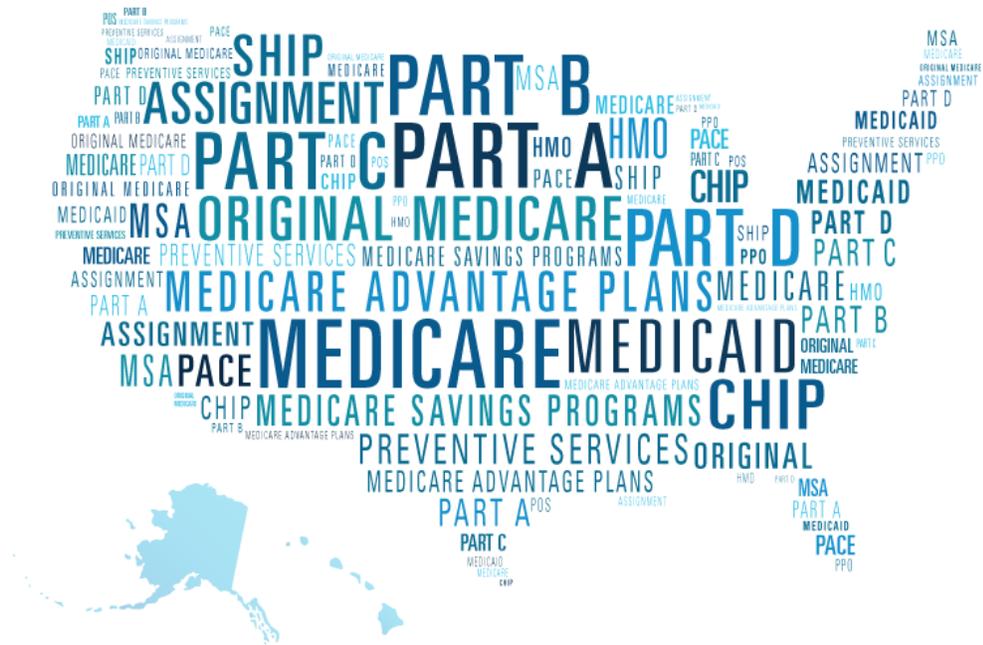


2014 National Training Program

Workbook

Module: 13 Medicare and Other Programs for People With Disabilities



Centers for Medicare & Medicaid Services
National Training Program
Instructor Information Sheet

Module 13 - Medicare and Other Programs for People With Disabilities

Module Description

The lessons in this module explain Medicare and other programs for people with disabilities.

The materials—up-to-date and ready-to-use—are designed for information givers/trainers who are familiar with the Medicare program, and would like to have prepared information for their presentations.

Objectives

- Recognize eligibility for Social Security programs
- Summarize eligibility and enrollment in Medicare
- Describe Medicare plan options for people with disabilities
- Explain Medicaid and other programs for people with limited income and resources
- Find where to get more information

Target Audience

This module is designed for presentation to trainers and other information givers.

Time Considerations

The module consists of 52 PowerPoint slides with corresponding speaker's notes, activities, and quiz questions. It can be presented in 75 minutes. Allow approximately 15 more minutes for discussion, questions, and answers. Additional time may be added for add-on activities.

Course Materials

Most materials are self-contained within the module. This module contains four Check Your Knowledge questions. The module also includes a resource guide and National Training Program contact slide to reference.

Module 13: Medicare and Other Programs for People With Disabilities

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Session Objectives

- This session will help you
 - Recognize eligibility for Social Security programs
 - Summarize eligibility and enrollment in Medicare
 - Describe Medicare plan options for people with disabilities
 - Explain Medicaid and other programs for people with limited income and resources
 - Find where to get more information

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Medicare and Other Programs for People With Disabilities

This session focuses on issues related to people with disabilities and will help you

- Recognize eligibility for Social Security programs
- Summarize eligibility and enrollment in Medicare
- Describe Medicare plan options for people with disabilities
- Explain Medicaid and other programs for people with limited income and resources
- Find where to get more information

Background

- People with disabilities
 - The fastest-growing Medicare population group
 - About 17 percent of Medicare beneficiaries
 - Approximately 9 million have Part A and/or Part B
 - Are often uninsured before qualifying for Medicare
 - May qualify for both Medicare and Medicaid

Studies show that a 20-year-old worker has a 3-in-10 chance of becoming disabled before reaching retirement age.

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Medicare and Other Programs for People With Disabilities

People with disabilities

- Represent the fastest-growing group of the Medicare-entitled population
 - Make up about 17 percent of Medicare beneficiaries (2013)
 - Approximately 9 million have Part A and/or Part B (2013)
- Are often uninsured before they qualify for Medicare
- May qualify for both Medicare and Medicaid

Social Security studies show that a 20-year-old worker has a 30 percent chance of becoming disabled before reaching retirement age.

Lesson 1 — Social Security for People With Disabilities

- Defining disability
- Social Security Disability Insurance
- Supplemental Security Income
- Qualifying for these programs
- How to apply for benefits

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Medicare and Other Programs for People With Disabilities

Lesson 1, “Social Security for People With Disabilities,” includes these topics:

- Defining disability
- Social Security Disability Insurance
- Supplemental Security Income
- Qualifying for these programs
- How to apply for benefits

How Social Security Defines Disability

- Medical (physical or mental) condition or combination of impairments
 - Prevents substantial work for at least 12 months or
 - Expected to result in death
 - Considers age, education, and work experience
- To qualify for Medicare based on a disability
 - Must meet Social Security definition of disability

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Medicare and Other Programs for People With Disabilities

To qualify for Medicare based on a disability, an individual must meet the Social Security (SSA) definition of disability. SSA defines a disability as a medical (physical or mental) condition or combination of impairments (list by body system is on the SSA website, socialsecurity.gov) preventing substantial gainful activity (SGA) for at least 12 months, or expected to result in death.

- For 2014, SGA is \$1,070 per month (\$1,800 per month if you're blind)

To be considered disabled, your disability impairment must keep you from doing any substantial work. If you're working in 2014 and your earnings average more than \$1,070 per month (\$1,800 per month if you're blind), you generally can't be considered disabled. Not only must you be unable to do your previous work, you must be unable to do any other type of work considering your age, education, and work experience.

SSA or the Railroad Retirement Board (RRB) make all disability determinations based on SSA and RRB rules and regulations about what a disability is under their programs.

Social Security Programs for People With Disabilities

- Federal programs provide cash benefits for people with disabilities
 - Social Security Disability Insurance
 - Supplemental Security Income
- Administered by Social Security
- Programs don't provide cash benefits for people with partial or short-term disability

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Medicare and Other Programs for People With Disabilities

There are federal programs that provide cash benefits to certain people with disabilities. These programs, administered by Social Security (SSA), include

- Social Security Disability Insurance
- Supplemental Security Income

SSA pays benefits to people who can't work because they have a medical condition that's expected to last at least 1 year or result in death. Federal law requires this very strict definition of disability. Unlike some other programs, SSA doesn't give money to people with partial disability or short-term disability. Certain family members of disabled workers can also get money from SSA.

What's Social Security Disability Insurance (SSDI)?

- SSDI pays cash benefits if you meet the Social Security (SSA) definition of disability
 - To you and certain members of your family
 - If you're insured
 - You worked long enough and paid SSA taxes
- Cash benefit amount is based on average lifetime earnings

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Medicare and Other Programs for People With Disabilities

Social Security Disability Insurance pays benefits to you and certain members of your family if you're insured—meaning you worked long enough and paid Social Security (SSA) taxes. The cash benefit you're eligible for is based on your average lifetime earnings.

