

Volunteer continuing education

Statewide Health Insurance Benefits Advisors (SHIBA)

How Medicare and Medicaid work together in Washington state

- Review of SHIBA scope
- Classic Medicaid
- Dual eligibles
- Medically Needy and Spenddown
- Extra Help
- Action steps for SHIBA volunteers

February 2019

For volunteer training only – not for distribution

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Learning aids and handouts for November training

1. Eligibility Overview: Washington Apple Health (Medicaid) Programs
www.insurance.wa.gov/sites/default/files/documents/eligibility-overview-apple-health-medicaid-programs.pdf Handout
2. Medicare Help Rainbow chart
www.insurance.wa.gov/sites/default/files/documents/medicare-help-rainbow-chart_1.pdf See RTC for reference handout
3. Get help paying for Medicare
www.insurance.wa.gov/sites/default/files/documents/get-help-pay-for-medicare-brochure_0.pdf See RTC for reference handout
4. Washington Apple Health (Medicaid) And Long-Term Services and Supports (LTSS) for Adults
www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-619.pdf See RTC for reference handout

5. Calling the Health Care Authority Medicaid Phone System
www.insurance.wa.gov/sites/default/files/documents/calling-hca-medicaid-phone-system_0.pdf Handout
6. Medicare Saving Programs Application Desk Aid
www.insurance.wa.gov/sites/default/files/documents/medicare-savings-programs-application-desk-aid.pdf See RTC for reference handout
7. LIS Application Desk Aid
www.insurance.wa.gov/sites/default/files/documents/extra-help-application-desk-aid.pdf See RTC for reference handout
8. What is a Medicaid Spenddown and how is it Figured?
www.insurance.wa.gov/sites/default/files/2019-01/whats-a-medicaid-spenddown.pdfpage 58

Acronyms

| | |
|-------|--|
| ABD | Aged, Blind, Disabled |
| ABP | Alternative Benefits Plan |
| ACES | Automated Client Eligibility System |
| ADRC | Aging & Disability Resource Centers |
| ALTC | Aging & Long Term Care |
| ALTSA | Aging and Long-Term Support Administration |
| CMS | Centers for Medicare & Medicaid Services |
| CN | Categorically Needy |
| COPES | Community Options Program Entry System |
| CSO | Community Service Office |
| DDA | Developmental Disabilities Administration |
| DSHS | Department of Social and Health Services |
| ESLMB | Expanded Specified Low Income Medicare Beneficiary |
| FPL | Federal Poverty Level |
| HCA | Health Care Authority |
| HCS | Home and Community Services |
| LEP | Late Enrollment Penalty |
| LIS | Limited Income Subsidy or Low-Income Subsidy |
| LTSS | Long-Term Services & Supports |
| MA | Medicare Advantage |
| MAGI | Modified Adjusted Gross Income |
| MN | Medically Needy |
| MSP | Medicare Savings Program |
| OIC | Office of the Insurance Commissioner |
| OTC | Over the Counter |
| PACE | Program of All-inclusive Care for the Elderly |
| Q&A | Questions and Answers |
| QI | Qualified Individual |

| | |
|-------|--|
| QI-1 | Qualified Individual Program |
| QMB | Qualified Medicare Beneficiary |
| RTC | Regional Training Consultant |
| Rx | Prescription |
| S01 | ACES program code for SSI Recipients |
| S02 | ACES program code for ABD Categorically Needy |
| S03 | ACES program code for QMB Medicare Savings Program (MSP) Medicare premium and Medicare copayments |
| S05 | ACES program code for SLMB Medicare Savings Program. Medicare Premium only |
| S06 | ACES program code for QI-1 (ESLMB) Medicare Savings Program |
| SHIBA | Statewide Health Insurance Benefits Advisors |
| SLMB | Specified Low Income Medicare Beneficiary |
| SNF | Skilled Nursing Facility |
| SS | Social Security |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| TSOA | Tailored Supports for Older Adults |
| WA | Washington |

Troubleshooting and sharing time

Share with your group any questions or information:

☐ January topics

- Understanding Medicare enrollment periods
- Module 11: Medicare Advantage plans and other Medicare health plans
- Advising tools and resources
- Counties without Medicare Advantage plans
- Health Home Program

☐ Local topics

Slide presentation: Medicaid and Medicare working together in Washington state

This month's primary objective is for you as a volunteer advisor to be able to screen a person and fill out an application. The slide presentation will cover:

- ☐ Learning objectives
- ☐ SHIBA scope
- ☐ Medicaid
- ☐ Eligibility overview
- ☐ Classic Medicaid
- ☐ Dual Eligibles
- ☐ Rainbow chart
- ☐ SSI-related medical
- ☐ Medically Needy and Spenddown
- ☐ Medicare Savings Program
- ☐ Qualified Medicare Beneficiary
- ☐ SLMB and QI-1
- ☐ What is Extra Help?
- ☐ Long-Term Services & Supports
- ☐ MAGI
- ☐ SHIBA helps with transition to Medicare
- ☐ Warning about Health Homes and MA Plans
- ☐ Eligibility, applying and resources
- ☐ Medicaid benefits not covered by Medicare
- ☐ Benefit package varies
- ☐ How to find out what a client has
- ☐ Action steps for volunteers

The slide presentation starts on page 9.

