



2019 SMP/SHIP NATIONAL CONFERENCE

Improving Enrollment in Medicare Savings Programs
by Working with State Medicaid Agency

Leslie Fried
National Council on Aging

July 22–25, 2019 • San Diego, CA

Growth of Medicare Population (2017)

	United States
Total Population	329,449,000
Total Population +65	51,550,886
Covered by Medicare	58,450,000
Enrolled in LIS	12,239,912
Enrolled in MSP	10,700,057

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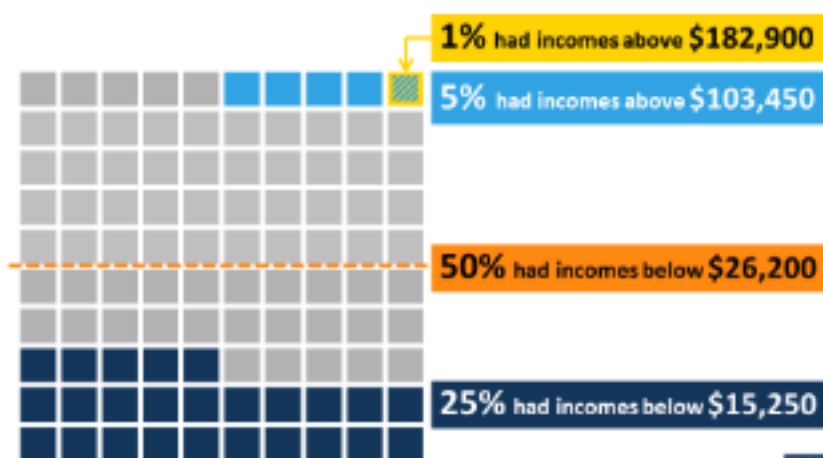
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Senior Economic Security & Well-Being

- § Half of Medicare beneficiaries have incomes at or below ~200% FPL
- § 61% of senior households carry debt, with median debt = \$40,900
- § Median Social Security income for women, minority older adults is less

Figure 1

Half of all Medicare beneficiaries had incomes below \$26,200 per person in 2016



SOURCE: Urban Institute / Kaiser Family Foundation analysis of CYNAMM data, 2017.



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Medicare Savings Programs (MSPs)

§ Financed by Medicaid; help pay Medicare premiums and cost-sharing for those with low income/resources

- Three programs: QMB, SLMB, QI
- Apply through Medicaid office

§ Qualify with income up to 135% Federal poverty level

- Several states have more generous income thresholds
- Several states have eliminate or increase asset threshold

§ Important notes:

- No Medicare late enrollment penalties for those who get MSPs
- People who qualify for QMB get Part A premium paid
 - Helpful for those who don't have work/tax history
- Automatically get Part D Low Income Subsidy/LIS/Extra Help

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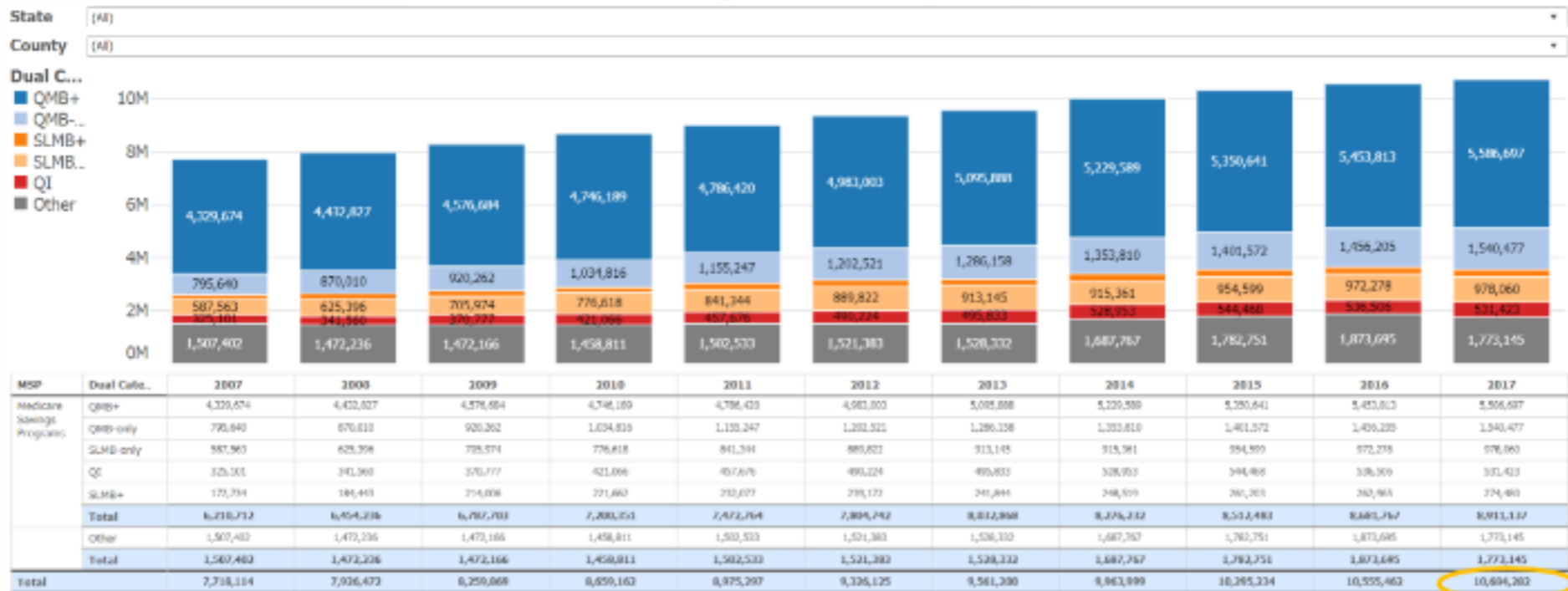
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Medicare-Medicaid Dual Eligible Enrollment by County

