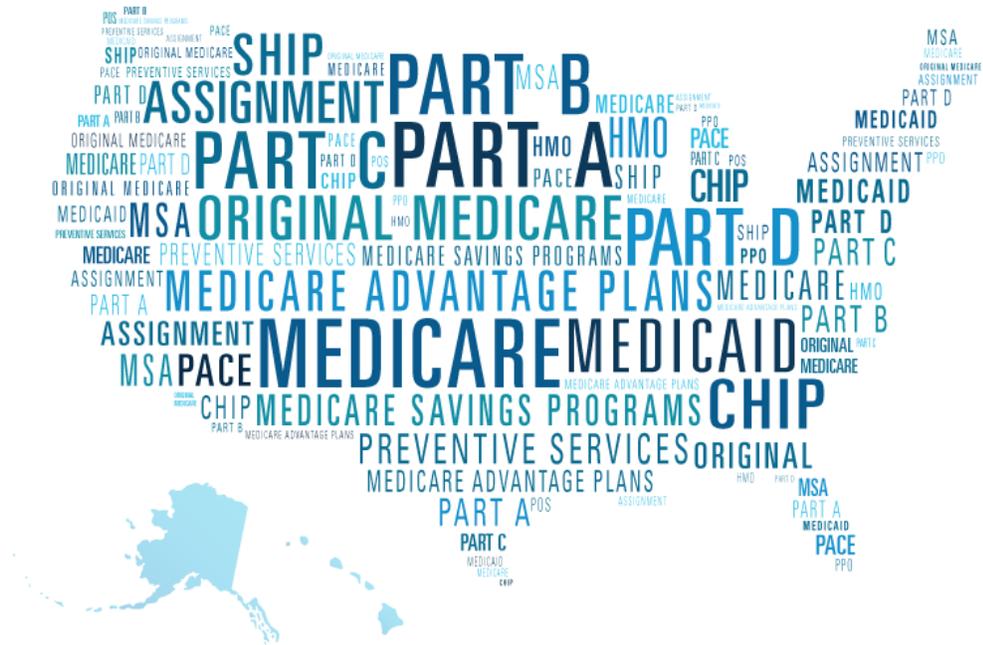


2015 National Training Program

Workbook

Module: 13 Medicare and Other Programs for People With Disabilities



Centers for Medicare & Medicaid Services (CMS)
National Training Program (NTP)
Instructor Information Sheet

Module 13—Medicare and Other Programs for People With Disabilities

Module Description

The lessons in this training 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

This session should 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

Target Audience

This module is designed for presentation to trainers and other information givers. It can be easily adapted for presentations to groups of beneficiaries.

Time Considerations

The module consists of 51 PowerPoint slides with corresponding speaker's notes and 4 quiz questions. It can be presented in about 50 minutes. Allow approximately 10 more minutes for discussion, questions, and answers. Additional time may be allocated for add-on activities.

Module 13: Medicare and Other Programs for People With Disabilities

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2015 National Training Program

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Module 13

Medicare and Other Programs for People With Disabilities

Module 13 explains Medicare and other programs for people with disabilities.

This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Federally-facilitated Health Insurance Marketplace. The information in this module was correct as of May 2015.

To check for an updated version visit,

CMS.gov/outreach-and-education/training/cmsnationaltrainingprogram/index.html.

The CMS National Training Program provides this as an informational resource for our partners. It’s not a legal document or intended for press purposes. The press can contact the CMS Press Office at press@cms.hhs.gov. Official Medicare program legal guidance is contained in the relevant statutes, regulations, and rulings.

Session Objectives

This session should 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

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This session focuses on issues related to people with disabilities and should 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

Lesson 1—Social Security for People With Disabilities

- Defining disability
- Social Security Disability Insurance
- Supplemental Security Income
- Qualifying for these programs
- Creating a “*my Social Security*” account
- How to apply for benefits

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Medicare and Other Programs for People With Disabilities

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

- Defining disability
- Social Security Disability Insurance
- Supplemental Security Income
- Qualifying for these programs
- Creating a “*my Social Security*” account
- How to apply for benefits

Background

- People with disabilities
 - The fastest-growing Medicare population group
 - About 17% 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

A 20-year-old worker has a 1-in-4 chance of becoming disabled before reaching retirement age.