Notes



Medicaid and Medicare working together in Washington state

Washington SHIBA version – February 2019
For training purpose only – not for distribution to the public

Learning objectives

1. Describe how Medicare and Medicaid work together for someone who has both
2. Articulate SHIBA volunteers' role in screening and helping people apply for Medicaid or any of the Medicare Savings Programs or Extra Help
3. Describe the partner agencies and resources SHIBA volunteers can access when confronted with complex Medicare and Medicaid issues
4. Show volunteers how to use the Extra Help tri-fold and/or Rainbow chart to screen clients for public assistance programs
5. Define what the Spenddown program is and how to refer clients when they have questions about it

SHIBA scope

- SHIBA volunteers should be knowledgeable about all aspects of Medicare and what is covered in the *Medicare & You* handbook.
- We SCREEN and REFER to apply for Medicaid and related programs, such as:
 - Medicare Savings Program (MSP)
 - Extra Help
- We help people NAVIGATE Medicare and understand their coverage options
- We send people with problems to the right place to get help
- We help people to be their own best advocates

Medicaid is “Washington Apple Health”

- Nationally Medicaid is medical assistance for people with limited income and resources.
- Federal and state funded programs
- Each state runs its own Medicaid program with Federal oversight.
- States have some discretion on how benefits are structured and delivered.
- Washington Apple Health is an umbrella term or “brand name” for all Washington state medical assistance programs, including Medicaid.
 - The Health Care Authority (HCA) administers most Washington Apple Health programs.
 - The Department of Social and Health Services (DSHS) administers the Classic Medicaid programs.

Medicaid reference for SHIBA

HCA
Publication
23-315

[https://www.hca.wa.gov/
assets/free-or-low-
cost/22-315.pdf](https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf)



Eligibility overview

- The guide gives an overview of eligibility requirements for Washington Apple Health. It doesn't include every requirement or consider every situation that might arise.
- There are many different Medicaid programs with many different eligibility requirements.
- We will focus on programs that people with Medicare may have.

“Classic Medicaid”

- The term used to describe the Medicaid health care programs administered by the Department of Social and Health Services (DSHS).
- People on Medicare might get these:
 - SSI-Related Medicaid
 - Spenddown/Medically Needy
 - Medicare Savings Programs
 - Long-term services and supports
- Most of these programs have both income and resource limits

People with Medicare & Medicaid

- Thousands of people are age 65 or older or under 65 and on Medicare due to disability

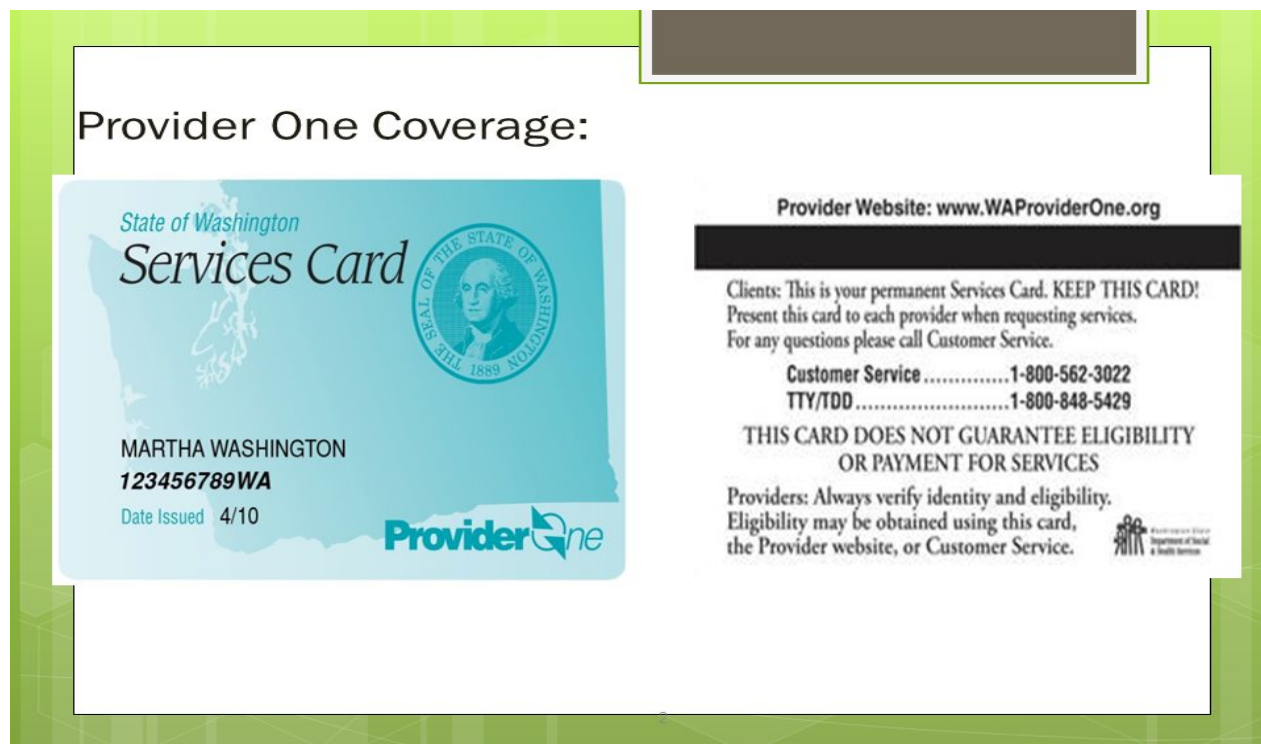
AND

- Also qualify for some kind of Medicaid program due to limited income and resources or functional impairment with a need for long term supports and services

People with both = Dual Eligibles

- Duals have both Medicare and Medicaid.
- If a Medicare beneficiary also has Medicaid then Medicare always pays first. Medicaid is second payer, or the payer of last resort if there's another insurance (i.e. an employer or retiree health plan).
- Once on Medicare, claims are processed FIRST by Medicare A or B or their MA plan (Part C).
- Once on Medicare, outpatient prescriptions are not covered by Medicaid, but by Part D or MA-PD.
- A few drugs that Medicare cannot pay for may be paid by Medicaid.
 - For example, some over the counter (OTC) drugs

Dual clients get a Provider One Services Card



Provider One is Washington's billing system that pays providers for services to clients. To replace the card, call the HCA at 1- 800-562-3022.

