Who Pays First FAQ

Frequently asked questions: Medicare, Medicaid, Spenddowns and Waiver Obligations

This document addresses frequently asked questions related to UCare's CEU, Who Pays First: Understanding Medicare, Medicaid, Spenddowns and Waiver Obligations, addressed during the live CEU event.

1. **When a member gets Medicare Part C, do they still keep Medicare A, B, and D?**
   Answer: Yes, however, their Medicare products are rolled into one plan with Medicare Part C (aka Medicare Advantage plan)

2. **Are there any situations where a member who has qualified for SSDI for 24 months, but has not yet been enrolled in Medicare?**
   Answer: No, if a member qualifies for SSDI, they would be eligible for Medicare benefits after the waiting period.

3. **How do people get SMRTD?**
   Answer: Members submit an application to their county of financial responsibility. The county financial worker will assess MA eligibility and send a referral to the SMRT at DHS for disability determination.

4. **If someone isn't auto-enrolled, should they reach out to SSA to start enrollment?**
   Answer: If a member is not auto-enrolled into Medicare, they should reach out to SSA. If a member is receiving SSDI for 24 months, they will be automatically enrolled into Medicare Parts A&B in month 25.

5. **Is SMRT a short-term Disability status for people who are going to full disability?**
   Answer: SMRT is a temporary disability status for people working to become certified disabled.

6. **Is there a reason someone would want to stay FFS vs going with an MCO?**
   Answer: A few reasons may include, but are not limited to, provider networks, prescription formulary, or, for SNBC only, not wanting to participate in care coordination.

7. **Does MSHO require Medicare coverage?**
   Answer: Yes, MSHO is a dual product that combines Medical Assistance and Medicare coverage in one plan.

8. **How do they actively choose an MCO? What is the process?**
   Answer: Member should work with their financial worker to elect a voluntary program if they do not wish to utilize the default plan option.

9. **Are MSHO benefits paid through taxpayer dollars or paid by MCO**
   Answer: MSHO is inclusive of Medical Assistance and Medicare coverage, which are both state and federal programs. This means they are funded by both state and federal dollars. When a person enrolls in MSHO, they have to choose an MCO. The MCO they are enrolled in pays for the members' medical benefits.

10. **Do members who don't pay their spenddown end up on the transfer list?**
    Answer: When a member is disenrolled from the MCO due to non-payment of a monthly spenddown, they will appear on the enrollment roster with a status of "Member Termed."

11. **Do they get a 90-day grace period after the 3 months of non-payment?**
    Answer: No, because MA isn't termed, the 90-day grace period does not apply.

12. **If someone doesn't pay their spenddowns for 3 months, chooses to go off of MSHO, and goes fee-for-service, down the road, can they go back on MSHO if they pay the back spenddowns?**

Answer: No, members cannot enroll in MSHO with a spenddown.

13. **Do members avoid spenddowns if they enroll in FFS?**
    Answer: No, a spenddown is related to their MA benefits and the financial responsibility of someone over assets to otherwise qualify for MA.

14. **Do they only have a spend down if they have a waiver, or do they have to have MA as well?**
    Answer: Spenddowns are related to accessing MA coverage, not waiver status. When a person is over the income and asset limit to receive MA, a spenddown is a way for them to pay a "premium" to enroll with MA.

15. **Does DHS remind members of missed spenddown payments before the 3-month period is up?**
    Answer: Yes, members receive a letter letting them know they will be disenrolled if they do not pay the amount owed.

16. **What happens if a member falls off MA and chooses not to pay their waiver obligation or spenddown balance?**
    Answer: A waiver obligation is not accrued when EW services are not provided. In addition, a waiver obligation is paid to the EW service provider. If a member does not pay their waiver obligation, the EW service provider may choose to no longer work with the member in the future. A spenddown is not owed when the member is inactive with MA.

17. **Why can SNBC have a designated waiver obligation provider and MSHO cannot designate a provider?**
    Answer: For SNBC, a designated provider is allowed for services carved out of the SNBC plan (not paid by the MCO). Examples of this are CADI services and PCA/CFSS. Because they are not paid by the MCO, the MCO exclusion for designated providers does not apply.

    When a member opens to Elderly Waiver, those services are managed and paid for by the MCO, unlike CADI. In this case, the exclusion does apply, and a designated provider cannot be used. The waiver obligation is applied to the first providers who bill for services until the obligation is met.

18. **Is a medical spenddown paid to a provider, like an expensive test/procedure at the hospital?**
    Answer: A medical spenddown is paid to DHS monthly, regardless of medical services received.

19. **Providers are saying claims take up to 2 months for payment from UCare. This is causing high bills to members that are confusing.**
    Answer: Providers can expect payment within 30 days for a clean claim. Claims sent for review can take longer.

20. **How do we respond to DME providers who tell members that their equipment isn't covered by Medicare, so they can't bill UCare for MA-covered items?**
    Answer: DME providers should always bill Medicare first when a member has non-integrated Medicare as their primary insurance, even if the item will not be covered by Medicare. MA will not pay without a Medicare contribution or denial.