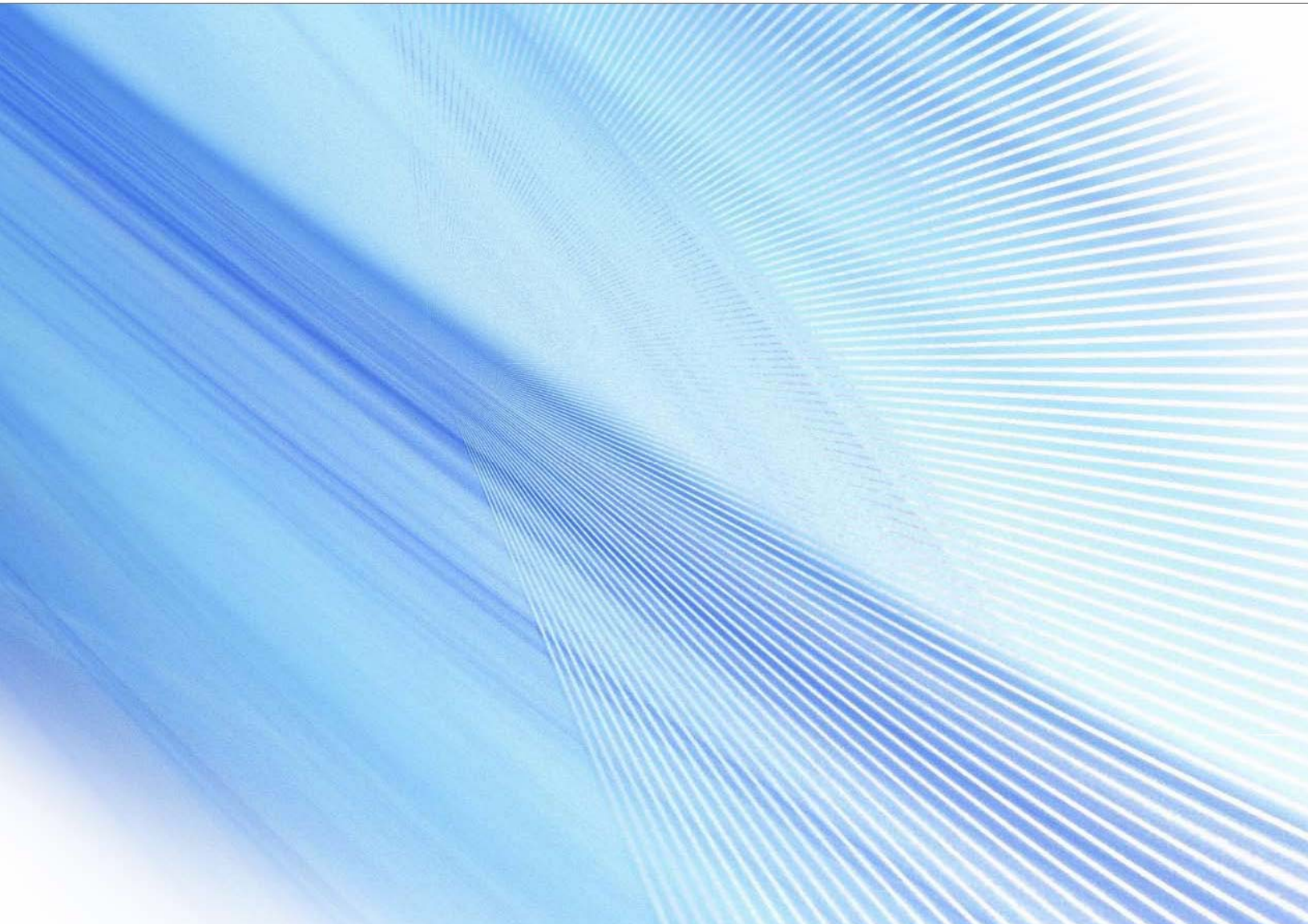




Medicare Eligibility Guidance

For Patients with Amyotrophic Lateral Sclerosis (ALS)



Synapse Biomedical, Inc. has prepared this background to assist its clinical site coordinators working with ALS patients to ensure that their patients have all government health and benefit support that they are entitled to as a result of their condition.

