The Commonwealth of Kentucky

kynect State-Based Marketplace

Transition to Medicare Quick Reference Guide

Introduction

This Quick Reference Guide is intended to instruct Individuals on the basics of Medicare, as well as how Residents need to navigate transitioning to Medicare.

Table of Contents

Introduction 2
1 Medicare Overview 3
1.1 Medicare and kynect 4
1.2 Medicare: Active Enrollments 4
1.3 Medicare: New Enrollments 5
1.4 Medicare: Keeping a QHP 6
1.5 Medicare: Deferment 6
1.6 Medicare: Dental, Vision, and Drug coverage (Medicare Part D) 8
1.7 Medicare: Employer Sponsored Insurance (Including kynect SHOP) 8
1.8 Health Coverage: Local Help 8
1.9 Medicare: More Help 9
2 Medicare Savings Program 10
2.1 Program Eligibility 10
2.2 Documentation 12
3 Next Steps: What to do with my Qualified Health Plan (QHP)? 13
3.1 Ending coverage 13
3.1.1 kynect Next Steps for Medicare eligible households with a QHP: Primary Subscriber 14
3.1.2 kynect Next Steps for Medicare eligible households with a QHP: Non-Primary Subscriber 23

1 Medicare Overview

Medicare is the federal health insurance program for:

- People who are 65 or older
- Certain younger people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes referred to as ESRD)

There are different parts of Medicare (Part A, Part B, and Part C) to help cover specific services, for more information please reference below:

- **Medicare Part A (Hospital Insurance)**: Covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Please note: **Medicare Part A** usually does not have a monthly premium if:

- Residents or their spouse paid Medicare taxes while working for 10 years (typically)
- Qualify to get (or are already getting) retirement or disability benefits from Social Security (or the Railroad Retirement Board)
- Get Medicare earlier than age 65.

If ineligible for Part A without a premium, Residents may be able to buy Part A. In 2023, Residents pay up to $506 each month. If Residents paid Medicare taxes for less than 30 quarters, the standard Part A premium is $506. If Residents paid Medicare taxes for 30–39 quarters, the standard Part A premium is $278.

- **Medicare Part B (Medical Insurance)**: Covers certain doctor services, outpatient care, medical supplies and preventive services.

Please note: **Medicare Part B** usually costs a standard monthly premium for beneficiaries. The standard Part B premium amount in 2023 is $164.90.

If a Resident's modified adjusted gross income as reported on their IRS tax return from 2 years ago is above a certain amount, Residents pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA).

- **Medicare Part C (Medicare Advantage)**: Provides Medicare Part A, Part B, Part D, and some additional benefits not covered by original Medicare.
- **Medicare Part D (prescription drug coverage):** Aids in covering the cost of prescription drugs (including many recommended shots or vaccines).

Please note: It is against the law for someone who knows a Resident has Medicare to sell them a Qualified Health Plan. Residents must tell anyone assisting them in kynect if they have Medicare.

Please note: kynect health coverage is for people who do not have other health insurance. Residents do not need to enroll in a Qualified Health Plan (QHP) through kynect health coverage if they have Medicare.

1.1 Medicare and kynect

Medicare is not part of kynect health coverage. kynect health coverage does not offer Medicare supplement (Medigap) insurance or Part D drug plans. During Medicare's Open Enrollment Period (typically October 15-December 7), current Medicaid recipients do not need to take any action in kynect. To enroll in or switch Medicare health and/or drug plans please visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Please note: One month prior to an Applicant's Medicare enrollment is set to begin, Residents turning 65 (primary subscriber) need to utilize kynect to enroll any dependents/spouse into a QHP to take effect the month Medicare coverage takes effect.

1.2 Medicare: Active Enrollments

Residents currently receiving Medicare benefits cannot obtain a Qualified Health Plan through kynect health coverage in addition to Medicare. This is true even if Residents have only Medicare Part A (Hospital Insurance), only Part B (Medical Insurance), or both.

If Residents want coverage to add to Original Medicare (Part A and Part B), Residents can buy a Medicare Supplement Insurance (Medigap) policy outside of kynect. Instead of Original Medicare, Residents can also choose to enroll in a Medicare Advantage Plan that may offer some extra benefits.

Please note: Residents with Medicare Advantage Plans can have additional coverages including Medicaid (but cannot have both an Advantage Plan and a Supplement).

Please note: For more information on Medicare, please go to Medicare.gov, ssa.gov, or contact a licensed insurance agent. For local help, insurance agents and kynectors are available to assist Residents: call 1-855-459-6328. For help finding an agent or kynector in the Residents community to assist them at no cost, please visit: kynect.ky.gov/healthcoverage.

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled Residents, their families and caregivers. This service is provided at no charge by local, well-trained counselors. Residents can contact the State Health Insurance Assistance Program (SHIP) at 1-877-293-7447 or visit: https://chfs.ky.gov/agencies/dail/Pages/ship.aspx

Please note: Remember, it is against the law for someone who knows a Resident has Medicare to sell them a Qualified Health Plan. Residents must tell anyone assisting them in kynect if they have Medicare.

1.3 Medicare: New Enrollments

Residents with a policy through kynect health coverage should generally sign up for Medicare when first eligible (usually when turning 65) to avoid a delay in Medicare coverage and the possibility of a Medicare late enrollment penalty.

Once Residents are eligible to sign up for Part A:

- Resident's kynect health coverage plan may not renew their coverage at the end of the year. This means Residents and their family could have a gap in their coverage starting January 1 of next year.

When Residents sign up for Medicare, Residents need to drop kynect health coverage effective the day before Medicare coverage starts, to avoid an overlap in coverage.

When signing up for Medicare, Residents may have a few options:

- **Traditional Medicare**: Part A (Hospital Insurance), Part B (Medicare Insurance), or Part A and Part B.
- **Medicare Supplement Insurance** (Medigap) – A supplementary insurance that fills "gaps" in Original Medicare. These policies are sold by private companies to cover many, but not all, of the cost for covered health care services and supplies. Some Medigaps polices also cover services that Original Medicare does not cover, like medical care when traveling outside of the U.S.

Please note: kynect health coverage is for people who do not have other health insurance. Residents do not need to enroll in a Qualified Health Plan (QHP) through kynect health coverage if they have Medicare.

- **Medicare Advantage** (Part C) – Medicare – approved private plans offered by private companies that must follow rules set by Medicare. All plans include Medicare Part A and Part B coverage. Most Medicare Advantage Plans include drug coverage (Part D). Residents must enroll in Medicare Part A and Medicare Part B prior to enrolling in a Medicare Advantage plan.

Please note: For more information on Medicare, please go to Medicare.gov, ssa.gov, or contact a licensed insurance agent. For local help, insurance agents and kynectors are available to assist Residents: call 1-855-459-6328. For help finding an agent or kynector in the Resident's community to assist them at no cost, please visit: kynect.ky.gov/healthcoverage.

Please note: Remember, it is against the law for someone who knows a Resident has Medicare to sell them a Qualified Health Plan. Residents must tell anyone assisting them in kynect if they have Medicare.

1.4 Medicare: Keeping a QHP

If Residents have a Qualified Health Plan (QHP) and become Medicare eligible, Residents may be able to keep their policy after enrolling in Medicare; However, there are several factors Residents may want to consider prior to making the decision to keep the Qualified Health Plan.

- Residents may choose to keep their QHP for the remainder of the current Plan Year if they later become enrolled in Medicare Part A, Part B, or both.
- If Residents are already enrolled in a QHP with Advance Premium Tax Credit (APTC), Residents may keep both their plan and APTC if they enroll in Medicare Part B only.
- If Residents are already enrolled in a QHP with APTC, Residents may keep their QHP, but if Residents enroll in Medicare Part A, their eligibility for APTC ends. If Residents choose to keep their QHP, they have to pay the full premium price.
- Residents may re-enroll in the same QHP or from one into another after gaining Medicare as long as they maintain continuous coverage and enroll in the same plan.

Please note: Remember, it is against the law for someone who knows a Resident has Medicare to sell them a Qualified Health Plan. Residents must tell anyone assisting them in kynect if they have Medicare.

1.5 Medicare: Deferment

Generally, Residents are unable to elect kynect health coverage instead of enrolling in Medicare. There are situations where Residents can choose a Qualified Health Plan through kynect health coverage instead of Medicare including:

If Residents are paying a premium for Part A, they can drop Medicare Part A and Part B coverage and get a Qualified Health Plan instead.

If Residents are eligible for Medicare but have not enrolled in it. This could be because:

- Residents would have to pay a premium
- Residents have a medical condition that qualifies them for Medicare, like End-Stage Renal Disease (ESRD), but have not applied for Medicare coverage
- Residents are not collecting Social Security retirement or disability benefits before they are eligible for Medicare.

Please note: Residents that drop Part A/Part B and later wish to resume coverage, may regain coverage but must qualify for a special enrollment period (SEP), and a financial penalty (life-long) may apply. For more information, please contact Medicare at Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

If assessed the Medicare Part B penalty, Residents must pay an extra 10% for each year they could have signed up for Part B but did not.

- This penalty is added to Resident's monthly Part B premium.
- It is not a one-time late fee — Residents pay the penalty each month for as long as they have Part B coverage.
- Residents may also pay a higher premium depending on their income

Example of the Part B late enrollment penalty:

If Residents wait 3 full years (36 months) to sign up for Part B and do not qualify for a Special Enrollment Period, Residents will pay a 30% late enrollment penalty (10% for each full 12-month period that the Resident could have signed up), plus the standard Part B monthly premium ($164.90 in 2023).

$164.90 (2023 Part B standard premium)
+ $49.47 (30% [of $164.90] late enrollment penalty)

$214.40 would be Residents Part B monthly premium for 2023. This amount is rounded to the nearest $.10 and includes the late enrollment penalty.

Before choosing a Qualified Health Plan over Medicare, there are two important points to consider:

- If a Resident enroll in Medicare after their initial enrollment period ends, they may have to pay a late enrollment penalty for as long as they have Medicare.
- Generally, Residents can enroll in Medicare only during the Medicare general enrollment period (from January 1 to March 31 each year). A Resident's coverage will not start until July. This may cause a gap in their coverage.

Please note: **Please note**: For more information on Medicare, please go to Medicare.gov, ssa.gov, or contact a licensed insurance agent. For local help, insurance agents and kynectors are available to assist Residents: call 1-855-459-6328. For help finding an agent or kynector in the Resident's community to assist them at no cost, please visit: kynect.ky.gov/healthcoverage.

Please note: Automatic enrollment into Medicare when receiving SS Retirement or SSD before eligibility for Medicare may require follow-up. Residents may need to verify enrollment has taken place to avoid a late enrollment penalty and may need to request a benefit card to ensure that overlaps in coverage or misbilling does not occur for services due to being unaware enrollment has occurred.

Please note: Remember, it is against the law for someone who knows a Resident has Medicare to sell them a Qualified Health Plan. Residents must tell anyone assisting them in kynect if they have Medicare.

1.6 Medicare: Dental, Vision, and Drug coverage (Medicare Part D)

Residents with Medicare needing non-health coverages (dental, vision, and prescription) have the option of enrolling in a stand-alone dental plan, vision plan, and prescription drug coverage through kynect health coverage.

