

Michigan Medicare/Medicaid  
Assistance Program (MMAP)  
MPCA - October 2015

# MMAP

- The Michigan Medicare/Medicaid Assistance Program (MMAP) is a free service that helps Medicare beneficiaries make informed health benefit decisions
- MMAP is pronounced MAP
- Medicare and Medicaid provide health care for older adults and people with disabilities
- MMAP Counselors assist with benefit enrollment and problem resolution as needed
- MMAP is funded by several federal grants

# MMAP – SHIP Funding

- SHIP stands for State Health Insurance Assistance Program
- MMAP is Michigan's SHIP – SHIPs were created by federal law, there is one in each of the 50 states, the District of Columbia (DC) and the US territories
- SHIP funding comes from the state Aging and Adult Services Agency (AASA) to MMAP, Inc. through a grant provided by the Administration for Community Living (ACL) under the U.S. Department of Health & Human Services (HHS)

# MMAP – SMP Funding

- MMAP is the Senior Medicare Patrol (SMP) for Michigan
- SMP funding comes directly from the Administration for Community Living (ACL) to MMAP, Inc.
- The purpose of this grant is to help beneficiaries identify Medicare fraud and report it



# MMAP – MIPPA Funding

- Medicare Improvement for Patients and Providers Act (MIPPA)
- This grant funding comes from ACL to AASA and is sub-granted to MMAP, Inc. so that MMAP team members can assist people who need to sign up for Low Income Subsidy (LIS) or Medicare Savings Plan (MSP)
- LIS or Extra Help is available by applying through the Social Security Administration (SSA) for assistance paying for Medicare Part D costs
- MSP is available through Medicaid and provides assistance paying for the Medicare Part B premium

## Other Grants

- The SHIP Innovations grant will provide additional funding to expand training opportunities for MMAP Team Members. Funding comes from ACL to AASA and is sub-granted to MMAP, Inc.
- Two new Integrated Care grants for MI Health Link provide funding for education, outreach and options counseling to people who have both Medicare and full Medicaid. These grants are in targeted pilot areas covering approximately 50% of the state of Michigan. Both grants are federally funded by the Centers for Medicare and Medicaid Services and come to MMAP, Inc. from the Michigan Department of Health and Human Services (MDHHS)

## MMAP's Mission

To educate, counsel and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions

# MMAP, Inc.

- Is a non-profit organization
  - Overseen by a volunteer Board of Directors
- Has Trained Team Members
  - Objective advocates who maintain client confidentiality
- Serves Michigan Residents
  - Through 16 Area Agencies on Aging (AAAs) with 137 MMAP Sites and over 220 Counseling Locations



## Counselors are Trained to:

- Explain Medicare & Medicaid
- Compare or enroll people in Medicare Prescription Drug Coverage
- Review Medicare supplemental insurance options
- Clarify Medicare health plan options
- Assist with applications for Medicaid or Medicare Savings Program (MSP) and Medicare for individuals turning 65
- Help people explore long term care insurance options

## A Counselor Will:

- Provide assistance/guidance about unpaid medical bills
- Assist with applications for Extra Help, the low income subsidy (LIS) for a Medicare prescription drug plan, Medicaid, Medicare, or Supplemental Insurance
- Report Medicare & Medicaid fraud/abuse, or scams and identity theft

# Smart Number

- **1.800.803.7174**
- Routes callers to the closest location with a trained counselor to provide assistance
- Out-of-state callers are referred by MMAP, Inc. to the appropriate location to meet the callers needs

# The Counselors Role

- To be **objective, person-centered** and to **advocate** on behalf of MMAP clients as needed
  - **Objective** – When providing information the counselor will be: impartial, neutral, unbiased, independent and factual
  - **Person-centered** – What does the client want, not what the counselor thinks is best, not the easiest course of action for the counselor
  - **Advocate as needed** – The counselor always empowers the person to make decisions and take action; the counselor will act on behalf of the client...with their input as needed

# Team Member Benefits

- Make a difference in their community
- Assist people with health benefits
- Save people money
- Positively impact other's lives
- Meet new people
- Experience professional growth
- Educate the Michigan public
- Be part of a dynamic team

# Questions?

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MMAP  
Executive  
Director

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517.886.1242



A decorative border surrounds the page, consisting of various colored rectangular blocks in shades of blue, grey, and orange, arranged in a grid-like pattern.

