



FAQs for Displaced Puerto Ricans in Florida

Puerto Rico's Medicaid managed care program - Government Health Plan (GHP)

Q. If a resident of Puerto Rico who is enrolled in the Puerto Rico Medicaid Government Health Plan (GHP) relocates to Florida or another state, can he or she immediately receive care from a stateside physician, hospital, or other provider, using the card issued by the Puerto Rico-based managed care organization?

A. Puerto Ricans enrolled in GHP cannot receive non-emergency care from a stateside provider using their GHP card issued in Puerto Rico. Generally, the GHP only provides coverage for off-island emergency services in another state.

Q. If not, what specific steps must the displaced individual take to enroll in the state's Medicaid program?

A. Individuals who wish to enroll in a receiving state's Medicaid program must change their residency to the state in which they are residing. During the application process, applicants can enroll based on self-attestation of most eligibility criteria if regular verification sources and process are not available due to emergency circumstances. If an applicant is determined to meet all other eligibility criteria but their citizenship or satisfactory immigration status cannot be verified at that time, Medicaid coverage will begin based on attested information. The applicant then has 90 days from the date of approval to provide needed verification of citizenship or immigration status.

Q. Has CMS authorized states to utilize an expedited Medicaid enrollment process for hurricane-displaced individuals?

A. States receiving evacuees from another state or territory are required to provide Medicaid and CHIP coverage to anyone who has decided to change residence to the receiving state. Federal regulations¹ permit states, without CMS authorization, to enroll new applicants based on self-attestation of most eligibility criteria if regular verification sources and processes are not available due to emergency circumstances.

Hospitals, providers and other qualified entities identified by the receiving state can make presumptive eligibility determinations to facilitate enrollment and ensure immediate coverage.

¹ 42 CFR 435.952(c)(3)

States and territories can also request authority to designate additional entities they determine are capable to make presumptive eligibility determinations.

Original Medicare

Q. If a resident of Puerto Rico who is enrolled in traditional Medicare relocates to Florida or another state, can he or she immediately receive care from a stateside provider?

A. Benefits do not change for people in traditional, or Original, Medicare who relocate to another state. Individuals with Original Medicare who relocate to another state can immediately get health care services from stateside enrolled Medicare providers, who accept Medicare patients. Individuals with Original Medicare can visit [Medicare.gov](http://www.Medicare.gov) to search for and compare health care providers, hospitals, and facilities.

Q. What should a beneficiary do if they cannot pay their traditional Medicare premium on time due to the hurricane?

A. If a beneficiary has been affected by a 2017 hurricane and they can't make their Medicare Parts A or B or Part D IRMAA premium payments on time, Medicare is temporarily suspending terminations starting on August 28, 2017.

They have until February 28, 2018, to catch up, and their Medicare benefits won't be terminated between now and February 28, 2018. However, beneficiaries should try to make payments on time so they won't be delinquent once the extension ends.

Beneficiaries may receive a bill showing "delinquent," but no termination dates will appear on their bill.

Q. What should a beneficiary do if they are able to pay their traditional Medicare premium on time, but have not received a bill due to the hurricane?

A. If beneficiaries have access to the internet and their bank offers Online Bill Payment, they can mail a check, payable to "CMS Medicare Insurance", to

Centers for Medicare & Medicaid Services
Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

or

RRB, Medicare Premium Payments
P.O. Box 979024

St. Louis, MO 63197-9000

In addition, beneficiaries can call 1-800-Medicare to reach call center staff, who will be able to tell them how much they owe and give more detailed instructions.

Q. What should a beneficiary do if they were terminated from traditional Medicare due to delinquency because they did not pay on time because they were impacted by the hurricane?

A. If a beneficiary was impacted by a 2017 hurricane and their Medicare coverage was terminated because of nonpayment of premiums or they made late payments after the due date, they will need to contact the Social Security Administration. The beneficiary should be prepared to explain the reason for the nonpayment of premiums and how the hurricane caused it. The Social Security Administration will determine the conditions in which the beneficiary's Medicare coverage can be reinstated.

Medicare Advantage

Q. If a resident of Puerto Rico who is enrolled in a Medicare Advantage plan relocates to Florida or another state, can he or she immediately receive care from a stateside physician, hospital, or other provider? Does the answer to this question vary based on the identity of the company and plan in question?

