

MA Health Care Training Forum

Understanding Medicare Savings Program (MSP) Transcription

[Understanding Medicare Savings Program (MSP)]

Sue Kane: Welcome to the Medicare Savings Program meeting. Thank you for joining us this afternoon.

I'm Sue Kane from the Massachusetts Healthcare Training Forum team and I'll be facilitating today's meeting.

Our presenters today are Kara Chiev, Manager of MassHealth External Learning and Development Department and Cindy Phillips, SHINE Program Director. Subject Matter experts from both organizations will join us during the Q&A portion of the meeting.

Now I'm going to turn it over to Kara Chiev to start us off.

Kara Chiev: Thanks, Sue.

Welcome, everyone, and glad to see you for today's learning session on Medicare and the MassHealth Medicare Savings program that's formerly known as the MassHealth Buy-In Program.

Today, I'm joined by our colleagues from the SHINE program. So, SHINE stands for Serving the Health Insurance Needs of Everyone. They are our enrollment assisters who provide free health insurance information and counseling to all Massachusetts residents with Medicare and their caregivers.

We will go through today's information.

For those in the audience newer to our community, I want to welcome you.

And as a reminder for Assisters and our partners, please continue to use your existing resources for specific member questions.

[Webinar Objectives]

Now, as you can see for today's objective, our objective today after this webinar is for you to be able to describe how Medicare Savings Program supports Medicare beneficiaries and eligibility for Extra Help or LIS, which stands for Low Income Subsidy; be able to describe the latest expansion of the Medicare Savings Program; explain how to apply for MSP; also identify tips and best practices for helping seniors understand their MSP benefits. And lastly, resources out in the community that can support applicants and members.

[Agenda]

For today, we'll go over the Medicare program and the importance of enrolling in Medicare; once a beneficiary is on Medicare, how can the Medicare, the Medicare savings program help with their out-of-pocket cost?

So, we'll dive into the different programs in the Medicare Savings Program, how to apply, key application completion tips and some key reminders for those helping members complete a MassHealth application.

And before we open it up for Q&A, we will review some member scenarios.

[What is Medicare]

Now I'm going to pass it to our SHINE colleague, Cindy, to give you an overview of the Medicare program and the importance of enrollment for eligible seniors.

Cindy Phillips: Thanks so much, Kara.

It's really great to be here and help send out this new Medicare Savings Plan improvement to all people who may be eligible.

We know that advocates of MassHealth have worked really hard to make this become a fruition, and you know, we're really looking forward to helping people get into this program.

For those of you not familiar with SHINE we're a federally funded program, a volunteer and in-kind staff who are well trained on Medicare and enrolling in Medicare, what Medicare covers and doesn't cover, enrollment gaps, how to save money on Medicare and health care and prescription drug coverage.

We have counselors in most cities and towns, and also at healthcare facilities and senior centers. So, we try to be as accessible as possible. To locate one of us, you could call your town's Council on Aging or MassOptions at 1-800-243-4636.

So, I know a lot of you here are very familiar with Medicare, but there are some of you who aren't. So, we just want everybody to have some basic understanding of why it's complicated, why people really need help to pay for some of it, and how we can help them get that assistance. So, thank you for listening.

OK, so Medicare A is hospital insurance, and that actually means institutional insurance. And most people with Medicare have A, B, and D.

So, A is the inpatient insurance, and it helps with skilled nursing facility costs, home health costs, durable medical equipment costs, but primarily in inpatient settings.

Part B is the medical insurance that helps cover prescription coverage in facilities and also physician payments in and out of facilities, doctor's testing, diagnostic testing, ambulance, PT, speech therapy, lots of different therapies on the outpatient basis.

Part D is for prescription drug coverage, outpatient as well. So, it would be the kind of drug coverage that you would pick up prescriptions in local pharmacies etc. And we will discuss Part C a little bit later.

[Who is Eligible]

All right. So, who's eligible for Medicare? It is for people who are 65 years or older and a U.S. citizen and also for people who may have disabilities who are under 65.

They have to have been receiving Social Security Disability benefits for 24 months or have End Stage Renal Disease or Amyotrophic Lateral Sclerosis for much less than 24

months in order to be eligible for Medicare.

So, most people who are over 65 are eligible for premium-free Part A, thankfully, if they or a spouse have paid Medicare taxes through their employment for approximately 10 years.

[How do I Enroll?]

So, you know, a lot of people think, well, I want to enroll in Medicare, I call Medicare, but that's not actually how it works. People contact Social Security, they can do that online, they could call, they can make an appointment at an office, and of course, you need to provide documentation that shows that you are eligible for Medicare.

And once again, you know, you don't have to outreach to the office if you are already receiving Social Security benefits, you will get Medicare A and B automatically when you're first eligible if you are younger than 65, with disabilities.

[Enrollment Periods]

If you don't already have Medicare, there are a number of different times that you can sign up for Medicare. And the first is the Initial Enrollment Period, and that's the time around your 65th birthday. So, it's the three months before the month of your birthday and the three months afterwards.

Special Enrollment Periods for Medicare in certain circumstances, such as when you retire, if you lose group health insurance for some reason or there's some sort of a disaster in your area that could make you eligible to pick up your Medicare at that time.

And then there's a General Enrollment Period every year. So, people who may have delayed Medicare A or B can use that period, generally B, to sign up for General Enrollment Period or Medicare during that time.