Medicare

# What is Medicare?

- Health insurance for people
  - 65 and older
  - Under 65 with certain disabilities
  - Any age with End-Stage Renal Disease (ESRD) or Lou Gehrig Disease (ALS)



# Who Runs Medicare?

- Centers for Medicare & Medicaid Services (CMS)
  - Administers program
- Social Security Administration (SSA)
  - Enrolls most individuals
  - Railroad Retirement Board (RRB) enrolls railroad retirees

# The Four Parts of Medicare



**Part A  
Hospital  
Insurance**



**Part B  
Medical  
Insurance**

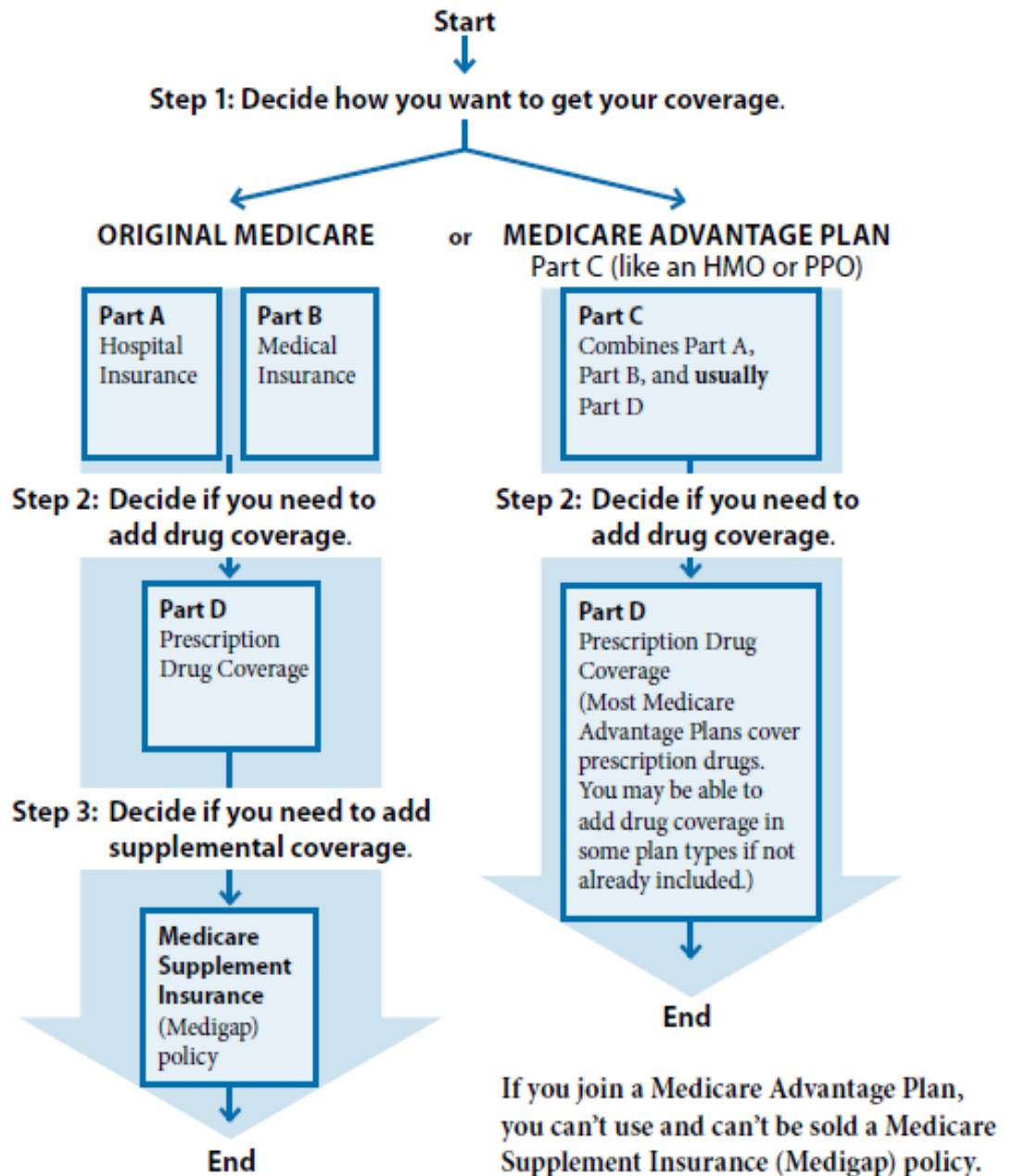


**Part C  
Medicare  
Advantage Plans  
(like  
HMOs/PP  
Os)** Includes  
Part A, Part B  
and sometimes  
Part D



**Part D  
Medicare  
Prescription  
Drug  
Coverage**

## Individuals decide how they want to get their Medicare coverage



# Enrolling in Medicare

- Automatic enrollment for those receiving
  - Social Security benefits
  - Railroad Retirement Board benefits
- Initial Enrollment Period Package
  - Mailed 3 months before
    - Age 65, or
    - 25th month of disability benefits
  - Includes a Medicare card



