

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

May Update

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Short items:

New phone extensions for people with Medicaid/Apple Health

- Toll-free line 1-800-562-3022
 - Medicaid Providers – ext. 15618
 - Enroll/change Managed Care Plans – ext. 15621
 - Service Card Replacement Request – ext. 15616
 - All other inquiries – ext. 16131

Background

People with disabilities:

- Are the fastest growing Medicare population group
 - About 17 percent of Medicare clients
 - Approximately 9 million have Part A and/or Part B
- Are often uninsured before qualifying for Medicare
- May qualify for both Medicare and Medicaid

How Social Security defines disability

To qualify for Medicare based on a disability, the person must meet the Social Security (SSA) definition of disability.

- SSA defines disability as a Medical (physical or mental) condition or a combination of impairments that:
 - Prevents someone from substantial work for at least 12 months, **or**
 - Is expected that the disability will result in death
 - Takes into account age, education and work experience

NOTE: SSA or the Railroad Retirement Board (RRB) make all disability determinations based on SSA and RRB rules and regulations.

Social Security programs for people with disabilities

- There are federal programs that provide cash benefits to certain people with disabilities.
- These programs, administered by Social Security (SSA), include:
 - Social Security Disability Income (SSDI)
 - Supplemental Security Income (SSI)
- SSA pays benefits to people who can't work because they have a medical condition that is expected to last at least one year or result in death.
- Federal law requires this very strict definition of disability.
- Unlike some other disability insurance programs, SSA doesn't provide money to people with partial disability or short-term disability.
- Certain family members of disabled workers can also get money from SSA.

What's Social Security Disability Income (SSDI)?

- SSDI pays cash benefits to someone and certain members of his/her family if they're insured.
 - The person must have worked long enough and paid Social Security taxes.
 - The cash benefit they're eligible for is based on their average lifetime earnings.
- People with SSDI generally get Medicare after 24 months of receiving the benefit.
 - People with ALS (Lou Gehrig's disease) and ESRD (End State Renal Disease) do not have to wait 24 months.
- Generally, their disability benefits will continue as long as his/her medical condition has not improved and they can't work.
- Benefits don't necessarily continue indefinitely.
- Due to advances in medical science and rehab techniques, many people with disabilities recover from serious accidents and illnesses.
- SSA will review the person's case periodically to make sure they're still disabled.

Qualifying for SSDI

To get SSDI disability benefits, someone must meet two different earning tests:

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

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

These tests are based on how many credits someone has earned (also called “working credits or quarters of coverage”).

What’s Supplemental Security Income (SSI)?

- It’s a federal needs-based program
- SSI makes cash payments to people with low income who are aged (65 or older), blind, or disabled.
 - Disabled or blind children can also get SSI.
- No working credits are needed to qualify.
- If eligible, the person living in Washington state also automatically receives full (Categorically Needy) Medicaid.
- People with SSI generally do not get Medicare until they are 65.
- SSA manages the SSI program, which is paid for by the U.S. Treasury general funds, not by SSA taxes.
- The basic SSI amount is the same nationwide, however, some states add money to the basic benefit.
- The monthly maximum SSI benefit in Washington state in 2016 is:
 - \$733 for an eligible individual
 - \$1,100 for an eligible individual with an eligible spouse
- The monthly amount could be reduced by subtracting monthly countable income.

Someone may qualify for **both** SSDI and SSI if they meet the eligibility requirement for **BOTH** programs.

Qualifying for SSI

- Generally, to be eligible for SSI, someone must:
 - Be age 65 or older, or blind, or disabled
 - Have limited income and resources
 - Be a citizen or national of the U.S., or qualified alien, and
 - Live in one of the 50 states, the District of Columbia, or the Northern Mariana Islands

How to apply for disability benefits

Apply online at: www.socialsecurity.gov

This is the recommended way to apply - it gives clients a chance to give full and complete information to SSA and gives applicants the best chance of a favorable decision:

- **For SSDI:** Complete the medical and non-medical portions of the application online.
- **For SSI:** Complete only the medical portion online. The non-medical portion must be completed in person or by phone.

Apply with Social Security by phone at: 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a claim.

Apply with Social Security in person: But must first call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a claim at the local Social Security office.

