



Getting Medicare right

Medicare Savings Program Expansion

Lessons Learned From New York

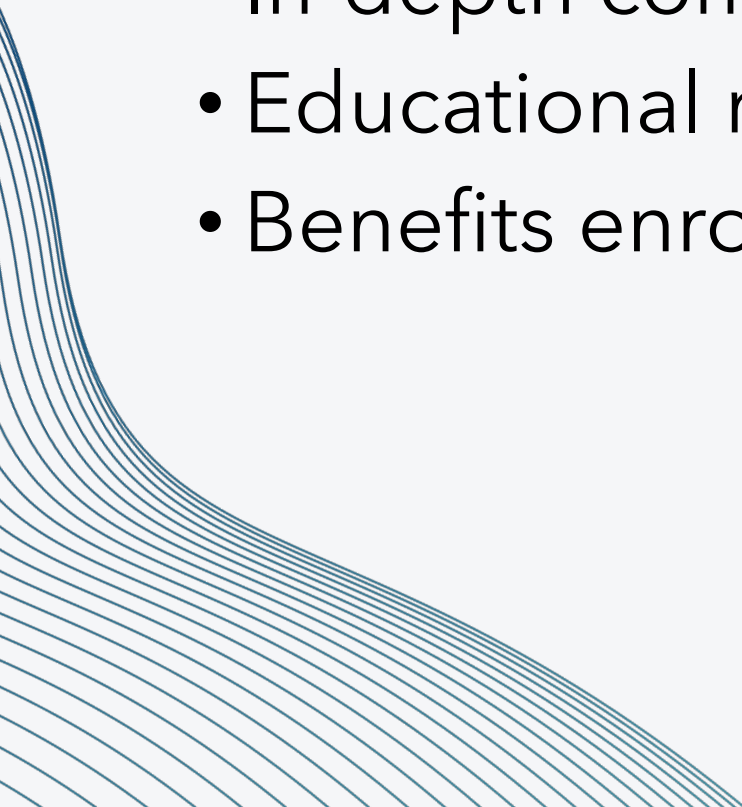
About the Medicare Rights Center

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
- Public policy initiatives



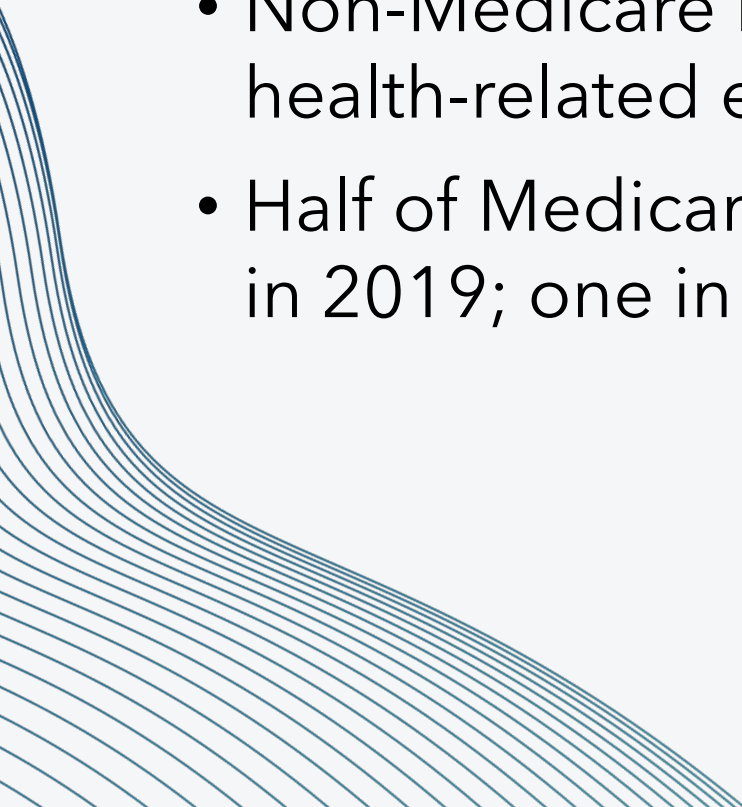
Services and Programs

- Medicare counseling on our toll-free, multilingual helpline (800-333-4114)
 - In-depth complex problem resolution (casework)
 - Educational resources
 - Benefits enrollment assistance
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National Helpline

- Medicare Rights has heard from people who need:
 - **Help paying for their health care and prescription drugs**
 - Access to health coverage after losing their jobs
 - Assistance understanding Medicare changes
- Our counselors help callers:
 - Apply for cost-saving programs
 - Navigate a complex Medicare enrollment system

Medicare & spending

- People with Medicare spend 13.6% of household expenses toward health care costs (\$7,000)
 - Non-Medicare households spend on average 6.5% of total on health-related expenditures
 - Half of Medicare beneficiaries lived on incomes below \$29,650 in 2019; one in four had incomes below \$17,000
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Medicare Savings Programs (MSPs)