Legend is on the left side indicating what each color in the stacked bar chart represents

10.6 million enrolled as of Dec 2017

Medicare-Medicaid Dual Eligible Enrollment by County, 2007-2017



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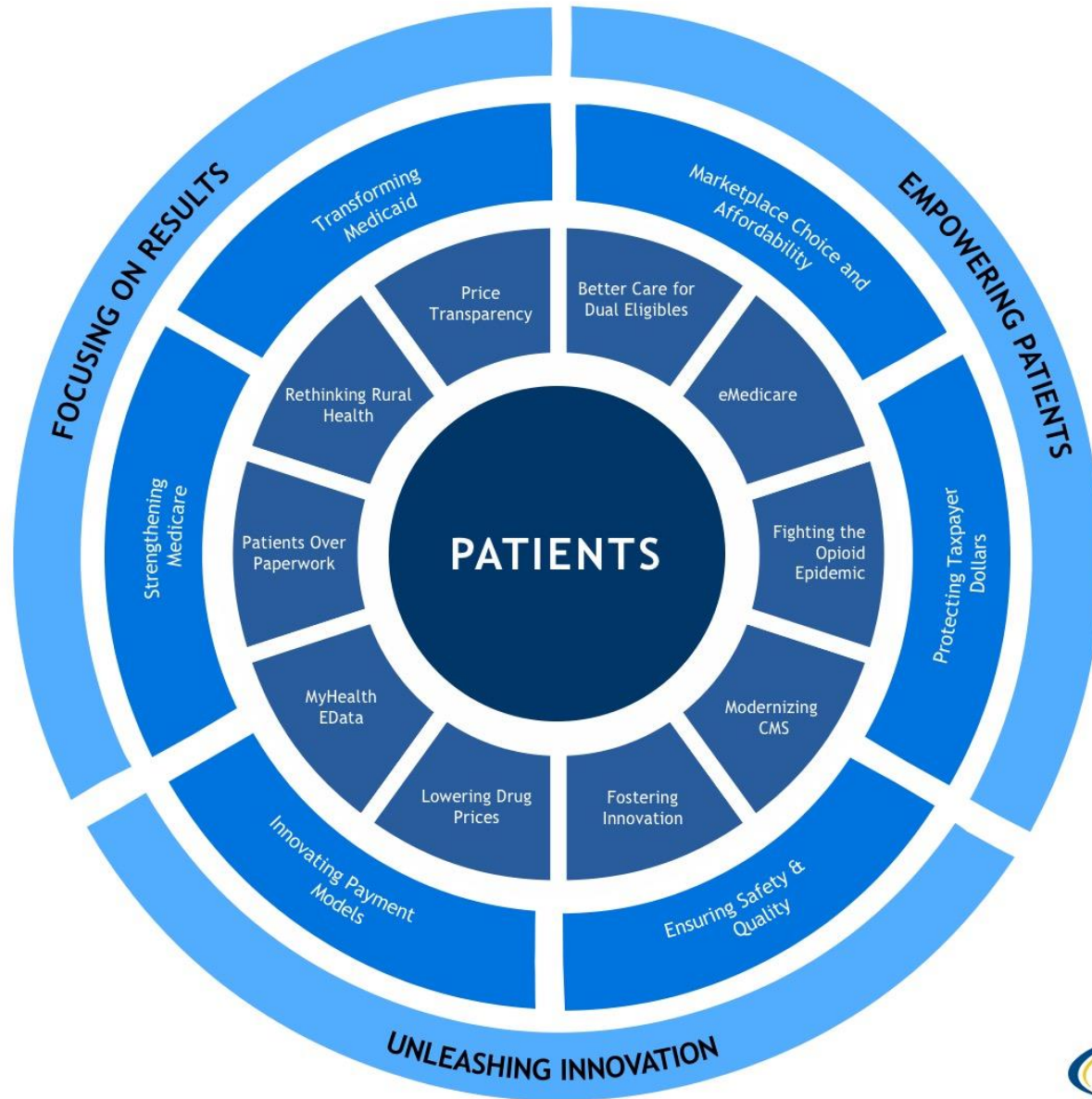
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Improving Enrollment in Medicare Savings Programs
by Working with your State Medicaid Agency