Disability claim interview

- The interview itself lasts one hour.
- After scheduling an appointment, SSA will send the person a "Disability Starter Kit" to help them get ready for the interview. Or they can get the kit online at: www.socialsecurity.gov/disability.

Application processing

- It can take three to five months to process the disability benefits application.
- They'll need to fill out several forms to apply for disability benefits, including:
 - An application for SSA benefits and the Adult Disability Report (they can complete the Adult Disability Report online or print it and return a completed copy to his/her local SSA office)
 - Forms that collect information about his/her medical condition, how it affects their ability to work
 - Forms that give doctors, hospitals, and other health care professionals who have treated them permission to send SSA information about his/her medical condition

Compassionate Allowances (CAL)

- CAL is a way to expedite the processing of SSDI and SSI disability claims for applicants with severe medical conditions.
 - It's not a separate program from SSDI/SSI.
- If someone's medical condition is on the CAL list, SSA will expedite their SSDI/SSI application.
 - These applicants may get a decision within weeks instead of months.
- Examples of medical conditions on the CAL list include: inflammatory breast cancer, pancreatic cancer, Huntington disease.
- For more information about CAL, go to:
www.ssa.gov/compassionateallowances

Plan choices for people with disabilities

Many of the same Medicare plans are available to people with disabilities and people age 65 and older, but there are exceptions:

- Original Medicare (Parts A & B) - Everyone with Medicare
- Medicare prescription drug plans (Part D) – Everyone with Medicare
- Medicare Advantage (MA) plans (Part C) - (Not available to people with ESRD, also not available in every county in Washington state)
- Medicare Supplement (Medigap) plans - (Not available to many people under age 65)
 - Federal law doesn't require insurers to sell Medigap plans to people under age 65 and Washington state laws do not guarantee Medigaps to this group.

People under age 65 in Washington state might not be able to buy the Medigap plan they want or any Medigap plan, until they turn age 65.

Medigaps for people under 65 on Medicare due to disability

Federal law and Washington state law do not provide any guarantees for Medigaps for clients under age 65.

Plans that sell to people under age 65 could require the client to pass a health screening.

As of April 2016, there are two plans that publish rates for plans for people under age 65.

1. **United American Medigap** Plan B: \$392 monthly premium. We recently found that clients who want to buy this plan need to contact an agent and not the customer service number. Here is a link to the list of agents that are approved to sell for United American:
<https://www.insurance.wa.gov/consumertoolkit/Company/CompanyAgentAppointments.aspx?WAOIC=1350>

2. **Washington State Health Care Authority (HCA) Blue Cross Premiera**

Plan F: \$353 monthly premium. Currently, this plan will sell to people without a health screening, but **ONLY** in the first six months of the start of their Medicare coverage. They will not sell to someone under age 65 who has been on Medicare for **more than** six months. We found that the customer service staff often tell callers that they don't offer a plan to people under age 65. Interested clients may have to ask to speak to a supervisor if this is the information they receive when calling the plan.

Scenarios

1. Martha is 55 years old and has worked her entire life taking care of her father's ranch. She recently had an accident and fell off of the tractor. Martha was in critical care for 2 months and is now paralyzed from the waist down. Martha does not have enough in her savings to wait the 24 month period to be on Medicare.

What advice can we give Martha?

2. Billy was just diagnosed with End Stage Renal Disease (ESRD).

What can we tell Billy?

3. Samantha calls SHIBA. She is single and 59 years old. She has SSDI and she just got a letter that tells her that Medicare will start in two months. She has Apple Health/MAGI/"Obamacare" Medicaid, but she has been told that she will lose it when Medicare starts. Her income (SSDI) is \$1,100 per month, and she thinks she has about \$5,000 in savings.

What can you tell her?

4. Remember Samantha? She calls back and tells you that she forgot to tell you that, in addition to her \$5,000 in savings, she has an IRA worth about \$10,000.

What are Samantha's options now that we know this information?

5. Fred calls you for help. He tells you that he is disabled and is turning 65 in two months. His case manager told him to call SHIBA because his coverage is going to change when he goes on Medicare and he is confused. Right now, Fred doesn't have to pay anything for his doctor appointments or his prescription drugs. You learn that his income is \$733 per month.

