Legal Basics: Medicare Savings Programs

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NATIONAL CENTER ON LAW & ELDER RIGHTS

Justice in Aging

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources. Since 1972, we have focused our efforts on populations that have traditionally lacked legal protection such as women, people of color, LGBT individuals, and people with limited English proficiency.

Key Lessons

1. Medicare is vital for older adults, but the program is not free and includes premiums and cost-sharing for enrollees. The Medicare Savings Programs (MSPs) help low-income Medicare beneficiaries afford the Part B premium and, in some cases, assist with Medicare Part A premium costs and other Medicare related cost-sharing.
2. There are four MSPs: (A) The Qualified Medicare Beneficiary Program (QMB); (B) The Specified Low Income Medicare Beneficiary Program (SLMB); (C) The Qualified Individual Program (QI); and (D) the Qualified Disabled and Working Individual Program (QDWI). While the programs help individuals pay for *Medicare*, they are administered and funded by state *Medicaid* programs. There is state-to-state variation in MSP eligibility rules. States can have different names for their MSPs.
3. Each of the four MSPs provides financial assistance to Medicare beneficiaries to help pay for Medicare costs. The assistance available varies depending on the program and the corresponding financial need.
4. Each MSP has financial eligibility requirements, and in general, individuals must have income and resources (also known as assets) below a certain level to qualify. States can have higher income limits, higher asset limits, or no asset limits for three of the MSPs (QMB, SLMB, and QI).
5. Enrollment into three of the MSPs (QMB, SLMB, and QI) also qualifies the individual for "Extra Help," or the "Low-Income Subsidy" (LIS), to help pay for Medicare Part D's prescription drug costs.
6. Legal assistance programs and partners can play a vital role in screening individuals for MSP and connecting individuals to these programs that can help them pay for Medicare coverage.

Introduction

Rose breathed a deep sigh. As a low-income older adult on both Medicare and Medicaid, she has multiple chronic conditions, including diabetes, thyroid issues, and she is on dialysis. She does not have enough income to cover the cost-sharing associated with a hospitalization, which she will likely need this year. Her doctor has recommended a new medication that could be helpful in controlling her diabetes, but the medication is expensive, even with her Medicare coverage. Because of the cost-sharing associated with her care, she is struggling to afford rent.

Help is available to Rose. Because she qualifies for a MSP called the QMB program, once she enrolls, her state Medicaid agency will cover her Part B premiums and cost-sharing associated with hospitalizations and other medical care. In other good news, once she is enrolled in QMB, she will automatically qualify for assistance with medication costs through the Low-Income Subsidy (also known as LIS or "Extra Help" program). Like Rose, many low-income Medicare beneficiaries need help to pay for healthcare costs. MSPs can help with these costs. MSPs cover over 10 million people with Medicare.[1]

Why Medicare Savings Programs Are Essential

Medicare is vital for older adults and provides coverage for hospital visits, routine check-ups, specialty care, prescription drugs, and other services, but it comes at a cost.[2] There are premiums associated with Medicare:

- Part A (covering inpatient care) is generally free for individuals who are eligible for Premium Free Part A. For individuals not eligible for free Part A, they may have to pay a Part A premium cost of either $278 or $505 depending on their work history.
- The Part B benefit (outpatient care) generally has a monthly premium of $174.70 and a $240 deductible in 2024.

In addition to premiums, there are deductibles, co-pays, and co-insurance:

- For example, in 2024, Part A has a $1,632 deductible for each hospital in-patient benefit period.
- Part B co-insurance is typically 20% of covered services in the Traditional Medicare program.

