



# Special Populations Training (2)

Dial In Number: 1-855-897-5763  
Conference ID: 84008001

# Today's Webinar

- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

# Reminder

## Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- If you have not yet viewed the previous webinar – Special Populations (1) - it's not too late! You can access the recording on our Spring Training resource web page at: <http://info.nystateofhealth.ny.gov/SpringTraining>
- Once you have viewed Special Populations 1, please report that you have attended or viewed the webinar at [https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Special\\_Populations\\_1](https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1)
- If you are unable to access Survey Monkey, please have your supervisor contact [Assistor.Admin@health.ny.gov](mailto:Assistor.Admin@health.ny.gov) and NYSDOH will send your supervisor the manual process for recertification reporting.

# Presenters

- **Welcome**

Gabrielle Armenia     *Bureau Director of Child Health Plus Policy & Exchange  
Consumer Assistance*

- **Today's Presenters**

Erin Bacheldor     Medical Assistance Specialist, Division of Eligibility and  
Marketplace Integration

Tracie Crandell-LaDeaux     Eligibility Program Manager 1, Division of Eligibility and Marketplace  
Integration

Mary Houlihan     Third Party Liability, Division of Eligibility and Marketplace  
Integration

K. Pamela Lavillotti     Project Manager, Bureau of Child Health Plus Policy &  
Exchange Consumer Assistance

Sara Rothstein     Director of Policy and Planning, NY State of Health

# Special Populations 1

## Here's what you said:

- More than 97% said it “increased my knowledge of the topic(s).”
- More than 96% said “the information will allow me to better assist consumers who are college students, minors living on their own, former foster youth, homeless, and survivors of domestic abuse.”

*“I like the idea that the NY State of Health is addressing areas that have been challenging for Assistors since we started enrolling consumers in 2013.”*

*“The information will help me to better assist our consumers and have a better knowledge of state and federal regulations”*

*“Increase the limit of people who are able to join for the webinar.”*

# Agenda

- Over Age 65 and/or Individuals Eligible for Medicare
- American Indians/Alaskan Natives

# Over age 65 Population

# Over Age 65 Population



As a NY State of Health Assistor, can I work with a consumer who is age 65 or older?

**Yes**— While MOST consumers 65 and older fall into the Non-MAGI population, there are some exceptions to who may be able to get coverage through NY State of Health.



# Over Age 65 Population

Who can I assist in the 65 and older population?

Individuals age 65 and over who are considered MAGI.

# Over Age 65 Population

## Who in the age 65 and older population are considered MAGI?

1. **Caretaker Relative** - relative of a dependent child (who is 18 or under) by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care (as may, but is not required to, be indicated by claiming the child as a tax dependent for Federal income tax purposes), and who is one of the following:

- The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
- The spouse of such parent or relative, even if the marriage is terminated by death or divorce.
- At State option, another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative; or an adult with whom the child is living and who assumes primary responsibility for the dependent child's care.



# Over Age 65 Population

## Who in the age 65 and older population are considered MAGI?

2. Individuals who are ineligible for Medicaid and Medicare, can apply through NY State of Health, and may be eligible for a QHP (with financial assistance, if eligible).
3. Individuals under age 65, in a household with a person over 65, can apply through NY State of Health.



In a family where Jane is 64 and her spouse John is 66, John must be included on Jane's application, however he would be referred to the LDSS in order for Medicaid to be determined for John under Non-MAGI rules.

# Over Age 65 Population

## Who must apply at the LDSS: Non-MAGI Population

- Aged, Blind & Disabled are a Non-MAGI group, and should enroll in coverage through the LDSS/HRA.
  - When a person on Medicaid through NY State of Health turns 65, they are referred by NY State of Health to the LDSS at renewal.
  - An individual, age 65 and older, who is not a parent/caretaker relative, is non-MAGI and *must* apply at the LDSS. This includes those who are dual-eligible for Medicare and Medicaid.

We see that you are currently enrolled in Medicare until [date] Is this information correct? \*

Yes  No

People who are enrolled in Medicare are not eligible for health insurance premium tax credits. We will review your application for other health care assistance programs.

# Individuals Eligible for Medicare and the Over Age 65 Population on NY State of Health

# Over Age 65 Population

## Medicare and The Marketplace

- Under the Social Security Act, individuals who are Medicare beneficiaries are not eligible to be enrolled in a QHP in the NY State of Health.
- This restriction does not apply in the Small Business Marketplace (SBM), or to employer coverage outside of the SBM.

