

Questions to ask your state's marketplace during the transition process:

- When will the individual be evaluated for traditional Medicaid and an MSP?
- Does the individual have to actively request/complete any materials to be evaluated?
- What sort of materials should the individual expect to receive about the evaluation process?
- Is the individual eligible to receive reimbursement for Medicare Part B premiums through their state while transitioning, and, if so, what steps, if any, do they need to take to get the reimbursement?



Transitioning from MAGI Medicaid to Medicare

What is the difference between MAGI and non-MAGI (traditional) Medicaid?

Medicaid is low-cost health insurance for individuals who meet certain financial eligibility requirements.

MAGI (Modified Adjusted Gross Income) Medicaid

*For individuals with income below 138 percent of the Federal Poverty Level (FPL), including:

- childless adults ages 19-64
- individuals who are pregnant (the income limit is higher for these individuals)
- children up to age 19 (or 21 depending on the state)
- parent and relative caretakers

*Overseen by the Marketplaces

*Eligibility guidelines are less strict than traditional Medicaid:

- Resources and assets are not counted

NOTE: Specific budgeting for traditional Medicaid may depend on state rules. A person can contact their local Medicaid office for more details.

Non-MAGI (traditional) Medicaid

*For individuals with income below around 87 percent of the FPL, including:

- those who are 65 years or older
- those with disabilities and/or blindness
- individuals in need of long-term care (LTC)
- individuals who fall into a "medically needy" category
- former foster care youth

*Generally those who are Medicare-eligible fall into the traditional Medicaid category

*Typically administered by the local Medicaid office

*Eligibility guidelines are stricter than MAGI Medicaid:

- Resources and assets are counted
- People receiving MAGI Medicaid may be found ineligible for traditional Medicaid

Can someone have Medicaid and Medicare?

Yes. Medicare acts as primary insurance to Medicaid (MAGI and non-MAGI), meaning Medicare pays first for covered services, and Medicaid pays for remaining costs of covered services.

Medicare has more consumer costs associated with it than Medicaid and may not provide coverage for as many services. Those transitioning from MAGI Medicaid to Medicare (with or without traditional Medicaid) should understand coverage and cost differences between the two programs.

On the back of this flier we explain the transition process from MAGI Medicaid to Medicare. For more information on Medicaid and how it works with Medicare, visit www.medicareinteractive.org.



Transitioning from MAGI Medicaid to Medicare

Step 1: Receive notice of Magi Medicaid ending

- Notice will come in the mail and include a telephone number to call for more information.
- Once Medicare entitlement begins, client is not allowed to remain on MAGI Medicaid program:
 - People who are turning age 65; or
 - People under age 65 who are becoming eligible for Medicare due to disability. (On SSDI, in most cases, after 24 months)

Step 2: Enroll in Medicare, if needed

- If not automatically enrolled, must enroll in Medicare Parts A & B by contacting Social Security. (If client is entitled to Medicare, they are required to enroll; they can't "drop" Medicare to keep the MAGI Medicaid.)
- If automatically enrolled in Medicare, client should receive a "Welcome to Medicare" packet in the mail that includes their Medicare card, usually about 2 months before their Medicare starts. Client can contact Social Security if they are unsure about needing to enroll.
- Once Medicare starts, it will be primary insurance including for prescription drugs.

Step 3: Apply for Classic Medicaid, Medicare Savings Program (MSP), or Extra Help

- In Washington state, there is no automatic transition from MAGI Medicaid to "Classic" Medicaid or Medicare Savings program, client must submit new application.
- Apply for Classic Medicaid or MSP with help of local resources, such as ADRC; online at www.washingtonconnection.org; or at local CSO (Community Services Office).
- Individuals may automatically receive full Extra Help, which will automatically enroll them in a Medicare Part D drug plan. This is called being "deemed" eligible, and happens to people who were on a Medicaid program when they became eligible for Medicare.
- If automatically enrolled in Extra Help, will receive a "Deemed Status Notice" (Product #11166) letter on purple paper from SSA.
- Apply for Extra Help (if not automatically enrolled) with help of local resources, such as ADRC; or online at <https://secure.ssa.gov/i1020/start>; or by calling Social Security at 1-800-772-1213.
- Income amounts are different from MAGI Medicaid, and assets/resources will be now be counted. In some cases, people who apply for these programs won't be eligible.

Step 4: Receive decision

- May receive letter(s) requesting more information.
- Will receive letter(s) notifying clients of outcome of application(s).

Step 5: Make Medicare decisions; and learn how Medicare will work

- Once Medicare starts, it will generally be the primary payer for all health care.
- Part D will be the primary payer for any prescriptions.
- In Washington state, clients will be disenrolled from their Medicaid Managed Care (MAGI) plan, since these plans are not compatible with Medicare.
- People who are deemed eligible for Extra Help will continue to receive this for at least the rest of the calendar year, regardless of whether they continue to meet Extra Help income and asset limits. If they are deemed eligible for Extra Help for any month during the period of July through December of a year, they will retain their Extra Help through the end of the following calendar year. When this period ends, they will receive a "Loss of Deemed Status" (Product #11198) letter on grey paper from SSA. They will be encouraged to submit an application to see if they will still be eligible for assistance.
- In most cases, clients will have at least some co-pays for drugs and possibly other out-of-pocket health care costs, such as co-pays and co-insurance.
- People with Extra Help can enroll in or change Part D or Medicare Advantage plans at any time. SHIBA can help clients to compare plans to make sure they are in the best plan for their needs.
- SHIBA can also counsel clients on any other supplemental Medicare coverage options available, such as Medigaps/Medicare Supplement insurance.

