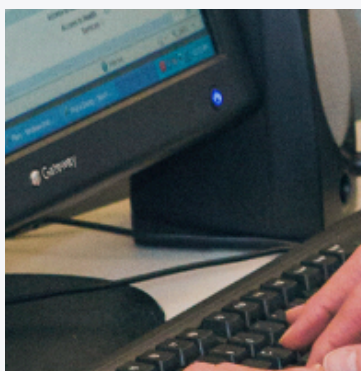
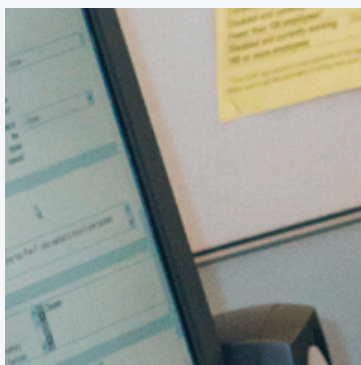


Helpline Case Study

# Challenges Faced by Dual Eligibles

Medicare Savings Program Enrollment

This case study series was supported in part by Arnold Ventures. Medicare Rights Center maintains full editorial control over all of its policy analysis and communications activities.



# Aims of the Case Study Series

This case study series is designed to help policymakers, advocates, and beneficiaries and their families better understand the challenges faced by people with Medicare. Each case study tells the story of a client who called the Medicare Rights Center's National Helpline seeking assistance. Cases highlight common obstacles and suggest possible solutions.

The two-part case study below explores common issues with Medicare Savings Program (MSP) enrollment. MSPs are federally and state-funded and state-administered assistance programs for Medicare beneficiaries with lower income and resources. Some people who are eligible for MSPs also have "full" Medicaid, while others have only Medicare and the MSP.

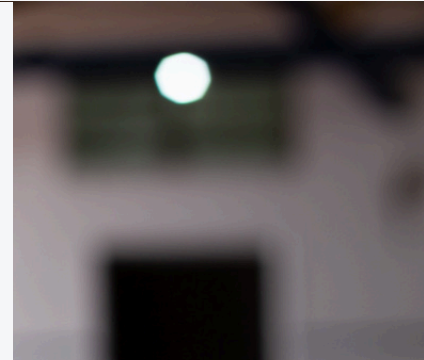


# Medicare Savings Programs

Medicare Savings Programs (MSPs) are vitally important programs because they pay for Medicare premiums and, in some, other cost-sharing, and they automatically enroll recipients in the Extra Help prescription drug subsidy, saving people, on average, \$8,000 per year. The MSPs are managed by state Medicaid offices. Historically, MSPs have been under-utilized, with uptake [remaining below 60%](#) nationally. This under-enrollment has several interconnected causes – beneficiaries are not aware of the program or its benefits, a burdensome and complicated application process can discourage all but the most motivated applicants, and improper denials can lead beneficiaries without assistance to abandon their efforts.



MSPs save individuals **\$7,400** per year on average.



Less than 60% of those eligible for MSPs are enrolled.



MSPs pay for Medicare premiums and help access to prescription drug assistance.





# The Case of a Mishandled Application

Ms. R is an 85-year-old New York City (NYC) resident who contacted the Medicare Rights Center's National Helpline for assistance enrolling in a Medicare Savings Program. Ms. R had previously tried to enroll in an MSP, but the benefit had never arrived. Medicare Rights contacted New York City's Medicaid office and found that it had mistakenly denied Ms. R's original MSP application after miscalculating her income.

Medicare Rights worked with Ms. R to prepare a new application. For the Medicare Rights enrollment team to be permitted to help Ms. R with this application, she needed to sign and submit a HIPAA release form.

However, Ms. R's printer was not working, and she did not have access to a fax machine. Medicare Rights mailed Ms. R a paper HIPAA form, which she had to mail back, further delaying the application process.

After completing and submitting a second application, Ms. R received another denial from the New York City Medicaid office. This denial notice stated that Ms. R had an open SNAP (Supplemental Nutrition Assistance Program) case in another county. Ms. R explained that her daughter lives in that county, and Ms. R often visits her. They had previously applied for SNAP at that county's local Medicaid office, but Ms. R's

primary residence was New York City. This created an issue for the NYC Medicaid office because if Ms. R was a resident of another county, she needed to apply for an MSP at that county's Medicaid office.

The NYC Medicaid office requested proof of ID and citizenship to continue processing the application. Ms. R supplied proof but received yet another denial. This time the denial notice stated that she had income above the limit for the MSP. Worryingly, the denial letter had two errors that would not be immediately obvious to a beneficiary. It cited an outdated MSP income limit and listed Ms. R's full income, failing to account for income that should have been disregarded according to New York law because it was used to pay for other health insurance.

Because Ms. R was working with trained assistors, these problems were quickly identified, and because of Medicare Rights' established relationship with the Medicaid office, the application could be re-processed without waiting for a fair hearing or formal appeal.

