



Getting Medicare right

# Low-Income Benefits

HIICAP Regional Training  
Fall 2025

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.

Medicare Rights works with HIICAP through:

- Monthly coordinator calls
- Quarterly Medicare Counselor newsletters
- Fall and spring regional trainings

**Helpline available for HIICAP counselors:**

800-480-2060

[hiicap@medicarerights.org](mailto:hiicap@medicarerights.org)

# Learning objectives

- **Identify** programs and their benefits
  - Extra Help and EPIC
  - Medicare Savings Program (MSP)
- **Determine** client eligibility through screening criteria
- **Examine** Medicaid eligibility for Aged, Blind, and Disabled (ABD) and expansion populations
- **Analyze** Medicaid to Medicare transitions

# Agencies involved in Medicare assistance programs

- **Social Security Administration (SSA)**
  - Extra Help enrollment
- **State Medicaid offices:** Local Department of Social Services (LDSS) or Human Resources Administration (HRA)
  - ABD Medicaid enrollment
  - Medicare Savings Programs enrollment
- **New York State of Health (NYSoH)**
  - Expansion (MAGI) Medicaid enrollment



# Programs that help pay Medicare costs

If person meets income/asset requirements, they may qualify for:

## Extra Help

- Helps pay Part D premiums, deductibles, and copays

## Medicare Savings Programs (MSP)

- Pay Part B premium
- May also pay Part A premium and provide billing protections for Part A and B cost-sharing

## EPIC

- New York State pharmaceutical assistance program
- Helps pay Part D premiums, deductibles, and copays

## Medicaid

- Pays for costs after Medicare pays
- Covers some services not covered by Medicare, like dental or long-term care services and supports



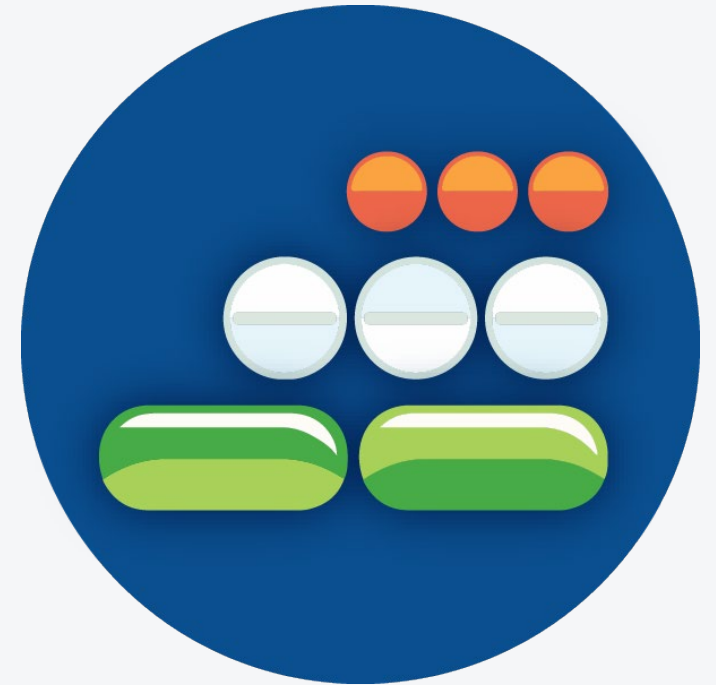
# Importance of Extra Help and MSP

- Many people with Medicare live on fixed incomes and have difficulty affording their health care costs and Medicare premiums, deductibles, and coinsurances
- Combined estimated out-of-pocket savings of an MSP and Extra Help can be over \$8,000 annually

**Extra Help**

# Extra Help basics

- Federal program that helps pay deductibles, premiums, copays, and coinsurances associated with **Medicare Part D**
- Also known as the Low-Income Subsidy (LIS)



# Extra Help benefits

- **Helps with Part D costs**
  - No or lowered premiums and no deductibles for Part D plans
  - Low or zero copays for Part D-covered drugs
- **Extra Help SEP**
  - Allows enrollment in stand-alone Part D plan once per month
    - Changes are effective the first of the next month
- **Waives Part D late enrollment premium penalties**

# Extra Help eligibility in 2025

	Single	Couple
Income limits	\$1,976/month	\$2,664/month
Asset limits	\$17,600	\$35,130

Reminder: As of 2024, income eligibility for Full Extra Help has been expanded to 150% FPL

# Extra Help costs

- **\$0 premium** in benchmark plans
  - 2025 NYS benchmark premium amount: \$72.34
- **\$0 deductible**
- **Copayments:** \$4.90 for generics and \$12.15 for brand names
  - For those with Medicaid and income below \$1,304 per month, copays are \$1.60 and \$4.80
  - Those who are institutionalized and/or who receive home and community-based services do not have prescription drug copays
- No copay after reaching \$2,000 in out-of-pocket drug costs

# Extra Help SEP

Once-per-month change either from:

- MA Plan to Original Medicare with a stand-alone Part D plan,
- OR, stand-alone Part D plan to another stand-alone Part D plan
  - This SEP can't be used to enroll in a new MA Plan with drug coverage
  - Medicaid enrollees have additional SEP once-per-month to enroll in an integrated Dual-eligible Special Needs Plan (D-SNP)
- The Extra Help SEP **replaces** the previous SEP that allowed those with Medicaid, an MSP, or Extra Help to change prescription drug coverage once per quarter for the first three quarters of the year

# Enrolling in Extra Help

- **Automatic enrollment**

- If someone has Medicaid, a Medicare Savings Program (MSP), and/or Supplemental Security Income (SSI)

- **Actively apply** through the Social Security Administration (SSA)

- Online application ([www.ssa.gov](http://www.ssa.gov))
- By phone (800-772-1213)
- In-person at local SSA office

- Beneficiaries can attest to their income and assets (don't need to provide proof)
  - Can appeal if their application is denied