Patients Whose Third Party Private Insurance Has Rejected Coverage

The vast majority of patients with ALS will be entitled to Medicare (Part A and B) coverage, which covers the cost of care associated with investigational device studies. When ALS patients are granted Social Security Disability Insurance (SSDI), they are automatically enrolled into Medicare Part A. Medicare entitlement begins approximately five months after an individual is deemed disabled by the Social Security Administration (SSA).

If a patient has chosen not to purchase Medicare Part B coverage because they already have primary coverage via private third-party insurance, they may wish to consider enrolling in Part B in order to have coverage for Part B services associated with the investigational treatment. ALS patients who are enrolled in Medicare Part A may immediately enroll in Part B without any waiting period or penalty. Those who delay enrollment in Part B may be subject to a waiting period and/or premium surcharge for late enrollment based on the time elapsed after Part A enrollment and/or the status of their employer-based coverage.

ALS Patients Entitled to Expedited Disability Reviews - Compassionate Allowances

On October 27th 2008, the SSA announced the implementation of a new initiative designed to speed disability applications for people with rare diseases and cancer whose medical conditions are very severe.

The purpose of the new initiative is to speed disability applications for people with rare diseases and cancer whose medical conditions are very severe. Under the new initiative, SSA has included ALS on a list of conditions that automatically qualify for expedited reviews. When combined with the SSA's Quick Disability Determination process, and once fully implemented, this two-track system could result in six to nine percent of disability claims, the cases for as much as a quarter million people, being decided in the six to eight day range.

Social Security launched this expedited decision process with a total of 50 conditions. A list of the first 50 impairments, 25 rare diseases and 25 cancers can be found at:
www.socialsecurity.gov/compassionateallowances.

If Your Patient Has Not Applied for SSDI, It May Not Be Too Late

If you are working with an ALS patient who has not applied for SSDI benefits that will lead to Medicare coverage, the following pages provide guidance on application and documentary requirements. Note that the process to gain coverage for Medicare by application for SSDI could take 6 - 8 days under the new SSA Compassionate Allowances



Social Security Disability Insurance (SSDI)

The Compassionate Allowances (CAL) initiative is designed to quickly identify diseases and other medical conditions that invariably qualify under the Listing of Impairments, like ALS, based on minimal, but sufficient, objective medical information.

All CAL-identified conditions are entered into the SSA Predictive Model (PM) and are selected for CAL processing based solely on the claimant's allegations. Like Quick Disability Determinations (QDD), CAL cases will receive expedited processing within the context of the existing disability determination process.

CAL cases are similar to Terminal Illness (TERI) claims, although not all CAL cases involve terminal illness. For example, a person with a spinal cord injury could qualify as a compassionate allowance – even if he or she is expected to live for many years.

Medicare

In 2001, Congress passed landmark legislation benefiting the ALS community. The usual 24-month waiting period for Medicare was eliminated for SSDI recipients disabled by ALS. Medicare entitlement now begins concurrently with cash benefits, approximately five months after an individual is deemed disabled by SSA.

Can someone apply for SSDI and qualify for benefits while they are still working?

Yes. Even if a person is working, they may qualify for disability benefits if the SSA determines that the work is not “substantial gainful activity” (SGA). SGA is generally determined by the amount of their monthly earnings. If their monthly earnings are over a certain amount, the SSA will consider them to be engaged in substantial gainful activity and not qualified for benefits. In 2008, the monthly SGA amount is \$940. A diagnosis of ALS does not exempt them from the SGA requirement. If the person is unsure whether he or she meets the SGA requirement, they can contact the A.C.C.E.S.S. program at 888-700-7010 to determine if they qualify. For more information, please refer to Sections 5 and 6 of the Social Security Handbook at http://www.socialsecurity.gov/OP_Home/handbook/handbook-toc.html.

How do I apply for SSDI benefits?

