MEDICARE RIGHTS CENTER

Getting Medicare right

Low-income benefits

HIICAP Spring Training
March 2019

Medicare Rights Center

The Medicare Rights Center is a national not-for-profit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through

Counseling and advocacy

Educational programs

Public policy initiatives

Medicare Rights Center

The Medicare Rights Center has a helpline available for HIICAP counselors:

800-480-2060

hiicap@medicarerights.org

Learning objectives

- Review the Medicare Savings Programs
- Review Extra Help
- Discuss the Medicaid spend-down

Roles of federal, state, and local governments

The big picture: Who does what

- Social Security Administration (SSA)
  - Medicare enrollment
    - Parts A and B
  - Extra help enrollment
  - Also administers
    - Supplemental Security Income (SSI)
    - Social Security Disability Insurance (SSDI)
    - Social Security Retirement
- State Medicaid programs
  - Medicaid enrollment
  - Medicare Savings Programs enrollment

Supplemental Security Income (SSI)

- Administered by SSA
- Supplemental Security Income (SSI) is a federal income supplement program
- Designed to help aged, blind, and disabled people who have little or no income
- Provides cash to meet basic needs for food, clothing, and shelter
- Automatically entitles someone for low-income benefits…
  - Medicaid, Medicare Savings Program (QMB), Extra Help

Social Security Disability Insurance (SSDI)

- Administered by SSA
- Social Security Disability Insurance (SSDI) is **not** the same as SSI
  - Two separate categories
- SSDI is a monthly benefit provided through the SSA for people who lose their ability to work because of a severe medical impairment (disability)
  - Must have worked (or be the spouse or dependent of someone who worked) and paid Social Security taxes
  - No income/asset requirement for eligibility
- People who receive SSDI checks for 24 months are eligible for Medicare
  - It can take up to 6 months to start receiving SSDI payments
- Does not automatically entitle people to any low-income programs

Social Security Retirement Benefits

- Administered by SSA
- People receive benefits based on the payment of SS payroll taxes for at least 10 years
- Most common source of income for older adults
- Full retirement age is increasing based on when someone was born
  - Age range is currently between 65 and 67
- Medicare eligibility age remains at 65

Programs that help pay Medicare costs

If a person meets income/asset requirements

- Medicaid
- Extra Help for drug costs
  - Helps pay Part D premiums, deductibles, copays
- Medicare Savings Programs (MSPs) for health care costs
  - All help pay B premiums
  - Some also pay Part A premiums and provide billing protections for Part A and B coinsurances and deductibles
- State Pharmaceutical Assistance Programs (SPAPs)
  - EPIC in New York State

Importance of Extra Help and the MSP

- Many people with Medicare live on fixed incomes and have difficulty affording their health care costs and Medicare coinsurances, deductibles, and premiums
- Combined estimated out of pocket savings of an MSP and Extra Help is $5,000 per year

Extra Help

Extra Help pays for Part D

- Extra Help is a federal program that helps pay the deductibles, premiums, copays, and coinsurances associated with Medicare Part D
  - Only works with Part D plans
- Extra Help provides beneficiaries with a continuous Special Enrollment Period (SEP)
- Also known as the Low Income Subsidy (LIS)

Extra Help eligibility in 2019

Extra Help income limits in 2019

Single	Couple
$1,581/month	$2,134/month

Extra Help asset limits in 2019

Single	Couple
$14,390	$28,720

Extra Help benefits

- Help with Part D costs
  - No or low premiums and deductibles for Part D plans
  - Low or zero copayments for Part D covered drugs
  - The level of assistance depends on income and assets
    - » Can qualify for Full Extra Help or Partial Extra Help
- Increases flexibility to join and change Part D plans
  - Allows enrollment in Part D once per calendar quarter in the first three quarters of each year
    - » January through March, April through June, July through September
    - » Changes are effective the first of the next months
    - » Beneficiaries use Fall Open Enrollment during the fourth quarter, witth changes effective January 1
  - Waives late enrollment premium penalties

Full Extra Help

- $0 monthly premium in benchmark plans (2019 NYS benchmark premium: $39.33)
- $0 deductible
- No coverage gap or doughnut hole
- Copayments: $3.40 for generics and $8.50 for brand-names
- For those with Medicaid and an income below $1,061 per month, copays are $1.25 and $3.80
  - No copay after reaching $5,100 in out of pocket drug costs
  - Those who are institutionalized and/or who receive home and community-based services (HCBS) do not have prescription drug copays

