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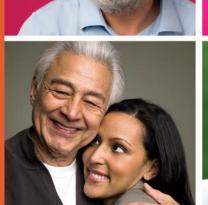
June 17–20, 2019 | Washington, DC

National Council on Aging

Improving Enrollment & Protections for Medicare Beneficiaries in Medicare Savings Programs

June 17, 2019









Age + Action

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National Council on Aging

Better Care for Dually Eligible Individuals

Sara Vitolo and Kim Glaun

Medicare-Medicaid Coordination Office

Centers for Medicare & Medicaid Services

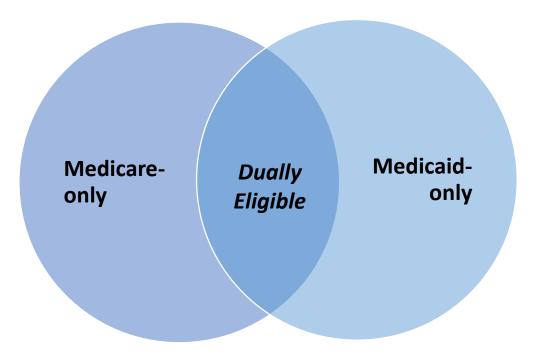
June 17, 2019

Dually Eligible Individuals

How it works

Dually eligible individuals navigate two separate programs:

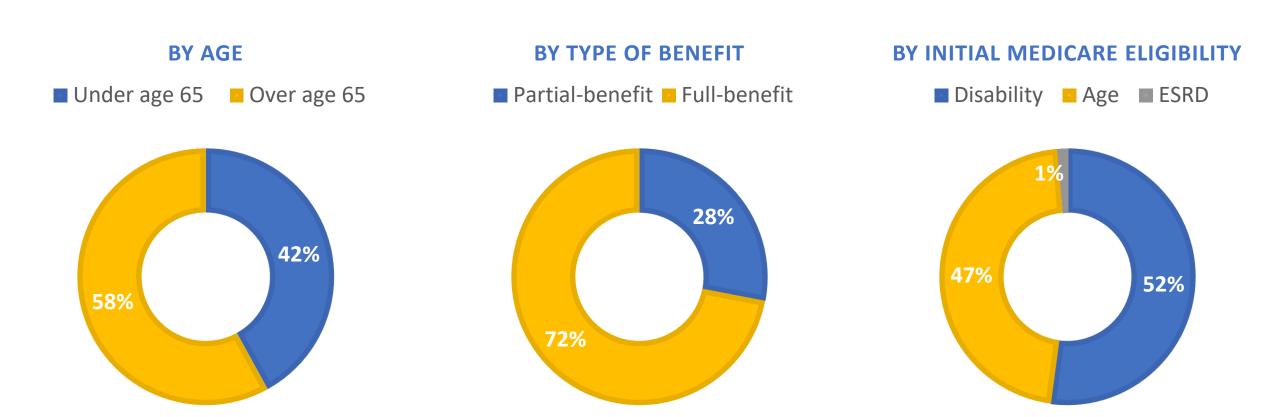
- Medicare for the coverage of most preventive, primary, and acute health care services and drugs
- Medicaid for the coverage of long-term care supports and services, certain behavioral health services, and for help with Medicare premiums and cost-sharing
- Where the benefits overlap, Medicare is primary payer