These costs add up. One in four Medicare beneficiaries had incomes below $21,000 in 2023.[3] More than one in three (36%) of Medicare beneficiaries report that they have delayed care due to cost.[4]

These costs also impact marginalized communities more. Out-of-pocket expenses are higher for Medicare beneficiaries that are older, women, had chronic conditions, or worse health.[5] Meanwhile, income and savings are lower on average for Medicare enrollees who are over 85, women, Black individuals, or Hispanic individuals on Medicare.[6] Across insurance, Black individuals; individuals from American Indian, Alaskan Native, Native Hawaiian, and Pacific Island communities; and women report having a harder time meeting medical costs.[7]

MSP Enrollment Trends

MSPs have historically been under-enrolled, with millions eligible but not enrolled in this assistance. The Centers for Medicare and Medicaid Services (CMS) has pushed for higher MSP enrollment, with impressive results. From 2010 to 2021, MSP enrollment increased by almost three million people, which exceeded the annual Medicare enrollment growth rate.[8] CMS has built on this improvement with a final rule in 2023 improving the MSP enrollment process ("MSP streamlining rule").[9]

However, there are reasons to continue monitoring MSP enrollment trends. Beginning in spring of 2023 when the COVID-19 public health emergency ended, state Medicaid agencies across the country were required to engage in redeterminations for their entire Medicaid population, including MSP recipients. Early reports indicated that many individuals were disenrolled from Medicaid despite being eligible, with disenrollment concentrated among Black and Hispanic individuals twice as likely to lose Medicaid coverage.[10] Disparities in enrollment exist, particularly for individuals with dementia.[11]

Practice Tip #1

Early research suggests that many people who lost Medicaid in the last two years did so because of administrative reasons (e.g., incomplete applications and inaccurate contact information). When advising someone who has recently lost MSP eligibility, it would be prudent to double-check their eligibility.

The Different Medicare Savings Programs

There are four different MSPs that exist to help bridge the gap between what Medicare pays for and what low-income Medicare beneficiaries can afford. While MSPs help *Medicare* beneficiaries, they are actually a part of the *Medicaid* program. Because they are administered by Medicaid, they are administered at the state level. The different programs are:

- The Qualified Medicare Beneficiary (QMB) Program;
- The Specified Low Income Medicare Beneficiary (SLMB) Program;
- The Qualified Individual (QI) Program; and
- The Qualified Disabled and Working Individual (QDWI) Program.

Each of these programs aim to help individuals pay for their Medicare coverage. The programs differ in two key ways: (1) They have different financial eligibility and asset requirements; (2) They offer different financial assistance.

Financial Eligibility for Medicare Savings Programs

Any individual receiving assistance from an MSP must already be eligible for Medicare Part A. Please note that a person does not necessarily have to be enrolled in Part A before receiving MSP; see "Where to Apply First" below for more details.[12] Each program has different income and resource (asset) limits.

Income Limits

States must set an income limit of 100% of the federal poverty level (FPL) or higher for QMB; 120% of FPL or higher for SLMB; and 135% of FPL or higher for QI.13 Seven states and the District of Columbia have higher income standards than the federal minimum standard.14

Income eligibility for QDWI is set at 200% of FPL, but individuals can still qualify up to about 400% FPL because of QDWI earned income disregards. States do not have the same flexibility that they do with QMB, SLMB, and QI to set higher income standards for QDWI.

Table 1. Income Requirements for Medicare Savings Programs[15]

Program	Minimum % of FPL that a state can set	Minimum income level that a state can set in 2024*
Qualified Medicare Beneficiary (QMB) Program	100% of FPL	$1,275 for individuals $1,724 for a couple
Specified Low Income Medicare Beneficiary (SLMB) Program	120% of FPL	$1,526 for individuals $2,064 for a couple
Qualified Individual (QI) Program	135% of FPL	$1,715 for an individual $2,320 for a couple
Qualified Disabled and Working Individual (QDWI) Program**	400% of FPL***	$5,105 for an individual $6,899 if married

Notes:

- *Dollar amounts are for 2024 and include a $20 income disregard that applies for MSPs. Dollar amounts include the $65 earned income disregard for QDWI. Minimum income levels are higher in Alaska and Hawaii because FPL is calculated differently in those two states.
- ** States do not have flexibility to set higher income standards for QDWI (88 FR 65,231, footnote 10).
- ***QDWI eligibility is initially set at 200%; since the program disregards half of earned income the limit can go up to 400% of FPL. In addition, a $20 income disregard and $65 earned income disregard apply.

Practice Tip #2

By April 2026, some states will need to change the way they calculate income for MSP.[16] This may mean that individuals who are not eligible now may become eligible after their state has made this change.