So, if an individual has Medicare already and wants to make changes, for example, in their Medicare Advantage Plan or their drug plan there are certain periods to do that in.

One is the yearly Open Enrollment Period from October 15th through December 7th. The

Medicare Advantage Open Enrollment period from January 1st to the end of March. And there are many special circumstances where people are allowed to change their coverage.

And, you know, some of those are around when people have Extra Help or Medicare Savings Plans, you know, maybe their drug coverage has changed, or they have new medications that aren't on their plan. You know, there were several opportunities, and SHINE really learns all these enrollment periods so that our counselors can help people navigate Medicare as they need to do.

[Part B Initial Enrollment Period Example]

All right. And just to give you a little bit of a description about that Initial Enrollment Period around your 65th birthday for Part B, and the reason we focus on B is that you can actually pick up A just about any time, but B is important to pick up during the first period that you're eligible for it.

So, you can enroll three months prior to your birthday. If your birthday happens to fall on July 15th, you could enroll in April. It won't be effective till July 1st, but you could do that. You could also enroll during your birthday month, and then it would be effective the first day of the next month and so on for the next three months.

So again, this has been a change, a welcome change, and people don't need to wait longer than the first of the next month to pick up Medicare B.

[Working Past Age 65?]

OK, if you're working past 65, there are a number of different scenarios people should think about.

If you're already covered by an employee group plan or your spouse's group plan, you don't actually have to pick up Medicare A or B, or you could pick up Medicare A alone, especially if it's premium free for you, then you know you would already be enrolled in it and when you go to leave or terminate with your employer, you could pick up B fairly easily.

But you have to think about it because if you were in a health savings plan and contributing to that, you would have to stop that six months earlier in order not to get the IRS are perturbed at you and come after you.

So that would be a high deductible plan and people you know, really should think about when they want to stop their participation or contribution to the HSA when they're about to retire.

There is a Special Enrollment Period once you leave your employer coverage, and that is up to eight months after you leave employer coverage. But again, the thing to think about is that it's not just Medicare B you're thinking about, but Medicare D, there are enrollment penalties if you miss your enrollment period, so I'll talk about that in a minute.

So, if somebody does not enroll in Medicare B after they leave their employer, there is another period they can enroll in every month called the General Enrollment Period, January through the end of March of each year.

And again, I did mention that Medicare D is important to sign up for because there could be a penalty. When people leave their employer, they have two months to sign up for D. So even though you have eight months for B, you've only got two months for D. So, you, really do need to be educated about those enrollment periods.

And again, you've got the two months to sign up for C or D when your employer group plan ends and when you have Medicare A and B. So, you know, a lot of people will send us emails and say this is really confusing. And we just received one from a counselor in the Cape who said a financial planner contacted him and said this is too confusing, and we agree it is. And that's kind of why we're here.

[Penalties]

And again, there are penalties. Now, most people, again, who take Part A, can sign up almost any time when they are Medicare eligible, it is premium free for them. But if they don't sign up for it and they need to do it, there could be a penalty which could go

up for twice the number of years they signed up late. Some people just don't bother to take it at all.

And then there's a Part B late penalty. So, there's a surcharge added to the monthly B premium, which right now is about \$174.40 a month. And that could be 10% of the current premium every 12 months you are not enrolled.

You know, once in a while we have somebody come in who was healthy and they just thought, well, why should I sign up and pay this premium every month if I'm healthy? And then they find out, oh boy, they had a problem with extra expenses.

Also, Part D penalty. So, if people do not take their Part D plan during the first couple of months that they retire, for example, then they may be a penalty of 1% of the national base premium. I think it was about 40 something this year on top of their premium for every single month that they have Part D. So, it's definitely something to be aware of.

Even when people come to see us, and they have no prescriptions, we often will show them the least expensive Part D plans to get into just so that they can cover themselves and not have a penalty.

[2024 Medicare Cost Information]

So, you know, once again, Medicare Savings Programs, Extra Help program that helps pay for Part D are so important and so are Medicare Advantage Plans and Medigap Plans.

Look at the expenses that people have incurred, especially those who may not be very healthy. The Part A premium again, it's free for most Medicare beneficiaries because either they worked and put in the time and paid taxes toward Medicare or spouse did. But the Medicare A hospital deductible is already \$1,632 per benefit period, and people could have two or three potential benefit periods per year, which would really be painful to pay for. And it's just for part A.

If they are in the hospital, they are, can be the hospital for free, one to 60 days, but then there is co- payments.

And if people have a Medicare Advantage plan, they may be surprised to find they have some co-payments as well for hospital coverage.

Again, skilled nursing facility coinsurance that's free for 20 days as long as you're approved for 20 days of skilled nursing care and need. And then there's a co-payment for each day after that.

So, and then for your Medicare B again, you know, this covers physicians and outpatient services and durable medical equipment, all kinds of important things to an outpatient. It's \$174.70 a month, several bags full of groceries. For people who are higher income, they would pay an adjusted amount beyond that.

Let's see, and a Part B deductible is annual, and that's \$240.00. So, you know, if people go to see the doctor in early January, they find, they may find that they're paying for most of that office visit, if not all of it.

The Part B coinsurance is 20% of the cost of the services after the deductible is paid. So again, you know, it's a lot of us are used to working and we have a \$20 co-payment when we go for our primary care physician, that \$40.00 for specialist. Well, if you saw a 20% for some of those services, it might not look like that. It might look very unappealing.

