A. MEDICARE

Medicare is a health insurance program under Social Security which is generally available for the following groups:

- Persons age 65 or older.
- Disabled persons who have been entitled to Social Security disability benefits or Railroad disability benefits for at least two consecutive years.
- Persons insured under Social Security or the Railroad Retirement System who need dialysis treatments or a kidney transplant because of permanent kidney failure.

Medicare is divided into two parts -- hospital insurance (Part A) and medical insurance (Part B).

- The hospital insurance, Part A, helps pay for inpatient hospital care and for certain follow-up care after release from the hospital.
- The medical insurance, Part B, helps pay for doctor's services, out-patient hospital services, and many other medical items and services not covered under hospital insurance.

Due to the complexity of the Medicare program, individuals with specific questions on their eligibility for Medicare should be referred to the Social Security Administration.

B. MEDICAID

The Medicaid program coordinates some benefits with Medicare as follows:

- On Part A, the Medicaid program can pay the hospital deductible and Medicare co-insurance for skilled nursing care. Medicaid will also pay Part A premiums for certain recipients, as outlined in the following discussion of Buy-In.

- On Part B, the Medicaid program can pay the deductible and the 20% co-insurance if the provider of service is willing to file for both Medicare and Medicaid. Medicaid can also pay for the monthly Medicare premium, as outlined in the following discussion of Buy-In.

C. BUY-IN

The Medicaid State Agency has contracted with the Social Security Administration to pay the premiums for coverage under Part B Medicare for Medicaid recipients who are eligible for Part B and the premiums for Part A for certain Medicaid recipients. This arrangement is called the Buy-In. To carry out the terms of this agreement, the Medicaid State Agency must:

- Transmit monthly to the Social Security Administration a listing of the Medicaid eligibles who qualify for Parts A and B.
- Enroll monthly all Medicaid recipients who qualify for Parts A and B as newly approved applicants are added to the assistance rolls.

l. Securing Information Buy-In

Information for the Buy-In is secured at the same time that the individual's eligibility for Medicaid is determined. The worker will:

- Photocopy the individual's Medicare card for the case record. When this information is entered into MEDS, be sure that the individual's name and Social Security claim number are identical to the information on the Medicare card.

For the client who does not have a Medicare card, ask that he apply for Medicare at the District Office of SSA and follow up on his enrollment. If the individual has Part B only, the Medicaid Agency will automatically enroll the individual in Part A if the individual is dually eligible as a QMB.

2. Buy-In Coverage Beginning Date

The Social Security Administration has set rules governing the beginning date for Buy-In as follows:

- For money-payment recipients (SSI or AFDC), the buy-in coverage period for Part B begins with the month reported by the State agency as the date the individual is eligible for both Medicare and cash assistance.
- For Medicaid-only recipients who are not dually eligible as QMB, buy-in coverage for part B begins the first day of the month after the month in which the State agency determines the individual eligible. For example, an MAO applicant approved during the month of November will have a buy-in effective date of December 1. The exception to this rule is that buy-in coverage is continuous for an individual who loses eligibility for cash assistance but whose Medicaid eligibility continues without interruption.
- For SLMB's (Specified Low-Income Medicare Beneficiaries), buy-in coverage for Part B begins with the first month of Medicaid eligibility.

For QMB's (Qualified Medicare Beneficiaries) and those determined dually eligible, buy-in for Parts A and B are effective with the month after the month in which the individual is determined to be a QMB or a dually eligible recipient. For example, a QMB approved during the month of November will have a buy-in effective date of December 1.

3. Buy-In Coverage

Buy-In coverage terminates on the last day of the month which a recipient is no longer eligible for Medicaid

Ending Date

and/or

Medicare. When SSA is notified by Medicaid that a recipient is no longer eligible for Medicaid, SSA will continue Parts A and B Medicare coverage and either begin deducting the monthly premiums from the recipient's Social Security check or send a notice of premiums due if the recipient does not receive Social Security.

Buy-In problems should be referred to the State Office for clearance on how to handle.