

Helpline Case Study

Challenges Faced by Dual Eligibles

Medicare Savings Program Recertification

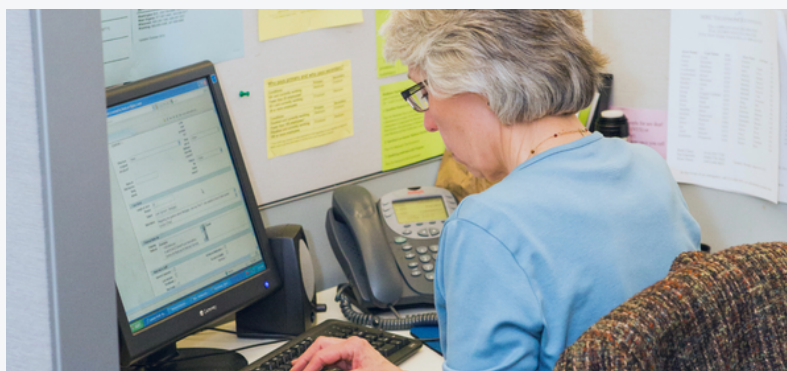
This case study series was supported in part by Arnold Ventures. Medicare Rights Center maintains full editorial control over all of its policy analysis and communications activities.



Aims of the Case Study Series

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

The two-part case study below explores common issues with Medicare Savings Program (MSP) recertification. MSPs are assistance programs for Medicare beneficiaries with lower incomes and resources. They are made possible through a combination of federal and state funding and are administered by states. Some people who are eligible for MSPs also have "full" Medicaid, while those with slightly higher incomes/resources may only be eligible for Medicare and an MSP. Under federal law, individuals enrolled in an MSP must recertify their eligibility once every 12 months.



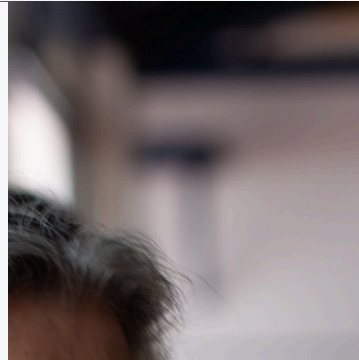
Medicare Savings Programs & Recertification

MSPs are vitally important programs because they pay for Medicare premiums. Certain MSPs also cover other Medicare cost-sharing, like deductibles and coinsurance. Additionally, enrollment in an MSP leads to automatic enrollment into the federal Extra Help prescription drug subsidy. Taken together, enrollment in an MSP and Extra Help saves the enrolled individual an estimated \$8,000 and helps them access needed care and medicines.

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, including that many beneficiaries are not aware of MSPs, that those who do know about the programs too frequently face a burdensome and complicated application process, and that those who do enroll in an MSP often encounter improper denials and obstacles during renewal.



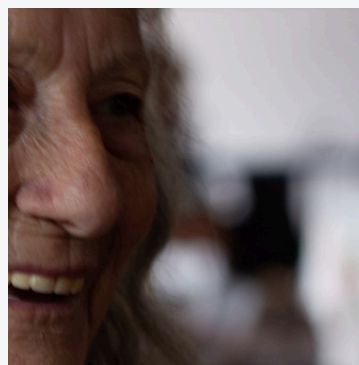
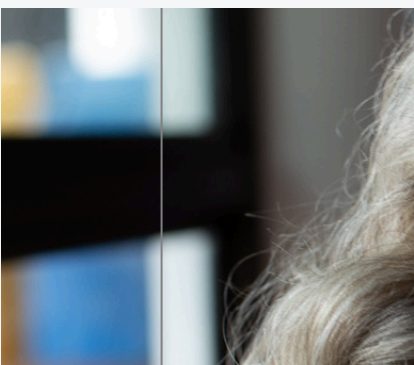
MSPs save individuals **\$8,000** per year on average.



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



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





The need for annual MSP renewal causes needless benefits churn, forcing beneficiaries—the majority of whom live on fixed incomes—to re-attest their income/assets just months after they began receiving benefits and to complete new paperwork in order to keep the MSP. A variety of solutions exist to ease or even eliminate the need for active recertification on the part of the beneficiary. States should leverage these solutions—including attestation, passive recertification, and data sharing—to ensure that beneficiaries maintain seamless coverage from year to year and have all the support they need to afford their health care.

Mr. A Loses His MSP Because of a Renewal Error

Mr. A is a blind, 72-year-old New Yorker who recently applied for and started receiving a Medicare Savings Program. His sole income is from his monthly Social Security retirement check. He applied for an MSP during the COVID-19 public health emergency (PHE), which meant he only had to attest to his income and did not need to submit separate proof and paperwork confirming income amounts.

During the PHE, he was also automatically recertified for his MSP (owing to special PHE-related waivers), and he did not need to do anything to keep the benefit from year to year. Now that the PHE has ended, Mr. A must actively recertify for his MSP through his local Medicaid office (also referred to as the local Department of Social Services (LDSS)) to avoid losing the benefit.

In Mr. A's state, the local Medicaid office sends individuals enrolled in an MSP a renewal application and instructions around three months before their benefits expire. Owing to his blindness, Mr. A needs paperwork sent to him in Braille—but his Medicaid office did not send him an MSP renewal packet in Braille. It was not until a community-based aid worker found the non-braille packet in Mr. A's apartment that he realized he needed to actively recertify for his MSP. It was very close to the recertification deadline, and the aid worker contacted the local Medicaid office to ask whether they could automatically renew Mr. A's MSP benefit by using the income data they had on file for him for his Supplemental Nutrition Assistance Program (SNAP) benefit. Unfortunately, because there is no data exchange between SNAP and MSP, this was not possible.