And again, for the Part D premium, which is for prescription drugs, it can range what we saw this year that it ranged from \$0.50 a month for one plan to \$155.80 for a different plan. And people who are higher income would have a certain amount potentially tacked on to that amount.

One thing that that I wish more people did know about though, is that Part B has 2 pages worth of preventive benefits that people can take advantage of. Between vaccines, screening for different cancers and, you know, smoking cessation plans and counseling, there are a lot of different Part B benefits that we do try to tell people about when we see them and the newly eligible for Medicare.

[Additional Coverage]

Okay, and, you know, you just looked at all of the costs and they're extensive and they don't cover everything. You know, in spite of the extra money that people are paying for their Medicare, they're not all inclusive. So, people do often look at the Medicare Advantage Plans, which are available and change every year, and the Medigap Plans, and we'll talk a little bit further about them. Of course, the prescription drug plans have to be considered.

Folks in the community also have retiree plans and some have VA benefits and SHINE counselors can help them compare their retiree plans and VA benefits. And you know some people have additional payments from their employer to help cover certain plans.

[Medicare Coverage Choices]

All right, so here are the basic choices. Again, you need to have Part A and B, those are called original Medicare in order to have a drug plan, actually a drug plan with a Medigap are what some of the options. You could have a drug plan with just A or just B, but to have a Medigap you need both A and B and that's in the left column.

Medigaps, there are three types of them. One is more basic, and the other one has more extensive coverage and there's a Supplement 1 Plan that's for people who are 65 before January 1st 2020. So that's one option for people is to have A, B, a standalone drug plan and a Medigap.

The other option is to have a Medicare Advantage Plan, which could be an HMO or PPO, Preferred Provider Organization, which combines original Medicare A and B services and oftentimes has a drug plan. Some of them don't include a drug plan so that people can use their Veteran's drug coverage or retiree or union drug coverage.

So those are the two primary options for people.

[Medigap Plans]

All right, just to tell you a little bit more about the Medigaps in Massachusetts, we are

one of three or four waived states that has continuous open enrollment. And you know, I, I am very happy for residents that they have this opportunity that it's, they're available all the time, that they're community rated as opposed to age rated.

So, if you sign up for one at 85, you're not gonna be walloped with a significant cost. It will be the same cost for everyone.

The three standardized plans sold by several insurance companies, the Supplement 1 is no out-of-pocket cost for Medicare covered benefits and there's a foreign travel. But of course, the premium is higher. And it's for people who, again, were eligible before 2020. Supplement 1A is the same Supplement 1, except there is that Part B deductible of \$240 that needs to be paid at the beginning of the year. The core plan of the Medigaps the beneficiary does pay both of the deductibles for A and B and the plan covers some of the Part B coinsurance and hospital co-pays.

So, one or two of the plans allow people to move between those products at times. So that's also a benefit.

Some of the plans offer additional benefits which have become very popular with people in the community, you know, whether it's foreign travel or you know, a card that they can use in different places. So that's something to consider. We have a checklist for that.

Another benefit of the Medigap is just about any provider, any provider that takes Medicare will also take a Medigap plan. There's not that concern about referrals or prior authorizations and people can often use them out of state.

So, you know, the Medigap may be helpful for people, but the Part D coverage is not included, and they need to add a Part D drug plan. And that's where we go to the Medicare Plan Finder for that information.

[Medicare Advantage Plans (Part C)]

All right. And the Medicare Advantage Plan, as was mentioned, they have coverage for Part A and B benefits and also most of them include a Part D drug plan. There are

provider networks and depending on whether it's an HMO or PPO, you may or may not need referrals and that could also depend on the type of service you're looking for. There are co-pays and coinsurances and also a maximum out-of-pocket costs which can be really helpful for people and a number of different benefits that are available to people.

Most of the plans offer a zero premium option which people who are newly retiring or healthy find is very attractive. So, you know, the most important thing is to make sure medications are covered and that their providers to accept the particular plan they're interested in and that they will have access to their provider no matter what.

There are, in the enrollment periods, which I mentioned a little bit earlier, the one around your birthday, 65th birthday, the Open Enrollment Period, which happens every year in the fall, Medicare Advantage Open Enrollment Period and then Special Enrollment Periods.

So, while this says that cost and coverage change periodically, they definitely change every year and people are educated or they're sent information in September generally so that they can have a look at what their plan, changes will be for the next year. Some people don't open their mail. So, we do encourage that they do that, you know, and also see if you need to make a change during open enrollment.

Shine counselors help a lot of people make changes. And then if something happens that they cannot make a change in time, we look to those other opportunities like Prescription Advantage coverage or membership to help people make a change to Extra Help to Medicare Savings Plans. All of these programs help people have opportunities to change to a better health insurance or drug plan for them.

[Medicare Supplement Compared to Medicare Advantage]

Alright, just a little bit of comparison between Original Medicare and the Medigap is that was mentioned, there is a higher monthly premium with the Medigap Plan or supplement plan, but you're not paying out-of-pocket.

You know, I know some folks who they'd much rather pay a premium that's higher every month than worry about going to the doctor's office, whether it's, a specialist or not, you know, and paying that extra cost, it's a little less stressful.

There's freedom to choose providers and you don't need referrals, but they do have more limited services potentially. You know, we do see where the Medicare Advantage plans have a lot of different services and many preventive benefits in addition to what the Medigaps do have.