*Better Care for Dually Eligible Individuals: Modernizing the
Medicare Savings Programs*

Sara Vitolo, Centers for Medicare & Medicaid Services

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Better Care for Dually Eligible Individuals

Promoting integrated care to achieve better outcomes

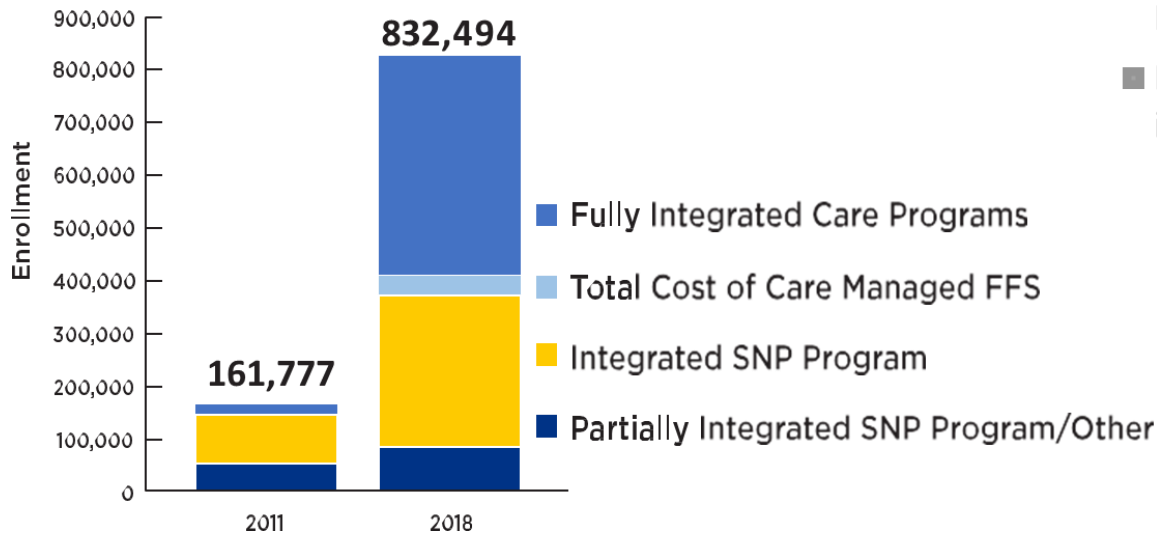
- Strengthening Medicare Advantage and Medicaid alignment
- Modernizing requirements for the Programs of All-Inclusive Care for the Elderly
- Inviting states to partner to test approaches in serving dually eligible individuals that work best for the unique needs of their state

Modernizing the Medicare Savings Programs (MSPs)

- Simplifying eligibility and enrollment
- Improving CMS-State data exchange
- Preventing inappropriate billing of cost-sharing

