



Understanding Medicare Savings Program (MSP)

Revised 3/1/24

Webinar Objective

After this webinar, you will be able to:

- Describe how Medicare Savings Program (MSP) supports Medicare beneficiaries and eligibility for Extra Help or LIS
- Describe the latest expansion of the Medicare Savings Program
- Explain how to apply for MSP
- Identify tips and best practices for helping seniors understand their MSP benefits

Agenda

- Understanding Medicare and the Importance of Enrollment
- Medicare Savings Program (MSP)
- Application Completion Tips, and Reminders
- Scenarios

What is Medicare?

- Medicare is the federal health insurance program that helps with the cost of health care but it is not comprehensive; it does not cover all medical expenses or the cost of long-term care
- Different parts of Medicare help cover specific services



Part A – Hospital Insurance



Part B – Medical Insurance



Part D – Prescription Drug Coverage

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Who is Eligible?

- 65 years old or older and a U.S. citizen or lawfully permitted resident for 5 years
- Medicare is available for certain people with disabilities who are under age 65: These individuals must have received Social Security Disability Insurance (SSDI) benefits for 24 months or have End Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS)
- Most people are eligible for premium-free Part A, if they have paid Medicare taxes long enough through their own or a spouse's or ex-spouse's work record

Note: The increase in age for full Social Security benefits does NOT affect the eligibility for Medicare at age 65!

How Do I Enroll?



- Social Security handles enrollment in Parts A and B
- If you're not receiving Social Security benefits, you will need to enroll by physically going to a local Social Security Office, or by making an appointment to enroll over the phone or online at www.ssa.gov
- If you're already receiving benefits from Social Security, you'll get Medicare Part A and Part B automatically when you're first eligible

Enrollment Periods

- If an individual does NOT already have Medicare
 - Initial Enrollment Period (IEP)
 - Special Enrollment Period (SEP) (in certain circumstances)
 - General Enrollment Period (GEP)
- If an individual already has Medicare (to make changes to how you get your coverage)
 - Yearly Open Enrollment Period (OEP)
 - Medicare Advantage OEP (MA OEP)
 - SEP (in certain circumstances)

Part B Initial Enrollment Period Example

**65th Birthday is
July 15th**

Initial Enrollment Period

Jan, Feb, Mar	Apr, May, June	July	Aug	Sept	Oct	Nov	Dec
If you enroll:	In the three months before turning 65	In the month of	1 month after turning 65	2 months after turning 65	3 months after turning 65		
Medicare starts:	July 1 (The month you turn 65)	Aug 1 (1 month after signing up)	Sept 1 (1 month after signing up)	Oct 1 (1 month after signing up)	Nov 1 (1 month after signing up)		

Working Past Age 65?


- If covered by an employer's group health plan (EGHP) or a spouse's group health plan as a **current employee** (NOT COBRA):
 - May want to delay enrollment in Part B and enroll in Part A only
 - Number of employees may affect requirement to enroll in Part B -check with Employee Benefits manager
 - If covered by a High Deductible Health Plan with an HSA (Health Savings Account), the individual may want to delay Part A since they cannot contribute to the HSA once their Part A coverage begins
- After the IEP, individuals have a Special Enrollment Period (SEP) to enroll in Part B while covered by EGHP or up to 8 months after coverage ends
- After the IEP, if individuals don't qualify for the SEP, they will need to wait until the General Enrollment Period (January through March of each year, effective the 1st of the month following enrollment)
- Individuals can delay enrollment in a Medicare drug plan if they have prescription drug coverage that is considered to be as good or better than Medicare (called "creditable coverage")
- Individuals have a 2-month SEP to enroll in a Part C or Part D plan when EGHP coverage ends


Penalties




- Part A Late Enrollment Penalty
 - If individuals enroll late, and aren't eligible for premium-free Part A, the **monthly premium may go up 10%** for **twice the number of years they signed up late**
- Part B Late Enrollment Penalty
 - If individuals enroll **late**, the Part B penalty is a **surcharge added to your monthly Part B premium for life**. The Part B late enrollment penalty is calculated as 10% of the current Part B premium for every 12 month period you were not enrolled and did not have employer coverage through current employment
- Part D Enrollment Penalty
 - If individual do not have Part D coverage, **even if they take no prescription drugs**, they can incur a **lifetime penalty**. If individuals enroll late, the Part D penalty is calculated as 1% of the national base beneficiary premium for each month they were not enrolled in a Part D plan and did not have creditable coverage

2024 Medicare Cost Information

Part A premium		Free for most Medicare beneficiaries
Part A hospital deductible		\$1,632 per benefit period (physician services charged to Part B) Part A
Hospital coinsurance		\$0 for days 1–60; \$408/day for days 61-90 (per benefit period) Part A
SNF coinsurance		\$0 for days 1–20; \$204/day for days 21–100 (per benefit period)