What can you tell Fred?

Disability basics

A disability as defined by the Social Security Administration (SSA) *“the inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or can last for a continuous period of no less than 12 months.”*

Understanding the Differences	
SSI Supplemental Security Income	SSDI Social Security Disability Insurance
Must meet SSA criteria for disability, or be blind or age 65 or older.	Must meet SSA criteria for disability.
A “needs-based” program for those with limited income and assets. Pays a fixed benefit. Current maximum in WA state for an individual is \$733.	Disability program with the amount of payment based on the eligible individual’s payroll taxes paid over the person’s working career.
Pays only to the person with the disability and not to family members. Recipients may be any age – including children.	Recipients may be eligible based on a family member’s work history. Primary recipients are under age 65, benefits can be paid to family members of any age.
Recipients will undergo annual financial review to ensure their continued eligibility.	SSA will review the case periodically to make sure the applicant is still disabled.
Must be a U.S. citizen and resident of the U.S. or a legal immigrant living in the U.S. for five continuous years.	Must be a US citizen and resident of the U.S. or a legal immigrant living in the U.S. for five continuous years.
Cash benefits may begin the first month an application has been made. Generally, recipients on SSI will not start Medicare until they become age 65. (There is no automatic enrollment into Medicare after 24-months.)	Cash benefits will begin 3-5 months after the person is deemed disabled. Most people receiving SSDI are automatically eligible for Medicare after receiving benefits for 24 months. Those diagnosed with End-Stage Renal Disease or Lou Gehrig’s Disease are eligible for Medicare without the 24-month waiting period.
Recipients receiving SSI are <u>automatically</u> enrolled in Medicaid. Those age 65 or older are eligible for both Medicare and Medicaid (“Full Dual Eligibles”).	Recipients may be eligible for Medicaid based on income and assets but there is <u>no</u> automatic enrollment into Medicaid.

Counseling Suggestions

SSI Supplemental Security Income	SSDI Social Security Disability Insurance
<u>NOT ON MEDICARE:</u> <ul style="list-style-type: none"> Client should be on full (CN) Medicaid. Most clients will be automatically enrolled in a Medicaid Managed Care Plan. Client needs to confirm that their providers will accept Medicaid and if in Managed Care, providers will accept their plan. 	<u>NOT ON MEDICARE:</u> <p><u>While waiting for Medicare to start:</u></p> <ul style="list-style-type: none"> Does client have access to employer coverage or COBRA? Explore coverage through www.wahealthplanfinder.org. Client could be eligible for MAGI Medicaid or Qualified Health plan.
<u>ON MEDICARE: (Parts A & B)</u> <ul style="list-style-type: none"> Client should be on full (CN) Medicaid. Client should have Part B premium (and Part A premium, if not free) paid by DSHS through the Medicare Savings Program (MSP) (QMB). Client needs to confirm that their providers will accept Medicare/Medicaid. 	<u>ON MEDICARE: (Parts A & B)</u> <ul style="list-style-type: none"> Counsel as for any other Medicare enrollee. Remember to screen for Medicare Savings Programs and assist clients in filling out and submitting applications or refer clients to www.washingtonconnections.org. May not have access to Medicare Supplement (Medigap) insurance since they are under age 65. Will be eligible for guaranteed issue of a Medigap plan when they turn age 65 (first 6 months of being 65 and enrolled in Part B).
<u>CLIENT ON MEDICARE: (Part D)</u> <ul style="list-style-type: none"> Client should be “deemed” (automatically) eligible for Extra Help/LIS. Client can change Part D or (MA) plans at any time. Run the Medicare Plan Finder to help them choose the best plan. 	<u>CLIENT ON MEDICARE: (Part D)</u> <ul style="list-style-type: none"> Screen for Extra Help/LIS and refer client to apply on the Social Security website. Run the Medicare Plan Finder to help them choose best plan.
To receive SSI: Clients may apply by going to www.socialsecurity.gov (preferred method) or at their local SSA office or by calling 1-800-772-1213.	To receive SSDI: Clients may apply by going to www.socialsecurity.gov (preferred method) or at their local SSA office or by calling 1-800-772-1213.
Additional Notes <ul style="list-style-type: none"> A client waiting for SSDI can request to be screened for SSI in the interim. Clients on SSI are likely eligible to receive Basic Food Assistance (food stamps). There is a simplified application process through DSHS. Some clients will have BOTH SSI and SSDI. (If the amount of their SSDI is low, SSI will bring the client up to the minimum of \$733). 	

