

FAQ's for Medicare Part A and Medicare Part B Inquiries (Internal Mailbox System)

Question: What does the BIC mean on Enrollment application part B and how does one get the code?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). BIC (Beneficiary Identification Code) is the Medicare number, followed by an identifying suffix. When a claim is submitted to the Medicare Intermediary or Carrier the Medicare number must include the identify suffix for the system to recognize the Medicare number. If you have additional questions, please visit www.Medicare.gov or call 1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048.

Question:

I will turn 65 this year; however, I am still working and receiving employer-sponsored health benefits.

My plan is to continue working for several more years. Is it necessary for me to apply for Medicare at this time?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). If you didn't sign up for Part A and/or Part B when you were first eligible because you're covered under a group health plan based on current employment (your own, a spouse's or a family member's (if you have a disability) you can sign up for Part A and/or Part B:

- anytime you're still covered by the group health plan or
- (Special Enrollment Period) during the 8-month period that begins the month after the employment ends or the coverage ends, whichever happens first.

Usually, you don't pay a late enrollment penalty if you sign up during a Special Enrollment Period.

Note: This Special Enrollment Period doesn't apply to people who are eligible for Medicare based on End-Stage Renal Disease (ESRD).

Note: If you have a disability, and the group health plan coverage is based on current employment of a family member, the employer offering the group health plan must have 100 or more employees for you to get a Special Enrollment Period.

Question: I turn 65 in October. I'm still working. I have healthcare and my employer says it is a 'creditable' plan even though there are less than 20 employees. I know I can sign up for Part A. Do I need documentation that my health plan was creditable so I don't have to pay a penalty after I retire and sign up for Part B? If so, what works as documentation for Part B?

They gave me documentation of creditable for Part D.

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). The policy and procedure for obtaining evidence from the employer, group health plan (GHP) or large group health plan (LGHP) for a special enrollment period (SEP) or premium surcharge rollback, require evidence of GHP and LGHP coverage based on current employment status. The following listed below can be used as evidence or proof of coverage.

1. Form CMS-L564 (Request for Employment Information), has two sections. The applicant completes Section A and the employer of the GHP or LGHP completes Section B of the form. The information provided in Section B is the evidence of GHP or LGHP coverage. The beneficiary has the option to have the Form CMS-L564 mailed to them or to visit [Medicare.gov](https://www.Medicare.gov) to get the form by clicking on the tab “Forms, Help & Resources” and selecting “Forms”. This tab is located on the top of the screen at the far right. ([Medicare.gov/forms-help-and-resources/forms/medicare-forms.html](https://www.Medicare.gov/forms-help-and-resources/forms/medicare-forms.html)). This is where the beneficiary can find the form. On Form CMS-L564, the beneficiary completes Section A and submits it to the employer, GHP or LGHP to complete Section B.
2. If the beneficiary wants to have the form mailed, the field office (FO) will mail out a return envelope to the beneficiary to have completed or the form may also be mailed directly to the employer or GHP. The beneficiary should mail or take the completed form to their local Field Office for processing.
3. The Field Office can document via telephone contact with the employer concerning GHP or LGHP coverage based on current employment status on Form SSA-5002 (Report of Contact).
4. If information provided in the Form CMS-L564 or written notification from the employer, GHP or LGHP, is incomplete or appears to be erroneous, a field office may obtain the missing information or verify the validity of the information regarding GHP or LGHP coverage based on current employment status from an employer’s records. The field office is certifying the received information so that we can adjudicate the request.
5. As far as written documentation from the employer concerning a GHP or LGHP, a field office can accept a letter, fax, or email from the employer, GHP, or LGHP as evidence of GHP or LGHP coverage. The written notification must be signed by (or come from) the company’s or GHP’s official, and include: the official’s title, the official’s phone number and/or other contact information, and the date.

NOTE: A letter of Creditable Coverage (for the purposes of Medicare Part D) is not proof of GHP coverage for SEP or premium surcharge rollback purposes.

Question: When I turned 65, I enrolled in Medicare Part A & B. I receive a bill from CMS every quarter for this, which I pay directly to CMS. I am still working full time; my employer is withholding \$32.62/month from my salary. Should the amount being withheld continue; or should it have stopped when I enrolled in Medicare? If it is supposed to continue, should it be credited against my quarterly Medicare premiums?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). If you or your spouse (or family member if you have a disability) is still working and you have health coverage through that employer or union, contact your employer or union benefits administrator to find out how your coverage works with Medicare. This includes federal or state employment and active-duty military service. It might be to your advantage to delay Part B enrollment.

