Module 13 – Medicare and Other Programs for People With Disabilities

Section Objectives

- Recognize eligibility for Social Security programs
- Summarize eligibility and enrollment in Medicare
- Describe Medicare plan options for people with disabilities
- Explain Medicaid and other programs for people with limited income and resources
- Find where to get more information

Lesson 1: Social Security for People With Disabilities

Background

People with disabilities

- Represent the fastest-growing group of the Medicare-entitled population
    - Make up about 17% of Medicare beneficiaries (2014)
- Approximately 9 million have Part A and/or Part B (2014)
- Are often uninsured before they qualify for Medicare
- May qualify for both Medicare and Medicaid

Social Security studies show that a 20-year-old worker has a 1-in-4 chance of becoming disabled before reaching retirement age.

Defining Disability

To qualify for Medicare based on a disability, an individual must meet the Social Security (SSA) definition of disability. SSA defines a disability as the inability to do substantial work because of a medical impairment, which is expected to last at least a year or to result in death.

This is a strict definition of disability. SSA program rules assume that working families have access to other resources to provide support during periods of short-term disabilities, including workers' compensation, insurance, savings, and investments. For more information, visit socialsecurity.gov/disabilityfacts/.

Process for Determining Disability

Social Security uses a 5-step process to decide if you're disabled.

Step 1: Are you working? If you're working and your earnings average more than a certain amount each month, Social Security (SSA) generally won't consider you disabled. In 2015, that amount is $1,090 per month ($1,820 per month if you're blind). If you make less than that amount, SSA moves to the next step. Learn more at socialsecurity.gov/OACT/COLA/sga.html.

Step 2: Is your medical condition "severe"? For SSA to decide that you're disabled, your medical condition must significantly limit your ability to do basic work activities—such as walking, sitting, and remembering—for at least 1 year. If your medical condition isn't that severe, SSA won't consider you disabled. If it is, then SSA moves on to the next step.

Step 3: Is your medical condition on the "List of Impairments"? SSA has a "List of Impairments" that describes medical conditions considered so severe that they automatically mean you're defined by law as disabled. It's not sufficient to have a condition named on the list; it must be as severe as the list describes. For example, many people have arthritis, but not as severe as the list requires. If your condition isn't on this list, SSA looks to see if your condition is as severe as a condition that's on the list. If it is, then SSA moves on to the next step. Visit ssa.gov/disability/professionals/bluebook/AdultListings.htm to view the list.

Step 4: Can you do the work you did before? At this step, SSA decides if your medical condition prevents you from being able to do the work you did before. If it does, SSA moves on to the next step.

Step 5: Can you do any other type of work? If you can't do the work you did in the past, SSA looks to see if you'd be able to do other work, taking into consideration your medical condition, your age, education, prior work experience, and any skills you may have that could be used to do other work. If you can't do other work, then SSA will decide that you're disabled.

Social Security Programs for People With Disabilities

There are 2 federal programs that provide cash benefits to certain people with disabilities. These programs, administered by Social Security (SSA), include

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)

SSA pays benefits to people who meet the strict definition of disability. Unlike some other programs, SSA doesn't give money to people with partial disability or short-term disability.

Certain family members of disabled workers can also get money from SSA. They're listed on slide 9.

Social Security Disability Insurance (SSDI)

Social Security Disability Insurance pays benefits to you and certain members of your family if you're insured—meaning you worked long enough, recently enough, and paid Social Security (SSA) taxes.

Generally, you need 40 credits, 20 of which were earned in the last 10 years ending with the year you become disabled. However, younger workers may qualify with fewer credits.

The cash benefit you're eligible for is based on your average lifetime earnings.

Generally, your disability benefits will continue as long as your medical condition hasn't improved and you can't work. Benefits won't necessarily continue indefinitely. Because of advances in medical science and rehabilitation techniques, many people with disabilities recover from serious accidents and illnesses. SSA will review your case periodically to make sure you're still disabled.

Who Can Get Social Security Disability Insurance?

Worker	Widow(er)	Child
▪ You must've paid into Social Security long enough and recently enough. ▪ When you're disabled, members of your family may qualify for benefits based on your record: children, spouse, and divorced spouse.	▪ At 50 if you're a disabled widow(er).	▪ Disabled before 22 and remains disabled. Must be 18 or older and not married.

Qualifying for Social Security Disability Insurance

In general, to get disability benefits, you must meet 2 different earnings tests:

- A "recent work" test based on your age at the time you became disabled
- A "duration of work" test to show that you worked long enough under Social Security

Certain blind workers only have to meet the "duration of work" test.