Partial Extra Help

- Reduced monthly premium, depending on beneficiary's income
- $83 deductible
- No coverage gap or doughnut hole
- Pay 15% coinsurance or the plan's copay, whichever is less
- After reaching $5,100 in out of pocket drug costs, beneficiaries pay $3.40 per generic and $8.50 per brand name or 5% of the drug cost, whichever is greater

Enrolling

- Some people get Extra Help automatically
  - If they have Medicaid, a Medicare Savings Program (MSP), and/or Supplemental Security Income (SSI)
- Beneficiaries can also apply for Extra Help
  - Through the Social Security Administration (SSA)
    - » Fill out online application (www.ssa.gov)
    - » Apply by phone (800-772-1213)
    - » Apply in person at local SSA office
  - Beneficiaries can declare their income and assets (don't need to provide proof)
- Beneficiaries can appeal if their application is denied

LI NET

What is LI NET?

- LI NET is operated by Humana, Inc. on behalf of CMS and provides temporary Part D prescription drug coverage for:
  - Point-of-sale prescription drug coverage for individuals with Medicare's Low-Income Subsidy (LIS, also called "Extra Help") who are not yet enrolled in a Medicare Part D prescription drug plan
  - Retroactive prescription drug coverage for new "dual eligibles" — those individuals who are newly eligible for both Medicare and Medicaid, or Medicare and Supplemental Security Income (SSI)
- Beneficiaries are temporarily covered by LI NET until being enrolled in a standalone Medicare Part D prescription drug plan

Eligibility

- LI NET provides temporary Part D prescription drug coverage for:
  - **Full-benefit dual eligible beneficiaries**: those with Medicare and full Medicaid benefits, i.e., QMB Plus, SLMB Plus
  - **SSI-only beneficiaries**: those with Medicare who receive SSI but do not have Medicaid – Note: In New York State, all individuals with SSI automatically get Medicaid.
  - **Partial-benefit dual eligible beneficiaries**: those with Medicare who qualify for MSPs but not full Medicaid, i.e., QMB Only, SLMB Only and QI
  - **LIS Applicants**: those who have applied for, and have been awarded, the LIS through SSA or their state

Eligibility

- LI NET provides temporary Part D prescription drug coverage for:
  - **Uncovered Full Duals and SSI-only beneficiaries:** on a retroactive basis up to 36 months
  - **Low-Income Subsidy (LIS) Eligible beneficiaries:** at the pharmacy counter and up to 30 days in the past

Coverage

- Coverage
  - FD/SSI-only up to 36 months
  - PD/LIS Apps up to 30 days
  - Unconfirmed up to 7 days
- LI NET beneficiaries are provided with the benefits of:
  - Open formulary (Part D covered drugs)
  - no Prior Authorization required
  - no network pharmacy restrictions
  - There are standard safety and abuse edits such as “refill too soon” or “therapy duplication”

Best Available Evidence

What is Best Available Evidence (BAE)?

- BAE is a standard of proof that Part D plans with enrollees in the LIS program must accept in order to ensure timely reduction of cost sharing for subsidy-eligible individuals
- Requires plans to:
  - Accept certain forms of documentation of a beneficiary's eligibility for LIS
  - Change the beneficiary's cost-sharing levels in the plans system based on that documentation,
  - Submit to CMS requests for correction of the data in their system if the changes do not occur as a result of routine State reporting (LIS beneficiaries)

BAE examples

- The type of proof that is acceptable depends on how the beneficiary became eligible for LIS (i.e., whether they were “deemed eligible” or if they applied for LIS) and upon where they live
- Full Duals (beneficiaries with Medicare and Medicaid) living in a Long-term Care (LTC) facility
  - A billing remittance from a LTC facility showing Medicaid payment for a full calendar month for the beneficiary during a month after June (Jul.-Dec.) of the previous calendar year
  - A copy of a state document that confirms Medicaid payment on behalf of the beneficiary to the LTC facility for a full calendar month after June (Jul.-Dec.) of the previous calendar year
  - A screen print from the state’s Medicaid systems showing the beneficiary’s institutional status based on at least a full calendar month stay for Medicaid payment purposes during a month after June (Jul.-Dec.) during the previous calendar year

BAE examples continued

- Other Dually Entitled beneficiaries with Medicare and Community Medicaid can present their pharmacy one of the following forms of evidence to show proof of their LIS status:
  - A Medicaid card (or copy) that shows their name and an eligibility date during a month after June (Jul.-Dec.) of the previous calendar year
  - A screen print or other state document from the state Medicaid's system that shows active Medicaid status a month after June (Jul.-Dec.) of the previous calendar year
  - A letter from SSA that shows your client receives SSI

Medicaid

What is Medicaid?