All private plans offering prescription drug coverage, including Qualified health Plans through kynect health coverage, each year, must disclose in writing whether their prescription drug coverage is considered creditable prescription drug coverage for Medicare Part D.

1.7 Medicare: Employer Sponsored Insurance (Including kynect SHOP)

If a Resident is receiving a QHP through kynect SHOP or health coverage through an employer (either theirs or their spouse's), their enrollment in Medicare Part B can be delayed without penalty.

With Medicare, Residents have a special enrollment period to sign up for Part B without penalty:

- Any time a Resident is still covered by the job-based health plan based on their or their spouse's current enrollment.
- During the 8-month period that begins the month after the job or the coverage ends, whichever happens first.

Failure to sign up during this special enrollment period may mean Residents may have to pay a late enrollment penalty for as long as they have Medicare.

1.8 Health Coverage: Local Help

Residents needing local assistance acquiring health insurance or have questions, insurance agents and kynectors are available to assist: call 1-855-459-6328 for help finding an agent or kynector in their community visit: kynect.ky.gov/healthcoverage.

The Kentucky State Health Insurance Assistance Program (SHIP) provides information, counseling and assistance to seniors and disabled Residents, their families and caregivers. This service is provided at no charge by local, well-trained counselors. Residents can contact the State Health Insurance Assistance Program (SHIP) at 1-877-293-7447 (option #2). Residents

can also call The Department for Aging and Independent Living at (502) 564- 6930 and ask for a SHIP counselor, or visit: https://chfs.ky.gov/agencies/dail/Pages/ship.aspx

1.9 Medicare: More Help

For questions about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

For questions about Medicare enrollment or if Residents want to apply for Medicare Part A or Part B, contact Social Security by visiting socialsecurity.gov, calling 1-800-772-1213 (TTY: 1-800-325-0778) or visiting a local Social Security office.

For questions about the Medicare Savings Program call the Department for Community Based Services at 855-306-8959.

2 Medicare Savings Program

Dual Eligibility generally describes low-income beneficiaries enrolled in both Medicare and Medicaid. The term includes beneficiaries enrolled in Medicare Part A, Part B, or both, and getting full Medicaid benefits or only help with Medicare premiums or cost-sharing through 1 of the Medicare Savings Programs (MSP).

For qualified low-income Medicare beneficiaries who are not entitled to the full Medicaid benefit package, partial financial assistance is available to cover costs associated with Medicare premiums, deductibles, or coinsurance - through the Medicare Savings Program (i.e., Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals).

2.1 Program Eligibility

If Residents have Medicare Part A, also known as hospital insurance, they may qualify for Medicare payment assistance. Residents not enrolled in Medicare Part A do not currently qualify for the Medicare Savings Program.

If a Resident is not sure if they are enrolled in Medicare Part A, look on their red, white, and blue Medicare insurance card or call Social Security toll free at (800) 772-1213 to find out. If Residents are eligible for Medicare Part A, but do not have it because they cannot afford it, Residents should contact the Social Security Administration to file an application for actual or conditional Medicare Part A.

In addition to being enrolled in Medicare Part A, to qualify for the Medicare Savings Program, Residents must have a monthly income of less than $1,425 or a couple with a monthly income of less than $1,922. Residents must not have resources that exceed $7,730 or $11,600 for a couple.

Please note: When calculating income, do not include $20, the first $20 does not count towards monthly salary amounts.

Resources include but are not limited to, checking accounts, savings accounts, stocks, bonds, certificates of deposit, annuities, trusts and life insurance policies. Some resources may be excluded if they fall under the exemption criteria for Medicaid eligibility. Some examples would be the home Residents live in, the vehicle they drive or up to $1,500 for burial expenses or life insurance. For a complete breakdown of each program, please reference the table below.

Monthly Income Limits in 2023*	Program Pays	Program Name
$1,305 Individual $1,763 Couple Resource Limits: $9660 Individual $14,470 Couple	• Medicare Part A premiums • Medicare Part B premiums • Deductibles • Coinsurance • Copayments	Qualified Medicare Beneficiary (QMB)
$1,565 Individual $2,115 Couple Resource Limits: $9600 Individual $14,470 Couple	• Medicare Part B premiums	Specified Low-Income Medicare Beneficiary (SLMB)
$1,761 Individual $2,380 Couple Resource Limits: $9660 Individual $14,470 Couple	• Medicare Part B premiums	Qualifying Individual (QI)
$2,609 Individual $3,525 Couple Resource Limits: $4000 Individual $6000 Couple	• Medicare Part A premiums	Qualified Disabled & Working Individual (QDWI)

Please note: Unlike other programs, the **Qualified Medicare Beneficiary** (**QMB**) program must be applied for in advance (up to 3 months prior to turning 65) and benefits cannot be issued retroactively.

Please note: To get assistance with or apply for the Kentucky Medicare Savings Program, visit kynect, call the Department for Community Based Services or click on "Apply Now (send it to the Resident's local DCBS office when completed). Deaf or hearing-impaired people who use a TTY/TDD should call (877) 486-2048.

2.2 Documentation

To apply for financial assistance to cover costs associated with Medicare premiums, deductibles, or coinsurance - through the Medicare Savings Program (i.e., Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals), the local DCBS office needs verification to ensure Residents qualify for these programs. When applying for assistance, some of the information Residents need to provide includes:

- Resident's Medicare Card
- Proof of citizenship
- Proof of identity
- Proof of all income – this includes pension checks, social security payments, etc.
- Current and prior 3 months bank statements
- Any existing health insurance policy information
- Financial statements from any stocks or bonds the Resident owns
- Proof of any life insurance/burial policies, and/or any funeral policies Residents may have

If Residents do not have this information at the time of application, they may provide it later, but the application cannot be processed until the information is received.

3 Next Steps: What to do with my Qualified Health Plan (QHP)?

When a Resident or a member of their household becomes eligible for Medicare, it is important that they do not end their Qualified Health Plan (QHP) until they know for sure when their new coverage becomes effective. Once an Agent/kynector terminates a QHP, Residents cannot re-enroll until the next annual Open Enrollment Period (unless the Resident qualifies for a Special Enrollment Period (SEP)), if eligible. Ending QHP coverage before new coverage is set to begin may result in a gap in insurance coverage.

When and how to end a QHP depends on a household's situation. See below for example reasons for ending coverage and step-by-step instructions.

3.1 Ending coverage

When terminating a QHP for a household, the last day of coverage can be as early as the day of the termination.

Please note: One month prior to a Resident's Medicare enrollment is set to begin, Residents turning 65 (primary subscriber) need to utilize kynect to enroll any dependents/spouse into a QHP to take effect the month Medicare coverage takes effect.

Please note: To avoid a possible overpayment, Residents must be disenrolled from their APTC benefits at least one month prior to enrolling into Medicare.

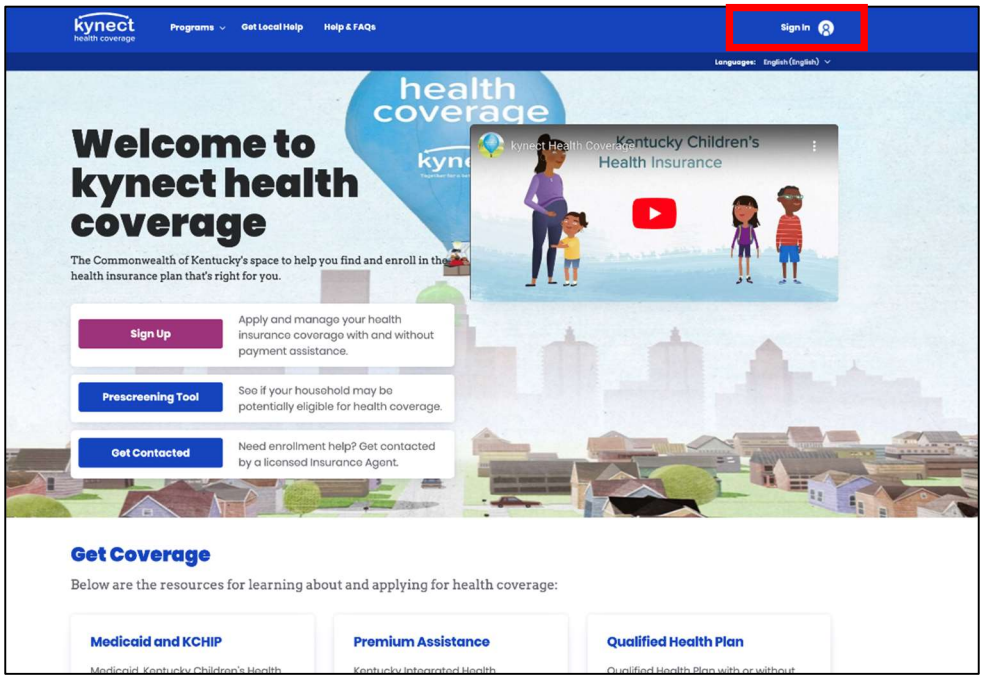
3.1.1 kynect Next Steps for Medicare eligible households with a QHP: Primary Subscriber

When a QHP primary policy holder turns 65 and becomes eligible for Medicare, there are a couple of factors that determine when their Initial Enrollment Period (IEP) begins. QHP primary policy holders need to disenroll members of the household (including themselves) from QHP. They must then enroll the members of their household (Not eligible for Medicare) into a new QHP.

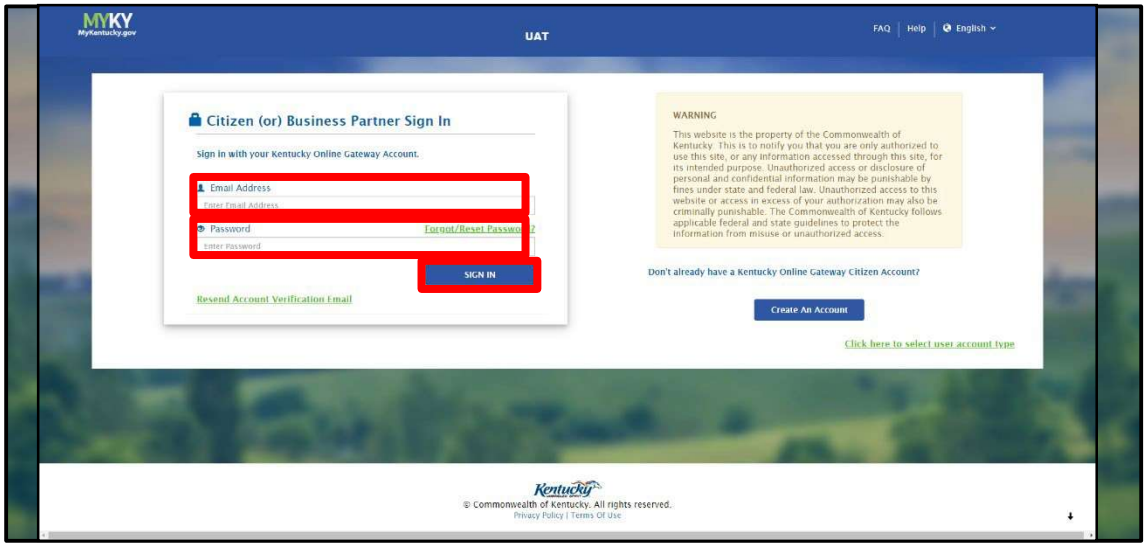
Please note: kynect health coverage is for people who do not have other health insurance. Residents do not need to enroll in Qualified Health Plan (QHP) through kynect health coverage if they have Medicare.