Qualifying for Social Security Disability Insurance is determined by your Social Security working credits (also called quarters of coverage) that are based on your earnings. In 2015, you get 1 credit for each $1,220 of earnings (changes annually), up to the maximum of 4 credits per year.

"Recent Work" Test for Social Security Disability Insurance

If you become disabled…	Then you generally need…
Before 24	1½ years of work (6 credits) in the 3 years before you became disabled
Between 24 and 30	Enough credits for half of the time between 21 and the age you were when you became disabled
When you're 31 or older	At least 20 credits in the 10 years immediately before you became disabled

"Duration of Work" Test for Social Security Disability Insurance

If you become disabled…	Then you generally need…
Before 28	1.5 years of work
30	2 years
34	3 years
38	4 years
42	5 years
46	6 years
50	7 years
54	8 years
58	9 years

* This table doesn't cover all situations. These are examples of work needed for the test.

Waiting Period for Social Security Disability Insurance (SSDI)

In most cases, there's a waiting period of 5 full calendar months from the time your disability began until your Social Security Disability Insurance benefits can begin. Once your application is approved, you'll get your first Social Security benefit starting on the sixth full month after the date your disability began.

- If Social Security (SSA) decides your disability began on January 15, your first disability benefit would be paid for the month of July.

- SSA benefits are paid during the month after the month in which they're due, so you'd get your July benefit check in August.

The 5-month waiting period for cash benefits doesn't apply to people who get childhood disability benefits, or to some people who were previously entitled to disability benefits (in the past 5 years).

Supplemental Security Income (SSI)

Supplemental Security Income (SSI) is a federal needs-based program. SSI provides payments to people with limited income and resources who are 65 or older, are blind, or have a disability. Disabled or blind children can also get SSI.

- No working credits are needed to qualify.
- If eligible, you may also qualify for Medicaid in most states.

Social Security (SSA) manages the SSI program. Even though SSA manages the program, SSI is paid for by U.S. Treasury general funds, not by SSA taxes.

The basic SSI amount is the same nationwide. However, many states add money to the basic benefit. The monthly maximum federal amounts for 2015 are $733 for an eligible individual and $1,100 for an eligible individual with an eligible spouse. The monthly amount is reduced by subtracting monthly countable income.

Income is anything you receive during a calendar month and can use to meet your needs for food or shelter. It may be in cash or in kind. In-kind income is not cash; it is food or shelter, or something you can use to get food or shelter.

Countable income is the amount left over after

- Eliminating from consideration all items that are not income
- Applying all appropriate exclusions to the items that are income

Countable income is determined on a calendar month basis. It is the amount actually subtracted from the maximum federal benefit to determine your eligibility and to compute your monthly payment amount. You may qualify for both SSI and SSDI if you meet the eligibility requirements for both programs.

Qualifying for Supplemental Security Income (SSI)

Generally, to be eligible for Supplemental Security Income, you must

- Be 65 or older, blind, or disabled
- Have limited income and resources—less than $2,000 in resources for an individual, and less than $3,000 for a married couple
- Be a U.S. citizen or national, or a qualified alien (lawfully present non-citizen who was lawfully residing in the United States on August 22, 1996)
- Reside in 1 of the 50 states, the District of Columbia, or the Northern Mariana Islands

Applying for Disability Benefits

You should apply for disability benefits as soon as you become disabled. Social Security (SSA) may be able to process your application faster if you provide

- Your Social Security number(s) for you and your dependents
- Your birth certificate, baptismal certificate, or other proof of your age
- Names, addresses, and phone numbers of the doctors, caseworkers, hospitals, and clinics that took care of you and the dates of your visits
- Names and dosages of all the medications you take
- Medical records from your doctors, therapists, hospitals, clinics, and caseworkers that are in your possession
- Laboratory and test results
- A summary of where you worked and the kind of work you did
- A copy of your most recent W-2 form, or if self-employed, your federal tax return

You shouldn't wait to apply even if you don't have all of the information. The SSA office will help you get the information you need. If you have railroad employment, call the Railroad Retirement Board (RRB) at 1-877-772-5772 or your local RRB office. TTY users should call 312-751-4701.

NOTE: If you're applying for Supplemental Security Income, you'll also need to provide other financial information about your income and resources to find out if you qualify.

How to Apply for Disability Benefits

You can apply for disability benefits in the following ways:

Online

- Visit socialsecurity.gov.
    - For Social Security Disability Insurance—You can complete the medical and nonmedical portions of the application online.
    - For Supplemental Security Income—You can complete only the medical portion online. You must complete the nonmedical portion in-person or by phone.