**LI NET**

# LI NET

- Operated by Humana on behalf of Medicare
- Provides temporary Part D prescription drug coverage for:
  - **Point-of-sale prescription drug coverage** for individuals with Extra Help who are not yet enrolled in a Medicare Part D plan
  - **Retroactive prescription drug coverage** for new dual eligibles (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 they are enrolled in a stand-alone Medicare Part D prescription drug plan

# LI NET benefits

- Open formulary (Part D-covered drugs)
- No prior authorization required
- No network pharmacy restrictions
- Note: There are standard safety edits such as “refill too soon” or “therapy duplication”



# LI NET eligibility

LI NET provides temporary Part D prescription drug coverage for:

- **Full-benefit dual eligible beneficiaries:** those with Medicare and full Medicaid benefits
- **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 MSP but not full Medicaid
- **Extra Help applicants:** those who have applied for and have been awarded Extra Help through SSA or their state

# LI NET eligibility (cont.)

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

# Best Available Evidence (BAE)

**Definition:** BAE is proof that Part D plans must accept to reduce cost-sharing for Extra Help eligible individuals

## Plan requirements:

- Accept documentation of Extra Help eligibility
- Update cost-sharing levels based on documentation
- Request CMS data corrections if state reporting is delayed
- Beneficiary shows evidence at pharmacy to prove they have LIS
  - Acceptable type of proof depends on how beneficiary became eligible for LIS (i.e., whether they were “deemed eligible” or if they applied for LIS) and where they live

# Best Available Evidence (BAE)

**Definition:** BAE is proof that part D plans must accept to reduce cost-sharing for Extra Help eligible individuals

## **Plan requirements:**

- Accept documentation of Extra Help eligibility
- Update cost-sharing levels based on documentation
- Request CMS data corrections if state reporting is delayed

## **Proof at pharmacy**

- Beneficiaries present evidence of LIS eligibility
- Type of proof varies by eligibility method and location

# BAE examples

- Beneficiaries with Medicare and Medicaid (who do not live in long-term care (LTC) facility):
  - Medicaid card (or copy) that shows their name and an eligibility date during a month after June (July – December) of the previous calendar year
  - Screen print or other state document from the state Medicaid system that shows active Medicaid status a month after June (July – December) of the previous calendar year
  - A letter from SSA that shows they receive SSI

# BAE examples (cont.)

- Full duals (beneficiaries with Medicare and Medicaid) living in LTC facility:
  - Billing remittance from a LTC facility showing Medicaid payment for full calendar month for beneficiary during month after June (July – December) of previous calendar year
  - Copy of state document that confirms Medicaid payment on behalf of beneficiary to LTC facility for full calendar month after June of previous calendar year
  - Screen print from the state Medicaid system showing beneficiary's institutional status based on at least full calendar month stay for Medicaid payment purposes during a month after June of previous calendar year



## Question:

**What are some other ways individuals can get help paying for the cost of their prescription drugs?**

# Other prescription drug cost assistance

- State Pharmaceutical Assistance Programs (SPAP)
  - **EPIC in NY state for those 65+**
- Manufacturer discount programs or Patient Assistance Programs (PAPs)
  - Visit [www.NeedyMeds.org](http://www.NeedyMeds.org) or [www.RxAssist.org](http://www.RxAssist.org) or [www.GoodRx.com](http://www.GoodRx.com)
- Charity programs
- Samples from providers or certain safety net providers

# EPIC basics

New York's state pharmaceutical assistance program to help people 65+ pay for prescription drugs

- Works with beneficiary's Part D plan to cover drug costs
- Enrollees receive a SEP to switch Part D coverage once a year



**EPIC**  
Elderly Pharmaceutical  
Insurance Coverage  
Program

# EPIC eligibility

Available to New York State residents who:

- Are 65+ years old
- Have annual incomes **below \$75,000 if single or \$100,000 if married**
- Do not receive full Medicaid benefits
- And, are enrolled, or eligible to be enrolled, in a Medicare Part D drug plan or Medicare Advantage Plan that provides drug coverage

If beneficiary qualifies, refer to the  
EPIC helpline: **800-332-3742**

# **Medicare Savings Programs (MSPs)**

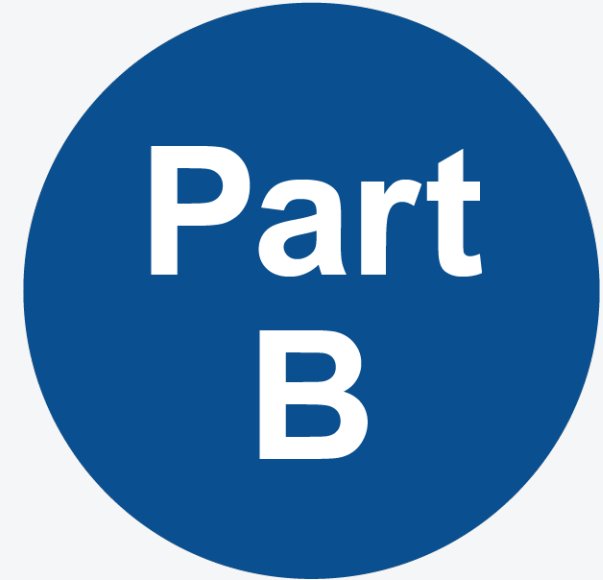
# MSP basics

## Medicare Savings Programs:

- Pay for monthly Part B premium (\$185 in 2025)
- Eliminate Part B late enrollment penalty
- Enroll a beneficiary in Part B outside of an enrollment period, if they already have Part A, are eligible for premium-free Part A, or qualify for QMB
- Provide automatic enrollment in full Extra Help (called deeming)