12 million individuals are simultaneously enrolled in Medicare and Medicaid

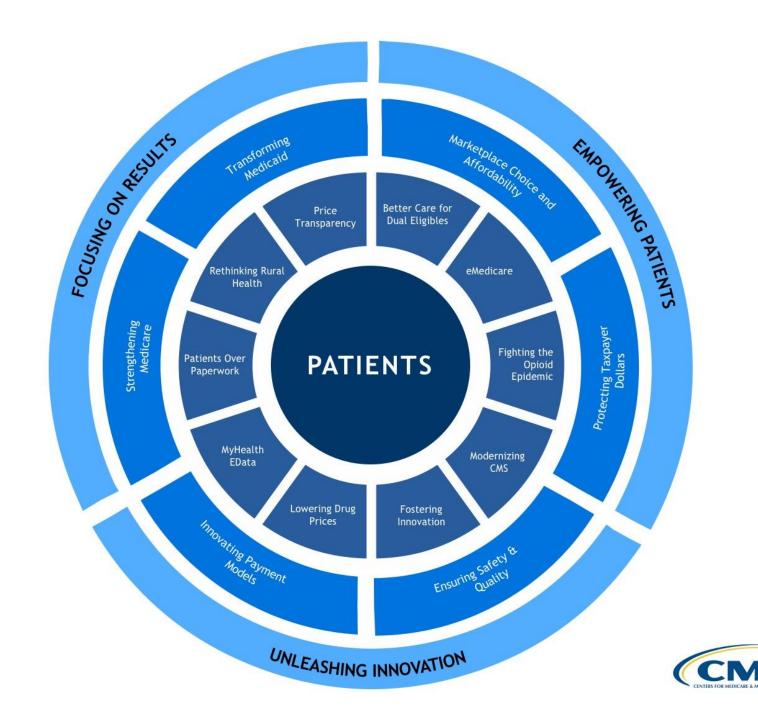


Dually Eligible Individuals









Better Care for Dually Eligible Individuals

Modernizing the Medicare Savings Programs (MSPs)

- Simplifying eligibility and enrollment
- Improving CMS-State data exchange
- Ensuring beneficiary protections

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



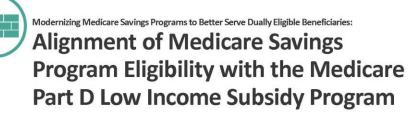
Simplifying Eligibility and Enrollment

Program	Income Limits*	Income Limit Aligned with LIS?	2019 Asset Limits	Asset Limit Aligned with LIS?
QMB	100% of the federal poverty level (FPL)	 No - income limit for full LIS is 135% FPL, which is higher than the QMB income limit 	\$7,730 for an individual\$11,600 for a married couple	Yes - asset limit is the same as the asset limit used for full LIS benefits
SLMB	Greater than 100 but less than 120% FPL	 No - income limit for full LIS is 135% FPL, which is higher than the SLMB income limit 	\$7,730 for an individual\$11,600 for a married couple	 Yes - asset limit is the same as the asset limit used for full LIS benefits
QI**	Greater than 120% but less than 135% FPL	■ Yes – income limit for full LIS is 135% FPL***	\$7,730 for an individual\$11,600 for a married couple	Yes - asset limit is the same as the asset limit used for full LIS benefits
QDWI	200% FPL	 No – QDWI is not designed to align with LIS 	\$4,000 for an individual\$6,000 for a married couple	■ No – QDWI is not designed to align with LIS



TIP SHEET

May 2019



By Erin Weir Lakhmani, Mathematica

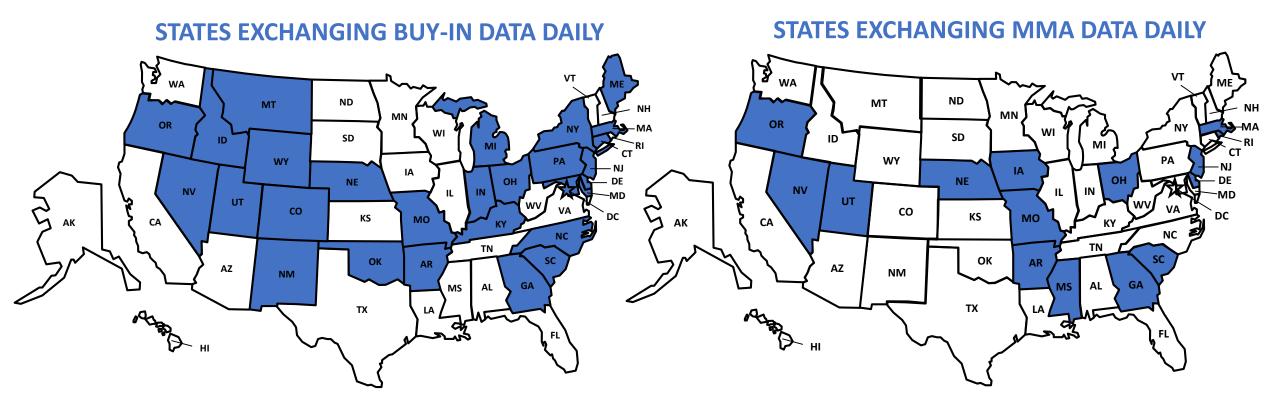
- * Monthly income limit amounts are rounded up to the next dollar (for example, 100% FPL in the 40 contiguous states in 2019 is \$1,041/month). When evaluating MSP eligibility, all states must disregard at least \$20 of a beneficiary's unearned income, \$65 of earned income, and half of earned income 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 QI program if they are not eligible for any other Medicaid eligibility categories in that state.
- *** The income limit for QI 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





