

Medicare and the 24 Month Gap in Coverage

PRESENTER

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National Council on Aging (NCOA)

Vision

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Mission

Improve the lives of millions of older adults, especially those who are struggling

Goal

Impact the health and economic security of 40 million older adults by 2030, especially women, people of color, LGBTQ+, low-income, and rural individuals

The work we do

Resources

Trusted, unbiased information that enable older adults and their caregivers to take small steps that can have a big impact on their health and financial security



Tools

Personalized, online support for individuals to find benefits, choose a Medicare plan, prevent falls, and plan for a healthy and secure life



Best Practices

Technical assistance and support for professionals in community-based organizations who serve older adults every day



Advocacy

A national platform and voice to fight against ageism—and to strengthen the federal programs we all depend on as we age



Medicare and Medicaid – July 1965



President Johnson signs Medicare and Medicaid into law

- President Truman first called for a national health program in 1945
- Medicare only for adults aged 65 and over
- July 1, 1966 – when Medicare hospital and physician services are covered, more than 19 million are already enrolled
- Medicaid covers low-income individuals and is funded by federal and state governments

1972: Medicare Expanded to Under 65 on SSDI or ESRD

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Medicare and 24-month waiting period

- President Nixon expands Medicare eligibility to two additional groups: individuals under 65 on Social Security Disability Insurance (SSDI) and those with end-state renal disease (ESRD)
- For individuals under 65 and on SSDI, there is a 24-month wait from the date of eligibility for benefits
- These changes added 1.7 million Medicare enrollees when they took effect
- Why the wait? In 1972, Senate Finance Committee wanted to limit costs to Medicare trust fund and avoid cost shift from coverage for a disabled worker receiving benefits from a private group health plan

Medicare Waiting Period and ALS

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- Signed into law December 2000, effective July 1
- Waiver of 24-month waiting period For Medicare coverage of individuals disabled with Amyotrophic Lateral Sclerosis (ALS)
- Five-month SSDI elimination 1/2021





Other Legislative and Administrative Actions

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Legislative Action

- Medicare Modernization Act (2003) – Part D and Low-Income Subsidy effective 2006
- Affordable Care Act – March 2010
- Implementation phased in: Marketplaces, Medicaid expansion, elimination of pre-existing exclusion provisions
- National Alzheimer's Project Act – Jan 2011
- Creates an Advisory Counsel for AD/ADRD

Administrative Action

- Prohibition of Medicare claims edits to deny coverage with people with Alzheimer's diagnosis (9/2001)
- Creations of SSA Compassionate Allowance Initiative by SSA Comm. Astrue - 2007
- Fast-tracks SSDI/SSI disability decisions for certain conditions
- Early-onset Alzheimer's disease added to the list – Feb 2010



Access to Health Care During the Waiting Period

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Health Insurance Access During the Waiting Period

- Marketplace plans under the ACA
- Medicaid – either age, blind or disabled (ABD) or Medicaid expansion
- Employer-based coverage
 - Family member's employer – limited
 - COBRA - expensive

Considerations for Next Steps

Gather additional and updated data to support policy proposals

- Need data to determine health insurance/Medicaid coverage of SSDI individuals during the Medicare waiting period
- Research on the health care costs and financial means to meet the needs, including through Marketplace, employer and Medicaid if available
- Estimate the impact on the Medicare trust fund if eliminate or reduce the waiting period

Explore improving Medicare services and coverage

- Individuals with Alzheimer's and related dementias want to live at home as long as possible
- Caregivers/family members require additional support to provide care at home and address SDOH
- Long-term services and supports are not currently covered by Original Medicare but some Medicare Advantage plans are providing very limited services
- Expanding Medicare coverage of respite coverage currently only available under the hospice benefit
- Impact on national economy of caregivers leaving the workforce

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