There are two ways that you can apply for disability benefits:

- 1 Apply at www.socialsecurity.gov; or
- 2 Call the toll-free number, 1-800-772-1213, to make an appointment to file a disability claim at your local Social Security office (see: [Social Security Office Locator](#)) or to set up an appointment for someone to take your claim over the telephone. The disability claims interview lasts about one hour. If you schedule an appointment, a Disability Starter Kit will be mailed to you. The Disability Starter Kit will help you get ready for your disability claims interview. If you apply online, the Disability Starter Kit is available at: www.socialsecurity.gov/disability.

When should I apply and what information do I need?

It can take a long time for the SSA to process an application for disability benefits (3-5 months). To apply for disability benefits, you will need to complete an application, using the Disability Starter Kit below, for Social Security Benefits and the Disability Report by following the necessary steps:

Disability Starter Kit

1 Fact Sheet: “What You Should Know Before You Apply For Social Security Disability Benefits”

The fact sheet at [www.socialsecurity.gov/disability/Adult StarterKit Factsheet.pdf](http://www.socialsecurity.gov/disability/Adult%20StarterKit%20Factsheet.pdf) includes the definition of disability and answers questions about applying for disability benefits. It provides a link to the online application and Adult Disability Report.

2 Checklist: “Adult Disability Interview”

This is a checklist of information and documents to have ready for your disability interview or when you complete the online Disability Report. It can be found at [www.socialsecurity.gov/disability/Adult StarterKit Checklist.pdf](http://www.socialsecurity.gov/disability/Adult%20StarterKit%20Checklist.pdf).

You can also print the Disability Report, complete it and return it to your local Social Security office (see: [Social Security Office Locator](#)). The following information is needed to process a SSDI application:

- Social Security number
- Birth or baptismal certificate
- Names, addresses and phone numbers of the doctors, caseworkers, hospitals and clinics that took care of you and dates of your visits
- Names and dosages of all the medicine you take
- Medical records from your doctors, therapists, hospitals, clinics and caseworkers that you already have in your possession
- Laboratory and test results
- Summary of where you worked and the kind of work you did
- Copy of your most recent W-2 Form (Wage and Tax Statement) or, if you are self-employed, your federal tax return for the past year

3 Worksheet: “Medical and Job Worksheet”

The worksheet found at [www.ssa.gov/disability/Adult Starterkit Worksheet.pdf](http://www.ssa.gov/disability/Adult%20Starterkit%20Worksheet.pdf) can help you prepare for your disability interview. It lists information that the SSA representative will ask you as well as provides space to write down this information. The SSA representative will ask for this information during your disability interview.

Alternatively, you can complete the [Adult Disability Report](#) online. Patients have the option to print the Adult Disability Report a page at a time as you complete it, or you can print a summary of the report when you are finished.

Once SSA collects the information, the decision about disability will be made by a designated state agency called a Disability Determination Service (DDS.) The applicant may receive correspondence from both SSA and the DDS. The formal decision will be provided to the applicant by mail. Initial claims decisions typically take 3 to 4 months. However, shorter or longer processing times are possible. *One of the best things applicants can do to shorten processing time is to supply full medical records at the time of filing, or alerting treating physicians to reply expeditiously to any requests for medical records from the DDS.*



Supplemental Security Income (SSI)

Even if an ALS patient has never worked, he or she may be entitled to Supplemental Security Income (SSI). SSI is a monthly benefit paid to people who are aged, disabled and/or blind and who have limited income and resources. When applying for SSI at your local Social Security office (see: [Social Security Office Locator](#)), bring your Social Security number, birth certificate or proof of age, as well as information about your home and medical care.

People who receive SSI benefits are often eligible for other programs such as food stamps and Medicaid. It is possible for patients to receive both SSDI and SSI benefits at the same time.

How do I apply for SSI benefits?

If you are applying for SSI, you must complete the application one of two ways:

- 1 Make an appointment at your local Social Security office (see: [Social Security Office Locator](#)); or
- 2 Call the toll-free number at 1-800-772-1213 to ask for an appointment with a Social Security representative, which can be conducted either in-person at a local Social Security office or over the phone. The claims interview lasts about one hour.