By phone

- Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a disability claim over the phone.

In person

- Call 1-800-772-1213 (TTY 1-800-325-0778) to make an appointment to file a disability claim at your local Social Security (SSA) office.

The disability claims interview lasts 1 hour. If you schedule an appointment, SSA will send you a "Disability Starter Kit" to help you get ready for your interview. You can also visit socialsecurity.gov/disability.

It can take 3–5 months to process an application for disability benefits. You'll need to fill out several forms to apply for disability benefits, including an application for Social Security benefits and the "Adult Disability Report" (you can complete the Adult Disability Report online or print it and return a completed copy to your local SSA office).

You'll also need to fill out forms that collect information about your medical condition, how it affects your ability to work, and forms that give doctors, hospitals, and other health care professionals who have treated you permission to send SSA information about your medical condition.

Compassionate Allowances

The "Compassionate Allowances (CAL)" initiative is a way to expedite the processing of Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claims for applicants whose medical conditions are so severe that their conditions obviously meet Social Security's (SSA's) definition of disability. It isn't a separate program from SSI and SSDI.

CAL conditions are a way of quickly identifying medical conditions that qualify under the "List of Impairments" based on minimal information.

There's no special application or form that is unique to the CAL initiative. Individuals with a CAL condition still apply for benefits using the standard SSA process for filing claims for SSDI, SSI, or both SSDI and SSI benefits. SSA will expedite the applications of those with a CAL condition. Individuals with CAL conditions may get a decision on their claim in a matter of weeks instead of months or years.

CAL conditions are selected using information from public outreach hearings, comments from the SSA and Disability Determination Services communities, counsel of medical and scientific experts, and research with the National Institutes of Health. Also, SSA considers which conditions are most likely to meet their current definition of disability.

Visit socialsecurity.gov/compassionateallowances to view the CAL conditions list.

NOTE: Military service members can also get expedited processing of disability claims from SSA. The expedited process is used for military service members who became disabled while serving on active duty during or after October 1, 2001.

Disability Decision

Social Security will send you a letter when it reaches a decision on your case. If your application is approved, the letter will show the amount of your benefit and when your payments start. If your application isn't approved, the letter will explain why and tell you how to appeal the decision if you don't agree. If you disagree with a decision made on your claim, you can appeal. The steps you can take are explained in "The Appeals Process" (Publication No. 05-10041), which is available at ssa.gov/pubs/?topic=Disability.

Create a "mySocial Security" Account (socialsecurity.gov/myaccount)

Even if you don't have a disability, you probably plan to receive Social Security benefits someday. You'll want a my Social Security account to

- Keep track of your earnings, verify them every year
- Get an estimate of your future benefits if you're still working
- Get a letter with proof of your benefits if you currently receive them
- Manage your benefits
- Change your address
- Start or change your direct deposit
- Get replacement SSA-1099 (Social Security income) or SSA-1042S (Social Security income for non-citizens) tax forms

In addition, Social Security also has a fact sheet to help you or others with creating an account at www.ssa.gov/pubs/EN-05-10540.pdf.

Lesson 2: Medicare for People With Disabilities

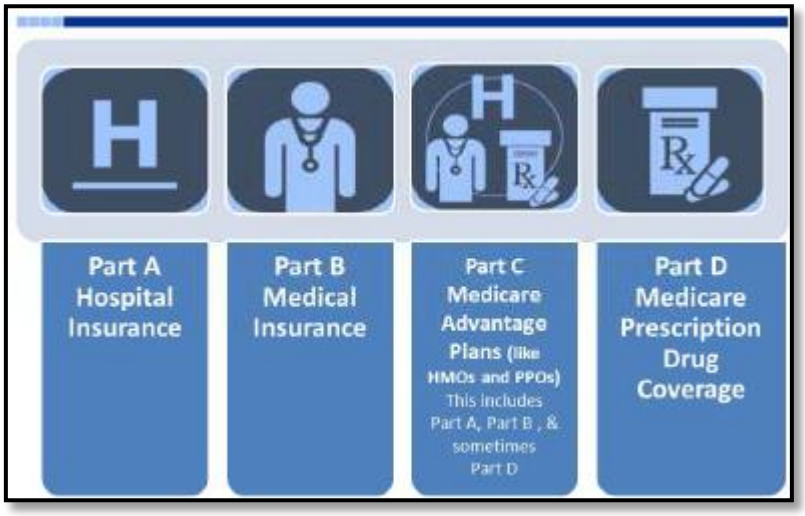
What is Medicare?

