

MEDICAID
MEDICARE

JOIN US!
Medicaid/Medicare 101 ♦ Sept. 23, 2pm-4pm

Agenda:

Medicaid overview (eligibility, application, documentation)

Transition process from Medicaid to Medicare via age and disability

Applying for Medicaid when Medicare is primary

Panelists:

Healthy Capital District Initiative

Allison Wagoner

Director, Enrollent Services

Krista Harbacz

Community Health Advocate

Kathleen Clarke

Community Health Advocate

Representatives from MVP, Fidelis, and CDPHP available to answer your questions

hcdi@hcdiny.org; phip@hcdiny.org



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Obtaining Long Term Care Services and Advocacy

Join us for our next event!!

October 28 from 2p.m.- 3:30p.m.

Register [here](http://ow.ly/1s1R50Bz81b): <http://ow.ly/1s1R50Bz81b>

Submit questions [here](#)

To be added to our CC listserv or to request a training topic email
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Medicaid through the Marketplace

Allison Wagoner
Director of Enrollment Services
Healthy Capital District Initiative



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What is the NY State of Health Marketplace

▶ **Organized marketplace**

- ▶ One-stop shopping for subsidized and unsubsidized coverage
- ▶ Easily compare health plan options
- ▶ The only place to check eligibility and apply for financial assistance
- ▶ Enroll in qualified health plans

▶ **Two programs**

- ▶ Individual Marketplace
- ▶ Small Business Marketplace - 1-50 employees*



The following individuals should apply in the Marketplace, (NY State of Health):

- ▶ **Pregnant Women**
- ▶ **Children**
- ▶ **Parents/Caretaker Relatives**
- ▶ **Childless Adults ages 19 to 64 without Medicare**



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Eligibility/ Criteria

- ▶ **Meet the Magi-Medicaid Income guidelines based on the Federal poverty level requirements**
- ▶ **Medicaid beneficiaries generally must be residents of the state in which they are receiving Medicaid. They must be either citizens of the United States or certain qualified non-citizens, such as lawful permanent residents.**
- ▶ **In addition, some eligibility groups are limited by age, or by pregnancy or parenting status.**



Documentation

Any of the following can be requested:

- ▶ **Proof of citizenship**
- ▶ **Proof of DOB and Social Security number/ Identity**
- ▶ **Proof of Address**
- ▶ **Proof of Income**
- ▶ **Proof of Insurance**



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What's included in Magi-Medicaid coverage

- ▶ **Health Services** such as Preventative health and treatment, Pre-natal care, low cost prescriptions, mental health services, substance abuse services, Cancer Screenings, labs, x-rays and more.
- ▶ **Transportation**
- ▶ **Dental Services**
- ▶ **Vision Services**
- ▶ **Health Home**
- ▶ **Family Planning Benefits**



Ways to apply

- ▶ **Online through the individuals and families tab.**
<https://nystateofhealth.ny.gov/>
- ▶ **Application assistance through a Navigator, Certified Application Counselor or Broker. You can find a list at <https://nystateofhealth.ny.gov/> or by calling 1-855-355-5777**
- ▶ **By calling the marketplace at 1-855-355-5777**
- ▶ **Navigator assistance- Healthy Capital District 518-462-7040**



Questions?



Transitioning from Medicaid to Medicare

Krista Harbacz
Community Health Advocate
Healthy Capital District Initiative



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When are you Medicare eligible?

- ▶ **Due to disability (collecting social security disability for 2 years)**
 - ▶ Will be automatically enrolled once this happens
- ▶ **Due to age (when you turn 65)**
 - ▶ If collecting social security you will be auto enrolled into Medicare and get your card 3 months before the month you turn 65 (start of Initial Enrollment Period)
 - ▶ If not collecting social security then you need to go online to ssa.gov and enroll
 - ▶ You can do this starting 3 months before you turn 65.