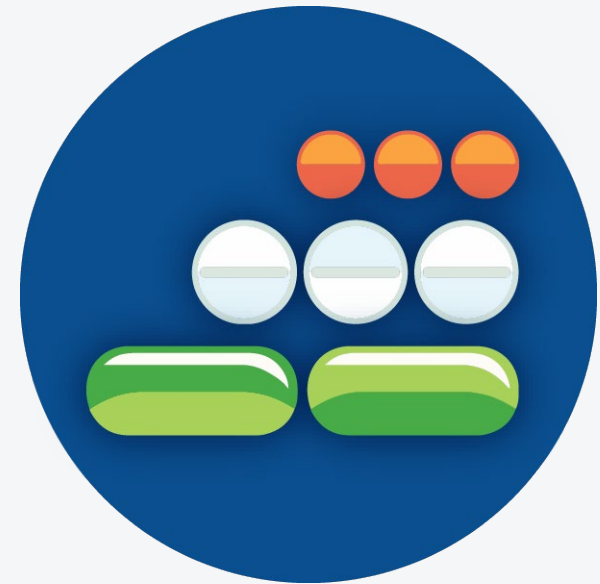
# Part B enrollment

- Enrolling in MSP will enroll person in Part B
  - Any time of year
  - Part B and MSP same effective date
- Enrolling in MSP will permanently forgive Part B late enrollment penalties



# Deeming

- Those approved for MSP are **deemed** (automatically enrolled in **Extra Help**)
- Deemed people are enrolled in Part D plan if they do not have one already
- If person loses MSP, they will keep full Extra Help for, at minimum, the rest of the calendar year



# MSPs in 2025

- There are two MSPs with different income limits and benefits
  - **Qualifying Individual (QI)**
    - Up to three months retroactive benefits in the same calendar year
  - **Qualified Medicare Beneficiary (QMB)**
    - Benefits will be effective first of the following month
- MSP designation is determined by monthly income
- Qualified Disabled Working Individual (QDWI) is a less common MSP

# Qualified Disabled and Working Individual (QDWI)

Pays for the Part A premium for beneficiaries who:

- Are under age of 65
- Work but continue to have a disabling condition
- Have income equal to or less than 200% of the FPL
- Have assets worth less than \$4,000 (\$6,000 for a couple)
- Are not Medicaid-eligible

# MSP eligibility in 2025

Program	Monthly income limit		Asset limit	
	Single	Couple	Single	Couple
QI	\$2,446	\$3,299	No asset limit in New York State	
QMB	\$1,820	\$2,453		

These eligibility limits include a standard \$20 disregard

# Qualifying Individual (QI) overview

- Pays Part B premium
- Beneficiary cannot have QI & Medicaid
- Retroactive benefits
  - Provides up to **three months of retroactive** MSP benefits (limited only to the same calendar year)
    - EXAMPLE #1: An MSP application submitted in June that is approved for QI level of MSP will be provided with a retroactive effective date of March 1st (full 3 months retroactive)
    - EXAMPLE #2: An MSP application submitted in February that is approved for QI level will only be provided with retroactive effective date to January 1st (only one month retroactive since QI cannot go into a previous calendar year)

# Qualified Medicare Beneficiary (QMB) overview

- Pays Part B premium
- Pays Part A premium for those without enough work history for premium-free Part A
  - \$285/month in 2025 (>7.5 years but <10 years of work history)
  - \$518/month in 2025 (<7.5 years of work history)
- Can be used to enroll someone in Part A
  - The applicant must at least have Part B **or** “conditional” Part A through Social Security (using the [Part A Buy-in](#) process)
- No retroactive benefits
  - Benefits effective the first day of the following month
- Improper billing protections

# QI versus QMB

## QI

- Monthly income limit: \$2,446 for individuals
- Retroactively covers past 3 months of Part B premiums (within the same calendar year)
- Can't have both QI & Medicaid

## Both

- Gross Social Security income counted
  - No asset test in NY
- Pay Part B premiums and enroll people into Part B at any time
- Deem beneficiaries into Extra Help
- Permanently forgive LEPs

## QMB

- Monthly income limit: \$1,820 for individuals
- Pays for Medicare Part A premiums and enrolls people into Part A at anytime
- Providers prohibited from charging Medicare cost-sharing
- No retroactive benefits
- Can have both QMB & Medicaid

# QMB improper billing

- Refers to provider inappropriately billing beneficiary for Medicare deductibles, coinsurances, or copayments
- Federal law prohibits Medicare providers from billing QMB beneficiaries for **any** Medicare-covered services, even if:
  - Provider doesn't accept Medicaid
  - Beneficiary has a Medicare Advantage (MA) Plan
    - MA Plans are obligated to ensure that their members with QMB or Medicaid are not improperly billed from in-network providers

# Troubleshooting improper billing issues

Beneficiaries who are improperly billed should:

- **Inform providers of their QMB status**, and explain that they cannot be charged
  - Beneficiary can consider sharing [Medicare Learning Network \(MLN\) article](#) with provider that explains these protections
  - Providers are sometimes not aware of a person's QMB status, or may be unaware of the rules around billing people with QMB and will try to collect coinsurance or copays anyway

# MLN SE 1128



## 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.

# Improper billing issues (cont.)

If provider still insists on billing the beneficiary, they can

- **Call 1-800-MEDICARE**

- Representatives should be able to identify the QMB status of all callers and provide QMB billing protections information
- They can also refer the case to the Medicare Administrative Contractor (MAC)
- If beneficiary has a problem with debt collection, they should submit a complaint to the **Consumer Financial Protection Bureau**
  - (855) 411-2372 or <https://www.consumerfinance.gov/complaint/>



## Improper billing reminder

- Protections apply only to Medicare-covered items and services
- If beneficiary received a service that is not covered by Medicare (for example, routine dental care), then they are not protected from improper billing

# Part A Buy-in

To be eligible for Part A Buy-in, someone must:

- **Be 65+ years old**
  - Medicare-eligible individuals under age 65 have premium-free Medicare Part A by definition
- **Be a current U.S. resident, and either:**
  - A U.S. citizen
  - OR, a lawful permanent U.S. resident having lived in the U.S. for five continuous years before applying for Medicare
- **Be ineligible for premium-free Part A**
- **Meet QMB eligibility requirements**