Generally, your disability benefits will continue as long as your medical condition hasn't improved and you can't work. Benefits won't necessarily continue indefinitely. Because of advances in medical science and rehabilitation techniques, many people with disabilities recover from serious accidents and illnesses. SSA will review your case periodically to make sure you're still disabled.

Who Can Get Social Security Disability Insurance?

Worker	Spouse*	Child
<ul style="list-style-type: none"> ▪ You must've paid enough into Social Security to qualify 	<ul style="list-style-type: none"> ▪ At 62 or older ▪ At any age if you're caring for child who's under 16 or disabled ▪ At 50 if you're a disabled widow(er) <p style="font-size: small; margin-top: 10px;">*Divorced spouses may qualify</p>	<ul style="list-style-type: none"> ▪ Not married and under 18 (under 19 if still in high school) ▪ Not married and disabled before 22

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Medicare and Other Programs for People With Disabilities

The people who can get Social Security Disability Insurance include

- The worker, if he or she paid enough into Social Security to qualify (see slides 9–11)
- A spouse
 - At 62 or older
 - At any age if caring for child who's under 16 or disabled
 - At 50 if the person applying is a disabled widow(er)
- Divorced spouses may qualify if
 - Married to the worker for at least 10 years
 - Unmarried
 - Not entitled to a higher Social Security benefit on his or her own record
- A child
 - Not married and under 18 (under 19 if still in high school)
 - Not married and disabled before 22

Qualifying for Social Security Disability Insurance

- You must meet two different earnings tests
 - “Recent work” test based on your age at the time you became disabled
 - “Duration of work” test to show you worked long enough under Social Security
- Tests are based on how many credits you’ve earned
 - Also called working credits or quarters of coverage
 - In 2014, you get one credit for each \$1,200 of earnings
 - Up to a maximum of four credits per year

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Medicare and Other Programs for People With Disabilities

In general, to get disability benefits, you must meet two different earnings tests:

1. A “recent work” test based on your age at the time you became disabled
2. A “duration of work” test to show that you worked long enough under Social Security (SSA)

Certain blind workers only have to meet the “duration of work” test.

Qualifying for Social Security Disability Insurance is determined by your SSA working credits (also called quarters of coverage) that are based on your earnings. In 2014, you get one credit for each \$1,200 of earnings (changes annually), up to the maximum of four credits per year.

“Recent Work” Test for Social Security Disability Insurance

If you become disabled...	Then you generally need:
Before 24	1½ years of work (6 credits) in 3 years before you became disabled
Between 24 and 30	Enough credits for half of the time between 21 and the age you were when you became disabled
When you are 31 or older	At least 20 credits in the 10 years immediately before you became disabled

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Medicare and Other Programs for People With Disabilities

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This table shows the rules for how much work you need for the “recent work” test based on your age when your disability began.

- If you became disabled before 24, you generally need 1½ years of work (6 credits) in the 3 years before you became disabled.
- If you became disabled between 24 and 30, you generally need work credits for half of the time between age 21 and the age you became disabled.
- For example, if you became disabled at 27, then you would need 3 years of work out of the 6-year period (from 21 to 27).
- If you were 31 or older when you became disabled, you must have at least 20 credits in the 10 years immediately before you became disabled.

“Duration of Work” Test for Social Security Disability Insurance

If you become disabled...	Then you generally need:
Before 28	1.5 years of work
30	2 years
34	3 years
38	4 years
42	5 years
46	6 years
50	7 years
54	8 years
58	9 years

* This table doesn't cover all situations. These are examples of work needed for the test.

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Medicare and Other Programs for People With Disabilities

This table shows examples of how much work you need to meet the “duration of work test” if you become disabled at various ages. For the “duration of work” test, your work doesn't have to fall within a certain period of time.

Certain blind workers only have to meet the “duration of work” test.

Waiting Period for Social Security Disability Insurance (SSDI)

- There's a 5-month waiting period from the time disability began until SSDI benefits begin
 - Except people eligible for childhood disability benefits
- AND**
- Some people who were previously entitled to disability benefits (in the past 5 years)

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Medicare and Other Programs for People With Disabilities

In most cases, there's a waiting period of 5 full calendar months from the time your disability began until your Social Security Disability Insurance benefits can begin. Once your application is approved, you'll get your first Social Security (SSA) benefit starting on the 6th full month after the date your disability began.

- If SSA decides your disability began on January 15, your first disability benefit would be paid for the month of July.
- Social Security benefits are paid during the month after the month in which they're due, so you would get your July benefit check in August.

The 5-month waiting period for cash benefits doesn't apply to people who get childhood disability benefits, or to some people who were previously entitled to disability benefits (in the past 5 years).

What's Supplemental Security Income (SSI)?

- Federal needs-based program
 - Pays cash benefits to certain people with low income and few resources
 - No working credits needed to qualify
 - If eligible, you may also qualify for Medicaid in most states
- Basic SSI amount is same nationwide
 - Amount is reduced by subtracting countable income
 - Some states add money to the basic benefit
- May qualify for both SSI and Social Security Disability Insurance payments

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Medicare and Other Programs for People With Disabilities

Supplemental Security Income (SSI) is a federal needs-based program. SSI makes payments to people with low income who are 65 or older, are blind, or have a disability. Disabled or blind children can also get SSI.

- No working credits are needed to qualify.
- If eligible, you may also qualify for Medicaid in most states.

Social Security (SSA) manages the SSI program. Even though SSA manages the program, SSI is paid for by U.S. Treasury general funds, not by SSA taxes.

The basic SSI amount is the same nationwide. However, many states add money to the basic benefit. The monthly maximum federal amounts for 2014 are \$721 for an eligible individual and \$1,082 for an eligible individual with an eligible spouse. The monthly amount is reduced by subtracting monthly countable income.

You may qualify for both Social Security Disability Insurance and SSI if you meet the eligibility requirements for both programs.

Qualifying for Supplemental Security Income (SSI)

- Generally, to be eligible for SSI, you must
 - Be 65 or older, blind, or disabled
 - Have limited income and resources
 - Be a citizen or national of the United States, or qualified alien, and
 - Reside in one of the 50 states, the District of Columbia, or the Northern Mariana Islands

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Medicare and Other Programs for People With Disabilities

Generally, to be eligible for Supplemental Security Income, you must

- Be 65 or older, blind, or disabled
- Have limited income and resources—less than \$2,000 in resources for an individual and less than \$3,000 for a married couple
- Be a U.S. citizen or national, or a qualified alien (lawfully present non-citizen who was lawfully residing in the United States on August 22, 1996)
- Reside in one of the 50 states, the District of Columbia, or the Northern Mariana Islands

Applying for Disability Benefits

- To apply for disability benefits, you'll need
 - Social Security number
 - Proof of age
 - Health care provider information
 - Medical records
 - Work history
 - Most recent W-2 or self-employment tax return
- Don't wait to apply
 - Even if you're still gathering information

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Medicare and Other Programs for People With Disabilities

You should apply for disability benefits as soon as you become disabled. Social Security (SSA) may be able to process your application faster if you give

- Social Security number(s) for you and your dependents
- Your birth certificate, baptismal certificate, or other proof of your age
- Names, addresses, and phone numbers of the doctors, caseworkers, hospitals, and clinics that took care of you and the dates of your visits
- Names and dosages of all the medications you take
- Medical records from your doctors, therapists, hospitals, clinics, and caseworkers that are in your possession
- Laboratory and test results
- A summary of where you worked and the kind of work you did
- A copy of your most recent W-2 form, or if self-employed, your federal tax return

You shouldn't wait to apply even if you don't have all of the information. The SSA office will help you get the information you need. If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office. TTY users should call (312) 751-4701.

NOTE: If you're applying for Supplemental Security Income, you'll also need to provide other financial information about your income and resources to find out if you qualify.

