

Medicare & Medicaid during the Public Health Emergency (PHE)

The Centers for Medicare & Medicaid Services (CMS) is allowing states to continue Medicaid for Medicare beneficiaries to support continued care needs during the PHE. **Medicaid has changed its process.**

Beneficiaries who have MAGI Medicaid prior to enrollment in Medicare during the PHE will **no longer keep their MAGI Medicaid Managed Health Care Plan** once they enroll in Medicare.

All clients who have MAGI Medicaid prior to enrolling in Medicare **are now enrolled in Classic (Fee For Service) Medicaid** and in a corresponding Medicare Savings Plan (MSP). MSP enrollment is based on a client's current income and assets (see the Rainbow Chart at www.insurance.wa.gov/media/5711.) Classic Medicaid **does** coordinate benefits with Medicare. Beneficiaries are deemed LIS/Extra Help and will auto enroll into a Part D plan. Clients should see providers who are contracted with both Medicare and Medicaid, and should present their Medicaid ProviderOne card along with their Medicare ID card at all appointments.

Beneficiaries **will keep Medicaid until the end of the PHE**. At the end of the PHE, client eligibility will be redetermined for Medicaid based on income and asset levels listed in the Rainbow Chart (www.insurance.wa.gov/media/5711).

Beneficiary eligibility for **Medicare Savings Plans can change during the PHE based on change of income/assets.**

You can verify client Medicaid/MSP eligibility by calling the Health Care Authority (HCA) phone system (www.insurance.wa.gov/media/1720).

Medigap enrollment issues

- By law, carriers and agents and brokers cannot sell a Medigap policy to someone on Medicaid.
- If a client wants to use their once-in-a-lifetime, six-month Medigap Open Enrollment Period and enroll in a Medigap plan, they can contact the HCA directly and ask to be dis-enrolled from Medicaid. When the client calls HCA, make sure they mention

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they're Medicare enrolled and want to buy a Medigap plan and can't while still enrolled in Medicaid.

- Before a client requests disenrollment from Medicaid, screen the client to see if they might qualify for Medicaid or Medicare Qualified Beneficiary (QMB) after the PHE ends (refer to the **SHIBA Rainbow chart** at www.insurance.wa.gov/media/5711).

Examples of questions SHIBA *can't* answer

Q: What is the meaning of any letters these clients received from HCA and/or DSHS?

A: The client should call the number on the letter.

Q: Will people have an Equitable Relief period after the PHE to enroll in Medicare Parts A and B if they did not enroll timely during the PHE?

A: We don't know.

Q: Will people have a different or new once-in-a-lifetime, six-month Medigap Open Enrollment Period if they missed their original, once-in-a-lifetime six-month Medigap Open Enrollment Period?

A: We don't know.

Help with “escalated” calls

Escalated calls usually are funneled through the WA state Office of the Insurance Commissioner Hotline at 1-800-562-6900 or via email at shiba@oic.wa.gov. These calls/emails are monitored regularly and distributed by SHIBA staff in Tumwater.

- Clients or counselors can call 1-800-562-6900 and let the Hotline staff know they need to be contacted right away. If they tell the Hotline staff they are out of an Rx and can't get their medications, or can't access needed health care, the Hotline staff will forward these calls to our SHIBA Customer Service phone line. They will probably need to leave a message. However, SHIBA staff do check messages often and triage them for urgency during regular business hours, Monday-Friday, 8 a.m. to 5 p.m.
- Counselors and clients can also contact SHIBA online. We prefer they fill out the secure online form to **contact SHIBA** at www.insurance.wa.gov/contact-washington-state-shiba-program. The website is accessible 24/7 and monitored during regular business hours.
- After hours or on weekends, clients may be able to get help with Rx fills or health care access problems by calling 1-800-MEDICARE (1-800-633-42270), which is open 24/7.

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What information should I submit or enter into the Beneficiary Contact (BC) form in STARS?

The notes field should include all relevant facts about the client's issue. A completed BC with the case number is helpful. Always provide full name, phone number, birthday, zip code, Medicare Beneficiary Identification number and residential address. This allows staff to efficiently assist clients.

Background information and references

- This job aid has been verified with the Health Care Authority as of June 14th, 2021.
- Recent Changes to Medicaid Under the Public Health: Emergency oldprod.ncoa.org/wp-content/uploads/Recent-Changes-to-Medicaid-Under-PHE.pdf
- CMS-9912 Interim Final Rule with Comment Factsheet on Updated Policy for Maintaining Medicaid Enrollment during the Public Health Emergency for COVID-19: www.medicaid.gov/sites/default/files/2020-10/covid-19-tech-factsheet-ifc-433400.pdf
- Key Issues for State Medicaid Programs When the COVID-19 Public Health Emergency Ends: www.kff.org/medicaid/issue-brief/key-issues-for-state-medicaid-programs-when-the-covid-19-public-health-emergency-ends