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People with disabilities

- Represent the fastest-growing group of the Medicare-entitled population
 - Make up about 17% of Medicare beneficiaries (2014)
- Approximately 9 million have Part A and/or Part B (2014)
- 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 1-in-4 chance of becoming disabled before reaching retirement age.

Defining Disability

- Social Security defines disability as the
 - Inability to do substantial work because of medical (physical or mental) condition or combination of impairments, and
 - Inability expected to last at least 12 months or to result in death
- Considers age, education, and work experience
- Visit [socialsecurity.gov/disabilityfacts/](https://www.socialsecurity.gov/disabilityfacts/)

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Medicare and Other Programs for People With Disabilities

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To qualify for Medicare based on a disability, an individual must meet the Social Security (SSA) definition of disability. SSA defines a disability as the inability to do substantial work because of a medical impairment, which is expected to last at least a year or to result in death.

This is a strict definition of disability. SSA program rules assume that working families have access to other resources to provide support during periods of short-term disabilities, including workers' compensation, insurance, savings, and investments. For more information, visit [socialsecurity.gov/disabilityfacts/](https://www.socialsecurity.gov/disabilityfacts/).

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" AND as severe as the list describes?
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

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Social Security uses a 5-step process to decide if you're disabled.

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 2015, that amount is \$1,090 per month (\$1,820 per month if you're blind). If you make less than that amount, SSA moves to the next step. Learn more at socialsecurity.gov/OACT/COLA/sga.html.

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. It's not sufficient to have a condition named on the list; it must be as severe as the list describes. For example, many people have arthritis, but not as severe as the list requires. 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. Visit ssa.gov/disability/professionals/bluebook/AdultListings.htm to view the list.

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.

Social Security Programs for People With Disabilities

- Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)
 - Federal programs provide cash benefits for people with disabilities
 - Administered by Social Security
 - Programs don't provide cash benefits for people with partial or short-term disability
 - Certain family members of disabled workers can also get money from Social Security Administration (SSA)

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Medicare and Other Programs for People With Disabilities

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There are 2 federal programs that provide cash benefits to certain people with disabilities. These programs, administered by Social Security (SSA), include

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

SSA pays benefits to people who meet the 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. They're listed on slide 9.

Social Security Disability Insurance (SSDI)

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

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Medicare and Other Programs for People With Disabilities

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Social Security Disability Insurance pays benefits to you and certain members of your family if you're insured—meaning you worked long enough, recently enough, and paid Social Security (SSA) taxes.

Generally, you need 40 credits, 20 of which were earned in the last 10 years ending with the year you become disabled. However, younger workers may qualify with fewer credits.

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 Benefits?

| Worker | Widow(er) | Child |
|--|---|---|
| <ul style="list-style-type: none"> ▪ You must've paid into Social Security long enough and recently enough. ▪ When you're disabled, members of your family may qualify for benefits based on your record: children, spouse, and divorced spouse. | <ul style="list-style-type: none"> ▪ At 50 if you're a disabled widow(er). | <ul style="list-style-type: none"> ▪ Disabled before 22 and remains disabled. Must be 18 or older and not married. |
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The people who can get Social Security Disability Insurance include

- The worker, if he or she paid enough into Social Security (SSA) to qualify
- A spouse
 - At 62 or older.
 - At any age if caring for a 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
 - A child under 18 may be disabled, but SSA doesn't need to consider the child's disability when deciding if he or she qualifies for benefits as a person's dependent. The child's benefits normally stop at 18 unless he or she is a full-time student (benefits can continue until 19) or is disabled.
 - Not married and disabled before 22.

Qualifying for Social Security Disability Insurance

- You must meet 2 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 2015, you get 1 credit for each \$1,220 of earnings
 - Up to a maximum of 4 credits per year

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Medicare and Other Programs for People With Disabilities

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In general, to get disability benefits, you must meet 2 different earnings tests:

- A “recent work” test based on your age at the time you became disabled
- A “duration of work” test to show that you worked long enough under Social Security

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

Qualifying for Social Security Disability Insurance is determined by your Social Security working credits (also called quarters of coverage) that are based on your earnings. In 2015, you get 1 credit for each \$1,220 of earnings (changes annually), up to the maximum of 4 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 the 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're 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 21 and the age you became disabled.
 - For example, if you became disabled at 27, then you'd 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

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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

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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 benefit starting on the sixth full month after the date your disability began.