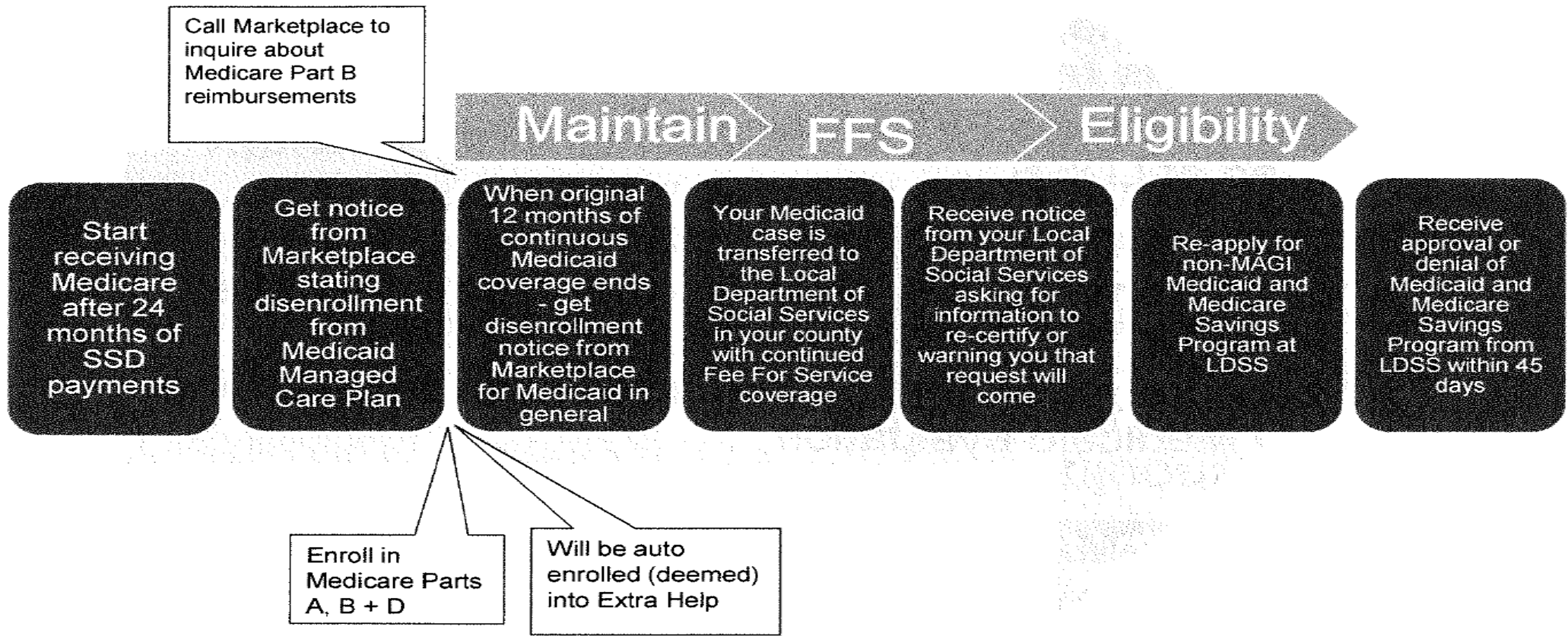


Transition: Eligible due to disability

- ▶ **Will be dis-enrolled from managed care plan (NOT Fee-for service Medicaid)**
 - ▶ Should get notice about this from NYSOH
- ▶ **Beneficiary will get 12 months of continuous Medicaid coverage from when they last applied/ recertified.**
- ▶ **Will be deemed into extra help which will trigger enrollment into Prescription Drug Plan.**
- ▶ **Should call NYSOH and request Medicare Part B reimbursement (MIPP).**
- ▶ **At the end of 12 month continuous Medicaid coverage their fee-for service Medicaid is transitioned from NYSOH to LDSS.**
 - ▶ Client should get notice about this
- ▶ **Will get a ABD application to apply through the LDSS & should also do Medicare Savings Program application at this time.**