True or False? Having Medicare Part A & Medicare Part B is considered Minimum Essential Coverage.

**True**

True or False? Having Medicare Part A only is considered Minimum Essential Coverage.

**True**



True or False? Having Medicare Part B only is considered Minimum Essential Coverage.

**False**

# Medicare and the Over Age 65 Population

## When to run a Life Status Change (LSC) for a NY State of Health Enrollee

Currently, NY State of Health has special instructions for our over age 65 and Medicare recipients. The instructions vary depending on an enrollees current eligibility.

- Medicaid
- Qualified Health Plan



# Medicare and the Over Age 65 Population



## Life Status Change (LSC) & Medicaid Enrollees

### Under federal requirements:

- Once the person turns 65, they must be referred to LDSS.
- A person who turns 65 will age out of the adult group and does not have Medicaid continuous coverage.

### What will happen in the future?

An enhancement to the system will be added in order to refer this consumer to the LDSS when they are found to be Medicaid Non-MAGI and/or dual eligible.

# Medicare and the Over Age 65 Population

## Life Status Change (LSC) & Medicaid Enrollees

### How to help your consumers now

- Do not run LSC when an individual turns 65 or when their Medicare is starting.
  - NY State of Health runs a systematic check for consumer's in receipt of Medicare.
  - Consumers found to be in receipt of Medicare will be dis-enrolled from MMC and enrolled in MA FFS only.
- For now, the consumer may continue Medicaid coverage for the remainder of the authorization period.
  - This group will be referred to the LDSS at renewal.
  - Upon referral, the LDSS will authorize MA coverage in order to allow sufficient time to renew the individual's eligibility under a non-MAGI eligibility group at the LDSS.
    - 4 months (month of referral plus 3 months)
    - 5 months for NYC (month of referral plus 4 months)
      - ✓ The districts may shorten this time period if the information is received and the consumer is determined ineligible.

# Medicare and the Over Age 65 Population



## Medicare Insurance Premium Payment (MIPP)

- Caretaker relatives over age 65 with Medicare can apply for Medicaid on NY State of Health and may receive reimbursement of Part B premiums, if eligible.
- Consumers who are currently enrolled in Medicaid through NY State of Health who are turning 65 and who will continue Medicaid for the remainder of their authorization period may receive reimbursement of Part B premiums, if eligible.
  - Individuals should contact the Call Center to request the premium reimbursement.
  - Reimbursement can take at least 1 month to be effectuated.
- Upon referral to the LDSS, the LDSS will determine Non-MAGI eligibility and pay Part B under the Medicare Savings Program (MSP), if eligible.

# Medicare and the Over Age 65 Population

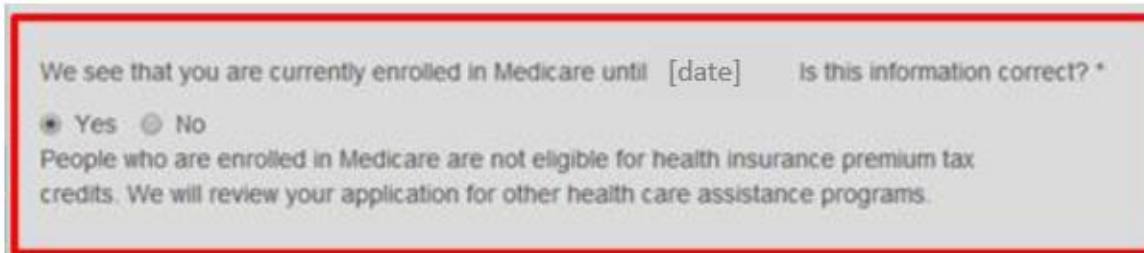
## Life Status Change (LSC) & QHP Enrollees

### Under federal requirements:

- Once the consumer is enrolled in Medicare, they will no longer qualify for APTC & CSR.

## How to help your consumers now

- Run LSC the month before the consumer's Medicare starts.
  - Answer the question about "Other Public Health Care Coverage".



We see that you are currently enrolled in Medicare until [date] Is this information correct? \*

Yes  No

People who are enrolled in Medicare are not eligible for health insurance premium tax credits. We will review your application for other health care assistance programs.

