Increasing Enrollment in the Medicare Savings Programs

A View from the States

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Outline of Presentation

- Introduction
- Medicaid’s relationship to the Medicare Savings Programs
- Options for increasing enrollment
Types of Medicare Savings Programs (MSPs)

- **Qualified Medicare Beneficiaries (QMBs)**
  - Income up to 100% FPL; resources up to $4,000/$6,000
  - Covers Part A and B premiums, deductibles and co-insurance payments

- **Specified Low-Income Medicare Beneficiaries (SLIMBs)**
  - Income up to 120% FPL; resources up to $4,000/$6,000
  - Covers Part B premium only

- **Qualified Individuals-1 (QI-1s)**
  - Income up to 135% FPL; resources up to $4,000/$6,000
  - Covers Part B premium only
MSPs and Medicaid Programs

- Access to health care is an important goal
- But, MSPs are a small portion of what Medicaid agencies asked to do
- And, most seniors come to Medicaid agencies only when they need LTC
  - More likely to see disabled because of 24-month rule
Medicaid is “Welfare”

- Seniors do not think of, or want to go to, a Medicaid agency for help with Medicare costs
- Congress recognized this in 1972
  - P.L. 92-603 established federally-administered SSI program
- Part D LIS experience consistent
MSP Eligibles Hard to Identify

- States have little or no systemic information on potential eligibles
  - No access to Social Security or tax information
- State pharmacy programs were information source
  - Part D diminishes usefulness
- Outreach through aging and disability networks is resource intensive
Streamlining process at State level has limitations

- Many states have already streamlined applications
- Varying State rules and approaches can result in inconsistent improvement
- Increased CMS scrutiny discourages:
  - elimination of in-person application
  - attestation to income and resources
- Multi-step process is a disincentive
Options to Consider

- Transfer eligibility determination to SSA
  - Eliminates or minimizes multi-step process
  - Avoids “welfare” stigma
  - SSA staff know and understand Medicare
  - With Part D, SSA has infrastructure to make determinations
  - As in Part D, states could have MOE
  - Limited financial impact
Options to consider (con’t)

- Improve eligibility process at state level
  - Minimize review workload by providing access to national data bases
  - Clarify that program integrity reviews will not cover MSPs
  - Fully fund outreach and program expansion to minimize state financial disincentives
Discussion