Review the Rainbow chart

Medicare Help Rainbow Chart

Updated: February 2018 (Extra Help limits effective immediately. MSP limits effective April 2018.)

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

| Program Income Limit Program Asset Limit | Household Size | |
|---|-------------------|-------------------|
| | 1 | 2 |
| SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid) | \$770 | \$1,145 |
| Medicaid Asset Limit | \$2,000 | \$3,000 |
| MN - Medically Needy / Spenddown Income basis | > \$770 | > \$770 |
| MN Asset Limit | \$2,000 | \$3,000 |
| MSP- QMB | | |
| Income Limit 100% FPL (Federal Poverty Level) | \$1,032 | \$1,392 |
| MSP- QMB Asset Limit | \$7,560* | \$11,340* |
| MSP- SLMB Income Limit 120% FPL | \$1,234 | \$1,666 |
| MSP- QI-1 Income Limit 135% FPL | \$1,386 | \$1,872 |
| MSP- SLMB and QI-1 Level Asset Limit | \$7,560* | \$11,340* |
| Full Extra Help | | |
| Income Limit 135% FPL | \$1,386 | \$1,872 |
| Full Extra Help | | |
| Asset Limit | \$9,060 | \$14,340 |
| Partial Extra Help Income Limit 150% FPL | \$1,538 | \$2,078 |
| Partial Extra Help | | |
| Asset Limit | \$14,100 | \$28,150 |

SSI-Related medical eligibility

- Must be a WA resident
- Must be 65+ (“aged”)
- **OR** blind or disabled (as defined by SSA)
- Under income limit \$750.00 (same as SSI standard)
- Under Resource limit
- Must be Citizen, National, Qualified Alien*

Note:

We will update the Rainbow chart-with 2019 income limits soon.

The Rainbow chart adds \$20 per household (“Income Disregard”)

*Exempt from five-year bar or have met the five-year bar

SSI-Related Medical

- The benefit is Full Medicaid
 - Also known as “Categorically Needy” or CN
 - Sometimes called ABD (Aged, Blind, Disabled) Medicaid or S01 and S02 by DSHS
 - RAINBOW Chart tells what action to take and what it covers
 - MAY also have Medicare
 - If 65 or older
 - If under age 65 and also on SSDI for 2+ years
- MAY NOT also have Medicare
 - If under age 65 and not on SSDI for 2+ years

Medically Needy (MN) and Spenddown

- The Medically Needy (MN) program is a federal and state-funded Medicaid program for individuals who are aged, blind, disabled, pregnant, or a child with income above the applicable CN limits. MN provides slightly less health care coverage than CN and requires greater financial participation by the individual.
- We will focus on the MN program for people who are aged, blind and disabled.

Medicare Help Rainbow Chart

Updated: February 2018 (Extra Help limits effective immediately. MSP limits effective April 2018.)

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

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| MSP- QMB Asset Limit | \$7,560* | \$11,340* |
| MSP- SLMB Income Limit 120% FPL | \$1,234 | \$1,666 |
| MSP- QI-1 Income Limit 135% FPL | \$1,386 | \$1,872 |
| MSP- SLMB and QI-1 Level Asset Limit | \$7,560* | \$11,340* |
| Full Extra Help | | |

Spenddown calculation example

Example: Mark is single, he receives \$1070/month in Social Security Benefits. He has no earned income. He has less than \$2000 in assets.

\$1070

-20 minus unearned standard income deduction

\$1050 countable income or 'net income'

-\$750 minus the state income limit MN one person

\$300 per month "excess income"

Spenddown – base periods

- The base period is the number of months used to calculate the spenddown liability amount
- Base periods can be selected in either 3 or 6 month increments
- An individual may also request retroactive coverage for any or all of the 3 months prior to the month of application

Slide content from DSHS Community Services Division

How DSHS calculates spenddown

- Using the previous example, the client had \$300 per month in excess income
- Spenddown liability would be calculated as:
 - For a 3-month base period: \$900 ($\300×3)
 - For a 6-month base period: \$1800 ($\300×6)

Slide content from DSHS Community Services Division

Meeting the spenddown

- Clients can either provide proof they:
 - Owe their spenddown amount in out-of-pocket costs
 - Paid their spenddown amount in out-of-pocket costs
 - Paid Medicare Part A, B, D premiums (unless on MSP)
- Clients must send this information to DSHS in envelope provided.

Slide content from DSHS Community Services Division

Resources for spenddown

- Client can call 1-877-501-2233 to discuss base period of spenddown
- Spenddown Unit 360-725-7302 – have Provider One or SS# and question ready
- Handout: See the one page “What is a Medicaid Spenddown and how is it figured?”

