

MEDICARE PREMIUM PAYMENT**0910.05.05**

MinnesotaCare:

Except for Group 1 children, Medicare eligibility may be a bar to MinnesotaCare. See §0910.03 (Types of Other Coverage). If MinnesotaCare enrollees appear to be eligible for Medicare Part A at no cost, use the Medicare Application Referral Letter (DHS 3444) to refer them to the Minnesota regional Social Security Office. See §0911.03.03 (Applying for Other Benefits).

MinnesotaCare enrollees are not eligible for the Buy-In.

MA/GAMC:

The Medicare program has 2 components. Part A covers hospital, hospice, and some home health care. Part B covers doctor services, x-rays, laboratory, and medical supplies.

The following people are eligible for Medicare Part A at no cost:

- < People age 65 and over who are eligible for or receiving RSDI or Railroad Retirement benefits.
- < Other people age 65 and over who had Medicare-covered government employment.
- < People who have been receiving RSDI or Railroad Retirement benefits based on a disability for more than 24 months.
- < People receiving continuous dialysis due to permanent kidney failure or who have had kidney transplants.

Because there is no cost to the enrollee, it is not necessary to review Part A for cost effectiveness for these groups.

People who are age 65 and over who receive only SSI may be eligible for Part A with a monthly premium. People who do not receive SSI but are eligible as QWD's are also eligible with a premium. DHS pays the premium directly to the SSA through the automated Buy-In process. People must be active on QMB or QWD to have Part A premiums paid through the Buy-In. See §0907.21.09.03 (Medicare Supplement Programs: QMB) and §0907.21.09.07 (Medicare Supplement Programs: QWD). For systems instructions, see TEMP Manual TE02.07.327 (Medicare Part A/B and the Buy-In (Part 1)). Also see MMIS User Manual II-38 (Buy-In).

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If a person who is not eligible for QMB or QWD receives Part A with a premium, determine if the premium is cost effective. If cost effective, send the Medicare Part A payment directly to:

HCFA Medicare Insurance
Medicare Premium Collection Center
PO Box 371384
Pittsburgh, PA 15250-7384

People who are enrolled in Part A can enroll in Part B for a monthly premium. Part B premiums are cost effective unless the client has increased premiums due to late enrollment, or the client participates in a group coverage which would terminate with Medicare enrollment. In these instances, refer the case to Benefit Recovery for review of cost effectiveness. See §0910.05 (Current Health Insurance). In all other cases, refer people who are eligible for Part B but who are not enrolled to the Social Security Administration. They must enroll in Part B as a condition of eligibility for MA.

DHS pays Part B premiums through the Buy-In for people who:

- < Are enrolled in QMB, SLMB, or QI-1. See §0907.21.09 (MA Basis: Medicare Supplement Programs).
- OR
- < Receive MA with SSI, MSA or GRH.
- OR
- < Receive MA with Title IV-E adoption assistance, Title IV-E foster care, have 1619(a) or (b) status, or receive MA and MFIP.

People must be enrolled in Medicare before payments can begin through the Buy-In. Use the Medicare Buy-In Referral Letter (DHS 3439) to refer people who are eligible for the Buy-In to SSA if necessary outside the open enrollment period.

There is no advantage to QMB enrollment for people who have MA without a spenddown, are eligible for Part A with no premium and are eligible for the Part B buy-in, such as 1619(a) and (b) enrollees. Enroll SSI-only recipients in QMB to allow payment of the Part A premium.

For instructions on adding (accreting) or removing (deleting) people from Buy-In eligibility, see MMIS User Manual II-38 (Buy-In) and TEMP Manual TE02.07.326 (Enrollment in Medicare Part A and Part B) and TE02.07.327 (Medicare Part A/B and the Buy-In (Part 1)).

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People who become eligible for the Part B Buy-In may receive reimbursement for Part B premiums they have paid. See §0911.09.15.05 (Lump Sum RSDI and SSI Payments) for information on how to treat these payments.

MA-EPD enrollees **must apply for and accept Part B if they are eligible for it. See §0907.21.07.05 (MA for Employed Persons with Disabilities MA-EPD). Reimburse Part B premiums retroactive to the date of MA-EPD eligibility for MA-EPD enrollees who**

< **have incomes no greater than 200% FPG. Do not count spousal income in this determination.**

AND

< **are not eligible for QMB or SLMB under the rules of those programs, including deeming of spousal income and assets.**

EXAMPLE:

Steve receives MA-EPD and Medicare Part B at the standard premium rate. His income is approximately 115% of FPG for a household of 2. His wife, who does not receive MA-EPD, also has income of approximately 115% of FPG for a household of 2. Steve is not eligible for QMB or SLMB because household income exceeds the limits for those programs. Since Steve's income alone is less than 200% FPG, reimburse his Part B premium.

Refer cases in which the enrollee has an increased Part B premium due to late enrollment to BRS for a determination of cost-effectiveness ONLY if the EPD enrollee's income is no greater than 200% FPG. Reimburse the premium if BRS determines it is cost-effective. Do not refer to BRS or reimburse premiums if income is over 200% FPG.

Also reimburse Part B premiums for people on program IM who would be eligible for QMB or SLMB but for their IMD residence. See §0907.27 (MA/GAMC Basis: IMD Residents).

See MMIS User Manual II-37 (Medicare) for instructions on billing DHS for county-reimbursed Medicare payments.