Below are the steps to terminate a QHP in kynect benefits when the primary policy holder enrolls in Medicare. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

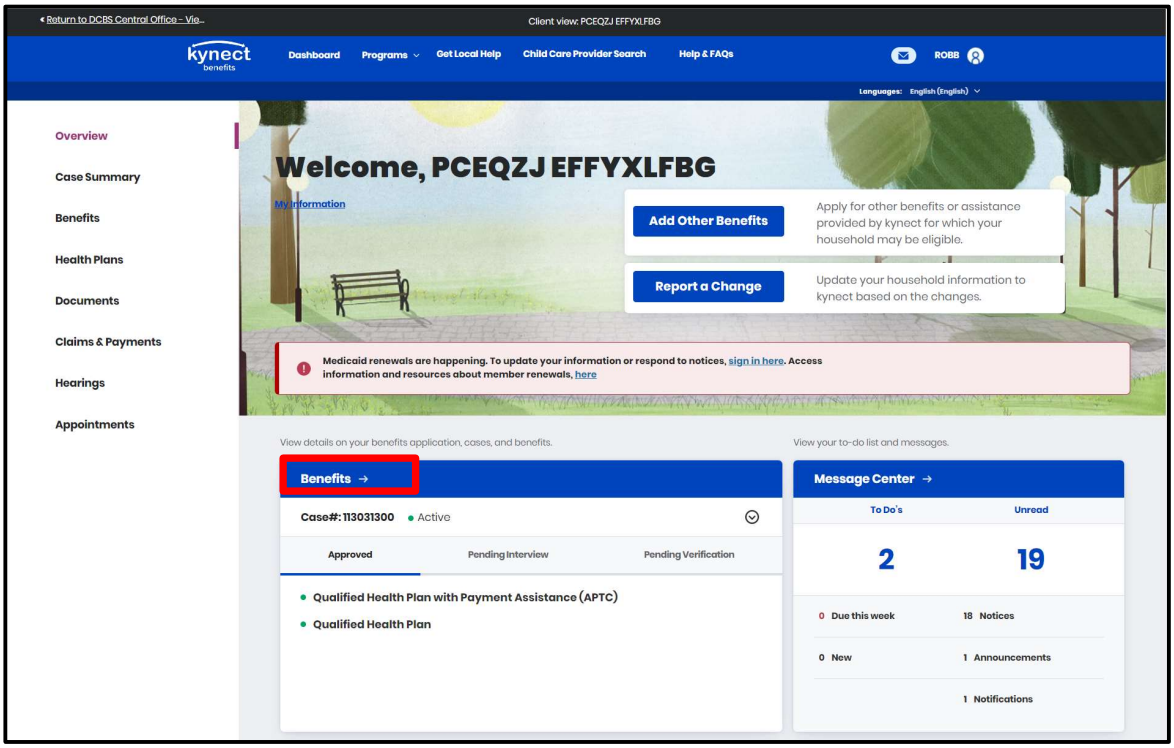
1. Click **Sign In** to navigate to KOG.



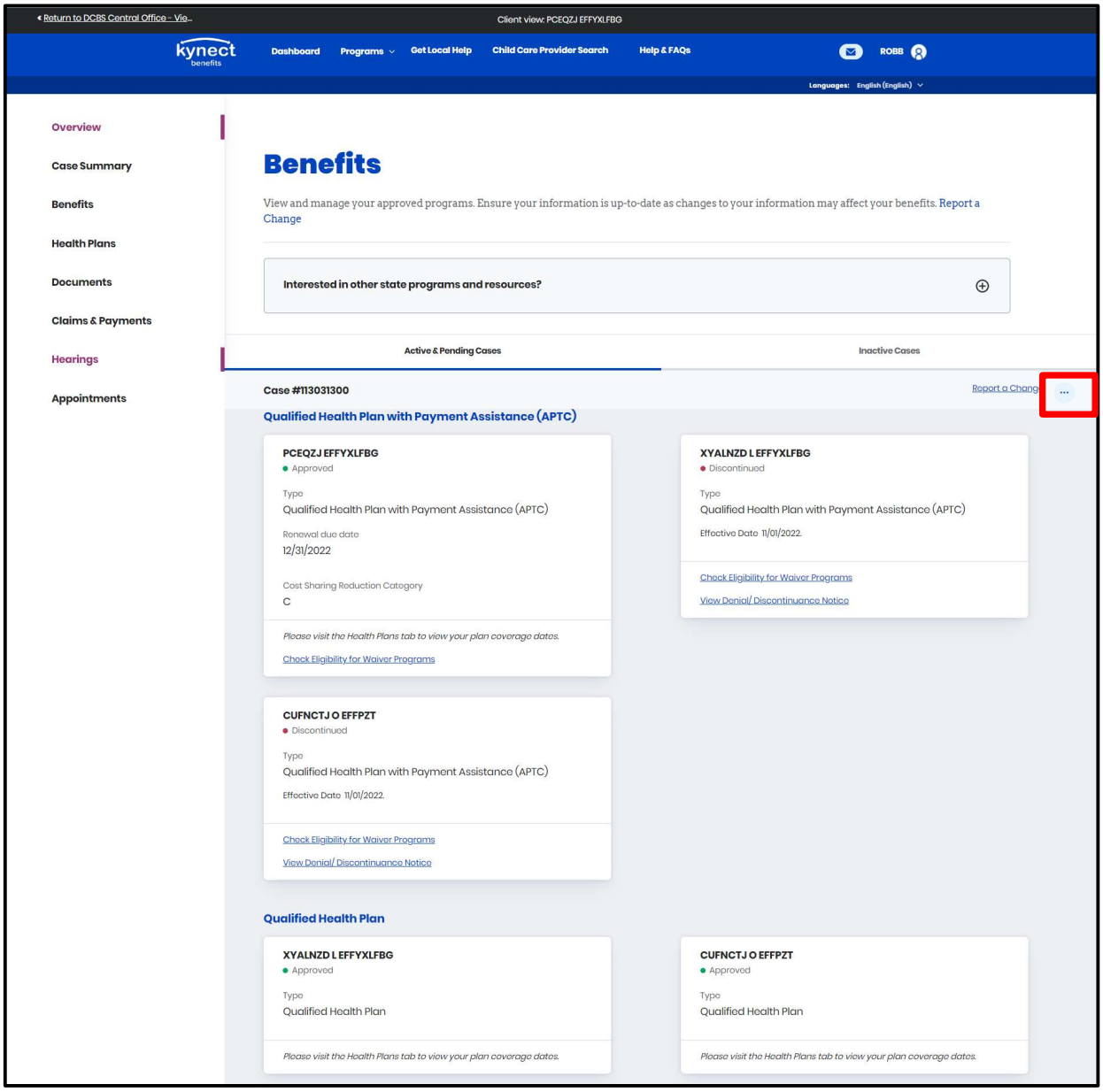
2. Enter the KOG **Email** under *Citizen or Business Partner Sign In*.
3. Enter the KOG **Password** under *Citizen or Business Partner Sign In*.
4. Click **Sign In** to navigate to kynect benefits.



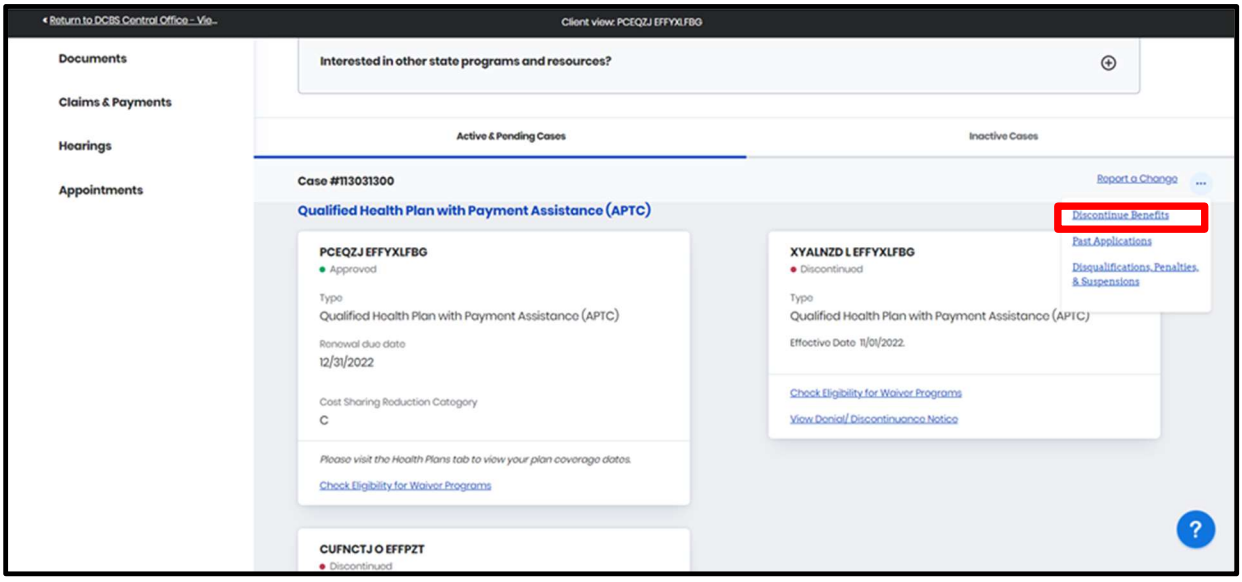
5. Click **Benefits** to navigate to the **Benefits** screen.



6. On the **Benefits** screen, click the **3 dots** menu for the *Qualified Health Plan with Payment Assistance (APTC)* section as displayed below. This displays additional options to select to modify the existing APTC plans.