- State and federal program offering health insurance to those with limited incomes/assets
  - Each state has its own Medicaid rules
  - All Medicaid programs regulated at state and federal level
  - People of different ages and groups may have different financial qualification limits; in this presentation, we'll discuss:
    - » Aged, Blind, Disabled (ABD) Medicaid, sometimes called Traditional Medicaid
      - Expanded Medicaid, also known at MAGI Medicaid, will be discussed in a later presentation

Medicaid spend-down

- Beneficiaries with high medical expenses that significantly reduce their usable income may qualify for a Medicaid spend-down
  - Also called Medicaid Excess Income Program*
- Spend-down amount is the difference between income and Medicaid eligibility limit over a certain period of time (one to six months)
  - If spend-down is met during period of time, beneficiary has Medicaid coverage
  - If beneficiary does not meet their spend-down, they will not have Medicaid coverage, but can meet the spend-down during another period

Spend-down eligibility

- Medical bills serve as proof of high medical expenses and can qualify New Yorkers for spend-down
  - Unpaid medical bills can be up to 6 years old
  - Paid medical bills must be from the past three months
  - Certain expenses may be used to meet a spend-down
    - » More information should be provided by a Medicaid counselor
- Example: Betsy signs up for the Medicaid spend-down program with an income of $1,179. She is $300 over the income limit for Medicaid. Once she accrues $300 of medical bills each month and sends these bills to Medicaid, her Medicaid benefits will begin.

Medicare Savings Programs (MSPs)

MSPs

- At a minimum, MSP (see three types on next slide)
  - Pays for monthly Part B premium
  - Automatically deems individual for Extra Help
    - » Extra Help is federal program that helps with Part D costs
  - Eliminates Part B late enrollment penalty*
  - Beneficiaries who delayed Part B enrollment can get Part B outside of GEP
- Depending on type, MSP can also help pay
  - Part A and Part B deductibles
  - Cost-sharing for Medicare covered health care services

Types of MSP

- QI: Qualifying Individual
- SLMB: Specified Low-Income Medicare Beneficiary
- QMB: Qualified Medicare Beneficiary
- QDWI: Qualified Disabled Working Individual*
- Note: A person cannot choose which MSP to apply for. Eligibility is based on income.

2019 MSP monthly income limits

Program Type	Single	Couple
QI	$1,426	$1,923
SLMB	$1,269	$1,711
QMB	$1,061	$1,430

- These figures include automatic $20 disregard for every application
- Other health insurance premiums can be subtracted from income
- Assets not counted in New York State

QDWI

- Pays for the Part A premium for beneficiaries who:
  - Are under the age of 65
  - Work but continue to have a disabling impairment
  - Have income equal to or less than 200% of the federal poverty level
  - Have assets worth less than $4,000 ($6,000 for a couple)
  - And, are not Medicaid eligible

Timeline for MSPs

- Federal law allows 45 days to process an MSP application
- After the application is processed and the applicant's eligibility is determined, if eligible, the benefits can sometimes take 3-4 months to go into effect
  - Data sharing between SSA, CMS, the Part D plan, and the State must occur and can cause delays
- People stop having the Part B premium deducted from their Social Security checks or stop receiving Part B premium bills

Keeping the MSP

- People with Medicare Savings Program may be required to renew their MSPs every year
  - This is called **recertification**
  - They will lose benefits if they do not recertify
  - People with the MSP should receive their recertification forms via mail approximately 2-3 months before they are due
  - If they have not received the forms, they can call their state Medicaid agency to request these forms
  - In upstate counties, some individuals will not need to actively recertify
    - » If only sources of income are Social Security and/or a pension

MSP benefits

Basics

- All three MSPs
  - Pay for the Part B premium
  - Eliminate late enrollment penalties
  - Enroll the applicant in Part B outside of an enrollment period, if they already have Part A
  - Provides automatic enrollment in Full Extra Help
    - » Called deeming