A. All Medicare Advantage organizations are required to cover all emergency and urgently needed services, as well as dialysis services, when an enrollee is out of the plan's service area, regardless of whether a public health emergency has been declared in the service area.

While the emergency declaration is in effect, Medicare Advantage organizations are required to cover all medically necessary services at in-network cost sharing. However, enrollees and/or their providers may want to contact the plan before obtaining services to ensure that the services are both medically necessary and plan covered.

In addition, Medicare Advantage organizations whose members resided at the start of the incident period in areas where the public health emergency has been declared are required to:

- Waive prior authorization and other gatekeeper requirements, and
- Allow care to be provided by non-contracted providers and facilities.

If a beneficiary has problems using an out-of-network doctor or provider, they should contact their plan for assistance.

Q. What additional out-of-pocket costs, if any, should hurricane-displaced individuals enrolled in Medicare Advantage anticipate, now that their providers fall outside of their plan's network?

A. Medicare Advantage organizations must temporarily reduce plan-approved out-of-network cost sharing to in-network cost-sharing amounts for their members who reside (or resided at the start of the incident period) in areas where the public health emergency has been declared. This means that typically, beneficiaries only have to pay the in-network rate during the emergency period, even if they usually pay more for out-of-network or out-of-area care.

Charges for emergency or urgent care services that are out-of-network will be no more than what would have been paid for emergency or urgent care services in-network.

In most cases providers will bill the displaced beneficiary's Medicare Advantage plan and only collect the Medicare Advantage plan cost sharing from the beneficiary. However, if a Medicare Advantage enrollee has directly paid a provider for plan-covered services, they should submit the provider's bill for reimbursement from their Medicare Advantage plan for out-of-area or out-of-network services they receive. Beneficiaries should be sure to save their receipts.

Beneficiaries are still responsible for paying their premium on time each month.

Q. Will hurricane-displaced individuals enrolled in Medicare Advantage qualify for a special enrollment period so they may switch to a new Medicare Advantage plan?

A. There are a couple of special enrollment periods (SEPs) that hurricane-displaced individuals enrolled in Medicare Advantage may be able to participate in to enroll in a new plan.

Medicare beneficiaries affected by the hurricanes are eligible for a special enrollment period (SEP) through March 31, 2018. This SEP provides impacted individuals an additional one-time opportunity to add, drop or change their Medicare health and prescription drug plans. This SEP can be used, even if the person made a choice during Medicare's fall open enrollment period, and it helps those who left Puerto Rico and feel that a local Medicare Advantage or Medicare prescription drug plan would better meet their healthcare needs. To be considered "affected" and eligible for this SEP, individuals must have been a resident of a Federal Emergency Management Agency (FEMA) declared disaster area at the start of the incident period.

In addition, the SEP is available to those individuals who don't live in the affected areas but rely on help making healthcare decisions from friends or family members who live in the affected areas.

Coverage changes using this SEP are effective the first of the month following the plan's receipt of the enrollment request.

In addition, beneficiaries who change their **permanent** residence due to their displacement from Puerto Rico have a different SEP to join a Medicare Advantage or prescription drug plan offered in the new area in which they live. This SEP begins on the date of the move or the date the individual notifies the plan of the permanent move and ends two months later. Additionally, individuals, upon their return to Puerto Rico, would again be eligible for this residence change SEP to rejoin their prior Medicare Advantage plan or another Medicare Advantage or Medicare

prescription drug plan that meets their needs.

Q. How long can hurricane-displaced individuals enrolled in Medicare Advantage remain in their plan before they have to switch to a new plan?

A. In general, beneficiaries who **temporarily** reside outside their Medicare Advantage plan's service area can remain enrolled in that MA plan for up to 6 months. If the Medicare Advantage plan offers a visitor/traveler program, this timeframe can be extended to up to 12 months. Individuals should contact their plan directly to find out if their plan offers a visitor/traveler program.

Individuals who temporarily reside out of their Medicare prescription drug plan's service area can remain enrolled for up to 12 months. At the end of this timeframe, the Medicare Advantage plan can disenroll the member, and the individual would have Original Medicare (Medicare Fee-for-Service) for their health coverage.