7. From the options displayed, click **Discontinue Benefits**.

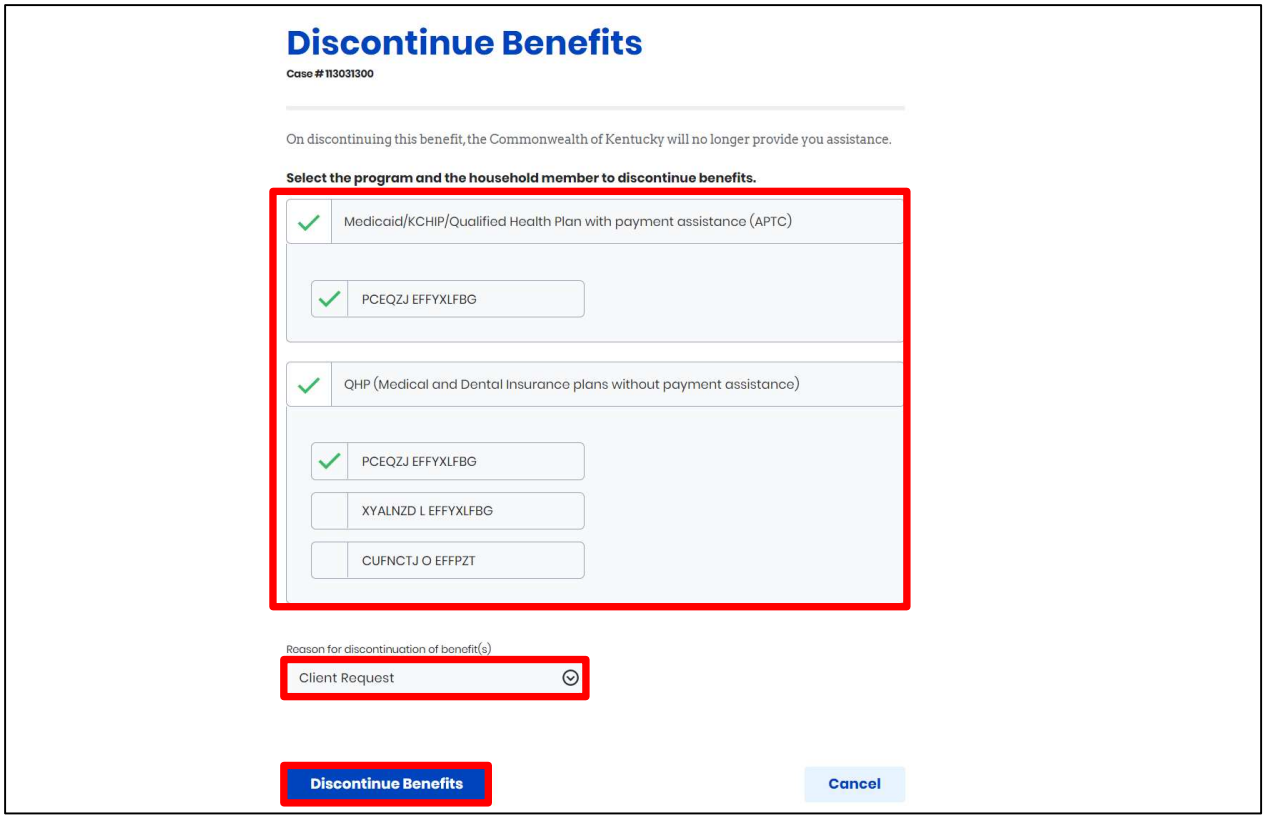


8. On the **Discontinue Benefits** screen, click **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)** as the program the primary policy holder would like to discontinue due to receiving Medicare.
9. If applicable, select **QHP (Medical and Dental Insurance plans without payment assistance)**.

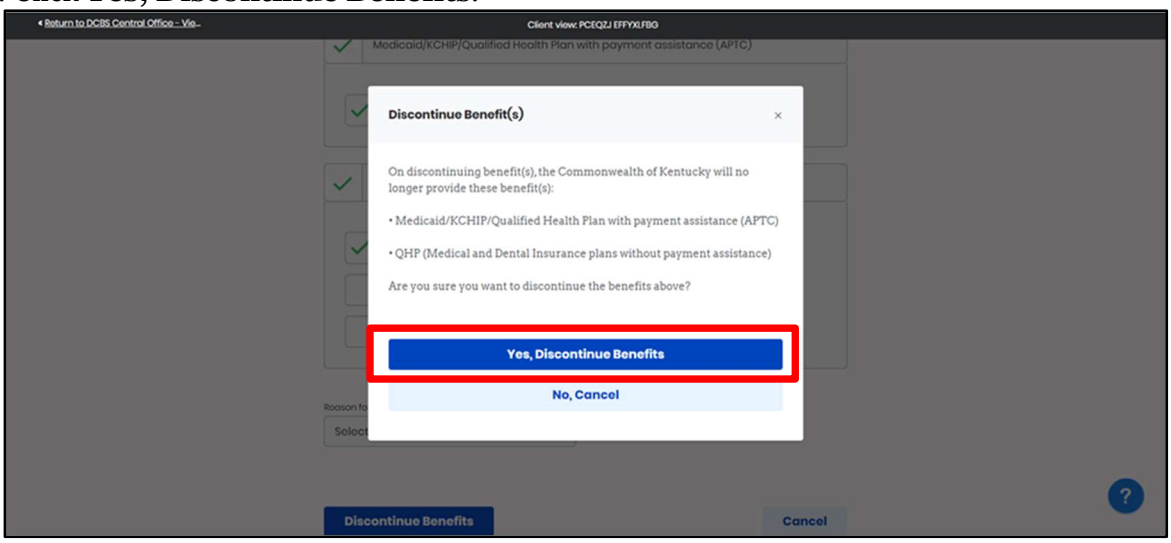
Please note: Do not select **QHP (Medical and Dental Insurance plans without payment assistance)** if the Resident is the primary policy holder AND are the only member on the plan. Also, do not select this option if the Resident is electing to delay enrollment into Medicare.

10. Select the **Reason for discontinuation of benefit(s)** as **Client Request**.
11. Click **Discontinue Benefits**.

Please note: Residents turning 65 (primary subscriber) disenrolling from a QHP must enroll any dependents/spouse into a new QHP to take effect the month Medicare coverage takes effect.



12. Click **Yes, Discontinue Benefits**.



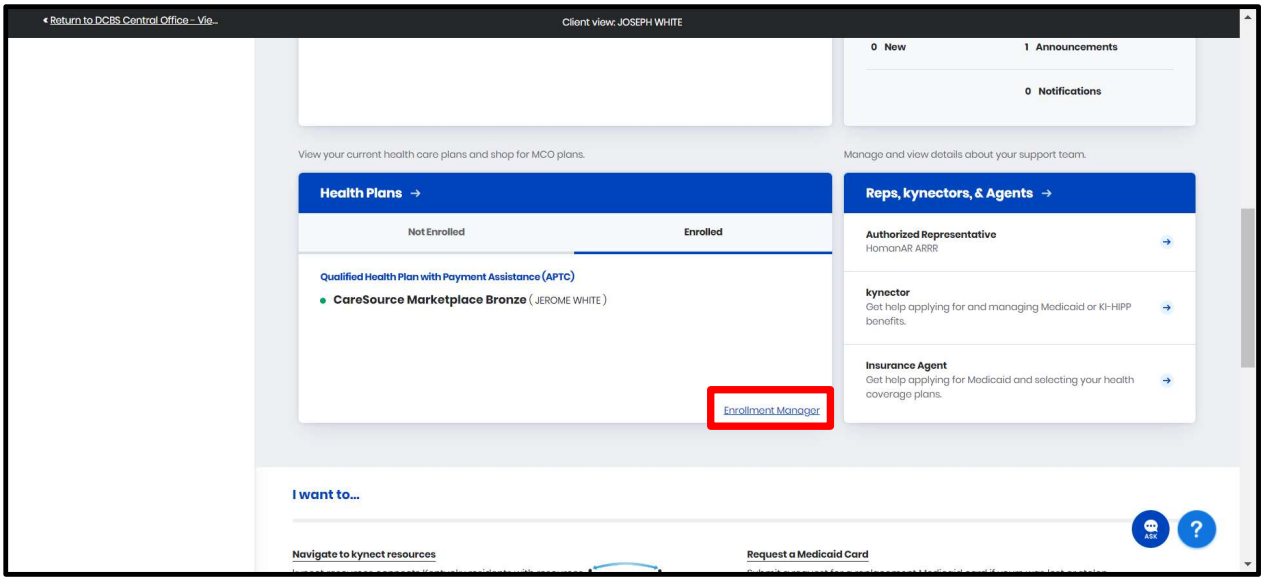
Please note: Residents with questions regarding Qualified Health Plans (QHPs) and related eligibility for payment assistance may call kynect health coverage at 1-855-4kynect.

Please note: Residents who need assistance with applying for the Kentucky Medicare Savings Program (MSP), apply online at kynect.ky.gov, call the Department for Community Based Services at 1-855-306-8959, or click Here to access a paper application for Medicaid and MSP (send it to the Resident's local DCBS office when completed). Deaf or hearing-impaired people who use a TTY/TDD should call (877) 486-2048.

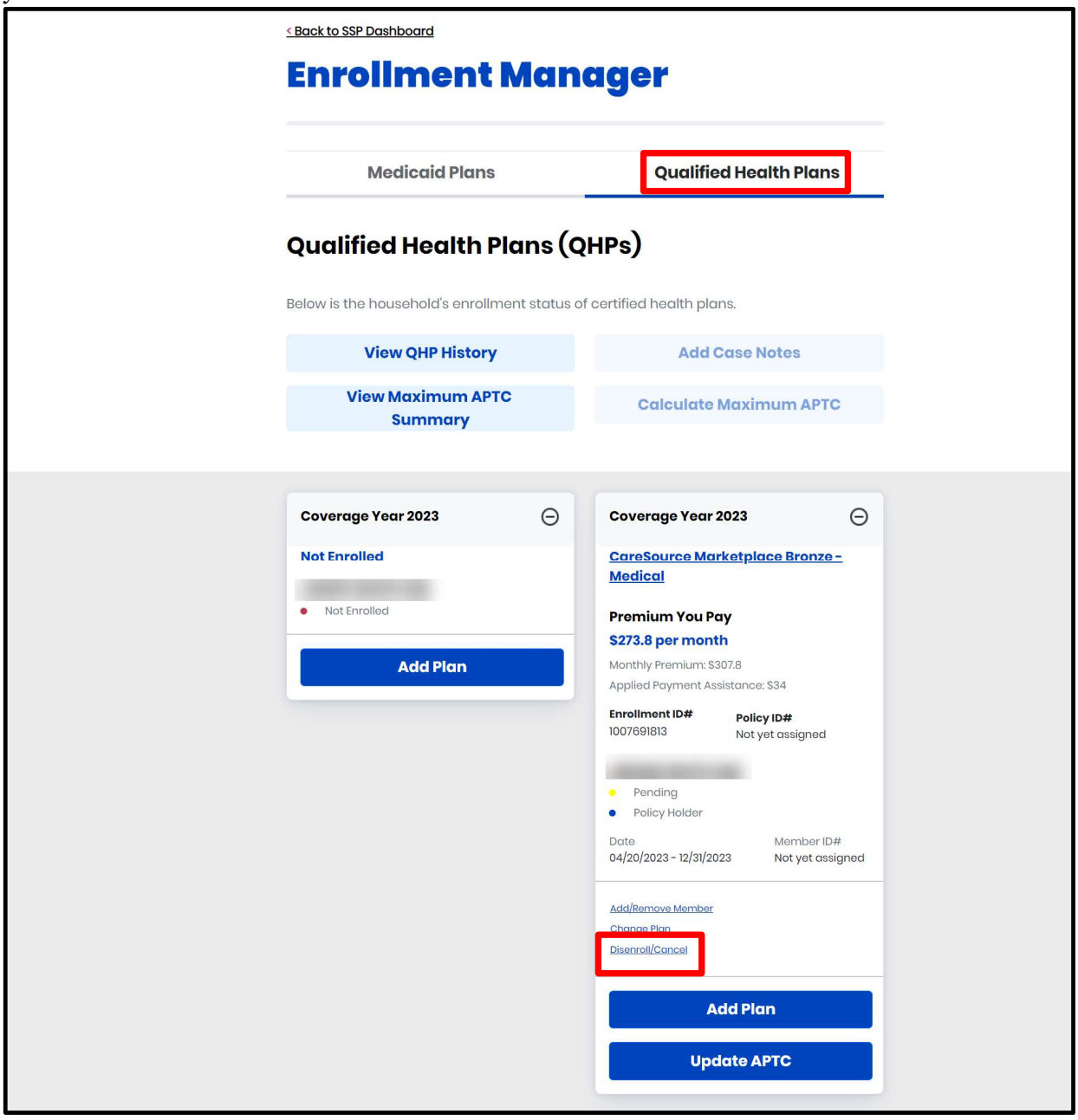
Please note: If Residents need local assistance acquiring health insurance or have questions, please refer to Healthcare – Local Help.