Those already enrolled in **Medicare Part B**, do not need to complete this process. They can submit an MSP application. If someone qualifies for the QMB program, they will be automatically enrolled in Part A

# Medigaps and QMB

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

# **Screening clients for MSP**



**Question:**

**What kinds of information do you need to know for an MSP application?**

# 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



# 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:
  - 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

# Income from investment accounts

## Mutual funds, Certificates of Deposit, annuities, etc.

- When an account pays out periodic payments, **meaning that the account pays a predetermined amount on a predetermined schedule**, those payments would be counted as unearned countable income for MSP.
- **Funds that are sitting in these accounts are considered resources** and are therefore not countable for MSP. Accordingly, if someone decides to pull out an amount of their choosing at a time of their choosing, that would be viewed as them making use of their resources (conversion of an asset) and that amount would not be considered countable income.
- Sometimes people **receive funds from their account on a pre-scheduled basis, but the amount that they receive is determined by the success of that account's investments or by the interest rate of the account**. These variable payments are generally interest and/or dividends. Interest and dividends are only countable for MSPs in very limited circumstances.

# **Medicaid and MSP rules for retirement accounts**

# IRA/401K and Medicaid eligibility

- Medicaid applicants who are eligible for periodic retirement benefits must apply for them to qualify for Medicaid
- An individual is eligible for periodic payments if they can receive scheduled withdrawals without penalty
- Ordinary taxes are not considered a penalty
- Once periodic payments begin, they are classified as unearned income and the remaining fund is not a countable resource

# Maximum vs. minimum withdrawals

- Official policy (MRG & NYS DOH GIS): Clients must apply for the maximum periodic payment available over their lifetime
  - HRA Practice (NYC):
    - HRA does not strictly enforce this policy
    - If a client is collecting some income, HRA will count only that amount
  - LDSS (Outside NYC):
    - Strictly enforces the maximum withdrawal rule
    - If a client does not withdrawal the maximum amount, they may face challenges with their Medicaid eligibility

# Medicaid and MSP rules for retirement accounts

- Automatic or periodic distributions (e.g., set monthly payments) are countable income and should be converted to a monthly amount
  - Refer to MRG pgs. 130-134 for interest/dividends and pgs. 135-137 for retirement fund policies
- Irregular manual withdrawals (one-time, unscheduled withdrawals) are not counted as income for MSP

# 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
  - Can apply even if one person is not Medicare-eligible
- Married and living separately
  - Consider income of **applicant only**

# Identify health insurance premiums

- Monthly health insurance premiums get subtracted from total income
- Types of health insurance premiums that count
  - Medigap
  - Dental plan
  - Medicare Advantage (health portion)
  - Part D plan (amount above NY benchmark, \$72.34)

**Check if beneficiary's gross monthly income is within MSP limits**



## Case example: Screening for MSP

Ben has Medicare Parts A, B, and D due to disability, and he is single. Every month he receives \$1,510 from Social Security (after \$185 is deducted for his Part B premium). He also receives \$200 from workers' compensation.

**Is Ben eligible for the Medicare Savings Program?**

# Is Ben eligible for an MSP?

- Ben's **gross** monthly income:  
\$1,695 from Social Security  
(\$1,510 + \$185)  
+ \$200 from worker's comp  
= \$1,895
- Yes, Ben is eligible



## Monthly income limit for individual

QI

\$2,446

QMB

\$1,820

# **Advice for filling out MSP applications**

# Starting an application

- Review information gathered
  - Name, date of birth, address
  - Medicare information
  - Income sources
  - Citizenship status/immigration information
  - Marital status
  - Health insurance types and premium costs



# MSP application form (DOH-4328)

## Medicare Savings Program Application

### APPLICANT

Please print clearly and do not write in the dark shaded area.

First Name, Middle Initial, Last Name			Home Phone		
Home Address Street	Apt. No.	City	State	Zip Code	County
Is this a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mailing Address Street/P.O. Box (If Different from Above)	Apt. No.	City	State	Zip Code	County

### NAMES

List your name first. Include aliases and maiden name. If necessary, attach an extra sheet to list all children.

First Name, Middle Initial, Last Name	Date of Birth (MM/DD/YYYY)	Sex	Social Security Number	Race/Ethnic Group (See Codes Below)
Self				
Spouse				
Child*				
Child*				

\*If under 18 years of age.  
Race/Ethnicity Abbreviation Codes: B: Black, Not of Hispanic Origin W: White, Not of Hispanic Origin H: Hispanic A: Asian or Pacific Islander I: American Indian or Alaska Native U: Unknown O: Other

### CITIZENSHIP INFORMATION

Are you a U.S. citizen?  Yes  No

If No, do you have satisfactory immigration status?  Yes  No Include alien number, date of status, and date entered country, if applicable.

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?  Yes  No Include alien number, date of status, and date entered country, if applicable.

Alien Number	Date of Status (DOS)	Date Entered Country (DEC)
--------------	----------------------	----------------------------

### MEDICARE INFORMATION

Applicant's Medicare Number (From Red and Blue Medicare Card)			
Do you have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date	Do you have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date
Spouse's Medicare Number (From Red and Blue Medicare Card)			
Does your spouse have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date	Does your spouse have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date
Would you like us to consider providing retroactive reimbursement of your Medicare premium? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse pay any health insurance premiums other than Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who?	Monthly Amount \$		
Do you or your spouse pay child/spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who?	Monthly Amount \$		
Do you or your spouse receive payments from or are named beneficiary of a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who?	Value \$		

### INCOME

List below all available income such as: salary, wages, pension, social security, severance pay, rental or business income, etc. If necessary, attach an extra sheet to list all sources of income.

