

MODULE 9: THE MEDICARE SAVINGS PROGRAMS

Objectives

Below are the objectives established for *Module 9: The Medicare Savings Programs (QMB, SLMB, QI-1, and QDWI)*. HIICAP counselors will learn about the Medicare Savings Programs (MSP), which assist people who have problems paying their Medicare premiums, deductibles, and coinsurances, and who have gaps in coverage. This is important information for counseling clients who have financial difficulties paying for a Medigap policy or other supplemental insurance.

MEDICARE SAVINGS PROGRAMS (MSP)

Many older adults and people with disabilities have low incomes, but many do not have incomes and assets low enough to qualify for Medicaid. Medicare Savings Programs (MSPs) provide relief for lower income seniors and individuals with disabilities by offsetting the costs associated with Medicare. The MSP is administered by the local Medicaid office. Each MSP covers the Part B premium and, if the beneficiary has one, eliminates the Part B Late Enrollment Penalty (LEP). Depending on the MSP, beneficiaries may also receive assistance paying for their Medicare coinsurances and deductibles. An additional benefit of MSP enrollment is automatic enrollment into Extra Help for Part D. Therefore, an MSP application can also result in Part D premium assistance and lower prescription drug copayments. The MSP programs are:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Individual 1 (QI-1)

There is also a MSP benefit called the Qualified Disabled and Working Individual (QDWI) program. QDWI operates differently than QMB, SLMB and QI-1. For example, QDWI does not provide coverage of the Part B premium. Most of this chapter focuses on QMB, SLMB, and QI-1. QDWI is described in detail on pages 9-6 and 9-7.

Although the Medicaid agency administers the Medicare Savings Program benefits, an MSP recipient does not have full Medicaid benefits unless she/he applies for Medicaid in addition to the MSP. It is also important to note that individuals with Medicaid do not necessarily automatically receive the MSP. People who have QMB and SLMB may apply for and receive Medicaid if they want services that Medicaid offers that Medicare may not, such as dental care and home care. Individuals with QI-1 cannot have Medicaid at the same time as QI-1.

Background

Congress first enacted Medicare Savings Programs as part of the Medicare Catastrophic Coverage Act of 1988. The programs were subsequently expanded by the Omnibus Budget Reform Act (OBRA) of 1990, the Balanced Budget Act of 1997 (BBA), and Medicare Improvements for Patients and Providers Act (MIPPA) of 2008. These programs are sometimes called the Medicare Buy-In or the Medicare Premium Payment Programs. In New York these programs are referred to as the Medicare Savings Programs (MSPs) to avoid confusion with the Medicaid Buy-In for Working People with Disabilities (MBI-WPD).

The state and federal governments fund the Medicare Savings Programs jointly. The administrative costs for the programs (QMB, SLMB, QI and QDWI) are split between federal (50 percent), state (25 percent) and county (25 percent) government. The costs of the benefits for QMB, SLMB, and QDWI are split the same way. However, QI-1 benefits are fully federally funded. The state Medicaid office within the New York State Department of Health, the Office of Health Insurance Programs, administers all of these programs.

Entitlement vs. Block Grant

- The QMB, SLMB, and QDWI programs are entitlement programs. This means that anyone eligible for the benefit will be able to receive it.
- The QI-1 program is funded by block grants. A block grant program is different from an entitlement program. With a block grant, a specific amount of money is allocated to the state. Eligible beneficiaries receive benefits only up to the point where the allocation is exhausted. Thus the benefit is “first come, first served,” and contingent on the availability of funds. To date, New York State has never exhausted its allocation for the QI-1 benefits.

In 2015, the Senate and Congress permanently funded the QI-1 program. In previous years, the QI1- program had to be reauthorized annually.

What income is counted for MSP programs?

Since anyone eligible for an MSP is age 65+, blind, or disabled, the Medicaid rules for counting income under the DAB category (Age 65+, blind, or disabled) are generally used. These are explained in the Module on Medicaid.