How to Apply for Disability Benefits

- Visit [socialsecurity.gov](https://www.socialsecurity.gov)
- By phone
 - Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file your claim by phone
- In person
 - Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file your claim at your local Social Security office
- Average processing time is 4 months

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Medicare and Other Programs for People With Disabilities

You can apply for disability benefits in these ways:

- Visit [socialsecurity.gov](https://www.socialsecurity.gov).
 - For Social Security Disability Insurance—You can complete the medical and non-medical portions of the application online.
 - For Supplemental Security Income—You can complete only the medical portion online. You must complete the non-medical portion in person or by phone.
- Apply by phone
 - Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a disability claim over the phone.
- Apply in person
 - Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a disability claim at your local Social Security (SSA) office.

The disability claims interview lasts 1 hour. If you schedule an appointment, SSA will send you a “Disability Starter Kit” to help you get ready for your interview. You can also visit [socialsecurity.gov/disability](https://www.socialsecurity.gov/disability).

It can take 3–5 months to process an application for disability benefits. You’ll need to fill out several forms to apply for disability benefits, including an application for SSA benefits and the Adult Disability Report (you can complete the Adult Disability Report online or print it and return a completed copy to your local SSA office).

You’ll also need to fill out forms that collect information about your medical condition, how it affects your ability to work, and forms that give doctors, hospitals, and other health care professionals who have treated you permission to send SSA information about your medical condition.

Process for Determining Disability

- Social Security uses a 5-step process to decide if you're disabled
 1. Are you working?
 2. Is your medical condition "severe"?
 3. Is your medical condition on the List of Impairments?
 4. Can you do the work you did before?
 5. Can you do any other type of work?

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Medicare and Other Programs for People With Disabilities

Step 1: Are you working?

- If you're working and your earnings average more than a certain amount each month, Social Security (SSA) generally won't consider you disabled. In 2014, that amount is \$1,070 per month (\$1,800 per month if you're blind). If you make less than that amount, SSA moves to the next step.

Step 2: Is your medical condition "severe"?

- For SSA to decide that you're disabled, your medical condition must significantly limit your ability to do basic work activities—such as walking, sitting, and remembering—for at least 1 year. If your medical condition isn't that severe, SSA won't consider you disabled. If it is, then SSA moves on to the next step.

Step 3: Is your medical condition on the List of Impairments?

- SSA has a List of Impairments that describes medical conditions considered so severe that they automatically mean you're defined by law as disabled. If your condition isn't on this list, SSA looks to see if your condition is as severe as a condition that's on the list. If it is, then SSA moves on to the next step.

Step 4: Can you do the work you did before?

- At this step, SSA decides if your medical condition prevents you from being able to do the work you did before. If it does, SSA moves on to the next step.

Step 5: Can you do any other type of work?

- If you can't do the work you did in the past, SSA looks to see if you'd be able to do other work, taking into consideration your medical condition, your age, education, prior work experience, and any skills you may have that could be used to do other work. If you can't do other work, then SSA will decide that you're disabled.

Compassionate Allowances (CAL)

- A way to expedite processing of SSDI and SSI disability claims for applicants with severe medical conditions
 - It's not a separate program from SSDI/SSI
- If your medical condition is on the CAL list, your SSDI/SSI application is expedited
 - You may get decision within weeks instead of months
- Examples: inflammatory breast cancer, pancreatic cancer, Huntington disease

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Medicare and Other Programs for People With Disabilities

The Compassionate Allowances (CAL) initiative is a way to expedite the processing of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims for applicants whose medical conditions are so severe that their conditions obviously meet Social Security's (SSA's) definition of disability. It isn't a separate program from SSA's two disability programs, SSDI and SSI.

CAL conditions are a way of quickly identifying medical conditions that qualify under the List of Impairments based on minimal information.

There's no special application or form that is unique to the CAL initiative. Individuals with a CAL condition still apply for benefits using the standard SSA process for filing claims for SSDI, SSI, or both SSDI and SSI benefits. SSA will expedite the applications of those with a CAL condition. Individuals with CAL conditions may get a decision on their claim in a matter of weeks instead of months or years.

CAL conditions are selected using information from public outreach hearings, comments from the SSA and Disability Determination Services communities, counsel of medical and scientific experts, and research with the National Institutes of Health. Also, SSA considers which conditions are most likely to meet their current definition of disability.

NOTE: Military service members can also get expedited processing of disability claims from SSA. The expedited process is used for military service members who became disabled while serving on active duty during or after October 1, 2001.

Need more information?

Visit the SSA website to view the list of CALs: [socialsecurity.gov/compassionateallowances/conditions.htm](https://www.socialsecurity.gov/compassionateallowances/conditions.htm).



Disability Decision

- You'll get a letter when Social Security makes a decision on your claim
 - If your application is approved, the letter will show
 - Your benefit amount
 - Your payment start date
 - If your application isn't approved, the letter will show
 - The reason(s) for denial
 - How to appeal if you disagree with the decision

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Medicare and Other Programs for People With Disabilities

Social Security (SSA) will send you a letter when it reaches a decision on your case. If your application is approved, the letter will show the amount of your benefit and when your payments start. If your application isn't approved, the letter will explain why and tell you how to appeal the decision if you don't agree.

If you disagree with a decision made on your claim, you can appeal it. The steps you can take are explained in "The Appeals Process" (Publication No. 05-10041), which is available from SSA.

Check Your Knowledge—Question 1



Anne is 25 and has had a serious disability since birth. She's never worked due to her disability, which meets the Social Security (SSA) definition and criteria. For what type(s) of SSA benefits might Anne be eligible?

- a. Social Security Disability Insurance (SSDI)
- b. Supplemental Security Income (SSI)
- c. Both SSDI and SSI
- d. Neither SSDI nor SSI



Refer to page 52 to check your answers.

Lesson 2 — Medicare for People With Disabilities

- What's Medicare?
- Who qualifies?
- How to enroll

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Medicare and Other Programs for People With Disabilities

Lesson 2, “Medicare for People With Disabilities,” explains the Medicare program, including

- What's Medicare?
- Who qualifies?
- How to enroll

What Is Medicare?

- Health insurance for three groups of people
 - Those who are 65 and older
 - People of any age who have End-Stage Renal Disease
 - People with certain disabilities
 - Under 65 and entitled to Social Security Disability Insurance for 24 months
 - Any age with Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease)
- Administered by the Centers for Medicare & Medicaid Services

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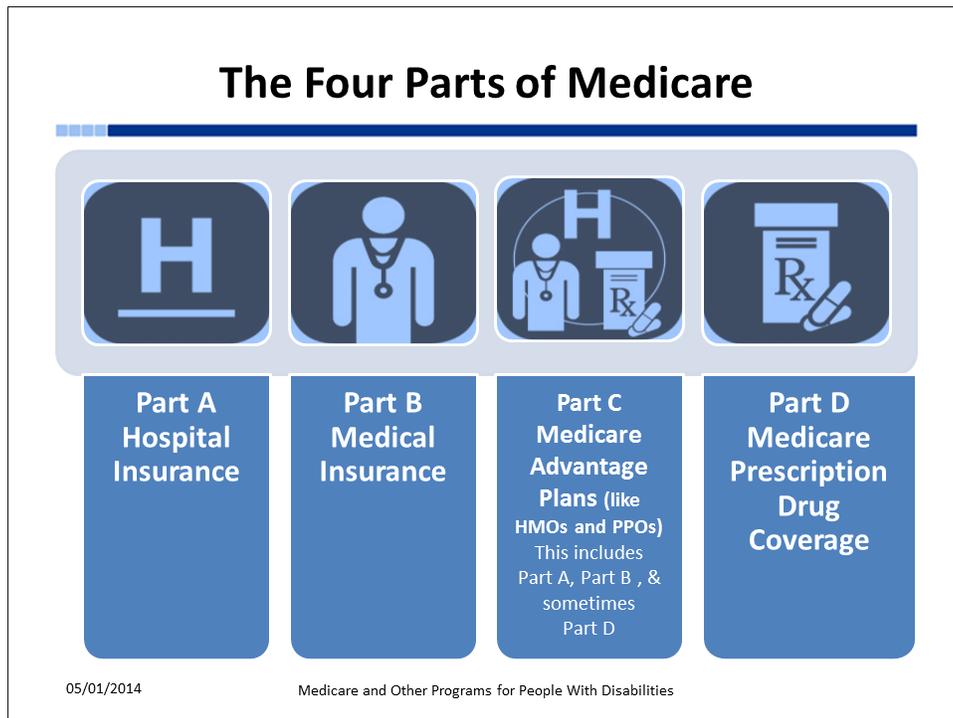
Medicare and Other Programs for People With Disabilities