Medicare is health insurance for 3 groups of people:

- Those who are 65 and older.
- People of any age who have End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).
- People under 65 with certain disabilities who are entitled to Social Security Disability Insurance or Railroad Retirement Board disability benefits for 24 months.
    - The 24-month Medicare waiting period doesn't apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they're entitled to disability benefits.

The Four Parts of Medicare

Medicare covers many types of services, and you have options for how you get your Medicare coverage. Medicare has 4 parts:



- **Part A (Hospital Insurance)** helps pay for inpatient hospital stays, skilled nursing facility care, home health care, hospice care, and blood.
- **Part B (Medical Insurance)** helps cover medically necessary services like doctor's visits and outpatient care. Part B also covers many preventive services (including screening tests and shots), diagnostic tests, some therapies, and durable medical equipment like wheelchairs and walkers.
- **Part C (Medicare Advantage [MA])** is another way to get your Medicare benefits. It combines Parts A and B, and sometimes Part D (prescription drug coverage). MA Plans are managed by private insurance companies approved by Medicare. These plans must cover medically necessary services. However, plans can charge different copayments, coinsurance, or deductibles for these services than Original Medicare.
- **Part D (Medicare Prescription Drug Coverage)** helps pay for outpatient prescription drugs and may help lower your prescription drug costs and protect against higher costs in the future.

Qualifying for Medicare Based on Disability

Medicare also covers 2 additional groups:

- People under 65 with a disability who have been entitled to Social Security (SSA) benefits for 24 months.
- People with End-Stage Renal Disease (ESRD) who meet special SSA earnings requirements. People with ESRD don't need to be entitled to Social Security benefits to qualify for Medicare. However, if they're also entitled to disability benefits, they may qualify under both programs.

In most cases, you must be entitled to disability benefits for 24 months before Medicare can begin. Since there is a 5-month waiting period for Social Security Disability Insurance, the earliest that Medicare can start is usually the thirtieth month after you become disabled. However, there are 2 exceptions:

- The 5-month waiting period for cash benefits doesn't apply to people who get childhood disability benefits, or to some people who were previously entitled to disability benefits (in the past 5 years).
- The 24-month Medicare waiting period doesn't apply to people disabled by Amyotrophic Lateral Sclerosis (ALS, known as Lou Gehrig's Disease). People with ALS get Medicare the first month they're entitled to disability benefits.

Automatic Enrollment in Medicare

You'll automatically get Part A and Part B after you get disability benefits from Social Security (SSA), or certain disability benefits from the Railroad Retirement Board, for 24 months. If you have Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's Disease), you'll automatically get Part A and Part B the month your disability benefits begin.

You'll get your red, white, and blue Medicare card in the mail 3 months before your twenty-fifth month of disability. If you don't want Part B, follow the instructions that come with the card, and send the card back. If you keep the card, you keep Part B and will pay Part B premiums. Call SSA at 1-800-772-1213 if your card doesn't arrive.

Having employer or union coverage while you or your spouse (or family member, if you're disabled) is still working can affect your Part B enrollment rights. You should contact your employer or union benefits administrator to find out how your insurance works with Medicare and if it would be to your advantage to delay Part B enrollment. Sometimes you must have Part B, like if

- You want to buy a Medigap (Medicare Supplement Insurance) policy
- You want to join a Medicare Advantage Plan
- You're eligible for TRICARE
- Your employer coverage requires you or your spouse or family member to have it (talk to your employer's or union benefits administrator)

Even if you don't take many prescriptions now, you should consider joining a Medicare drug plan (Part D). If you decide not to join a Medicare drug plan when you're first eligible, and you don't have other creditable prescription drug coverage, or you don't get Extra Help, you'll likely pay a late enrollment penalty if you join a plan later.

Retroactive Entitlement to Medicare

In some cases, a disability determination may be made based on an appeal, giving you an earlier date of entitlement to disability benefits. In other cases, if your application isn't processed in a timely manner, you may be entitled to retroactive Medicare Part A coverage.

In some cases your entitlement to Medicare may be retroactive:

- If your disability benefits are retroactive
- Your Medicare card will show effective date

If you've received Medicare-covered services prior, you may request that your provider submit those claims to Medicare. Services must have been received after the effective date on your Medicare card.

Information Received With Retroactive Determination

You'll get this information with your determination:

- Your effective date of Part A coverage (the twenty-fifth month of disability benefit entitlement)
- Your effective date of Part B coverage (the month of processing), and the option to elect Part B coverage starting with the twenty-fifth month of disability benefit entitlement

To exercise your option for retroactive Part B coverage, you must submit a written request and agree to pay all retroactive premiums due. If you elect retroactive Part B coverage, you'll get a second letter stating that you have retroactive Part B coverage. The letter also gives instructions for the provider to file Part B claims outside the timely filing limit.