## **Finally, Ms. R was approved for the Qualifying Individual (QI) level of the MSP.**

Because she kept good records of her previously submitted application and unchanged income and assets, she was also reimbursed for over a year of Medicare Part B premiums that she should not have had to pay.



# Pandemic Era Flexibilities Smooth Mr. W's Application Process

Mr. W is a 70-year-old New York City resident who called the Medicare Rights Center's National Helpline to apply for Medicaid during the COVID-19 public health emergency (PHE). Medicare Rights helped Mr. W submit a Medicaid application.

Thanks to flexibilities in place during the PHE for Medicaid and MSP applications, Mr. W self-attested, meaning he swore to the truth of his application, rather than having to submit proof of his income and identity documentation. Mr. W also did not have to submit an original document with his physical signature, keeping a separate copy, as the requirement for a "wet signature" was waived during the public health emergency. This reduced delays that can arise when beneficiaries do not have printing and copying capabilities in their home, as well as delays related to mailing.

Further, owing to eligibility alignments in New York between Medicaid and the MSP level that Mr. W was eligible for, New York was able to automatically enroll Mr. W in the QMB MSP based on his Medicaid eligibility. It is worth noting that Mr. W did not seek out a Medicare Savings Program—he did not know about the benefit when he called Medicare Rights—but was able to access one easily through the streamlined application processes in place during the PHE. In addition to the health care savings and access he gained through Medicaid enrollment, Mr. W also began saving \$164.90 each month in Medicare Part B premiums, plus protection from additional cost-sharing obligations and significant prescription drug savings thanks to automatic enrollment in the Extra Help program.



# Key Policy Recommendations

Ms. R's case shows how stressful, complicated, and time-consuming applying for a Medicare Savings Program can be. Ms. R faced multiple hurdles and delays and, without an advocacy organization's help, would likely not have been enrolled in an MSP. For individuals with low incomes who may have significant health care needs, an MSP can be a lifeline. Absent enrollment in an MSP, many Medicare Rights clients say that they might have to give up their Medicare coverage and rely on emergency room care or choose between health care costs and other basic living expenses, like food and rent. Meanwhile, Mr. W's case shows how streamlining the MSP application process can ease the burden on applicants and make it easier for all parties.

The hours saved by Medicaid offices and other agencies could be used to help additional people with benefits assistance and solve other pressing problems.

**The recommendations presented below would serve two functions: improving the application experience for beneficiaries and reducing administrative burdens on state offices responsible for benefits processing.**

At the federal level, the Center for Medicare Services (CMS) supports, encourages, and, in some areas, requires states to make additional efforts to streamline the MSP application process. Therefore, states have the opportunity to improve and increase access to the Medicare Savings Program, and Medicare Rights recommends the following improvements to increase enrollment among those currently eligible.

## MSP Auto-Enrollment

Auto-enrolling individuals based on their eligibility for another benefit, such as SNAP, Medicaid, or Extra Help, can increase access to benefits and reduce barriers created by complex application processes.

## Cross Training of Benefits Processing Staff

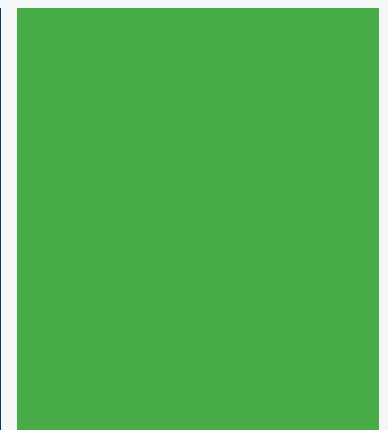
Ensuring that Medicaid office staff understand the interactions and different enrollment pathways among various benefits can reduce the rate of costly administrative errors.

## MSP Application Self-Attestation

Accepting self-attestation for all MSP eligibility criteria eliminates the burden on the beneficiary and their family of sending copious documentation—such as copies of an individual’s Medicare card, Social Security Card, government-issued ID, utility bills, and other income documentation—to the local Medicaid office. Several states utilize self-attestation, including Arkansas, Louisiana, Hawaii, Vermont, and Washington. The Centers for Medicare & Medicaid Services (CMS) has also [recommended that states use self-attestation](#) to increase MSP enrollment.

## Upgraded MSP Application and Notification Technology

Allowing applicants to submit MSP applications online or via e-fax and removing wet signature requirements increases application options for applicants and removes certain physical burdens (like having to walk to a post office to mail a paper application). Phone and email can also be leveraged to improve communication between the Medicaid office and applicant and reduce problems caused by lost paper notices.







The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through counseling and advocacy, educational programs, and public policy initiatives.

**National Helpline:** 800-333-4114

[www.medicarerights.org](http://www.medicarerights.org) | [www.medicareinteractive.org](http://www.medicareinteractive.org)