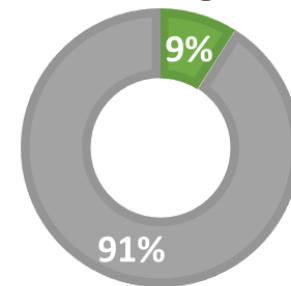
Promoting Integrated Care

**TOTAL INTEGRATED CARE
ENROLLMENT BY PROGRAM TYPE:
2011 AND 2018**



PERCENT IN INTEGRATED CARE

- Full-Benefit Dually Eligible Individuals in Integrated Care Programs
- Full-Benefit Dually Eligible Individuals NOT in Integrated Care Programs



Simplifying Eligibility and Enrollment

Program	Income Limits*	Income Limit Aligned with LIS?	2019 Asset Limits	Asset Limit Aligned with LIS?
QMB	100% of the federal poverty level (FPL)	<ul style="list-style-type: none"> No - income limit for full LIS is 135% FPL, which is higher than the QMB income limit 	<ul style="list-style-type: none"> \$7,730 for an individual \$11,600 for a married couple 	<ul style="list-style-type: none"> Yes - asset limit is the same as the asset limit used for full LIS benefits
SLMB	Greater than 100 but less than 120% FPL	<ul style="list-style-type: none"> No - income limit for full LIS is 135% FPL, which is higher than the SLMB income limit 	<ul style="list-style-type: none"> \$7,730 for an individual \$11,600 for a married couple 	<ul style="list-style-type: none"> Yes - asset limit is the same as the asset limit used for full LIS benefits
QJ**	Greater than 120% but less than 135% FPL	<ul style="list-style-type: none"> Yes – income limit for full LIS is 135% FPL*** 	<ul style="list-style-type: none"> \$7,730 for an individual \$11,600 for a married couple 	<ul style="list-style-type: none"> Yes - asset limit is the same as the asset limit used for full LIS benefits
QDWI	200% FPL	<ul style="list-style-type: none"> No – QDWI is not designed to align with LIS 	<ul style="list-style-type: none"> \$4,000 for an individual \$6,000 for a married couple 	<ul style="list-style-type: none"> No – QDWI is not designed to align with LIS



Modernizing Medicare Savings Programs to Better Serve Dually Eligible Beneficiaries:

Alignment of Medicare Savings Program Eligibility with the Medicare Part D Low Income Subsidy Program

By Erin Weir Lakhmani, Mathematica

* Monthly income limit amounts are rounded up to the next dollar (for example, 100% FPL in the 40 contiguous states in 2019 is \$1,041/month). When evaluating MSP eligibility, all states must disregard at least \$20 of a beneficiary's unearned income, \$65 of earned income, and half of earned income after that (per the Supplemental Security Income (SSI) benefit income exclusions, as described in the SSA POMS Section 00815.023, available at <https://secure.ssa.gov/poms.nsf/lnx/0600815023>). States may also choose to implement more generous disregards and/or exclusions.

** In addition to meeting income and asset eligibility requirements in their state, a beneficiary can only be enrolled into the QJ program if they are not eligible for any other Medicaid eligibility categories in that state.

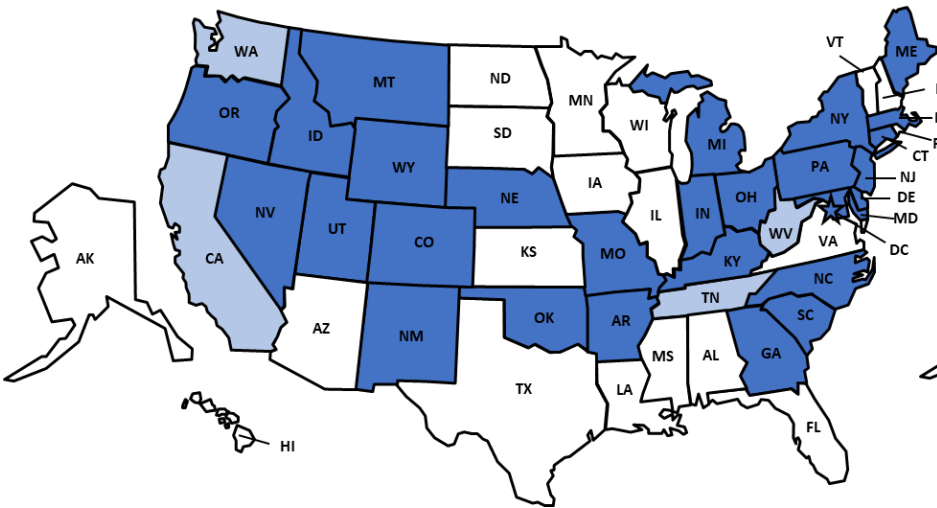
*** The income limit for QJ is between 120% FPL and 135% FPL, whereas the full LIS income limit is simply less than 135% FPL.