Individuals who apply for the MSP cannot choose which benefit they would like to apply for (QI-1, SLMB, or QMB). Applicants will be awarded whichever benefit they appear eligible for based on their income.

WARNING - Per [GIS 13 MA/05](#), as of March 2013, MSP applicants and recipients age 65 and older who are eligible for but are **not receiving Social Security retirement benefits must apply for Social Security as a condition of receiving the MSP**. Some people prefer to wait to apply for Social Security until after age 65 to increase their benefit. Beneficiaries can still apply for the MSP if they are not yet receiving Social Security benefits, however they most likely will be denied the benefit. If someone is denied the MSP benefit, then it is up to them to choose between accepting the Social Security benefits or the MSP. See <http://www.wnyc.com/health/entry/185/> .

MSP benefits

Each MSP (QMB, SLMB, and QI-1) has different benefits, and the specific benefits associated with each MSP are outlined later on in this section. However, there are some benefits that are provided to every individual who is approved for the MSP, regardless of which specific benefit they are approved for. Benefits which apply to every individual with the MSP include:

- **Back door to Medicare Part D "Extra Help" or Low Income Subsidy**
All MSP recipients are automatically enrolled in full Extra Help, the subsidy that makes Part D more affordable. With Extra Help, individuals should have no Part D deductible or doughnut hole. Their Part D premiums are subsidized, they are given a Special Enrollment Period (SEP) to change the way they receive their drug coverage up to once a month, and they pay fixed low copayments for their prescription drugs on their plan's formulary. Once they are enrolled in Extra Help by virtue of enrollment in an MSP, they retain Extra Help for at least the entire calendar year, even if they lose MSP eligibility during that year.

Many people who qualify for an MSP may otherwise not qualify for "Full" Extra Help. This is because individuals who apply directly for Extra Help must meet both an income eligibility limit and an asset eligibility limit. People applying for Extra Help via the Social Security Administration might be rejected for this reason. MSPs do not have an asset limit, and therefore can be a way for individuals to get Extra Help who would otherwise not qualify.

- **MSPs automatically eliminate late enrollment penalties for Part B and cover the Part B premium**

When an individual delays timely enrollment in Part B and does not qualify for the Part B Special Enrollment Period, that individual may be assessed a Late Enrollment Penalty (LEP). A person with an LEP would typically have to pay the LEP for as long as they have Part B. Enrollment in an MSP automatically eliminates such penalties even if the beneficiary later ceases to be eligible for the MSP. Additionally, all MSPs cover the Part B premium. As long as a beneficiary has the MSP, they should not have to pay for their Part B premium. Some individuals who apply for the MSP may be eligible for retroactive benefits. For more information, see the sections below.

- **MSPs can enroll an individual into Medicare Part B**

If a person has Part A of Medicare but does not have Part B, she/he may utilize an MSP to enroll into Part B outside of an enrollment period. If a person is approved for the MSP and did not previously have Part B, then that individual will automatically be enrolled into Part B regardless of the time of year or the person's health care coverage history. The MSP effective date will be the same as the Part B effective date. For more information, you may refer to the following flier created by the Medicare Rights Center: <http://medicarerights.org/fliers/Part-B-Enrollment/Using-MSPs-to-Enroll-in-Part-B.pdf>

- **No Medicaid lien on estate to recover MSP benefits paid**

Generally speaking, states may place liens on the estates of deceased Medicaid recipients to recover the cost of Medicaid services that were provided after the recipient reached the age of 55. Since 2002, states have not been allowed to recover the cost of Medicare premiums paid under MSPs. Further, states may not place liens on the estates of Medicaid recipients who died after January 1, 2010 to recover costs for co-insurance paid under the QMB program for services rendered after January 1, 2010. The federal government made this change in order to eliminate barriers to enrollment in MSPs.