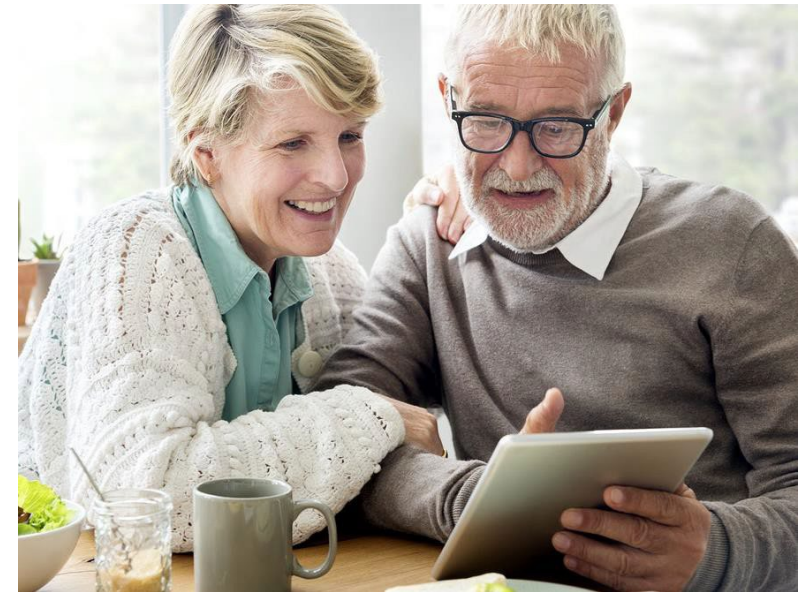
Part B standard premium		\$174.70/month (higher-income individuals may pay more due to IRMAA- Income Related Monthly Adjustment Amount)
Part B deductible:		\$240 (annual deductible)
Part B coinsurance:		20% (after deductible is met) for most Part B services

Part D premium		Range: \$.50-\$155.80/month (higher-income individuals may pay more - IRMAA)
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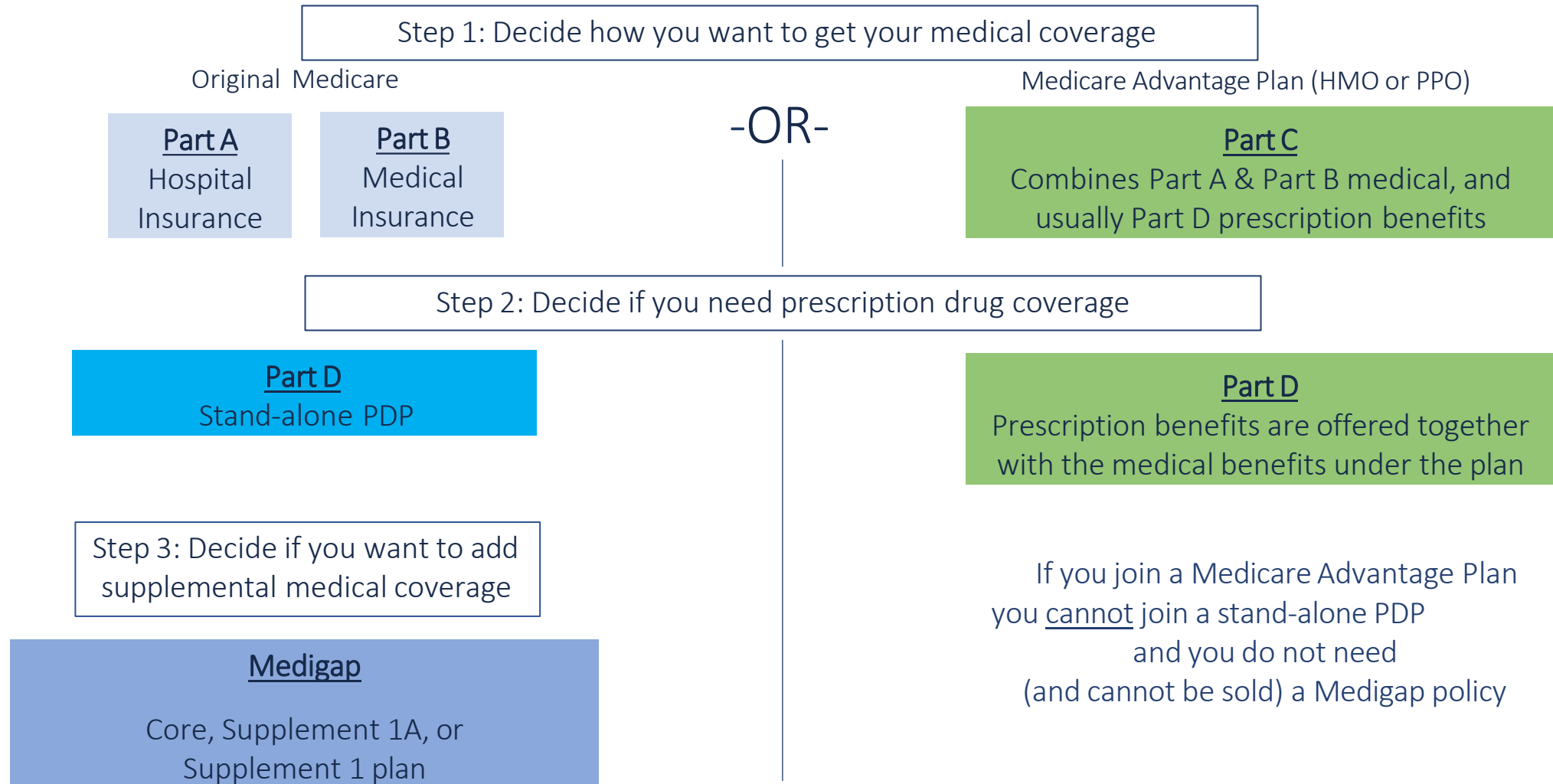
Note: Many preventive benefits are available at no cost

