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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 2@ Determination of Medi-Cal Eligibility and Share of Cost

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Article 15@ OTHER HEALTH CARE COVERAGE AND MEDICARE BUY-IN COVERAGE

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Section 50777@ Requirement to Apply for Medicare

50777 Requirement to Apply for Medicare

(a)

The following Medi-Cal applicants and beneficiaries shall be required to apply for Medicare Part A: (1) Any person 64 years and 9 months of age or older. (2)

Persons applying for Medi-Cal on the basis of blindness or disability. (3) Persons who are receiving disability payments under title II of the Social Security Act or Railroad Retirement program unless the county can obtain verification of receipt of Social Security title II disability payments in accordance with section 50167. In these instances Medicare enrollment is deemed to be automatic beginning with the 25th month of receipt of this benefit and application is not required. (4) Persons receiving dialysis-related health care services.

(1)

Any person 64 years and 9 months of age or older.

(2)

Persons applying for Medi-Cal on the basis of blindness or disability.

(3)

Persons who are receiving disability payments under title II of the Social Security Act or Railroad Retirement program unless the county can obtain verification of receipt of Social Security title II disability payments in accordance with section 50167. In these instances Medicare enrollment is deemed to be automatic beginning with the 25th month of receipt of this benefit and application is not required.

(4)

Persons receiving dialysis-related health care services.

(b)

The following Medi-Cal applicants and beneficiaries shall be required to apply for Medicare Part B: (1) Persons who are applying for Medi-Cal on the basis of being aged. (2) Persons applying for Medi-Cal on the basis of blindness or disability unless the county can obtain verification of receipt of Social Security Title II disability payments in accordance with section 5167. In these instances Medicare enrollment is deemed to be automatic beginning with the 25th month of receipt of this benefit and application is not required. (3) Persons receiving dialysis-related health care services, unless the county can obtain verification of receipt of Medicare Part A benefits in accordance with section 50167. In these instances, Medicare Part B enrollment is deemed to be automatic and application is not required.

(1)

Persons who are applying for Medi-Cal on the basis of being aged.

(2)

Persons applying for Medi-Cal on the basis of blindness or disability unless the county can obtain verification of receipt of Social Security Title II disability payments in accordance with section 5167. In these instances Medicare enrollment is deemed to be automatic beginning with the 25th month of receipt of this benefit and application is not required.

(3)

Persons receiving dialysis-related health care services, unless the county can obtain verification of receipt of Medicare Part A benefits in accordance with section 50167. In these instances, Medicare Part B enrollment is deemed to be automatic and application

is not required.

(c)

The persons specified in (a) and (b) shall submit verification to the county department of the approval or denial of their Medicare eligibility within 60 days of the date they are notified of the requirement to apply or within 10 days of the notification of approval or denial if their eligibility for Medicare is not determined within 60 days. Except for those persons applying under Sections 50258 and 50256, persons who would only be eligible for Medicare Part A if they paid a premium shall not be required to accept Part A benefits.