Integrated Care Resource Center, Alignment of Medicare Savings Program Eligibility with the Medicare Part D Low Income Subsidy Program:

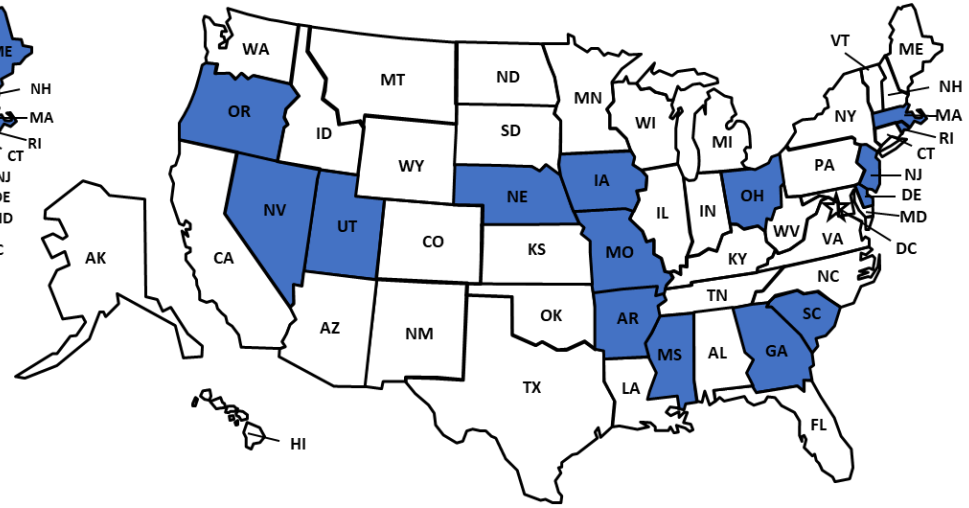
<https://www.integratedcareresourcecenter.com/resource/alignment-medicare-savings-program-eligibility-medicare-part-d-low-income-subsidy-program>

Improving CMS-State Data Exchange

STATES SUBMITTING BUY-IN DATA DAILY



STATES SUBMITTING MMA DATA DAILY



Preventing Inappropriate Billing of Cost Sharing



Medicare Summary Notice for Part B (Medical Insurance)

Page 1 of 5

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON
TEMPORARY ADDRESS NAME
STREET ADDRESS
CITY, ST 12345-6789

THIS IS NOT A BILL

Notice for Jennifer Washington

Medicare Number	XXX-XX-1234A
Date of This Notice	September 16, 2017
Claims Processed Between	June 15 – September 15, 2017

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **\$85.00** of your **\$109.00** deductible for 2017.

Be Informed!

This notice contains claims covered by the Qualified Medicare Beneficiary (QMB) program, which pays your Medicare costs. When you're enrolled in the QMB program, providers and suppliers who accept Medicare aren't allowed to bill you for Medicare deductibles, coinsurance, and copayments.

Your Claims & Costs This Period

Did Medicare Approve All Services?	Yes
Number of Services Medicare Denied	0

See claims starting on page 3.

Total You May Be Billed **\$0.00**

Providers with Claims This Period

June 18, 2017
Susan Jones, M.D.
June 28, 2017
Craig I. Secosan, M.D.
June 29 – June 30, 2017
Edward J. Mcginley M.D.

3 tips for people in the Qualified Medicare Beneficiary Program

If you're among the 7.5 million people in the Qualified Medicare Beneficiary (QMB) Program, Medicare providers aren't allowed to bill you for services and items Medicare covers, including deductibles, coinsurance, and copayments. If a provider asks you to pay, that's against the law.

