



## Medicare Eligible State Employee Health Plan Members

When a member is eligible for Medicare to be the primary payer of claims, they must be enrolled in both Medicare Part A and Medicare Part B in order to have full benefit of coverage under the State Employee Health Plan (SEHP). Claims will be processed as if they are enrolled in both Part A and Part B of Medicare, even if Medicare Part A is not free or if they do not sign up for Medicare Part B. The SEHP's group medical coverage will not pay the amounts that Medicare would have paid had the member enrolled.

For this reason, it is very important that they apply for Medicare, both Part A and Part B, when first eligible. An individual who does not have sufficient quarters to qualify or who does not qualify through their spouse for free Part A coverage must purchase Part A coverage. It is the member's responsibility to work with their local Social Security office to enroll for the proper levels of Medicare coverage. The member and/or covered spouse must send a copy of their Medicare card to the Membership Services section of the SEHP.

Medicare will not share eligibility information with the employer. However, the medical plans will have access to the information about Medicare primary status and will pay claims accordingly.

Medicare Qualifier	Active Employee Members	Retiree/Direct Bill Members
<b>Age</b>	SEHP is always Primary – Medicare is always Secondary	Medicare is always Primary – SEHP is always Secondary
<b>Disability</b>	SEHP is always Primary – Medicare is always Secondary	Medicare is always Primary – SEHP is always Secondary
<b>End Stage Renal Disease (ESRD) -- when ESRD is the ONLY reason a person would be eligible for Medicare</b>	30-month coordination period – SEHP is Primary After 30-month waiting period, Medicare Primary Kidney Transplant – Medicare is Primary for 36-months following date of transplant, after 36 months, SEHP is Primary	30-month coordination period – SEHP is Primary After 30-month waiting period, Medicare Primary Kidney Transplant – Medicare is Primary for 36 months following date of transplant, after 36 months, SEHP is Primary

Please complete the questionnaire on the next page. You may need to have someone from Medicare/Social Security help you complete the form.



**State Employee Health Plan (SEHP)  
End Stage Renal Disease (ESRD) Questionnaire**

<b>Employee's Name</b>	<b>Social Security Number</b>
<b>Patient's Name</b>	<b>Social Security Number</b>
<b>Patient's Relationship to Member</b>	

Please complete the following:

<b>Date dialysis began</b>	<b>Date home dialysis began</b>
<b>Date of kidney transplant</b>	
<b>30-month Coordination Period Start and End Date:</b>	
<b>Date Medicare becomes the Primary carrier:</b>	<b>Date Medicare stops being the Primary carrier:</b>

I authorize the use of this health information by the SEHP for the purpose of properly coordinating benefits with Medicare.

Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying the SEHP in writing (see address below). I understand that the revocation is only effective after it is received and logged by the SEHP. I understand that any use of disclosure made prior to the revocation under this authorization will not be affected by a revocation.

I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.

I understand that this authorization will expire upon the end of Medicare primary status or one year, whichever occurs first.

The SEHP will not condition treatment, payment, enrollment or eligibility for benefits on receipt of an authorization.

I certify this information is true and correct to the best of my knowledge.

<b>Member's signature</b>	<b>Date</b>
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**Please send this completed form and a copy of the front and back of your Medicare card to:**

State Employee Health Plan  
ESRD Questionnaire  
900 SW Jackson, Suite 900  
Topeka, KS 66612-1251