Ensuring Beneficiary Protections



Page 1 of 5

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

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

Notice for Jennifer Washington Medicare Number XXX-XX-1234A

Date of This Notice September 16, 2017 Claims Processed June 15 -September 15, 2017 Between

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.

THIS IS NOT A BILL

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.



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.

April 2019

If you get a bill for these charges:

1. 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.

- 2. 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.
- 3. 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.



Prohibition Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program

MLN Matters Number: SE1128 Revised

Related Change Request (CR) Number: N/A

Article Release Date: June 26, 2018

Effective Date: N/A

Related CR Transmittal Number: N/A

Implementation Date: N/A

Note: This article was revised on June 26, 2018, to clarify the description of the QMB program It also adds that starting July 2018 the Medicare Summary Notice (MSN) is another way for providers to verify the QMB status of beneficiaries for Medicare Fee-For-Service (FFS) claims. All other information remains the same.

PROVIDER TYPES AFFECTED

This article pertains to all Medicare providers and suppliers, including pharmacies that serve beneficiaries enrolled in Original Medicare or a Medicare Advantage (MA) plan.

PROVIDER ACTION NEEDED

This Special Edition MLN Matters® Article from the Centers for Medicare & Medicaid Services (CMS) reminds all Medicare providers and suppliers, including pharmacies, that they may not bill beneficiaries enrolled in the QMB program for Medicare cost-sharing. Medicare beneficiaries enrolled in the QMB program have no legal obligation to pay Medicare Part A or Part B deductibles, coinsurance, or copays for any Medicare-covered items and services.

Implement key measures to ensure compliance with QMB billing requirements. Use the Medicare 270/271 HIPAA Eligibility Transaction System (HETS) (effective November 2017), CMS' eligibility-verification system, and the provider Remittance Advice (RA) (July 2018) to identify beneficiaries' QMB status and exemption from cost-sharing prior to billing. Starting July 2018, look for QMB alerts messages in the RA for FFS claims to verify QMB after claims processing. Work with your office staff and vendors to make sure your insurance verification and billing systems are ready to incorporate these QMB updates. Refer to the Background and Additional Information Sections below for further details and important steps to promote compliance.

BACKGROUND

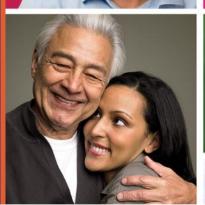
All Original Medicare and MA providers and suppliers-not only those that accept Medicaidmust not charge individuals enrolled in the QMB program for Medicare cost-sharing. Providers who inappropriately bill individuals enrolled in QMB are subject to sanctions. Providers and suppliers may bill State Medicaid programs for these costs, but States can limit Medicare costsharing payments under certain circumstances.