See *NYS DOH GIS 10-MA-008 - Medicare Savings Program Changes in Estate Recovery* http://www.health.ny.gov/health_care/medicaid/publications/gis/10ma008.htm. The GIS clarifies that a client who receives both QMB and full Medicaid is exempt from estate recovery for Medicare cost-sharing expenses.

Note: A person's SNAP (Food Stamp) benefits may be reduced once they receive the MSP. However, their SNAP benefits will not be reduced immediately.

Many people receive both SNAP (Food Stamp) benefits and the MSP. Income for purposes of SNAP/Food Stamps is reduced by a deduction for medical expenses, which includes payment of the Part B premium. Since approval for an MSP means that the client no longer pays for the Part B premium, their SNAP/Food Stamps income goes up, so the SNAP/Food Stamps go down. Here are some protections:

- Do these individuals have to report to their SNAP worker that their out of pocket medical costs have decreased? And will the household see a reduction in their SNAP benefits, since the decrease in medical expenses will increase their countable income?

- The good news is that MSP households do NOT have to report the decrease in their medical expenses to the SNAP/Food Stamp office until their next SNAP/Food Stamp recertification. Even if they do report the change, or the local district finds out because the same worker is handling both the MSP and SNAP case, there should be no reduction in the household's benefit until the next recertification. New York's SNAP policy per administrative directive 02 ADM-07 is to "freeze" the deduction for medical expenses between certification periods. Increases in medical expenses can be budgeted at the household's request, but NYS never decreases a household's medical expense deduction until the next recertification. Most elderly and disabled households have 24-month SNAP certification periods.
- Eventually, the decrease in medical expenses will need to be reported when the household recertifies for SNAP, and the household should expect to see a decrease in their monthly SNAP benefit. It is really important to stress that the loss in SNAP benefits is NOT dollar for dollar. For example, a \$100 decrease in out of pocket medical expenses would translate roughly into a \$30 drop in SNAP benefits.
- See more info on SNAP/Food Stamp benefits at <http://www.empirejustice.org/issue-areas/public-benefits/food-stamps/whats-new-in-snap.html> and <http://otda.ny.gov/programs/food-stamps/>

Note: If approved for the MSP, individuals who receive Medicaid or have the Medicaid Spend-Down may be **pushed into a Spend-Down or may have an increased Spend-Down**. This is because the applicant's income will increase if approved for the MSP. If an individual's Medicaid is affected by this additional income, she/he will receive a **Choice Notice** from the local Medicaid office if she/he applies for the MSP. The Choice Notice will explain how the individual's Medicaid benefit will change if the person accepts the MSP. It gives the individual the option to either choose to take the MSP and to either be pushed into a Spend-Down or increase an already existing Spend-Down, or she/he can choose to decline the MSP and continue to have the same Medicaid benefit.

QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM BENEFITS AND APPLICATION

- Medicaid will pay **both** the Medicare Part A and Part B premiums directly to Medicare. Only QMB covers both the Medicare Part A and Part B premiums.
- As a reminder, all individuals awarded the MSP will have their Part B late enrollment penalty (LEP) eliminated. In addition, individuals with QMB will also have their Part A LEP eliminated.
- QMB recipients receive a Medicaid card even if they are not also receiving Medicaid. Their doctors and other providers may use the card to bill Medicaid for the beneficiary's Medicare Part A and Part B coinsurance and deductibles.
 - Note: It is important to make sure that the client understands that QMB is not Medicaid. Some individuals may believe that they are awarded Medicaid since they receive a Medicaid card. QMB is not a type of insurance and does not have the same benefits as Medicaid. Unlike full Medicaid, the QMB program will not pay for Medicare-excluded services and supplies, such as dental care and eyeglasses.
- Doctors who are not Medicaid providers may not bill Medicaid for the Medicare coinsurances and deductibles. More importantly, providers may not bill a QMB recipient, regardless of whether Medicaid decides to pay the provider. This is because there are balance billing protections in place for all individuals with QMB. See <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-01-06-12.pdf> and <http://wnylc.com/health/entry/99/>.