The Medigaps do allow people to take their coverage anywhere in the U.S., and some include some foreign travel they can add on. Medicare Advantage plans they have lower premiums, but again, this was mentioned, co-pays for office visits and hospital visits, and there may be a more restricted network. It is really, really important to check those networks. And you know, we've heard in the past, oh, you know, we're almost under contract with this hospital. Well, that's really not good enough. They have to be under contract with the hospital you want to go to so that you're not surprised on when you really need them.

Some referrals are necessary, prior authorizations may be necessary for some services. And there are again, additional benefits that people have been very attracted to. Out of the service area for example, if people are traveling or on vacation or visiting someone it may, they may find that they're only covered during urgent and emergency needs.

[Medicare Part D: Prescription Drug Coverage]

Prescription drug coverage is for Medicare beneficiaries who have parts A and B, and or B, excuse me. The prescriptions are those that people take at home. Some of the medications may be covered under B and they're administered in an office or an outpatient clinic.

And enrollment periods again, you know, once again, we have crossover of enrollment periods that the period around your birthday when you turn 65 and get onto Medicare, the Open Enrollment period in the fall, Special Enrollment Periods, we could change your prescription drug coverage.

And you know, we've had people recently say, well gee, my, my pharmacy benefits manager changed doesn't that allow me to change or, you know, I'm on a new prescription, can't I just get a new plan? Well, sometimes you have to figure out how to do that or work with your physician to get an exception or, you know, there's a lot of different rules and we work with many partners, the Senior Pharmacy Assistance Program, Prescription Advantage, Mass College of Pharmacy, pharmacy assistance program and of course, you know, all of our friends at MassHealth and advocates to make sure that people can get what they need to get. It's not always that easy and it's not always intuitive.

So, again, you know, encourage people to look at their plans during Open Enrollment in every fall through the Medicare Plan Finder, which is online at [medicare.gov](https://www.medicare.gov). Sign up for Medicare account so that you can roll over your list of prescriptions every year and see what you're eligible for in terms of vaccines, preventive benefits and keep track of your office visits, etc.

[Anatomy of a Drug Plan]

All right, so a drug plan has a lot of components people need to be aware of. Not only is it the monthly premium, you know, a lot of times people will look on a chart, they'll see that magic zero, you know, it seems to glow zero premium. Well, you know, there may also be a deductible, it could be a fairly large deductible depending on the type of medication you take. There are tiers.

So, if your medications are a brand name or tier five or something that's, you know, more expensive, you've got to be really aware of what those costs will be. There can be a coverage gap and you know, where you have to pay 25% and then which is kind of nice and new is that when you reach a certain catastrophic amount, there will be zero co-insurance.

So, you know, the drug plans improve, they keep improving. And you know, we're happy to be able to educate people on the improvements that are happening with drug plans.

The important, other important information is to keep track of the formulary. You know, we saw this year that fortunately, insulins were lowered to \$35 per month as long as they were on somebody's formulary. However, we saw a lot of formularies change. Some of the insulins were changed or dropped or, you know, not combined any longer. So, plans, formularies change every year, and every fall people should look and make sure they know what they're getting into for the January.

There may be restrictions, quantity limits, prior authorization, which can be challenging, and some step therapy as well. Preferred pharmacy pricing, you know, you may go to a pharmacy that you like, you know, you know, the person behind the counter, not always anymore, but sometimes you do and you prefer to go to a particular place, sometimes it benefits you to go to a different pharmacy and we definitely look at that or to get mail order. You know, that could be a benefit to you too financially.

And I did mention the insulins, which is fantastic, but we have seen some complaints about coverage in some of the plans as well.

[Common Medicare Missteps]

OK, so this is what we see, and I guess it's one of the reasons that SHINE counselors are really important because, you know, calling Medicare up might not get you what you want, and that is that if you miss your deadline signing up for Part A and B, when do you do it?

You know, how do you get in there? What are the Special Enrollment periods? Will you end up having to pay out of pocket for your services, you know, if you don't have coverage?

And again, there are lifetime premium penalties that could add up if you don't take care of it. And if you don't know that you're eligible for a Medicare Savings Plan or Extra Help, that can help you reduce your costs, and then, you know, you're really paying too much for your health insurance.

Keeping your Part C or Plan D on autopilot, as they say. We've seen studies year

after year where they say, well, only 11% of people look at their Part C or D and make changes. That's not good because these plans change every year and people do need to look at them, see if their premiums change, if their formularies are still covering their prescriptions, if their pharmacy benefit manager or pharmacies have changed, you know, and again, we do use our friends to help us get those Special Enrollment Periods where people can make changes.

All right. And again, you know, we often see people come and tell us, well, you know, my next-door neighbor has this plan, so can I have this plan too? And again, it's definitely a case by case of search. And everyone has their own needs. Their own preferred providers. And we do want to help people get what makes them most comfortable and what they're used to. It's a person-centered plan.

You know, one concern is going to out-of-network providers. If you have a Medicare Advantage Plan and it's not an emergency, you know you that could be very costly for you. And also if people are offered COBRA from their employer when they retire, when they take that instead of getting in to a Medicare plan, that doesn't change their penalty, it doesn't mean that they have good coverage, it just doubles the cost of their premiums and payments and it does not help them get it to Medicare so they still could have a penalty. So, you know, we definitely do not encourage a lot of COBRA time coverage.

