



Increasing Enrollment in the Medicare Savings Programs

A View from the States

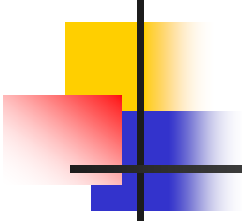
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Outline of Presentation

- 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
