2019 SMP/SHIP NATIONAL CONFERENCE

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

Leslie Fried
National Council on Aging

July 22–25, 2019 • San Diego, CA
## Growth of Medicare Population (2017)

<table>
<thead>
<tr>
<th>Category</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>329,449,000</td>
</tr>
<tr>
<td>Total Population +65</td>
<td>51,550,886</td>
</tr>
<tr>
<td>Covered by Medicare</td>
<td>58,450,000</td>
</tr>
<tr>
<td>Enrolled in LIS</td>
<td>12,239,912</td>
</tr>
<tr>
<td>Enrolled in MSP</td>
<td>10,700,057</td>
</tr>
</tbody>
</table>
Senior Economic Security & Well-Being

§ Half of Medicare beneficiaries have incomes at or below ~200% FPL

§ 61% of senior households carry debt, with median debt = $40,900

§ Median Social Security income for women, minority older adults is less

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Medicare Savings Programs (MSPs)

§ Financed by Medicaid; help pay Medicare premiums and cost-sharing for those with low income/resources
  • Three programs: QMB, SLMB, QI
  • Apply through Medicaid office
§ Qualify with income up to 135% Federal poverty level
  • Several states have more generous income thresholds
  • Several states have eliminate or increase asset threshold
§ Important notes:
  • No Medicare late enrollment penalties for those who get MSPs
  • People who qualify for QMB get Part A premium paid
    o Helpful for those who don’t have work/tax history
  • Automatically get Part D Low Income Subsidy/LIS/Extra Help

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Medicare-Medicaid Dual Eligible Enrollment by County

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

10.6 million enrolled as of Dec 2017

<table>
<thead>
<tr>
<th>State</th>
<th>[48]</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>[48]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>State</th>
<th>[48]</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>[48]</td>
</tr>
</tbody>
</table>

Dual C...
- QMB+
- QMB-
- SLMB+
- SLMB-
- QI
- Other

<table>
<thead>
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</tr>
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Improving Enrollment in Medicare Savings Programs by Working with your State Medicaid Agency

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

Sara Vitolo, Centers for Medicare & Medicaid Services

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Better Care for Dually Eligible Individuals

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

**Modernizing the Medicare Savings Programs (MSPs)**
- Simplifying eligibility and enrollment
- Improving CMS-State data exchange
- Preventing inappropriate billing of cost-sharing
Promoting Integrated Care

TOTAL INTEGRATED CARE
ENROLLMENT BY PROGRAM TYPE:
2011 AND 2018

PERCENT IN INTEGRATED CARE
- Full-Benefit Dually Eligible Individuals in Integrated Care Programs
- Full-Benefit Dually Eligible Individuals NOT in Integrated Care Programs

# Simplifying Eligibility and Enrollment

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

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

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

*** The income limit for QI is between 120% FPL and 135% FPL, whereas the full LIS income limit is simply less than 135% FPL.
Improving CMS-State Data Exchange
Preventing Inappropriate Billing of Cost Sharing

3 tips for people in the Qualified Medicare Beneficiary Program:
https://www.medicare.gov/Pubs/pdf/12039-Qualified-Medicare-Beneficiary-Program.pdf?eType=EmailBlastContent&eld=49893424-8f11-4bdf-88a8-fd076af0c87
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Oregon SHIP’s Relationship Development with Oregon Medicaid Agencies

Presenter:
Lisa Emerson, Oregon SHIP Director

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Oregon SHIP’s Relationship Development with Oregon Medicaid Agencies

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

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Oregon SHIP’s Relationship Development with Oregon Medicaid Agency

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

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Oregon SHIP’s Relationship Development with Oregon Medicaid Agencies

• Invites for SHIBA to present at quarterly APD Field Office Manager meetings and local office meetings.

• Building Bridges MIPPA project between SHIBA and APD (https://www.ncoa.org/centerforbenefits/promising-practices/application-assistance/building-bridges/)

• Monthly meetings with SHIBA and APD state team leads to discuss policy, procedures and cases.
Oregon SHIP’s Relationship Development with Oregon Medicaid Agencies

• New leadership at DCBS and DHS-APD has created more opportunities for Inter-Agency collaboration at the Executive Team level.
Expansion of Medicare Savings Program (MSP)

Reducing Health Care Costs in Massachusetts

Presented by SHINE Program

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Reduce Health Care Spending with MSP

• In MA, 1 in 3 low-income seniors spend > 20% of income on health care costs

• Under MSP the state's Medicaid Program, MassHealth, and federal govt. share costs of Medicare A and B premiums and out-of-pocket costs

• MSP participants automatically qualify for LIS to help pay for Part D premiums and co-pays
Governor's Proposal

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

• 40,000 elders will benefit - 25,000 newly eligible and 15,000 with MSP would have expanded coverage of Medicare premiums and/or cost sharing

• Example - 79 year old with $17,000 Social Security income/year would see reduction in annual out of pocket costs from about $6000 to $600
Final Approval

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

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