Medicare Savings Programs

- Medicare Savings Programs (MSP) pay the Medicare premiums and sometimes deductibles/co-insurances and co-payments
- Medicare Savings Programs have an income and resource limit.
- If a person qualified for QMB, SLMB or a QI program, they automatically qualify for Extra Help for prescriptions

Slide content from DSHS Community Services Division

Medicare Savings Eligibility

Medicare Help Rainbow Chart

Updated: February 2018 (*Extra Help limits effective immediately. MSP limits effective April 2018.*)

Screen clients for programs based on household size, month

| Program Income Limit Program Asset Limit | 1 |
|---|-------------------|
| SSI-Related Medicaid Income Limit (AKA Categorically Needy/CN Medicaid) | \$770 |
| <i>Medicaid Asset Limit</i> | <i>\$2,000</i> |
| MN – Medically Needy / Spenddown Income basis | > \$770 |
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| MSP- QI-1 Income Limit 135% FPL | \$1,386 |
| <i>MSP- SLMB and QI-1 Level Asset Limit</i> | <i>\$7,560*</i> |



**Get help
paying for
Medicare**

*See if you qualify for a
Medicare Savings Program
and/or
Extra Help*

 **OFFICE of the
INSURANCE**

Qualified Medicare Beneficiary (QMB)

- Known as S03 Medical Program in ACES by DSHS
- QMB pays for Part A and/or Part B premium; providers aren't allowed to bill client for deductibles, coinsurance and copayments when client gets services and supplies except outpatient prescriptions.
- Client needs to show Medicare or Medicare Advantage and Provider One Services Card to all providers and suppliers
- The client's providers must be contracted with both Medicare and Medicaid

QMB *continued*

- Enrollment starts first of the month following the month eligibility is documented
- Benefits covered: (Works much like a Medigap Plan F)
 - Hospital deductibles
 - SNF copays or co-insurance: days 21-100 (\$170.50 daily)
 - Part A monthly premium (up to \$437)
 - Part B annual deductible (\$185)
 - Part B or C coinsurance or co-pays

QMBs and provider billing

- When a person has Medicare and is on QMB the providers are prohibited from billing any balances to the client.
 - Except possibly small drug co-pays
- If a client gets bills, you can educate them about letting their provider know they have a Provider One card and have QMB. The provider can rebill Medicaid.
- If there's a persistent problem, client can file a complaint with SHIBA.

QMB or spenddown?

People may be on QMB and also be put on a Spenddown.
QMB takes precedence over Spenddown.

| Program name | General eligibility information | What it covers (In general) | Action to take: |
|-------------------------------------|--|---|---|
| Medicare Savings Program-QMB (DSHS) | <p>Must be entitled to Medicare (any age) For QMB:</p> <ul style="list-style-type: none"> Income less than 100% FPL Limited Resources per income chart <p>See page 10 of <i>Eligibility Overview</i> at: https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p> <p>Sometimes people who apply for a MSP are also put on a spenddown (see Medically Needy section).</p> <p>A person who has QMB does not have to meet their spenddown amount before they get help with their Medicare Part A or B copayments or deductibles.</p> | <p>This program acts as a cost-sharing program. It is not the same as full CN Medicaid. It covers</p> <ul style="list-style-type: none"> Medicare Part A premium Medicare Part B premium Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid. If they join a MA PD plan, will not have co-pays or deductibles for anything Original Medicare A/B would cover Automatically ("deemed") eligible for Extra Help Part D will cover Rx May have small Part D co-pays. | <ul style="list-style-type: none"> Apply on line at www.washingtonconnection.org, or by paper application HCA 18-005 Explain to clients DSHS will pay their monthly Medicare Part A and B premiums, and will make it so they should not be billed for any remainder after Medicare pays for Part A and B-covered services. Tell clients to show their Medicare/MA plan card and their Provider One (Medicaid card) to all providers. Check to make sure clients are in the most affordable Part D or MA plan for their needs. They may still have small drug co-pays. Remind them they must respond to Eligibility Reviews from DSHS (usually once per year). |

SLMB and QI-1

- SLMB is known in ACES as S05
 - Income less than 120% Federal Poverty Level (FPL)
- QI-1 is known in ACES as S06
 - Income less than 135% FPL
- Both pay part B premiums only
- Main difference is person must apply each year for QI benefits as applications are granted on first-come, first-served basis

What is Extra Help?

- Program to help people pay for Medicare prescription drug costs (Part D)
 - Also called the Low-income subsidy (LIS)
- People with the lowest income and resources
 - Pay no premiums or deductible, and small or no copayments
- People with slightly higher income and resources
 - Pay reduced deductible and a little more out of pocket
- No coverage gap (donut-hole) or late enrollment penalty (LEP) if you qualify for Extra Help
- Application is through SSA.gov

Medicaid/MSP and Extra Help

- If a person on Medicare is found eligible for Medicaid and/or Medicare Savings Program they will be eligible for Extra Help.
- They will be notified by SSA they are eligible without having to file an application.
 - This is called being “deemed” as eligible
 - Client will get a “purple letter” from CMS
 - Filing both the MSP and the LIS applications may speed up the process

People who do not need to apply for Extra Help

- ☐ People on Medicaid
- ☐ SSI recipients
- ☐ People with QMB, SLMB or QI-1
- Some may not want/need Extra Help for prescription drugs
- Example: People with retiree Rx coverage could lose it if they apply for LIS and get auto-enrolled
 - They can “opt out” of Extra Help