Name of Applicant, Spouse, or Child Under 18	Who Provides the Money? (Name/Source of Income)	What Amount?	How Often? (Weekly, Every Two Weeks, Monthly, Other)

Do you want to receive notices in:  English Only  Spanish and English

### 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.

### SIGNATURES

Applicant/Representative Signature	Date
Spouse Signature	Date
Representative Address	
City	State Zip Code
Phone Number	Relationship

### INSTRUCTIONS

#### COMPLETE THE APPLICATION

Be sure to answer all the questions. If you are married and living with your spouse, you must complete both the "Self" and "Spouse" questions on the application (even if the spouse is not applying for the MSP).

#### SIGN AND DATE THE APPLICATION

If both spouses are applying, both must sign the MSP application.

#### INCLUDE THE FOLLOWING VERIFICATION DOCUMENTS

Please review this list and submit the documents that you will need to provide in order for the Medicaid Program to determine if you are eligible for MSP. If you are requesting retroactive reimbursement of your Medicare premiums, you must send proof of income for the previous three-months. If there is an applying spouse, the spouse must also provide documentation.

- A photocopy of the front and back of your **Medicare card**.
- Proof of income:** Paycheck stubs, letter from employer, income tax return, award letter for any unearned income benefit such as social security, unemployment, or veteran's benefit, or letter from renter, boarder or tenant.
- Health insurance premiums that you pay other than Medicare:** Letter from employer, premium statement, or pay stub.
- Proof of date of birth:** State driver's license, U.S. birth certificate, permanent resident card ("green card"), or NYS Benefit Identification Card.
- Proof of residence:** Lease/letter/rent receipt with your home address from your landlord, driver's license (if issued in the past 6 months), utility bill (gas, electric, phone, cable, fuel or water), government ID card with address, property tax records or mortgage statement, or postmarked envelope or postcard (cannot use if sent to a P.O. Box).
- If you are not a U.S. citizen, you must provide documents indicating your current immigration status.

Mail the application and required documentation to your local Department of Social Services (LDSS) or Human Resource Administration (HRA). To find the address in your county: [http://www.health.ny.gov/health\\_care/medicaid/ldss.htm](http://www.health.ny.gov/health_care/medicaid/ldss.htm)

#### TERMS, RIGHTS AND RESPONSIBILITIES

By completing and signing this form, I am applying for the Medicare Savings Program. **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.

#### CHANGES

I agree to immediately report any changes to the information on this application.

#### 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.

If after reading and completing this form, you decide that you **DO NOT** want to apply for the Medicare Savings Program, please sign your name below:

I consent to withdraw my application:

Applicant Signature	Date
---------------------	------

Signature of Person Who Obtained Eligibility Information		Date	Employed By			
Date Eligibility Determined by Worker			Date Eligibility Approved By			
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

# MSP application form (closer look)

NEW YORK STATE DEPARTMENT OF HEALTH  
Office of Health Insurance Programs

## Medicare Savings Program Application

### APPLICANT

Please print clearly and do not write in the dark shaded area.

First Name, Middle Initial, Last Name Michael S. Peters				Home Phone 111-222-3333		
Home Address Street 266 West 37th Street	Apt. No. 3rd Floor	City New York	State NY	Zip Code 10018	County New York	
Is this a shelter? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Mailing Address Street/P.O. Box (If Different from Above)	Apt. No.	City	State	Zip Code	County	

### NAMES

List your name first. Include aliases and maiden name. If necessary, attach an extra sheet to list all children.

	First Name, Middle Initial, Last Name	Date of Birth (MM/DD/YY)	Sex	Social Security Number	Race/Ethnic Group (See Codes Below)
Self	Michael S. Peters	1/1/1950	M	000-00-0001	
Spouse					
Child*					
Child*					

\*If under 18 years of age.

Race/Ethnic Affiliation Codes: B: Black, Not of Hispanic Origin W: White, Not of Hispanic Origin H: Hispanic A: Asian or Pacific Islander I: American Indian or Alaskan Native U: Unknown O: Other

# MSP application form (closer look)

<b>CITIZENSHIP INFORMATION</b>		
Are you a U.S. citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If No, do you have satisfactory immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include alien number, date of status, and date entered country, if applicable.</i>		
Alien Number	Date of Status (DOS)	Date Entered Country (DEC)
Is your spouse a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, does your spouse have satisfactory immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Include alien number, date of status, and date entered country, if applicable.</i>		
Alien Number	Date of Status (DOS)	Date Entered Country (DEC)
<b>MEDICARE INFORMATION</b>		
Applicant's Medicare Number (From Red and Blue Medicare Card)		
1AAA-2BB-3CCC		
Do you have Medicare Part A? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date 01/01/2015	Do you have Medicare Part B? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date 01/01/2015		
Spouse's Medicare Number (From Red and Blue Medicare Card)		
Does your spouse have Medicare Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date	Does your spouse have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No
Effective Date		
Would you like us to consider providing retroactive reimbursement of your Medicare premium? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Do you or your spouse pay any health insurance premiums other than Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Who?	Monthly Amount	\$
Do you or your spouse pay child/spousal support? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Who?	Monthly Amount	\$
Do you or your spouse receive payments from or are named beneficiary of a trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Who?	Value	\$

# MSP application form (closer look)

## INCOME

List below all available income such as: salary, wages, pension, social security, severance pay, rental or business income, etc. If necessary, attach an extra sheet to list all sources of income.