Practice Tip #3

When individuals on Social Security get their annual cost of living adjustment (COLA), this adjustment should not be counted as income for MSP eligibility purposes until the individual's state has updated their income requirements to reflect new FPL guidelines for the year.[17]

Asset Limits

If a state sets an asset limit for QMB, SLMB, or QI, it must set it at $9,430 or higher for an individual and $14,130 or higher for a couple.[18] Thirteen states and the District of Columbia do not set an asset limit for QMB, SLMB, or QI.[19] An additional three states have more generous asset limits than the federal minimum.[20]

QDWI asset limits are set at $4,000 for an individual and $6,000 for a couple. States do not have the same flexibility that they do with QMB, SLMB, and QI to set higher asset standards for QDWI.

Countable resources include money in a checking or savings account, stocks, and bonds. Certain resources are never counted in this sum, including the individual's primary house, car, household goods and wedding/engagement rings, burial spaces, burial funds (up to $1,500), and whole life insurance with a cash value less than $1,500.[21] CMS has outlined how states can offer more generous resource requirements for MSP, by not counting resources altogether or by disregarding in-kind support and maintenance, dividend income, interest income, the value of non-liquid resource, the value of whole life insurance, and the value of burial funds.[22]

Table 2. Asset Requirements for MSPs[23]

Program	Minimum resource level that a state can set
Qualified Medicare Beneficiary (QMB) Program	$9,430 for individuals $14,130 for couples
Specified Low Income Medicare Beneficiary (SLMB) Program	$9,430 for individuals $14,130 for couples
Qualified Individual (QI) Program	$9,430 for individuals $14,130 for couples
Qualified Disabled and Working Individual (QDWI) Program*	$4,000 for individuals $6,000 for couples

Note: *States do not have flexibility to set higher resource standards for QDWI (88 FR 65,231, footnote 10).

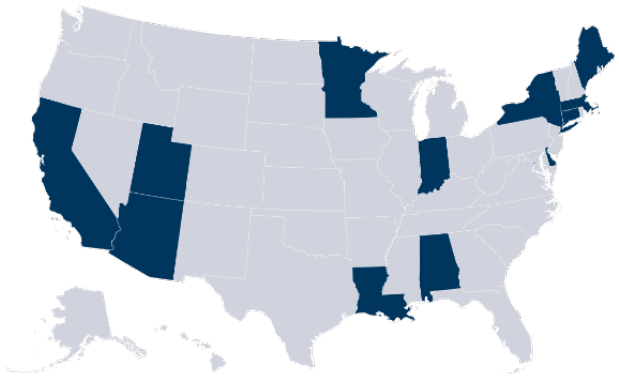
Practice Tip #4

As part of the new MSP streamlining rule, by April 2026, states must accept self-attestation about certain resources and provide help with getting information about whole life insurance policies. This means that individuals will typically not have to provide documentation proving resource amounts (though there is a process for a state to find out more if it has reason to believe the amounts are incorrect). This will make it easier for individuals who apply for MSPs.[24]

Practice Tip #5

The MSP income and resource limits change from year to year. If you are working with an older adult whose income and resources are slightly higher, you should still encourage them to apply. In addition, since MSP eligibility may be re-screened during the annual Medicaid re-determination process, advocates should work with their clients to ensure that any changes in income or resources are properly reported.

Map: States with More Generous Income or Asset Limits for MSPs[25]



States: Alabama, Arizona, California, Connecticut, Delaware, DC, Indiana, Louisiana, Maine, Massachusetts, Minnesota, New York and Utah. Note: Two additional states (Illinois and Mississippi) have slightly higher income disregards for MSPs.

MSP Financial Assistance

The level of assistance provided with each MSP program correlates to the financial need of the beneficiary. For example, the QMB program is targeted to the lowest income individuals (100% FPL) and offers the most comprehensive benefit. As a QMB enrollee, Part A premiums (when applicable)[26] and B premiums are paid for, as well as all Medicare deductibles, co-pays, and co-insurance. In addition, Medicare providers cannot charge QMBs for any amounts beyond what Medicare and Medicaid pay; QMBs are protected from improper billing under federal law.[27] For many low-income older adults who have multiple chronic conditions, the QMB program protects them from being liable for hundreds of dollars of co-insurance each month that would otherwise be impossible to pay.