If you get a bill for these charges:

- Tell your provider or the debt collector that you're in the QMB Program** and can't be charged for Medicare deductibles, coinsurance, and copayments. If you've already made payments on a bill for services and items Medicare covers, you have the right to a refund.
Note: To make sure your provider knows you're in the QMB Program, show both your Medicare and Medicaid or QMB card each time you get care. You can also give your provider a copy of your Medicare Summary Notice (MSN). Your MSN will show you're in the QMB Program and shouldn't be billed.
Log in to your MyMedicare.gov account at any time to view your MSN or sign up to get your MSNs electronically.
- If your provider won't stop billing you**, call us at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. We can confirm that you're in the QMB Program. We can also ask your provider to stop billing you, and refund any payments you've already made.
- If you have a problem with a debt collector**, you can send a complaint to the Consumer Financial Protection Bureau (CFPB) online or call the CFPB toll-free at (855) 411-2372. TTY users can call (855) 729-2372. CFPB will forward your complaint to the debt collection company and work to get you a response from them.

3 tips for people in the Qualified Medicare Beneficiary Program:

<https://www.medicare.gov/Pubs/pdf/12039-Qualified-Medicare-Beneficiary-Program.pdf?eType=EmailBlastContent&eId=49893424-8f11-4bdf-88a8-fd076afd0c87>





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Oregon SHIP's Relationship Development with Oregon
Medicaid Agencies

Presenter:

Lisa Emerson, Oregon SHIP Director

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Oregon SHIP's Relationship Development with Oregon Medicaid Agencies

- OR SHIP housed in the Insurance Regulatory Agency, Dept. of Consumer and Business Svc.
- OR SHIP (dba. SHIBA) works mostly with Dept. of Human Services, Aging and People with Disabilities (APD) division, which oversees:
 - Community Services Supports Unit (CSSU)
 - SMP, ADRC, MIPPA, AAA (OAA)
 - Medicare Buy-In (QMB/Partial Duals)
 - APD Field Services – Medicaid eligibility. Local offices are county gov't or non-profits and are also a AAA.

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Oregon SHIP's Relationship Development with Oregon Medicaid Agency

- 2005-06: Medicare Part D implementation
 - Medicare Modernization Act (MMA)/Medicaid Buy-In Unit early partner with SHIBA.
- 2006: SMP and SHIBA grant partnership
- 2008: OR ADRC Implementation
 - OR SHIP Director ADRC Advisory Council member since Jan. 2008. SHIBA/ADRC MOU
- 2009 - MIPPA grant joint agency application
 - MIPPA grant Steering Committee & project team
 - APD Field Services Manager introduction

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Oregon SHIP's Relationship Development with Oregon Medicaid Agencies

- Invites for SHIBA to present at quarterly APD Field Office Manager meetings and local office meetings.
- Building Bridges MIPPA project between SHIBA and APD (<https://www.ncoa.org/centerforbenefits/promising-practices/application-assistance/building-bridges/>)
- Monthly meetings with SHIBA and APD state team leads to discuss policy, procedures and cases.

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Oregon SHIP's Relationship Development with Oregon Medicaid Agencies

- New leadership at DCBS and DHS-APD has created more opportunities for Inter-Agency collaboration at the Executive Team level.

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Expansion of Medicare Savings Program(MSP)

Reducing Health Care Costs in Massachusetts
Presented by SHINE Program



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Reduce Health Care Spending with MSP

- In MA, 1 in 3 low-income seniors spend > 20% of income on health care costs
- Under MSP the state's Medicaid Program, MassHealth, and federal govt. share costs of Medicare A and B premiums and out-of-pocket costs
- MSP participants automatically qualify for LIS to help pay for Part D premiums and co-pays

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Governor's Proposal

- Baker-Polito Administration FY20 budget proposes expanding income eligibility from 135% FPL to 165% FPL
- Asset eligibility doubles from \$7560/individual and \$11,340/couple to \$15,120 and \$22,680
- Would require new state investment of \$7M net annually (\$4M in FY20)

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Expansion Results

- 40,000 elders will benefit- 25,000 newly eligible and 15,000 with MSP would have expanded coverage of Medicare premiums and/or cost sharing
- Example- 79 year old with \$17,000 Social Security income/year would see reduction in annual out of pocket costs from about \$6000 to \$600

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Final Approval

- Proposal generates \$100 million in federal subsidies to seniors by increasing number eligible for LIS, to help to pay for Part D
- Aligns policy with recommendations from Governor's Council on Optimal Aging and policies in other states
- Has support of Massachusetts Senior Action Council members and other partners

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SHINE and state Medicaid offices

- SHINE is state program and will work with Medicaid to educate and implement changes
- Relationship with Medicaid built over time as problem-solving mechanism to solve disagreements over charts, application use
- Focus on education of counselors and line staff who work with community applying for Medicaid- have mutual goals

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Questions?