Medicare is health insurance for three groups of people:

- Those who are 65 and older
- People of any age who have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant)
- People under 65 with certain disabilities who are entitled to Social Security Disability Insurance or Railroad Retirement Board disability benefits for 24 months.
 - The 24-month Medicare waiting period doesn't apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they're entitled to disability benefits.

Medicare is the nation's largest health insurance program, currently covering about 52 million Americans (2013). Medicare is administered by the Centers for Medicare & Medicaid Services.

The Four Parts of Medicare



Medicare covers many types of services, and you have options for how you get your Medicare coverage. Medicare has four parts:

- **Part A (Hospital Insurance)** helps pay for inpatient hospital stays, skilled nursing facility care, home health care, hospice care, and blood.
- **Part B (Medical Insurance)** helps cover medically-necessary services like doctor visits and outpatient care. Part B also covers many preventive services (including screening tests and shots), diagnostic tests, some therapies, and durable medical equipment like wheelchairs and walkers.
- **Part C (Medicare Advantage [MA])** is another way to get your Medicare benefits. It combines Parts A and B, and sometimes Part D (prescription drug coverage). MA Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services than Original Medicare.
- **Part D (Medicare Prescription Drug Coverage)** helps pay for outpatient prescription drugs and may help lower your prescription drug costs and protect against higher costs in the future.

Qualifying for Medicare Based on Disability

- Medicare usually begins after getting Social Security Disability Insurance (SSDI) for 24 months
 - Unless you have Amyotrophic Lateral Sclerosis
 - Medicare begins 1st month entitled to SSDI
- Generally, this means you get Medicare in the 30th month after you become disabled
 - 5-month waiting period for SSDI benefits
 - Followed by 24-month waiting period for Medicare

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Medicare and Other Programs for People With Disabilities

Medicare also covers two additional groups:

- People under 65 with a disability who have been entitled to Social Security (SSA) benefits for 24 months.
- People with End-Stage Renal Disease (ESRD) who meet special SSA earnings requirements. People with ESRD don't need to be entitled to Social Security benefits to qualify for Medicare. However, if they're also entitled to disability benefits, they may qualify under both programs.

In most cases, you must be entitled to disability benefits for 24 months before Medicare can begin. Since there is a 5-month waiting period for Social Security Disability Insurance, the earliest that Medicare can start is usually the 30th month after you become disabled. However, there are two exceptions:

- The 5-month waiting period for cash benefits doesn't apply to people who get childhood disability benefits or to some people who were previously entitled to disability benefits (in the past 5 years).
- The 24-month Medicare waiting period doesn't apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they're entitled to disability benefits.

Automatic Enrollment in Medicare

- You're automatically enrolled in Medicare if you qualify based on disability
- You'll get an Initial Enrollment Period package
 - 3 months before 25th month of disability benefits
 - If you have Amyotrophic Lateral Sclerosis – about 4 weeks after Medicare entitlement
- You need to decide whether to
 - Keep Part B
 - Enroll in Part D



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Medicare and Other Programs for People With Disabilities

You'll automatically get Part A and Part B after you get disability benefits from Social Security (SSA), or certain disability benefits from the Railroad Retirement Board, for 24 months. If you have Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's Disease), you'll automatically get Part A and Part B the month your disability benefits begin.

You'll get your red, white, and blue Medicare card in the mail 3 months before your 25th month of disability. If you don't want Part B, follow the instructions that come with the card, and send the card back. If you keep the card, you keep Part B and will pay Part B premiums. Call SSA at 1-800-772-1213 if your card doesn't arrive.

Having employer or union coverage while you or your spouse (or family member, if you're disabled) is still working can affect your Part B enrollment rights. You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment. Sometimes you must have Part B if

- You want to buy a Medigap (Medicare Supplement Insurance) policy
- You want to join a Medicare Advantage Plan
- You're eligible for TRICARE
- Your employer coverage requires you or your spouse or family member to have it (talk to your employer's or union benefits administrator)

Even if you don't take many prescriptions now, you should consider joining a Medicare drug plan (Part D). If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get Extra Help, you'll likely pay a late enrollment penalty if you join a plan later.

Retroactive Entitlement to Medicare

- In some cases, your entitlement to Medicare may be retroactive
 - If your disability benefits are retroactive
 - Your Medicare card will show effective date
 - If you've received Medicare-covered services prior
 - You may request that your provider submit those claims to Medicare
 - Services must have been received after the effective date on your Medicare card

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Medicare and Other Programs for People With Disabilities

In some cases, a disability determination may be made based on an appeal, giving you an earlier date of entitlement to disability benefits. In other cases, if your application isn't processed in a timely manner, you may be entitled to retroactive Medicare Part A coverage.

Regardless of the situation, your Part A start date will always be the 25th month after your disability benefit is approved. Your Part B start date will be the 25th month after your disability benefit is approved, if, at the time the disability application is processed, you owe less than 6 months of previous Part B premiums. If you owe 6 or more months of premiums, Part B becomes effective the month your disability application is processed.

You'll get this information with your determination:

- Your effective date of Part A coverage (the 25th month of disability benefit entitlement)
- Your effective date of Part B coverage (the month of processing), and the option to elect Part B coverage starting with the 25th month of disability benefit entitlement

To exercise your option for retroactive Part B coverage, you must submit a written request and agree to pay all retroactive premiums due. If you elect retroactive Part B coverage, you'll get a second letter stating that you have retroactive Part B coverage. The letter also gives instructions for the provider to file Part B claims outside the timely filing limit.

NOTE: Because there's uncertainty in determining the Initial Enrollment Period (IEP) for an individual filing for re-entitlement to disability benefits, the Part B enrollment request is deemed to have been filed in the third month of the IEP. This ensures that you have the opportunity for coverage at the earliest possible date.

How Long Are You Entitled to Medicare?

- As long you meet Social Security's (SSA) definition of disability
- SSA has work incentives if you go back to work
 - Medicare continues if you're working but still disabled
 - You can get premium-free Part A for 8½ years after you return to work
 - You may purchase Part A coverage afterward
- The reason for your Medicare entitlement changes at 65
 - Any penalty you may have had for late enrollment is removed at that time

05/01/2014

Medicare and Other Programs for People With Disabilities

You're entitled to Medicare as long as you continue to meet the requirements for Social Security (SSA) disability benefits. If SSA determines that your disability benefits should be stopped because your condition has improved and you're no longer considered disabled, your Medicare will end the same month your disability benefits end.

SSA has work incentives to support people who are still medically disabled but try to work in spite of their disability. Continuation of Medicare coverage is a type of incentive.