After failing to resolve issues with his local Medicaid office—and with his recertification deadline fast approaching—Mr. A called the Medicare Rights Center's National Helpline for more help. A Medicare Rights counselor reached out to the Medicaid office to request that MSP renewal materials be sent to Mr. A in Braille. However, before the office would process this request, they needed Mr. A to fill out a separate form formally requesting that documents be sent to him in an alternative form. Mr. A was afraid that his MSP renewal application would be late if he had to wait any longer to receive materials in Braille, so Medicare Rights worked with Mr. A and his aid to fill out the renewal packet he had previously received.





TIME TO RENEW

After submitting his renewal packet, Mr. A received a deferral notice from the local Medicaid office explaining that documentation was missing. Mr. A mailed in the missing documentation but received no reply or update on his renewal status for three months. It was unclear whether the paperwork had been received or was still missing until Mr. A finally received a notice from the office stating that his MSP had been terminated. Medicare Rights reviewed the termination notice and discovered that it cited outdated MSP income limits. Medicare Rights contacted the Medicaid office to advocate and seek Mr. A's reinstatement in the MSP, using the correct income limits to show that Mr. A was indeed eligible.

Unfortunately, Mr. A had to pay the Part B premium (\$174.70) each month while the problem was being resolved. He was later reimbursed, but having to pay \$174 a month while living on a fixed income due to a mistake Mr. A did not make was extremely stressful and burdensome.

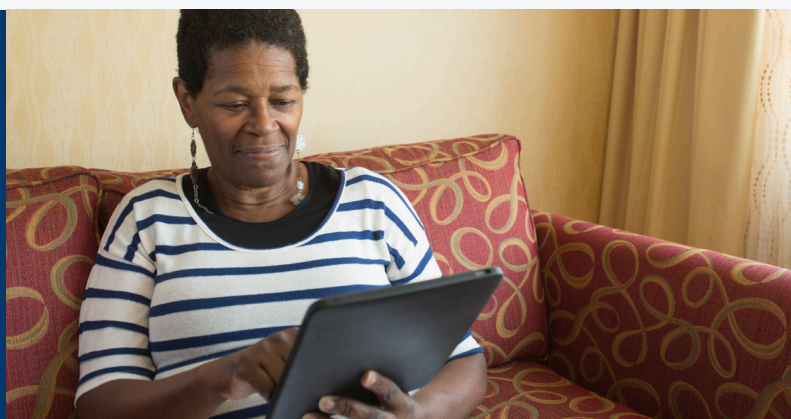
Pandemic-related Flexibilities Ease Ms. R's Renewal

Ms. R calls the Medicare Rights Center's National Helpline each year for help with her Medicare Savings Program renewal. She is 82 and has had an MSP since she contacted Medicare Rights to apply 10 years ago. Ms. R's only income is her monthly Social Security retirement check.

Despite her income being nearly unchanged from year to year, Ms. R typically has had to complete an MSP renewal form each year. It is an anxiety-inducing process for Ms. R. She is concerned about missing a notice from her local Medicaid office, filling out paperwork incorrectly, turning the application in late, or anything else that might mean her MSP renewal is delayed or denied. She cannot afford to go a month without the benefit because the cost of the Part B premium would severely affect her ability to pay for food, rent, and other necessities.

To avoid this scenario, Ms. A has had no choice but to spend a lot of time and energy in making sure she does not experience problems with completing and returning her MSP renewal.

This changed during the COVID-19 public health emergency. During the PHE, waiver provisions meant that Medicaid offices could automatically process MSP recertifications using previously submitted income information. (Such auto-renewal can work very well for older adults because most, like Ms. R, live on fixed incomes.) Ms. R received notice from her Medicaid office explaining that she was auto-renewed in the MSP for 12 months. Auto-renewal made a significant difference in Ms. R's life during the pandemic, enabling her to access affordable health care without stress.



Key Policy Recommendations

Under federal law, individuals enrolled in a Medicare Savings Program must recertify their eligibility once every 12 months. However, states have significant flexibilities in determining how that process works. Many of the delays and obstacles that Mr. A faced in his case can be resolved if states tailor their recertification process to meet the needs of beneficiaries. Ideally, it should be easy for individuals to keep their benefits, as seen in Ms. R's case.

Medicare Rights recommends the following improvements to address problematic areas of MSP recertification:

Leverage existing data to automatically recertify eligible individuals.

1. States could utilize data already available through state and federal agencies to create an auto-renewal process for beneficiaries. Using existing eligibility documentation for benefits like SNAP, Medicaid, and/or Extra Help would shift the recertification burden away from beneficiaries, especially those whose income and assets are unlikely to change.
2. States could identify individuals whose income is only from Social Security Retirement or Social Security Disability Insurance—or all individuals who have had income that has not fluctuated for a certain number of recertification cycles—and test automatic recertification for this population, either on an open-ended basis or for a set number of years.

Allow for self-attestation at the time of MSP recertification.

Accepting self-attestation for all MSP eligibility criteria eliminates the annual 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 already 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 and decrease cycling on and off the benefit.

Increase and improve communications about the annual MSP renewal cycle.

States should identify people at particular risk for non-renewal and conduct additional outreach via phone calls, texts, and/or emails to inform them that their renewal paperwork is being mailed and to be sure to complete it to stay enrolled in the MSP.

Allow for online and telephone recertification.

Opening additional avenues for recertification would help address shortcomings of paper-based renewals, such as individuals not receiving paperwork, not having access to paperwork in their preferred format or language, and facing delays in mail submission of documentation.





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 | www.medicareinteractive.org

