

Medicare & Municipals

What you need to know

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- Why Enroll in Medicare
New State Law—Mandate for Medicare Eligibility
- Who Is Affected By the New Law
Retired Employees, Spouses of Retired employees,
Surviving spouses of deceased employees,
Handicapped Dependents of Retired/Deceased
employees.

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- Medicare Entitlement Reasons
AGE, DISABILITY & ESRD
- When To Apply for Medicare
AGE—Retired employee reaches age 65. Retired employee must obtain Part A and Part B. The retiree cannot waive Part B even if the retiree goes to work for a different employer but maintains coverage through the municipality as a retiree.
AGE—Active employee reaches age 65 but is still ACTIVELY WORKING. Active employee should obtain Part A only and defer Part B until retirement

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DISABILITY

Retired Employee who is under age 65 and becomes entitled to Medicare must accept both Part A & Part B when offered and may not waive Part B. Medicare is offered to a disabled person after 24 months of Disability entitlement.

Spouse/Handicapped Dependent (under age 65) of ACTIVE employee and becomes entitled to Medicare should accept Part A but defer Part B until Active employee retires. There is no penalty for the deferral.

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Spouse/Handicapped Dependent (under age 65) of RETIRED employee must accept Part A & Part B when offered after 24 months of eligibility and may not waive Part B.

Surviving Spouse (under age 65) of a deceased employee who receives Medicare for Disability must accept Part A & Part B when offered after 24 months of eligibility and may not waive Part B.

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- ESRD

This entitlement is based on a time frame unlike AGE or DISABILITY which is based on Employment Status. The time frame starts with the **first date of dialysis** and during this **3 month** time frame a member may apply for Medicare. This is called the WAITING PERIOD with BCBSMA as the primary payer for services. There is only 1 Waiting Period assessed in a life time. The Waiting Period is waived if a member does home training or if a member has a transplant with no dialysis.

The next time frame is the **30 month** COORDINATION PERIOD with BCBSMA as the primary payer for services. Once both time frames have been met, Medicare becomes the primary payer for all services. See the example below:

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- **EXAMPLE:**
- Member starts dialysis 01-20-10.
Waiting Period---01-01-10 to 03-31-10.
Coordination Period---04-01-10 to 09-30-12.
Medicare will become primary 10-01-12. Medicare remains the primary payer unless the member has a transplant and goes for 36 months (3 years) without returning to dialysis. Medicare would then deem this a successful transplant and terminate the entitlement for ESRD. If the member returns to dialysis at any time before the 36 months post transplant has ended, Medicare remains primary.

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*****1-**Members can apply for medicare during the Waiting Period and obtain Part A only deferring the Part B until Medicare becomes the primary payer.

*****2-**Members can defer applying for Medicare Part A and Part B until Medicare is the primary payer. Once Medicare becomes the primary payer, the member must obtain Part A & Part B. Medicare COB would explain the time frames to the member and can be contacted at 800 999-1118 and is available from 8 AM to 8 PM EST.

Special/Different Situations

- Retired Employee who has a working spouse or a working former spouse (if court ordered to carry insurance)—the spouse/former spouse must obtain Medicare A & B upon reaching **age 65**. Medicare is primary for the spouse/former spouse, even if she continues to work, because she obtains her insurance benefit as the Spouse/Former Spouse of a Retired Employee. Spouse/Former Spouse may not defer Part B.
- Retired Employee who has a spouse/former spouse/handicapped dependent that becomes entitled to Medicare due to **disability** after the employee retires, the spouse/former spouse/handicapped dependent must obtain Medicare A & B when offered and may not defer Part B.
- Retired Employee who has **less than 40 quarters** (units) and has **no spouse or former spouse** (married for 10 years or more) is **not entitled to Medicare** through employment history as he did not pay into the Social Security System.

Special/Different Situations

- Retired Employee who has less than 40 quarters (units) who has a spouse or former spouse (married for 10 years or more) working or retired who has 40 quarters and spouse/former spouse is **less than age 62** may not yet be entitled but should check with Social Security to see when the retired employee could “piggyback” on the spouse’s quarters for medicare eligibility. If eligible, the retiree must apply and obtain Part A & Part B. The retiree may not waive Part B.
- Retired Employee who has less than 40 quarters (units) who has a spouse or former spouse (married for 10 years or more) working or retired who has 40 quarters and spouse is **age 62 or over** may be entitled to Medicare by “piggybacking” on his spouse’s quarters and should check with Social Security for eligibility. If entitled, the retiree must apply and obtain Part A & Part B. The retiree may not waive Part B.

Special/Different Situations

When visiting Social Security, the retired employee, spouse of retired employee, or surviving spouse must give Social Security all necessary information. Do not omit the fact of a present marriage or a prior marriage that lasted 10 years or more as this may give the retired employee entitlement if the retired employee doesn't have eligibility through their own employment history.

Social Security also offers an On-Line Program to apply for benefits. Go to www.medicare.gov

If the municipal retiree worked for the Railroad prior to working for the municipality or was the spouse of a Railroad employee, retiree or a surviving spouse, the retiree may qualify for Medicare through the Railroad Retirement System. This is identified by the Social Security number and a letter **prefix**—A123456789. A Medicare number is identified by a letter(s) **suffix**—123456789A.

Things to Remember

- Employment Status is the key to determining who is primary for claims payment and why.
- BCBSMA for an active employee
- Medicare for a retired employee if entitled
- Accounts should provide their retirees' exact retirement date to BCBSMA, to identify any employee on W/C or any other unusual circumstances

Things to Remember

- BCBSMA shares files with CMS of all members age 45 + on a quarterly basis. CMS does a comparison of BCBSMA information against their data base and returns a file with medicare information that was not given to BCBSMA by our member. Our team of COB Medicare specialist then works this returned file from CMS, sending requests to an ASC for a specific group for employment status. This team reviews claims once primacy is determined which can result in a credit to the account if claims have been paid incorrectly due to insufficient or incorrect information. This is now more important than ever since Medicare has changed their Timely Filing limit to ONE Calendar Year from the date of service.

Things to Remember

- Contact us through the COB-Medicare mailbox (cob-medicare@bcbsma.com) for any update needed or any question answered. All emails are worked on a 48 hour basis.
- If this is an access to care issue, you can contact the supervisor via email and it will be handled as a priority.