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

Supplemental Security Income (SSI)

- Federal needs-based program
 - Pays cash benefits to certain disabled people with limited income and resources
 - No working credits needed to qualify
 - If eligible, you may also qualify for Medicaid in most states
- Basic SSI amount is the same nationwide
 - Amount is reduced by subtracting countable income
 - Some states add money to the basic benefit
 - In 2015, \$733 for an eligible individual
 - \$1,100 for eligible individual with eligible spouse
- May qualify for both SSI and Social Security Disability Insurance (SSDI) payments

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Medicare and Other Programs for People With Disabilities

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Supplemental Security Income (SSI) is a federal needs-based program. SSI provides payments to people with limited income and resources 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 2015 are \$733 for an eligible individual and \$1,100 for an eligible individual with an eligible spouse. The monthly amount is reduced by subtracting monthly countable income.

Income is anything you receive during a calendar month and can use to meet your needs for food or shelter. It may be in cash or in kind. In-kind income is not cash; it is food or shelter, or something you can use to get food or shelter.

Countable income is the amount left over after

- Eliminating from consideration all items that are not income
- Applying all appropriate exclusions to the items that are income

Countable income is determined on a calendar month basis. It is the amount actually subtracted from the maximum federal benefit to determine your eligibility and to compute your monthly payment amount.

You may qualify for both SSI and SSDI 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
 - Less than \$2,000 in resources for an individual, less than \$3,000 for a married couple
 - Be a citizen or national of the United States, or qualified alien, and
 - Reside in 1 of the 50 states, the District of Columbia, or the Northern Mariana Islands

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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 1 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 your
 - Social Security number
 - Proof of age
 - Health care provider information
 - Medical records, including lab/test results and medications
 - 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

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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 provide

- Your 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

- Online—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 3–5 months

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Medicare and Other Programs for People With Disabilities

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You can apply for disability benefits in the following ways:

Online

- Visit [socialsecurity.gov](https://www.socialsecurity.gov).
 - For Social Security Disability Insurance—You can complete the medical and nonmedical portions of the application online.
 - For Supplemental Security Income—You can complete only the medical portion online. You must complete the nonmedical portion in-person or by phone.

By phone

- Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a disability claim over the phone.

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 Social Security 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.

Compassionate Allowances

- A way to expedite processing of Social Security Disability Insurance (SSDI) and Social Security Income (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 "Compassionate Allowances (CAL) list," your SSDI/SSI application is expedited
 - You may get the decision within weeks instead of months
- Examples: Inflammatory breast cancer, pancreatic cancer, adult-onset Huntington disease

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Medicare and Other Programs for People With Disabilities

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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 SSI and SSDI.

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.

Visit [socialsecurity.gov/compassionateallowances](https://www.socialsecurity.gov/compassionateallowances) to view the CAL conditions list.

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.

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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Social Security 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. The steps you can take are explained in "The Appeals Process" (Publication No. 05-10041), which is available at ssa.gov/pubs/?topic=Disability.

Create a “**my Social Security**” Account (socialsecurity.gov/myaccount)

- Keep track of your earnings, verify them every year
- Get an estimate of your future benefits if you're still working
- Get a letter with proof of your benefits if you currently receive them
- Manage your benefits
- Change your address
- Start or change your direct deposit
- Get a replacement SSA-1099 or SSA-1042S **NEW!**

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Medicare and Other Programs for People With Disabilities

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Even if you don't have a disability, you probably plan to receive Social Security benefits someday. You'll want a my Social Security account to

- Keep track of your earnings, verify them every year
- Get an estimate of your future benefits if you're still working
- Get a letter with proof of your benefits if you currently receive them
- Manage your benefits
- Change your address
- Start or change your direct deposit
- Get replacement SSA-1099 (Social Security income) or SSA-1042S (Social Security income for non-citizens) tax forms

In addition, Social Security also has a fact sheet to help you or others with creating an account at ssa.gov/pubs/EN-05-10540.pdf.