In addition, beneficiaries who change their **permanent** residence and no longer reside in their Medicare Advantage or prescription drug plan service area may be disenrolled from their plan. These individuals may be eligible to join a Medicare Advantage or prescription drug plan offered in the new area in which they live through a residence change SEP. This SEP begins on the date of the move or the date the individual notifies the plan of the permanent move and ends two months later. For example, beneficiaries displaced from Puerto Rico who initially intend to relocate for 6 months or less and later stay for over 6 months would notify the plan and have 2 months from that date to use the residence change SEP to join a plan in the new area in which they live.

In order to be eligible for the residence change SEP, the beneficiary must notify their plan of their move before the plan disenrolls them; this typically occurs at end of the 6 months, unless the plan has a visitor/traveler program that extends this timeframe to up to 12 months. Individuals should contact their plan directly to find out if their plan offers a visitor/traveler program.

Additionally, individuals, upon their return to Puerto Rico, would again be eligible for this residence change SEP to rejoin their prior Medicare Advantage plan or another Medicare Advantage or Medicare prescription drug plan that meets their needs.

Q. What options are available for hurricane-displaced individuals who cannot find a new Medicare Advantage plan in their new location that is similar to the one they currently have?

A. Individuals who temporarily reside outside the plan's service area may stay in their current Medicare Advantage plan for up to 6 months, or up to 12 months if their plan has a visitor/traveler program. Individuals should contact their plan directly to find out if their plan offers a visitor/traveler program.

Beneficiaries may also choose to use the SEP for individuals affected by the hurricanes to enroll in Medicare Fee-for-Service and a stand-alone Medicare prescription drug plan. Depending on the state in which they newly reside, they may be able to buy a Medigap policy to help pay the costs that Medicare Fee-for-Service does not cover.

Q. If a resident of Puerto Rico who is enrolled in a Medicare Advantage plan relocates to Florida or another state, can he or she immediately fill prescriptions in the new location?

A. All Medicare Advantage plans that include a prescription drug benefit must ensure enrollees have adequate access to covered Part D drugs dispensed at out-of-network pharmacies when those enrollees cannot reasonably be expected to access a network pharmacy. Organizations are expected to lift their “refill-too-soon” edits and allow affected enrollees to obtain the maximum extended day supply, if requested and available at the time of refill.

Q. How can hurricane-displaced individuals enrolled in Medicare Advantage use the special enrollment period to sign up for a new plan?

A. Individuals can make enrollment changes by contacting the plan in which they want to enroll, visiting [Medicare.gov/find-a-plan](https://www.medicare.gov/find-a-plan) or calling Medicare at 1-800-Medicare and requesting enrollment. Individuals who want to switch from Medicare Advantage to Original Medicare (Medicare Fee-for-Service) should contact their current plan or 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. When making the request, individuals should indicate that they were impacted by Hurricane Maria.

If a displaced individual changes their permanent residence, they should contact the Social Security Administration to update their address.

Q. When does the special enrollment period end?

A. There are a couple of special enrollment periods (SEPs) that hurricane-displaced individuals enrolled in Medicare Advantage may be able to participate in to enroll in a new plan.

Medicare beneficiaries affected by the hurricanes are eligible for a special enrollment period (SEP) through March 31, 2018. This SEP provides impacted individuals an additional one-time opportunity to add, drop or change their Medicare health and prescription drug plans. This SEP can be used, even if the person made a choice during Medicare’s fall open enrollment period, and it helps those who left Puerto Rico and feel that a local Medicare Advantage or Medicare prescription drug plan would better meet their healthcare needs.

In addition, beneficiaries who change their **permanent** residence and no longer reside in their Medicare Advantage or prescription drug plan service area may be disenrolled from their plan. These individuals may be eligible to join a Medicare Advantage or prescription drug plan offered in the new area in which they live through a residence change SEP. This SEP begins on the date of the move or the date the individual notifies the plan of the permanent move and ends two months later. For example, beneficiaries displaced from Puerto Rico who initially intend to

relocate for 6 months or less and later stay for over 6 months would notify the plan and have 2 months from that date to use the residence change SEP to join a plan in the new area in which they live.

Q. If a hurricane-displaced individual enrolled in Medicare Advantage signs up for a new plan, when will it be effective?

A. Coverage changes using the SEP for individuals affected by the hurricanes are effective the first of the month following the plan's receipt of the enrollment request.

Q. Who is eligible for the special enrollment period?

A. To be considered "affected" and eligible for the SEP, individuals must have been a resident of a Federal Emergency Management Agency (FEMA) declared disaster area at the start of the incident period.