Additional Coverage

- Original Medicare: Parts A & B are not all-inclusive coverage (some routine services are not covered, and many services are not covered at 100%)
- Most people purchase additional coverage
- Additional coverage choices include:
 - Medigap Plans (aka Medicare Supplement Plans)
 - Medicare Advantage Plans (Medicare Part C)
 - Prescription Drug Coverage (Medicare Part D)
 - Retiree plans
 - VA benefits



Medicare Coverage Choices



Medigap Plans

- Three standardized products in Massachusetts:
 - Sold by insurance companies
 - Offer continuous open enrollment (generally); community rating applies
- Supplement 1* : no out-of-pocket costs for Medicare-covered benefits, adds foreign travel
- Supplement 1A: same as Supplement 1 except the beneficiary pays Part B deductible
- Core: beneficiary pays Parts A & B deductibles; plan covers Part B coinsurance and hospital co-pays
- Basic coverage for each product is the same, regardless of company (plans may offer a few additional benefits, like foreign travel coverage with some Core plans)
- You can use any provider who accepts Medicare and no referrals are needed
- Part D drug coverage is NOT included – can add a stand-alone Part D drug plan

*Available only to those who were initially eligible for Medicare prior to 1/1/2020

Medicare Advantage Plans (Part C)

- Coverage provided by insurance companies (must provide all Part A & B benefits)
- Most include Part D coverage (can't also have a stand-alone Part D plan)
- Provider networks apply (HMOs and PPOs)
- May have copays and coinsurance different from Original Medicare
- Additional benefits may be available, such as limited vision, dental, hearing, fitness
- Plans have out-of-pocket maximums – amount varies by plan
- \$0 premium plan options are currently offered by all companies
- Enrollment periods apply (IEP, OEP, MA OEP, SEPs)
- **Costs and coverage change periodically; it's important to review plans annually during Open Enrollment Period Oct 15th-Dec 7th**

Medicare Supplement Compared to Medicare Advantage

Original Medicare + Medigap Supplement Plans	Medicare Advantage Plans
Higher monthly premium, but limited cost-sharing	Generally lower premiums, but has cost-sharing (copays & coinsurance)
Freedom to choose providers	May be restricted to provider network (HMOs)
No referrals necessary	May need referrals for services
Non-Medicare services and some SNF stays may not be covered	May include some extra benefits (vision, dental, hearing, fitness, Over the Counter Cards or Flex cards)
Coverage anywhere in US; some plans include foreign travel	Only urgent and emergency services provided outside service area (HMOs)

Medicare Part D: Prescription Drug Coverage



- Prescription drug coverage for Medicare beneficiaries with Parts A and/or B
- Part D covers prescriptions that the beneficiary takes at home; some prescriptions may be covered under Part B
- Enrollment periods apply (IEP, OEP, SEPs)
- Late Enrollment Penalty may be assessed if you don't have creditable coverage. If employer plan is not creditable, beneficiaries may want to take Part D while still working
- **Costs and coverage change periodically; it's important to review plans annually during Open Enrollment Period Oct 15th-Dec 7th:**
 - Medicare Plan Finder online tool – available through www.medicare.gov
 - Medicare recommends establishing an online Medicare account

Anatomy of a Drug Plan



- Cost components
 - Monthly premium
 - Annual deductible
 - Initial Coverage: copays and coinsurance by tier (preferred generic, generic, preferred brand, etc.)
 - Coverage gap: 25% coinsurance
 - Catastrophic: \$0 coinsurance- **New in 2024!**
- Other considerations
 - Formulary: List of covered prescriptions; can change during the plan year/annually
 - Restrictions: Quantity limits, prior authorization, step therapy
 - Preferred pharmacy pricing
 - All Part D and MA plans that offer insulins on their formulary at a maximum of \$35 each for a month's supply in the phase of the Part D benefit