- If consumer answers yes, NY State of Health will terminate QHP enrollment for the individual at the end of the month.
- If consumer wishes to remain in their QHP (without financial assistance), assist the consumer by submitting the case to [CACMail@health.ny.gov](mailto:CACMail@health.ny.gov).

# Medicare and the Over Age 65 Population

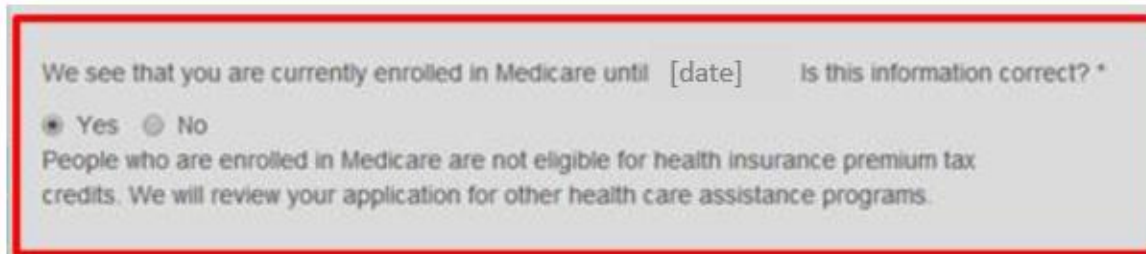
## Life Status Change (LSC) & QHP Enrollees

### Under federal requirements:

- Once the consumer is enrolled in Medicare, they will no longer qualify for APTC & CSR.

### How to help your consumers now

- Run LSC the month before the consumer's Medicare starts.



We see that you are currently enrolled in Medicare until [date] Is this information correct? \*

Yes  No

People who are enrolled in Medicare are not eligible for health insurance premium tax credits. We will review your application for other health care assistance programs.

- If question does not appear when running LSC and consumer wants to be dis-enrolled from their QHP, assist the consumer by marking “No” to “Need Health Insurance”.



Household Member #2 Edit Remove

Legal First Name \*  Legal Middle Name  Legal Last Name \*  Suffix

Gender \*  Male  Female  Need Health Insurance?

# Medicare and the Over Age 65 Population


## Life Status Change (LSC) & QHP Enrollees

Currently enrolled in a Couple plan through NY State of Health



- Phillip (65) – **Subscriber.** Eligible for Medicare starting in July 2015.
- Vivian (64) – Household member, spouse of Phillip.

- Phillip answers “Yes, I am currently enrolled in Medicare”
- OR
- Phillip unchecks the box for “Need Health Insurance”

- Both Phillip and Vivian will be automatically disenrolled from QHP effective the end of the month in which the LSC is completed.
  - If LSC is completed on 6/2/2015
  - If LSC is completed on 6/29/2015  Couple will both be disenrolled effective 6/30/2015.
- If Vivian needs to remain in her QHP, assist the family by re-enrolling her.
  - Mark “Loss of Current Health Coverage” on SEP screen.
- Assist the family by submitting the case to [CACMail@health.ny.gov](mailto:CACMail@health.ny.gov) to:
  - Ensure that there is no gap in Vivian’s coverage (if LSC was completed after 15<sup>th</sup> of the month).
  - Ensure that Vivian continues contributing to her deductible and MOOP for the year. She does not need to start over.



# Medicare and the Over Age 65 Population


## Life Status Change (LSC) & QHP Enrollees

Currently enrolled in a Couple plan through NY State of Health



- Vivian (64) – **Subscriber.** Spouse of Phillip
- Phillip (65) – Eligible for Medicare starting in July.

- Phillip answers “Yes, I am currently enrolled in Medicare”  
OR
- Phillip unchecks the box for “Need Health Insurance”

- Phillip only will be automatically disenrolled from QHP effective the end of the month in which the LSC is completed.
  - If LSC is completed on 7/2/2015
  - If LSC is completed on 7/30/2015  Phillip only will be disenrolled effective 7/31/2015.
- Vivian will stay enrolled in the same plan, but now her QHP is an individual QHP (no longer a couples plan).
- Things to keep in mind:
  - Premium would be affected because an individual plan costs less than a couples plan.
  - APTC will also be affected.