Transition: Eligible due to disability Visual

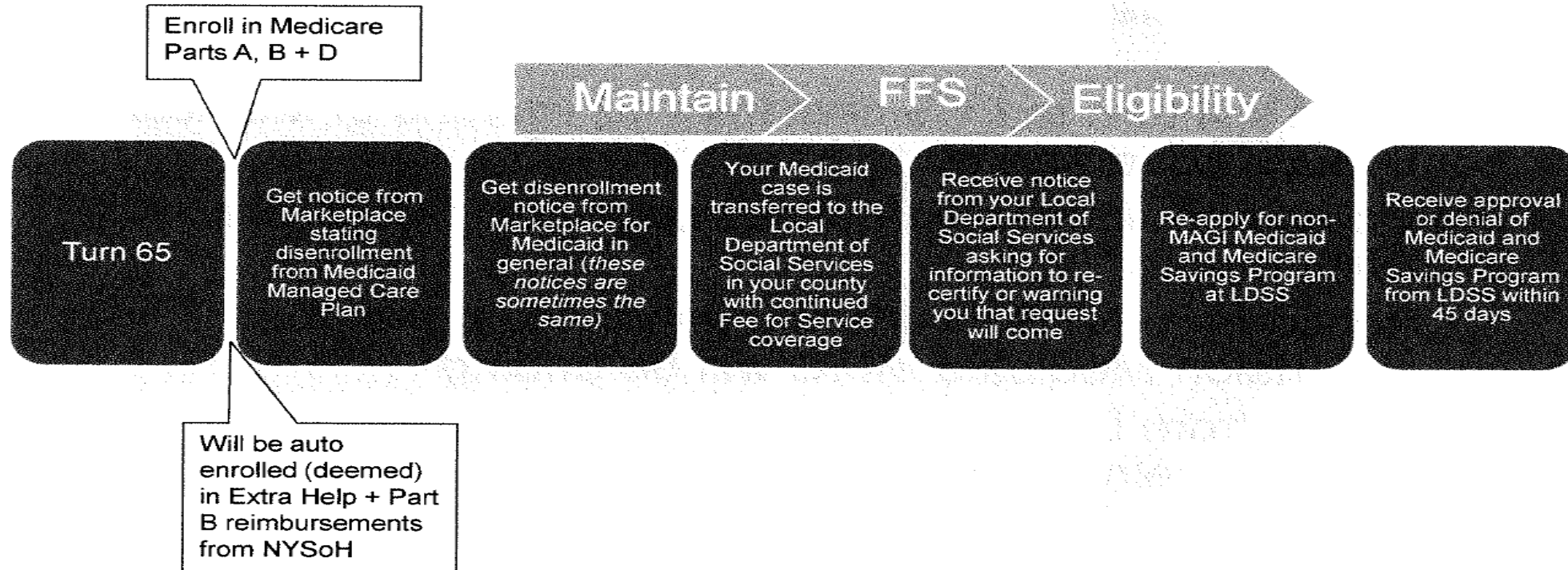


Transition: Eligible due to Age

- ▶ **Get dis-enrolled from Medicaid managed care plan in month they turn 65**
 - ▶ Should get notice
- ▶ **NYSOH will transfer Medicaid case to LDSS in the month before they turn 65**
 - ▶ Should get notice
- ▶ **Client will keep fee for service Medicaid through NYSOH until they turn 65 or get a determination from LDSS on their Medicaid eligibility.**
 - ▶ Should get notice
- ▶ **Will be deemed into extra help which will trigger enrollment into Prescription Drug Plan.**
 - ▶ Should get notice about extra help and plan information from PDP they were enrolled into.
- ▶ **Will get a ABD application to apply through the LDSS & should also do Medicare Savings Program application at this time.**
 - ▶ Should receive application in the mail