Common Medicare Missteps



- Missing key deadlines when signing up for Medicare Parts A & B
 - Can result in gaps in coverage
 - Lifetime premium penalty
- Keeping your Part C or D plan on autopilot
 - Premiums may increase
 - Increase your share of the cost of your drugs and medical services
 - Add hurdles and possible non-coverage of your medications or medical services
- Buying the same plan as your spouse or your friend without doing research
- Going to out-of-network providers in a Medicare Advantage HMO plan (non-emergency)
- Delaying Medicare enrollment if you have COBRA or retiree coverage
- Not contesting the Income-Related Monthly Adjustment Amount (IRMAA) for the year you retire

MEDICARE SAVINGS PROGRAM (MSP)

Medicare Savings Program (MSP)

- MassHealth Medicare Savings Program (formerly MassHealth Buy-In): Helps pay some of the out-of-pocket costs of Medicare. The MSP programs can also help get Medicare Part B for members who only have Medicare Part A. If members are in an MSP program, they will also be automatically enrolled in the Medicare Part D Extra Help program, which can help with pharmacy costs

Who is Eligible

- **Effective March 1, 2024**, assets and resource requirements will not be used to consider eligibility for MSP
- Medicare beneficiaries will only need to meet income requirements

Programs

Qualified Medicare Beneficiaries (QMB) (formerly MassHealth Senior Buy-In)

Specified Low Income Medicare Beneficiaries (SLMB)

Qualifying Individuals (QI-1)

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



PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
<p>Qualified Medicare Beneficiary (QMB)</p>	<p>Less than or equal to 190% of the federal poverty level (FPL)</p> <p>Single: Effective 3/1/2024, income less than or equal to \$2,385</p> <p>Married: Effective 3/1/2024, income less than or equal to \$3,237</p>	<ul style="list-style-type: none"> • Pays for Medicare Part A premiums • Pays for Medicare Part B premiums • Comes with Health Safety Net (HSN) coverage at acute care hospitals and community health centers (CHCs) • Pays for Medicare deductibles, coinsurance, and copays • Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help

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



PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
<p>Specified Low-income Medicare Beneficiary (SLMB)</p>	<p>Greater than 190% of FPL and less than or equal to 210% of FPL</p> <p>Single: Effective 3/1/2024, income is between \$2,386 and \$2,824</p> <p>Married: Effective 3/1/2024, income between \$3,238 and \$3,833</p>	<ul style="list-style-type: none"> • Pays for Medicare Part B premiums • Comes with HSN coverage at acute care hospitals and CHCs • Helps you with prescription drug costs by automatically enrolling you in Medicare Part D Extra Help

Qualifying Individual (QI)

PROGRAM	INCOME LIMITS* FOR MSP ONLY	BENEFITS
Qualifying Individual (QI)	<p>Greater than 210% FPL and less than or equal to 225% of FPL</p> <p>Single: Effective 3/1/2024 between \$2,386 and \$2,824</p> <p>Married: Effective 3/1/2024, income between \$3,238 and \$3,833</p>	<ul style="list-style-type: none"> • Pays for Medicare Part B premiums • Comes with HSN coverage at acute care hospitals and CHCs • Helps with prescription drug costs by automatically enrolling members in Medicare Part D Extra Help

* Income limits change each year on March 1

** Income limit for CommonHealth + MSP is less than or equal to 135% FPL

How Does MSP Help Members? (slide 1 of 3)

- MSP is not insurance plans
- **MSPs are always combined with Medicare and do not offer any additional coverage or services that Medicare does not provide**

How does full MassHealth coverage and Medicare Savings Program work?

- MassHealth expanded MSP to provide MassHealth Standard or CommonHealth to eligible individuals. Full MassHealth programs like MassHealth Standard and CommonHealth are health insurance programs and can be used alone or combined with Medicare coverage. Unlike MSPs, MassHealth provides additional coverage and services not offered by Medicare
 - Members younger than 65, if eligible for MassHealth Standard and MSP, the online application at MAhealthconnector.org will determine the appropriate program
 - Members with income at or below 135% of FPL and eligible for MassHealth CommonHealth, MassHealth will verify the member is not eligible for Standard and notify the member

How Does MSP Help Members? (slide 2 of 3)

How does full MassHealth coverage and Medicare Savings Program work? (continued)

- For applicants or members 65 years and older, they can submit the SACA-2 application. MassHealth will first determine if they are eligible for MassHealth Standard. Standard’s income and asset limits are applied and are different than MSP limits
- Applicants and members with income limit at or below 135% of FPL, maybe eligible for CommonHealth plus MSP
 - *Note:* Income over 100% of FPL will contribute to the cost of their care
- ***Why would I want an MSP only?***
 - If the applicant or member only want MassHealth to pay for their Medicare costs, or they know they will not qualify for full MassHealth coverage, an MSP (MHBI) application may be the best option
 - The MSP (MHBI) application is only for MSP; it is shorter and easier to complete than an application for full MassHealth