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

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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

ANSWER: c. Both SSDI and SSI.

The SSDI program pays benefits to adults who have a disability that began before they were 22. We consider this SSDI benefit as a "child's" benefit because it's paid on a parent's Social Security 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 Social Security

These benefits also are payable to an adult who got dependents' benefits on a parent's Social Security 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. A 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. SSA also uses the disability rules for adults when deciding whether an adult is disabled.

Lesson 2—Medicare for People With Disabilities

- What is Medicare?
- Who qualifies?
- How to enroll

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Medicare and Other Programs for People With Disabilities

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

- What is Medicare?
- Who qualifies?
- How to enroll

What Is Medicare?

- Health insurance for 3 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)

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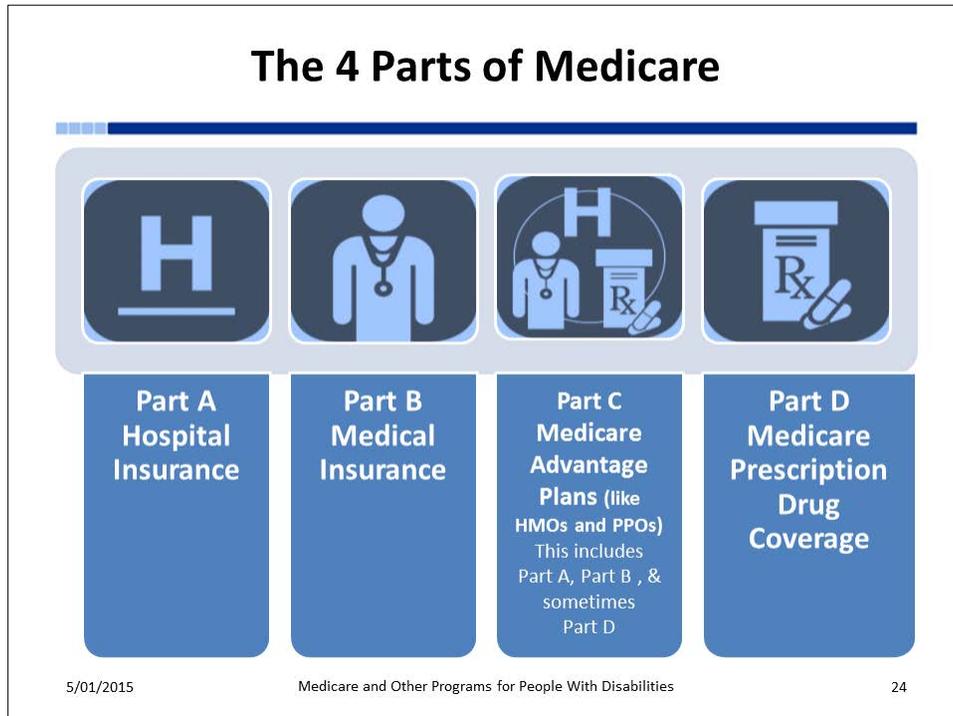
Medicare and Other Programs for People With Disabilities

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Medicare is health insurance for 3 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.

The 4 Parts of Medicare



Medicare covers many types of services, and you have options for how you get your Medicare coverage. Medicare has 4 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's 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 first 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

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Medicare also covers 2 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 thirtieth month after you become disabled. However, there are 2 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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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 twenty-fifth 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, like 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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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.

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.

Information Received With Retroactive Determination

- 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

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You'll get this information with your determination:

- Your effective date of Part A coverage (the twenty-fifth 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 twenty-fifth 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.

Regardless of the situation, your Part A start date will always be the twenty-fifth month after your disability benefit is approved. Your Part B start date will be the twenty-fifth 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.

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 the 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

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You're entitled to Medicare as long as you continue to meet the requirements for Social Security disability benefits. If Social Security (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.
- If, after you've exhausted your 8½ 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 45 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%
- b. 20%
- c. 30%
- d. No penalty

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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%
- b. 20%
- c. 30%
- d. No penalty

ANSWER: 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.