Part B enrollment

- Enrolling in an MSP will enroll a person in Part B
  - The applicant does not need to be in an enrollment period
  - In New York State, a person could also utilize the Part A Buy-In process to receive premium free Part A if they do not qualify for premium free Part A through their own work history or the work history of a parent or spouse, deceased spouse or ex spouse
- If a person has a Part B late enrollment penalty, enrolling in an MSP will eliminate it
  - Even if they lose the MSP in the future

Deeming

- A person who is approved for the MSP will automatically be enrolled in **Full Extra Help**
  - There is no need to apply separately
- People who are deemed are enrolled in a Part D plan if they do not have one already
- If a person with an MSP loses the program, they will keep Full Extra Help for, at minimum, the rest of the calendar year

Retroactive benefits

- QI:
  - May provide up to three months retroactive benefits in the same calendar year
- SLMB:
  - May provide up to three months retroactive benefits, even into the previous calendar year

QMB benefits

- No retroactive benefits
  - Benefits will be effective first of the following month
- Can be used to enroll someone in Part A if they do not have it (known as the Part A Buy-in)
  - Pays Part A premium for those who do not have enough work history for premium-free Part A
- Medicare providers may not charge QMB beneficiaries Medicare deductibles, coinsurances, or copays (known as improper billing)

Part A Buy-in basics

- Process available in NYS for individuals who are ineligible to receive premium-free Part A to secure certain benefits
  - Part A will be paid for by the state via the MSP
  - Individuals who delayed Part A enrollment can get Part A outside of General Enrollment Period
- Other states may have the Part A Buy-in, but process varies

Part A Buy-in eligibility

- Be at least 65 years or older
  - Medicare-eligible individuals collecting SSDI under age 65 have premium-free Medicare Part A
- Be a current U.S. resident, and either:
  - A U.S. citizen
  - OR, a lawful permanent U.S. resident having lived in U.S. for five continuous years before applying for Medicare
- Be ineligible for premium-free Part A
- Meet QMB eligibility requirements

Improper billing

- Refers to a provider inappropriately billing a beneficiary for Medicare deductibles, coinsurances, or copayments
  - Previously known as balance billing
- Federal law prohibits providers from billing beneficiaries enrolled in QMB
  - Even if…
    - » Their providers do not accept Medicaid
    - » They are in a Medicare Advantage Plan
      - People in MA plans have added protection – they cannot be billed for cost sharing if they have QMB or Medicaid
      - The plan must assist beneficiaries who have billing issues
    - » For **all** Medicare services

CMS 2017 guidance for improper billing

- CMS provided an update on the recourse for improper billing for beneficiaries
- Beneficiaries who are improperly billed should:
  - Inform providers or debt collectors of their QMB status, and explain that they cannot be charged
  - Call 1-800-MEDICARE
    - » Representatives should now be able to identify the QMB status of all callers and provide QMB billing protections information
- If the beneficiary has a problem with debt collection, they should submit a complaint to the Consumer Financial Protection Bureau

Other updates

- Systems to inform providers of QMB beneficiaries' lack of cost-sharing liability have been put on hold
- CMS plans to reintroduce systems in 2018
  - Medicare Summary Notice (MSN) and Provider Remittance will show QMB status and zero cost-sharing liability
  - We have had success confirming a person's QMB status by speaking with Medicare

Medigaps and QMB

- In general, it's illegal to sell a Medigap to someone if they already have insurance that provides the same benefits
- People should not be sold a Medigap if they already have QMB
- If someone already has a Medigap and becomes eligible for QMB, they are allowed to keep the Medigap, but should think carefully about this decision

Screening clients for the MSP

1. Check Health Insurance Information

- Ask to see Medicare card
  - Check effective dates for:
    - » Medicare Part A
    - » Medicare Part B

- Check for other types of insurance
  - Medicaid
  - Medigap or Retiree insurance
  - Prescription drug coverage
  - Managed Long Term Care

2. Identify Income Sources

- Social Security Retirement or Disability Income (before deductions, including Part B premium deductions)
- Supplemental Security Income (SSI)
- Pensions
- Income from retirement accounts --*Generally:*
  - Retirement related assets that pay out regular distributions (IRA, annuity, etc.) **count**
  - Interest/dividends **do not count**
- Income from **current** employment
  - Less than half of earned income is counted
  - Subtract $65 from gross earned monthly income
  - Divide the remaining income by half