Regardless of the situation, your Part A start date will always be the twenty-fifth month after your disability benefit is approved. Your Part B start date will be the twenty-fifth month after your disability benefit is approved, if, at the time the disability application is processed, you owe less than 6 months of previous Part B premiums. If you owe 6 or more months of premiums, Part B becomes effective the month your disability application is processed.

NOTE: Because there's uncertainty in determining the Initial Enrollment Period (IEP) for an individual filing for re-entitlement to disability benefits, the Part B enrollment request is deemed to have been filed in the third month of the IEP. This ensures that you have the opportunity for coverage at the earliest possible date.

How Long Are You Entitled to Medicare?

You're entitled to Medicare as long as you continue to meet the requirements for Social Security disability benefits. If Social Security (SSA) determines that your disability benefits should be stopped because your condition has improved and you're no longer considered disabled, your Medicare will end the same month your disability benefits end.

SSA has work incentives to support people who are still medically disabled but try to work in spite of their disability. Continuation of Medicare coverage is a type of incentive.

- You may have at least 8½ years of extended Medicare coverage if you return to work. Medicare continues even if SSA determines you can no longer get cash benefits because you earn above the substantial gainful activity level.
- If, after you've exhausted your 8½ years of extended Medicare coverage, you continue to work and continue to have a disabling physical or mental impairment, you may buy Part A, or Part A and Part B for as long as you continue to be disabled. This provision is called "Medicare for the Working Disabled." In some cases, your state may help you pay your Part A premiums. See slide 45 for more information.
- If you were paying an increased Part B premium during the time you were getting premium-free Part A, but now are eligible for Part B because you're enrolling in Part A for the working disabled, your Part B premium will go back to the standard rate.

If you're getting Medicare based on disability when you reach 65, you'll have continuous coverage with no interruption. You'll get Part A for free, even if you've been buying it. However, the reason for your Medicare entitlement changes from disability to age. If you didn't have Part B when you were disabled, you'll automatically be enrolled in Part B when you turn 65, and will again be able to decide whether or not to keep it. If you were paying a Part B late enrollment penalty while you were disabled, the penalty will be removed when you reach 65.

Lesson 3: Medicare Plan Choices for People With Disabilities

Medicare Plan Choices for People With Disabilities

The same Medicare health plan choices are available to people with disabilities and people 65 and older, except for those with End-Stage Renal Disease (ESRD). You may choose Original Medicare, a Medicare Advantage (MA) Plan, or another Medicare plan available in your area. Other Medicare plan types include Medicare Cost Plans, Demonstration/Pilot plans, and Programs of All-Inclusive Care for the Elderly (PACE).

You may also join a Medicare drug plan. Enrolling in a Medicare drug plan is optional but can provide substantial savings for people with chronic medical conditions. Medicare prescription drug coverage adds to your Medicare health care coverage. It helps you pay for medically necessary brand-name and generic prescription drugs. All people with Medicare are eligible to enroll in a Medicare drug plan. To get coverage you must join a plan.

There are 2 main ways to get Medicare prescription drug coverage:

- Join a Medicare Prescription Drug Plan (PDP). These plans add coverage to Original Medicare, and may be added to some other types of Medicare health plans (but not Medicare Advantage (MA) Plans).
- Join an MA Plan with prescription drug coverage (MA-PD) (like a Health Maintenance Organization or a Preferred Provider Organization) or another Medicare health plan that includes Medicare prescription drug coverage.

If you have ESRD, you may not be able to join an MA Plan except under certain limited exceptions:

- If you're already in an MA Plan when you develop ESRD, you may be able to stay in your plan or join another plan offered by the same company.
- If you have an employer or union health plan or other health coverage through a company that offers MA Plans, you may be able to join one of its MA Plans.
- If you've had a successful kidney transplant, you may be able to join an MA Plan.
- You may be able to join a Medicare Special Needs Plan for people with ESRD if one is available in your area.

Medicare and Other Insurance

You can have Medicare and other health insurance. Medicare is the secondary payer if you're under 65, entitled to Medicare because of a disability, and you're covered by a large Employer Group Health Plan (EGHP) through current employment, either your own or that of a family member. In this instance, the employer must have 100 or more employees.

Medicare is also the secondary payer if you're under 65 and disabled, self-employed, or a family member is self-employed, and you're covered by a large EGHP of an employer that has 100 or more employees.