How Does MSP Help Members? (slide 3 of 3)

- ***What happens after a determination is made for MSP?***
 - 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 member's benefits will be adjusted so that the Medicare premium is no longer being deducted
 - 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
- ***MassHealth card***
 - Only QMB members will receive a MassHealth card and should show all their health insurance cards at the time of medical services

Program Effective Date

- MSP QMB goes into effect:
 - first day of the calendar month following the date of the MassHealth eligibility determination; no retro
- MSP SLMB & QI goes into effect:
 - up to three calendar months before the month of application



Illegal Billing of Qualified Medicare Beneficiary Members



The Medicare Savings QMB program pays Medicare Part A and B premiums, deductibles, copays, and coinsurance. This protects individuals in the QMB program from cost sharing for Medicare covered services or items.

- Under federal law, it is illegal for Medicare providers and suppliers—even those that do not accept Medicaid (MassHealth)—to bill Qualified Medicare Beneficiary (QMB) beneficiaries for Medicare cost sharing for any Medicare Part A and B covered services
- The Centers for Medicare & Medicaid Services (CMS) advises providers and suppliers to establish processes to routinely identify the QMB status of their patients before billing, including those enrolled in Original Medicare and Medicare Advantage plans. See [cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf](https://www.cms.gov/outreach-and-education/outreach/npc/downloads/2018-06-06-qmb-call-faqs.pdf)
- CMS also says that providers and suppliers that have mistakenly billed a person who is enrolled in the QMB program must recall the charges (including referrals to collection agencies) and refund the charges paid

Illegal Billing of Qualified Medicare Beneficiary Members (continued)



- 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

Billing MassHealth

- Providers who serve QMB beneficiaries are responsible for billing the state (MassHealth) for any Medicare cost sharing amounts the state is responsible for covering
- Providers should check the eligibility verification system (EVS), the Medicare Provider Remittance Advice, and other sources for MSP eligibility, to determine whether a patient had MSP on the date a service was provided
- For more information, go to the [All Provider Bulletin 386: MassHealth Medicare Savings Program](#)



The Applications, Application Completion Tips, and Reminders

Which Application to Use?



- Complete the [Application for Health Coverage for Seniors and People Needing Long-Term-Care Services \(SACA-2\)](#), if:
 - Applicants wants to apply for full MassHealth coverage
 - Applicants wants to apply for full MassHealth coverage and Medicare Savings Program

- Complete the [Assistance with Medicare Costs: Medicare Savings Program \(MHBI\)](#), if:
 - Applicants wants to apply only for the Medicare Savings Programs

Application for Health Coverage for Seniors and People Needing Long-Term-Care Services

HOW TO APPLY

You can submit your application in any of the following ways.

Mail or fax your filled-out, signed application to MassHealth Enrollment Center PO Box 290794 Charlestown, MA 02129-0214	Fax: (617) 887-8799 Online at www.mass.gov/how-to-apply-for-masshealth-coverage-for-seniors-and-people-of-any-age-who-need-long-term-care-services	To schedule an appointment with a MassHealth representative or to apply in person, go to www.mass.gov/masshealth/appointment .
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To get benefits you are entitled to as quickly as possible, you may send us any documentation you have that verifies all household income and assets.

You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1, then read and sign the SNAP rights and responsibilities on pages 20-23. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.

MASSHEALTH and the HEALTH SAFETY NET | Who Can Use This Application

This is your application for health coverage if you live in Massachusetts and are <ul style="list-style-type: none"> ■ an individual 65 years of age or older and living at home and <ul style="list-style-type: none"> • not the parent of a child under 19 years of age who lives with you; or • not an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home; or • disabled and are either working 40 or more hours a month or are currently working and have worked at least 240 hours in the six months immediately before the month of the application; 	If you meet any of the following exceptions, you should complete the Application for Health and Dental Coverage and Help Paying Costs (ACA-3). To obtain a copy of this application, call us at (800) 841-2900, TDD/TTY: 711. <ul style="list-style-type: none"> ■ You are the parent of a child under 19 years of age who lives with you, or ■ You are an adult relative living with and taking care of a child younger than 19 years of age when neither parent is living in the home. <p>You will also need to fill out a Long-Term-Care Supplement if you are</p> <ul style="list-style-type: none"> ■ in an institution, such as a nursing home, chronic hospital,
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**Assistance with Medicare Costs
Medicare Savings Programs**

This application is to see if you are eligible for help paying your Medicare Part B premiums, Medicare Part A premiums if you have them, or Part A or B copays or deductibles.