- **Income limit - 100% Federal Poverty Level**
 - **Individuals:** Monthly income less than \$990 + \$20 (2016)
 - **Couples:** Monthly income less than \$1,335 + \$20 (2016)
- There is **no resource test** if applying for QMB only
- Must be entitled to or eligible for Medicare Part A
 - **If the applicant does not have both Medicare Part A and Part B they must apply for QMB using the Part A buy-in process**, described at end of this Module.
- Like all MSPs, applicants can apply by mail or in person by using the DOH-4328 application. No face to face interview is required if applying for the Medicare Savings Program only.*
 - **If the applicant wants to apply for Medicaid and QMB**, applicants must complete a Medicaid application (LDSS 2921). No face-to-face interview is required.
- There is **no retroactive eligibility** for the QMB benefit. QMB effective dates should be the first of the month following the month of application

SPECIFIED LOW INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM BENEFITS AND APPLICATION

- Medicaid pays Medicare **Part B premium only**
- **Income limit – 120% Federal Poverty Level**
 - **Individuals:** Monthly income from \$991 to \$1,188 + \$20 (2016)
 - **Couples:** Monthly income from \$1,336 to \$1,602 + \$20 (2016)
- There is **no resource test** if applying for SLMB only
- **Must have Medicare Part A**
- Like all MSPs, applicants can apply by mail or in person by using the DOH-4328 application. No face to face interview is required if applying for the Medicare Savings Program only*.
 - **If the applicant wants to apply for Medicaid and SLMB**, they must complete a Medicaid application (LDSS 2921). No face-to-face interview required.
- Eligibility can be **retroactive** back to three months before the month of application. The client will be reimbursed for Part B premium back to that date. For more details on retroactive coverage, see section below.

QUALIFIED INDIVIDUAL (QI-1) PROGRAM BENEFITS AND APPLICATION

- Medicaid pays Medicare **Part B premium only**
- **Income limit – 120 - 135% Federal Poverty Level**
 - **Individuals:** Monthly income from \$1,189 to \$1,337 + \$20 (2016)
 - **Couples:** Monthly income from \$1,603 to \$1,803 + \$20 (2016)
- There is no Resource Limit
- **Must have Medicare Part A.** Like all MSPs, applicants can apply by mail or in person by using the DOH-4328 application. No face to face interview is required if applying for the Medicare Savings Program only*.
- Applicants **may not receive Medicaid and QI-1** at the same time.
 - Due to higher income, a potential QI-1 recipient would have a Medicaid spend-down if they chose to apply for Medicaid. It is their choice whether to enroll in QI-1 or Medicaid with a spend-down. This will depend on their need for Medicaid services not provided by Medicare, such as home care.

- **If a person with Medicaid applies for the MSP and is eligible for QI-1, she/he should receive a Choice Notice.** The Choice Notice will notify them of their eligibility and need to choose between the MSP and Medicaid with a Spend Down. It is up to the individual to decide if she/he wishes to have QI-1 or Medicaid.
- Eligibility can be **retroactive** back to three months before the month of application, but must be within the same calendar year. The client will be reimbursed for Part B premium back to that date. For more details on retroactive benefits, see section below.

QUALIFIED DISABLED AND WORKING INDIVIDUAL PROGRAM (QDWI) BENEFITS AND APPLICATION

- Medicaid pays the **Medicare Part A premium only not the Part B premium**
- **Must be a disabled worker under age 65 who lost Part A** benefits because of a return to work
- Unlike other MSPs, there are resource limits for QDWI. A beneficiary's income may be up to 200% Federal Poverty Level
 - **Individuals:** Monthly income up to \$1,980 + \$20 (2016)
Resources up to \$4,000 (2016)
 - **Couples:** Monthly income up to \$2,670 + \$20 (2016)
Resources up to \$6,000 (2016)
- **Must be eligible for Medicare Part A and B**
 - Like all MSPs, beneficiaries may apply by mail or in person by using the DOH-4328 application.
 - **If a person wants to apply for Medicaid and QDWI**, they must complete a Medicaid application (LDSS 2921).
- Eligibility can be **retroactive** back to three months before the month of application, if income and resources were within limits.

