



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA INFORMATION MEMO

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**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS/ELIGIBILITY STAFF**

**FROM: CHARLES HENRY, EXECUTIVE DIRECTOR, FIA
JOSEPH E. DAVIS, EXECUTIVE DIRECTOR, DHMH/OOE**

RE: DHMH NOTICE ABOUT RECIPIENTS TURNING AGE 65

PROGRAM AFFECTED: MEDICAL ASSISTANCE (MA)

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY:

Policy Change Related to HealthChoice Eligibility When Recipients Turn Age 65

Effective January 1, 2001, the Department of Health and Mental Hygiene (DHMH) amended the HealthChoice eligibility and enrollment regulations, COMAR 10.09.63, requiring Medical Assistance (Medicaid) recipients to be disenrolled from HealthChoice when they turn 65 years old.

- Individuals aged 65 or older are no longer eligible for HealthChoice but are still eligible for Medicaid. Therefore, when recipients turn 65 years old, DHMH's Medicaid program now automatically disenrolls them from their HealthChoice managed care organization (MCO), places them in the Medicaid fee-for-service program¹, and sends them a notice requesting that they apply for Medicare.
- The notice informs customers that delivery of their Medicaid health care services will change once they reach age 65. They will be disenrolled from their HealthChoice MCO at the end of their birth month and enrolled in the Medicaid fee-for-service program.

¹ Under HealthChoice, the Medicaid Program pays managed care organizations (MCOs) monthly, risk-adjusted capitation rates for their enrollees. Service providers are reimbursed by the MCO. Enrollees must obtain their Medicaid covered services through the MCO. In the Medicaid fee-for-service program, the service provider enrolls as a Medicaid provider, bills Medicaid for covered services rendered to qualified recipients, and is paid by Medicaid.

- Recipients should ask their current MCO physician if he/she is enrolled in both Medicare and the Medicaid fee-for-service program. If not, the recipient may call the Medicare Customer Service Line at 1-800-444-4606 for assistance with finding a new physician.

Customers' Application for Medicare

Maryland's Medicaid Program requires everyone turning age 65 to apply for Medicare in order to continue to be eligible for Medicaid through the fee-for-service program.

- There is no risk for the customer to apply. If they are on Medicaid, they do not have to wait for Medicare open enrollment.
- The Medicaid program pays the Medicare Part B premium and the Medicare co-insurance and deductibles. If an individual has not worked enough calendar quarters to qualify for Medicare Part A without charge, Medicaid buys into Medicare Part A for the individual.
- An elderly recipient should apply for Medicare at the Social Security Administration (SSA) district office. The recipient should show the SSA representative his/her Medicaid card and/or DHMH's recipient notice about turning age 65, so that the application will be processed correctly (e.g., SSA will not deny Medicare eligibility because the individual does not have enough working quarters).
- If the recipient receives a bill for any Medicare premiums, the recipient should not pay the bill, but should call the Maryland Medicaid Hotline at 410-767-5800 (Baltimore Area) or 1-800-492-5231.

How the LDSS Worker May Assist the Customer

- The local department of social services (LDSS) worker should continue to remind recipients to apply for Medicare when they turn 65, and provide them with basic information about how to apply for Medicare and about Medicaid benefits for recipients who are dually eligible for Medicare and Medicaid.
- If the recipient refuses to apply for Medicare or needs assistance, the LDSS worker may complete the HCFA-18 "Application for Hospital Insurance" and/or HCFA-4040 "Request for Enrollment in Supplementary Medical Insurance." These forms may be obtained from SSA. The enrollee does not need to sign the application. However, the LDSS would need to submit proofs to substantiate the application, which usually can be taken from the CARES records.

Attached is a copy of the DHMH recipient notice, mailed the month before the Medicaid HealthChoice recipient reaches age 65. Also attached is a copy of a

FIA Information Memo
DHMH Notice About Medicaid When You Reach 65
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transmittal dated April 27, 2001, which was sent to all Medicaid providers to inform them of the HealthChoice regulatory amendments.

INQUIRIES: Local departments may direct questions to Deborah Weathers, FIA Program Analyst, at (410) 767-7994; DHMH's Division of HealthChoice Management at (410) 767-1482; or DHMH's Medicare Buy-In Program at 410-767-5377.

Attachments

cc:	DHR Executive Staff	FIA Trainers
	DHMH Executive Staff	FIA Management Staff
	DHMH Management Staff	Constituent Services