

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

How Medicare coordinates with retiree coverage & other health care systems

May 2017 Training

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Federal publication:

<i>Your Guide to Who Pays First</i> booklet	
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Learning objectives

Volunteers will know or be able to:

- Make effective referrals to benefit administrators when counseling clients.
- Name a resource document you can refer to that addresses retiree health plans and Medicare.
- State how Medicare works with retiree coverage.
- Explain the difference between retiree insurance and a health care delivery system.

Purpose

The purpose of this training is to help you assist clients when they have questions about how Medicare works with other coverage. The *Your Guide to Who Pays First*, provides exact information on how Medicare works with Veteran's benefits, TRICARE, retiree coverage, Medicaid and no-fault or liability insurance.

The Quick Reference Card (QRC) included in the training packet named *People with Medicare and retiree or other health care coverage*, is based on information frequently used to better assist Washingtonians. This QRC will guide you to stay within the SHIBA scope and provide appropriate referrals to consumers.

The materials included in this training are not designed for you to become an expert on other health benefits. Instead, they are meant to provide you with information to guide and provide initial referral information to a client so they can follow-up with someone from their retiree or other health care organization to make a sound decision.

Background

As a SHIBA volunteer, you have the opportunity to meet clients who try to make critical decisions about their health care coverage with a wide variety of circumstances. Some people with Medicare-related questions already have access to a retiree plan, either from their own work or through a spouse; or they may have additional access to health care delivery systems, such as the Veterans Benefits Administration or Indian Health Services. Consumers of all different backgrounds come to SHIBA for assistance. They genuinely appreciate SHIBA volunteers, who have the skills to help with answers, resources, phone numbers and websites that provide supporting documentation that allows them to make a well-informed decision.

Through this monthly training, the topic of Medicare and how it coordinates with retiree health coverage and other health care delivery systems, is known as "Coordination of Benefits." The booklet *Your Guide to Who Pays First*, is what we will use throughout this training – focusing on pages 6-8 and 11-15.

Your Guide to Who Pays First was last updated in August 2015. Here's the online PDF version of the publication: <https://www.medicare.gov/Pubs/pdf/02179.pdf>



Scenarios

1. Michelle worked for the Post Office for 38 years and is retired. Her husband is a teacher and he still works. Michelle is covered under his spousal insurance benefit.

Does Michelle need to sign up for Medicare?

2. Mike tells you he retired from the military and has TRICARE.

What does Mike have to do with Medicare according to TRICARE?

3. Jill worked as a school teacher for 25 years and then as a postal worker for an additional 12 years. She shares with you that she is confused about whether she will have a teaching retirement or the U.S. Postal Service retirement.

What do you tell her? Who should she contact to find out more information?

4. Your Volunteer Coordinator refers a couple to you. The gentleman is already on a Medicare Advantage plan that he is happy with. His wife is American Indian/Alaska Native, 65 years old and has never worked. She wants to know what her options are.

How would you guide her?

QRC: People with Medicare and retiree or other health care coverage

If client has this benefit:	Make sure they know:
<p>Boeing retiree benefit</p> <p>Contact: 1-877-768-3011</p>	<ul style="list-style-type: none"> • Offers employee advocacy for Boeing retirees who need help with Social Security or Medicare-related information and questions. <p>Boeing Retirement Resource Guide: See also: Section on Retiree health insurance (page 4) www.boeing.com/assets/pdf/companyoffices/empinfo/benefits/pension/Resources.pdf</p>
<p>COBRA</p> <p>Contact: COBRA plan administrator or benefits department, or US Department of Labor EBSA: 1-866-444-3272</p>	<ul style="list-style-type: none"> • COBRA is not active employer group health coverage. • People on COBRA get no Special Enrollment Period (SEP) to join Medicare when COBRA ends! They may join Medicare during the Initial Enrollment Period (IEP) or General Enrollment Period (GEP). • If they join Medicare, their COBRA will likely end. If COBRA covers family members, they may want to ask the plan administrator or benefits department what happens to family coverage if clients join Medicare. <p>Employee’s Guide to COBRA: www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/cobra/COBRAemployee.pdf</p>
<p>Current job with health insurance (client or client’s spouse)</p> <p>Contact: Job-based plan administrator or benefits department</p>	<ul style="list-style-type: none"> • They may join Medicare during the IEP or defer it with no penalty (refer to Social Security Administration or SSA). <ul style="list-style-type: none"> ○ Many people will join Part A if it’s free for them. ○ After the job/insurance ends, they have an 8-month SEP to join Part B. ○ If their plan’s drug coverage is creditable to (as good as) Part D, they may defer Part D with no penalty. ○ Some smaller employers require workers to join Medicare when eligible. • The plan administrator/benefits department can let clients know: <ul style="list-style-type: none"> ○ Whether their drug coverage is creditable to (as good as) Part D. ○ If they must join Medicare and any cost changes in the job insurance. ○ Impacts to family coverage; which plan pays first and which pays second.