Next, the SLMB and QI programs both cover Part B premiums. However, unlike QMB, they do not include Medicare co-payments or deductibles. Because of this financial assistance, SLMB and QI individuals have about an additional $174.70 per month to pay for rent, food, and utilities that otherwise would have been used to pay for Part B premiums.

Practice Tip #6

MSP can also lead to help with medication costs. Individuals enrolled in QMB, SLMB, or QI do not need to complete a separate application as they are deemed or automatically enrolled in LIS.[28] LIS is a federal program that helps low-income individuals pay for some or most prescription drug costs.[29]

Individuals on QDWI receive help paying for Part A premiums and are not deemed in LIS.

Table 3. Financial Assistance Offered by Medicare Savings Programs[30]

Medicare Savings Program	Financial Assistance
Qualified Medicare Beneficiary (QMB) Program	Medicare Part A and B premiums, deductibles, and co-payments; and co-insurance. Automatic eligibility for LIS.
Specified Low Income Medicare Beneficiary (SLMB) Program	Medicare Part B premiums. Automatic eligibility for LIS.
Qualified Individual (QI) Program	Medicare Part B premiums. Automatic eligibility for LIS.
Qualified Disabled and Working Individual (QDWI) Program	Help with Medicare Part A premiums.

In addition to income and resource limits, QDWI individuals have other eligibility requirements. QDWI individuals must be under 65 and disabled and not on Medicaid. Because they are returning to work, they no longer qualify for free Medicare Part A.

MSP and Full Medicaid

Two programs, QMB and SLMB, allow people to also be enrolled in full-scope Medicaid. Individuals who are on both QMB and full-scope Medicaid are referred to as "QMB-plus." Individuals who are on both SLMB and full-scope Medicaid are referred to as "SLMB-plus." Individuals who are enrolled in QMB or SLMB and not full-scope Medicaid are referred to as "QMB-only," and "SLMB-only," respectively.

Whether an individual is a full-scope Medicaid recipient, and therefore a "plus," or an "only," will depend on state-specific Medicaid eligibility criteria. Also, different states may stray from the federal naming conventions.[31]

A Closer Look at QMB Improper Billing

All Medicare providers and suppliers who offer services and supplies to people on QMB may not bill them for Medicare cost-sharing.[32] This protection cannot be waived. QMB improper billing requirements applies both to QMB-only and QMB-plus individuals, as well as individuals on Medicare Advantage and in Traditional Medicare. Additional state-based protections may apply for individuals dually enrolled in Medicaid and Medicare.

Providers are given notice when a person is on QMB; their remittance notices will have a statement about how they are not allowed to collect cost-sharing. There are several resources available to individuals and their advisors if they believe they have been improperly billed, calling 1-800-MEDICARE, contacting the Medicare Advantage plan, and using Justice in Aging's resources to educate providers. More resources are available from Justice in Aging's Improper Billing Toolkit.[33]

Practice Tip #7

Even if a person's Medicare costs are covered by enrollment in full Medicaid, enrolling in QMB in addition to full Medicaid triggers additional federal improper billing protections.

Practice Tip #8

The Centers for Medicare and Medicaid Services has published a Medicare Learning Network resource that covers improper billing issues, including provider responsibilities to refund bills and recall bills that have gone to collections.

Enrolling Into a Medicare Savings Program

Some individuals should be screened and enrolled in an MSP without requiring a separate MSP application, while others will need to apply in order to receive MSP.[34]

Auto-Enrollment

Individuals can be auto-enrolled into an MSP with the following processes:

- **Individuals Applying to Full-Scope Medicaid**
  - » If a person has applied for full-scope Medicaid, they will be screened for MSP. As MSPs are a form of Medicaid benefit, state Medicaid agencies have a federal affirmative obligation to screen for eligibility for all Medicaid programs, including MSPs, when an individual initially applies for Medicaid and during the re-determination process.[35] Therefore, an application for Medicaid includes screening for MSP eligibility, so some individuals may be automatically enrolled into an MSP based on this obligation after applying for Medicaid.

