Medicare and other health insurance considerations for adults

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Introduction

* Insurance Overview
* Keeping a Dependent on a Parent’s Policy Past Age 26
* MassHealth and Premium Assistance
* How Social Security affects coverage
* Medicare for disabled adults

About Us

* + The Insurance Resource Center for Autism and Behavioral Health
	UMass Chan Medical School, E.K. Shriver Center
	[www.massairc.org](http://www.massairc.org/)  774-455-4056
	+ A Resource for Consumers, Providers, Employers, and Educators on Issues Related to Medical Insurance for Autism and Behavioral Health Treatments
		- Information and technical assistance by phone/e-mail
		- Assistance with issues related to accessing coverage for treatment, including MassHealth questions and issues.
		- Access to documents including Legislation, FAQ’s, Agency Bulletins, etc.
		- Webinars and Trainings on Insurance Laws and Related Topics

Insurance Overview

Private

* Fully Funded Private Plans – State Regulated. Massachusetts plans mandate coverage for autism treatments with no age limit.
* Self-Funded Plans – Federally Regulated. May or may not include coverage for autism and behavioral health Treatments.

Public

* Mass Health
* Medicare

Keeping a Dependent on a Parent’s Policy

* Under the ACA, children can remain under a parent’s policy until age 26.
* Disabled dependents can usually remain on a parent’s policy after age 26.
	+ Parents need to apply to their employer for this coverage – advised to do so well before dependent turns 26.
	+ **After a dependent turns 26 they are not able to be added back to a parent’s policy,** regardless of disability.

Why is this important for people with ASD?

* Currently, private insurance plans are the only plans that continue coverage for ABA into adulthood.
* For adults with ASD who need insurance-funded ABA, it can only be accessed through private insurance.
* It can be very difficult, or sometimes impossible, for an adult with Medicare and MassHealth to access private insurance other than through a parent’s policy.

Medicaid – aka MassHealth

* Several different types of MassHealth
* Eligibility and type is determined by several factors, including:
	+ Income
	+ Age
	+ Special Circumstances (including having a disability)
	+ Citizenship or Immigration Status
* Must be a Massachusetts resident to get MassHealth

People with Disabilities

* Are usually eligible for MassHealth regardless of income.
* May be charged a premium for MassHealth if income is above certain levels.
* Are eligible for MassHealth even if they have other insurance.
* Two most common types of MassHealth for people with disabilities are:
	+ MassHealth Standard
	+ MassHealth CommonHealth

MassHealth Premium Assistance

* Premium Assistance is a program within MassHealth and is available for people who are covered under Standard or CommonHealth.
* For people with Employer Sponsored Insurance and MassHealth, Premium Assistance may reimburse the ***entire*** cost of the Employer’s insurance (up to ~$1,300 per month).
* Premium Assistance can be an extremely helpful benefit for families of people with disabilities.

MassHealth Premium Assistance

* The disabled person must live with the policy holder.
* Individuals who receive Medicare (or are Medicare eligible) aren’t eligible.
* Policies must meet certain requirements - high deductible policies are often not eligible.

Social Security “101” - SSDI vs. SSI

**How can I tell which Benefit I can get?**

**SSI vs SSDI**

Financial need Eligibility Basis Work-History

YES Resource Limits? NO

Medicaid/

MassHealth Health Insurance **Medicare (after 24 mos)**

1st of the month Payment Details Any day but the 1st

How does SSI affect Insurance

* In most states, Medicaid eligibility is automatic when you apply for SSI. (But not CT or NH)
* Individuals are still (and usually should) remain on Private Insurance
* In Massachusetts, MassHealth needs to be notified of private insurance.

When you receive MH with SSI (Massachusetts)

* Contact MassHealth and submit Third Party Liability Form (TPL) – The Insurance Resource Center can assist.
* Do NOT enroll in an ACO plan if you have private insurance. If assigned an ACO plan, contact MassHealth
* Do NOT drop Private Insurance – (even if MassHealth Customer Service advises this).
* Apply for MassHealth Premium Assistance to get potential reimbursement for private insurance.