13. Upon completing the discontinuation application process, return to the **Dashboard**.

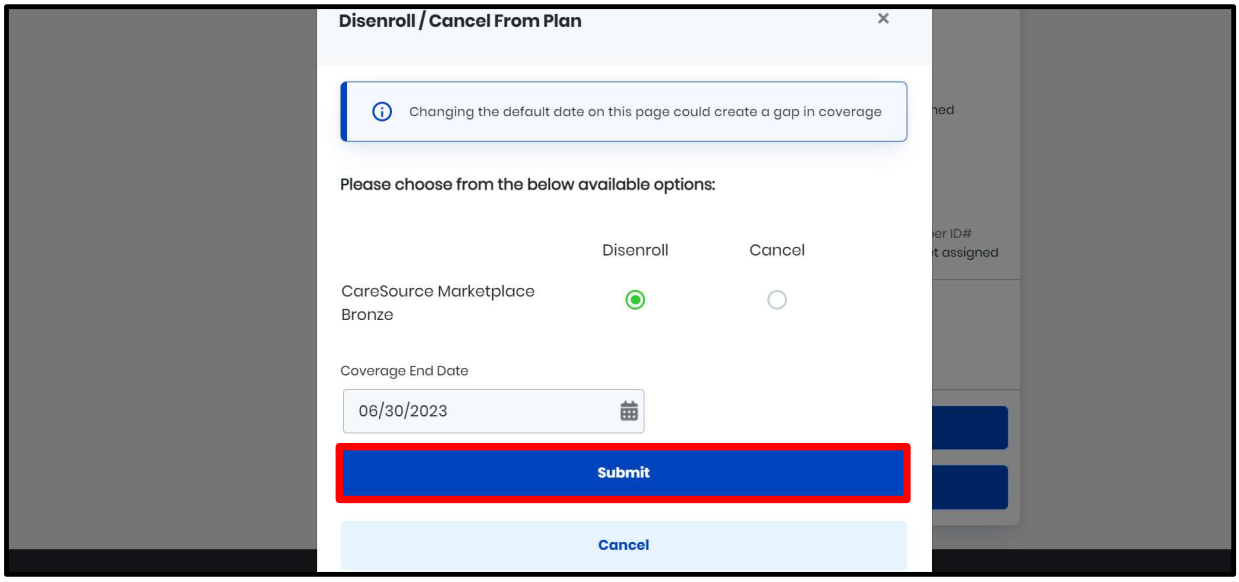
14. On the Dashboard, click **Enrollment Manager**.



15. On the **Enrollment Manager** screen, click **Qualified Health Plans**.
16. Click **Disenroll/Cancel** on the plan associated with the Primary Applicant for the current plan year.



17. Click **Submit**.



Please note: If Residents need local assistance acquiring health insurance or have questions, they can refer to Healthcare – Local Help.

Please note: To get assistance with or apply for the Kentucky Medicare Savings Program (MSP), Residents can apply online at kynect.ky.gov, call the Department for Community Based Services at 1-855-306-8959, or click Here to access a paper application for Medicaid and MSP (send it to their local DCBS office when completed). Deaf or hearing-impaired people who use a TTY/TDD should call (877) 486-2048.

18. Upon disenrolling the primary Resident, if other household members were disenrolled from a QHP due to the Primary household member enrolling into Medicare, they will need to be added to a new QHP plan.

Please note: In a household with multiple members, the younger adult should be added first to the plan so that when the older adult is transitioned into Medicare, the remaining household member(s) do not have to be re-enrolled into a new QHP and only the Resident transitioning to Medicare needs to have their enrollment terminated.

3.1.2 kynect Next Steps for Medicare eligible households with a QHP: Non-Primary Subscriber

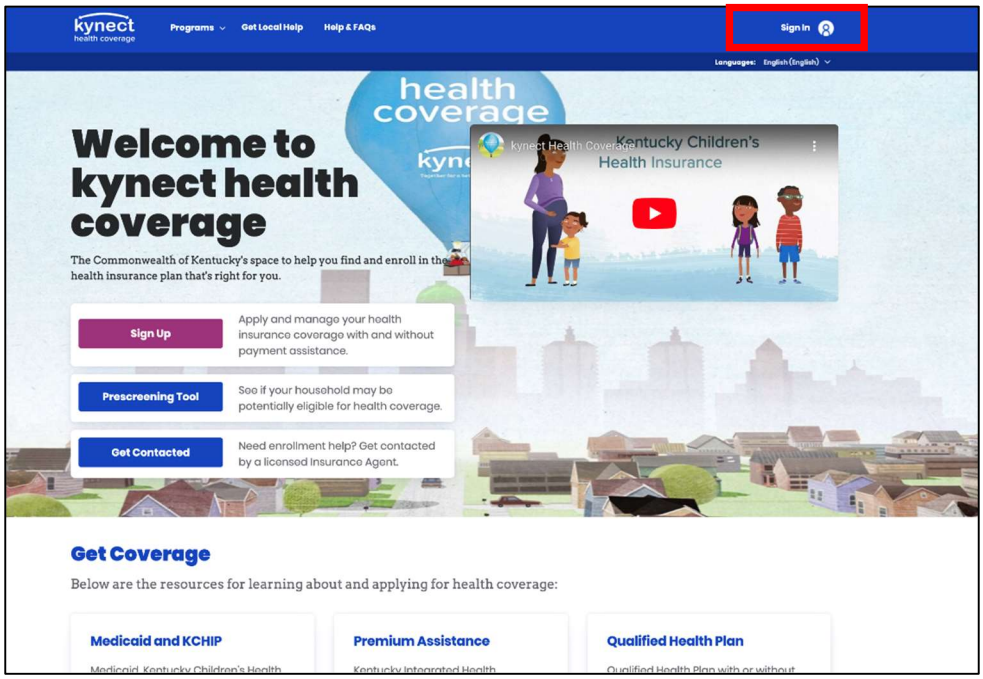
When a QHP non-primary policy holder turns 65 and becomes eligible for Medicare, there are a few steps the primary subscriber must take. QHP primary policy holders need to disenroll the Medicare eligible member (if the member enrolls in Medicare) prior to the start of the Medicare coverage. The Medicare eligible member needs to enroll in Medicare during the Initial Enrollment Period (IEP).

> **Please note**: kynect health coverage is for people who do not have other health insurance. Residents do not need to enroll in Qualified Health Plan (QHP) through kynect health coverage if they have Medicare.

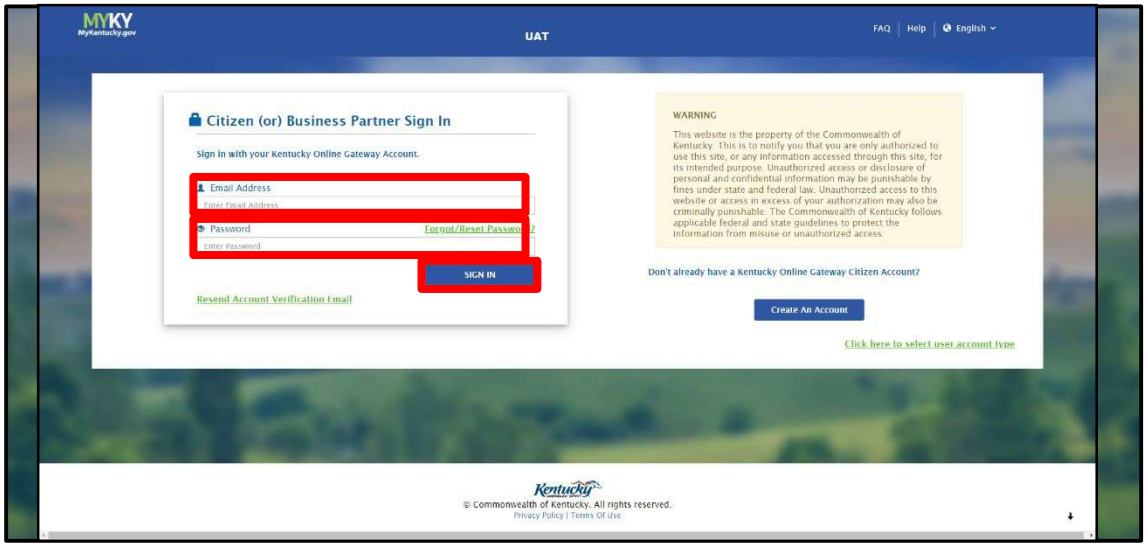
Below are the steps to terminate a QHP in kynect benefits when the non-primary policy holder enrolls in Medicare and the primary policy holder is not the Medicare recipient.

1. Navigate to the kynect benefits website at kynect.ky.gov/benefits.

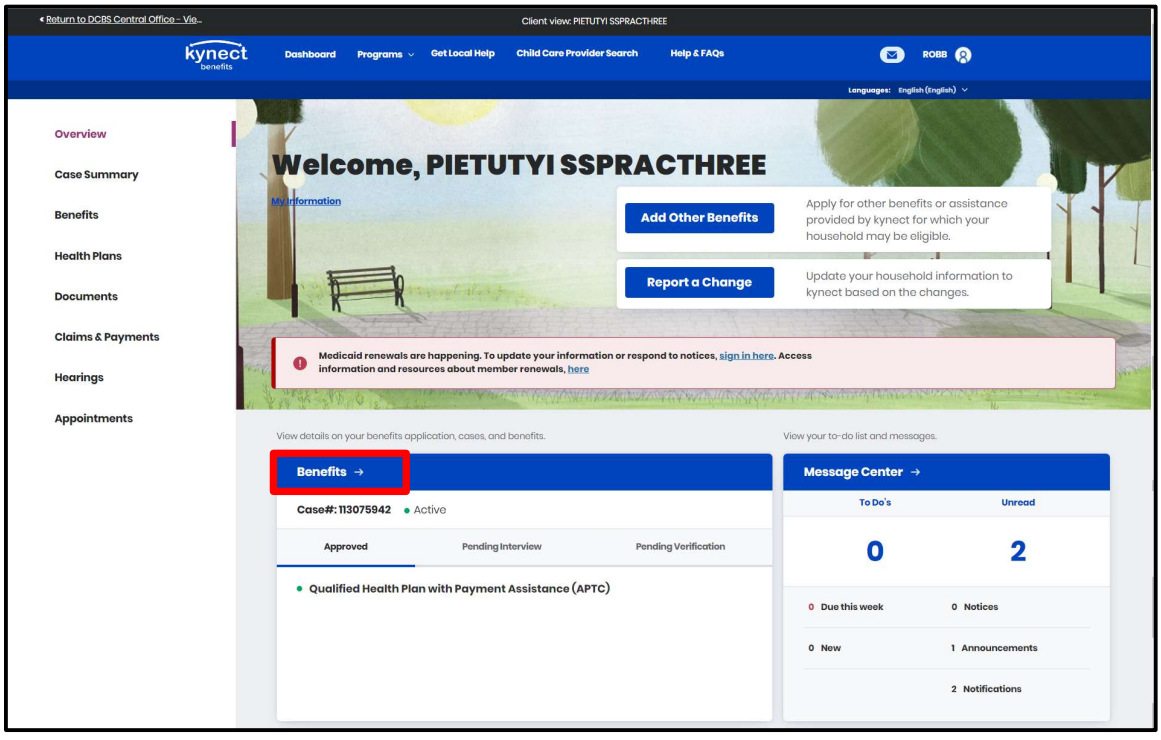
2. Click **Sign In** to navigate to KOG.