What may be covered depends on your and your spouse's (if you are married) income and assets. If you are eligible for a Medicare Savings Program, you will also be enrolled in Medicare Part D Extra Help. Extra Help may help with prescription drug costs.

How much can I have in income and assets?
If your income and assets are at or below the amounts listed here, you may qualify for help from one of several Medicare Savings Programs.

You are a	Your income is at or below*	And your assets are at or below †
single individual	\$2,734/month	\$18,180
married couple	\$3,698/month	\$27,260

*Income limits change each year on March 1.
†Asset limits change each year on January 1.

You can find up-to-date information about income and assets limits at www.mass.gov/service-details/program-financial-guidelines-for-certain-masshealth-applicants-and-members.

There are some types of assets that MassHealth will count and some types we will not count. Examples of countable assets are bank accounts, securities, investments, a second car, and cash. Countable and noncountable assets are described in 130 CMR 520.007 through 520.008.



There are certain deductions that MassHealth may subtract from your gross income when we calculate your countable income. These deductions are described in 130 CMR 520.012 through 520.014.

If I am eligible for one of the Medicare Savings

Which Application to Use?


- Complete the Massachusetts Application for Health and Dental Coverage and Help Paying Costs (ACA-3) if:
 - Applicant is **younger than 65**, has Medicare and wants Medicare Savings Program (MSP)


Massachusetts Application for Health and Dental Coverage and Help Paying Costs

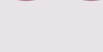




HOW TO APPLY

You can submit your application in any of the following ways.











- Sign on to your account at www.MAhealthconnector.org. You can create an online account if you do not already have one. **Applying online may be a faster way for you to get coverage than mailing a paper application.**
- Mail your filled-out, signed application to
Health Insurance Processing Center
PO Box 4405
Taunton, MA 02780.
- Fax your filled-out, signed application to (857) 323-8300.
- Call us at **(800) 841-2900**, TDD/TTY: 711, or (877) **MA ENROLL ((877) 623-6765)**.
- Visit a MassHealth Enrollment Center (MEC). To apply in person or to schedule an appointment with a MassHealth representative, go to www.mass.gov/masshealth/ appointment. See the **Member Booklet for Health and Dental Coverage and Help Paying Costs** for a list of MEC addresses.
- You can use this application to apply for the Supplemental Nutrition Assistance Program (SNAP). SNAP is a federal program that helps you buy food each month. If you are interested, check the box on page 1, then read and sign the SNAP rights and responsibilities on pages 20-25. Your application will then be sent automatically to the Department of Transitional Assistance. You do not have to apply for the SNAP Program to be considered for MassHealth.


USE THIS APPLICATION TO SEE WHAT COVERAGE CHOICES YOU MAY QUALIFY FOR.

- Affordable coverage from MassHealth, the Health Safety Net (HSN), the Children's Medical Security Plan (CMSP), or the Health Connector. You may qualify for one of these programs no matter what your income.
- Affordable private health insurance plans that offer comprehensive coverage to help you stay well
- A tax credit that can help pay your premiums for health coverage right away


WHO CAN USE THIS APPLICATION?

This application is for people who need health or dental coverage and help paying for it, and who

- live in Massachusetts and reside in the community, and;
- are younger than age 65.

This application may also be used by people of **any age** who are

- parents of children younger than age 19, or
- adult relatives living with and taking care of children younger than age 19 when neither parent is living in the home.

Application Date and Missing Information

- MassHealth Eligibility Decision
 - MassHealth has 45 days from the received date of the application to make an eligibility decision
- **Missing information or incomplete applications**
 - Applicant or members must respond to requests of information for unanswered questions within 15-days of the date of the notice
 - If responses to all unanswered questions are not received within the 15-days, the application received date will not be used for the eligibility start date



Ensuring Completeness of Application

- Use the latest version of the application
- **Answer all questions, write, and print clearly**
 - Answer **“Yes” or “No”** to all questions
 - If **“Yes”** make sure to send documents
- Sign **AND** date the application(s)

The following can cause delays in processing and determining an application include:

- No or wrong address; if homeless use the mailing address of shelter, if applicable
- No information, or only partially complete page(s), using not-applicable (N/A), crossed out questions
- Faxing or mailing copies of documents that are too small or too dark or light to read, rendering them unreadable
- Only listing the name of the other spouse, not completing a Person page for each member of the household or those applying
- Missing or incomplete information: income, immigration status

Reminders and Tips

- Not faxing **all pages** (both sides of the application) or faxing to the incorrect number or location

When faxing or mailing

- Use the [MassHealth Mail/Fax Coversheet](#)
- Put identifying information on documents such as name, D.O.B, and or SSN
- Do not refax or remail documents
 - Once you submit an application, annual review or other materials, do not submit the same item repeatedly
 - You can fax it or mail it – but don't do both

