Extra Help/Low-Income Subsidy, Medicare Savings Programs, and LINET

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Reminder: Eligibility for Medicare Savings Programs (MSPs) and Part D Low Income Subsidy (LIS/Extra Help) coincide with release of federal poverty levels (late January/early February)

Use 2016 eligibility criteria until February 2017, when CMS confirms new thresholds
Medicare Savings Programs: QMB

- Qualified Medicare Beneficiary (QMB)
  - Pays Part B premium, deductible and cost-sharing, and Part A premium (if applicable)
  - In Maryland, QMB enrollees get a gray and white paper card from Department of Social Services once enrolled

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<thead>
<tr>
<th></th>
<th>Annual and Monthly Gross Income*</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Single</td>
<td>$12,120 or $1,010 per month</td>
<td>$7,280</td>
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<tr>
<td>Couple</td>
<td>$16,260 or $1,355 per month</td>
<td>$10,390</td>
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* Income limits include monthly $20 unearned income disregard; deduct $65 from any earned income each month
Medicare Savings Programs: SLMB I/II (QI)

- Specified Low-income Medicare Beneficiary (SLMB)/Qualifying Individual (QI or SLMB II)
  - Pays Part B premium
  - In Maryland, SLMB/QI enrollees get a letter from Department of Social Services once enrolled; they do not receive a card

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<tr>
<td>Single</td>
<td>$16,278 or $1,357 per month</td>
<td>$7,280</td>
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<tr>
<td>Couple</td>
<td>$21,867 or $1,823 per month</td>
<td>$10,930</td>
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Advantages of QMB and SLMB

- Puts $104.90 (or $121.80) back into the pockets of low-income beneficiaries each month
  - Additional savings accrued for those with QMB
  - Especially important if 2017 increases to Part B premiums and deductibles are enacted

- Anyone enrolled in QMB/SLMB will be deemed automatically eligible to receive the Part D Low Income Subsidy (LIS/Extra Help)
  - Still advantageous for you to help beneficiaries complete applications for both at same time
MSP Recertification

- Maryland residents with QMB/SLMB will receive a Case Information Form (CIF) each year to be reviewed and returned so eligibility for continued QMB or SLMB benefits can be determined.
- They **must** sign and return the form by the due date otherwise their benefits will be terminated.
Part D Low Income Subsidy (LIS)

- Pays for Part D plan premium up to benchmark amount
- Enrollees pay up to $8.25 (in 2017) for medications at pharmacy
- Get continuous Special Enrollment Period to switch plans

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<tr>
<td>Single</td>
<td>$18,060 or $1,505 per month</td>
<td>$13,640</td>
</tr>
<tr>
<td>Couple</td>
<td>$24,270 or $2,023 per month</td>
<td>$27,250</td>
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** Resources include $1,500 burial allowance per person
LIS Benchmark

- In MD, the 2017 regional benchmark amount is $33.22
  - Maximum subsidy available to those with full LIS
- Beneficiaries can enroll in non-benchmark plans; may have to pay difference in premium
  - May make sense for someone with medications that are not on benchmark plan formularies, or are in most expensive formulary tiers
- Landscape of plans:
  https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html
LIS Recertification, Redeeming, Redetermination – Letters to Clients

- Grey letter = losing deemed eligibility for LIS – must take action or lose subsidy
- Orange letter = LIS status change (full vs. partial)
- Purple letter = new to Medicaid/MSPs in 2nd half of year who are deemed eligible for LIS
- Blue reassignment letter = non-renewing plans or plans that will charge a premium
  - “Choosers” do not get auto-reassigned and get tan letter
- Random enrollees get letters for cyclical/initial redetermination = must complete form even if no change in circumstance
LI NET

- Limited Income Newly Eligible Transition program helps:
  - People new to LIS/Extra Help who don’t yet have a Part D plan
  - New duals (Medicaid/Medicare or Medicare/SSI)
- Operated by Humana on behalf of CMS
- Meant to provide temporary coverage until they are enrolled into Part D plan by CMS or choose one
- 3 ways clients can access program:
  - (If they’re a full dual) Auto-enrolled by CMS
  - At the pharmacy with an immediate prescription need
  - Submitting a receipt for prescription paid out of pocket during eligible period
LI NET (cont.)

- At the pharmacy the client should bring:
  - Letter indicating enrollment into LIS/SSI
  - Current Medicaid award letter
  - OR the pharmacist should query the state eligibility verification system


- SHIP hotline for clients whose BAE is rejected: **1-866-934-2019**

- Open formulary (though drugs excluded by all Part D plans cannot be covered)

- If beneficiary later found ineligible, will be billed for pharmacy claim
Resources

- MSP eligibility chart: https://www.ncoa.org/resources/medicare-savings-programs-eligibility-and-coverage-chart/
- LIS eligibility chart: https://www.ncoa.org/resources/part-d-lisextra-help-eligibility-and-coverage-chart/
- LI NET
  - LI NET webpage: https://www.humana.com/pharmacy/pharmacists/linet