

MEDICARE BUY-IN PROGRAM

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MEDICAID RECIPIENTS AGING INTO MEDICARE

IMPORTANT NOTICE ABOUT MARYLAND MEDICAID AND WHEN YOU BECOME AGE 65 OR MEDICARE ELIGIBLE

Dear Medicaid Recipient:

This letter will help you understand what you need to know and do when you become age 65 or Medicare eligible.

GETTING MEDICAID SERVICES

1. If you are now getting your health care services from a Managed Care Organization (MCO) under the State of Medicaid Program called HealthChoice, you will be taken out of the MCO **prior to the month that you become age 65**. You **may** continue to **be eligible for Medicaid**, but you will not get your health care services from **a provider (doctor, clinic, etc.) of your choice who is enrolled in the Medicaid Fee-For-Service Program**. Check with your HealthChoice doctor to see if he/she is enrolled in both Medicare and the **Medicaid Fee-For-Service Program** and can keep you as a patient.
2. If you need help in finding a doctor who participates in the **Medicare Program**, you can call the **Medicare Customer Service line at 1-800-MEDICARE (1-800-633-4227)**. They will explain the choices you have in obtaining your benefits when you enroll in Medicare. Then you contact the doctor, you will need to ask if he/she also enrolled in the **Medicaid Fee-For-Service Program**

ENROLLING IN MEDICARE AND A MEDICARE PRESCRIPTION DRUG PLAN

Maryland's Medicaid (Medical Assistance) Program **requires** anyone turning age 65 to apply for **Medicare** in order to **continue** to be eligible for Medicaid benefits. These recipients are encourage to apply for the Medicare Savings Programs. If they are eligible, **Medicare** will become their **primary** health insurance. Maryland Medicaid will pay the Medicare (Part A and Part B) monthly premiums, co-pays and deductibles. The recipient must also enroll in a Medicare (Part D) Prescription Drug Plan, which will begin to cover prescription drug costs. Recipients will no longer be able to use their red and white Medical Care Program (Medicaid) card to get most of their prescriptions. They must use the card provided by their Medicare Prescription Drug Plan to get their prescriptions.

If Medicare has not contacted you about your Medicare eligibility, please contact your local **Social Security Administration** (SSA) district office to apply for **Medicare** or you may call **1-800-772-1213** for help in applying. **Be sure to show the SSA representative this letter/and or your Medicaid red and white card, so your Medicare application will be processed correctly. Refugees and aliens must be permanent residents and must live in the U.S. for 5 years before they can become eligible for Medicare.**

MEDICAID/LOW INCOME SUBSIDY (LIS)

Medicaid/Medicare beneficiaries who are eligible for the Medicare Savings Program are also eligible for the Low Income Subsidy (LIS). Once the beneficiary is approved for QMB/SLMB and the Medicare Buy-in has been established; that information is transmitted to CMS through a daily file. The beneficiary will then be automatically enrolled in LIS. If the beneficiary has not chosen a Medicare Part D plan, Medicare will choose a plan for them. Medicaid/Medicare beneficiaries do have the option of switching plans at any time, if the current plan does not meet their needs.

GETTING HELP WITH THE MEDICARE PRESCRIPTION DRUG PLAN

1. If you are on Medicare and Medicaid, there is no Part D premium for a basic prescription drug plan. Remember, once you turn 65, Medicare will pay for most of your prescriptions. So, it is important to join Medicare and enroll in a Medicare Prescription Drug Plan.
2. If you have questions about Medicare's Prescription Drug Plans, call Medicare at **1-800-633-4227** or visit their website at <http://www.medicare.gov>
3. **Maryland's Department of Aging State Health Insurance Assistance Program (SHIP) Coordinators** are also able to help you with questions you have about the Medicare Prescription Drug Plans and other health care benefits. For help, please call the SHIP Coordinator listed for your area of the State on the back of the enclosed flyer about the Medicare Prescription Drug Program

What is Medicare Savings Programs?