Long-Term Services & Supports (LTSS)

- Program names include:
 - COPES
 - Community First Choice
 - Program of All-inclusive Care for the Elderly (PACE)
 - Nursing Facility Long Term Care
 - Tailored Supports for Older Adults (TSOA)
- Programs include Medicaid coverage
- Clients MAY or MAY NOT be on Medicare
- People on these programs can have higher income and resources than for SSI-Related Medicaid or Medicare Savings Programs
- Must meet financial eligibility and also have a functional assessment of care needs to qualify

- Services are tailored to fit individual needs and situations.
- Services may be authorized by DSHS Home and Community Services (HCS) or Developmental Disabilities Administration (DDA).
- Services enable people to continue living in their homes with help to meet their physical, medical, and social needs.
- When these needs cannot be met at home, care in a residential or nursing facility is available.

Medicaid LTSS services could include:

- Adult day care
- Adult day health
- Caregiver conferences
- Caregiver groups
- Client training
- Transition planning
- Environmental modifications
- Home delivered meals
- Personal emergency response systems
- Dietician/nutritionist
- Behavioral consultation and technical assistance
- Occupational therapy
- Physical therapy
- Substance abuse counseling
- Skilled nursing care
- Service animal
- Transportation services
- Massage
- Acupuncture
- Chiropractic
- Fitness/exercise
- Communication therapy

LTSS reference for SHIBA



DSHS Publication 22-619

<https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-619.pdf>

MAGI Medicaid

- MAGI = Modified Adjusted Gross Income
- The method used to calculate income and determine household composition for deciding eligibility for Apple Health (includes adults, kids, families, caretaker relatives and pregnant women).

This method follows federal income tax filing rules with a few exceptions and has no resource or asset limits.

Adult MAGI Medical

- Part of Medicaid expansion due to Affordable Care Act
- MAGI for adults covers people from age 19 – 65
- Income under 133% of FPL, no asset limits
- Eligibility ends when Medicare begins (regardless of age)

SHIBA helps with transition to Medicare

- Medicare now main payer, may be copays, deductibles, etc.
- Classic Medicaid rules and programs will now apply
- Depending on timing, clients may be “deemed” for Extra Help
- Often need help to apply for MSP or Extra Help
 - May not be eligible if income or assets are too high
- Need counseling about Medicare, choosing plans, how to navigate

Warning about Health Homes and MA plans

Health Home clients with Medicare and Medicaid coverage **must have Original Medicare for their Part A and Part B benefits**. If clients enroll in an MA plan, HCA will automatically disenroll them from Health Home program. This is because they'll have duplicative care coordination benefits through their Medicare Advantage plan.

If clients want to re-enroll in the Health Home program, they can enroll (quarterly) in a Part D plan, which will disenroll them from their MA plan and they would then have Original Medicare plus Part D coverage. They then would still need to meet the usual Health Home eligibility requirements.

Additional information: www.hca.wa.gov/billers-providers-partners/programs-and-services/health-homes

Eligibility is complex so screen and refer

For example:

- Income threshold to qualify for Medicaid is much lower for Medicare beneficiaries than for people not on Medicare.
- Household size impacts eligibility (e.g. grandchild)
- Help people apply, even if you aren't sure they'll qualify
- "When in doubt, fill it out"

Where to apply for Classic Medicaid

- Online
 - www.washingtonconnection.org
- In-person
 - Local Community Service Office (CSO)
 - <https://www.dshs.wa.gov/esa/community-services-find-an-office>

Group discussion opportunity:

Who are your local community partners?

- ALTC, ADRC, other staff?

Resources for Classic Medicaid

- **DSHS Customer Service Contact Center (Classic Medicaid Program):
1-877-501-2233**
- Client letters for individual situations
- Contact HCA to replace Provider One Card or find a provider, submit Medicaid billing complaint, verify coverage:
1-800-562-3022

Some of our shared clients may have Medicaid benefits not covered by Medicare

- 2019 new hearing aid benefit
- Dental
- Transportation
- Eyewear discount program

What is available to our shared clients is determined by the program they qualify for and their individual needs.

Benefit package varies by program

Sometimes called “Scope of Care”

- CN “Categorically Needy”
- MN “Medically Needy”
- ABP “Alternative Benefits Plan”
 - Also known as “MAGI Medicaid”
- *Eligibility Overview* has a chart on pages 12 and 13 of the booklet

How to find out what client has

Calling the Health Care Authority Medicaid Phone System

Available 24/7

| | |
|---|---|
| <p>Instructions for calling the HCA/Medicaid phone system to check Medicaid and MSP enrollment.</p> <p>This phone system was updated in October 2017 and it no longer uses speech recognition, you must enter prompts on the telephone touch pad.</p> <p>Tips for calling:</p> <ul style="list-style-type: none"> You need client's Zip Code, and one of the following: <ul style="list-style-type: none"> Social Security Number or Provider One Number (on the front of a client's Provider One card) Have a pen ready to write what you hear For best results, listen carefully to the prompts before pressing the next button. | Dial 1-800-562-3022 |
| | "This call will be monitored or recorded for documentation purposes..." (WAIT) |
| | "Thank you for calling the Health Care Authority's Washington Apple Health/Medicaid..." (WAIT) |
| | Press 1: English or stay on the line Press 2: Spanish Press 3: Other Languages |
| | "If you have an extension number, press 1 now, otherwise stay on the line" (WAIT) |
| | "You may use one of our self-service options..." (WAIT) |
| | Press 1: Client Self-Service (WAIT) |
| | Press 3: Check eligibility for coverage |
| | Press 2 to enter 9 digit SSN with # at the end |
| | Enter XXX-XX-XXXX# |
| | "Enter Zip Code now" XXXXX |
| | Press 1: To hear benefits for today's date To hear benefits for another date, enter the date using dd/mm/yyyy format. |