# Medicare Card

- Keep it and accept Medicare Part A and Part B
- Return it to refuse Part B
  - Follow instructions on back of card

Front

Back

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
<b>1-800-MEDICARE (1-800-633-4227)</b>				
NAME OF BENEFICIARY <b>JANE DOE</b>				
MEDICARE CLAIM NUMBER <b>000-00-0000-A</b>	SEX <b>FEMALE</b>			
IS ENTITLED TO <b>HOSPITAL MEDICAL</b>	(PART A) (PART B)	EFFECTIVE DATE <b>07-01-1986</b>		
SIGN HERE →		<i>Jane Doe</i>		

1. Carry your card with you when you are away from home.  
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under Medicare.  
3. Your card is good wherever you live in the United States.


**I DO NOT WANT MEDICAL INSURANCE**  Check Here

Written Signature (or Legal Representative)  
SIGN HERE

Signature by Mark (X) Must Be Witnessed

Signature of Witness  
Address of Witness

**WARNING:** Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.

  
Centers for Medicare & Medicaid Services  
Baltimore, MD 21244-1850  
Form CMS-1968 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227) or visit us at [www.medicare.gov](http://www.medicare.gov).

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.
2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.

# How and When to Enroll in Medicare

- If enrollment isn't automatic
  - For instance, people still actively working
  - They need to enroll with Social Security
    - Visit a local office, or
    - Call 1-800-772-1213, or
    - Visit [Socialsecurity.gov](http://Socialsecurity.gov)
  - If retired from Railroad, enroll with Railroad Retirement Board
    - Call your local RRB office or 1-877-772-5772

# When to Enroll in Medicare

- People don't have to be retired
- Their Initial Enrollment Period (IEP) lasts 7 months
  - Begins 3 months before their 65th birthday
  - Includes the month they turn 65
  - Ends 3 months after they turn 65
- There are other times people may enroll
  - But they may pay a penalty if they delay

# Original Medicare

- Part A – Hospital Insurance helps cover
  - Inpatient hospital care
  - Skilled nursing facility (SNF) care
  - Home health care
  - Hospice care
  - Blood
- Part B – Medical Insurance helps cover
  - Doctors' services
  - Outpatient medical & surgical services, supplies
  - Clinical lab tests
  - Durable medical equipment
  - Preventive services





# Part C – Medicare Advantage (MA)

- Health plan options approved by Medicare
  - Another way to get Medicare coverage
  - Still part of the Medicare program
  - Run by private companies
- Medicare pays plan an amount
  - For each member's care
- May have to use network doctors or hospitals
- Types of plans available may vary

# How Medicare Advantage Works

- Still in Medicare with all rights and protections
- Still get Part A and Part B services
- May include prescription drug coverage
- May include extra benefits
  - Like vision or dental
- Benefits and cost-sharing may be different

# When & How Can Some One Enroll in an MA Plan?

- During their 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
  - October 15 – December 7 each year
  - Coverage begins January 1
- May be able to join at other times
  - Special Enrollment Period
- Contact the plan to join
  - Call their number
  - Visit their website or
  - Use the Medicare Plan Finder at [Medicare.gov](https://www.medicare.gov) or
  - Contact MMAP - 1.800.803.7174

# Part D – Medicare Prescription Drug Coverage

- Available for all people with Medicare
- Provided through
  - Medicare Prescription Drug Plans
  - Medicare Advantage Plans
  - Some other Medicare health plans

# How Medicare Part D Works

- It's optional
  - Medicare beneficiary can choose a plan and join
- Plans have formularies
  - Lists of covered drugs
  - Must include range of drugs in each category
- They pay the plan a monthly premium
- They pay deductibles and copayments
- There is Extra Help to pay Part D costs
  - If some one has limited income and resources

# Who Can Join Part D?

- Person must have Part A and/or Part B
- Person must live in the plan's service area
- Person can't live outside the U.S.
- Person can't be incarcerated
- Person must actively enroll to join
  - In most cases no automatic enrollment