Name of Applicant, Spouse, or Child Under 18	Who Provides the Money? (Name/Source of Income)	What Amount?	How Often? (Weekly, Every Two Weeks, Monthly, Other)
Michael S. Peters	SSA	\$1,250	Monthly

Do you want to receive notices in:  English Only  Spanish and English

## 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.

## SIGNATURES

Applicant/Representative Signature	<i>Michael S. Peters</i>	Date	5/11/2025
Spouse Signature		Date	
Representative Address			
City		State	Zip Code
Phone Number	Relationship		

# Applying for an MSP (individual)

- Include applicant's Medicare number, Part A and Part B effective dates
- Individual signs and dates application (**front page**)
- Check "**Yes**" next to "Would you like us to consider providing retroactive reimbursement of your Medicare premium?"
- Answer all questions to avoid delays

# Applying for an MSP (couple)

When **both spouses** are applying:

- Complete one application with information for both spouses
- **Both spouses** must 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:

- Name of spouse who is applying should be written at top of application form
  - In application margins, write “spouse not applying”
- Income must be provided and declared for **both** individuals
- Include the non-applying spouse’s name, Social Security number, and date of birth
  - Questions for non-applying spouse’s citizenship and Medicare information can be disregarded
- Only applicant’s signature is required

# 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 (utility bill, lease, government letter, etc.)
- Proof of income from all sources (SS award letter, pension statement, paystubs, etc.)
- Proof of other health insurance premiums

# Timeline for MSP application

- Client will receive decision about 45 days after application is submitted
  - Client receives Notice of Action
- After individual is approved for MSP, it may take 2+ months for premiums to stop being deducted
  - Data sharing between SSA, CMS, the Part D plan, and the State must occur and can cause delays
  - No way to expedite this process
  - Does not change the MSP effective date
  - Will receive a reimbursement



# Case example: MSP application

## What if Ben applied for the MSP and was denied?

- If denied MSP, clients are entitled to request a fair hearing within 60 days of denial notice
- To request fair hearing for MSP:
  - Fax request and denial to (518) 473-6735
  - Or, use online form: <https://otda.ny.gov/hearings/request/>

# **MSP Renewals**

# MSP renewals overview

- MSPs **must** be renewed annually to maintain coverage
- Renewals are due by the 10<sup>th</sup> of the month prior to expiration
  - Example: MSP expiring 12/31/2025 has a renewal due by 11/10/2025
- LDSS automatically mails renewal packets 45 days before due date



# Types of MSP renewal forms

- Renewal forms for different MSP:
  - **QMB & Medicaid Beneficiaries** – Receives a long-form renewal covering both programs
  - **QI-Only Beneficiaries** – Receives a condensed, one-page renewal (no asset questions)



# Sample MSP renewal notice

If client has not received the forms, they can call their state Medicaid agency to request these forms

< insert return address  
snippet 1a >



## RENEWAL NOTIFICATION

< insert snippet 1b,1c,1d or 1e >

LOCATION:  
NOTICE DATE:  
CASE NUMBER:  
NUMBER OF ADULTS:  
NUMBER OF CHILDREN:  
PRIORITY:  
RVI CODE:  
TELEPHONE NUMBER:

Dear Consumer:

It is time to renew your Medicaid / Managed Long Term Care / Medicare Savings Program (MSP / QMB). Renewal instructions are attached to help you. **Complete and sign** this form and attach all required proofs. Return your entire renewal form, **including this page**.

You must respond **before** < insert date – snippet 1f > or your coverage may end. If your coverage ends, depending on the coverage that you have now, we will no longer be able to provide you with health insurance coverage or pay your Medicare premium, deductible or co-pays.

Review the form carefully. If anything is wrong or has changed, write in the correct information. If it is correct, check the **"No Change"** box.

If you moved from New York City to another county within New York State, but a new case has not yet been opened where you now live, you should complete this form and we will make sure your renewal gets to your new local district.

You **must provide** certain "proofs" supporting the information you provide on this form:

- Proof of any change in your immigration status, if you are reporting a new status;
- Proof of any change in your health insurance other than Medicare, including any change to the premium that you pay;
- If you are blind or disabled, proof of disability-related work (non-medical) expenses, if any;
- If you are enrolled in the Medicaid Buy-In Program for Working People with Disabilities;
  - proof of current employment; **or**
  - a letter stating that you lost your job within the last six months either because of a change in medical condition or through no fault of your own (for example, you were laid off).

**Break**

# Medicaid



# Medicaid basics

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

# Different kinds of Medicaid

Forms of Medicaid that work with Medicare:

- **Aged, Blind, and Disabled (ABD) Medicaid**
- **Medicaid home and community-based (HCBS) waiver programs:** Provides coverage for services to help beneficiaries stay at home or in community-based settings (such as an assisted living facility)
- **Institutional Medicaid:** For residents in nursing homes
- States may have additional Medicaid programs

# Medicaid and Medicare

- For beneficiaries with Medicaid and Medicare, Medicare will pay primary, and Medicaid may cover remaining Medicare cost-sharing (copays, coinsurances)
- Medicaid may cover services that Medicare does not, such as dental or vision



# ABD Medicaid eligibility in 2025

	Single	Couple
Income limits	\$1,820/month	\$2,433/month
Asset limits	\$32,396	\$43,781

These eligibility limits include a standard \$20 disregard

# Medicaid spend-down

- If beneficiary needs Medicaid coverage and their income is above the Medicaid limit, they may be eligible for the Medicaid spend-down program
  - Also called Medicaid Excess Income Program
  - Allows individual to deduct certain medical expenses from their income so that they can qualify for Medicaid
  - Individual can also pay their spend-down amount directly by sending a check to their Medicaid office

# Medicaid spend-down

- **The spend-down is the difference between individual's monthly income and Medicaid eligibility limit**
- Beneficiary qualifies for Medicaid coverage each month they meet their spend-down



# Meeting spend-down limit

- Beneficiary uses medical expenses that reduce their income to a level at or below the Medicaid eligibility limit
- Medical bills serve as proof of high medical expenses and can qualify New Yorkers for spend-down
  - Unpaid medical bills can be up to six 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

# Spend-down example

- Betsy signs up for the Medicaid spend-down program with a monthly income of \$2,092
- She is \$272 over the \$1,820 income limit for Medicaid
- Once she accrues \$272 of medical bills each month and sends these bills to Medicaid, her Medicaid benefits will begin
- She could also pay \$272 each month to her local Medicaid office in order to have Medicaid



## Case example: MSP and Medicaid

Ben's gross monthly income is \$1,860, and he has no savings. He is eligible for the MSP at QI level. He is also interested in getting Medicaid through the spend-down.