- You may have at least 8½ years of extended Medicare coverage if you return to work. Medicare continues even if SSA determines you can no longer get cash benefits because you earn above the substantial gainful activity level (\$1,070 per month in 2014).
- If, after you've exhausted your 8 ½ years of extended Medicare coverage, you continue to work and continue to have a disabling physical or mental impairment, you may buy Part A, or Part A and Part B for as long as you continue to be disabled. This provision is called Medicare for the Working Disabled. In some cases, your state may help you pay your Part A premiums. See slide 43 for more information.
- If you were paying an increased Part B premium during the time you were getting premium-free Part A, but now are eligible for Part B because you're enrolling in Part A for the working disabled, your Part B premium will go back to the standard rate.

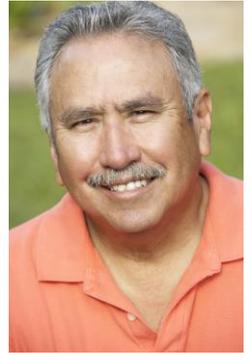
If you're getting Medicare based on disability when you reach 65, you'll have continuous coverage with no interruption. You'll get Part A for free, even if you've been buying it. However, the reason for your Medicare entitlement changes from disability to age. If you didn't have Part B when you were disabled, you'll automatically be enrolled in Part B when you turn 65, and will again be able to decide whether or not to keep it. If you were paying a Part B late enrollment penalty while you were disabled, the penalty will be removed when you reach 65.

Check Your Knowledge—Question 2



James became entitled to Social Security Disability Insurance at 60 and Medicare at 62. He didn't take Part B when he was first eligible and didn't have employer coverage. He signs up for Part B during his Initial Enrollment Period when he turns 65. How much is his Part B late enrollment penalty?

- a. 10 percent
- b. 20 percent
- c. 30 percent
- d. No penalty



Refer to page 52 to check your answers.

Lesson 3 — Medicare Plan Choices for People With Disabilities

- Medicare health and drug plan options
- Medicare Supplement Insurance (Medigap) policies
- Medical equipment and supplies
- Medicare coordination of benefits for people with disabilities

05/01/2014

Medicare and Other Programs for People With Disabilities

Lesson 3, “Medicare Plan Choices for People With Disabilities,” explains

- Medicare health and drug plan options
- Medicare Supplement Insurance (Medigap) policies
- Medical equipment and supplies
- Medicare coordination of benefits for people with disabilities

Plan Choices for People With Disabilities

- All Medicare plans are available
 - Original Medicare
 - Medicare Advantage Plans
 - Other Medicare plans
 - Medicare Prescription Drug Plans
- May be restrictions on your eligibility for Medigap
 - May not be available if under 65 (check with state)
- People with End-Stage Renal Disease have more limited choices

05/01/2014

Medicare and Other Programs for People With Disabilities

The same Medicare health plan choices are available to people with disabilities and people age 65 and older, except for those with End-Stage Renal Disease (ESRD). You may choose Original Medicare, a Medicare Advantage (MA) Plan, or another Medicare plan available in your area.

You may also join a Medicare drug plan. Enrolling in a Medicare drug plan is optional but can provide substantial savings for people with chronic medical conditions who may be taking multiple prescription drugs.

Federal law doesn't require insurance companies to sell Medigap policies to people under 65. If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. However, some states require Medigap insurance companies to sell you a Medigap policy, even if you're under 65.

If you have ESRD, you may not be able to join an MA Plan except under certain limited exceptions:

- If you're already in an MA Plan when you develop ESRD, you may be able to stay in your plan or join another plan offered by the same company.
- If you have an employer or union health plan or other health coverage through a company that offers MA Plans, you may be able to join one of its MA Plans.
- If you've had a successful kidney transplant, you may be able to join an MA Plan.
- You may be able to join a Medicare Special Needs Plan for people with ESRD if one is available in your area.

Medigap for People With Disabilities

- If you're under 65 and have a disability
 - Federal law doesn't require insurance companies to sell you a Medigap policy
 - If available, your choice of plans may be limited and you may be charged more based on health status
 - Or, you may have to wait until you turn 65
- Some states require Medigap insurance companies to sell you a Medigap policy even if you're under 65

05/01/2014

Medicare and Other Programs for People With Disabilities

As of May 2014, these states require insurance companies to offer at least one kind of Medigap policy to people with Medicare under 65: California*, Colorado, Connecticut, Delaware**, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Massachusetts*, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Vermont*, and Wisconsin.

* A Medigap policy isn't available to people with End-Stage Renal Disease (ESRD) under 65.

** A Medigap policy is only available to people with ESRD.

Even if your state isn't on the list above, some insurance companies may sell Medigap policies to people under 65. These policies will probably cost you more than Medigap policies sold to people over 65, and the insurance companies can use medical underwriting. Check with your state to find out what rights you have under state law.

Remember, if you're already enrolled in Medicare Part B, you'll get a one-time, 6-month Medigap Open Enrollment Period when you turn 65. You'll likely have a wider choice of Medigap policies and be able to get a lower premium then. During the Medigap Open Enrollment Period, insurance companies can't refuse to sell you any Medigap policy due to a disability or other health problem, or charge you a higher premium (based on health status) than they charge other people who are 65.

NOTE: There are no provisions in the Affordable Care Act that change rules for issuance of Medigap.

Getting Medical Supplies and Equipment

- You may need medical equipment or supplies related to your impairment or disability
 - Covered under Medicare Part B
- DMEPOS stands for
 - Durable Medical Equipment
 - Prothetics
 - Orthotics
 - Supplies
- DMEPOS Competitive Bidding Program
 - You may have to use a contracted supplier

05/01/2014

Medicare and Other Programs for People With Disabilities

It's possible you may need coverage for medical equipment or supplies related to your impairment or disability. Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) are generally covered by Medicare Part B and include items such as walkers, wheelchairs, hospital beds, and various other medical supplies and accessories.

Medicare is phasing in a new competitive bidding program in some areas of the country. This program changes the amount Medicare pays suppliers for certain durable medical equipment and changes who can supply these items.

It's important that you know that if you need Medicare-covered equipment and supplies, you may need to use a supplier included in the Medicare DMEPOS Competitive Bidding Program.

Need more information?

To learn more about the DMEPOS program, including product categories and items, or to view a list of contract suppliers, visit [cms.gov/medicare/medicare-fee-for-service-payment/dmeposcompetitivebid](https://www.cms.gov/medicare/medicare-fee-for-service-payment/dmeposcompetitivebid).



When Is Medicare the Secondary Payer?

- When Medicare is based on disability **and** you have health coverage through current employment
 - If you're working and covered by a large Employer Group Health Plan (EGHP), or
 - If you're covered by a large EGHP of a working spouse or other family member
- Medicare is secondary payer
 - If employer has 100 or more employees or
 - If you're self-employed and covered by a large EGHP of employer with 100 or more employees

05/01/2014

Medicare and Other Programs for People With Disabilities

Medicare is the secondary payer if you're under 65, entitled to Medicare because of a disability, and you're covered by a large Employer Group Health Plan (EGHP) through Deemed Date of Enrollment, either your own or that of a family member. In this instance, the employer must have 100 or more employees.

Medicare is also the secondary payer if you're under 65 and disabled, self-employed, or a family member is self-employed, and you're covered by a large EGHP of an employer that has 100 or more employees.

NOTE: If any one employer within a multiple employer health plan has 100 or more employees, Medicare is the secondary payer for all. This includes individuals associated with employers within the group that have less than 100 employees.