Disability resources

Situation	Federal and State Resources	Local Resources
AIDS/HIV	<ul style="list-style-type: none"> • Early Intervention Program (EID): 1-877-376-9316 www.doh.wa.gov/cfh/hiv/care/benefits • Evergreen Health Insurance Program (EHIP): 1-800-945-4256 www.ehip.org 	
Breast or Cervical Cancer	<ul style="list-style-type: none"> • Department of Health: 1-888-438-2247 www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth 	<ul style="list-style-type: none"> • City/County Health Departments
Denied Social Security Disability Income (SSDI)	<ul style="list-style-type: none"> • Social Security Administration (SSA): 800-772-1213 www.ssa.gov • Northwest Justice Project's CLEAR program www.nwjustice.org/what-clear <ul style="list-style-type: none"> ○ People with low incomes: 1-888-201-1014 ○ People 60 and older: 1-888-387-7111 	<ul style="list-style-type: none"> • Local SSA office
Disability Discrimination	<ul style="list-style-type: none"> • Human Rights Commission: 1-800-233-3247 www.hum.wa.gov • Northwest Justice Project's CLEAR program www.nwjustice.org/what-clear <ul style="list-style-type: none"> ○ People with low income: 1-888-201-1014 ○ People age 60 and older: 1-888-387-7111 	<ul style="list-style-type: none"> • City/County Human Rights Commission

Situation	Federal and State Resources	Local Resources
<p align="center">ESRD End-Stage Renal Disease</p>	<ul style="list-style-type: none"> • Medicare: 1-800-633-4273 www.medicare.gov • <i>Medicare and You</i> • Medicare Coverage of Kidney Dialysis and Kidney Transplant Services www.medicare.gov/Pubs/pdf/10128.pdf 	<ul style="list-style-type: none"> • Local kidney dialysis or transplant center social/financial worker
<p align="center">Disability Lifeline</p> <p>Now divided into three programs:</p> <ul style="list-style-type: none"> • Aged, Blind, or Disabled cash assistance • Pregnant Women Assistance • Housing and Essential Needs 	<ul style="list-style-type: none"> • DSHS: 1-800-562-3022 www.dshs.wa.gov • Social Security Administration: 1-800-772-1213 www.ssa.gov 	<ul style="list-style-type: none"> • Local Community Services offices • Local SSA office
<p align="center">Lou Gehrig's Disease (ALS)</p>	<ul style="list-style-type: none"> • Medicare: 1-800-633-4273 www.medicare.gov • <i>Medicare and You</i> and ESRD-specific publications 	<ul style="list-style-type: none"> • Dept. of Social and Health Services (DSHS) caseworker for help applying for SSDI
<p align="center">Mental Illness/Disability</p>	<ul style="list-style-type: none"> • National Alliance on Mental Illness (NAMI): 1-800-9506264 www.nami.org 	<ul style="list-style-type: none"> • State or local NAMI offices
<p align="center">Other Diagnoses</p>	<ul style="list-style-type: none"> • Search online at www.disability.gov • See <i>Paying for Prescription Drugs</i> booklet (pages 5-7) • Call 2-1-1 	<ul style="list-style-type: none"> • Contact local hospitals and other providers • Check local phone book for "Community Services"

Medicare help rainbow chart

Updated: February 2016

Screen clients for programs based on household size, monthly income, and assets.