NOTE: If any 1 employer within a multiple employer health plan has 100 or more employees, Medicare is the secondary payer for all. This includes individuals associated with employers within the group that have less than 100 employees.

Coordination of Benefits With Retiree Plans

Generally, Medicare will pay first for health insurance claims, and the retiree coverage will be the secondary payer. Retiree coverage might fill some of the gaps in Medicare coverage and might offer additional benefits, such as routine dental care or prescription drug coverage. If you're not sure how your retiree coverage works with Medicare, you should get a copy of your plan's benefits booklet or look at the summary plan description provided by your employer or union. If you're approaching retirement, you should find out if your employer coverage can be continued after you retire. You should check pricing and benefits, including benefits for a spouse. You should learn what effect continuing coverage as a retiree will have on both your own and your spouse's insurance protections.

Retiree coverage provided by an employer or union may have limits on how much it will pay. It may also provide "stop loss coverage," a limit on out-of-pocket costs. You can also call the benefits administrator and ask how the plan pays when you have Medicare.

Remember that the employer or union has control over the retiree insurance coverage it offers. The employer or union may change the benefits or the premiums and may also choose to cancel the insurance.

NOTE: For retirees with Medicare based on End-Stage Renal Disease, Medicare may be secondary to retiree coverage for the 30-month coordination period.

Medigap (Medicare Supplement Insurance) Policies for People With Disabilities

As of May 2014, these states require insurance companies to offer at least 1 kind of Medigap policy to people with Medicare under 65: California*, Colorado, Connecticut, Delaware**, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Massachusetts*, Michigan, Minnesota, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Vermont*, and Wisconsin.

*A Medigap policy isn't available to people with End-Stage Renal Disease (ESRD) under 65.
**A Medigap policy is only available to people with ESRD.

Even if your state isn't on the list above, some insurance companies may sell Medigap policies to people under 65. These policies will probably cost you more than Medigap policies sold to people over 65, and the insurance companies can use medical underwriting. Check with your state to find out what rights you have under state law.

Remember, if you're already enrolled in Medicare Part B, you'll get a one-time, 6-month Medigap Open Enrollment Period when you turn 65. You'll likely have a wider choice of Medigap policies and be able to get a lower premium then. During the Medigap Open Enrollment Period, insurance companies can't refuse to sell you any Medigap policy due to a disability or other health problem, or charge you a higher premium (based on health status) than they charge other people who are 65.

NOTE: There are no provisions in the Affordable Care Act that change rules for issuance of Medigap policies.

Lesson 4: Other Programs

Medicare for People With Disabilities and the Health Insurance Marketplace

If you're entitled to Social Security Disability Insurance (SSDI), you may qualify for Medicare. However, there is a 24-month waiting period before Medicare coverage can start. The waiting period begins once you start receiving SSDI benefits, which don't start until you have been disabled for 5 months. During this waiting period, you can apply for coverage in the Health Insurance Marketplace. The Marketplace application process will determine if you'll qualify for Medicaid or for premium tax credits that lower your monthly Marketplace plan premium, and cost-sharing reductions that lower your out-of-pocket costs.

If you apply for lower costs in the Marketplace, you'll need to estimate your income for 2015. If you're getting Social Security disability benefits and want to find out if you qualify for lower costs on Marketplace coverage, you'll need to provide information about your Social Security payments, including disability payments.

Your Medicare coverage is effective on the twenty-fifth month of receiving SSDI. Your Medicare card will be mailed to you about 3 months before your twenty-fifth month of disability benefits. If you don't want Part B, follow the instructions that are included with the card. However, once you're eligible for Medicare, you won't be able to get lower costs for a Marketplace plan based on your income.

Once your Part A coverage starts, any premium tax credits and reduced cost-sharing you may have qualified for through the Marketplace will stop. That's because Part A is considered minimum essential coverage, not Part B.

Medicaid Overview

Medicaid is a federal and state entitlement* program that pays for medical assistance for certain individuals and families with limited income and resources. Medicaid isn't a cash support program; it pays medical providers directly for care.

Medicaid is the largest source of funding for medical and health-related services for America's poorest people. Medicaid and the Children's Health Insurance Program provide health coverage to nearly 71 million Americans, including children, pregnant women, parents, seniors, and individuals with disabilities.

The program became law in 1965 (Title XIX [19] of the Social Security Act) as a cooperative venture jointly funded by the federal and state governments (including the District of Columbia and the Territories) to help states provide medical assistance to eligible needy persons.

*Entitlement—a government program that guarantees certain benefits to a particular group or segment of the population.