Coordination of Benefits With Retiree Plans

- Medicare pays first
- Your retiree health coverage pays second
 - Might offer additional benefits
 - Prescription drug coverage
 - Routine dental care
 - Refer to your plan's benefits booklet for more information on
 - Coverage for your spouse
 - Changes to your benefits, premiums, or limits on coverage

05/01/2014

Medicare and Other Programs for People With Disabilities

Generally, Medicare will pay first for health insurance claims, and the retiree coverage will be the secondary payer. Retiree coverage might fill some of the gaps in Medicare coverage and might offer additional benefits, such as routine dental care or prescription drug coverage. If you're not sure how your retiree coverage works with Medicare, you should get a copy of your plan's benefits booklet or look at the summary plan description provided by your employer or union. If you're approaching retirement, you should find out if your employer coverage can be continued after you retire. You should check pricing and benefits, including benefits for a spouse. You should learn what effect continuing coverage as a retiree will have on both your own and your spouse's insurance protections.

Retiree coverage provided by an employer or union may have limits on how much it will pay. It may also provide "stop loss coverage," a limit on out-of-pocket costs. You can also call the benefits administrator and ask how the plan pays when you have Medicare.

Remember that the employer or union has control over the retiree insurance coverage it offers. The employer or union may change the benefits or the premiums and may also choose to cancel the insurance.

NOTE: For retirees with Medicare based on End-Stage Renal Disease, Medicare may be secondary to retiree coverage for the 30-month coordination period.

Check Your Knowledge—Question 3



If you're under 65 and have Medicare based on disability, Medigap companies may

- a. Charge you more based on your health status
- b. Not be required to sell you a Medigap policy
- c. Only agree to sell you certain Medigap policies
- d. Any of the above, depending on state law



Refer to page 53 to check your answers.

Lesson 4 — Other Programs for People With Disabilities

- Health Insurance Marketplace
- Medicaid
 - Full Medicaid coverage
 - Medicare Savings Programs
 - Medicaid waivers
- Extra Help

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Medicare and Other Programs for People With Disabilities

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Lesson 4, “Other Programs for People With Disabilities,” explains

- Health Insurance Marketplace
- Medicaid
 - Full Medicaid coverage
 - Medicare Savings Programs
 - Medicaid waivers
- Extra Help

Health Insurance Marketplace

- Offers a new way for people with disabilities to get coverage during 24-month waiting period for Medicare
 - You may qualify for premium tax credits and cost-sharing reductions until your Medicare starts
 - Once you're eligible for Medicare
 - You can drop your Marketplace plan, or
 - You can keep your Marketplace plan
 - But, there's no coordination of benefits and you won't be eligible for premium tax credits or cost-sharing reductions

05/01/2014

Medicare and Other Programs for People With Disabilities

As we've said, if you're entitled to Social Security Disability Insurance, you may qualify for Medicare. However, there's a 24-month waiting period before Medicare coverage can start. During this waiting period, you can apply for coverage in the Marketplace. You can find out if you qualify for Medicaid or for premium tax credits that lower your monthly Marketplace plan premium, and cost-sharing reductions that lower your out-of-pocket costs.

If you apply for lower costs in the Marketplace, you'll need to estimate your income for 2014. If you're getting Social Security (SSA) disability benefits and want to find out if you qualify for lower costs on Marketplace coverage, you'll need to provide information about your SSA payments, including disability payments.

You can cancel your Marketplace plan once your Medicare coverage starts. You can also choose to keep your Marketplace plan after your Medicare coverage starts. However, once your Part A coverage starts, any premium tax credits or reduced cost-sharing you may have qualified for through the Marketplace will stop.

What Is Medicaid?

- A joint federal-state health insurance program for certain people with limited income and resources
 - Pregnant
 - Under 21 (children)
 - Aged, blind, or disabled
 - A parent or caretaker of a child
- Your eligibility is determined by state
- Application processes and benefits vary by state
- Most health care costs are covered if you have both Medicare and Medicaid

05/01/2014

Medicare and Other Programs for People With Disabilities

Medicaid is a program that helps pay medical costs for some people with limited income and resources. Medicaid is jointly funded by the federal and state governments and is administered by each state. It can cover pregnant women, children, the elderly, the blind, people with disabilities, and some other groups (depending on the state).

If you're eligible for both Medicare and Medicaid, most of your health care costs are covered; we sometimes refer to these people as "dually eligible." People with both Medicare and Medicaid get drug coverage from Medicare, not Medicaid. People with Medicaid may get coverage for services that aren't fully covered by Medicare, such as nursing home care and home health care.

Medicaid eligibility is determined by each state, and Medicaid application processes and benefits vary from state to state. You should contact your State Medical Assistance office to see if you qualify.

You should apply if you think you MIGHT qualify.

Need more information?

For more information, you can

- Call 1-800-MEDICARE (TTY 1-877-486-2048).
- Call your State Health Insurance Assistance Program (SHIP). You can find your local SHIP contact information at medicare.gov/contacts.
- Call or visit your State Medical Assistance office. You can find your State Medical Assistance office information at medicare.gov/contacts.



How Are Medicare and Medicaid different?

Medicare	Medicaid
National program that is consistent across the country	Statewide program that varies from state to state
Run by the federal government	Administered by state governments within federal rules (federal/state partnership)
Health insurance for people 65 or older, with certain disabilities, or with End-Stage Renal Disease (ESRD)	Health insurance for people based on need; financial and non-financial requirements
Nation's primary payer of inpatient hospital services for the elderly and people with ESRD	Nation's primary public payer of mental health and long-term care services (nursing home)

Medicare and Medicaid are different in these ways:

- While Medicare is a national program that is consistent across the country, Medicaid is a state program and is different in each state.
- While Medicare is administered by the federal government, Medicaid is administered by state governments within federal rules (federal/state partnership).
- While Medicare eligibility is based on age, disability, or End-Stage Renal Disease (ESRD), Medicaid eligibility is based on limited income and resources (as well as other non-financial requirements).
- While Medicare is the nation's primary payer of inpatient hospital services for the elderly and people with ESRD, Medicaid is the nation's primary public payer of mental health and long-term care services (nursing home care).

Medicaid Expansion

- Gives states additional federal funding to expand their Medicaid programs to new groups
 - Adults 19–64 with income up to 138 percent of the federal poverty level
 - Up to \$16,104 a year for an individual (in 2014)
 - Up to \$32,913 for a family of four (in 2014)
- Adults with disabilities may qualify for coverage under this group if their state expanded Medicaid

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Medicare and Other Programs for People With Disabilities

The health care law gives states additional federal funding to expand their Medicaid programs to cover adults under 65 who earn up to 133 percent of the federal poverty level (FPL). Because of the way FPL is calculated, it covers up to effectively 138 percent of the FPL. Children (18 and under) are eligible up to that income level or higher in all states. If your state is expanding Medicaid, you'll probably qualify if you make up to \$16,104 a year for one person (\$32,913 for a family of four in 2014).

Although people with disabilities may find themselves eligible for the new adult group, due to other eligibility criteria as Supplemental Security Income (SSI) recipients they must be enrolled for coverage under the mandatory eligibility group for aged, blind, and disabled individuals. In other words, they're not eligible under the new adult group if they're getting SSI. This means they may get a different benefit package or be subject to different financial eligibility criteria than those in the new adult group.

However, there are various reasons why other people with disabilities could be enrolled in the new adult group. They could be determined to have a disability but have income over the income level for coverage under an eligibility group for which being disabled is a requirement. Or, if they qualify under an optional eligibility group for people with disabilities, they may decide not to pursue eligibility under that group because doing would be a lengthy process and they've decided that the benefit package for the new adult group meets their needs. These people could enroll in the new adult group if they meet criteria for that group, including having Modified Adjusted Gross Income–based income at or below 138 percent of the FPL.

What Are Medicare Savings Programs?

- Help from Medicaid paying Medicare Part A and Part B costs
 - Pays Medicare premiums
 - May pay Medicare deductibles and coinsurance
- Programs often have higher income and resource guidelines than full Medicaid coverage
 - Income and resource amounts change each year

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Medicare and Other Programs for People With Disabilities

You may be eligible to get help from your state Medicaid program to pay for your Medicare premiums. In some cases, Medicare Savings Programs may also pay Part A and Part B deductibles, coinsurance, and copayments if you meet certain conditions.

