

OVER 65 APPLICATIONS (S-MBR), MEDICARE PART-D AND THE UNCOMPENSATED CARE POOL

This document has been prepared to address concern about the impact of Medicare Part-D on UCP users (section 1), and the extension of the integrated eligibility process for those pool users who are over 65 (section 2).

1. MEDICARE PART D & UCP

1.1 Medicare Beneficiaries and Prescriptions through the UCP

After the initial Part D enrollment period, Low Income/Medicare patients not otherwise covered by a “creditable” prescription drug plan are subject to a 1% Part D premium penalty for each month they fail to enroll. Low Income Patient status permits providers to submit UCP claims for prescription drugs but is not “creditable coverage,” – that is, coverage that is as good as Medicare coverage and would therefore exempt an individual from the premium penalty.

Low Income/Medicare patients who do not enroll in Part D can continue to receive medically necessary prescriptions through the UCP at hospitals and CHCs. They may however, be subject to the 1% premium penalty if they need to enroll in a Part D plan after the initial enrollment period.

For Low Income/Medicare patients that enroll in a Part D plan, the UCP will continue to provide “wrap around” coverage for prescription drugs including those not listed on a patient’s Part D plan formulary. Providers may submit claims for co-pays and deductibles that are the patient’s sole responsibility, as well as any prescriptions filled during a plan’s coverage gap. Part D premiums are not UCP Eligible Services and remain the patient’s responsibility. Low Income Patients may elect to pay Medicare Part D co-pays and deductibles in order to apply these incurred TrOOP (True Out of Pocket) costs toward their catastrophic coverage threshold

1.2 MassHealth and Medicare Dual Eligible Members with UCP coverage

Dual eligibles will automatically be enrolled into a Medicare Part D prescription plan by Medicare. Part D premiums and co-pays remain the patient’s responsibility as they are not UCP Eligible Services. However, the UCP may be billed for medically necessary drugs not listed on a patient’s Part D plan formulary.

1.2.1 Dual Eligible Members Who “Opt-Out” of Part-D

Prescription drugs may not be billed to the Pool for dual eligible Medicare/MassHealth members who are auto-enrolled in Part D but who then choose to subsequently disenroll.

2. UCP & OVER 65 POPULATION

2.1 Overview of VG/S-MBR Determinations for MH and UCP

Virtual Gateway applications and paper S-MBRs now determine both MassHealth and UCP eligibility for the Community Elder population. By using this application, a patient aged 65 or older may receive a MassHealth or UCP determination.

Once providers are trained to use the new Virtual Gateway application for seniors, Electronic Free Care applications may no longer be used for this population. Electronic Free Care Applications may only be used for confidential applications, and for Medical Hardship applications.

2.2 Wrap-Around Coverage for the Age 65 and Older Population

Individuals found eligible for the MassHealth senior programs may also have UCP eligibility for some services not covered by MassHealth.

This is subject to any annual revision of 114.6 CMR 12.00.

If a patient is dually eligible for both Medicare and MassHealth, the UCP will always be the payer of last resort and will only pay for services not covered by either program.

2.3 UCP Eligibility and the Asset Test

UCP determinations do not require an asset test (with the exception of Medical Hardship applications). However, to apply for the UCP, all patients must first apply for MassHealth. The application for patients aged 65 and older requires an asset test to determine eligibility. The information provided in the asset portion of the MassHealth application is used to determine MassHealth eligibility but does not factor into the UCP determination.