Note: Remember, coverage based on current employment doesn't include: COBRA, retiree coverage, VA coverage and Individual health coverage (Health Insurance Marketplace)

Question: Do I need to sign up within 3 months before or after my 65th birthday even if I am not ready to begin using the Medicare program? How much time do I need to sign up before I participate in the program? What does Part A cover and also Part B?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). You can first sign up for Part A and/or Part B during the 7 month period that begins 3 months before the month you turn 65, includes the month you turn 65, and ends 3 months after the month you turn 65. If you sign up for Part A and/or Part B during the first 3 months of your Initial Enrollment Period, in most cases, your coverage starts the first day of your birthday month. However, if your birthday is on the first day of the month, your coverage will start the first day of the prior month. If you enroll in Part A/and or Part B the month you turn 65 or during the last 3 months of your Initial Enrollment Period, the start date for your Medicare coverage will be delayed.

Question: How do I sign up for Medicare?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). Some people get Part A and Part B automatically. If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll automatically get Part A and Part B starting the first day of the month you turn 65. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month). If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

NOTE: If you live in Puerto Rico, and get benefits from Social Security or the Railroad Retirement Board (RRB), you automatically get Part A the first day of the month you turn 65 or after you get disability benefits for 24 months. However, you don't automatically get Part B, you'll need to sign up for it by completing an "Application for Enrollment in Part B Form" (CMS-

40B). If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B.

Visit [CMS.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms017339.html](https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms017339.html) to get Form CMS-40B in English or Spanish. Contact your local Social Security office or RRB or more information.

Note: For additional information, call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. TTY users can call 1-800-325-0778. If you worked for a railroad or get RRB benefits, call the RRB at 1-877-772-5772. TTY users can call 1-312-751-4701.

Note: For personalized health insurance counseling from your State Health Insurance Assistance Program (SHIP) for Maryland, call 1-800-243-3425. For SHIP for Washington, DC, contact Health Insurance Counseling Project (HICP).

Question: When the beneficiary's employment ended, should they have enrolled in Part B instead of enrolling in COBRA? If they had Part A, and delayed Part B due to still working, wouldn't they be able to enroll in Part B upon the termination of employment?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). This is a federal law that may allow you to temporarily keep employer or union health coverage after the employment ends or after you lose coverage as a dependent of the covered employee.

Question: I am currently working and have health care insurance and a Health Savings Account (HSA) through my employer. I also contributed to my HSA January through March 2016. I will be retiring August 5, 2016. I would like Medicare Part B to begin September 1, 2016 when my health insurance through my employer ends. However, because you cannot contribute to an HSA and have Medicare in the same month without a tax penalty, I would like Medicare Part A to begin April 1, 2016. We are aware that Medicare Part A is approved retroactively six months. If I were to wait and apply for Medicare Part A in November, would there be any penalty incurred through Social Security and/or Medicare? I am waiting to take my social security retirement benefits until I turn 70. We have been trying to get this question answered for weeks and no one seems to know.

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). You can't contribute to your HSA once your Medicare coverage begins. However, you may use money that's already in your HSA after you enroll in Medicare to help pay for deductibles, premiums, copayments or coinsurance. If you contribute to your HSA after your Medicare coverage starts, you may have to pay a tax penalty. If you'd like to continue contributing to your HSA, you shouldn't apply for Medicare, Social Security, or Railroad Retirement Board (RRB) benefits.

Note: Premium-free Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least 6 months before you apply for Medicare.

Question: I will turn 65 in September, 2016. I am currently collecting Social Security. Do I need to enroll in Medicare or is it automatic?

Response: Thank you for contacting Centers for Medicare & Medicaid Services (CMS). If you're not automatically enrolled in premium-free Part A, you can sign up for Part A once your Initial Enrollment Period starts. Your Part A coverage will start 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. However, you can only sign up for Part B (or Part A if you have to buy it) during the following enrollment periods, Initial Enrollment Period, Special Enrollment Period, and General Enrollment Period. Remember, in most cases if you don't sign up for Part A (if you have to buy it) and Part B when you're eligible, you may have to pay a late enrollment penalty.