Transition due to age (visual process)



Common questions

- ▶ **Can I get a managed care plan, my providers will not accept straight Medicaid?**
 - ▶ NO – but you can look into Dual Plan Options or Special Needs Plans
 - ▶ Empire
 - ▶ Fidelis
 - ▶ Hamaspik
 - ▶ Humanna
 - ▶ Nascentia
 - ▶ United Healthcare
 - ▶ Wellcare
 - ▶ Why do I need drug coverage if my Medicaid covers my prescriptions?
 - ▶ Medicaid will not cover prescriptions once you are Medicare eligible.
 - ▶ Do I have to keep the Prescription Drug Plan I am automatically enrolled into?
 - ▶ NO



More common questions.....

- ▶ **I like my current Medicaid Managed care plan, do I have to take Medicare?**
 - ▶ YES
- ▶ **I keep seeing ads and getting mail about Medicare Advantage Plans & Medigap Supplemental Plans, do I need these plans?**
 - ▶ NO - but you can get them if you want.
- ▶ **I have parts A, B & D but I need part C?**
 - ▶ You do NOT need part C – Part C is a Medicare Advantage plan, and is an option but not necessary.
- ▶ **When is open enrollment**
 - ▶ October 15- December 7
 - ▶ Beneficiaries who are dual eligible have several Special Enrollment periods they can use throughout the year



Questions?



Applying for Medicaid when Medicare is Primary

Kathleen Clarke
Community Health Advocate
Healthy Capital District Initiative



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Who is ABD?

- ▶ **Aged**

- ▶ 65 years of age or older

- ▶ **Blind**

- ▶ Certified blind by the NYS Commission for the Blind (NYSCB)

- ▶ **Disabled**

- ▶ Certified disabled by the Social Security Administration (SSA), State Medicaid Disability Review Team, or local (NYC only) Medicaid Disability Review Team



Non-MAGI Population

- ▶ **Individuals automatically eligible for Medicaid at the LDSS:**
 - ▶ Temporary Assistance for Needy Families (TANF)
 - ▶ Supplemental Security Income (SSI-Cash)
 - ▶ Foster Care
- ▶ **Childless adults age 65 or older and/or receiving Medicare**
- ▶ **Childless adults under age 65 receiving Medicare**



Non-MAGI Population, cont'd.

- ▶ **This population *could* be considered Non-MAGI, if referred by NY State of Health**
 - ▶ Disabled Parents/Caretaker Relatives
 - ▶ Individuals Certified Blind/Disabled Receiving Medicare
 - ▶ Medically Needy Individuals (Excess Income)
 - ▶ Individuals applying for Non-MAGI programs



Non-MAGI Programs

- ▶ **Medicaid (Non-MAGI)**
 - ▶ Including Institutional Care in a Nursing Home (Chronic Care)
- ▶ **Medicaid Buy In for Working People with Disabilities (MBI-WPD)**
- ▶ **Medicaid Excess Resource Program**
- ▶ **Medicaid Excess Income Program**
- ▶ **Medicare Savings Program (MSP)**