MSP Renewal

- MassHealth is required to renew households annually
- Households not auto renewed are sent letters to heads of households explaining that they should submit the renewal form **within 45 days**
 - If the household responds, the system will determine their eligibility based on the application data and generate appropriate request for information (RFI), if applicable
 - If the household fails to respond, the system will determine their eligibility based on available data
- MSP members who applied with a Medicare Savings Programs Application (MHBI) will be renewed
 - Members selected will receive a newly created renewal form, Renewal Application for the Medicare Savings Programs (MHBI-R), and cover letter
 - Option to submit renewal by paper or via E-submission
 - Cover letter will have the E-submission URL and reference number

Renewal for Assistance with Medicare Costs Medicare Savings Programs

This renewal application is to see if you are still eligible for help paying your Medicare Part B premiums, Medicare Part A premiums or Part A or B copays or deductibles.

How much can I have in income and assets?

Asset limits change each year on January 1. There are some types of assets that MassHealth will count and some types we will not count. Examples of countable assets are bank accounts, securities, investments, a second car, and cash. Countable and

What may be covered depends on your and your spouse's (if you are married) income and assets.

If you are still eligible Program, you will also Part D Extra Help. Ext prescription drug cost

You can use this renewal app Supplemental Nutrition A SNAP is a federal program each month. If you are inte page 1 of the application, r responsibilities on pages 3 2. Your application will the the Department of Transit You do not have to apply f considered for the Medicat

IMPORTANT—ACTION NEEDED

A Notice about Your Medicare Savings Program (MSP) Eligibility

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services | www.mass.gov/masshealth
EDMC PO Box 4405 Taunton, MA 02780-0968

Date: [DATE]
SSN: [XXXXXXXXXX]
PrId: [XXXXXXXX]
NUM: [XXXXXXXX] Type: MSP ANNUAL
Medicaid ID: [XXXXXXXXXX]
Reference number: [XXXXXXXX]

Attn: [FIRST NAME]
Re: Notice sent to [LAST NAME, FIRST NAME] (review form not enclosed)

MassHealth needs to check whether you and your spouse (if you are married) still qualify for a Medicare Savings Program. A Renewal Application for Medicare Savings Programs is included with this notice. Fill out the form and send it back to us right away with as much information as you have.

Send back the filled-out, signed renewal form by [DATE]. If you do not send it back by the due date, your Medicare Savings Program benefits may end.

Instructions for completing Renewal Application for Medicare Savings Programs

1. Sign and date the renewal form.
2. Attach proof of citizenship/national status and identity for every family member who is a U.S. citizen/national. You do not have to do this if
 - you have given us this proof before; or
 - you receive Social Security or SSI income.
3. Fill out the MassHealth Authorized Representative Designation (ARD) Form if you want someone to act on your behalf as your authorized representative. If you have an authorized representative, we will send all eligibility notices to them as well as to your head of household. To get the ARD Form, call us at (800) 841-2900, TDD/TTY: 711, or go to <https://www.mass.gov/lists/hipaa-forms-for-masshealth-members>.
4. Send back the filled-out renewal form right away. We will only send you a letter if we need more information or if your current benefits change.

SCENARIOS

Scenario #1



Susan, age 64, lives by herself and newly retired. Susan currently has MassHealth CarePlus. She turns 65 in 3 months and will need help paying her Medicare copays. Which application can she complete to see if she still qualifies for MassHealth or help paying her Medicare copays and premiums?

- a) The Medicare Savings Program (MHBI) Application
- b) The Health Coverage for Seniors and People Needing Long-Term-Care (SACA-2) Application
- c) The Massachusetts Application for Health and Dental Coverage and Help Paying Costs
- d) Susan may submit either the MHBI or SACA-2 application, depending on which benefit she's seeking
- e) Susan should wait until she is enrolled in Medicare before submitting an application
- f) I'm not sure

Scenario #1



Susan, age 64, lives by herself and newly retired. Susan currently has MassHealth CarePlus. She turns 65 in 3 months and will need help paying her Medicare copays. Which application can she complete to see if she still qualifies for MassHealth or help paying her Medicare copays and premiums?

- a) The Medicare Savings Program (MHBI) Application
- b) The Health Coverage for Seniors and People Needing Long-Term-Care (SACA-2) Application
- c) The Massachusetts Application for Health and Dental Coverage and Help Paying Costs

Answer: d) Susan may submit either the MHBI or SACA-2 application, depending on which benefit she's seeking

- e) Susan should wait until she is enrolled in Medicare before submitting an application
- f) I'm not sure

Scenario #2



James, age 69, lives with his wife, Kelly (age 65) and both are 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. Recently they learned there was a program that can help them pay for their Medicare premiums. Which application should they complete?