Updated April 2018

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Action steps: How volunteers can use this training

- Help clients understand the difference between Medicaid and Medicare
- Screen and help clients apply for Extra Help and Medicare Savings Programs
- Help clients losing MAGI Medicaid to navigate the change to Medicare
- Refer clients to DSHS if they have questions about Spenddown
- Refer clients to Home & Community Services if they have questions about LTSS

Thanks to:

Collaborators and advisors included many contacts from HCA, DSHS and ALTSA

- Mark Westenhaver
- Amy Dobbins
- Andy Som
- Judith Bendersky and Dale Ensign (SHIBA)

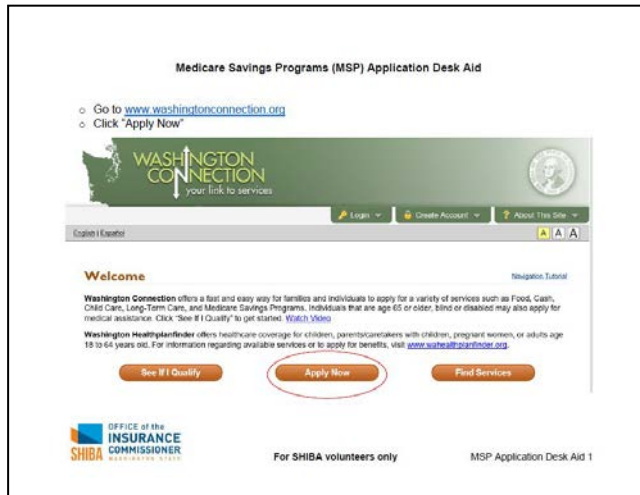
For additional help

For more information, please contact your Volunteer Coordinator, SHIBA Regional Training Consultant or send a note to shiba@oic.wa.gov.

Thank you!

Desk Aids: MSP and Extra Help/LIS application processes

Medicare Saving Program (MSP) application process

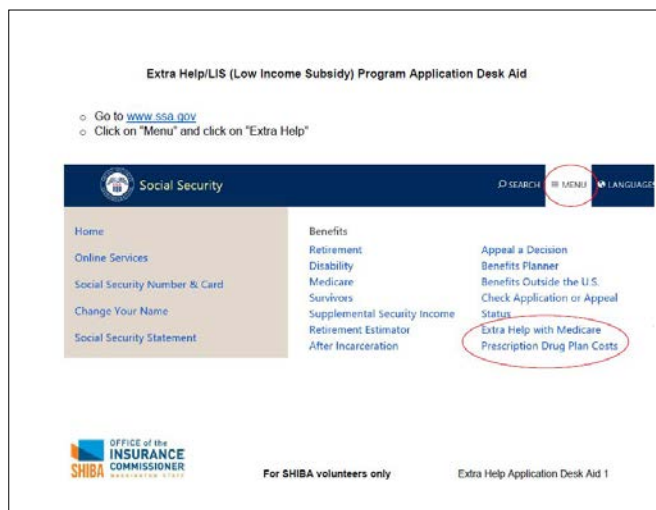


30 pages

Your RTC or VC may have a few copies for review or check [My SHIBA](#).

www.insurance.wa.gov/sites/default/files/documents/medicare-savings-programs-application-desk-aid.pdf

Extra Help/LIS (Low Income Subsidy) application process



16 pages

Your RTC or VC may have a few copies for review or check [My SHIBA](#).

www.insurance.wa.gov/sites/default/files/documents/extra-help-application-desk-aid.pdf

Notes

What is a Medicaid Spenddown and how is it figured

The document on the other side of the page is for your advisor toolbox. It is a reference that may be of use and an example of when to do a referral because you are reaching or are outside of your scope. In this case, a Spenddown conversation would create a referral to DSHS.

See the other side of this page for the document.

What is Medicaid Spenddown and how is it Figured?

When you apply for medical assistance, your income and resources are compared to limits set by the State.

Income is the amount of money you have coming in each month.

Resources are money or other assets available to you. Examples of countable resources include: checking/savings account balances, Stocks, Bonds, IRAs, Burial Funds, etc.

Spenddown is the amount of medical expenses for which you are responsible. Spenddown is like an insurance deductible. You are not liable for the expenses used to meet your approved spenddown period and DSHS will not pay them. DSHS may be able to pay for the balance of the covered services or other expenses incurred within the approved spenddown period.

The amount your spenddown depends on three things:

1. The number of people in your household;
2. The amount of countable income your household has;
3. The medical program for which you are eligible.

****Please Note that when your spenddown base period ends, you will need to submit a new Application for Benefits to set up a new base period.

Here is how your spenddown was figured

\$ _____ SSA/Pension or Retirement/Unemployment Income (Unearned income)
- \$ 20.00 Unearned Income Disregard
= \$ _____ Countable Income
- \$ 750.00 Program Income Limit
= _____ Amount your monthly income is over the State Limit

*If you are working and under age 65, the HWD program may be a better option for you. Ask your financial worker for more information.