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 MLN Matters Number SE1128: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf











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Data Visualizations

Lauren Popham June 17, 2019

SSA letters to Medicare beneficiaries who may be eligible for MSP and LIS benefits

- Each spring, the Social Security Administration (SSA) sends letters to people they believe are *likely eligible* but not enrolled in Medicare Savings Programs (MSP) and/or the Part D Extra Help/Low Income Subsidy (LIS) benefit
- NCOA uses the data from SSA to create a map of the number of letters sent to each zip code in the U.S.
- The tool was last updated in May 2019
- Why use the tool?
 - Community-based partners may find the tool useful for identifying where to focus their outreach efforts



SSA letters to Medicare beneficiaries who may be eligible for MSP and LIS benefits

- There are two variations of the letters:
 - Form SSA-L447 provides information about MSPs
 - Form SSA-L448 provides information about both LIS and MSPs
- In May-June 2019, SSA sent over 2 million letters:
 - 1.5 million L448 letters to those potentially eligible for both LIS and MSP
 - 543,000 L447 letters to those potentially eligible for MSP

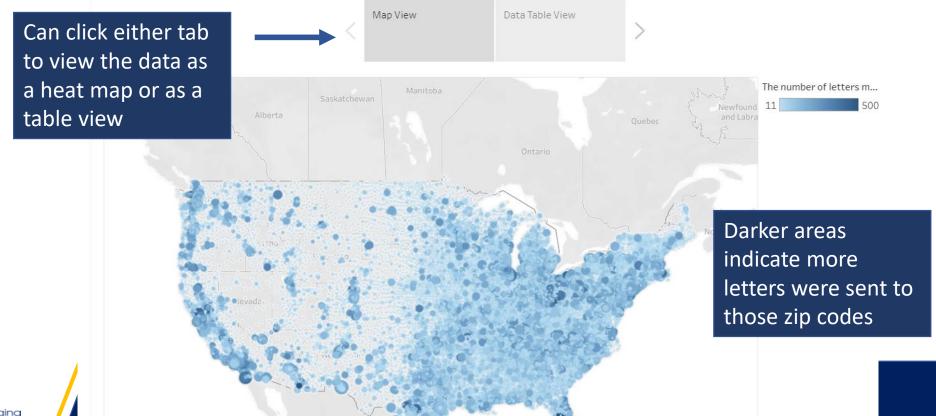


SSA letters to Medicare beneficiaries who may be eligible for MSP and LIS benefits

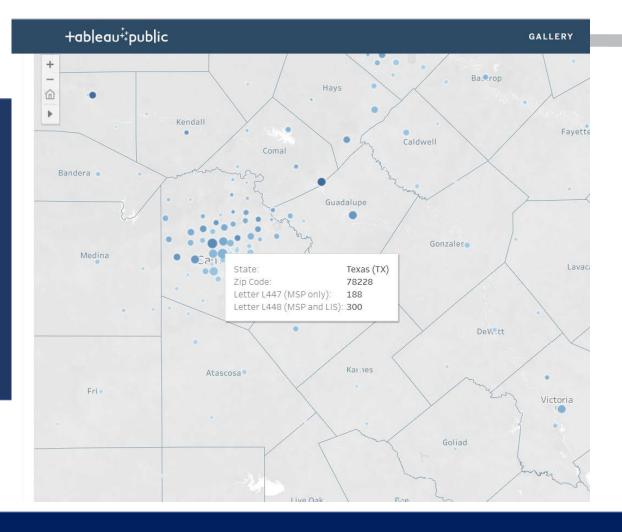
- Notes about the data:
 - Zip codes that are sent fewer than 10 letters are omitted by SSA due to privacy concerns
 - SSA bases its mailings on Social Security retirement/disability income benefits and does not take into consideration other sources of income and assets



Letters the Social Security Administration sends to those who are potentially eligible for Medicare Savings Programs (MSPs) and/or Part D Extra Help/Low-Income Subsidy (LIS) by zip code in May 2019

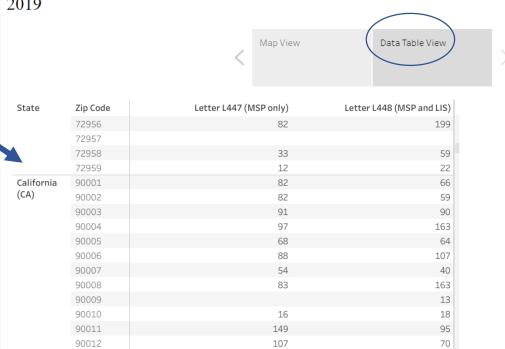


Zoom into an area of interest and scroll over with your mouse. You will see the state, zip code, and the numbers of L447 and L448 letters sent to that zip code.