3. Check Marital Status

- Single
  - Consider income of **applicant only**
- Married and living together
  - Consider income of applicant **and** spouse (even if the spouse is not applying for the program)
  - Check to see if spouse might be eligible for an MSP
  - Apply even if one person is not Medicare eligible
- Married and living separately
  - Consider income of **applicant only**

4. Identify Health Insurance Premiums

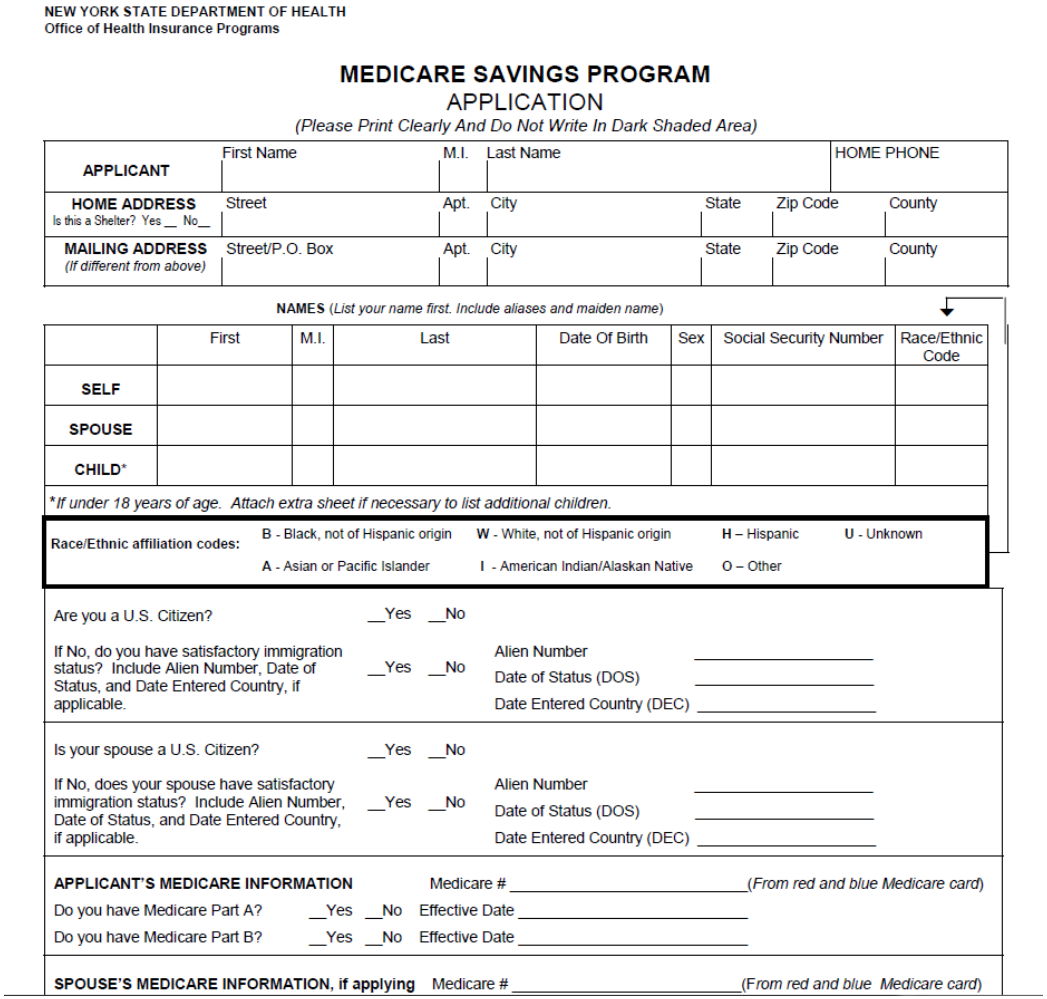
- Monthly health insurance premiums get subtracted from total income
  - Provide documentation of the health insurance premium with the MSP application
- Types of health insurance premiums that count
  - Medigap
  - Dental plan
  - HMO
  - Part D plan (amount above benchmark)