# When Can Someone Enroll in a Part D Plan?

- During your 7-month Initial Enrollment Period
- During the yearly Open Enrollment Period
  - October 15 – December 7 each year
  - Coverage begins January 1
- May be able to join at other times
  - Special Enrollment Period

# What is a Medigap Policy?

- Medicare Supplement Insurance Policies
  - Sold by private companies
- Fills gaps in Original Medicare
  - Deductibles, coinsurance, copayments
- All plans with same letter
  - Have same coverage
  - Only costs are different





# Medicare & the Health Insurance Marketplace

# Medicare and the Health Insurance Marketplace

- Medicare isn't part of Marketplace
- Marketplace doesn't affect some one's Medicare choices
- Medicare's benefits aren't changing because of the Marketplace
- If some one joined a Marketplace plan before they were eligible for Medicare, they can cancel the Marketplace plan once Medicare coverage starts

# Medicare & Marketplace

- If you have Medicare the Marketplace Call Center, an assister, or Agent/Broker cannot enroll you in a Marketplace QHP
  - EVEN if you only have Part A or Part B coverage!
- One Exception!
  - If you are an active worker, you may enroll in an employer SHOP Marketplace QHP
  - SHOP coverage may pay first, before Medicare (this depends on the size of your employer)
  - If you delay Medicare enrollment because you have employer coverage through SHOP, you won't have a late enrollment penalty if you enroll anytime you have SHOP Marketplace coverage, or within 8 months of losing that coverage (if employer has 20 or more employees).
    - **This doesn't include COBRA coverage.**

# Choosing Marketplace Instead of Medicare

- If you want to enroll in a Marketplace plan
  - You would need to drop Part A and Part B to be eligible to get a Marketplace plan
  - If you're also receiving Social Security benefits, you would have to drop your Social Security if you drop Medicare
- If you delay enrolling in Medicare after your Initial Enrollment Period ends, a late enrollment penalty may apply
  - You'd only be able to enroll during the Medicare General Enrollment Period
  - Pay a late enrollment penalty for as long as you have Medicare

# Terminating Medicare for Marketplace Plan

- If you're enrolled in premium Part A and Part B, or Part B only
  - You can disenroll from Medicare and choose a Marketplace plan
  - You can qualify for advanced premium tax credit (APTC) or cost sharing reduction (CSR) if you meet eligibility requirements
- Enrolled in Medicare premium free Part A
  - Must withdraw the application for Social Security benefits
  - Pay back all Social Security and Medicare benefits received
  - Lose APTC and CSR

# Medicare & Medicaid

Revised 10/7/2015

# Help for People with Limited Income and Resources

- Medicaid
- Medicare Savings Programs
- Extra Help

# What are Medicare Savings Programs?

- Help from Medicaid paying Medicare costs
  - Pay Medicare premiums
  - May pay Medicare deductibles and coinsurance
- Often higher income and resources amount than for Medicaid
- Income amounts change each year
- Some states offer their own programs



# Who Can Qualify For Medicare Savings Program?

Medicare Savings Program	Individual monthly income limit (2014)*	Married couple monthly income limit (2014)*	Helps pay your
Qualified Medicare Beneficiary (QMB)	\$993	\$1,331	Part A and Part B premiums, and other cost-sharing (like deductibles, coinsurance, and copayments)
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,187	\$1,593	Part B premiums only
Qualifying Individual (QI)	\$1,333	\$1,790	Part B premiums only
Qualified Disabled & Working Individuals (QDWI)	\$3,975	\$5,329	Part A premiums only

# What is Extra Help?

- Help paying Part D prescription drug costs
- Social Security or state makes determination
- People automatically qualify if they get
  - Both Medicare and full Medicaid
  - Supplemental Security Income (SSI) only
  - Help from Medicare Savings Programs
- The individual or someone on their behalf can apply



Resources

# What resources are available to help?

- Medicare website
  - Medicare.gov



- Medicaid website
  - Medicaid.gov



- Social Security website
  - Socialsecurity.gov



# For More Information

- Medicare & You Handbook
- 1-800-MEDICARE (1-800-633-4227)
  - TTY users should call 1-877-486-2048
- Your State Health Insurance Assistance Program (SHIP) -  
MMAP 1.800.803.7174
- CMS National Training Program
  - [cms.gov/outreach-and-education/  
training/cmsnationaltrainingprogram](https://www.cms.gov/outreach-and-education/training/cmsnationaltrainingprogram)