# Medicare and the Over Age 65 Population

## Eligible for Medicare, but not enrolled and not collecting Social Security Benefits

- Can apply through NY State of Health. Most are not eligible for APTC or CSR.
  - Individuals with free Part A can't drop Medicare without also dropping their retiree benefits (Social Security or Railroad retirement) and paying back all retirement or disability benefits they received and all costs spent for their care by the Medicare program.
  - Individuals who are paying a premium for Medicare Part A can drop their premium part A & B coverage (or choose not to enroll when first eligible) and can enroll into a QHP with APTC/CSR, if eligible.

# Medicare and the Over Age 65 Population



## Eligible for Medicare, but not enrolled and not collecting Social Security Benefits

- Federal rules are that Medicare Part B is not considered Minimum Essential Coverage and a person would be subject to the tax penalty.

### NY State of Health

When it comes to Medicare Part B, the order of events matters:

- If someone is enrolled in Medicare (including Part B only) they cannot subsequently enroll in a QHP.
- If they are enrolled in a QHP and then subsequently enroll in Part B only, they can keep their QHP. If they also had APTC, they may continue to receive APTC, if eligible.

### Local Department of Social Services

Consumer could approach their LDSS to get screened for Medicare Part A Buy-In.

Consumer could apply for other programs such as:

- **Specified Low Income Medicare Beneficiary Program (SLIMB)** - This program pays for the Medicare Part B premium only. Individuals can be eligible for SLIMB only or for SLIMB and Medicaid (with a spenddown). The applicant must have Medicare Part A in order to be eligible for the program.
- **Qualified Medicare Beneficiary Program (QMB)** - This program can pay for the Medicare Part A and/or Part B premium. An individual can be eligible for QMB only or for QMB and Medicaid. This program also pays for the Medicare Parts A and B coinsurance and deductibles.

# Medicare and the Over Age 65 Population

## Important Considerations for the Consumer:

- Individuals who do not enroll in Medicare during their initial enrollment period may face penalties and may not be able to enroll if they later apply.
  - Late enrollment penalties are time dependent.
- In addition, individuals who do not enroll in Medicare during their initial enrollment period may not be able to enroll in Medicare generally available enrollment periods and coverage.



Individuals who do not enroll in Medicare during their initial enrollment period may face penalties and may not be able to enroll if they later apply for the rest of their life, if they do not enroll in Part B.

Individuals who do not enroll in Medicare during their initial enrollment period may face penalties and may not be able to enroll in Medicare generally available enrollment periods for a specified period of time.

Individuals who do not enroll in Medicare during their initial enrollment period may not be able to enroll in Medicare generally available enrollment periods (January 1 to March 31) of the following year.

# Medicare and the Over Age 65 Population



## Poll #1

True or False? An individual who is in receipt of Medicare and has income that qualifies them for Medicaid and does not meet one of the qualifications for an exception to the MAGI rules (example: Caretaker relative), should be referred to the LDSS in order to apply for Medicaid.

True.

If they already applied for Medicaid through NY State of Health at the time they become eligible for Medicare, that referral will be done by the Marketplace.

# Medicare and the Over Age 65 Population

## Poll #2

True or False? An individual who has free Medicare part A, can choose not to enroll in or to drop their Medicare Part A and/or Part B coverage and apply for financial assistance in NY State of Health.

**False** – If an individual chooses to drop their Medicare free Part A coverage they would not be eligible for financial assistance on the Marketplace.

Assistors should also be aware of consequences for consumers who choose not to enroll in or choose to drop Medicare coverage.

# Medicare and the Over Age 65 Population

## Questions?



# American Indians / Alaska Natives



# American Indians Alaska Natives

## Federally Recognized Tribe

- Any Indian or Alaska Native tribe, Alaska Native Claims Settlement Act (ANCSA) Corporation (regional or village), band, nation, pueblo, village, rancheria, or community that the Department of the Interior acknowledges to exist as an Indian tribe.

<https://www.healthcare.gov/glossary/federally-recognized-tribe/>

- For information on the American Indian Health Program in New York State:  
[http://www.health.ny.gov/community/american\\_indian\\_nation/](http://www.health.ny.gov/community/american_indian_nation/)

# American Indians Alaska Natives

## Special Benefits – Enrollment

- AI/AN can get an Special Enrollment Period (SEP) for:
  - Continuous Open Enrollment
  - Allowed to enroll and dis-enroll in and out of QHPs 1x/month.
- Can chose to be exempt from Medicaid Managed Care.
  - Consumer should contact the Call Center to request the exemption.
- Children who are enrolled in subsidized Child Health Plus plans will not be required to make any premium contributions.
  - If they are charged, please submit the case to [CACMail@health.ny.gov](mailto:CACMail@health.ny.gov).

