

CATEGORICAL FACTORS

MEDICARE SAVINGS PROGRAM

To comply with this requirement, eligible applications transmitted from SSA with a net income below 135% of the current Federal Poverty Level (FPL) will be accepted through an automated process.

AUTOMATED APPLICATIONS ACCEPTED:

Eligible applications from SSA that have net income below 135% of the Federal Poverty Level (FPL) will be automatically opened as a Qualifying Individual (QI) case; those with net incomes below 120% of the FPL will be opened as a Specified Low Income Medicare Beneficiary (SLIMB) case and those with net incomes below 100% FPL will be opened as a Qualified Medicare Beneficiary (QMB) case. All cases will be opened with an effective date based on the date of application to SSA.

- The begin date for Medicare Part A and B coverage will be the first day of the month of application to SSA for LIS
- The MSP begin date for SLIMB and QI will be the first day of the month of application to SSA for LIS.
- The MSP begin date for QMB will be the first day of the month following the month of application to SSA for LIS.

All individuals determined eligible through the automated process will be sent an acceptance notice by the State through the Client Notice System (CNS). The acceptance notice will inform the individual of their MSP category and will include the revised "Medicare Savings Program Request for Information" form. This form is designed to: collect additional demographic and financial information not collected on the LIS application; to collect information about other health insurance premiums; report income information; report a change in circumstance; and, request consideration for retroactive MSP coverage as applicable. Individuals found eligible for QMB will be issued a non-photo Common Benefit Identification Card (CBIC). Individuals found eligible for SLIMB and QI are not issued a CBIC.

Financial information provided by the recipient may affect the MSP level of benefits the individual is entitled to receive. In such instances verification of income and/or value of health insurance premiums must be provided and evaluated prior to changing the MSP level.