If you are married, have dependent children or earnings, the computation is different. Please check your award letter for the correct amount.

Base Periods

The base period is the number of months your income is counted. You may get medical coverage for all or part of the base period.

Medically Needy (MN) coverage begins once you have shown you have incurred expenses that meet the spenddown liability. If you are using current doctor/hospital bills, eligibility begins on the date of service of the bill that met the spenddown.

Important: Give DSHS all your medical bills or coverage may begin later than you need.

A financial worker multiplies the \$ _____ (amount over the State Limit from the box above) by your choice of a 3 or 6 month spenddown base period.

Your 3-month spenddown will be:

\$ _____

Your 6-month spenddown will be:

\$ _____

*Call 1-877-501-2233 to choose a base period that best fits your needs.

Medical Purchasing Administration,
Department of Social & Health Services
Olympia, WA 98504

A financial worker enters all Medical expenses you have incurred or paid. Expenses are entered in service date order to meet your spenddown base period, so be sure you have received all your bills before submitting them to DSHS.

Examples of expenses we allow:

- ✓ Medicare premiums, copayments or coinsurance charges.
- ✓ Unpaid medical expenses owed by you after all primary insurance payments and/or adjustments have been applied by your provider. Proof of unpaid bills must be current and must show the original dates of services.
- ✓ Prescription expenses - receipts must show the name & prescription number of the prescription purchased; the amount paid by you for this prescription; the pharmacy you purchased the prescription from; and the date of the prescription was purchased.
- ✓ Receipts/statements from your providers to show current charges you have incurred.
- ✓ Copayments/payments made by you towards your bills. Receipts must show the date these payments were made. A financial worker will determine if these are allowable expenses – if bills have been used to meet an earlier spenddown, they can only be used once, unless they are unpaid and there's a remaining balance that we did not use in full last time.

- ✓ Mileage used for medical purposes; please keep a log of your round trip mileage for each medical purpose and turn in your log to be applied towards your spenddown.

*DSHS can use medical expenses incurred or paid by all eligible household family members living with you for whom you are financially liable.

Q&A and scenarios

Spend about 20 minutes asking questions about the slide presentation. Consider some scenarios you have encountered. Feel free to share these on the back evaluation page. These examples could be useful for future training.

Below are two examples to get you started and that you can discuss as a group. **Answers are on page 69.**

Scenarios provided by Dave Reynolds, Sound Generations SHIBA volunteer counselor.

Scenarios

1. Spenddown: Client has an income of \$1,500 a month, of which \$900 is her cost for housing. She also has a car loan and credit card payments of \$150 a month, leaving her \$450 a month for food and other necessities. But she is expected to spend down her huge medical bills to the SSI level of \$770 a month for three or six months. She would be in default on her debt payments and could lose both her housing and her car. What can she do?

Notes

2. MSP Asset Test: Client's only income is \$600 a month in Social Security benefits. She recently moved from Florida, where she had full Medicaid, to Washington state, where she's living with her daughter until she can, hopefully, find senior housing. She sold her house in Florida for \$125,000, which is now in her bank account. She would qualify for an MSP on the basis of income but fail the asset test until she's exhausted the proceeds from her house sale. She can't afford to buy a new dwelling here, but hadn't planned on inconveniencing her daughter by moving in permanently. Does she have any recourse?

Notes

Action steps checklist group discussion: Understanding SHIBA scope and referrals

Instructions

1. Review the SHIBA Scope on slide 3 (**page 11** of this packet).
2. Review the action steps on slide 44 (**page 52** of this packet).
3. Using the below steps as a guide, discuss each scenario with your group.
4. Explain how you know when you have reached the limits of your scope as a SHIBA volunteer and need to refer clients to DSHS.
5. Discuss your answers with the group. Your RTC will help guide this activity and answer your questions.

Action Steps checklist with scenarios for discussion

- ☐ **Action Step:** Help clients understand the difference between Medicaid and Medicare.

Georgia calls you about her mother, Lily. She is looking for help choosing a drug plan for her mom. She tells you she thinks her mom has Medicaid and Medicare, but someone told her a person can't have both. Georgia wonders if that's true and says she doesn't really know what the difference is between Medicaid and Medicare anyway. How would you explain these programs to Georgia? If your group has time, get into pairs and practice explaining the two programs in a way that Georgia might understand.

Bonus: Can a person have both Medicare and Medicaid?

Notes:

- ☐ **Action Step:** Screen and help client apply for a Medicare Savings Program.

Rebecca is starting Medicare in a couple of months. She is single and her only income will be Social Security of \$1,300. She has about \$5,000 in an IRA. Use the Rainbow Chart or the Get Help Paying for Medicare tri-fold brochure to help you determine what program(s) you think she should apply for.

What help can you offer?

Examples:

- Go online with client: What's the web address?

- Refer to a fellow SHIBA volunteer.
Name/contact information: _____
- Refer to a community partner. Name/organization/contact
information: _____
- Give a paper application form
- Other? _____

Bonus: Does she need to apply for help with her prescription costs if she's found eligible for a Medicare Savings Program?

Notes:

☐ **Action Step:** Screen and help client apply for Extra Help.

Robert is starting Medicare in a couple of months. He is single and his only income will be Social Security of \$1,500. He has about \$12,000 in an IRA. Use the Rainbow Chart or the Get Help Paying for Medicare tri-fold brochure to help you determine what program(s) you think he should apply for.

What help can you offer?