Benefit is an **entitlement**. All those who are eligible will receive this benefit.

Along with the MSP application, they must also include supporting documents. These documents include:

- Copy of U.S. Birth Certificate, U.S. Passport or State ID (Driver's License)
 - Note: If the applicant is not a U.S. citizen, the applicant must include a copy of their permanent resident card.
- Copy of Social Security Card
 - Note: The Social Security card is only needed if the person's Social Security number is different from their Medicare number.
- Copy of Medicare Card
- Proof of Other Names (if applicable)
 - Copy of Marriage License or Death Certificate of spouse
- Proof of Home Address
 - Copy of Phone, Electric, or Rent bill with name and home address on it
- Proof of Income (all applicable sources)
 - Social Security Income (copy of current year's Social Security award letter)
 - Income from Employment (3 pay stubs, if they are weekly pay stubs then must include 4 pay stubs)

- Pension or Veterans' Benefits (statement indicating amount and frequency of payment or 1099 form)
- Income from Annuity (3 bank statements OR 1099 form)
- Retirement Account Dividends (3 bank statements OR 1099 form)
- Proof of Other Health Insurance Premium (ex: Medigap or HMO premium)
- Copy of premium statement or bill

QMB PART A BUY-IN -- ASSISTANCE FOR INDIVIDUALS WITHOUT FREE PART A OR PART B

At age 65, most people are eligible for Medicare Part A, but it is not always free. Some people have not worked the 40 quarters (10 years) needed to get premium-free Part A. These individuals can purchase Part A if they are a US citizen or permanent legal resident and meet US residency requirements. If these individuals are low income, they may qualify for the QMB to pay their Part A premiums. By paying the premiums on behalf of these individuals, the federal Medicare program becomes the primary payer for their health care to preserve Medicaid expenses.

How can people without premium-free Part A obtain Medicare and QMB?

In New York, the way someone can go about obtaining Medicare and QMB depends upon whether the person has SSI (Supplemental Security Income).

- **Individuals with SSI** should automatically be enrolled in full Medicaid, Medicare Parts A and B, and in QMB without needing to file an application. Medicare becomes their primary insurance and Medicaid becomes secondary in most instances.
- **Individuals who do not have SSI, Medicare Part A and Medicare Part B** must apply for QMB using the **Part A Buy-In** process. These individuals may only have Medicaid or are uninsured.
 - **In order to be eligible for the Part A Buy-In, a beneficiary must:**
 - be at least 65 years of age and
 - a U.S. citizen or
 - lawfully admitted, permanent legal resident who has lived in the U.S. for at least 5 years in a row prior to qualifying.
- **The benefits of the Part A Buy-In include:**
 - enrolls beneficiary in Medicare Part A (Hospital Insurance),
 - enrolls beneficiary in Medicare Part B (Medical Insurance),
 - pays for both Parts A and B of Medicare
 - and facilitates the beneficiary's enrollment into Medicare Part D (a Medicare private drug plan).
 - By virtue of having QMB, a beneficiary is also automatically deemed eligible for Full Extra Help with Part D drug costs. Extra Help also provides beneficiaries with an ongoing Special Enrollment Period to switch Part D drug plans.

Please Note that if a person **already has Medicare Part B and does not have Medicare Part A**, then the person can apply for QMB directly without following the Part A Buy-In process.

For more information about the Part A buy-in process, see the Medicare Rights Center's Step-by-Step Guide at <http://www.medicareinteractive.org/uploadedDocuments/Part-A-Buy-In-Packet.pdf> .

