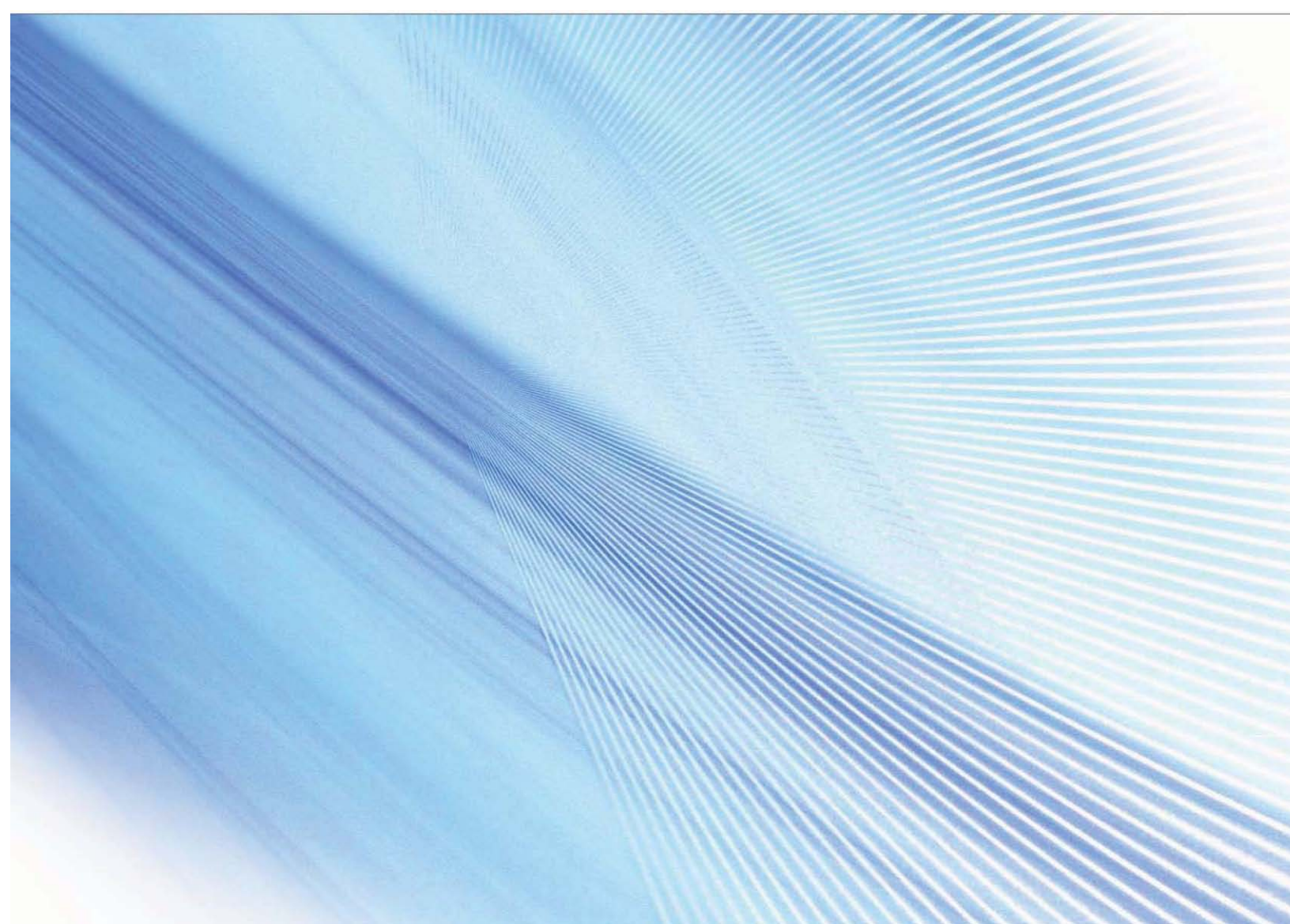


Medicare Eligibility Guidance



For Patients with Amyotrophic Lateral Sclerosis (ALS)



Medicare Eligibility Guidance

Synapse Biomedical, Inc. has prepared this background information for clinicians who work with persons with ALS and their caregivers to ensure that they may access all government health insurance and financial benefits to which they are entitled as a result of their medical condition.

OVERVIEW

Most ALS patients are entitled to Medicare coverage, even if private health insurance has limited or denied payment for ALS-related treatment.

The majority of individuals with ALS are entitled to Medicare coverage, which pays the cost of approved healthcare services associated with a Humanitarian Use Device (HUD). Normally, Medicare eligibility begins approximately five months after an individual is deemed “disabled” by the Social Security Administration (SSA).

However, in October 2008, the SSA announced the implementation of a new initiative designed to speed approval of disability applications for people with rare diseases and cancers whose medical conditions are very severe.

The SSA has included ALS on its list of conditions that automatically qualify for this expedited review. When combined with the SSA Quick Disability Determination process, compassionate allowance could result in some disability claims being decided within six to eight days. A complete list of the conditions and diseases currently eligible for expedited review can be found at <http://www.ssa.gov/compassionateallowances/conditions.htm>

When persons with ALS receive Social Security Disability Insurance (SSDI), they are automatically enrolled into the Medicare hospital insurance program (Part A).