Lesson 3—Medicare Plan Choices for People With Disabilities

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

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Lesson 3, "Medicare Plan Choices for People With Disabilities," explains

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

Medicare Plan Choices for People With Disabilities

- All Medicare plans are available
 - Original Medicare
 - Medicare Advantage (MA) Plans
 - Other Medicare plans
 - Medicare Prescription Drug Plans
 - Add to Original Medicare
 - Join an MA plan with drug coverage
- People with End-Stage Renal Disease have more limited choices

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Medicare and Other Programs for People With Disabilities

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The same Medicare health plan choices are available to people with disabilities and people 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. Other Medicare plan types include Medicare Cost Plans, Demonstration/Pilot plans, and Programs of All-Inclusive Care for the Elderly (PACE).

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. Medicare prescription drug coverage adds to your Medicare health care coverage. It helps you pay for medically necessary brand-name and generic prescription drugs. All people with Medicare are eligible to enroll in a Medicare drug plan. To get coverage you must join a plan.

There are 2 main ways to get Medicare prescription drug coverage:

- Join a Medicare Prescription Drug Plan (PDP). These plans add coverage to Original Medicare, and may be added to some other types of Medicare health plans (but not Medicare Advantage (MA) Plans).
- Join an MA Plan with prescription drug coverage (MA-PD) (like a Health Maintenance Organization or a Preferred Provider Organization) or another Medicare health plan that includes Medicare prescription drug coverage.

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.

Medicare and Other Insurance

- 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 an employer with 100 or more employees

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Medicare and Other Programs for People With Disabilities

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You can have Medicare and other health insurance. 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 current employment, 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 1 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 information on
 - Coverage for your spouse
 - Changes to your benefits, premiums, or limits on coverage

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Medicare and Other Programs for People With Disabilities

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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.

Medigap (Medicare Supplement Insurance) Policies 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

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Medicare and Other Programs for People With Disabilities

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As of May 2014, these states require insurance companies to offer at least 1 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 policies.

Check Your Knowledge—Question 3

If you're under 65 and have Medicare based on a 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

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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

ANSWER: 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 (6-month period that begins the first day of the month in which you're 65 or older and enrolled in Part B) when you turn 65. You'll likely have a wider choice of Medigap policies and be able to get a lower premium then. During your Medigap OEP, 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.

Lesson 4—Other Programs

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

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Lesson 4, "Other Programs," explains

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

Medicare for People With Disabilities and the Health Insurance Marketplace

- You may qualify for Medicare based on a disability
 - You must be entitled to Social Security Disability Insurance (SSDI) benefits for 24 months
 - On the 25th month, you're automatically enrolled in Medicare Part A and Part B
- If you're getting SSDI, you can get a Marketplace plan to cover you during your 24-month waiting period
 - You may qualify for Medicaid or premium tax credits and reduced cost-sharing until your Medicare coverage starts

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If you're entitled to Social Security Disability Insurance (SSDI), you may qualify for Medicare. However, there is a 24-month waiting period before Medicare coverage can start. The waiting period begins once you start receiving SSDI benefits, which don't start until you have been disabled for 5 months. During this waiting period, you can apply for coverage in the Health Insurance Marketplace. The Marketplace application process will determine if you'll 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 2015. If you're getting Social Security disability benefits and want to find out if you qualify for lower costs on Marketplace coverage, you'll need to provide information about your Social Security payments, including disability payments.

Your Medicare coverage is effective on the twenty-fifth month of receiving SSDI. Your Medicare card will be mailed to you about 3 months before your twenty-fifth month of disability benefits. If you don't want Part B, follow the instructions that are included with the card. However, once you're eligible for Medicare, you won't be able to get lower costs for a Marketplace plan based on your income.

Once your Part A coverage starts, any premium tax credits and reduced cost-sharing you may have qualified for through the Marketplace will stop. That's because Part A is considered minimum essential coverage, not Part B.

Medicaid Overview

- Federal and state entitlement* program
- Medical assistance for people with limited income and resources
- Covers nearly 71 million adults and children
- Supplements Medicare for more than 10 million people who are aged and/or disabled

*Entitlement—a government program that guarantees certain benefits to a particular group or segment of the population.

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Medicaid is a federal and state entitlement* program that pays for medical assistance for certain individuals and families with limited income and resources. Medicaid isn't a cash support program; it pays medical providers directly for care.

