

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



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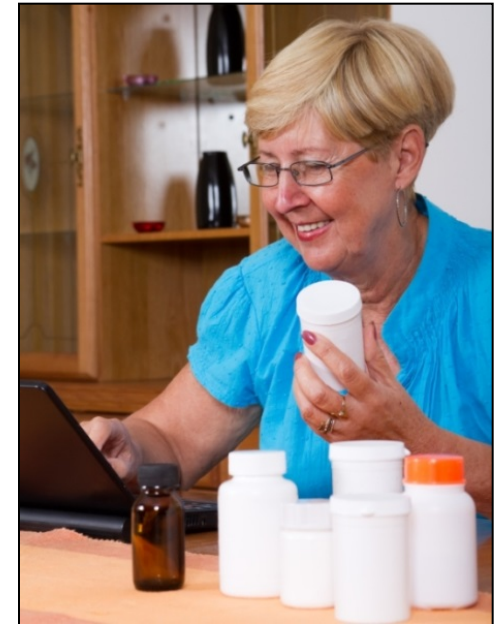


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Savings for People with Medicare



- 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

	Annual and Monthly Gross Income*	Resources
Single	\$12,120 or \$1,010 per month	\$7,280
Couple	\$16,260 or \$1,355 per month	\$10,390

* 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

	Annual and Monthly Gross Income*	Resources
Single	\$16,278 or \$1,357 per month	\$7,280
Couple	\$21,867 or \$1,823 per month	\$10,930

* Income limits include monthly \$20 unearned income disregard; deduct \$65 from any earned income each month

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

	Annual and Monthly Gross Income*	Resources**
Single	\$18,060 or \$1,505 per month	\$13,640
Couple	\$24,270 or \$2,023 per month	\$27,250

* Income limits include monthly \$20 unearned income disregard

** 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
- More info at: <https://www.ncoa.org/resources/medicare-part-d-extra-help-continued-assistance-redeeming-redetermination-and-reassignment/> or <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/LimitedIncomeandResources/Downloads/2015-2016-Mailings.pdf>

- 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
- Part D Best Available Evidence (BAE) policy:
<https://www.ncoa.org/resources/part-d-best-available-evidence-policy/>
- 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/>
- Counting the burial disregard:
<https://www.ncoa.org/resources/asset-tests-in-extra-help-medicare-savings-programs-the-burial-disregard/>
- LI NET
 - LI NET webpage:
<https://www.humana.com/pharmacy/pharmacists/linet>
 - FAQs for consumers:
<http://apps.humana.com/marketing/documents.asp?file=1345201>