And another good point is, you know, Social Security uses the previous two-year income amount to help ascertain what the monthly adjustment should be on the Medicare B and D premiums. And if you don't challenge that, you know it will continue. So as your income changes upon retirement, you know we encourage people to contest the amount that may have been put on your Part B and D so that it aligns better with your current income.

[Medicare Savings Program (MSP)]

All right, Kara.

[Medicare Savings Program (MSP)]

Kara Chiev: OK. So, thanks, Cindy for going through the Medicare program and the importance of enrolling.

So, what does that have to do with our MassHealth, Medicare Savings Program? We formally called the MSP Program the MassHealth Buy-In Program.

So, it's really important to know that first off, Medicare beneficiaries, they should have already enrolled and applied. So once that happened, residents on Medicare with limited income and assets, they may qualify for help paying their Medicare costs. And this is through the MassHealth Medicare Savings Program.

We offer help paying some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Part A. If members are in the MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs.

Let's look at the different programs and the eligibility rules. What's considered in determining eligibility?

Medicare beneficiaries will only need to meet income requirements effective March 1st of 2024. So, assets and resource requirements will not be used to consider eligibility for MSP.

What are the different programs under MSP? They include the Qualified Medicare Beneficiaries or QMB, which was formerly known as the MassHealth Senior Buy-In. Then there's the Specified Low Income Medicare Beneficiaries or SLMB and Qualifying Individuals or QI-1. Now these were formerly known as the Buy-In programs.

[Qualified Medicare Beneficiary (QMB) and Specified Low-income Medicare Beneficiary (SLMB)]

Let's look at each of the programs. The income limits and benefits they provide. If the applicant's income is less than or equal to 190% of the federal poverty level, they may

be eligible for QMB or the Qualified Medicare Beneficiary.

Quickly the federal poverty level, for those unfamiliar with FPL, is a measure of income used every year by the Department of Health and Human Services.

The federal poverty level are used to determine eligibility for certain programs and benefits. So, in this case, for QMB, it's up to 190% of FPL. This means for a single person, effective 3/1 of 2024, we're looking at the gross income that is less than or equal to \$2,385 a month. Or for a married couple living together, effective 3/1, that would be an income that is less than or equal to \$3,237 per month.

They would be eligible for help paying for Medicare Part A premiums, Medicare Part B premiums, Medicare deductibles, co-insurance and copays.

And QMB also comes with Health Safety Net or HSN coverage at acute care hospitals and community health centers. HSN pays acute care hospitals and CHCS for certain services that are not paid by other coverage. Individuals eligible for QMB will also get help with prescription drug costs by automatically enrolling them in Medicare Part D Extra Help.

[Qualified Medicare Beneficiary (QMB) and Specified Low-Income Medicare Beneficiary (SLMB)]

So just to note, there is a little star at income limits, income limits change each year on March 1st.

Now looking at a Specified Low Income Medicare Beneficiary, or SLMB, the income limit here is that's greater than 190% of FPL and less than or equal to 210% of FPL. Which means for a single individual, effective 3/1 of 2024, that's an income between \$2,386 and \$2,824 a month. For a married couple effective 3/1, that's an income between \$3,238 and \$3,833 a month.

They'd be eligible for help paying for Medicare Part B premiums, help with prescription drug costs by automatically enrolling them in Medicare Part D Extra Help, and it comes with HSN coverage at acute care hospitals and community health centers.

[Qualifying Individual (QI)]

So, what about qualifying individual, the QI-1 program. For QI-1, that's an income limit that is between 210% FPL and 225% of FPL. For a single individual, effective 3/1 of 2024, that's an income between \$2,386 and \$2,824 a month. And a married couple effective 3/1 that's an income between \$3,238 and \$3,833 a month.

QI-1 benefits includes help paying for Medicare Part B premiums, automatically enrolling them in Medicare Part D Extra Help and it also comes with HSN coverage at acute care hospitals and community health centers.

And just a quick note at the bottom as well. Income limits for MassHealth CommonHealth plus MSP is less than or equal to 135% of the federal poverty level.

[How Does MSP Help Members?]

So how does MSP help members? The Medicare Savings program is not an insurance plan. It is always combined with Medicare. A member must be on Medicare and MSP does not offer any additional coverage or services that Medicare does not provide.

Let's talk about how does full MassHealth coverage and Medicare Savings Program work? So MassHealth expanded MSP to provide MassHealth Standard and CommonHealth to eligible individuals. Full MassHealth programs like Standard and CommonHealth are health insurance programs, and it can be used alone, or it can be combined with Medicare coverage.

Unlike the Medicare Savings Program, MassHealth comprehensive coverage provides additional coverage and services not offered by Medicare. For members younger than 65 if they're eligible for MassHealth Standard and MSP, the online application system at mahealthconnector.org will determine the appropriate program.

How about for members just seeking CommonHealth? For members with income at or below 135% of FPL, they may be eligible for MassHealth CommonHealth If they meet all other eligibility criterias for CommonHealth and are found ineligible for MassHealth Standard. MassHealth will notify the member of their coverage.

[How Does MSP Help Members?]

So, for individuals and members 65 and older, which application should they submit? They can submit the senior application or SACA-2 application.

MassHealth will first determine if they are eligible for a MassHealth Standard, applying MassHealth Standard income and asset limits, which are different than the MSP income limits.

Individuals and members with income limits at or below 135% of FPL may qualify for CommonHealth plus MSP. Again, we look to make sure they meet the other eligibility criteria for CommonHealth.