Letters the Social Security Administration sends to those who are potentially eligible for Medicare Savings Programs (MSPs) and/or Part D Extra Help/Low-Income Subsidy (LIS) by zip code in May 2019



90013

Use the Table view to download the data



Select your

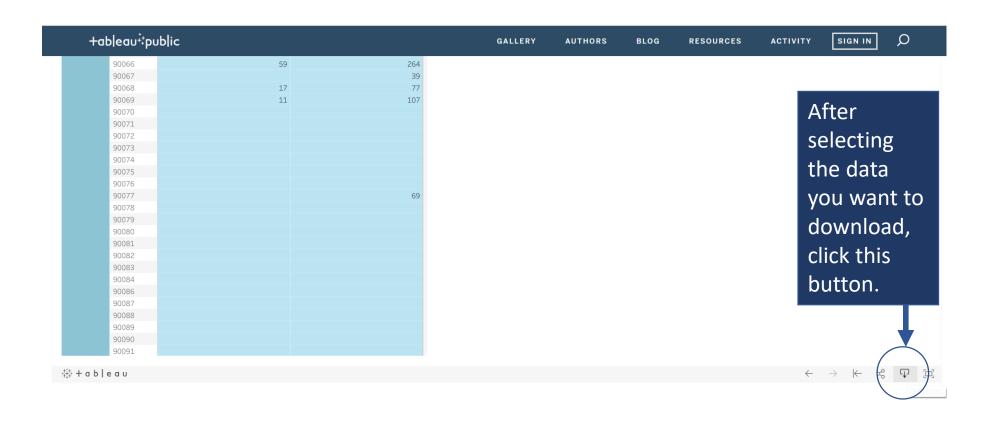
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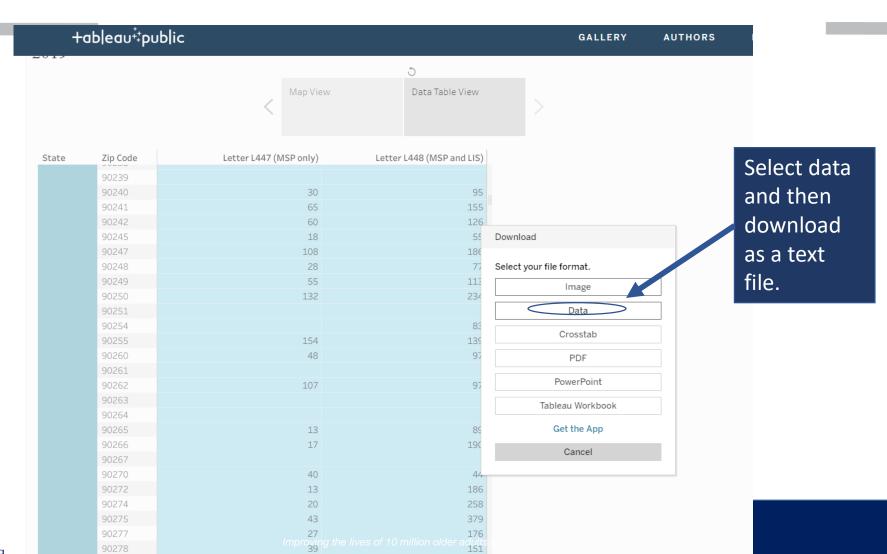
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table.