Also see the Social Security Administration's Program Operations Manual (POMS), at:
<http://policy.ssa.gov/poms.nsf/lnx/0600801140>

Also see the 2004 State directive

http://www.health.state.ny.us/health_care/medicaid/publications/docs/gis/04ma013

You can find more information about the Part B Buy-In Agreement through the Social Security Administration's Program Operations Manual (POMS):

<http://policy.ssa.gov/poms.nsf/lnx/0600815000>.

For updates on MSP and links to other information, see <http://wnylc.com/health/entry/99/>.

Changes which made applying easier in New York State

Some changes made it easier for people to get MSP benefits. As a HIICAP counselor, you have an opportunity to inform people who may be eligible about these benefits and help them apply. A large number of individuals who are eligible for the MSP do not receive these benefits.

- **NO RESOURCE LIMIT** – there hasn't been a resource test for QMB, SLMB, or QI-1 in New York State since April 1, 2008.
- **MAIL-IN APPLICATION** – Effective December 26, 2007 the face to face interview requirement was eliminated for the Medicare Savings Programs. Individuals may apply using the **DOH-4328** application. They can either mail or submit the application in person to the local department of social services. This application is included at the end of the module or online at http://www.nyhealth.gov/health_care/medicaid/program/update/savingsprogram/msapp.pdf . Applicants must include additional documents with the application (proof of income, state ID, proof of address, copy of their Medicare card along with other documents). For a full list of the additional documents they must submit, see above section.

If an applicant wishes to apply for Medicaid in addition to QMB, SLMB, or QDWI, applicants must complete a Medicaid application (LDSS 2921) (download at <https://www.health.ny.gov/forms/doh-4220all.pdf>) . **As of April 1, 2010, a face-to-face interview is no longer required.** (See State directive at http://www.health.state.ny.us/health_care/medicaid/publications/docs/adm/10adm-4.pdf).

The application may be mailed or brought to the local Medicaid office. If all required documents (citizenship, identity, income, resources) are not submitted with the application, the local Medicaid office will request them from the client, and must allow 10 days to submit them.

- Medicaid is not available to QI-1 beneficiaries. If their assets are within the Medicaid limits, they must choose between Medicaid with a spend-down or QI-1.
- Applications for all of these programs may be downloaded.
 - **MSP only - DOH-4328** - http://www.nyhealth.gov/health_care/medicaid/program/update/savingsprogram/msapp.pdf
 - **Medicaid application (LDSS 2921)** (download at <https://www.health.ny.gov/forms/doh-4220all.pdf>).

Some people should be automatically enrolled or considered for an MSP:

- SSI recipients should automatically receive the MSP QMB. Clients receiving even \$1 of **Supplemental Security Income** should be automatically enrolled into the QMB program under New York State's Medicare Savings Program Buy-in Agreement with the federal

government once they become eligible for Medicare. The first month an individual has both Medicare and SSI, she/he should be automatically given the QMB benefit. This means that SSI recipients who do not have Medicare Parts A or B should automatically be enrolled in both programs through the Buy-In program. Contact your local DSS if an SSI recipient is being charged for a Medicare premium - this is an error and needs to be corrected.

- **Note:** Medicare beneficiaries with SSI should not have to apply for the MSP. If there is an enrollment issue, then they should contact the local Medicaid office.
- Clients who are **already eligible for Medicare when they apply for Medicaid** should be automatically assessed for MSP eligibility when they apply for Medicaid, even without specifying they want MSP on their Medicaid application. ([NYS DOH 2000-ADM-7](#) and [GIS 05 MA 033](#)).

The Medicare Improvements for Patients and Providers Act (MIPPA) requires local Medicaid programs to contact anyone who applied to the Social Security Administration (SSA) for Extra Help, whether in person or online. MIPPA requires an application for the federal Extra Help or Low Income Subsidy (LIS) to be considered an application for the Medicare Savings Program (MSP). **The procedures that local districts should follow in contacting these individuals are in http://www.nyhealth.gov/health_care/medicaid/publications/docs/adm/10adm-3.pdf.** The effective date of the MSP application must be the same date as the Extra Help application. Signatures will not be required from clients. In cases where the SSA data is incomplete, NYSDOH will forward what is collected to the local district for completion of an MSP application. The State implementing procedures are in [DOH 2010 ADM-03](#).