Examples:

- Go online with client: What's the web address?

- Refer to a fellow SHIBA volunteer.

Name/contact information: _____

- Refer to a community partner.

Name/organization/contact information:

- Give a paper application form

- Other? _____

Notes:

- ☐ **Action Step:** Help clients losing MAGI Medicaid to navigate the change to Medicare.

Samantha is 60 years old and she's been on SSDI for almost two years. She has had MAGI Medicaid for the past two years and she doesn't have to pay anything for her doctors or prescriptions. Her SSDI is \$1,300 per month and she has less than \$3,000 in the bank. She just got a letter from DSHS that says her Apple Health will end at the end of the month because she is starting on Medicare. What can she do? What do you want to be sure she knows? She asks you if she can just drop her Medicare and keep her current plan. What do you tell her?

Notes:

- ☐ **Action Step:** Questions about Spenddown

Samantha tells you she has some kind of "Spenddown" and she needs to understand what it means and what to do. What do you tell her?

Notes:

☐ **Action Step:** Questions about LTSS.

Diana calls about her dad who is starting to have trouble with getting to the toilet, bathing himself and remembering to take his medications. She is afraid he will fall and hurt himself. She asks if Medicare will pay for someone to help him, because he doesn't have a lot of money.

Notes:

Notes

Advanced study resources

These resources are supplemental to this month's topic and provide more in-depth content and information.

2018 Extra Help/LIS copay levels & costs

www.insurance.wa.gov/sites/default/files/documents/extra-help-lis-levels-costs_0.pdf

Adult Dental Coverage

www.hca.wa.gov/assets/free-or-low-cost/22-811.pdf

Automated Client Eligibility (ACES) program codes

www.hca.wa.gov/health-care-services-supports/program-administration/automated-client-eligibility-aces-program

Health Care Authority Adult hearing benefit

www.hca.wa.gov/about-hca/apple-health-medicaid/adult-hearing-benefit

The Medically Needy "Spenddown" Program: Medicaid for Adults 65 and Older or Disabled Who Don't Get SSI

ADVANCED TOPIC: A look at what a spenddown is and what to tell clients.

www.washingtonlawhelp.org/resource/the-medically-needy-spenddown-program-medicai-2

Medicare Limited Income NET Program

www.cms.gov/Medicare/Eligibility-and-Enrollment/LowIncSubMedicarePresCov/MedicareLimitedIncomeNET.html

Medicare Minute Script – June 2017

Medicare and Medicaid

www.insurance.wa.gov/sites/default/files/2017-06/medicare-medicaid-script.pdf

Medicare and Medicaid

www.insurance.wa.gov/sites/default/files/2017-06/medicare-medicaid-handout.pdf

Medicare Minute Teaching Materials – June 2017

Medicare and Medicaid

www.insurance.wa.gov/sites/default/files/2017-06/medicare-medicaid-teach-materials.pdf

Medicare & Medicaid: Dual Eligibles

June 2017 Training

www.insurance.wa.gov/sites/default/files/2017-06/medicare-medicaid-dual-eligibles.pdf

Medicare Help Rainbow Chart

www.insurance.wa.gov/sites/default/files/documents/medicare-help-rainbow-chart_1.pdf

Optical Providers for Adults (by city) Updated 12/1/16

A list of providers with significant discounts on vision hardware to those enrolled in Medicaid.

www.hca.wa.gov/assets/free-or-low-cost/optical_providers_adult_medicaid.pdf

Spenddown

www.dshs.wa.gov/esa/community-services-offices/spenddown

Tribal Income Desk Aid

ADVANCED TOPIC: Be able to explain the considerations for tribal clients in terms of their income and eligibility. This tribal income desk aid helps show which income is counted toward programs like LIS.

www.hca.wa.gov/assets/free-or-low-cost/tribal-income-desk-aid.pdf

Answers for Q&A and scenarios

From page 59

Scenario #1: **Spenddown**

Answer: Here are some things to consider with this scenario:

- Remember your scope. We can't solve everything. At some point it may be best to make a referral.
- Consider various community resources such as food benefits or food stamps.
- Spend time troubleshooting with the client ideas of what she **can** do.
- The point of a spenddown is to show you owe the money but not necessarily that you paid the money.

Scenario #2: **MSP Asset Test**

Answer: After the money is spent, she can apply.

Reminders and future training

Training Evaluation

Please fill out the training evaluation. We value your feedback!

2019 training

| | |
|-----------|--|
| March | Hospitalization and Part A, binder content updates |
| April | Volunteer recognition, what it's like and what it means to you to be a volunteer |
| May | What are the benefits of Part B? |
| June | TBD |
| July | TBD |
| August | No training |
| September | TBD, preparing for open enrollment |
| October | TBD |
| November | TBD, year-end review |
| December | No training |

Content ideas

If you have ideas, include them on your evaluation form and return it to your RTC.

Signature sheets

Be sure and turn in the signature sheet for your Volunteer Handbook if you have not yet done so.

Continuing education evaluation

Date of Training: _____ Training Location: _____

How can SHIBA improve the monthly trainings?

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

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

Other: _____

Optional: If you would like to be contacted, please provide your name and contact information. Someone in our office will contact you. Thank you!

Name: _____

Day Phone: _____ Email: _____

If you prefer to give electronic feedback about curriculum or training, please contact: Diana Schlesselman: dianas@oic.wa.gov or Liz Mercer: lizm@oic.wa.gov.

Thank you!