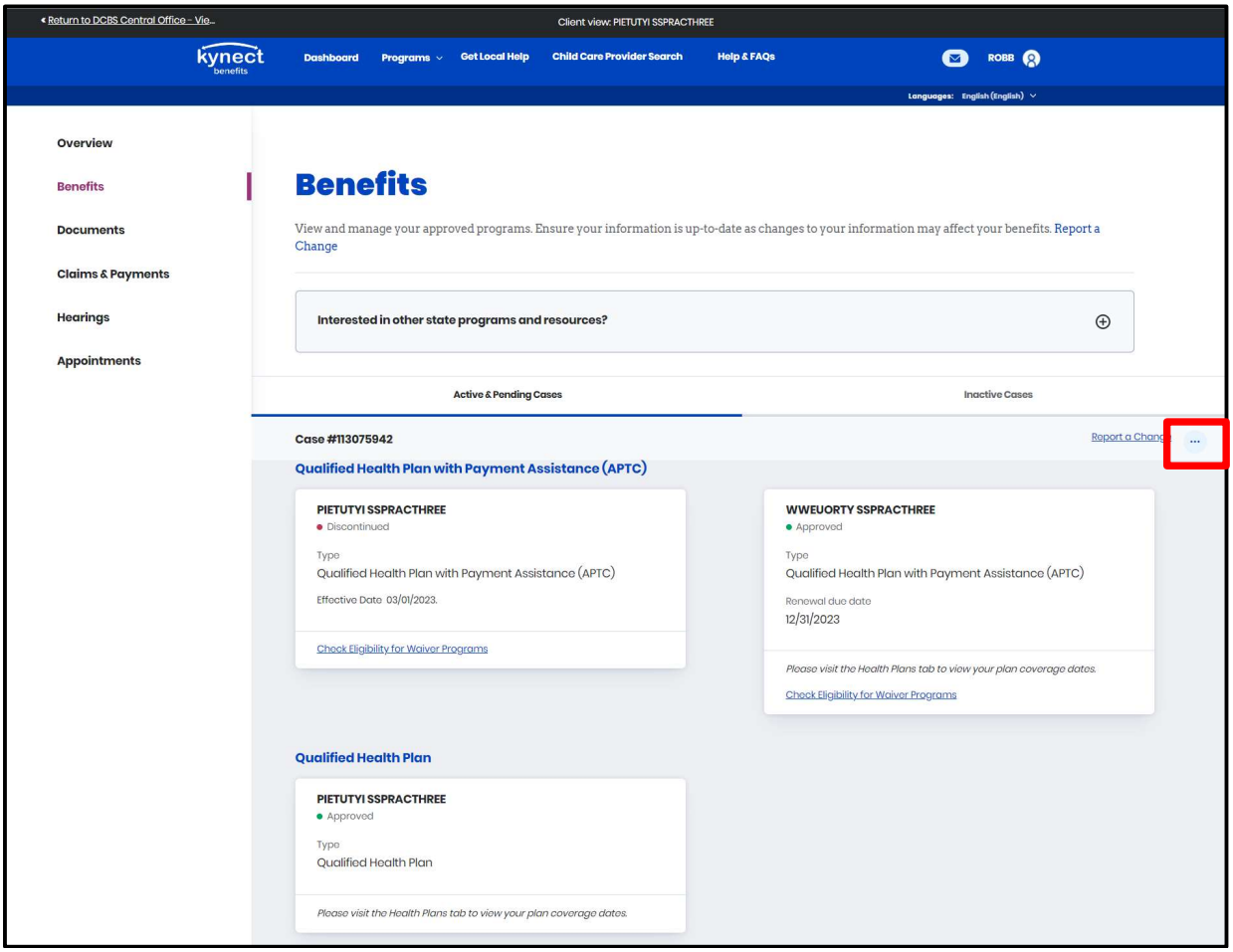
3. Enter the KOG **Email** under *Citizen or Business Partner Sign In*.
4. Enter the KOG **Password** under *Citizen or Business Partner Sign In*.
5. Click **Sign In** to navigate to kynect benefits.



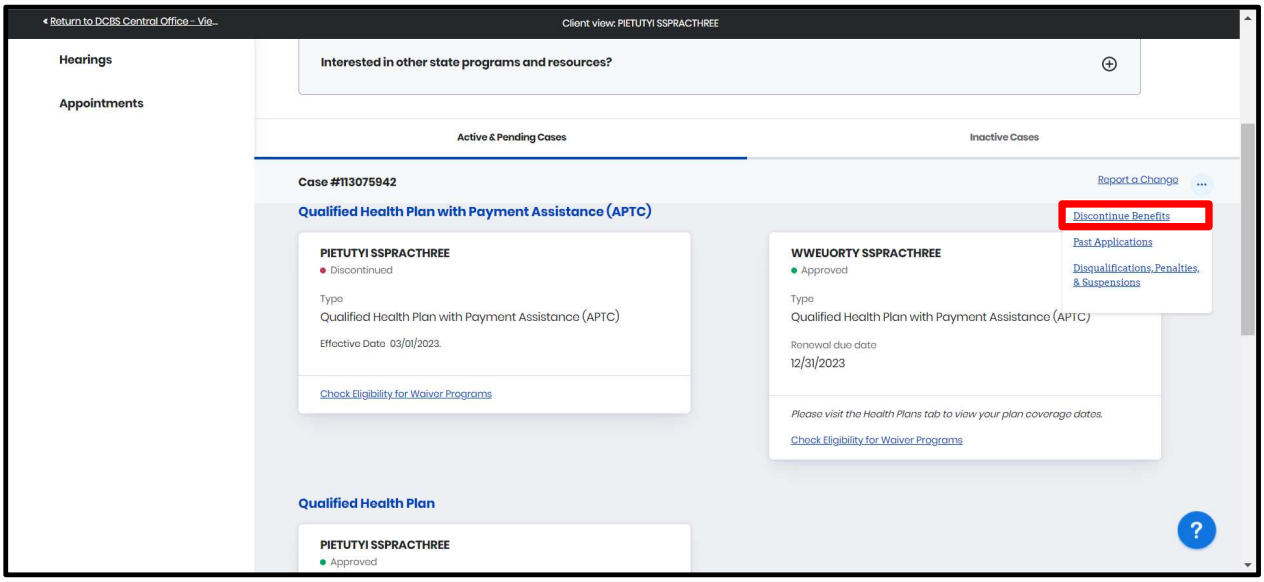
6. Click **Benefits** to navigate to the **Benefits** screen.



7. On the **Benefits** screen, click the **3 dots** menu for the *Qualified Health Plan with Payment Assistance (APTC)* section as displayed below. This displays additional options to select to modify the existing APTC plans.



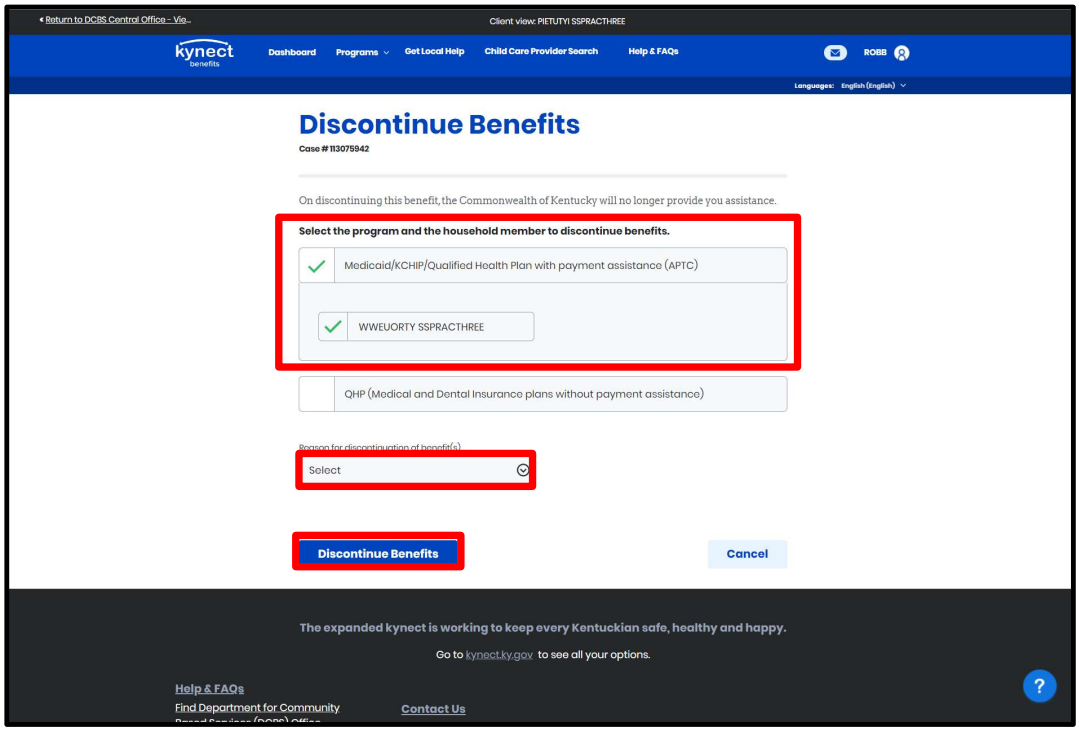
8. From the options displayed, click **Discontinue Benefits**.



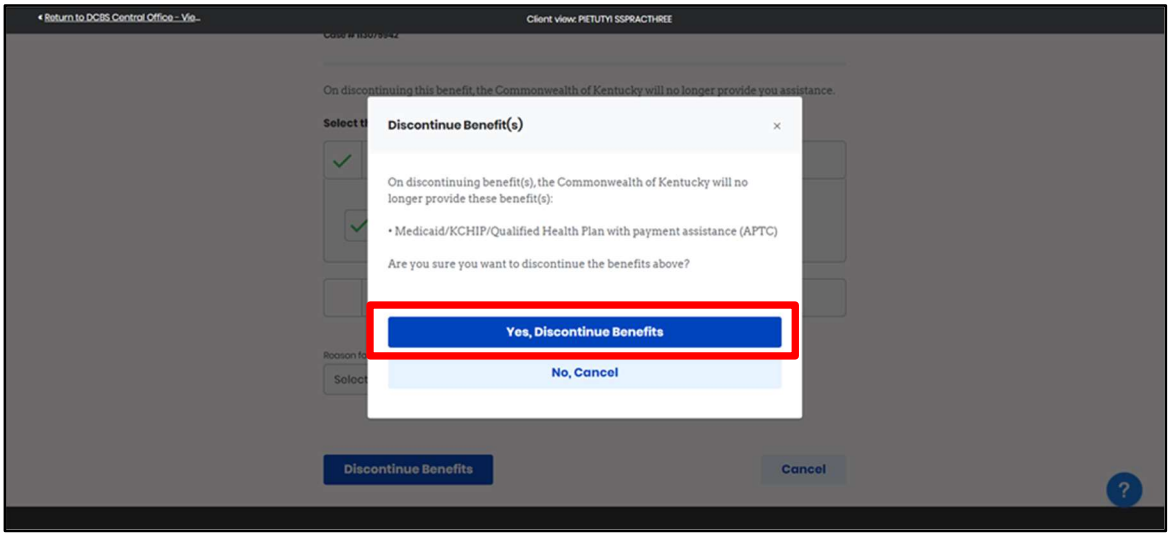
9. On the **Discontinue Benefits** screen, click **Medicaid/KCHIP/Qualified Health Plan with payment assistance (APTC)** as the program to discontinue for the non-primary policy holder.