41







Medicare-Medicaid Dual Eligible Enrollment by County

- This tool allows you to view enrollment in each dual-eligible Medicaid and Medicare Savings Program at the state- and county-level.
 - Qualified Medicare Beneficiary (QMB)
 - QMB+ (qualified for QMB and Medicaid)
 - Specified Low Income Beneficiary (SLMB)
 - SLMB+ (qualified for SLMB and Medicaid)
 - Qualifying Individual (QI)
 - Other (categorically eligible for Medicaid but not MSPs)
- Data is from CMS
- Reflects period from December 2007 through December 2017
 - Will update again soon
- Useful for seeing enrollment trends overtime

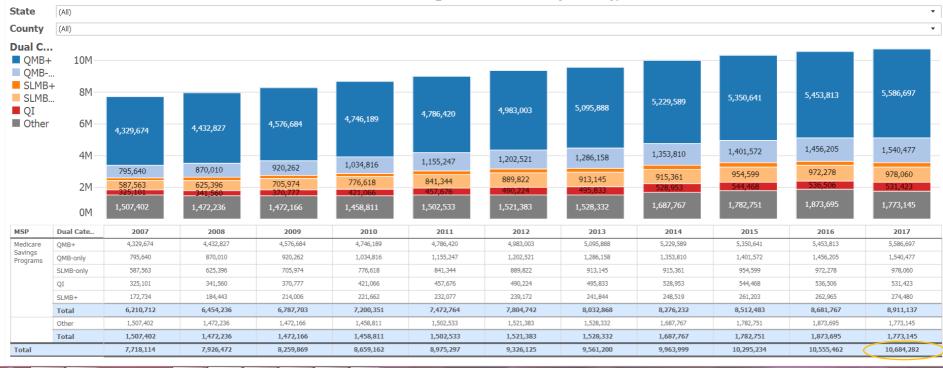


Medicare-Medicaid Dual Eligible Enrollment by County

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

10.6 million enrolled as of Dec 2017

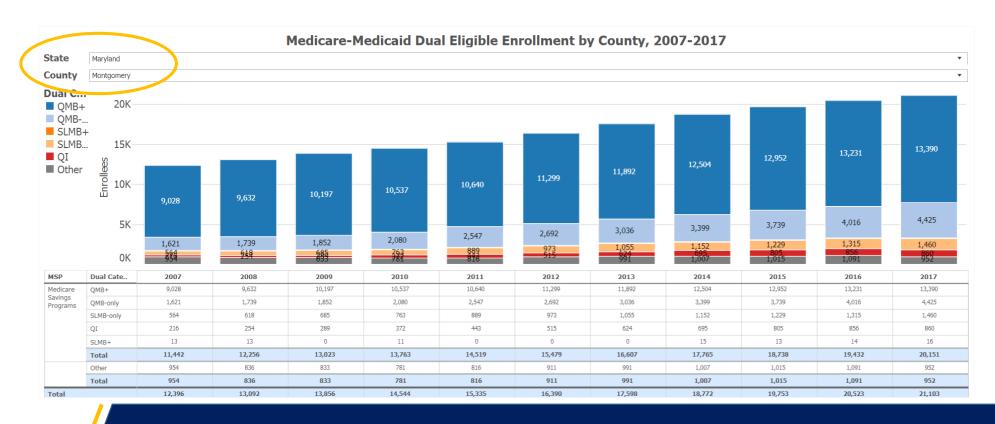
Medicare-Medicaid Dual Eligible Enrollment by County, 2007-2017





Medicare-Medicaid Dual Eligible Enrollment by County

Can select a specific state and county as shown below

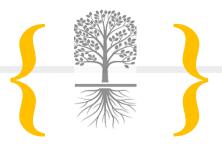




Links to the visualizations

- SSA Letter Visualization: https://www.ncoa.org/economic-security/benefits/visualizations/lis-msp-potential-eligibles/
- MSP enrollment visualization: https://www.ncoa.org/economic-security/benefits/visualizations/medicare-savings-program-visualization/
- Search ncoa.org for more visualizations (e.g., SNAP enrollment, LEP, SSDI, etc.)
- Questions?
 - Contact Lauren Popham at Lauren.Popham@ncoa.org





Like what you heard? Share it!