Program Income Limit <i>Program Asset Limit</i>	Household Size	
	1	2
SSI-Related Medicaid Income Limit	733	1,100
<i>Medicaid Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MN – Medically Needy / Spenddown Income basis	733	733
<i>MN Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MSP- QMB Income Limit 100% FPL	990	1,335
<i>MSP- QMB Asset Limit</i>	<i>7,280</i>	<i>10,930</i>
MSP- SLMB Income Limit 120% FPL	1,188	1,602
MSP- QI-1 Income Limit 135% FPL	1,337	1,802
<i>MSP- SLMB and QI-1 Level Asset Limit</i>	<i>7,280</i>	<i>10,930</i>
Full Extra Help Income Limit 135% FPL	1,337	1,802
<i>Full Extra Help Asset Limit</i>	<i>8,780</i>	<i>13,930</i>
Partial Extra Help Income Limit 150% FPL	1,485	2,003
<i>Partial Extra Help Asset Limit</i>	<i>13,640</i>	<i>27,250</i>

Notes: these are programs for people eligible for Medicare

- In all cases, if unsure about eligibility, encourage clients to apply!
- Income based upon 2016 Federal Poverty Levels posted at:
<https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>
- Asset levels are unchanged from 2015.
- Numbers may vary slightly due to differences in rounding.
- All income is gross- before any taxes or other deductions.
- All programs disregard (don't count) the first \$20 of income.
- People with "earned" income (from employment, including self-employment) can have a higher income than on this chart. Half of a person's earned income will not be counted.
- For income limits for larger families, contact DSHS or SSA.
- If only one member of a couple is on Medicare, the income calculations for Medicare Savings Programs are different. Contact DSHS for information.
- For asset limits, clients can have up to \$1,500 per person additional if it is set aside for burial expenses.
- People with Extra Help who live in nursing homes or get COPES may have \$0 drug co-pays.

If a client is already on a program, find it below and follow the “Action to Take” Instructions.

<u>Program Name</u>	<u>Program Description</u>	<u>Action to Take:</u>
SSI – Related Medicaid (DSHS)	<p>“Full-benefit Dual Eligible” Pays for Medicare Part A and B premiums, coinsurance, and deductibles. Most will pay Rx co-pays. Client does not have to pay for their medical care as long as it’s covered under Original Medicare/MA Plan and/or Medicaid. Client automatically receives Full Extra Help for Part D.</p>	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Medicare Part A and B premiums and make it so they should not be billed for any remainder after Medicare pays for Part A & B-covered services. • Medicaid will cover some care that Medicare does not cover, such as dental care. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • Explain that they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$1.20 for generics and \$3.60 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
MN – Medically Needy / Spenddown	<p>A way to get temporary Medicaid coverage for a person who has income above the SSI-related Medicaid amounts. Must incur medical expenses equal to his/her “spenddown” amount- which is calculated by DSHS.</p>	<ul style="list-style-type: none"> • Explain that ONCE they meet their spenddown, and only for the base period (usually 3 or 6 months), they should not be billed for any remainder after Medicare pays for Part A & B covered services. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • ONCE they meet their spenddown, will get Extra Help for Part D for at least the rest of the calendar year. Explain they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they will need to reapply if they still need coverage after their base period ends.

<u>Program Name</u>	<u>Program Description</u>	<u>Action to Take:</u>
Medicare Savings Program-QMB (DSHS)	Pays Medicare Part A and B premiums, coinsurance, and deductibles. Client does not have to pay for their medical care as long as it's covered under Original Medicare or their MA plan. Client automatically receives Full Extra Help for Part D. Most will pay Rx co-pays.	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Medicare Part A and B premiums and make it so they should not be billed for any remainder after Medicare pays for Part A & B-covered services. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • Explain they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
Medicare Savings Program-SLMB or QI-1 Level (DSHS)	Pays Medicare Part B premium ONLY. Client automatically receives Full Extra Help for Part D.	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Part B premiums. • They pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
Full Extra Help (Social Security)	Client will pay a \$0 to lower Part D Premium, have no deductible or donut hole, will pay small drug co-pays and can change their drug coverage up to once a month.	<ul style="list-style-type: none"> • Must apply to SSA for this benefit unless they get it automatically by being on Medicaid/MSP. • Explain that they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • May have Eligibility Reviews- watch for letters from Social Security.
Partial Extra Help (Social Security)	Client will pay a \$0 to lower Part D Premium, a \$0 to low deductible, have no donut hole, will pay up to 15% of the normal copayment, and can change their drug coverage up to once a month.	<ul style="list-style-type: none"> • Must apply to SSA for this benefit. • Explain that they pay a \$0 to lower Part D Premium, a \$0 to \$74 deductible, have no donut hole, will pay up to 15% of the full cost for medications, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • May have Eligibility Reviews- watch for letters from Social Security.