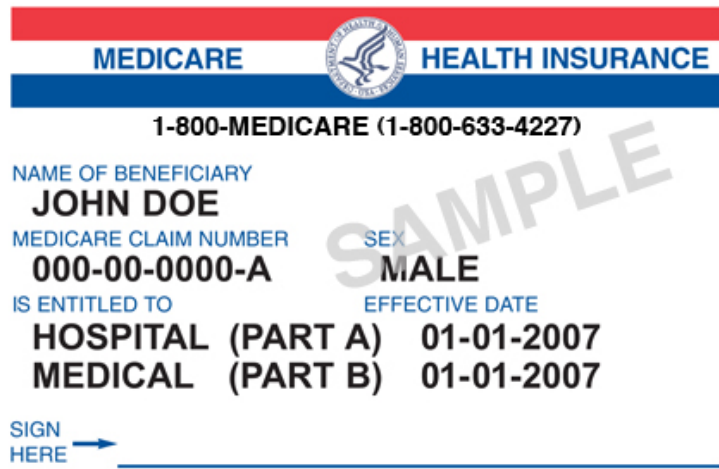
Medicaid Benefit Package

Coverage	Community Coverage <u>without</u> Long Term Care	Community Coverage <u>with</u> Community Based Long Term Care	All Medicaid Covered Care and Services (Applicants must be in receipt of Nursing Facility Services)
Benefit Package	<ul style="list-style-type: none"> • All non-LTC Outpatient Services • Inpatient Acute Care • Inpatient Psychiatric Care • Inpatient Alcohol Rehabilitation • Short-term rehabilitation up to 12 month period of: <ul style="list-style-type: none"> • Nursing Home Care • Certified Home Health Agency (CHHA) 	<ul style="list-style-type: none"> • All Services in Community Coverage without Community Based Long Term Care PLUS: <ul style="list-style-type: none"> • Adult Day Health Care • Assisted Living Program (ALP) • Certified Home Health Agency (CHHA) unlimited • Hospice in the Community • Hospice Residence Program • Residential Treatment Facility • Managed LTC in the Community • Personal Care Services • Private Duty Nursing • Home and Community-Based Waiver Programs- Waiver and Non-Waiver Services • Limited Licensed Home Care Services • Personal Emergency Response Services • Consumer Directed Personal Asst. Prog. 	<ul style="list-style-type: none"> • All Services in Community Coverage with and without Community Based LTC, PLUS: <ul style="list-style-type: none"> • Nursing Facility Services which: • Nursing Home care provided in a nursing home or hospital • Hospice in a Nursing Home • Intermediate Care Facility • Managed LTC in a Nursing Home



Medicare Savings Program (MSP)

- ▶ The MSP program assists individuals and couples in paying for their Medicare premiums, coinsurance, and deductibles
- ▶ Must have income and resources at or below the appropriate FPL level
 - ▶ Applicants with income at or below the appropriate Medicaid level may receive Medicaid and MSP



A sample Medicare Health Insurance card for John Doe. The card features a red and blue header with the Medicare logo. It includes the phone number 1-800-MEDICARE (1-800-633-4227). The beneficiary's name is JOHN DOE, and his Medicare claim number is 000-00-0000-A. He is male. The card is entitled to Hospital (Part A) and Medical (Part B) coverage, both effective as of 01-01-2007. A line is provided for the beneficiary to sign, with the text 'SIGN HERE' and an arrow pointing to the line.

MEDICARE HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)	
NAME OF BENEFICIARY	JOHN DOE
MEDICARE CLAIM NUMBER	000-00-0000-A
SEX	MALE
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	01-01-2007
MEDICAL (PART B)	01-01-2007
SIGN HERE	_____



The Application

- ▶ **Access NY Application Form**
- ▶ **Access NY Supplement A Form**
- ▶ **Medicare Savings Program Application**



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Document Checklist

- ▶ **Proof of identity**
- ▶ **Proof of citizenship**
- ▶ **Proof of residency**
- ▶ **Proof of current income**
- ▶ **Proof of health insurance**
- ▶ **Proof of resources**
- ▶ **Medical bills for the past 3 Months**
- ▶ **Other supplemental documents**



Facilitated Enroller (FE)

- ▶ **The FE will:**
 - ▶ Conduct an intake
 - ▶ Identify when an applicant meets criteria for ABD
 - ▶ If the applicant does not meet ABD criteria they will follow appropriate referral process
 - ▶ If the applicant does meet ABD criteria the FE will assist consumer with the enrollment process
 - ▶ Assist with completing ACCESS NY and Supplement A and/or Medicare Savings Program Application
 - ▶ Submit completed applications to the Local Department of Social Services



Facilitated Enroller's at HCDI

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Questions?