What is needed for the SSI application process?

The following information is needed to process the SSI application:

- Social Security card or a record of your Social Security number
- Birth certificate or other proof of your age
- Information about the home where you live, such as your mortgage or your lease and landlord's name
- Payroll slips, bank books, insurance policies, burial fund records and other information about your income and the things you own
- Names, addresses and telephone numbers of doctors, hospitals and clinics that you have been to, if you are applying for SSI because you are disabled or blind
- Proof of U.S. citizenship or eligible noncitizen status

In addition, you should also bring and provide a checkbook or other financial papers that show bank, credit union or savings and loan account number, so benefits can be deposited directly into your account.

Frequently Asked Questions About ALS Patients and Medicare

If someone is found disabled and eligible for SSDI beginning in the past and the five-month waiting period has already ended, do they qualify for Medicare retroactively?

Yes. If a person has ALS, they become entitled to Medicare as soon as they become entitled to SSDI payments – *the first month after they have completed the five-month waiting period.*

What is Medicare?

Medicare is a federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). Medicare is available to the following groups of individuals:

- Persons age 65 and older and their spouses; or
- Persons eligible for SSDI (and some disabled civil service workers not eligible for SSDI due to not having paid FICA taxes).

Medicare has four parts:

Part a (HosPital insurance)

Part A helps pay for care in hospitals as an inpatient, skilled nursing facilities, hospice care and some home health care. This coverage is free to SSDI recipients.

Part B (Medical insurance)

Part B helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as physical and occupational therapy, and some home health care. Part B helps pay for these services and supplies when they are medically necessary. There is a monthly premium for this coverage. If an individual is also a Medicaid recipient, their monthly premium for Medicare may be paid by their Medicaid benefits.

Part c (Medicare advanta^ge)

Part C allows you to choose to receive all of your health care services through a provider organization. These plans may help lower your costs of receiving medical services, or you may get extra benefits for an additional monthly fee. You must have both Parts A and B to enroll in Part C.

Part d (PrescriPtion dru^s covera^ge)

Part D is voluntary and the costs are paid for by the monthly premiums of enrollees and Medicare. Unlike Part B in which you are automatically enrolled and must opt out if you do not want it, with Part D you have to opt in by filling out a form and enrolling in an approved plan.

I have Medicare Part A because of a disability, but did not enroll in Medicare Part B because I am working and have group health plan coverage through my current employer. When can I enroll in Medicare Part B?

If you did not enroll in Medicare Part B when you were first eligible because you or your spouse were working and you were covered by a group health plan through an employer or union based on this current employment, you can enroll in Medicare Part B during the Special Enrollment Period. These rules also apply if you were covered by a large group health plan based on a family member's current employment.

Should someone wait to get the information from their doctor before they apply?

No. The date a person applies can affect the benefits that are received, so individuals are encouraged to apply as soon as they believe they cannot continue to work. SSA can get the rest of the required information after the application is submitted. SSA can help collect the information needed to complete an application.

What about the widows and widowers that are left without their spouses? Can they go back and reapply for retroactive SS benefits that should have been paid to their spouses before?

If a person's spouse has died within the past three months, they should contact SSA immediately. There are special provisions for filing applications for SSDI for workers who have died, but they must be filed within three months after death. If someone's spouse had already filed an application for SSDI or SSI, or started the application process with SSA before he or she died, the widow/widower may be entitled to back benefits.

What If An Applicant Is Denied Social Security Benefits?

Individuals might be denied SSDI benefits for a number of reasons including:

- Not enough time worked and paid into Social Security
- Not a U.S. citizen
- Not considered disabled
- Failure to cooperate with SSA

A person who is denied benefits from Social Security has appeal rights with strict time limitations. Consider referring to the A.C.C.E.S.S. program at 888-700-7010 for free representation or advice.

Additional Resources:

- Social Security Administration: 1-800-772-1213; www.ssa.gov
- Medicare Information Line: 1-800-MEDICARE (1-800-633-4227); www.medicare.gov
- Medicare Rights Center: 1-800-333-4114; www.medicarerights.org