In addition, the SEP is available to those individuals who don't live in the affected areas but rely on help making healthcare decisions from friends or family members who live in the affected areas. Such individuals may have to demonstrate reliance on the affected family member or friend.

Q. Are there special considerations for people with End Stage Renal Disease?

A. Beneficiaries with ESRD have additional limitations that do not permit enrollment in another Medicare Advantage organization, even if they are eligible for a SEP. Such individuals should consider their options carefully before using this SEP to leave their current Medicare Advantage plan. If an individual leaves their current plan to join Original Medicare (Medicare Fee-for-Service), he or she would not be eligible to join their prior or another Medicare Advantage plan if or when they return to Puerto Rico.

Q. What is the Medicare Part D Low-Income Subsidy, and who is eligible to receive it?

A. Anyone who has Medicare can get Medicare prescription drug coverage. Some people with limited resources and income may also be able to get Extra Help to pay for the costs — monthly premiums, annual deductibles, and prescription co-payments — related to a Medicare prescription drug plan.

To qualify for Extra Help:

- Beneficiaries must reside in one of the 50 states or the District of Columbia;
- Beneficiaries' resources in 2018 must be limited to \$14,100 for an individual or \$28,150 for a married couple living together; and
- Beneficiaries' annual income in 2017 must be limited to \$18,090 for an individual or \$24,360 for a married couple living together. In some cases, individuals may still be eligible for Extra Help if they make more than this amount.

Q. Once a resident of Puerto Rico relocates, are they eligible to receive the Medicare Part D Low-Income Subsidy? How do they apply for this program?

A. Yes, individuals who relocate from Puerto Rico and change their permanent address with Social Security may be eligible to receive the Medicare Part D Low-Income Subsidy, also called “Extra Help” while living in the States or the District of Columbia.

To apply for Extra Help, a beneficiary can:

- Complete Social Security’s *Application for Extra Help with Medicare Prescription Drug Plan Costs* by: visiting www.socialsecurity.gov/extrahelp; calling 1-800-772-1213 (TTY 1-800-325-0778); or going to his or her local Social Security office, or
- Sign up for Medicaid; once approved for Medicaid, he or she will automatically start getting Extra Help with Medicare

Q. What should a beneficiary do if he or she cannot pay their Medicare Advantage premium on time?

A. If a beneficiary cannot pay his or her Medicare Advantage premium due to the hurricane, they should contact their plan directly as soon as possible. In general, Medicare Advantage plans are not allowed to disenroll a member for failure to pay their premium until the member has missed premium payments for two months, and some plans allow for a longer period of time.

Additional Resources for Beneficiaries

Medicaid and CHIP:

- **To enroll** in Florida’s Medicaid program, individuals can fill out an application at <https://dcf-access.dcf.state.fl.us/access/index.do> or call 1-866-762-2237.
- **To enroll** in Florida’s CHIP program, individuals can fill out an application at <https://www.healthykids.org/apply/> or call 1-800-540-5437.

Medicare:

- **Medicare’s website** has information about health coverage options for beneficiaries impacted by an emergency or natural disaster, and can be accessed at: <https://www.medicare.gov/what-medicare-covers/getting-care-and-drugs-in-disasters-or-emergencies.html>.
- **A Fact Sheet** on how to get care and needed prescriptions or supplies can be accessed at: <https://www.medicare.gov/Pubs/pdf/11377-Care-Drugs-Disaster-Emergency.pdf>.
- **The Medicare Call Center** has the appropriate information needed to address questions from beneficiaries who were impacted by the recent disasters, and can be accessed by calling 1-800-Medicare.
- **Enrollment Issues for Weather Related Emergencies and Major Disasters** - A series of questions and answers for Medicare Beneficiaries can be accessed at: <https://www.cms.gov/About-CMS/Agency->

[Information/Emergency/Downloads/MedicareBeneficiaryDisasterEnrollmentQsandAs.pdf](#)

- **Medicare Part A and Part B Beneficiary Enrollment for Individuals Affected by Recent Major Disasters** – This series of questions & answers can be accessed at: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Medicare-Enrollment-QA.pdf>

Medicare Advantage:

- **The Medicare Call Center** has the appropriate information needed to address questions from beneficiaries who were impacted by the recent disasters, and can be accessed by calling 1-800-Medicare.

For more information for state and local officials, providers, healthcare facilities, suppliers and the public, please visit CMS' emergency page (www.cms.gov/emergency).

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