Advice for filling out MSP applications

Starting an Application

- Review information gathered
  - Medicare information
  - Income sources
  - Marital status
  - Health insurance types and premium costs

Application form



NEW YORK STATE DEPARTMENT OF HEALTH
Office of Health Insurance Programs

MEDICARE SAVINGS PROGRAM
APPLICATION
(Please Print Clearly And Do Not Write In Dark Shaded Area)

APPLICANT	First Name	M.I.	Last Name			HOME PHONE
HOME ADDRESS Is this a Shelter? Yes __ No__	Street	Apt.	City	State	Zip Code	County
MAILING ADDRESS *(if different from above)*	Street/P.O. Box	Apt.	City	State	Zip Code	County

NAMES (*List your name first. Include aliases and maiden name*)

	First	M.I.	Last	Date Of Birth	Sex	Social Security Number	Race/Ethnic Code
SELF							
SPOUSE							
CHILD*							

**If under 18 years of age. Attach extra sheet if necessary to list additional children.*

Race/Ethnic affiliation codes: **B** - Black, not of Hispanic origin; **W** - White, not of Hispanic origin; **H** – Hispanic; **U** - Unknown; **A** - Asian or Pacific Islander; **I** - American Indian/Alaskan Native; **O** – Other

Are you a U.S. Citizen? __Yes __No

If No, do you have satisfactory immigration status? Include Alien Number, Date of Status, and Date Entered Country, if applicable. __Yes __No
Alien Number _____
Date of Status (DOS) _____
Date Entered Country (DEC) _____

Is your spouse a U.S. Citizen? __Yes __No

If No, does your spouse have satisfactory immigration status? Include Alien Number, Date of Status, and Date Entered Country, if applicable. __Yes __No
Alien Number _____
Date of Status (DOS) _____
Date Entered Country (DEC) _____

APPLICANT'S MEDICARE INFORMATION Medicare # _____ (*From red and blue Medicare card*)
Do you have Medicare Part A? __Yes __No Effective Date _____
Do you have Medicare Part B? __Yes __No Effective Date _____

SPOUSE'S MEDICARE INFORMATION, if applying Medicare # _____ (*From red and blue Medicare card*)

Applying for an MSP (Individual)

- Include applicant's Medicare number, Part A and Part B effective dates
- Applicant's signature **(back page)** & date
- Check "**Yes**" next to "Would you like us to consider providing retroactive reimbursement of your Medicare premium?"
- Answer all questions – fill in every question to avoid delays

Applying for an MSP (Couple)

When both spouses are applying:

- Complete one application with information for both
- **Both** sign application
- In application margins, write “both are spouses applying”
- Provide all supporting documents for both spouses

Applying for an MSP (Couple)

When only one spouse is applying:

- Include the non-applying spouse's name, Social Security number, and date of birth
  - If the non-applying spouse does not have a Social Security number, there is no need to include it
- Only the applicant's signature is required
- In application margins, write "spouse not applying"
- Income must be provided and declared for **both** individuals
- Other documentation – such as Social Security card, Medicare card, proof of citizenship/residency – only for applying individual

Make Copies of Documents

- Proof of date of birth
  - Passport/Naturalization Papers OR
  - Birth Certificate OR
  - Permanent Resident Card (front and back) OR
  - Baptismal certificate OR
  - Military discharge papers OR
  - State ID
- Social Security card
- Medicare card
- Name change information (marriage certificate, death certificate)
- Proof of address (electric bill, lease, or SS award letter)
- Proof of income from all sources (SS awards letter, pension statement, income from employment)
- Proof of health insurance premiums other than Medicare premiums

Timeline for MSP Application

- The client will receive a decision about 45 days after the application is submitted
  - Client receives a Notice of Action
- After a person is approved for an MSP, it may take two months or more to stop deducting premiums
  - There is no way to expedite this process
  - The delay does not change the MSP effective date
  - Will receive a reimbursement

Case examples

Client Scenarios

- Client has Medicare **without** Medicaid
  - All MSPs pay for the Part B premium
  - Must have Part A to be eligible for SLMB and QI
  - All MSPs enroll a person into Part B if they do not have Part B
  - QMB enrolls a person into Part A if they do not have Part A, but at least has Part B

Client Scenarios

- Client has Medicare **and** Medicaid
  - Clients with Medicaid **do not necessarily have an MSP**
  - Some people with Medicaid may be pushed into a spend-down depending on their income
    - » These individuals can choose to enroll into an MSP and will be sent a **Choice Notice (MAP-258d)** by HRA to sign and return

Client Scenarios –cont.