# American Indians Alaska Natives

## Special Benefits for AI/AN QHP enrollees with Cost Sharing Reductions (CSRs)

- If the household income is at or below 300% of the Federal Poverty Level (FPL), there will be no cost sharing for services for AI/AN QHP enrollees.
- Regardless of household income, there is no cost sharing if services are provided by an Indian health care provider or through an approved Contract Health Service authorized referral.

# American Indians Alaska Natives

## Special Benefits – Indian Health Coverage Exemption

- American Indians and Alaskan Natives (AI/ANs) and other people eligible for services through the Indian Health Service, Tribal Programs, or Urban Indian Programs (I/T/U) **do not** have to pay the federal penalty for not having health coverage. (Individual Mandate)
- Even if an individual applies for an exemption from the federal penalty, they can still apply for QHPs, Medicaid and CHPlus programs, and still receive services from an Indian health care provider.

<https://www.healthcare.gov/exemptions-tool/#/results/2015/details/tribal>

# American Indians Alaska Natives

## Families with Mixed AI/AN Status Qualified Health Plans (CSRs)

- Because the family all applied on the same application they are all eligible for the SEP.
- In families where members qualify for different levels of CSR (e.g., one American Indian (AI) member and one non-AI member), the members may only enroll together in the CSR variation available to the member who qualifies for the least generous CSR.
  - For example, this means that a couple where only one spouse is AI/AN cannot choose a couple plan and receive the AI/AN CSR benefit. They can only choose the regular, non-AI/AN CSR plan as a couple.



# American Indians Alaska Natives

## Families with Mixed AI/AN Status

### Qualified Health Plans (CSRs)

- In order for the AI/AN member to receive the AI/AN CSR benefit, they need to be on their own account and enroll in a single plan (or family plan if there are other AI/AN household members). Consumers should call the NY State of Health Call Center to do this.
  - This option would lead to a lower APTC for the household when considering the two accounts together, but would allow the AI/AN applicant to take advantage of the AI/AN CSR benefits.
  - If eligible, the household could claim any additional PTC they are eligible for on their tax return.



# American Indians Alaska Natives

## Families with Mixed AI/AN Status

### Child Health Plus Plans

- All children in the family, whether they are exempt from paying the subsidized premium due to AI/AN status, or whether a premium amount is due, can enroll in the same CHPlus plan.
- If there is a premium contribution, it would only apply to the non AI/AN status child.



# American Indians Alaska Natives

**Under federal requirements, does an American Indian/Alaskan Native need to provide documentation to demonstrate membership of a federally recognized tribe?**

- No - Attestation is accepted for Medicaid & Child Health Plus.
  
- Yes - Documentation is required for Qualified Health Plans.
  - Consumer's have 90 days to submit documentation. They have temporary eligibility during this time.



# American Indians Alaska Natives

## Documentation for QHPs

Documents must identify the federally recognized Indian Tribe or ANCSA shareholders that used the document, the name of the individual, and confirms the individual's membership, enrollment or affiliation with the tribe.

- Tribal Membership card from a US Federally recognized tribe, and includes a tribal seal and/or an official signature
- Tribal Consensus Document
- Certificate of Degree of Indian or Alaska Native blood
- A document issues by an Alaska Native village/tribe, or an ANCSA corporation (regional or village) acknowledging descent, affiliation, or shareholder status
- Documents from a US Federally recognized tribe including:
  - Roll or band number
  - Parents' or grandparents' roll or band number and applicants birth certificate or baptismal record indicating descent from parents or grandparents
  - A birth or baptismal record certificate indicating heritage

# American Indians Alaska Natives

# Questions?



## Tool Kit

- Medicare Q & A Document
- Additional information on the IHS Contract Health Services
  - Alaska Native Medical Center – Contract Health Services FAQ
  - Information on Contract Health Services for IHS Providers
- MAGI-based Income Exemptions for American Indians/Alaska Natives

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# Thank you for joining us!

- Watch for surveys
  - Recertification Evaluation of Webinar: Special Populations 2
  - NY State of Health Assistor Recertification Reporting – Special Populations 2
- Watch for the video to be posted to <http://info.nystateofhealth.ny.gov/SpringTraining>

## Next Recertification Training:

**Title: Household Size**

**Date: August 12, 2015**