Quick note, members with income over 100% of FPL will be contributing to the cost of their care.

Now what if the member knows they do not qualify for MassHealth Standard or CommonHealth and only one of the Medicare Savings Program? Which application should they use?

In the instance the member only wants Medicare Savings Program, and they know they don't qualify for full MassHealth coverage, they can complete the MSP, or MassHealth Buy-In the MHBI application, which is a shorter and easier application to use. This application will identify eligibility for QMB, SLMB, or QI.

[How Does MSP Help Members?]

What happens after a determination is made for Medicare Savings Program?

MassHealth will notify Medicare when a member is eligible for MSP. If the Part B premium is being deducted from the member's Social Security or retirement check, the members benefits will be adjusted so that the Medicare premium is no longer being deducted. And if members are not yet paying for Part B, or if paying the Part B premium in some other way, such as getting a quarterly bill, MassHealth will start paying the bill.

What should members expect to receive?

As far as a member card, only QMB members will receive a MassHealth card and should show all their health plan cards at the time of service. Members with SLMB, QI and HSN will not receive a card.

[Program Effective Date]

Now looking at the program effective date. The program effective date is set by Social Security Administration rules.

For QMB, the effective date is the first of the calendar month following the date of the eligibility determination, and there is no retro coverage for QMB. For SLMB and QI, they go into effect up to three calendar months before the month of application, in most cases. There is retro coverage for these members.

[Illegal Billing of Qualified Medicare Beneficiary Members]

As we're talking about QMB program, I want to make you aware as many of you are working directly with members, the illegal billing of QMB members. If you are noticing these bills, CMS and MassHealth have provided guidance for all providers.

The Medicare Savings QMB Program as we just went through pays Medicare Part A and B premiums, deductibles, copays and co-insurance. This protects the individual in the QMB program from cost sharing for Medicare covered services or items.

So, under federal law, it is illegal for Medicare providers and suppliers, even those that don't accept Medicaid, which is MassHealth in Massachusetts, to bill Qualified Medicare Beneficiary for Medicare cost sharing.

CMS, the Center for Medicare and Medicaid Services advises providers and suppliers to establish processes to routinely identify the QMB status of their patients before billing, including those enroll in original Medicare and Medicare Advantage Plans.

Here is a quick link to CMS's FAQ. CMS also says that providers and suppliers that have mistakenly billed a person who is enrolled in the QMB program, they must recall the charges, including referrals to collection agencies, and refund the charges paid.

[Illegal Billing of Qualified Medicare Beneficiary Members (continue)]

Providers who violate these requirements may be subject to state or federal prosecution, including by the Massachusetts Attorney General and the U.S. Attorney General.

QMB program billing protections apply regardless of whether a person is enrolled in Medicare Fee-for-Service or a Medicare Advantage Plan.

Now looking at billing MassHealth, providers who serve QMB beneficiaries are responsible for billing MassHealth for any Medicare cost sharing amounts the state is responsible for covering.

Providers should always check the Eligibility Verification System or EVS, the Medicare Provider Remittance Advice and other sources for Medicare eligibility to determine whether a patient has MSP on the date of service that was provided.

Here is the link to our All Provider Bulletin with a lot more information related to the QMB billing.

[The Applications, Application Completion Tips, and Reminders]

OK, so we talked about the program. Now let's talk about the application.

[Which Application to Use?]

To apply for MassHealth we have three different applications that can be used. That's the Application for Health Coverage for Seniors and Members Needing Long-Term Care Services or the SACA-2 application.

Then there's the Assistance with Medicare Cost Medicare Savings Program or MHBI application and the Massachusetts Application for Health and Dental Coverage and Help Paying Cost or the ACA-3 application.

As to who should complete which application, the SACA application is used for any individual that is over the age of 65 or are of any age seeking long-term-care services or

a couple where one spouse is over 65 and the other spouse is under 65 and they want to apply for full MassHealth coverage, they should use the SACA-2 application. This application can also be used for those applicant that wants to apply for full MassHealth coverage and Medicare Savings Program.

Here is the second image, the second screenshot here is of the MHBI. Applicants who know they are ineligible for full MassHealth comprehensive coverage, that's MassHealth Standard or CommonHealth and they only want to apply for MSP they should complete the shorter and easier MHBI application. If applicants applying solely for QMB or SLMB or QI verification is required only upon request by MassHealth. Mass Health will use self-attested information.

Applicants can submit the MHBI by mail, fax or dropping off the paper application at one of the MassHealth offices.

[Which Application to Use?]

Now looking at the ACA-3 that's the Application for Health and Dental Coverage and Help Paying Cost. This application are for members and applicants that are younger than 65 and if they have Medicare and once Medicare Savings Program they should use this application. This application is available online at mahealthconnector.org.

Applicants can also call MassHealth to complete an application with our customer service or seek assistance from Certified Assisters and Enrollment Assisters or submit a paper application by mail or fax.

[Application Date and Missing Information]

Application date and missing information. It's important to complete and answer all questions if it's applicable. If there are unanswered required questions, it will delay MassHealth's ability to process that application and may impact the eligibility start date.

The date of the application is the date the application is received at MassHealth. MassHealth has received a large number of applications that are incomplete and

missing required information or the applicant didn't check a box to a required question.

