

TO: Local District Commissioners, Medicaid Directors

FROM: Lisa Sbrana, Director
Division of Eligibility and Marketplace Integration

SUBJECT: Changes to Medicare Savings Program (MSP) Income Levels

ATTACHMENT: Attachment I – Sample One-Time Medicare Savings Plan Letter

EFFECTIVE DATE: January 1, 2023

CONTACT PERSON: Local District Support Units
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The purpose of this General Information System (GIS) message is to advise local departments of social services of an increase in the percent of Federal Poverty Level (FPL) for determining eligibility for payment of Medicare premiums through the Medicare Buy-In process pursuant to Chapter 56 of the Laws of 2022.

This change is effective with new applications and requests for redetermination of Medicare Savings Program (MSP) eligibility received on or after January 1, 2023. Determinations for any period prior to January 1, 2023, must be determined using the 2022 MSP FPL levels.

New FPL levels effective January 1, 2023

Qualified Medicare Beneficiary (QMB) Clients with income less than or equal to 138% of the FPL will be QMB eligible, beginning January 1, 2023. QMB eligible clients may also have active Medicaid coverage. NY Medicaid will pay Medicare Part B premiums, coinsurance, and deductibles for those eligible at the QMB level.

Specified Low Income Medicare Beneficiary (SLMB) This category will no longer be used for new applications or renewals on or after January 1, 2023. Since the SLMB income level is 120% of the FPL, it is being subsumed into the QMB level.

Qualifying Individuals (QI) Clients with income above 138% of the FPL and less than or equal to 186% of the FPL will be QI eligible, beginning January 1, 2023.

Note: Clients cannot be enrolled as QI and enrolled in NY Medicaid at the same time. They must choose which program they prefer. NY Medicaid will pay only Medicare Part B premiums for those eligible at the QI level.

Mass re-budgeting will not occur for those with current MSP coverage. Letters will be sent to these individuals who are MSP eligible, above the 2022 QMB level, advising them that they may be eligible for MSP with benefits not currently available with their current level of coverage.

Instructions on where to obtain and submit both the MSP Only and full Medicaid applications are provided. (See Attachment I). A separate letter with similar information will be sent to those individuals who are eligible for Medicaid with excess income. Should consumers contact local districts in the month of December, staff should wait until January to process any applications or changes when the new rates take effect. Current processes for determining MSP eligibility will not change. MSP determinations must be completed before determining Medicaid eligibility per 00 OMM/ADM 07.

2023 MSP Income limits	
CATEGORY	INCOME/FPL
QMB	0% up to and equal to, 138%
SLMB	<i>Category is no longer applicable</i>
QI	Above 138% and up to and equal to, 186%

MSP Redeterminations

When processing a request for a redetermination of MSP outside of the Client’s normal renewal period, the coverage and authorization “To” date should not be changed. This will result in the individual keeping the same renewal month as they had prior to the new determination.

Upstate QI Eligible Individuals

All Upstate QI individuals will no longer be renewed in June of each year. Upstate QI eligible applicants will no longer be given a coverage and authorization “To” date of 12/31/49. Applicants newly eligible for QI will be given coverage “From” and “To” dates corresponding to their date of application.

Example: Applications submitted in April of 2023, determined QI eligible, will be provided a coverage and authorization “From” date of 04/01/2023 and a coverage and authorization “To” date of 03/31/2024.

If the district touches a case prior to the annual renewal, for a client who is currently eligible for QI, and has a coverage and authorization “To” date of 12/31/49, they must update the coverage and authorization “To” date to June 30, 2023. This will result in the individual continuing to have the same renewal period but end the practice of using 12/31/49.

The Department is working on a process to address the current population with 12/31/49 authorization “To” dates who do not report a change or request an update to their case, so that these clients will be renewed based on an authorization “To” date of 6/30/23, rather than the 12/31/49 date. This is expected to be resolved during the first quarter of 2023.

Retroactive MSP

The policy for retroactive MSP benefits has not changed. Clients eligible for QMB are not entitled to retroactive benefits. Clients eligible for SLMB and QI may be entitled to retroactive benefits for three months prior. However, retroactive QI benefits may not be provided for a previous calendar year.

As of January 1, 2023, the SLMB category should no longer be utilized in eMedNY unless you are entering retroactive SLMB that will be for all or a part of the period 10/01/2022 to 12/31/2022. Clients may show as being currently enrolled at the SLMB level after January 1, 2023, however they will no longer be able to be determined eligible for SLMB in WMS.

If, after January 1, 2023, there is a need to determine MSP eligibility retroactively for SLMB for any time in the last quarter of 2022, a manual budget will need to be performed and eMedNY

updated. Determination for SLMB eligibility in 2022 will need to use the MSP rates for 2022.

Please direct any questions to your local district liaison.