

Assisting Clients Transition from MAGI OHP to Medicare

Whenever we talk about OHP, we need to be specific as to which OHP we are referring; those on MAGI OHP through Oregon Health Authority (OHA) or those on DHS MSP or Full Medicaid OHP+/OSIPM.

If the client's Medicare effective date has occurred, then MAGI/OHP/CCO may continue to pay for some of their Medicare costs, deductibles and coinsurances may be covered. They may show up as auto deemed for LIS (even if they aren't financially eligible). What the OHP/CCO won't pay for is prescriptions and some DME.

Clients first hear that their MAGI OHP coverage might have changed when the pharmacy tells them they don't have drug benefits anymore. At that point enrolling them in a PDP is a best practice and LINET could be in effect until the effective date of the PDP. Contacting the MMA hotline with the clients name, SSA number, pharmacy name and phone number will facilitate LINET becoming active until Part D effective date. If client has received a letter from SSA saying that Part B will be deducted from their social security calling the state Medicaid buy-in office can help stop that deduction from happening, giving time for determination for MSP. We often need to pave the way at the pharmacy to understand about LINET. The client should be given a brochure to take with them to the pharmacy. [The brochure is available online.](#)

Some clients are concerned that if they are no longer eligible for these financial subsidies they will be in trouble or have some pay back. No payback or issues of wrong doing will be pursued in these cases.

For complicated cases that don't fit any of the above triage situations, instead of putting clients through the phone run around, we have been advised by OHA/OHP to gather the client's personal data - name, DOB, SS# and phone – along with a brief description of the situation the client is experiencing. Fax this information to us and we will forward it to administration at MAGI OHP so they will work the case and transfer to APD.

APD will then contact the client by letter and provide the MSP (539A) application to determine eligibility for financial subsidy. After the application is processed, a determination is made and the client will receive notice by mail of benefit level or when their benefits will end. If the client receives a termination of Medicaid subsidy, that letter creates either an SEP for MAPD or a G.I. for a Medigap Supplement.

So long as they have not been notified by MAGI OHP by letter that their benefits have ended, they should continue to be covered by "wrap around" subsidy with Medicare as primary and MAGI OHP/CCO as secondary.

Another process happening in some cases is the MAGI OHP/CCO may automatically enroll a client in the MAPD/SNP insurance company that is connected to the CCO. Often the names are the same and this can have ramifications that cause issues too. First the client may not comprehend they have left the CCO and are now in a SNP.

They client may not be eligible for the SNP even if they do qualify for QMB and they will eventually get a notice saying they are not eligible for the SNP thus another phone chase begins for them. They can also be told the MAPD benefits are the same as the CCO which they are not and they end up accruing copay debts they cannot afford to pay.

Now, as with anything related to Medicare, this is sometimes, maybe and it depends. Some people move and do not notify of address change or they may have received a letter but missed it. In those cases a non-response to a MAGI OHP renewal application will cause termination within 45 days. No letter of termination will be sent and the case will not be forwarded to the local APD.

Below is what MAGI OHP, APD, and SHIBA are using as a “best practice” for triaging client transitions going from MAGI OHP to Medicare and possible dual eligibility:

Step 1:

- Does the individual actually have Medicare with a current effective date?
- Are they not getting prescriptions filled through OHP/MAGI/CCO at their pharmacy? (SHIBA to do PDP enrollment and inform client about LINET)
- Did they receive a letter from SSA informing them that Part B premium payments will be deducted from social security benefits?

Step 2:

- Fax case data to Salem SHIBA Central office 503-947-7092. Include client's name, SS#, DOB, phone number, plus brief description of problem to be resolved. For now each case will be worked on a case-by-case basis.

The intent of faxing the cases to the state office is so that the main OHA 5503 office can see what clients are experiencing during the transition from MAGI OHP to Medicare and possible MSP in order to make improvements to that process.

Sincerely,

Donna & Miranda