We've been reaching out to the applicant to get these questions answered because without those questions answered or information, MassHealth can't move forward with processing that application. So, a notice is sent to the applicant, and they have 15 days to respond. If we do not receive the responses to all unanswered questions within the 15 days, the application receive date will not be used for the eligibility start date.

[Ensuring Completeness of Application]

So, I can't stress this enough. Please make sure that you asked the applicant all the questions and provide answers to subsections or sub questions. Answer all questions and print clearly. If it is a "Yes" or "No" answer, check off "Yes" or "No". If it is a "Yes" and there are subsections of that question, that information will be needed. Importantly, we need the signature and date of the application.

Many of our applications are available in an E-submission or electronic format, so in those cases we are accepting electronic signatures.

Now looking at what can cause delays in processing and determining an application. Missing or the wrong address on an application. For those individuals that are homeless, they can use the mailing address of a shelter they're at if it's applicable.

Questions are half answered or there's no information for required questions or only partial completed pages. When we have sections that are marked N/A or they're crossed out, it may cause delay in processing the application.

Also, another scenario is faxing or mailing copies of documents that are too small, or too large, or light to read rendering them unreadable. So, if you are helping an individual submit verification, if you're unable to read that information after you've made the copy, once it comes to us, we may not be able to read it as well. So, making sure that the document is readable and legible is going to be really helpful.

Another instance is only listing the name of the other spouse, not completing a person page for each member of the household or those applying and missing or incomplete

information such as income or immigration status.

[Reminders and Tips]

And also, not faxing all pages both sides of the application. So, with the application, it is on both sides. If you're using the paper application. In some instances, we're seeing that sections of the applications are missing.

And when you're faxing or mailing information to MassHealth, we have created a MassHealth mail/fax cover sheet for you to use. Use that fax cover sheet when you're faxing information in as there are patient protected information in the application.

Also, put the identifying information on documents such as the name, DOB, and or SSN of the applicant on each page of what you're faxing to MassHealth just to make sure that we're able to capture all that information for that applicant when it gets to us.

Don't refax or remail documents. Once you submit an application or an annual review or any other materials, don't submit the same item repeatedly and you can fax it or mail it, but don't do both as that may cause a bit of confusion on our end and may cause delay in processing.

[MSP Renewal]

OK, so we talked about the program and the application. Now what about MSP renewal? MassHealth is required to renew households annually. Households not auto renewed are sent a letter to the head of household that explains that they should submit the renewal form within 45 days.

Here's a sample notice of this renewal. The renewal for MSP members. If the household responds, the system will determine their eligibility based on the application's data and generate an appropriate request for information if it applies. If the household fails to respond, the system will determine their eligibility based on available data.

For our Medicare Savings Program members who applied with a Medicare Savings Program application, they would have already started receiving renewals. MassHealth

started sending these renewals to members late last month.

Members selected will receive a newly created renewal form. Here's the sample again. The renewal application for Medicare Savings Program or MHBI are at the bottom of the renewal form and a cover letter. The option to submit renewal are by paper or via an E-submission. So, on the cover letter there will be an E-submission URL with a reference number the member can use to submit their renewal via a web portal.

[Scenarios]

OK, so now let's move into some member scenarios and I'm going to have Cindy come back with us and we'll both walk through these scenarios.

[Scenario #1]

So, here's scenario one, and here you've got Susan. She's 64. She lives by herself and is newly retired. Susan currently has MassHealth CarePlus. She turns 65 in three months and will need help paying her Medicare copays. Which application can she complete to see if she still qualifies for MassHealth or qualifies for help paying her Medicare copays and premiums?

Should she complete just the Medicare Savings Program, the MHBI application, or submit the senior application, that's the Health Coverage for Seniors and People Needing Long-Term-Care Services; or should she complete the ACA-3 application, that's the Application for Health and Dental Coverage and Help Paying Costs; or D. Susan may submit either the MHBI or the SACA-2 application depending on which benefits she's seeking; or E. Susan should wait until she's enrolled in Medicare before submitting an application; or F. I'm not sure.

[Scenario #1 Answer]

OK, there's your answer. So, with Susan, in this instance, Susan may submit either the Medicare Savings Program application or the SACA-2 application. It really depends on which benefit she is seeking. And I want to note that she should wait until she's enrolled in Medicare to submit the application.

Cindy, do you have anything else to add that we should mention? (Speaker: Cindy Phillips) No, I think you're right on Kara, thank you.

[Scenario #2]

Kara Chiev: OK, so here is scenario two. Scenario two, we have James. James is 69 years old. He lives with his wife, Kelly, who's 65. And they're both retired and are on a fixed income with a higher FPL. James and Kelly enrolled in Medicare when they turned 65. James has a Medicare Advantage Plan and Kelly has original Medicare. Now recently they learned there was a program that can help them pay for their Medicare premiums. Now which application should they complete?

Is it A. the MHBI application; or should they complete the senior application, that's the SACA-2 application; should they complete the ACA-3 application; or D. James and Kelly should submit both the MHBI and SACA application; or is it E. you're not sure?

[Scenario #2 Answer]

So, the correct answer, as you can see is A., they can submit the MHBI application. In this instance they're on Medicare and they are at a higher income limit or on higher FPL, so they already know that they may be ineligible for MassHealth Standard or CommonHealth. So, in this instance they can just use the shorter Medicare Savings Program application.

