

NOTE: Please continue to reach out to me (ebalkan@medicarerights.org) with any MAGI Medicaid transition cases you've seen. We are interested in hearing more about these cases and assisting with them. Thanks.

Q: Robert: If I have a client with no Part B because they didn't get it on time. Is Marketplace insurance an option while they wait for the general enrollment process to complete? Like now until July 1

A: No unfortunately, it is not. If someone has any part of Medicare (including just Part A) they cannot take a QHP. So this means a person cannot use Marketplace insurance when they took Part A because it was free but erroneously delayed Part B coverage and need insurance coverage while they wait for July 1. Does your client, by any chance, not have Part A yet?

Q: If we get someone (I had one this week) who was out of the country for 50 years and didn't enroll at all. Sounds like QHP is an option.

A: Yes, the QHP is an option for this person. Can you give me more information about this scenario? Is the client perhaps QMB eligible? Are they US citizens? Do they qualify for free Part A?

Q: Not QMB eligible. Yes, native born citizen. Moved out of the country at age 26 to follow a husband. Only a few quarters of social security, not enough for free part A. Husband is a foreign (dead) national so nothing through that avenue

A: Okay, good to know. Yes, in this case, a QHP might be a better option than Medicare for this person. She will be eligible for premium subsidies/tax credits. Which will likely put her monthly health insurance premiums below the Part A + Part B premium level. I would caution her with two things 1) if she ever does need to take Medicare, she will face steep premium penalties and 2) she must get in writing from the QHP that they will cover her as primary despite her Medicare eligibility. We've had some experience with plans allowing enrollment but refusing to pay primary because of someone's Medicare eligibility.

Q: Thanks. I sent her to Social Security to enroll last week. She may already be in the enrollment process.

A: Okay, well if you find a QHP would be better for you cost-wise. She can withdraw the application, but it's up to her.

Q: Is there someone specific that we can talk to at the NYSOH, we tried to call yesterday and request reimbursement of a clients Part B premium and were given the run around, even the supervisors in the offices had no idea what we were talking about?

A: Good question. I'm going to have to speak to my colleagues who have connections at NYSOH to see if we have a contact for you/ a strategy for help with this process. Can you email this question to hiicap@medicarerights.org? Then I'll have a record of your email address and will be able to get back to you. Always email questions like this to hiicap@medicarerights.org if your client is not able to secure their Part B reimbursement by calling NYSOH or speaking to a NYSOH supervisor.

Q: I'm a bit confused about the Part B reimbursement for anyone transitioning from MAGI Medicaid to Medicare. If someone's income is above the QI-1 limit (but still under the \$1,343 MAGI limit), wouldn't that person not be eligible for MSP? Or would that person still be eligible to have the Part B premiums reimbursed through what would have been the 12 months of continuous coverage?

A: You're right there is a group of people who qualify for expanded Medicaid who will not qualify for any MSPs when they turn 65. These people should be screened for Extra Help/ EPIC eligibility.

Q: Would they still have their Part B premiums reimbursed through the end of the 4 or 5 month authorization period?

A: Yes, the Part B reimbursement will continue through the redetermination period.

Q: I had a case like this where the client went Medicare primary and called NYSOH and was told that since he has Medicare primary he is no longer eligible for any plans through NYSOH and will be dropped from their Medicaid effective the end of the month he called in to give them the information. No change in income and he would have still qualified for Medicaid. NYSOH referred him to reapply at the local DSS office. He was also told it would be 4-6 months until he received his reimbursement checks for his \$104.90 that was being taken out of his Social Security Check. What are the time frames that you are being told for reimbursement? How are clients being referred from NYSOH to the local DSS to transfer their Medicaid?

A: I'm not sure if there is a specific timeline for receiving Part B reimbursement in this situation. Since there is no guidance, I believe reimbursements timelines are at the discretion of NYSOH. As you point out, NYSOH/ DOH are ironing out some pretty significant problems with the MAGI Medicaid transition. This is the regulation as of December:

http://www.health.ny.gov/health_care/medicaid/publications/lcm/14lcm-2.htm - essentially, it says a transfer to DSS for screening should take place, but there are few details on what that transfer looks like – so I believe a verbal referral is allowed. Send questions about cases like this to hiicap@medicarerights.org, and we can try to work with you/your clients to solve this sort of referral issues on a case-by-case basis.

Q: How does a person know when their 12 month period ends?

A: The 12-month period ends the same month as the individual's MAGI Medicaid recertification date. A person will also receive notices in advance of the end of their 12 months. Clients should respond to these notices to ensure a smooth(er) benefits transition.

Q: For an individual turning 65, who is not eligible for Premium free Medicare Part A, if they currently have a QHP through the marketplace, would it ever make sense for the individual to look into a Medicare Savings Plan or should they always stick with the QHP?

A: It absolutely would make sense for this person to consider an MSP- particularly if they are QMB eligible, they can enroll into free Part A and Part B and will not face the Medicare Premium penalties they would otherwise face if they stuck with their QHP but decided to enroll into Medicare later on.

Q: I heard earlier that if an individual has a QHP when they turn 65, they should generally keep the QHP if not eligible for free premium part A. How does this reconcile with the MSP scenario above? Thank you

A: That may be true for some, but each case is nuanced so the process for each client's decision-making will be different. If someone appears eligible for the QMB MSP, then they should use that eligibility to buy-into Medicare since it will be a huge cost savings for them. If a person is not eligible free Part A or for QMB, they have to do a cost comparison and consider their own situation and make their own decision. The beneficiary will have late enrollment penalties if they

do decide to enroll into Medicare later. Some beneficiaries may be eligible for free Part A eventually/soon. Some beneficiaries will never be eligible for free Part A and their QHP costs them a lot less than Medicare - it's different in every case.

Q: Is there a direct line for HIICAP to speak to a NYSOH Exchange rep?

A: No. HIICAP counselors do not have a direct line for HIICAP as they do for 800-MEDICARE with the SHIP Unique ID

Q: Scenario: Beneficiary is new to Medicare, who doesn't qualify for premium-free Part A but will qualify when spouse turns 62. Currently has QHP with subsidy. Debating whether to enroll in Part B now or wait until GEP. How would you advise client?

A: I would advise client to do a cost comparison. The beneficiary will have a Part B late enrollment penalty for the time s/he did not take Medicare. However, their QHP coverage PLUS the Part B premium penalty may be substantially less money than what they would pay for Part A and Part B for two years.

Q: Can this person still get the subsidy with the QHP even if they enroll in Part B?

A: The subsidy depends on Minimum Essential Coverage. Part B does not qualify as Minimum Essential Coverage so I think they could keep the subsidy as long as they don't have premium-free Part A or enroll in Part A. But, there is still the concern for coordination. We don't know whether the QHP will wrap around Part B or how they will work together. There are currently no regulations indicating where and if QHPs and Medicaid coordinate in situations like this.