**What counseling should you provide Ben in this situation?**

# Options for Ben

- A beneficiary cannot have both QI and Medicaid
- Ben would have to choose between enrolling into the MSP at QI level **or** enrolling in Medicaid spend-down
  - If he decides on Medicaid, his spend-down would be  $\$1,860 - \$1,820 = \$40$

Monthly income limit for individual	
QI	\$2,446
QMB	\$1,820
ABD Medicaid	\$1,820

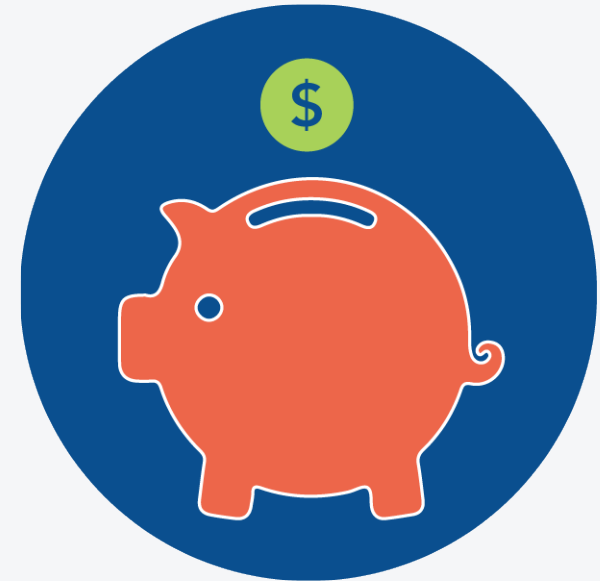
# **Medicaid through the state Marketplace**

# Expansion Medicaid

- Available for populations previously ineligible for Medicaid, including childless adults ages 19-64
- Provided through health insurance Marketplace
  - New York State's Marketplace is called the **New York State of Health (NYSoH)**
- Expansion Medicaid is also known as:
  - MAGI Medicaid
  - NYSoH Medicaid
  - Marketplace Medicaid

# Qualifying for expansion Medicaid

- Provides Medicaid insurance for those not eligible for Medicare
  - Eligibility calculated from modified adjusted gross income (MAGI)
- Resources and assets not counted
  - Eligibility based only on individual's taxable income



# Medicaid Managed Care (MMC)

- Individuals with expansion Medicaid generally receive Medicaid through private managed care plans
  - In New York State, you may be familiar with the names of common plans, including Healthfirst, Fidelis, WellCare
- Beneficiaries with managed care plans usually must:
  - Use in-network doctors to pay the least for health care
  - See primary care provider before seeing a specialist
  - Receive permission from their plan before getting expensive care
- People with other types of Medicaid may also have managed care plans

# **Expansion Medicaid to Medicare transition**

# Medicare and expansion Medicaid coverage

- Beneficiaries with expansion Medicaid should enroll in Medicare when they become Medicare-eligible
- Medicare is primary insurance for eligible individuals with Medicaid
  - Medicaid may not provide coverage unless Medicare pays first



# Delaying Medicare enrollment

Delayed enrollment may result in:

- Late enrollment penalties on Medicare premiums
- Gaps in coverage
  - Both may be avoided if beneficiary qualifies for MSP
- No primary insurance
  - Medicaid is secondary to Medicare, meaning it may pay very little or nothing

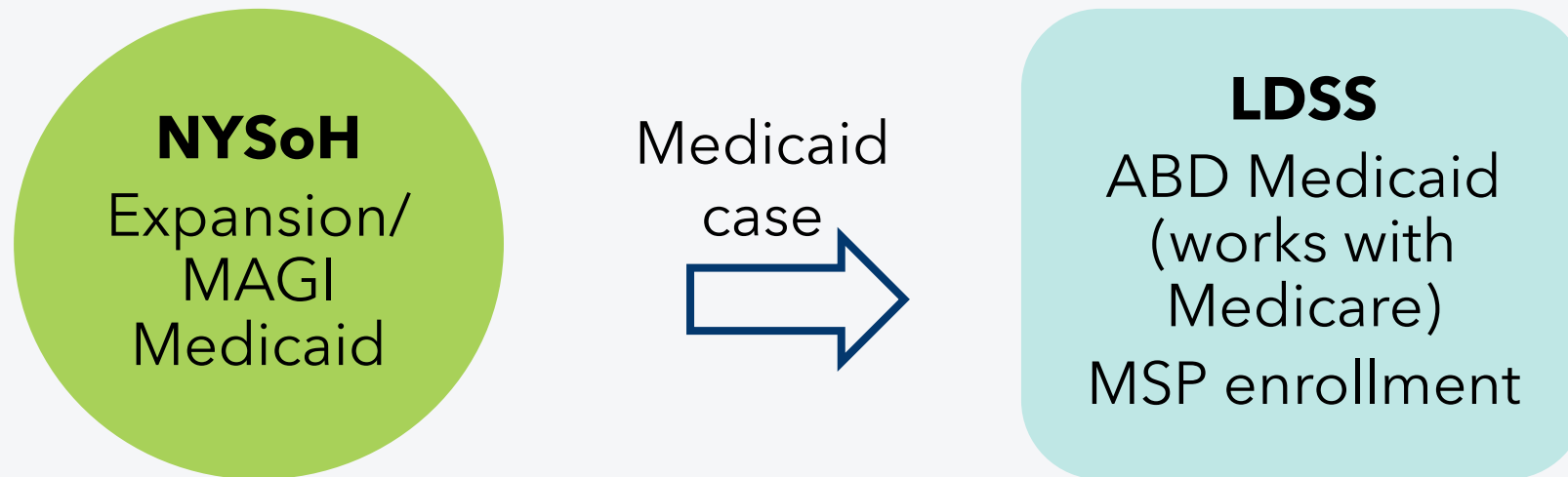
**Note:** Beneficiaries who lose Medicaid eligibility on or after January 1, 2023 have a Special Enrollment Period to enroll in Medicare if they missed their Medicare Initial Enrollment Period.