2016 Extra Help/LIS screening tool

People on these programs are “deemed” eligible for LIS – they don’t need to apply!									
Beneficiary Group	Monthly Income ¹		Asset Limits ²		Monthly Premium ³	Annual Deductible ⁴	Until Rx costs reach \$7,063		Catastrophic (costs > \$7,063)
Income and assets vary by program rules									
Full Medicaid (“Full Benefit Dual Eligible”)	Varies		Varies		\$0 Level 2	\$0	Generic	\$1.20	\$0
							Brand	\$3.60	
Medicaid and COPES/DDD/PACE waivers	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
Medicaid and Skilled Nursing Facility	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
0 – 100% FPL									
QMB (“Dual Eligible”)	S	\$990	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,335	M	\$10,930			Brand	\$7.40	
101 – 120% FPL									
SLMB (“Dual Eligible”)	S	\$1,188	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,602	M	\$10,930			Brand	\$7.40	
121 – 135% FPL									
QI-1	S	\$1,337	S	\$7,280	\$0	\$0	Generic	\$2.95	\$0

¹ DSHS and SSA will not count the first \$20 of a household’s monthly income.

² DSHS and SSA do not count up to \$1,500 per person above asset limits, if it will be used for burial costs.

³ This cost is if a person enrolls in a benchmark plan. People with LIS can choose any plan, either a Stand-Alone plan, or a Medicare Advantage plan, and will get a discount on the premium if the plan is not a benchmark plan.

⁴ If the plan has a deductible, this is the maximum amount that will be charged.

("Dual Eligible")					Level 1					
	M	\$1,802	M	\$10,930			Brand	\$7.40		
People must apply for LIS if they think they qualify!										
Beneficiary Group	Monthly Income ¹		Asset Limits ²		Monthly Premium ³	Annual Deductible ⁴	Until Rx costs reach \$7,063		Catastrophic (costs > \$7,063)	
Under 135% FPL										
Full LIS	S	\$1,337	S	\$8,780	\$0 Level 1	\$0	Generic	\$2.95	\$0	
	M	\$1,802	M	\$13,930			Brand	\$7.40		
Under 135% FPL										
Partial LIS – 100%	S	\$1,337	S	\$8,781 to \$13,640	\$0 Level 1	Up to \$74	Up to 15%		Generic	\$2.95
	M	\$1,802	M	\$13,931 to \$27,250					Brand	\$7.40
Under 150% FPL										
Partial LIS – Sliding Scale (25%; 50%; 75%)	S	\$1,338 to \$1,485	S	\$13,640	Sliding Scale ⁵	Up to \$74	Up to 15%		Generic	\$2.95
	M	\$1,803 to \$2,003	M	\$27,250					Brand	\$7.40

S = Single M = Married

Anyone who gets any level of LIS can change their Part D Stand-Alone plan or Medicare Advantage plan at any time. They will not have a coverage gap (donut hole). Some income and assets may not be counted, especially if a person is working, so encourage anyone who is close to apply. Based upon their drugs, some people with LIS might have lower yearly out-of-pocket costs in a non-benchmark plan. A personalized Plan Finder search will estimate detailed out-of-pocket costs.

⁵ Scale is based on a client's income and determines what premium the clients must pay out-of-pocket: 135 – 140% FPL = 25%; 141 – 145% FPL = 50%; and 146 – 150% FPL = 75%

QRC: 2016 Extra Help/LIS screening tool (February 17, 2016)

FOR SHIBA VOLUNTEERS ONLY – NOT FOR DISTRIBUTION TO CLIENTS

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.

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.



Training course evaluation

Statewide Health Insurance Benefits Advisors (SHIBA)

	Strongly Agree	Agree	Disagree	Strongly Disagree
This training was informative and useful.				
The course content held my interest.				
Participation and interaction were encouraged.				
The time allotted for the training was sufficient.				
This training experience will be useful in my work.				
The content was organized and easy to follow.				
Trainer was knowledgeable about the subject matter.				
The trainer was well prepared.				
The training objectives were met.				
The material followed a logical flow.				