They should not be using the ACA-3 application for this scenario. Both members are over the age of 65 and the ACA-3 application is primarily used for our under 65 applicants and members, including those members over 65 that have or are a caretaker relative of a child under 19. So, it's only in those instance where they have a child under 19 that they should use the ACA-3, the ACA application.

[Scenario #3]

So, here's our last scenario. So, in this scenario, we have Jose, he's 70 years old, has Medicare and QMB. He wants to schedule his yearly Wellness appointment. As Jose is looking for a new provider, what should he keep in mind?

A. The PCP accepts both Medicare Advantage Plan and Medicare plan; B. the provider accepts Medicare only or he should keep in mind that the PCP accepts MassHealth; Or is it? Jose doesn't need to worry if the provider is in network or not for Medicare. And then there is the last option of, I don't know.

[Scenario #3 Answer]

All right, it is B. and I'm going to see if Cindy wants to explain why the importance of making sure that it is a Medicare provider.

Cindy Phillips: Sure.

The important part of that is that a provider cannot bill anyone who has Medicare QMB for services, but they need to be a Medicare provider in order to make sure that that's covered.

Kara Chiev: And in this instance, Medicare is their primary insurance, correct?

Cindy Phillips: Yeah.

[Resource and Appendix]

Kara Chiev: OK, that's it.

And then going into the last set of information resources, we, this is this slide just gives you a bit of information of the MSP expansions that has happened since 2020.

[MSP Expansions]

So, we've been working at expanding the Medicare Savings Program for many years and we're here at March 1st of 2024, in which we'll be eliminating asset limits and resources as an eligibility criteria.

So going on to the next slide, resources.

[Resources: Where to Go for Help?]

So, Cindy, would you mind giving us information on resources for seniors specifically Medicare information?

Cindy Phillips: All right, in order to sign up for Medicare, we encourage people to either enroll online by going to [socialsecurity.gov](https://www.socialsecurity.gov) or calling their office to make an appointment over the phone or you could go to one of the several Social Security offices that are in Massachusetts, in fact, I was surprised to finally have about 10 offices.

If people really feel like they need that face-to-face contact, but call first, make an appointment, bring the documentation that you need for that appointment to sign up for Medicare and make sure that you contact them and set it up before your deadlines for Medicare run out.

To contact Medicare, that could be about drug coverage changes, anything else that you would need to discuss with Medicare, complaints, you know, any, anything related to any of your healthcare, you could call 800 Medicare for that.

Often times during open enrollment toward the end of that period, say you know, December 6th or 7th, it is difficult for people to find offices that are open to help with counseling, so the Medicare line is open 24/7. So, they are a good backup resource.

Pharmacy Outreach Program, we work out of the Mass College of Pharmacy and they're available for all kinds of consultation about brand name versus generic versus, you know, combination of medications manufacturer programs, ways to change your prescriptions or get a discounted program to help pay for them. And they're an excellent resource.

And Prescription Advantage, again, we contact them for people who have higher incomes but really need and are interested in capping their expenditures for prescriptions. The plan, Prescription Advantage, is available for people who do not have Medicare, that's one thing to keep in mind, who are older, people who are younger

with disabilities and lower income, and then an expanded group of people who are older and have higher income. So, they are a really great resource. There's a cap on the amount that you spend out-of-pocket, and we love that if you're a member of Prescription Advantage, that entitles you to make a change once a year of your drug plan if you need to.

And of course, the SHINE program, I mentioned that we have a lot of counselors, it's about 700 at this point, and they're spread throughout the state. You can reach us by phone at the MassOptions phone line, which you see at 1-800-243-4636, and they'll direct you to the right regional office. And also <https://shinema.org> is a great resource run by the Milford SHINE office. They have ongoing Medicare 101 workshop, so you can just join a workshop and find out more about it, ask questions, talk with other people online. We also post a number of fact materials and applications. So that's another great resource too.

But you know, we are, we are all here to try to help beneficiaries and people who work with beneficiaries get through this maze and do the best thing for the person in the community.

[Resources: Where to Go for Help?]

Kara Chiev: Thanks Cindy.

And looking at our Assister community, we do have a huge Assister community out in the regions across the state. So Certified Application Counsellors, there are over 1,500 CACS spread out at hospitals and health centers as well as Health Connector Navigators so, they are at community organizations, hospitals, as well as health centers, they're there to help individuals complete any of our applications.

[MassHealth Enrollment Centers (MECs)]

Next is our MassHealth Enrollment Center. Here's the quick link as well as the QR code to schedule an appointment with any of our staff. Schedule a phone or a video appointment so the link to the MEC is to locate one within your area. They can help

with an application if you're submitting verification, if you need to report a change like updating your address, updating your family size, income information, pregnancy information, or adding a newborn to your household and general questions. And going on to the next slide.

[My Ombudsman – For Help Accessing Services]

As far as a program, an organization that can help support MassHealth members if they've got questions or concerns that impact their experience with MassHealth or the MassHealth health plan or their ability to access their health plan.

Here is the My Ombudsman Program and as you can see here from the list, it is all of our MassHealth programs. They're able to support all members.

[My Ombudsman - Contact Information]

And here is their contact information. They do have language access availability as far as ASL, American Sign Language, Haitian Creole, Portuguese and Spanish. They will use an interpreter service line if other languages are needed.

[Thank-you]

Sue Kane: Well, I just want to thank everybody for staying with us and I want to thank Kara, Cindy and Kathy Grant for answering the questions online. And I hope you have a great rest of your day. Thank you, everyone. Bye, bye.