Persons with ALS are also eligible to purchase Medicare medical insurance (Part B). If an individual has chosen not to purchase Part B coverage because he or she already has employer-sponsored health insurance, they may also consider enrolling in Part B in order to have health insurance coverage non-hospital medical services associated with the HUD. 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-sponsored coverage.

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 background information and guidance on application and documentation requirements.

Note that the application process for Medicare coverage after applying for SSDI could take only 6 – 8 days under the SSA Compassionate Allowances Initiative.

BACKGROUND

Social Security Disability Insurance (SSDI)

The Compassionate Allowances (CAL) Initiative is designed to quickly identify diseases and other medical conditions that qualify for SSDI based on minimal, but sufficient, objective medical information on an applicant. ALS is listed as one of the qualifying conditions. 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 (QDDs), 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 illnesses. For example, a person with a spinal cord injury could qualify for a compassionate allowance – even if he or she is expected to live for many years.

Medicare Coverage for Those with SSDI

In 2001, Congress passed landmark legislation eliminating the 24-month waiting period for SSDI recipients disabled by ALS. So for people with ALS, Medicare entitlement now begins concurrently with cash benefits.

Q: Can someone apply for SSDI and qualify for benefits while still working?

A: **Yes.** Even if a person is working, he or she 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 the individual's monthly earnings. If his or her earnings exceed a certain amount, the SSA will consider him or her to be engaged in substantial gainful activity and not qualified for benefits. In 2012, the monthly SGA amount is \$1010.

- A diagnosis of ALS does not exempt the individual from the SGA requirement. If the person is unsure whether he or she meets the SGA

requirement, he or she can contact the A.C.C.E.S.S. Program by toll free telephone at 888-700-7010 to confirm qualification.

- For more information, please refer to Sections 5 and 6 of the Social Security Handbook at http://socialsecurity.gov/OP_Home/handbook/handbook-toc.html .

Q: *How do I apply for SSDI benefits?*

A: There are two ways to apply for disability benefits:

- 1) Apply online at www.socialsecurity.gov , or
- 2) Call 800-772-1213, toll-free, to make an appointment to file a disability claim at your local Social Security office or to set up an appointment for someone to take your claim over the telephone. (See <https://secure.ssa.gov/apps6z/FOL/fo001.jsp>)
 - a. 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 review. If you apply online, the Disability Starter Kit is available at <http://www.socialsecurity.gov/disability> .

Q: *When should I apply and what information do I need?*

A: You should apply as soon as you believe that you meet the eligibility criteria for coverage. It can take a long time for the SSA to process a standard application for disability benefits (3-5 months), though the SSA Quick Disability Determination process may expedite processing of some disability. To apply for disability benefits, you will need to complete an application by following the steps outlined below:

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

The fact sheet at <http://www.socialsecurity.gov/disability/Factsheet-AD.pdf> includes the definition of disability and answers questions about applying for Social Security 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 have for your reference when you complete the online Disability Report.

The checklist can be found at:

http://www.ssa.gov/disability/disability_starter_kits_adult_checklist.htm. The following information is needed to complete 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 other 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 <http://www.socialsecurity.gov/disability/SSA-3381.pdf> can help you prepare for your disability interview. It lists information that the SSA representative will ask you and provides you space to write down this information. You can also complete this form online at <https://securssa.gov/apps6z/radr/radr-fe> . You 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 you 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 DDS.

Supplemental Security Income

Even if a person with ALS 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 <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>), 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 to receive both SSDI and SSI benefits at the same time.

Q: *How do I apply for SSI benefits?*

A: 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 <https://secure.ssa.gov/apps6z/FOLQ/fo001.jsp> , or
- 2) Call the toll-free number at 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 interview will last about one hour.

Q: *What is needed for the SSI application process?*

A: The following information is needed to process the SSI application:

- Social Security card or a record of your Social Security number
- Birth certificate of other proof of 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 US 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 numbers, so benefits can be deposited directly into your account.

Other Frequently Asked Questions About ALS Patients and Medicare

Q: *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?*

A: Yes. If a person has ALS, they become entitled to Medicare as soon as they become entitled to SSDI payments.

Q: *What is Medicare?*

A: Medicare is a federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). Medicare is available to the following groups or 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** provides hospital insurance. Part A helps pay for care in hospitals as an inpatient, in skilled nursing facilities, in hospice care and in some home health care. This coverage is free to SSDI recipients.
 - **Part B** provides medical insurance. This helps pay for doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, including 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, his or her monthly premium for Medicare may be paid by Medicaid.
 - **Part C** is also called "Medicare Advantage." Part C allows you to choose to receive all of your healthcare 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 Part A and Part B to enroll in Part C.
 - **Part D** provides prescription drug coverage. Part D is voluntary and the costs are paid for in part by the monthly premiums of enrollees. 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.

Q: *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?*

A: 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, 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 employer.

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

A: 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.

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

A: If a person's spouse has died within the past three months, he or she should contact SSA immediately. There are special provisions for filing applications for SSDI 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.

Q: *What if an applicant is denied Social Security benefits?*

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

- Not enough time worked and paid into Social Security
- Not a US 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.

Q: *If I'm rejected by my Primary Insurer for the NeuRx DPS(r) treatment should I wait to file for SSDI until my appeal is reviewed?*

A: You can concurrently process your appeal with your insurer while initiating your SSDI application.

Additional resources:

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