Medicare coverage for disabled adults under age 65

Most common path:

* Individual has a disability that started prior to age 22
* Parent starts their own Social Security benefits
* Disabled adult child (DAC) begins receiving SSDI/DAC benefits (based on parent’s record)
* After 24 months, DAC is automatically enrolled in Medicare

Medicare coverage for disabled adults under age 65 (continued)

* If DAC was previously covered by MassHealth, that coverage continues – referred to as “dual eligible”
* Disabled adults may also have coverage under parent’s private health insurance
* Medicare usually becomes primary insurance
* MassHealth always pays last
* Refer to IRC Fact Sheet for additional details

Other paths to SSDI/Medicare

* + Disabled individual becomes eligible on their own work record
	+ Parent becomes disabled and starts receiving SSDI benefits (DAC also receives SSDI)
	+ Parent dies after having qualified for Social Security benefit but before taking benefits (DAC/survivor benefit)

Problems with the addition of Medicare coverage

* Disruption in accessing insurance coverage for Behavioral Health treatments after obtaining Medicare
	+ Medicare does not explicitly cover the service
		- Medicare is a “defined benefit” insurance
	+ Medicare does not accept provider type used for service
	+ Medicare is unable to provide the denial required for other insurance to pay the claim

Example #1

Carlos receives Applied Behavioral Analysis therapy, provided by a Board-Certified Behavior Analyst and covered by his parent’s employer-sponsored private insurance, without age limitation. After going on Medicare, Carlos’s private insurer refused to pay for ABA without a denial from the primary insurer, Medicare.

* + There is no Medicare billing code for ABA (it’s not a covered service).
	+ BCBAs are not eligible to be Medicare providers.
	+ Bottom line: The provider couldn’t submit a bill to Medicare and receive a denial.

Example #2

Before going on Medicare, Caitlin, a young autistic adult who uses an Assistive Communication Device, was receiving Cognitive Behavior Therapy (CBT) from a Licensed Mental Health Provider who accepted MassHealth.

Problem:

* 1. The Licensed Mental Health Provider was not eligible to be a Medicare provider and so could not submit a claim to Medicare that would trigger a denial.
	2. Because Medicare covered CBT, MassHealth suggested that Caitlin get treatment from a Social Worker (the provider type eligible to bill Medicare for this treatment).

Negative outcomes

**Carlos**: After months of unpaid bills, the private insurer came up with a “klugey” workaround. With each bill, Carlos must attach a cover letter stating: “[provider] does not participate with Medicare for the time period of the claim (itemizing each day of service) and that [provider] has never had a relationship with Medicare.”

**Caitlin**: Caretaker was unable to identify any Social Workers that offered the needed treatment. Because of Medicare’s lack of flexibility with respect to eligible providers and MassHealth’s rigid adherence to its third-party liability rules, Caitlin was cut off from a necessary and proven behavioral health treatment.

Understanding the problem

* Obtain a better understanding of Medicare coverage of behavioral health/mental health services
	+ In general
	+ With respect to autism in particular
* Identify obstacles to coverage of behavioral health services for dual eligible autistic adults
* Create a foundation for “next steps” to overcome these obstacles

What we learned

* Shortage of mental health providers who accept Medicare; restrictions on which providers may bill Medicare for BH/MH services
* Medicare is not subject to Mental Health Parity\*\* (unlike MassHealth and most private insurance)
* The federal government is aware of the inadequacy of MH/BH coverage – e.g., recent expansion in provider coverage for LMHCs

What we learned (continued)

* Challenges to coordination between Medicare and Medicaid – Medicare is administered at the federal level; Medicaid is administered by each individual state
* We’re not alone – Medicare behavioral/mental health benefits are inadequate for other conditions as well (e.g., Substance Use Disorder, Alzheimers)

What’s next?

* Identify various potential fixes
	+ State vs. federal (e.g., lifting MassHealth age cap on autism treatments vs. reforming Medicare coverage)
	+ General vs. specific (e.g., requiring Parity under Medicare vs. adding autism treatment codes to Medicare/expanding provider eligibility)
	+ Address administrative barriers

What’s next (continued)

* What might be accomplished via OneCare?
	+ - Potential benefits of dealing with a single point of contact
		- OneCare – like Medicare Advantage plans – can opt to offer more than required coverage (Medicare + MassHealth)
		- Managed care has, to date, had pluses and minuses (such as network limitations)

Thank You

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