Please note: Do not select **QHP (Medical and Dental Insurance plans without payment assistance)** if the Medicare eligible Resident is electing to delay enrollment into Medicare.

10. Select the **Reason for discontinuation of benefit(s)** as **Client Request**.
11. Click **Discontinue Benefits**.



12. Click **Yes, Discontinue Benefits**.

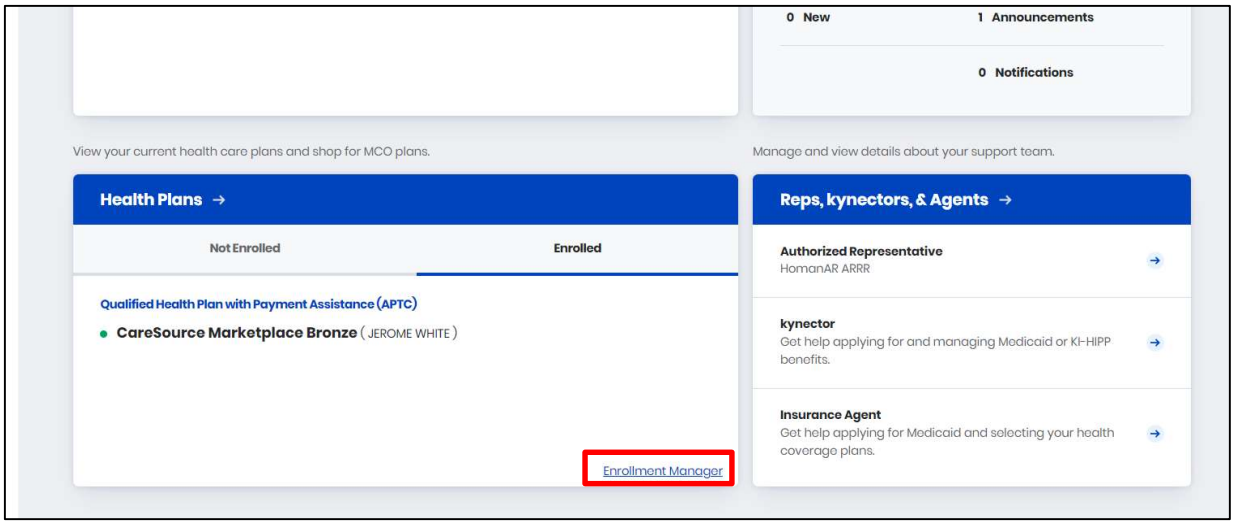


13. Upon terminating the non-primary policy holder's APTC, the primary policy holder must disenroll the member enrolling into Medicare from their medical plan. Navigate to the **Dashboard**.

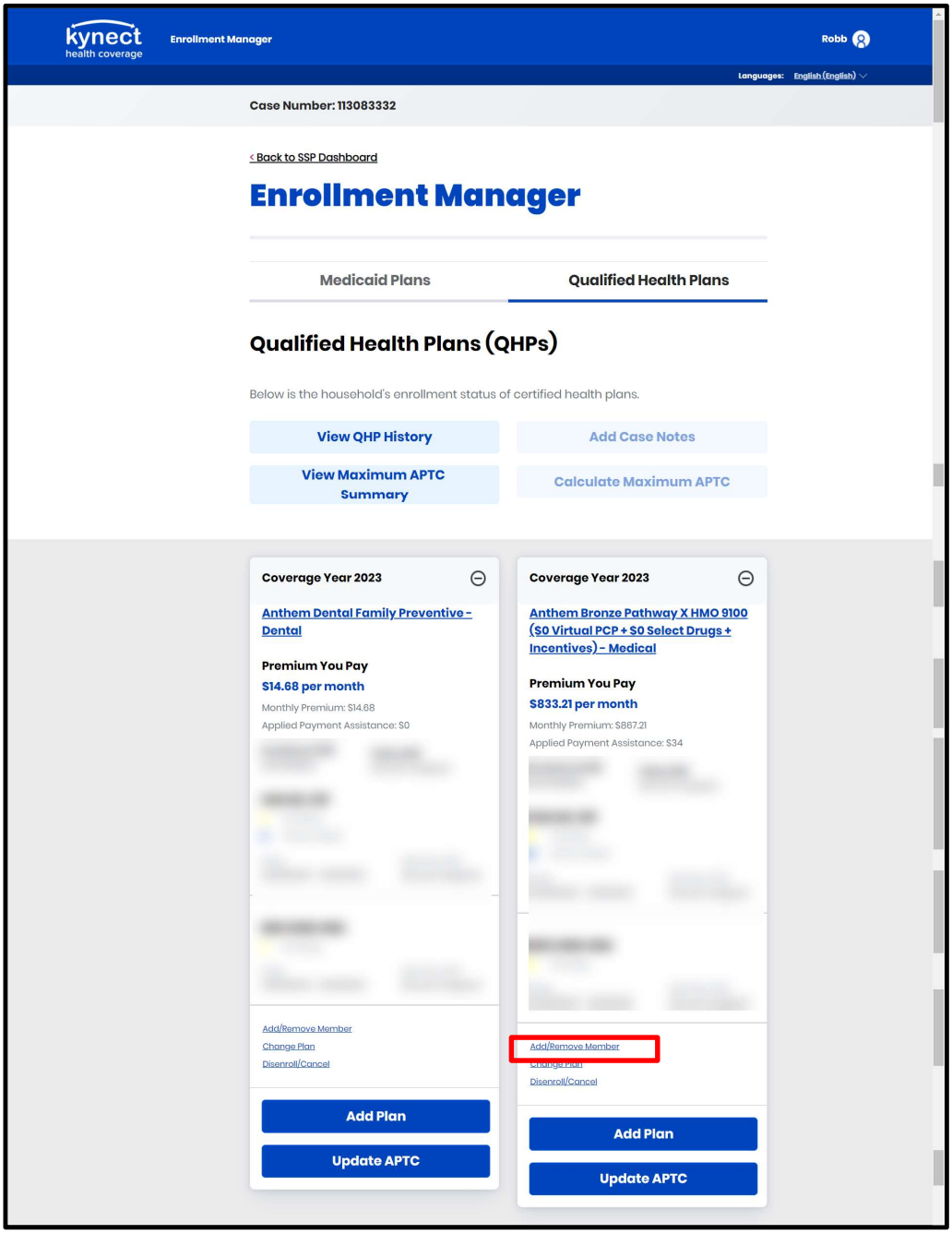
Please note: If Residents need local assistance acquiring health insurance or have questions, they can refer to Healthcare – Local Help.

Please note: To get assistance with or apply for the Kentucky Medicare Savings Program (MSP), Residents can apply online at kynect.ky.gov, call the Department for Community Based Services at 1-855-306-8959, or click Here to access a paper application for Medicaid and MSP (send it to their local DCBS office when completed). Deaf or hearing-impaired people who use a TTY/TDD should call (877) 486-2048.

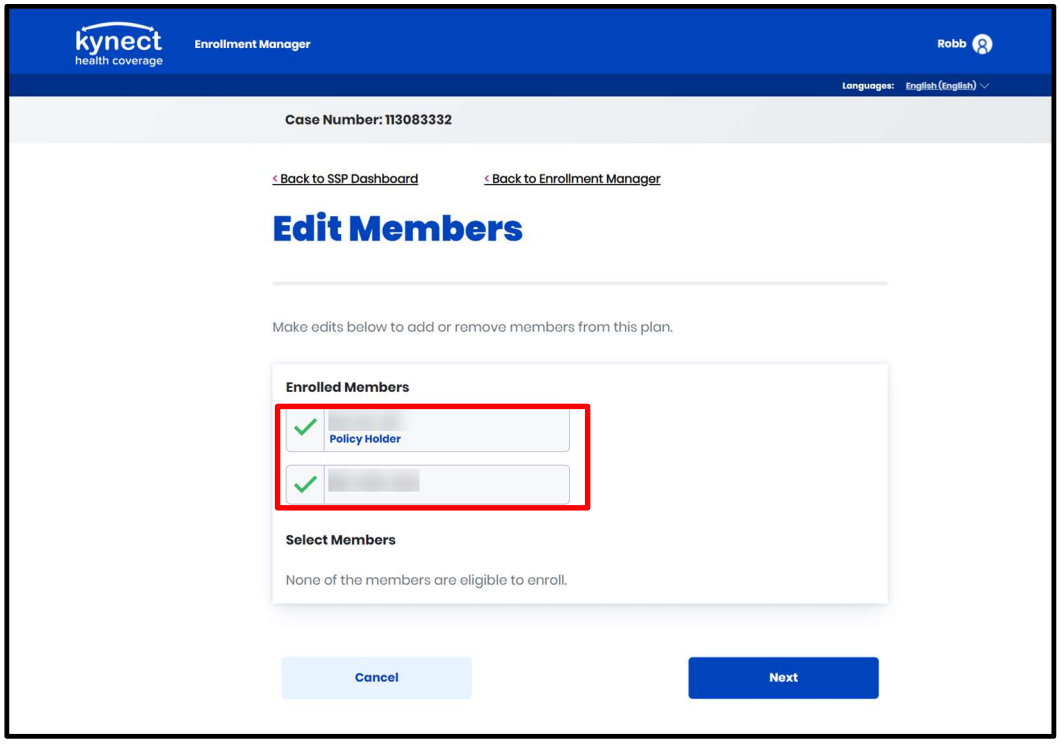
14. From the Dashboard, click **Enrollment Manager**.