- **Individuals Renewing or Redetermining Full-Scope Medicaid**
  - » States must screen individuals for all Medicaid programs during renewal and redetermination.[36]
- **Individuals Losing Full-Scope Medicaid**
  - » States have an obligation to screen individuals for MSP if they are losing full-scope Medicaid.[37]
- **Individuals on LIS**
  - » Federal law requires states to accept data from the Social Security Administration on who is enrolled in LIS (Low Income Subsidy), and use that information to initiate an MSP application. While states have long been required to accept data from the Social Security Administration regarding people on LIS, and process that information like an MSP application, there are new rules out that add detail and confirm a state's obligation in this situation.[38]
- **Individuals on Supplemental Security Income (SSI)**
  - » Starting October 1, 2024, all states will be required to automatically enroll into QMB most Medicare enrollees who have SSI-based Medicaid. For more information, see Section 1.6.2.6 of CMS' Manual for State Payment of Medicare Premiums.

While some individuals may be automatically enrolled on the basis of their Medicaid application or re-determination, or LIS enrollment, individuals can also affirmatively apply for enrollment into an MSP. Since MSPs are administered by state Medicaid programs, enrollment is handled by the state Medicaid agency. Each state should have its own application form, based on a model application provided by CMS.[39] The Social Security Administration informs its staff that states will accept the model application, even if the state has a different application.[40]

In most states, enrollment for QMB will be effective the month after the individual is determined eligible. For SLMB and QI, benefits are retroactive for three months from the date of application, assuming the individual meets eligibility in those months.

The Social Security Administration is also required to notify low-income Medicare beneficiaries who may be eligible for MSPs. Annually, beginning in May through June, the Social Security Administration mails outreach letters to potential QMB, SLMB, and QI-eligible Medicare beneficiaries. Letters for individuals likely eligible for QDWI are mailed at the end of November.[41]

Practice Tip #9

State Health Insurance Assistance Programs (SHIPs) are funded to educate Medicare beneficiaries about MSPs and help them apply when appropriate. Legal services and other aging professionals should consider partnering with SHIPs on efforts to educate consumers about MSPs and increase enrollment.

Where to Apply First

If a person is not auto-enrolled into MSP, they can still sign up. This section covers the order in which a person might sign up for Medicare and MSP.[42] This process depends in part on what state the person is in. For more information about this process, see Justice in Aging's brief on the Conditional Part A process.[43]

Table 4. Part A Buy-In and Group Payer States[44]

Type	States
Part A Buy-In States	Alaska, Arkansas, California (starting January 1, 2025), Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia, Wisconsin, Wyoming.
Part A Group Payer States	Alabama, Arizona, California (until January 1, 2025), Colorado, Illinois, Kansas, Kentucky, Missouri, Nebraska, New Jersey, New Mexico, South Carolina, Utah, Virginia.

If a person is eligible for premium-free Part A, they can enroll at the Social Security Administration for Part A anytime. If a person then applies with the state Medicaid agency for MSP, then the state Medicaid agency must enroll them in an MSP if they are eligible. The state must also enroll the person in Medicare Part B and cover Part B premiums.[45]

If a person is eligible for premium Part A and needs assistance paying for the Part A premium, the process depends on the state they are in. If they are in a group payer state, they can sign up for "Conditional Part A" at the Social Security Administration only during certain enrollment periods.[46] They can then sign up for QMB at the state Medicaid agency. The state Medicaid agency must enroll them in QMB if they are eligible. This will activate Part A coverage at the same time that QMB becomes effective. The state must also enroll the person in Medicare Part B and cover Part B premiums.[47]

If a person is eligible for premium Part A and wants to wait until their QMB is active before activating Part A, and if they are in a Part A buy-in state, then they can sign up for "Conditional Part A" at the Social Security Administration at any time. They can then sign up for QMB at the state Medicaid agency. The state Medicaid agency must enroll them in QMB if they are eligible. This will activate Part A coverage at the same time that QMB becomes effective. The state must also enroll the person in Medicare Part B and cover Part B premiums.

Practice Tip #10

While not required for MSP enrollment, proof of Conditional Part A enrollment (e.g., a screenshot of the computer screen taken while at the Social Security Administration appointment) can be helpful in speeding up the MSP application process.