Medicare Savings Programs (MSP) are federally funded programs administered by each individual state. These programs are for people with limited income and resources to help pay some or all of their Medicare premiums, deductibles, copayments, and coinsurance.

Who is eligible for Medicare Savings Programs?

Below are general requirements for the MSP:

- Reside in a state or the District of Columbia.
- Are age 65 or older.
- Receive Social Security Disability benefits.
- People with certain disabilities or permanent kidney failure (even if under age 65).
- Meet standard income and resource requirements.

You'll apply for Medicare Savings Programs through your state. When you apply, your state determines which program(s) you qualify for. Even if you don't think you qualify, you should still apply.

How to qualify for a Medicare Savings Program

In many cases, to qualify for a Medicare Savings Program, you must have income and resources below a certain limit, as described below. These limits go up each year.

- Money in a checking or savings account
- Stocks
- Bonds

How to qualify for a Medicare Savings Program

States don't count:

- Your home
- One car
- Burial plot
- Up to \$1,500 for burial expenses if you have put that money aside
- Furniture

Other household and personal items

Qualified Medicare Beneficiary (QMB) Program

Helps pay for: Part A premiums; Part B premiums, deductibles, coinsurance, and copayments (for services and items Medicare covers).

The QMB group consists of individuals whose income is 100% or less of the FPL.

Monthly income and resource limits for 2022:

Your situation:	Monthly income limit:	Resource limit:
Individual	\$1,153	\$8,400
Married couple	\$1,546	\$12,600

Specified Low-Income Medicare Beneficiary (SLMB) Program

Helps pay for: Part B premiums (You must have both Part A and Part B to qualify.)

The SLMB group consists of individuals whose income is 100% - 120% of the FPL.

Monthly income and resource limits for 2022:

Your situation:	Monthly income limit:	Resource limit:
Individual	\$1,379	\$8,400
Married couple	\$1,851	\$12,600

Qualifying Individual (QI) Program

Helps pay for: Part B premiums (You must have both Part A and Part B to qualify.)

The QI group consists of individuals whose income is 120% - 135% of the FPL.

Monthly income and resource limits for 2022:

Your situation:	Monthly income limit:	Resource limit:
Individual	\$1,549	\$8,400
Married couple	\$2,080	\$12,600

Qualified Disabled Working Individual (QDWI) Program

Helps pay for: Part A premiums only

You may qualify for the QDWI Program if you:

Have a disability

- Are working

- Lost Your Social Security disability benefits and Medicare premium-free Part A because you returned to work

Monthly income and resource limits for 2022:

Your situation:	Monthly income limit:*	Resource limit: What counts in resource limits?
Individual	\$4,615	\$4,000
Married couple	\$6,189	\$6,000

FULL-BENEFIT DUAL ELIGIBLES

Individuals who are disabled or over age 65 and who receive SSI as well as Medicare are entitled to full Medicaid benefits, which are provided as a wrap-around to Medicare once Medicare coverage begins.

Individuals who are disabled or over age 65 and whose income is 40% or less of the FPL (\$350/month individual, \$392/month couple) are entitled to full Medicaid benefits, which are provided as a wrap-around to Medicare once Medicare coverage begins.

If an individual over age 65 is in this medically needy group and not entitled to free Medicare Part "A," Medicaid can pay the Part "A" premium as a buy-in benefit.

BASIC SERVICES COVERED BY MARYLAND MEDICAL ASSISTANCE (MEDICAID)

For Beneficiaries who also have Medicare

Medicare Part A premium (if the individual does not have enough working quarters to qualify for free coverage).