Medicaid is the largest source of funding for medical and health-related services for America's poorest people. Medicaid and the Children's Health Insurance Program provide health coverage to nearly 71 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities.

The program became law in 1965 (Title XIX [19] of the Social Security Act) as a cooperative venture jointly funded by the federal and state governments (including the District of Columbia and the Territories) to help states provide medical assistance to eligible needy persons.

*Entitlement—a government program that guarantees certain benefits to a particular group or segment of the population.

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) |
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Medicare and Medicaid are different in the following 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).

Eligibility—Medicaid Expansion

- Affordable Care Act's Eligibility Groups (state option) effective 1/1/2014
 1. Adult group
 - 19-64 with income below 133% of the federal poverty level (FPL)
 2. Former foster care group
 - Under 26 and enrolled in Medicaid while in foster care at 18 or "aged out" of foster care
 3. Optional eligibility group for individuals with income above 133% of FPL
 - Under 65 with income above 133% of FPL

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Starting January 1, 2014, the Affordable Care Act established 3 new Medicaid eligibility groups that made health insurance available to millions of people who weren't previously eligible.

- The New Adult Group covers individuals 19–64 with income below 133% of the federal poverty level (FPL), including 19- and 20-year-old children. Children under 19 aren't included in this group because they're covered under other mandatory eligibility groups. To be eligible for the New Adult Group, individuals may not be entitled to or enrolled in Medicare, they can't be eligible for any other mandatory Medicaid eligibility group, and they may not be pregnant at the time of enrollment. This group is a mandatory eligibility group that states can elect to cover.
- A second eligibility group created under the Affordable Care Act established Medicaid coverage for individuals under 26 who were enrolled in Medicaid while they were either in foster care at 18 or when they "aged out" of foster care. There is no income or resource test for this eligibility group. States have the option to cover individuals who were in foster care and in Medicaid in another state.
- The third group is similar to the New Adult Group. Individuals in this group must be under 65, with income above 133% of the FPL, and can't otherwise be eligible for another Medicaid group. Unlike the eligibility requirements for the New Adult Group, individuals in this optional group may be pregnant or may be eligible for Medicare. In addition, this group covers both children and adults who aren't otherwise eligible.

If a state is expanding Medicaid, individuals will probably qualify if they make up to about \$16,100 a year for 1 person (\$32,900 for a family 4). Coverage started as early as January 1, 2014.

NOTE: The Medicaid expansion up to 133% of the FPL resulted in a number of states needing to transition children 6–18 between 100–133% of the FPL who were previously covered in separate Children's Health Insurance Programs to Medicaid.

Streamlined Application

- One application for Marketplace, Medicaid and Children’s Health Insurance Program (CHIP)
 - Online, by phone, by mail, or in person
- May be able to enroll immediately once eligibility determination is complete
 - Depending on the program for which the applicant is eligible
- You can apply for Medicaid and CHIP at any time
 - At HealthCare.gov, or
 - Through your state agency

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Medicare and Other Programs for People With Disabilities

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States use a streamlined application for coverage through the Marketplace, Medicaid, and the Children’s Health Insurance Program (CHIP). The application may lead seamlessly from eligibility to plan selection and enrollment. Individuals can submit one application for all programs. Online applications are available in every state, along with traditional paper applications that may be mailed in. And people continue to have the option to apply in person or over the phone.

Through the single streamlined application, individuals and families receive eligibility determinations for the following:

- Medicaid and CHIP
- Enrollment in Qualified Health Plans in the Marketplace
- Advance premium tax credits
- Cost-sharing reductions

Once the eligibility determination is complete, applicants may be able to enroll in affordable coverage immediately, depending on the programs for which they’re eligible and the model established in their state.

You can apply for Medicaid and CHIP any time. You can enroll during the Marketplace Open Enrollment period or any other time of year. If you qualify you can enroll immediately, any time of year.

To find out if your children qualify for CHIP coverage, visit insurekidsnow.gov or call 1-877-543-7669. If you apply for Medicaid coverage to your state agency, you’ll also find out if your children qualify for CHIP. If you qualify, coverage can begin immediately.

