

FOR IMMEDIATE RELEASE

# NEWS

January 14, 2013

Contact: Mitchell Clark  
Senior Communications Associate  
212-204-6286

## **Medicare Rights Center Releases Report, *A Bridge to Health***

*--Report Recommends Ways to Ensure Seamless Transitions from Health Insurance Exchanges and Medicaid to Medicare--*

New York, NY—The Medicare Rights Center released a report today about the ways states can simplify transitions to Medicare for Medicaid beneficiaries and people who will be in the health insurance exchanges starting in 2014 under the Affordable Care Act. According to the report, *A Bridge to Health*, and a blog post also written by the Medicare Rights Center, people who become eligible for Medicare in states without a comprehensive transition plan could face gaps in coverage, avoidable out-of-pocket costs, duplicative health premiums, and/or premium penalties for late enrollment into Medicare.

The Affordable Care Act creates a streamlined and mostly automated eligibility determination and enrollment process for Medicaid and private plans offered through the exchanges. Individuals can simultaneously apply for Medicaid and the exchange's premium tax credits and related subsidies using a single, simplified application that can be submitted online, in person, by telephone, or by mail. Beginning in 2014, the Affordable Care Act expands and simplifies Medicaid eligibility requirements in states that choose to participate in the Medicaid expansion. However, the law does not extend these simplified eligibility requirements to people with both Medicare and Medicaid, the so-called dual eligibles.

"To prepare for 2014, state and federal agencies need to consider how Medicare's eligibility rules and enrollment systems correspond to new rules and systems developed under the Affordable Care Act," said Joe Baker, President of the Medicare Rights Center. "Measures will be needed to help ensure seamless transitions into Medicare. By taking these steps now, state and federal governments can help ensure that people who become eligible for Medicare are protected from gaps in coverage and unnecessary out-of-pocket costs that could put their health and economic security at risk," said Mr. Baker.

The report offers suggestions to the federal government and states to ease the transition to Medicare for Medicaid beneficiaries. The suggestions include:

- aligning and simplifying financial eligibility rules, such as income limits and asset thresholds, across all public insurance programs and the exchange plans;
- aligning and simplifying application and renewal rules and processes across all public insurance programs and the exchange plans;
- utilizing electronic data-sharing to automatically verify eligibility and facilitate enrollment into Medicare subsidy programs as an individual becomes eligible for Medicare; and
- using education, outreach, and notices to provide accurate, understandable, and timely information about enrollment obligations, eligibility guidelines, and available benefits.

"As states implement key coverage expansion provisions of the Affordable Care Act—expanding

eligibility for the Medicaid program and building the health insurance exchanges—they also need to develop plans to help ensure newly insured individuals transition seamlessly to Medicare when they turn 65 or become disabled,” said Doug Goggin-Callahan, Director of New York State Policy and Education at the Medicare Rights Center.

The report was made possible by funding from The Commonwealth Fund.