- Client has Medicare and SSI
  - If enrolled into Medicare, the beneficiary should automatically have QMB, Medicaid, and Extra Help
  - QMB will provide premium-free Part A and B
    - » Check their Medicare card to see if they have both Parts A and B
    - » Check SSA award letter to see if the premium is being deducted, or if they are being billed for Part A or Part B

Case example 1: single individual

- Ms. J tells you that she is having trouble making ends meet. She lives alone. She tells you she gets $1366.50 directly deposited into her account from Social Security. This is her only income. She is paying anywhere from $10-$50 for her medications, and she is fairly certain she pays a monthly premium of $230.86 for her Medicare supplemental insurance plan. She has never applied for any benefits in the past.
- Using the screening tool (MSP screening questionnaire), determine if Ms. J might be eligible for the MSP

Is Ms. J eligible for the MSP?

- She is single
- Her gross Social Security income is around $1502.00
  - $1366.50 + $135.50 = $1502
- She has no other income
- She currently does not have Extra Help
- She pays $230.86/month for a Medicare supplement plan
- Her countable income is $1271.14 per month
  - $1502.00 - $230.86 = $1271.14
- She qualifies
- Start the application for Ms. J.

Starting Ms. J's application

- One signed application (original signature)
- One signed Authorization of Release form (original signature)
- Proof of DOB
- Social Security card
- Medicare card
- Current Social Security award letter
- Proof of address (if not already listed on Social Security award letter)
- Proof of health insurance premium disregard

Case Example 2: couple, both applying

- Mr. and Mrs. Doe are having a lot of trouble affording their medication costs. They cannot get Extra Help by applying through www.SSA.gov because they have assets higher than $28,720. They each receive Social Security income. Additionally, they both pay a premium for a Medigap policy.

Are Mr. and Mrs. Doe eligible?

- They are a married couple living together
- They each receive Social Security income
  - Mr. Doe says he gets about $892 after the premium is deducted.
  - Mrs. Doe says she gets about $387 after the premium is deducted.
- Are they MSP eligible?
  - Their total combined income is:
    - » $892 + $135.50 + $387 + $135.50 = $1550.
  - Their counted income will be even less, since they each pay a Medigap premium.
- Their income is below $1923 → they qualify!

Starting Mr. and Mrs. Doe's application

- One application, signed by both Mr. and Mrs. Smith
- Two Authorization or Release forms
- Documents for each spouse
  - Two proof of DOB
  - Two Social Security cards
  - Two Medicare cards
  - Two Social Security Award letters from 2019
  - Proof of address
  - Two proofs of health insurance premium disregard
- Do not forget to include the MSP coversheet

Case study: Client has Medicaid

- Mr. P has Medicare parts A, B and D due to disability, and he is single. He has full Medicaid benefits. He receives $679.50 from Social Security (after deductions) and gets $135.50 deducted for his part B premium from his Social Security check. He also receives $100 from workman's compensation.
- Is Mr. P eligible?

Is Mr. P Eligible?

- Mr. P's **gross** income:

  $815 from Social Security ($679.50+$135.50)

  + $100 from worker's comp

  = $915

- Yes, Mr. P is eligible
- **However, the MSP will push him over the Medicaid limit resulting in a Medicaid Spend-down**
  - If he applies and enrolls in the MSP, Mr. P. will be $36 above the Medicaid limit of $879
- Before doing anything, Mr. P will need to be counseled on how the MSP will affect his Medicaid

Follow-up

- Has the client received a notice from HRA?
  - Decision Notice or Choice Notice
- Has client received lump sum retroactive reimbursement check?
- Is the Part B premium still being deducted?
- How much are they paying at the pharmacy?
- Client will get reimbursement the same way they get monthly SS check
  - If monthly SS check is direct deposit, lump sum reimbursement will be direct deposit

Appeals and fair hearings

- If denied MSP, clients are entitled to request a fair hearing within 60 days
- If denied Extra Help, clients can appeal and should contact Social Security
- To request fair hearing for MSP:
  - Fax request and denial to (518) 473-6735
  - Or, use online form: http://www.otda.state.ny.us/oah/default.asp

Thank you!