How Are Medicare and Medicaid different?

Medicare	Medicaid
National program that is consistent across the country	Statewide program that varies from state to state
Run by the federal government	Administered by state governments within federal rules (federal/state partnership)
Health insurance for people 65 or older, with certain disabilities, or with End-Stage Renal Disease (ESRD)	Health insurance for people based on need; financial and non-financial requirements
Nation's primary payer of inpatient hospital services for the elderly and people with ESRD	Nation's primary public payer of mental health and long-term care services (nursing home)

Eligibility – Medicaid Expansion

Starting January 1, 2014, the Affordable Care Act established 3 new Medicaid eligibility groups that made health insurance available to millions of people who weren't previously eligible.

- The New Adult Group covers individuals 19–64 with income below 133% of the federal poverty level (FPL), including 19- and 20-year-old children. Children under 19 aren't included in this group because they're covered under other mandatory eligibility groups. To be eligible for the New Adult Group, individuals may not be entitled to or enrolled in Medicare, they can't be eligible for any other mandatory Medicaid eligibility group, and they may not be pregnant at the time of enrollment. This group is a mandatory eligibility group that states can elect to cover.
- A second eligibility group created under the Affordable Care Act established Medicaid coverage for individuals under 26 who were enrolled in Medicaid while they were either in foster care at 18 or when they "aged out" of foster care. There is no income or resource test for this eligibility group. States have the option to cover individuals who were in foster care and in Medicaid in another state.
- The third group is similar to the New Adult Group. Individuals in this group must be under 65, with income above 133% of the FPL, and can't otherwise be eligible for another Medicaid group. Unlike the eligibility requirements for the New Adult Group, individuals in this optional group may be pregnant or may be eligible for Medicare. In addition, this group covers both children and adults who aren't otherwise eligible.

If a state is expanding Medicaid, individuals will probably qualify if they make up to about $16,100 a year for 1 person ($32,900 for a family 4). Coverage started as early as January 1, 2014.

NOTE: The Medicaid expansion up to 133% of the FPL resulted in a number of states needing to transition children 6–18 between 100–133% of the FPL who were previously covered in separate Children's Health Insurance Programs to Medicaid.

Streamlined Application

States use a streamlined application for coverage through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP). The application may lead seamlessly from eligibility to plan selection and enrollment. Individuals can submit one application for all programs. Online applications are available in every state, along with traditional paper applications that may be mailed in. And people continue to have the option to apply in person or over the phone.

Through the single streamlined application, individuals and families receive eligibility determinations for the following:

- Medicaid and CHIP
- Enrollment in Qualified Health Plans in the Marketplace
- Advance premium tax credits
- Cost-sharing reductions

Once the eligibility determination is complete, applicants may be able to enroll in affordable coverage immediately, depending on the programs for which they're eligible and the model established in their state.

You can apply for Medicaid and CHIP any time. You can enroll during the Marketplace Open Enrollment period or any other time of year. If you qualify you can enroll immediately, any time of year.

To find out if your children qualify for CHIP coverage, visit insurekidsnow.gov or call 1-877-543-7669. If you apply for Medicaid coverage to your state agency, you'll also find out if your children qualify for CHIP. If you qualify, coverage can begin immediately.

What Are Medicare Savings Programs?

You may be eligible to get help from your state Medicaid program to pay for your Medicare premiums. In some cases, Medicare Savings Programs may also pay Part A and Part B deductibles, coinsurance, and copayments if you meet certain conditions.

Medicare Savings Programs often have higher income and resource guidelines than full Medicaid coverage. These income and resource amounts can change each year.

Medicare Savings Programs in 2015

Medicare Savings Program	Individual Monthly Income Limit	Married Couple Monthly Income Limit	Helps Pay Your
Qualified Medicare Beneficiary	$1,001	$1,348	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary	$1,197	$1,513	Part B premiums only
Qualifying Individual	$1,345	$1,813	Part B premiums only

Some states have different income and/or asset guidelines.

Qualified Disabled Working Individual (QDWI) Program

The Qualified Disabled Working Individual (QDWI) program was established to help certain people pay for their Medicare Part A premiums.

- If you're under 65, disabled, and no longer entitled to premium-free Part A because you successfully returned to work, and your earnings exceed the Substantial Gainful Activity limit ($1,090/month in 2015), you may be eligible for a state program that helps pay your Part A monthly premium.
- To be eligible for this help, you must
  - Continue to have a disabling impairment
  - Have limited monthly income not higher than 200% of the federal poverty level (FPL) (in 2015, $4,009 for individual and $5,395 for a couple)
  - Not have resources exceeding twice the maximum for Supplemental Security Income ($4,000 for an individual and $6,000 for a couple in 2015)
    - Your state won't count the home where you live, usually one car, and $1,500 in burial expenses (per person) as resources
  - Not already be eligible for Medicaid

Some states have different limits. If you qualify, you get help paying your Part A premium. States can charge premiums if your income is between 150% and 200% FPL.