Medicare Savings Programs often have higher income and resource guidelines than full Medicaid coverage. These income and resource amounts can change each year.

Medicare Savings Programs in 2014

Medicare Savings Program	Individual Monthly Income Limit	Married Couple Monthly Income Limit	Helps Pay Your
Qualified Medicare Beneficiary	\$993	\$1,331	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary	\$1,187	\$1,593	Part B premiums only
Qualifying Individual	\$1,333	\$1,790	Part B premiums only

Medicare and Other Programs for People With Disabilities

To qualify for the Qualified Medicare Beneficiary (QMB) program, you must be eligible for Medicare Part A, and have an income not exceeding 100 percent of the federal poverty level (FPL). If you qualify for QMB, you get help paying your Part A and B premiums, deductibles, coinsurance, and copayments.

To qualify for the Specified Low-Income Medicare Beneficiary (SLMB) program, you must be eligible for Medicare Part A and have an income that is at least 100 percent, but doesn't exceed 120 percent of the FPL. If you qualify for SLMB, you get help paying for your Part B premium.

To qualify for the Qualified Individual (QI) program, you must be eligible for Medicare Part A, and have an income not exceeding 135 percent of the FPL. The QI program is fully federally funded. Congress only appropriates a limited amount of funds to each state. If you qualify for QI, and there are still funds available in your state, you get help paying your Part B premium.

In 2014, the resource limits for the QMB, SLMB, and QI programs are \$7,160 for a single person and \$10,750 for a married person living with a spouse and no other dependents. These resource limits are adjusted on January 1 of each year. Some states may figure your income and resources differently when determining eligibility for these programs. Check with your State Medical Assistance office for more details on your state eligibility guidelines.

NOTE: If you have income from working, you may qualify for these programs even if your income is higher than the income limits listed.

Qualified Disabled Working Individual (QDWI) Program

- QDWI is another type of Medicare Savings Program
- Your state may pay Part A premiums if you're disabled, under 65, and
 - Part A is no longer free because you returned to work
 - Your income is less than 200 percent of the federal poverty level
 - Your resources are less than \$4,000 for an individual or \$6,000 for a couple (in 2014)
 - Some states have different limits
 - You aren't eligible for full Medicaid
- Contact your local, county, or state social service agency or Medical Assistance office for more information

05/01/2014

Medicare and Other Programs for People With Disabilities

The Qualified Disabled Working Individual (QDWI) program was established to help certain people pay for their Medicare Part A premiums.

- If you're under 65, disabled, and no longer entitled to premium-free Part A because you successfully returned to work, and your earnings exceed the Substantial Gainful Activity limit (\$1,070/month in 2014), you may be eligible for a state program that helps pay your Part A monthly premium.
- To be eligible for this help, you must
 - Continue to have a disabling impairment
 - Sign up for premium Part A
 - Have limited monthly income not higher than 200 percent of the federal poverty level (FPL) (in 2014, \$3,975 for individual and \$5,329 for a couple)
 - Not have resources exceeding twice the maximum for Supplemental Security Income (\$4,000 for an individual and \$6,000 for a couple in 2014)
 - Your state won't count the home where you live, usually one car and \$1,500 in burial expenses (per person) as resources
 - Not already be eligible for Medicaid

Some states have different limits. If you qualify, you get help paying your Part A premium. States can charge premiums if your income is between 150 percent and 200 percent FPL.

To learn more about the QDWI program, contact your local, county, or state social service agency or Medical Assistance office.

Applying for Medicare Savings Programs

- If you might qualify for a Medicare Savings Program
 - Review your local guidelines
 - Contact local agencies for more information
 - Collect your personal documents
 - Complete an application with your state's Medicaid program
 - It may be called the State Medical Assistance office, or may have another name

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Medicare and Other Programs for People With Disabilities

Here are some steps you can take to find out if you qualify for help with your Medicare costs:

- Review the income and resource (or asset) guidelines for your area. Your State Medical Assistance office can help.
- If you think you may qualify, collect these personal documents required for the application process:
 - Medicare card
 - Proof of identity and residence
 - Proof of any income, including pension checks, Social Security payments, etc.
 - Recent bank statements
 - Property deeds
 - Insurance policies
 - Financial statements for bonds or stocks
 - Proof of funeral or burial policies

Need more information?

You can get more information by contacting your State Medical Assistance office or your local State Health Insurance Assistance Program. Call 1-800-MEDICARE for their contact information. TTY users should call 1-877-486-2048.



Medicaid Waivers

- Allow states to test alternative delivery of care
 - Certain federal laws are waived
- Types of waivers
 - Section 1915(b) managed care waiver
 - Section 1915(c) home and community-based services waiver
 - Section 1115 Demonstration waiver
 - Concurrent Section 1915(b) and 1915(c) waivers

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Medicare and Other Programs for People With Disabilities

Waivers are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). These are the main types:

- Section 1915(b) Managed Care Waivers: States can apply for waivers to provide services through managed care delivery systems or otherwise limit people's choice of providers.
- Section 1915(c) Home and Community-Based Services Waivers: States can apply for waivers to provide long-term care services in home and community settings rather than institutional settings.
- Section 1115 Research & Demonstration Projects: States can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
- Concurrent Section 1915(b) and 1915(c) Waivers: States can apply to simultaneously do two types of waivers to provide a continuum of services.

Need more information?

For more information visit: [medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers.html](https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers.html).



What's Extra Help?

- Help paying Part D prescription drug costs
- Social Security or your state makes a determination
- These groups automatically qualify
 - People with Medicare and full Medicaid
 - Supplemental Security Income only
 - Medicare Savings Programs
- All other people with Medicare must apply to get Extra Help
 - You can apply online, by phone, or by mail

05/01/2014

Medicare and Other Programs for People With Disabilities

People with Medicare who have limited income and resources may be able to get Extra Help with the costs of Medicare prescription drug coverage, such as the drug plan's monthly premiums, annual deductible, coinsurance, and copayments. You must be enrolled in a Medicare prescription drug plan to get Extra Help. You can apply with either Social Security (SSA) or your state's Medical Assistance office. When you apply, you'll be asked for information about your income and resources, and you'll be asked to sign a statement that your answers are true. SSA will check your information from computer records at the Internal Revenue Service and other sources. You may be contacted if more information is needed. After you apply, you'll get a letter telling you if you qualify for Extra Help.

Certain groups of people automatically qualify for Extra Help and don't have to apply:

- People with Medicare and full Medicaid benefits (including prescription drug coverage)
- People with Medicare who get Supplemental Security Income only
- People who get help from Medicaid paying their Medicare premiums (Medicare Savings Programs)

Need more information?

All other people with Medicare must file an application to get Extra Help. You may fill out a paper application, apply online at socialsecurity.gov, call 1-800-772-1213, or apply through your State Medical Assistance office or a local organization. You or someone on your behalf can apply.



Applying for Extra Help

- Apply if you might qualify
 - Collect your personal documents
 - Contact these local agencies for more information
 - Social Security
 - State Medical Assistance office
 - Local State Health Insurance Assistance Program (SHIP) office
 - Complete your application

05/01/2014

Medicare and Other Programs for People With Disabilities

Here are some steps you can take to find out if you qualify for help with your Medicare prescription drug costs:

- If you think you may qualify, collect these personal documents required for the application process:
 - Medicare card
 - Proof of identity and residence
 - Proof of any income, including pension checks, Social Security payments, etc.
 - Recent bank statements
 - Property deeds
 - Insurance policies
 - Financial statements for bonds or stocks
 - Proof of funeral or burial policies
- You can get more information by contacting your State Medical Assistance office, your local State Health Insurance Assistance Program (SHIP), or your local Area Agency on Aging. You can get their contact information by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Finally, complete an application with your State Medical Assistance office, or online at socialsecurity.gov. Completing this application will also start the process to see if you're eligible for a Medicare Savings Program.