If a person is enrolled in Part B, and are in a Medicare Part A Group Payer State, they can sign up for MSP at their state Medicaid agency, and the state must enroll them if eligible. If the person is eligible for Premium Part A and wants QMB to help pay for premiums, they can sign up for Conditional Part A at the Social Security Administration only during certain enrollment periods.[48] They can then sign up for MSP at the state Medicaid agency. The state Medicaid agency must enroll them in MSP if they are eligible. This will activate Part A coverage at the same time that MSP becomes effective.[49]

If a person is enrolled in Part B, and are in a Medicare Part A Buy-in State, they can sign up for MSP at the state Medicaid agency. The state must enroll them in MSP if they are eligible. If the person is eligible for QMB, the state must also enroll the person in Medicare Part A and cover any Part A premiums.[50]

Conclusion

MSPs are critical for low-income Medicare beneficiaries, allowing them to access health services and eliminating the barriers that Medicare cost-sharing poses. Among the different MSPs, QMB offers the strongest protections, but many QMBs are billed for Medicare services despite legal protections to the contrary. Participation in MSP has improved in recent years, but may be negatively impacted by the end of the COVID-19 public health emergency. Advocates and aging services professionals should work to ensure as many older adults as eligible are enrolled in and benefit from MSPs.

Endnotes

1 Medicaid and CHIP Payment and Access Commission (MACPAC), "Report to Congress on Medicaid and CHIP," (June 2024), page 76. Does not include QDWI.
2 Medicare.gov, "Costs"
3 KFF, "Income and Assets of Medicare Beneficiaries in 2023," (Feb. 5, 2024).
4 KFF, "KFF Survey of Consumer Experiences with Health Insurance," (June 15, 2023).
5 KFF, "How Much Do Medicare Beneficiaries Spend Out of Pocket on Health Care?," (Nov. 2019).
6 KFF, "Income and Assets of Medicare Beneficiaries in 2023," (Feb. 5, 2024).
7 KFF, "KFF Survey of Consumer Experiences with Health Insurance," (June 15, 2023); KFF, "Health and Health Care for Indigenous People," (Nov. 10, 2022).
8 MACPAC, "June 2024 Report to Congress on Medicaid and CHIP," (June 2024).
9 See Justice in Aging, "Final Rule to Streamline Enrollment in Medicare Savings Programs," (Nov. 2023).
10 Kranti C. Rumalla et. al., "Racial and Ethnic Disparities in Medicaid Disenrollment After the End of the COVID-19 Public Health Emergency," JAMA Intern Medicine (June 3, 2024).
11 NCOA, "Medicare Savings Program and Part D Low-Income Subsidy Program Enrollment" (2022); Eric T. Roberts, Brian E. McGarry, and Alexandra Glynn, "Cognition and Take-up of the Medicare Savings Programs." JAMA Intern Med. (October 2020).
12 For more information on Medicare eligibility, see NCLER, "Legal Basics: Medicare Parts A, B, and C Eligibility and Enrollment," (November 2023).
13 NCOA, "Medicare Savings Programs: Eligibility and Coverage," (Feb. 27, 2024).
14 *Ibid*. Enact higher income standards for QMB, SLMB, and QI. See CMS, "State Payment of Medicare Premiums," Section 1.6.2.1.
15 Source for table: NCOA, "Medicare Savings Programs: Eligibility and Coverage," (Feb. 27, 2024).
16 This is because states have to align their definition of family size with Low-Income Subsidy by April 2026. See Justice in Aging, Final Rule to Streamline Enrollment in Medicare Savings Programs," (November 2023).
17 CMS, "State Payment of Medicare Premiums', Section 1.6.2.1
18 CMS, "Medicare Savings Programs."
19 NCOA, "Medicare Savings Programs: Eligibility and Coverage," (Feb. 27, 2024).
20 *Ibid*.
21 NCOA, "What are Medicare Savings Programs?" (October 31, 2023).
22 *Ibid*.; Justice in Aging, Final Rule to Streamline Enrollment in Medicare Savings Programs," (November 2023).
23 Source for table: CMS, "Medicare Savings Programs."
24 Justice in Aging, Final Rule to Streamline Enrollment in Medicare Savings Programs," (November 2023).
25 Source for Map: NCOA, "Medicare Savings Programs: Eligibility and Coverage," (Feb. 27, 2024).
26 Most people qualify for premium-free Part A, but some do not and can pay a premium to get Part A. See CMS, "State Payment of Medicare Premiums," Section 1.3.2
27 42 U.S.C. § 1396a(n)(3)(B). Federal regulations apply this protection to Medicare Advantage enrollees. 42 C.F.R. § 422.504(g)(1)(iii).