To learn more about the QDWI program, contact your local, county, state social service agency, or Medical Assistance office.

Applying for Medicare Savings Programs

Here are some steps you can take to find out if you qualify for help with your Medicare costs:

- Review the income and resource (or asset) guidelines for your area. Your State Medical Assistance office can help.
- If you think you may qualify, collect these personal documents required for the application process:
    - Medicare card
    - Proof of identity and residence
    - Proof of any income, including pension checks, Social Security payments, etc.
    - Recent bank statements
    - Property deeds
    - Insurance policies
    - Financial statements for bonds or stocks
    - Proof of funeral or burial policies

You can get more information by contacting your State Medical Assistance office or your local State Health Insurance Assistance Program. Call 1-800-MEDICARE for their contact information. TTY users should call 1-877-486-2048.

What's Extra Help?

People with Medicare who have limited income and resources may be able to get Extra Help with the costs of Medicare prescription drug coverage, such as the drug plan's monthly premiums, annual deductible, coinsurance, and copayments. You must be enrolled in a Medicare prescription drug plan to get Extra Help. You can apply with either Social Security (SSA) or your state's Medical Assistance office. When you apply, you'll be asked for information about your income and resources, and you'll be asked to sign a statement that your answers are true. SSA will check your information from computer records at the Internal Revenue Service and other sources. You may be contacted if more information is needed. After you apply, you'll get a letter telling you if you qualify for Extra Help.

Certain groups of people automatically qualify for Extra Help and don't have to apply:

- People with Medicare and full Medicaid benefits (including prescription drug coverage)
- People with Medicare who get Supplemental Security Income only
- People who get help from Medicaid paying their Medicare premiums (Medicare Savings Programs)

All other people with Medicare must file an application to get Extra Help. You may fill out a paper application, apply online, or by phone. You can apply through your State Medical Assistance office, and you may have someone apply on your behalf.

Applying for Extra Help

Here are some steps you can take to find out if you qualify for help with your Medicare prescription drug costs:

- If you think you may qualify, collect these personal documents required for the application process:
  - Medicare card
  - Proof of identity and residence
  - Proof of any income, including pension checks, Social Security payments, etc.
  - Recent bank statements
  - Property deeds
  - Insurance policies
  - Financial statements for bonds or stocks
  - Proof of funeral or burial policies
- You can get more information by contacting your State Medical Assistance office, your local State Health Insurance Assistance Program (SHIP), or your local Area Agency on Aging. You can get their contact information by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Finally, complete an application with your State Medical Assistance office, or online at socialsecurity.gov. Completing this application will also start the process to see if you're eligible for a Medicare Savings Program.

Medicare and Other Programs for People With a Disability Resource Guide

Resources		Medicare Products
Medicare CMS.gov Medicare.gov 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048 **Social Security** SocialSecurity.gov 1-800-772-1213 TTY 1-800-325-0778 **Railroad Retirement Board** rrb.gov 1-877-772-5772 TTY (312) 751-4701	**Health Insurance Marketplace** HealthCare.gov Marketplace.cms.gov 1-800-318-2596 TTY 1-855-889-4325 **State Health Insurance Assistance Programs (SHIPs)** Medicare.gov/contacts Disability.gov SSA Red Book ssa.gov/redbook/	**"Medicare & You Handbook"** CMS Product No. 10050 **"Your Medicare Benefits"** CMS Product No. 10116 **To access these products:** View and order single copies at Medicare.gov. Order multiple copies (partners only) at productordering.com.hhs.gov/. You must register your organization.

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Acronyms

ALS	Amyotrophic Lateral Sclerosis
CAL	Compassionate Allowance
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
EGHP	Employer Group Health Plan
ESRD	End-Stage Renal Disease
FPL	Federal Poverty Level
IEP	Initial Enrollment Period
MA	Medicare Advantage
NTP	National Training Program
QDWI	Qualified Disabled and Working Individual
QI	Qualified Individual
QMB	Qualified Medicare Beneficiary
RRB	Railroad Retirement Board
SHIP	State Health Insurance Assistance Program
SLMB	Specified Low-Income Medicare Beneficiary
SSA	Social Security
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TTY	Teletypewriter