- a) The Medicare Savings Program (MHBI) Application
- b) The Health Coverage for Seniors and People Needing Long-Term-Care (SACA-2) Application
- c) The Massachusetts Application for Health and Dental Coverage and Help Paying Costs
- d) James and Kelly should submit both the MHBI and SACA-2 application
- e) I'm not sure

Scenario #2 Answer



James, age 69, lives with his wife, Kelly (age 65) and both are 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. Recently they learned there was a program that can help them pay for their Medicare premiums. Which application should they complete?

Answer: a) The Medicare Savings Program (MHBI) Application

- b) The Health Coverage for Seniors and People Needing Long-Term-Care (SACA-2) Application
- c) The Massachusetts Application for Health and Dental Coverage and Help Paying Costs
- d) James and Kelly should submit both the MHBI and SACA-2 application
- e) I'm not sure

Scenario #3



Jose, age 70, 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 MassHealth
- b) The PCP accepts Medicare
- c) The PCP accepts MassHealth
- d) Jose does not need to worry if the provider is in-network or not for Medicare
- e) I don't know

Scenario #3 Answer



Jose, age 70, 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 MassHealth

Answer: b) The PCP accepts Medicare

c) The PCP accepts MassHealth

d) Jose does not need to worry if the provider is in-network or not for Medicare

e) I don't know

RESOURCE & APPENDIX

MSP Expansions

- **2020** – The State Fiscal Year 2020 budget includes language expanding eligibility for the MSP program, increasing the income and asset/resource limits
- MSP: QMB: expands the income limits from 100% FPL to 130% FPL, doubles the asset amounts for new Senior Buy-In applicants
- MSP: SLMB and QI: expands the income limits from 135% FPL to 165% FPL, doubles the asset amounts for new Senior Buy-In applicants
- Learn more at: [Eligibility Operations Memo 20-30](#)
- **January 1, 2023:** Expansion of MSP's income and asset limits for the Buy-In/Senior Buy-In portion of their benefits for individuals who have or are seeking Buy-In/Senior Buy-In, plus full MassHealth
- The countable income limit for: QMB program is at or below 190% of FPL; SLMB program is greater than 190% and less than or equal to 210% of FPL; QI program is greater than 210% and less than or equal to 225% of the FPL
- Learn more at: [Eligibility Operations Memo 23-04](#)
- **March 1, 2024:** Elimination of asset limit and asset check requirements

Resources: Where to Go for Help?

Social Security	1-800-772-1213 www.SocialSecurity.gov	SSA Office Locator: secure.ssa.gov/ICON
Medicare	1-800-MEDICARE www.MEDICARE.gov	
Pharmacy Outreach (MCPHS University)	1-866-633-1617 www.mcphs.edu	
Prescription Advantage	1-800-243-4636 (choose option for PA) www.prescriptionadvantagemma.org	
SHINE	1-800-243-4636 (choose option for SHINE) www.shinema.org	

Resources: Where to Go for Help?

Certified Application Counselors

- The Commonwealth has approximately 1,500 Certified Application Counselor (CACs) spread across nearly all hospitals and Community Health Centers

Navigators

- The Commonwealth has selected and Certified 22 Navigator organizations

Go to [Enrollment Assister Search – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org)

MassHealth Enrollment Centers (MECs)

- All [MassHealth Enrollment Centers \(MECs\)](#) are open
- MassHealth Online Appointment Service
- Visit the MassHealth online appointment service for application assistance that can be completed online
- The Online Member Portal will let member’s schedule:
 - phone appointments
 - video appointments: require valid working email address
- Schedule appointments for the following services:

Assistance with new applications & renewal forms	Reporting a change: address, family size, income, pregnancy, newborn or other
Verifications	General questions

- Go to www.mass.gov/masshealth/appointment to schedule a phone or video appointment!
- Or scan the QR code





My Ombudsman – For Help Accessing Services



- My Ombudsman is an independent organization that helps MassHealth members, including their families and caregivers, address concerns or questions that may impact their experience with a MassHealth health plan or their ability to access their health plan benefits and services
- Who can get help through My Ombudsman:
 - Any members enrolled in, or attributed to, a MassHealth managed care plan, including:
 - Managed Care Organizations (MCOs)
 - Accountable Care Organizations (ACOs)
 - Members who receive their care via Fee For Service (FFS)
 - Members enrolled in the Massachusetts' Behavioral Health Partnership (MBHP) for their behavioral health services
 - One Care
 - Senior Care Options (SCO)
 - Program of All-Inclusive Care for the Elderly (PACE) organizations

My Ombudsman – Contact Information



- **Contact Information**

Phone: 855-781-9898

Videophone: 339-224-6831

Email: info@myombudsman.org

- Available language support (in-house staff): American Sign Language (ASL), Haitian-Creole, Portuguese, and Spanish. Interpreter services for other languages available as needed
- For more information about My Ombudsman, visit: <https://www.myombudsman.org/>

THANK YOU!