Medicare Part B premium

Medicare Co-payments and deductibles

Medicaid covers the following services if they are not covered by Medicare or other insurance and if the Maryland Medicaid Program's specific requirements are met for the services:

- Ambulance services and emergency medical transportation
- Free standing Medicare ASC (ambulatory surgical center)
- Home and community-based services waiver for developmentally disabled or mentally challenged individuals
- Home and community-based services waiver for older adults (through the area agencies on aging)
- Home health agency services; hospice care
- Hospital inpatient and outpatient services (acute, chronic, psychiatric, rehabilitation, specialty)
- Free standing dialysis facility services
- Laboratory and x-ray services

BASIC SERVICES COVERED BY MARYLAND MEDICAL ASSISTANCE (MEDICAID) cont.

- Medical day care services; Free standing clinics (general and substance abuse)
- Medical equipment and supplies; oxygen services and related respiratory equipment services
- Public mental health system – rehabilitation services
- Nurse anesthetist and nurse practitioner services
- Nursing facility services; personal care services
- Pharmacy services limit to some Medicare excluded drugs
- Physician services, physical therapy
- Podiatry services (only covered if individual is diabetic)
- Statewide Evaluation and Planning Services (STEPS) (through local health departments)
- Targeted case management for HIV-infected individuals
- Transportation services to Medicaid covered services (through local health departments)
- Vision care services (eye examination every two years for adults)

If you have any questions about Medicaid, please call the Maryland Medicaid Hotline at (410) 767-5800 (Baltimore Area) or 1-800-492-5231 (outside Baltimore)

MARYLAND HEALTH CONNECTION & PARENT/CARETAKER RELATIVES

Which individuals age 65 and older can apply for Medicaid coverage using the Maryland Health Connection?

Individuals who are age 65 or older up to 123% FPL who qualify as a parent or caretaker relative are eligible to apply for Medicaid benefits using Maryland Health Connection.

The individual is placed in coverage group F05 (Family and Children), up to 123% FPL.

Can an applicant who is already receiving Medicare and who qualifies as a Parent/Caretaker Relative apply for Medicaid benefits using the Maryland Health Connection?

Yes. The applicant should apply for this Medicaid benefits using Maryland Health Connection.

Remember, if an individual over 65 is already on Medicare and qualifies for Medicaid coverage as a Parent/Caretaker relative, Medicaid will be considered the payer of last resort. Any medical claims will be covered by Medicare first with the Medicaid coverage acting as a wrap-around.

How should applicants age 65 and older who don't qualify as a Parent or Caretaker Relative apply for Medicaid benefits?

These individuals should continue to have their Medicaid eligibility determined at the LDSS.

OLDER ADULTS AND THE AFFORDABLE CARE ACT-QUALIFIED HEALTH PLAN COVERAGE (QHP)

Not everyone over 65 qualifies for Medicare. What options do these individuals have?

U.S. citizens and lawful permanent residents at least age 65, who have been here for five years, may buy-in to Medicare if they don't have the work history to qualify. Individuals who don't qualify for Medicare can also purchase QHP coverage.

- Low-income individuals who buy-in to Medicare may be eligible for QMB or SLMB.
- Individuals who choose to purchase QHP coverage may be eligible for Advance Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSRs) if:
 - Their income is between 100% and 400% FPL **and**
 - They do not have access to other minimum essential coverage, such as an employer-sponsored health plan.

How can qualified aliens who are over 65 but do not meet the five year bar get health care coverage?

Even though they are over 65, recent lawfully present immigrants are eligible to buy QHP coverage through Maryland Health Connection. Just like other applicants who don't meet the five year bar, they may qualify for APTC and CSR to help with the cost of purchasing a QHP if:

- They are lawfully present **and**
- Their income is less than 400% FPL

HOW TO OBTAIN INFORMATION OR AN APPLICATION

Call the Medicare Buy-In Program at **(410)767-5376** or **1-800-638-3403**

Enter <http://www.mmcp.health.maryland.gov> on the internet.

Call MDThink at (410) 685-0525 greater Baltimore or 1-800-492-0618 elsewhere in Maryland

Enter <http://www.marylandhealthconnection.gov> on the internet.

Call the State Health Insurance Program (SHIP) at **1-800-243-3425**.