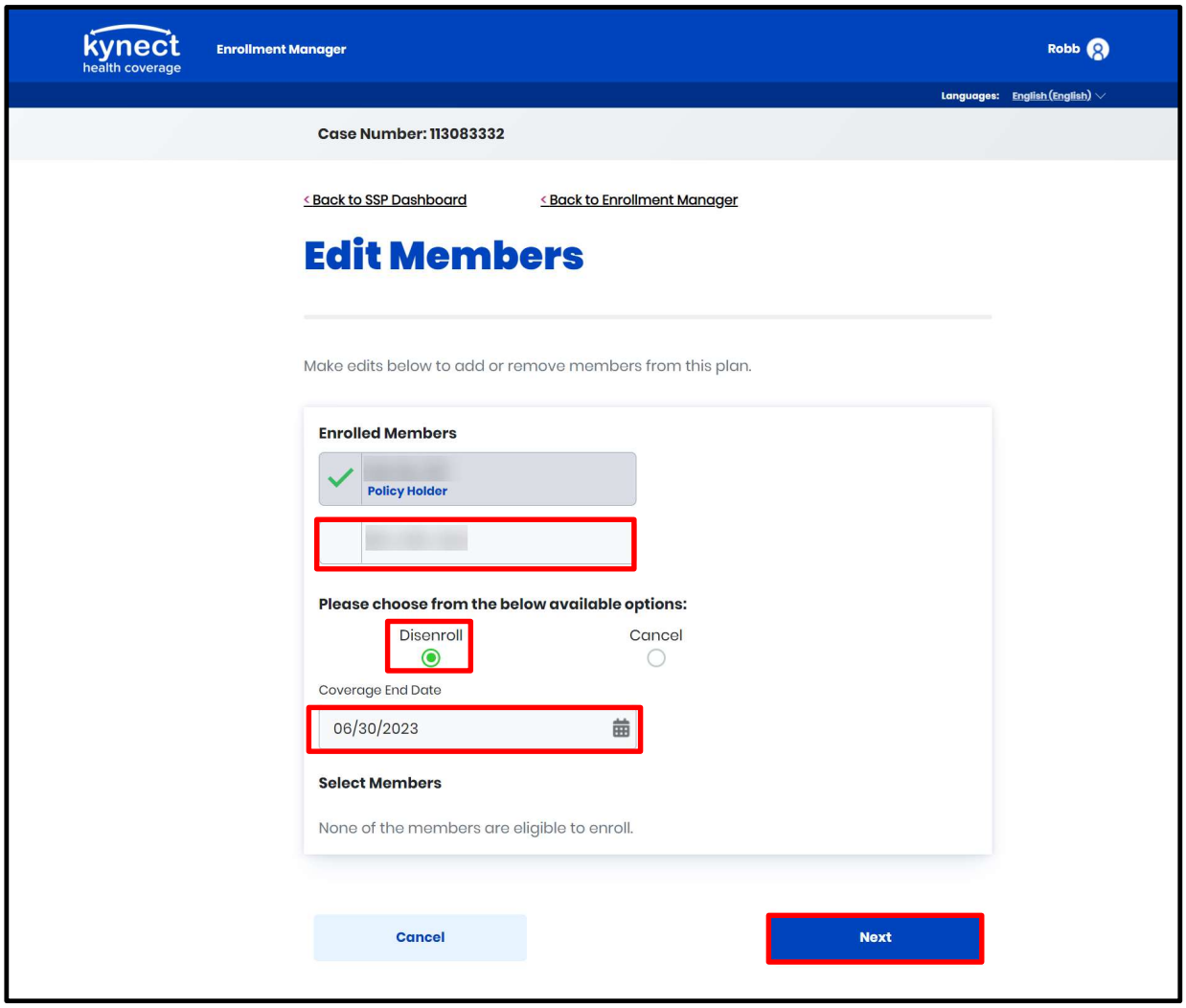
15. On the **Enrollment Manager** screen, click **Add/Remove Member** for the QHP plan the member enrolling into Medicare is on.



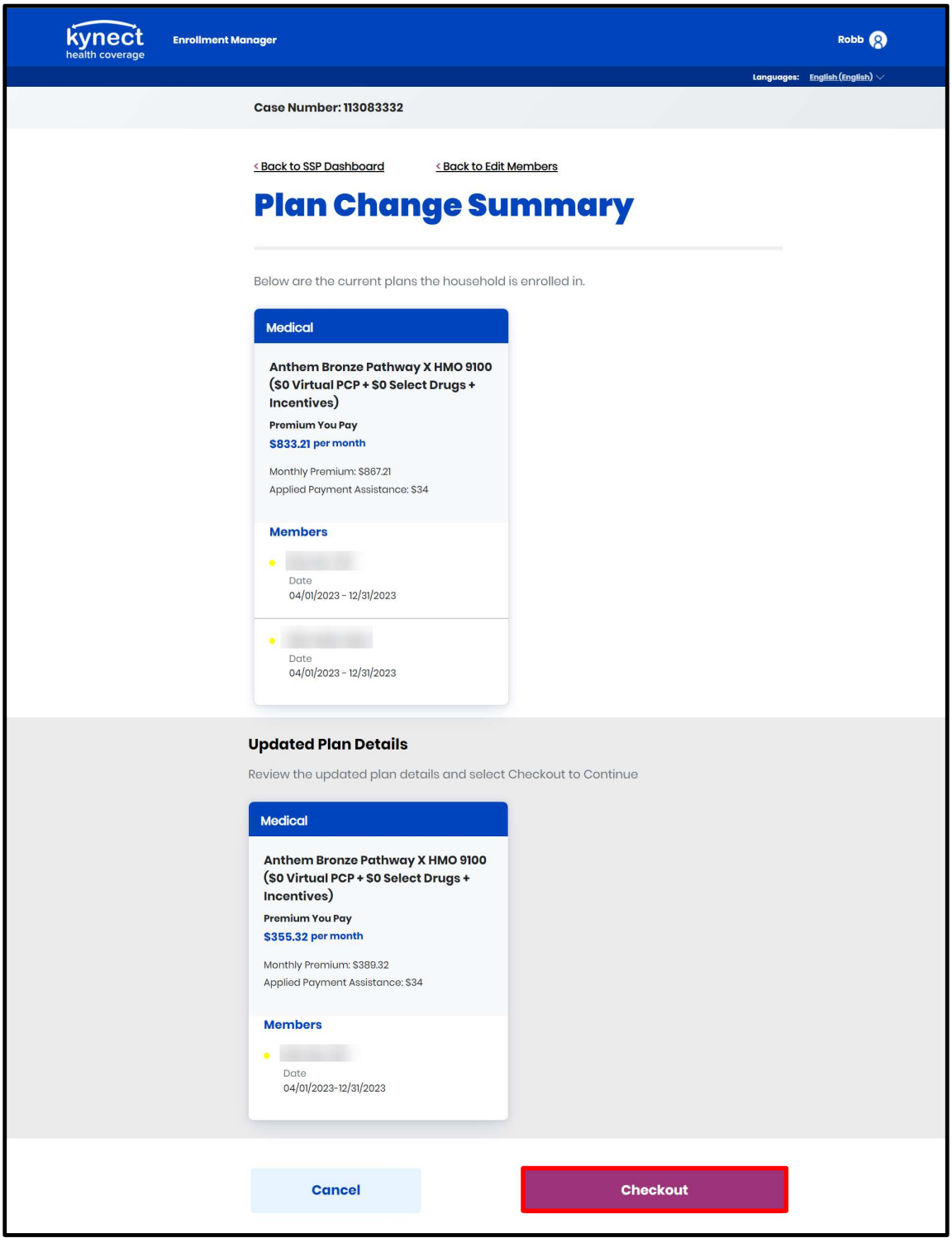
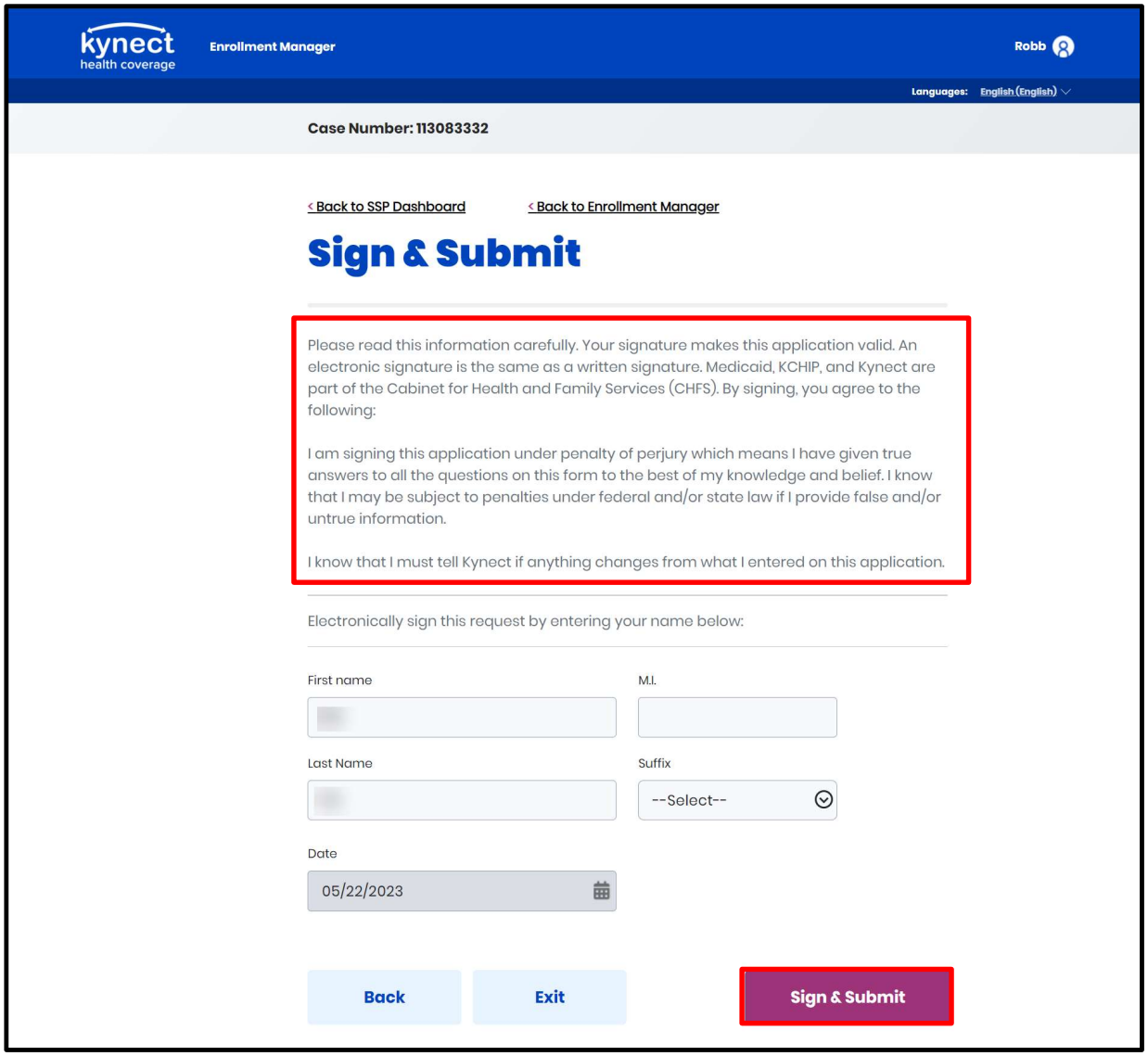
16. On the **Edit Members** screen, review the household members currently enrolled in the plan.



17. Deselect the Non-Primary Member that is enrolling into Medicare.
18. Ensure **Disenroll** is selected, and enter the **Coverage End Date** as one (1) day prior to when the Resident's Medicare enrollment begins.
19. Click **Next**.



20. On the **Plan Change Summary** screen, click **Checkout**.



21. On the **Sign & Submit** screen, review the disclaimer and agree to the changes requested by entering the primary policy holders **First Name**, **Last Name**, and clicking **Sign & Submit**.