Can MSP be retroactive?

Once someone is awarded the MSP, the MSP benefits may be retroactive. This means a few things for beneficiaries with the MSP. **The retroactive date is different for each MSP:**

- Individuals awarded QMB should have an MSP effective date starting the first of the following month after they submitted their MSP application. For SSA data-sharing applications, the MSP is retroactive to the month following the month the Extra Help application was filed with SSA, and
- Individuals awarded SLMB may have an effective date of up to three months before the month they submit their application. Individuals awarded QI-1 may also be given up to three months retroactive benefits, but only for months within the same calendar year. For SSA data-sharing applications, the MSP is retroactive to the month of the Extra Help application filed with SSA, and up to three months before if client was eligible.
 - Example: Ms. Johnson applied for the MSP benefit in February 2016. She found out in April that she was awarded SLMB. Ms. Johnson should have an MSP effective date of November 2015. Ms. Johnson should be reimbursed for all of the Part B premiums she had paid since November 1st. If Ms. Johnson was awarded QI-1, she would have an MSP effective date of January 1st, and should receive reimbursements for all of the Part B premiums she had paid since January.

If a person is awarded the MSP then she/he may have retroactive benefits:

- Individuals who utilize the MSP to enroll into Part B may be retroactively enrolled into Part B. Applicants who are approved for the MSP who did not have Part B prior to applying will have a Part B effective date that matches their MSP effective date. Therefore, in the aforementioned example, if Ms. Johnson did not previously have

- Part B of Medicare and was approved for SLMB, both her MSP effective date and her Part B effective date will be November 2015.
- Individuals should be reimbursed any Part B premiums paid after their MSP effective date.
 - Individuals who are approved for the MSP and are then deemed eligible for Extra Help should also have an Extra Help effective date that matches their MSP effective date. Therefore, their Extra Help benefits should also be retroactive.

2016 MEDICARE SAVINGS PROGRAMS SUMMARY CHART

Name of Program	Benefit (What Medicaid Pays)	Monthly Income Eligibility (add \$20)		Resource Limits		Retro-active?
		Individual	Couple	Individual	Couple	
Qualified Medicare Beneficiary (QMB) 100% FPL	Medicare premiums, deductibles and coinsurance People 65+ eligible for but without Medicare may enroll in Part A, B & QMB through Buy-In	Under \$990	Under \$1,335	None	None	No - effective in month following month of application
Specified Low Income Medicare Beneficiary (SLMB) 120% FPL	Medicare Part B premium	\$991 to \$1,188	\$1,336 to \$1,602	None	None	Yes - 3 months before month of application
Qualified Individual 1 (QI-1) 135% FPL	Medicare Part B premium	\$1,189 to \$1,337	\$1,603 to \$1,803	None	None	Yes - 3 months but in same calendar year
Qualified Disabled and Working Individual (QDWI) 200% FPL Under age 65 only	Medicare Part A premium	\$1,980	\$2,670	\$4,000	\$6,000	Yes - 3 months before month of application

Sources of Assistance

New York State Medicaid Helpline (NYS Dept. of Health) **1-800-541-2831**
1-518-486-9057

NYS OFA HIICAP Hotline **1-800-701-0501**

Medicare Hotline **1-800-MEDICARE**

1-800-633-4227

NY State Office for Aging Senior Hotline **1-800-342-9871**

Managed Care Consumer Assistance Program (MCCAP)

Technical Assistance Hotlines:

- Community Services Society Community Health Advocates **1-888-614-5400**
- Empire Justice Center/Legal Services for the Elderly,
 Disabled of Western New York (Upstate and Long Island Only) **1-800-635-0355**
- The Legal Aid Society Hotline **1-888-500-2455 (Upstate Residents)**
1-212-577-3575 (NYC and Long Island)
- Medicare Rights Center HIICAP Hotline **1-800-480-2060**
- New York Legal Assistance Group (NYC only)
 (M, W, Thurs., 9 AM - 3 PM) **1-212-613-5000**
- Evelyn Frank Legal Resources Program at NYLAG
 – NYC Hotline or eflrp@nylag.org **1-212-971-7658**

Check for news items and information on <http://nyhealthaccess.org> - a joint project of Empire Justice Center, Legal Aid Society, and Selfhelp Community Services.

PAYMENT OF YOUR MEDICARE PREMIUM IS A MEDICAID BENEFIT

PENALTIES: I understand that my application may be investigated, and I agree to cooperate in such an investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Medicaid benefits or at any time when you are questioned about your eligibility, or cause someone else not to tell the truth regarding your application or your continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial and continuing eligibility for Medicaid or if you conceal or fail to disclose facts that would effect the right of someone for whom you have applied to obtain or continue to receive Medicaid benefits; and such benefits must be used by the other person and not for yourself.

CHANGES: I agree to inform the agency **promptly** of any change in my needs, income, property, living arrangements or address to the best of my knowledge or belief.

SOCIAL SECURITY NUMBER (SSN): If you are applying for the Medicare Savings Program, you must report your SSN, unless you are a pregnant woman. The laws requiring this are: 18NYCRR Sections 351.2, 360-1.2, and 360-3.2(j)(3); 42USC 1320b-7. SSNs are used in many ways, both within the local social services districts and also between local social services districts and federal, state, and local agencies, both in New York and in other jurisdictions. Some uses of SSNs are: to check identity, to identify and verify earned and unearned income, to see if absent parents can get health insurance for applicants, to see if applicants can get child support and to see if applicants can get money or other help.

CERTIFICATION OF CITIZENSHIP & IMMIGRATION STATUS: I certify, under the penalty of perjury, by signing my name on this application, that I, and/or any person for whom I am signing is a U.S. citizen or national of the United States or has satisfactory immigration status. I understand that information about me will be submitted to the United States Citizenship and Immigration Services (USCIS) for verification of my immigration status, if applicable. I further understand that the use or disclosure of information about me is restricted to persons and organizations directly connected with the verification of immigration status and the administration and enforcement of the provisions of the Medicaid program.

NON-DISCRIMINATION NOTICE: This application will be considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

CERTIFICATION: In signing this application, I swear and affirm that the information I have given or will give to the Department of Social Services as a basis for Medicaid is correct. I also assign to the Department of Social Services any rights I have to pursue support from persons having legal responsibility for my support and to pursue other third-party resources. I understand that Medicaid paid on my behalf may be recovered from persons who had legal responsibility for my support at the time medical services were obtained.

CONSENT: I understand that by signing this application/certification form I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Medicaid. If additional information is requested, I will provide it.

Applicant/Representative
Signature X _____ Date _____

Spouse Signature X _____ Date _____

Representative Address, Phone Number and Relationship _____

If after reading and completing this form, you decide that you DO NOT want to apply for the Medicare Savings Program please sign on the following line.

I consent to withdraw my application _____ Date _____

SIGNATURE OF PERSON WHO OBTAINED ELIGIBILITY INFORMATION: x			DATE:	EMPLOYED BY:		
Eligibility Determined By Worker: _____ (DATE)				Eligibility Approved By: _____ (DATE)		
CENTRAL/OFFICE	APPLICATION DATE	UNIT ID	WORKER ID	CASE TYPE	CASE NO	REUSE IND.
CASE NAME		DISTRICT		REGISTRY NO.		VER.
Effective Date _____ MA Disp. Denial Withdrawal				REASON CODE	PROXY: Yes No	

DOH-4328 (6/08) Reverse