Check Your Knowledge—Question 4



Barbara has been getting Social Security Disability Insurance for 6 months. Her income is currently 300 percent of the federal poverty level. What type of coverage might she be eligible for during her 24-month waiting period for Medicare?

- a. Medicaid
- b. Marketplace plan
- c. Medigap policy
- d. Any of the above



Refer to page 53 to check your answers.

Visit My Social Security Account

- Valuable source of information
 - Get your benefit verification letter (if eligible)
 - Check your benefit and payment information
 - Review your earnings record
 - Estimate your retirement and disability benefits



socialsecurity.gov/myaccount

05/01/2014

Medicare and Other Programs for People With Disabilities

Visit your personal my Social Security (SSA) account for valuable information beginning in your working years and continuing throughout the time you get SSA benefits.

If you get benefits or have Medicare, you can visit your *my* SSA account to do the following:

- Get your benefit verification letter
- Check your benefit and payment information and your earnings record
- Change your address and phone number
- Start or change direct deposit of your benefit payment

If you don't get benefits, you can visit your *my* Social Security account to get your Social Security Statement, to review

- Estimates of your retirement, disability, and survivors benefits
- Your earnings record
- The estimated Social Security and Medicare taxes you've paid

To create an account, you must provide some personal information and answer some questions that only you're likely to know. Next, you'll create a username and password that you'll use to access your account.

Resource Guide

Government Resources

Medicare
cms.gov
medicare.gov
 1-800-MEDICARE
 (1-800-633-4227)
 TTY 1-877-486-2048

Social Security
socialsecurity.gov
 1-800-772-1213
 TTY 1-800-325-0778

Railroad Retirement Board
rrb.gov
 1-877-772-5772
 TTY (312) 751-4701

Health Insurance Marketplace
healthcare.gov
marketplace.cms.gov
 1-800-318-2596
 TTY 1-855-889-4325

Administration for Community Living
acl.gov

HHS Office for Civil Rights
hhs.gov/ocr/civilrights/understanding/disability/index.html

State Health Insurance Assistance Programs (SHIPs)
medicare.gov/contacts
disability.gov

“Medicare & You Handbook”
 CMS Product No. 10050

“Your Medicare Benefits”
 CMS Product No. 10116

To access these products:
 View and order single copies at medicare.gov
 Order multiple copies (partners only) at productordering.com.hhs.gov/.
 You must register your organization.

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Check Your Knowledge Answer Key

Question 1 (page 20)

Anne is 25 and has had a serious disability since birth. She's never worked due to her disability, which meets the Social Security (SSA) definition and criteria. For what type(s) of SSA benefits might Anne be eligible?

- a. Social Security Disability Insurance (SSDI)
- b. Supplemental Security Income (SSI)
- c. Both SSDI and SSI
- d. Neither SSDI or SSI

Answer: c

c. Both SSDI and SSI. The SSDI program pays benefits to adults who have a disability that began before they became 22 years old. We consider this SSDI benefit as a "child's" benefit because it is paid on a parent's SSA earnings record.

For a disabled adult to become entitled to this "child" benefit, one of his or her parents

- Must be receiving Social Security retirement or disability benefits
- Must have died and have worked long enough under SSA

These benefits also are payable to an adult who got dependents' benefits on a parent's SSA earnings record prior to 18, if he or she is disabled at 18. SSA makes the disability decision using the disability rules for adults. SSDI disabled adult "child" benefits continue as long as the individual remains disabled. Your child doesn't need to have worked to get these benefits.

For disability purposes in the SSI program, a child becomes an adult at 18, and different medical and nonmedical rules are used when deciding if an adult can get SSI disability payments. SSA counts only the adult's income and resources. We also use the disability rules for adults when deciding whether an adult is disabled.

Question 2 (page 28)

James became entitled to SSDI at 60 and Medicare at 62. He didn't take Part B when he was first eligible and didn't have employer coverage. He signs up for Part B during his Initial Enrollment Period when he turns 65. How much is his Part B late enrollment penalty?

Answer: d

d. No penalty. If you're getting Medicare based on disability when you reach 65, you'll have continuous coverage with no interruption. You'll get Part A for free, even if you've been buying it. However, the reason for your Medicare entitlement changes from disability to age. If you didn't have Part B when you were disabled, you'll automatically be enrolled in Part B when you turn 65, and will again be able to decide whether or not to keep it. If you were paying a Part B late enrollment penalty while you were disabled, the penalty will be removed when you reach 65.

Question 3 (page 35)

If you're under 65 and have Medicare based on disability, Medigap companies may

- a. Charge you more based on your health status
- b. Not be required to sell you a Medigap policy
- c. Only agree to sell you certain Medigap policies
- d. Any of the above, depending on state law

Answer: d

d. Any of the above, depending on state law. Federal law doesn't require insurance companies to sell Medigap policies to people under 65. If you're under 65, you might not be able to buy the Medigap policy you want, or any Medigap policy, until you turn 65. However, some states require Medigap insurance companies to sell you a Medigap policy, even if you're under 65. In states where it's not mandatory, some insurance companies may voluntarily sell Medigap policies to people under 65. The policies will probably cost you more than Medigap policies sold to people over 65, and the insurance companies can use medical underwriting.

Remember, if you're already enrolled in Medicare Part B, you'll get a Medigap Open Enrollment Period when you turn 65. You'll likely have a wider choice of Medigap policies and be able to get a lower premium then. During the Medigap Open Enrollment Period, insurance companies can't refuse to sell you any Medigap policy due to a disability or other health problem, or charge you a higher premium (based on health status) than they charge other people who are 65.

Question 4 (page 48)

Barbara has been getting Social Security Disability Insurance (SSDI) for 6 months. Her income is currently 300 percent of the federal poverty level. What type of coverage might she be eligible for during her 24-month waiting period for Medicare?

Answer: b

b. Marketplace plan. If you're entitled to SSDI, you may qualify for Medicare. There's a 24-month waiting period before Medicare coverage can start if you qualify due to SSDI. During this waiting period, you can apply for coverage in the Marketplace. You can find out if you qualify for Medicaid or for premium tax credits that lower your monthly Marketplace plan premium, and cost-sharing reductions that lower your out-of-pocket costs.

Barbara most likely won't qualify for Medicaid since her income is too high. She can't purchase a Medigap policy because she has only been getting SSDI for 6 months and doesn't have Medicare coverage yet. But, she may be eligible to get a Marketplace plan and get help to lower her costs.

Acronyms

ALS	Amyotrophic Lateral Sclerosis
CAL	Compassionate Allowance
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics and Supplies
EGHP	Employer Group Health Plan
ESRD	End-Stage Renal Disease
FPL	Federal Poverty Level
HCBS	Home and Community Based Services
HHS	Health and Human Services
HMO	Health Maintenance Organization
IEP	Initial Enrollment Period
MA	Medicare Advantage
NTP	National Training Program
MSA	Metropolitan Statistical Area
MSN	Medicare Summary Notice
OD	Office on Disability
PPO	Preferred Provider Organization
QDWI	Qualified Disabled and Working Individual
QI	Qualified Individual
QMB	Qualified Medicare Beneficiary
RRB	Railroad Retirement Board
SGA	Substantial Gainful Activity
SHIP	State Health Insurance Assistance Program
SLMB	Specified Low-Income Medicare Beneficiary
SSA	Social Security
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TTY	Teletypewriter

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