Program for those with limited incomes/assets

- Pays for monthly premium (\$174.70 in 2024)
- Eliminates late enrollment penalty
- Enroll an individual in Part B outside of an enrollment period, if they already have Part A
- Provide automatic enrollment in Extra Help

Levels of MSP

- QI: Qualifying Individual
- SLMB: Specified Low-Income Medicare Beneficiary
- QMB: Qualified Medicare Beneficiary

Federal share

- Federal government pays share of costs related to MSP
 - QI: 100% federal financial participation
 - SLMB: varies by state (at least 50%)
 - QMB: varies by state (at least 50%)

Federal eligibility limits

	Single	Couple
Income limits	\$1,715/month	\$2,320/month
Asset limits	\$9,430	\$14,130

Many who need assistance are ineligible

Under enrollment

- Data analyses consistently demonstrate that uptake of MSPs remains low
- 40% of eligible beneficiaries are not enrolled, despite outreach efforts by national advocacy organizations and work of state and federal governments
- CMS has previously commented on under enrollment and made suggestions to improve enrollment rates
 - CMS explained that states can increase the effective income level needed to qualify for MSP

MSP expansion

- **Expand income eligibility:** Default income limits for MSP are extremely low. In most states, beneficiaries must be at or below 100% FPL to qualify for the most comprehensive benefit, which is below the level for expansion Medicaid (138%)
- **Eliminate asset limits:** Many are eligible but struggle to fulfill paperwork to prove assets are below the threshold.

States that have expanded

Expansion is not new. Several states have already increased income limits, eliminated assets, or both.

- Increased income: Connecticut, Indiana, Maine, Massachusetts, New York, and the District of Columbia
- Eliminated assets: Alabama, Arizona, California, Connecticut, Delaware, Louisiana, Mississippi, New Mexico, New York, Oregon, Vermont, and the District of Columbia

New York's expansion

Expansion

- Effective January 2023, New York State expanded MSP to 186% FPL
 - QI went from 135% to 186%
 - QMB went from 100% to 138%
 - Previous SLMBs became QMB
- An estimated 200,000 New Yorkers became eligible post-expansion
- MSP expansion was paired with Medicaid expansion to 138% FPL

Eligibility limits in 2024

	Single	Couple
QI	\$2,355/month	\$3,189/month
QMB	\$1,752/month	\$2,371/month

State automation of MSP enrollment for Medicaid enrollees

- State began auto-enrolling Medicare-eligible individuals who have MAGI Medicaid through New York State of Health (New York Marketplace)
 - This allowed state to move away from its previous Part B reimbursement stopgap for MAGI Medicaid recipients transitioning to Medicare
 - Eliminates burdensome MSP application process for thousands of beneficiaries each month

Re-budgeting efforts

- State sent notices to Medicaid spend-down and MSP recipients informing them that they may be eligible for additional benefits
 - Clients in QI or SLMB were possibly eligible for QMB and Medicaid
 - Clients with a Medicaid spend-down might be able to reduce or eliminate their spend-down
- Beneficiaries who took no action would have their budget adjusted during their normal renewal period

Outreach efforts

- Medicare Rights formed new partnerships and participated in several outreach campaigns to inform beneficiaries of changes
 - Called back New York clients who might be newly eligible
 - Created outreach toolkit for other organizations to have vetted materials they could use to inform beneficiaries
 - Levied mail, email, trainings, news and other media, etc.




Impact on MSP enrollment

QMB enrollment increased over 20% by December 2023

- Approximately 900,000 New Yorkers currently enrolled in MSP
- QI enrollment has remained stagnant, signaling that many eligible individuals are not yet receiving the benefit

Improving MSP enrollment process

- Self-attestation: Accepting self-attestation for all MSP eligibility criteria eliminates the burden on the beneficiary of sending copious documentation. Several states utilize self-attestation and CMS has also recommended it to increase MSP enrollment
 - Data-matching: Using existing forms of information from other programs (Medicaid, Extra Help, SNAP) to automate MSP enrollment can increase access to benefits
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Federal efforts

- 2023 Final Rule requires states to make use of existing eligibility information from Social Security Administration (SSA)
 - Low-Income Subsidy (LIS) leads data should be used to generate MSP application
 - Supplemental Security Income (SSI) recipients auto-enrolled into QMB
- Rule reduces burden on applicants to produce certain types of documentation and may increase MSP enrollments
- States must comply with rule by April 2026



For more information & help

Increasing Access to Medicare Savings Programs Paper

- <https://www.medicarerights.org/policy-documents/increasing-access-to-medicare-savings-programs>

CMS Final Rule Fact Sheet

- <https://www.cms.gov/newsroom/fact-sheets/streamlining-medicaid-and-chip-final-rule-fact-sheet>