<p>Classic Medicaid</p> <p>Contact: 1-800-562-3022 1-877-501-2233 or local Community Services Office</p>	<ul style="list-style-type: none"> • Medicare Savings Program (MSP): Clients on Classic Medicaid (fully dual eligible) may also qualify for MSP, such as QMB, SLMB, QI-1. • Low Income Subsidy (LIS): SSA will likely “deem” client to get LIS automatically. They may change Part D plans monthly. • Medicare Advantage (MA): Depending on the clients’ situation, they may not need extra coverage, and may still have out-of-pocket costs. The Dept. of Social and Health Services can provide details and determine eligibility. If clients have issues finding providers who see patients with Medicare and Medicaid, they might want to join an MA plan, especially one with a network. If they join an MA, they may change MA plans monthly that include Part D. • They may also have other insurance, such as a retiree or employer plan or an MA. <p>You may verify a clients’ Medicaid coverage by telephone: www.insurance.wa.gov/volunteers-only/training/toolbox/volunteer-resource-materials/documents/calling-hca-medicaid-phone-system.pdf</p>
<p>Federal Employee Health Benefit Plan (FEHBP)</p> <p>Contact: 1-888-767-6738 or 202-606-0500</p>	<ul style="list-style-type: none"> • Not all federal retirees are required to enroll in Medicare Parts A and B. The decision is in the hands of the federal retiree (aka federal annuitant). <p>Federal Benefits Fast Facts: www.opm.gov/healthcare-insurance/fastfacts/fehbmedicare.pdf</p>

<p>Health Care Authority, state retirees, PEBB</p> <p>Contact: 1-800-200-1004</p>	<p>The Washington State PEBB (Public Employees Benefits Board) buys and coordinates health insurance benefits for eligible public employees and retirees. Different plans are available based upon where the enrollee lives.</p> <p>People may be eligible to enroll in PEBB plans if they are a retiring employee of a:</p> <ul style="list-style-type: none"> • PEBB-participating employer group • State agency • State higher education institution • Washington state school district or educational service district <p>People may also be eligible to enroll in PEBB retiree insurance if they are an elected or full-time appointed state official of the legislative or executive branch of state government and has left public office.</p> <p>PEBB medical plans available by county: www.hca.wa.gov/public-employee-benefits/retirees/medical-plans-available-county</p> <p>Retiree Enrollment Guide (rates are on pp. 7-9): www.hca.wa.gov/assets/pebb/51-205-2017.pdf</p>
<p>Indian Health Services (IHS) or local tribal</p> <p>Contact:</p> <p>Portland Area IHS (503) 414-5555 or (301) 443-3593 www.ihs.gov or The local tribe</p>	<ul style="list-style-type: none"> • This is not insurance or employer group health coverage. IHS or tribal health care is considered a health care delivery system. Care may be limited to only services the tribe/IHS clinics offer, and only in certain areas. The tribe/clinic can give more information specific to the tribal area. • American Indian (AI) and Alaska Native (AN) clients do not get a SEP for Medicare. They may join Medicare in the IEP or GEP. • IHS or tribal prescription drug coverage may be creditable to (as good as) Part D. To avoid a late enrollment penalty for Part D, each client should check whether or not their prescription coverage is creditable. • If AI/AN client needs care not offered by the tribe/IHS or via care outside the area, they may want to think about Medigaps, Part D, MA, Medicaid or MSP.

<p>No-fault insurance</p> <p>Contact BCRC: 1-855-798-2627</p>	<ul style="list-style-type: none"> • Includes automobile insurance, homeowners’ insurance, and commercial insurance plans • Pays regardless of who is at fault • Medicare is secondary payer • Medicare may make conditional payment if no-fault insurance doesn’t pay within 120 days – must be repaid when claim is resolved by the primary payer • Benefits Coordination and Recovery Center (BCRC) to report other insurance/or questions
<p>PEBB/state employees</p>	<p>See Health Care Authority section on page 2.</p>
<p>Retiree health insurance</p> <p>Contact: Retiree plan administrator or benefits department</p>	<ul style="list-style-type: none"> • Most retiree plans require Medicare to pay as primary once the retiree turns 65 and no longer actively works. • Retirees are responsible to know: What their employer or former employer requires, the terms of their retiree coverage, the costs associated with coverage and who administers their retiree health benefits if offered. • For all retiree coverage, if enrollee drops it, they probably can never get it back again.
<p>TRICARE or TRICARE for LIFE</p> <p>Contact: 1-800-538-9552</p>	<ul style="list-style-type: none"> • When 20-year military veterans and spouses with TRICARE join Medicare, they get TRICARE for Life (TFL). This fills most gaps in Original Medicare and includes drug coverage creditable to (as good as) Part D, so they may defer Part D with no penalty. They must have both Medicare Parts A and B. • Most clients with TFL find they don’t need other coverage. They may see any provider who accepts Medicare. Clients may keep TFL and also have Part D or MA. If clients think about joining these, we suggest they talk with TRICARE. <p>TRICARE and Medicare: tricare.mil/LifeEvents/Medicare.aspx</p>

**Dept. of Veterans Affairs
(VA)**

Contact:

1-800-827-1000 or
(360)-619-5925

- This is **NOT** insurance. VA is a health care delivery system. Care may be limited to certain conditions, in certain facilities. The VA can give further details. If clients need other care, they may want to think about Medigaps, Part D, MA, Medicaid or MSP (they may have these and keep VA).
- Veterans get **NO** SEP for Medicare. They may join Medicare in the IEP or GEP.
- VA drug coverage is **creditable to (as good as) Part D**. If clients' have VA drug coverage, they may defer Part D with no penalty.

Apply for VA health care benefits: www.vets.gov/healthcare/apply/

Veterans Health Benefits Handbook: www.va.gov/healthbenefits/vhbh/

Reference: *Medicare & Other Health Benefits: Your Guide to Who Pays First. CMS Product No. 02179, Revised August 2015,* www.medicare.gov/Pubs/pdf/02179.pdf

May Training Course Evaluation

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

If you prefer to give electronic feedback about curriculum please contact:
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