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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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 2015

| Medicare Savings Program | Individual Monthly Income Limit | Married Couple Monthly Income Limit | Helps Pay Your |
|---|---------------------------------|-------------------------------------|--|
| Qualified Medicare Beneficiary | \$1,001 | \$1,348 | Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments) |
| Specified Low-Income Medicare Beneficiary | \$1,197 | \$1,513 | Part B premiums only |
| Qualifying Individual | \$1,345 | \$1,813 | Part B premiums only |

Some states have different income and/or asset guidelines.

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To qualify for the Qualified Medicare Beneficiary (QMB) program, you must be eligible for Medicare Part A, and have an income not exceeding 100% of the federal poverty level (FPL). If you qualify for QMB, you get help paying your Part A and Part B premiums, deductibles, coinsurance, and copayments. The monthly individual income limit for QMB is \$1,001, and the monthly income limit for married couples is \$1,348.

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%, but doesn't exceed 120% 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% 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.

The monthly individual income limit for individual specified low-income Medicare beneficiaries is \$1,197, and the monthly income limit for married couples is \$1,513.

The monthly individual income limit for qualified individuals is \$1,345, and the monthly income limit for married couples is \$1,813.

Some states have different income and/or asset guidelines.

Qualified Disabled Working Individual (QDWI) Program

- The QDWI Program 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
 - You have limited monthly income not higher than 200% of the federal poverty level (FPL) (in 2015, \$4,009 for individual and \$5,395 for a couple)
 - Your resources are less than \$4,000 for an individual or \$6,000 for a couple (in 2015)
 - Some states have different limits
 - You aren't eligible for full Medicaid
- Contact your local, county, state social service agency or Medical Assistance office for more information

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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 (\$1,090/month in 2015), 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
 - Have limited monthly income not higher than 200% of the federal poverty level (FPL) (in 2015, \$4,009 for individual and \$5,395 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 2015)
 - 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% and 200% FPL.

To learn more about the QDWI program, contact your local, county, 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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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

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.

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

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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)

All other people with Medicare must file an application to get Extra Help. You may fill out a paper application, apply online, or by phone. You can apply through your State Medical Assistance office, and you may have someone apply on your behalf.

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

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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](https://www.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% 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

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Check Your Knowledge—Question 4

Barbara has been getting Social Security Disability Insurance (SSDI) for 6 months. Her income is currently 300% 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

ANSWER: 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. However, she may be eligible to get a Marketplace plan and get help to lower her costs.

Medicare and Other Programs for People With a Disability Resource Guide

| Medicare and Other Programs for People With a Disability Resource Guide | |
|--|---|
| Resources | Medicare Products |
| <p>Medicare CMS.gov Medicare.gov 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048</p> <p>Social Security SocialSecurity.gov 1-800-772-1213 TTY 1-800-325-0778</p> <p>Railroad Retirement Board rrb.gov 1-877-772-5772 TTY (312) 751-4701</p> | <p>Health Insurance Marketplace HealthCare.gov Marketplace.cms.gov 1-800-318-2596 TTY 1-855-889-4325</p> <p>State Health Insurance Assistance Programs (SHIPs) Medicare.gov/contacts</p> <p>Disability.gov</p> <p>SSA Red Book ssa.gov/redbook/</p> |
| | <p>“Medicare & You Handbook” CMS Product No. 10050</p> <p>“Your Medicare Benefits” CMS Product No. 10116</p> <p>To access these products: View and order single copies at Medicare.gov.</p> <p>Order multiple copies (partners only) at productordering.com.hhs.gov/. You must register your organization.</p> |
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Acronyms

| | |
|------|---|
| ALS | Amyotrophic Lateral Sclerosis |
| CAL | Compassionate Allowance |
| CHIP | Children's Health Insurance Program |
| CMS | Centers for Medicare & Medicaid Services |
| EGHP | Employer Group Health Plan |
| ESRD | End-Stage Renal Disease |
| FPL | Federal Poverty Level |
| IEP | Initial Enrollment Period |
| MA | Medicare Advantage |
| NTP | National Training Program |
| QDWI | Qualified Disabled and Working Individual |
| QI | Qualified Individual |
| QMB | Qualified Medicare Beneficiary |
| RRB | Railroad Retirement Board |
| 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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