# Part D enrollment

- Part D is responsible for beneficiary's drugs after they become eligible for Medicare
  - Medicaid is no longer the primary payer
- Beneficiaries who still have Medicaid should automatically be enrolled in Part D and Extra Help
  - Beneficiaries should check that all their medications are on the Part D plan formulary and change plan if needed

# Medicaid transitions before COVID-19 public health emergency

- When person's expansion Medicaid ended, their case was closed on New York State of Health (NYSoH) and transferred to their Local Department of Social Services (LDSS)



# Medicaid transitions before COVID-19

- LDSS managed the evaluation for ABD Medicaid and screened for MSP eligibility
- Beneficiary received notices from NYSoH and their LDSS about the process
  - They received paperwork to submit to ensure they were evaluated for ABD Medicaid
  - LDSS would then notify them about their eligibility for ABD Medicaid and/or an MSP

# Medicaid transitions in 2025

- People who become eligible for Medicare while on NYSoH Medicaid are enrolled in QMB, which is effective one month after application
  - Example: If someone gets Medicare in April, they will be enrolled in an MSP as of May
- People owe a premium for one month before MSP starts
  - If someone has Part B premium deducted from Social Security benefits: They will not get reimbursed
  - If someone is billed directly for Part B premium: Counselor could advise them not to pay the bill

# Medicaid transitions in 2025

- Dually eligible beneficiary's case may be on either NYSoH or at LDSS
- Factors that affect whether a case remains at NYSoH or is transferred to the LDSS at recertification include if beneficiary is:
  - In an IB-Dual aligned product
    - Aligned products refer to Dual-eligible Special Needs Plans (D-SNPs) aligned with MMC or Health & Recovery Plan (HARP)
    - These are also called Integrated Benefits for Dually Eligible Enrollees (IBD)
  - A recipient of long-term services and supports (LTSS), or
  - A recipient of Supplemental Security Income (SSI)
- Beneficiaries above MAGI income limit who may be eligible with a spend-down should be transitioned to LDSS

# Waivers

- CMS has approved several waivers in New York which allow for certain flexibilities during the unwind period
  - Some waivers are in place to help beneficiaries retain Medicaid coverage
  - Waivers were initially in place until end of unwind period (May 2024)
- **Medicaid enrollees retained on NYSOH**
  - Medicaid recipients on NYSOH who are eligible for Medicare will not have their cases transferred to the LDSS
  - They will remain on NYSOH throughout the waiver period and be renewed using MAGI budgeting rules
  - Does not apply to beneficiaries who may require Medicaid spend-down referral or retroactive Medicaid coverage

# Retaining Medicaid Managed Care (MMC)

- Individuals enrolled in an aligned Dual-eligible Special Needs Plan (D-SNP) retain MMC
  - Default enrollment: Approved plans may allow newly Medicare-eligible individuals to remain in MMC or HARP and be automatically enrolled in an aligned D-SNP
  - Voluntary enrollment: Newly Medicare-eligible individuals may choose to remain in MMC and enroll in a D-SNP operated by the same plan
    - Voluntary enrollment is currently being rolled out so it may only be offered by some plans
    - Beneficiaries should ask their plan directly for more information

# MSPs for Medicaid recipients

- NYSoH (MAGI) Medicaid
  - Dual eligibles on NYSoH should be automatically enrolled in QMB on the first of the month following their Medicare start month
  - Example: A NYSoH Medicaid recipient whose Medicare starts in January 2025 should be automatically placed on QMB as of 02/01/2025
- ABD (non-MAGI) Medicaid
  - All local departments of social services are required to screen Medicare beneficiaries who are applying or renewing their ABD Medicaid for MSP
  - A person who is eligible for QMB and full Medicaid should optimally get MSP **at the same time that** they are approved for full Medicaid



## Example: New to Medicare

Nancy is newly eligible for Medicare. Her MMC does not have an aligned D-SNP, so default enrollment is not an option for her. She can choose to have Original Medicare or Medicare Advantage Plan and will remain in her MMC on NYSOH with QMB until her Medicaid renewal.

# At renewal:

- **Over MAGI Income:** If she is over the MAGI income limit, her case will be transferred to the LDSS to be evaluated for Medicaid with a spenddown. She will also be disenrolled from her MMC to FFS.
- **Under MAGI Income:** She will remain on NYSOH, but after her Medicaid renewal she will receive notice that she is being disenrolled from her MMC to FFS Medicaid. She will continue to have QMB and FFS Medicaid, and her case will reside on NYSOH.



## Example: IB-DUAL

Susan has Medicare and Medicaid on NYSOH and is enrolled in IB-Dual which means she has an aligned D-SNP and MMC. She also was auto-enrolled into QMB.

# At renewal:

- **Over MAGI Income:** If she is over the MAGI income limit, her case will be transferred to the LDSS to be evaluated for Medicaid with a spenddown. She will also be disenrolled from her MMC and no longer remain in IB-Dual.
  - As a reminder, Susan's QMB is attached to her Medicaid case so if she loses Medicaid, she will lose her QMB and need to reapply. Also, if she loses Medicaid she will no longer be eligible to be enrolled in her D-SNP.
- **Under MAGI Income:** She will remain on NYSOH and remain enrolled in the aligned MMC and D-SNP even after her Medicaid renewal is complete. She will continue to be IB-Dual and have QMB and Medicaid, and her case will reside on NYSOH.



# For more information & help

## **Medicare Rights Center HIICAP Technical Assistance Helpline:**

- [hiicap@medicarerights.org](mailto:hiicap@medicarerights.org)
- (800) 480-2060

## **Medicare Rights Center National Helpline**

- (800) 333-4114

## **Medicare Interactive**

- [www.medicareinteractive.org](http://www.medicareinteractive.org)



Getting Medicare right

**Thank you!**