28 Medicare Rights Center, "Extra Help Basics."
29 More on the Extra Help program is available at CMS, "Help with Drug Costs."
30 Source for table: CMS, "Medicare Savings Programs."
31 For a list of states with different naming conventions, see NCOA, "Medicare Savings Programs: Eligibility and Coverage," (Feb. 27, 2024).
32 42 U.S.C. § 1396a(n)(3)(B). See Medicare Learning Network, "Beneficiaries Dually Eligible for Medicare & Medicaid," (June 2024).
33 Justice in Aging, "Improper Billing."
34 This section does not cover QDWI enrollment.
35 42 C.F.R. § 435.911(c)(2) ("[T]he agency must collect such additional information…to determine whether such individual is eligible for Medicaid on any basis other than the applicable modified adjusted gross income standard, and furnish Medicaid on such basis."). Starting in June 2024, this provision clearly included redeterminations in addition to applications and renewals. United States Department of Health and Human Services, Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes (final rule) (April 2, 20224). 89 FR 22,780. See also 42 C.F.R. § 435.916(f)(1) ("Prior to making a determination of ineligibility, the agency must consider all bases of eligibility…"). See also 42 C.F.R. § 435.930(b) (requiring states to continue furnishing Medicaid unless an individual is found ineligible). See also Crippen v. Kheder, 741 F.2d 102 (6th Cir. 1984) (interpreting 42 C.F.R. § 435.930).
36 *Ibid.*
37 CMS, "Eligibility & Enrollment Processing for Medicaid, CHIP, and BHP During COVID-19 Public Health Emergency Unwinding Key Requirements for Compliance," (May 17, 2022), slide 11.
38 Justice in Aging, "Final Rule to Streamline Enrollment in Medicare Savings Programs," (November 2023).
39 42 U.S.C § 1396d(p)(5)(A) (describing the CMS model application).
40 SSA POMS HI 00815.024, "SSA's Role in Medicare Savings Programs (MSP) Applications," (effective May 8, 2024).
41 SSA POMS HI 815.025, "SSA Outreach to Low-Income Medicare Beneficiaries – Extra Help and Medicare Savings Programs." Sample outreach letters are available online.
42 CMS, "Frequently Asked Questions about Medicare Part A and B "Buy-in" (March 2021); CMS, "State Payment of Medicare Premiums," Section 1.10; Justice in Aging, "Medicare Part A Conditional Applications," (January 2023). This section does not cover QDWI enrollment processes.
43 Justice in Aging, "Medicare Part A Conditional Applications," (January 2023).
44 Source for table: CMS, "State Payment of Medicare Premiums," Appendix A.
45 CMS, "Frequently Asked Questions about Medicare Part A and B "Buy-in" (March 2021); CMS, "State Payment of Medicare Premiums," Section 1.10.
46 These include the initial enrollment period (when a person first becomes eligible for Medicare; the General Enrollment period (January – March each year); and Special Enrollment Periods. See SSA POMS HI 00801.140 Premium-Part A Enrollments for Qualified Medicare Beneficiaries (QMBs) – Part A Buy-In States and Group Payer States" (describing the conditional Part A enrollment process); SSA POMS HI 00801.133 "Enrollment and Coverage Periods" (describing enrollment periods). See also CMS, When Does Coverage Start?, for a list of special enrollment periods.
47 CMS, "Frequently Asked Questions about Medicare Part A and B "Buy-in," (March 2021); CMS, "State Payment of Medicare Premiums," Section 1.10.
48 See note 42.
49 CMS, "Frequently Asked Questions about Medicare Part A and B "Buy-in" (March 2021); CMS, "State Payment of Medicare Premiums," Section 1.10.
50 *Ibid.*

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.

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