits, unless he/she enrolls in Part A.
 - Must affirmatively dis-enroll from QHP to discontinue QHP coverage and payment liability.
 - QHPs are underwritten on: age, gender, tobacco, and geography but not health status.

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Justice In Aging

Part 4: How Does an Individual With Medicaid Transition on to Medicare?

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FIGHTING SENIOR POVERTY THROUGH LAW

Medicare Transitions for People with Medicaid

Georgia Burke, Directing Attorney

Thursday, September 15, 2016

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

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What we will cover

- When do Medicare transitions happen for people with Medicaid
- What is the impact on consumers
- How to counsel consumers

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Disability Medicaid to Medicare-Medicaid

- Automatic Medicare enrollment if getting SSDI
 - 24 month waiting period
- State pays Part B premium and, if needed, Part A premium

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Other transition scenarios

- Shorter transitions: ALS, ESRD
 - Gaps between start of Medicaid coverage and start of Medicare coverage may be shorter
 - May be moving from expansion Medicaid to disability Medicaid

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Other transition scenarios

- Expansion Medicaid to Medicare-Medicaid when turning 65
- Expansion Medicaid to Medicare-only when turning 65
- Leaving Medicare after being determined to no longer be disabled

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Consumer Impact

Consumer impact-prescription drugs

- Almost all drugs will be covered ONLY by Part D
 - Auto enrollment
 - Low-income subsidy, often more expensive
 - More rules, greater need for active choice
 - Transition supplies, best available evidence

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Consumer impact—Durable Medical Equipment

- Overlapping coverage
 - Using Medicare competitive bidding suppliers
 - Medicare use-in-the-home requirement
 - Increased complexity

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Consumer impact—physicians, hospitals

- More choice, especially if a QMB
 - Options: Fee for service, Medicare Advantage, D-SNPs, dual eligible demonstration plans
 - Possible “seamless enrollment” into a D-SNP
 - Balance billing protection
- Long term services and supports
 - Little or no change

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Special considerations; Medicaid managed care

- Many Medicaid consumers transitioning into Medicare are in Medicaid managed care plans
 - For Medicare services, they do not need to use providers who are part of their Medicaid plan’s network
 - They do not need authorization from their Medicaid plan for Medicare services
 - They must continue to follow Medicaid plan rules for their Medicaid services

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Consumer impact—varied elements

- Different appeals systems
- Sometimes less language access
- More mail! More marketing!

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Talking with Consumers

The unhappy consumer

“I’m going to drop Medicare and just go back to Medicaid.”

- Dropping Medicare is not an option
- Your state Medicaid program can enroll you in Part B without your consent
- If you refuse Medicare coverage, your state will disenroll you from Medicaid
- You will have NO coverage
- If you already called SSA, call them back and say you made a mistake

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Five key messages for new duals

- Always show both your Medicare and Medicaid card when getting services.
- Having Medicare means you need to be a more engaged consumer.
 - More options but more need to choose carefully
 - Beware of hard sell marketing
 - Open your mail
- Know your rights, particularly billing protections.
- Help is available. Call your SHIP or local legal services.
- It will get easier.

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Questions?

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Part 5: How Does an Individual Transition Off of Medicare After Disability Eligibility Ends Or When An Individual Under Age 65 Returns to Work?

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When Will Medicare Eligibility End if an Individual Does Not Try to Return to Work?

- When a person is no longer considered to be disabled, Medicare eligibility stops at the end of the month following the month of notification to the beneficiary,

UNLESS

- The reason eligibility would end is only because the individual returns to work, then Medicare may continue.

Medicare Eligibility for Working Individuals with Disabilities

- Continues during 9 month Trial Work Period, followed by,
- 93 months (Extended Period of Eligibility) after the end of the Trial Work Period. Followed by,
- An Indefinite Period following the 93 months.
- NOTE: Medicare eligibility during each of these periods applies only while the individual continues to meet the medical standard for disability under SSA rules.

Medicare Eligibility With Indefinite Access to Medicare

- Following the Extended Period of Eligibility, working individuals with disabilities may continue to receive benefits as long as they are medically disabled.
 - Must be under age 65
 - Must pay Part A and Part B premiums
 - Part A premium will depend upon the quarters of work an individual (or spouse) paid into SS
 - Qualified Disabled and Working Individual Program (QDWI) help may be available for a low-income individual

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Transitioning off Medicare What Happens to Medigap?

- Individuals may suspend their Medigap policy benefits and premiums without penalty while they are enrolled in a GHP.
- Notify Medigap Plan within 90 days of an individual's loss of GHP coverage for Medigap to be re-instated.
- Beneficiaries are entitled to the same benefits and premiums as if coverage had not been suspended. No pre-existing condition refusals.

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An Opportunity to Eliminate Penalties for Late Enrollment

- Initial enrollment period granted at age 65
 - Medicare beneficiaries who are under age 65 are entitled to the same IEP as individuals who are aging into Medicare.
 - If they have incurred any payment penalties, coverage will “reset” at IEP.

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 - Administration for Community Living (HHS ACL)
 - American Association of People with Disabilities
 - Christopher and Dana Reeve Foundation
 - Center for Medicare & Medicaid Services
 - Justice in Aging
 - State of Connecticut SHIP (CHOICES)
 - Social Security Administration
 - Team Gleason/The Gleason Initiative Foundation

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With Gratitude

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Topics Covered in the Under Age 65 Webinar Series

- Transitioning into (and out of) Medicare
- Medicare Part A, Part B, and Medigap coverage
- Medicare Advantage
- Medicare Part D Coverage and Issues
- Considerations for Individuals Covered by Medicaid
- Home Health Coverage and Improvement Standard Myth
- Durable Medical Equipment, Prosthetics/Orthotics/Supplies
- Connecting By Social Media, Outreach and Education
- Resources, Collaborations and Help (Federal and State)

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Next in the Medicare for Individuals Under
Age 65 Webinar Series

Choosing Traditional Medicare or a Medicare
Advantage Plan: Pros and Cons for Individuals
Under Age 65

Thursday, October 20, 2016
2:00–3:00pm EDT

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Thank you for participating,
We are happy to take questions as time permits.

If you have questions or comments after the webinar concludes, please
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We will respond, and post answers to frequently asked questions on the
CMA Under 65 Webpage.

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