



## Frequently Asked Questions about Medicare Savings Programs (MSP)

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## About the Medicare Savings Programs

### Q. What are the Medicare Savings Programs (MSP)?

**A.** The Medicare Savings Programs (MSP) help pay some of the out of pocket costs of Medicare. There are three levels within MSP that are based on income:

1. Qualified Medicare Beneficiaries (QMB)
2. Special Low income Medicare Beneficiaries (SLMB)
3. Additional Low Income Medicare Beneficiaries (ALMB)

All three levels of MSP pay for the Medicare Part B premium (\$134.00 in 2018 for most individuals), and all three enroll you into a program that helps pay for Medicare’s prescription benefits, called the Low Income Subsidy (or “Extra Help”). The differences between the three levels of MSP are explained in the answer to the next question.

### Q. What are QMB (Qualified Medicare Beneficiaries), SLMB (Special Low Income Medicare Beneficiaries) and ALMB (Additional Low Income Medicare Beneficiaries)?

**A.** QMB, SLMB and ALMB are the three levels of MSP. Your gross income or combined gross income with your spouse, after allowable “earned income” deductions, determines which level of MSP you qualify for. The current monthly income limits for MSP are as follows:

1. QMB - \$2,135.32 for a single person and \$2,894.92 for a couple
2. SLMB - \$2,337.72 for a single person and \$3,169.32 for a couple
3. ALMB - \$2,489.52 for a single person and \$3,375.12 for a couple

Earned income is the monthly amount you receive from employment, including self-employment and rental property.

All three levels will pay the Medicare Part B premium that is normally deducted from your social security check.

All three levels also automatically enroll you into the Low Income Subsidy (LIS), also called “Extra Help”. The LIS or “Extra Help” pays the full cost of a Medicare Part D (prescription coverage) benchmark plan, or a portion of a non-benchmark plan, yearly deductibles and co-insurance, or co-pays. This coverage remains the same even if you reach the coverage gap. The LIS also allows you to change your Medicare Part D or Medicare Advantage plans outside of the open enrollment period. For more information

about the LIS, go to [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-Medicare (TTY: 1-800-325-0778).

The QMB is the only level that will cover the costs of the deductibles or co-pays of Medicare Part A and Medicare Part B up to the Medicaid approved rate. If a provider agrees to treat you, you are protected by federal law from being “balanced billed”, or billed for services after Medicare Part A and B has paid its portion of the bill, whether or not the provider is a Medicaid provider.

**Q. Can I have MSP and Medicaid?**

**A.** MSP and Medicaid are separate programs. You can have QMB or SLMB and Medicaid at the same time. However, you cannot have ALMB and Medicaid at the same time. The level of MSP you are eligible for (QMB, SLMB, or ALMB) depends on your countable income.

**Q. “If I am eligible for QMB and have Medicaid, which program will cover medical services?”**

QMB only covers medical benefits that Medicare covers. If you have Medicare, MSP and Medicaid, Medicare is the primary payer and must be billed first and Medicare coverage must be maintained. The table below shows whether QMB or Medicaid will help pay for different types of medical services:

<b>Types of Services</b>	<b>QMB-lowest income level of MSP</b>	<b>Medicaid</b>
Hospitalization	Yes (Maximum of 150 days per benefit period)	Yes, after Medicare
Medical appointments	Yes	Yes, after Medicare
Dental Services	No	Yes, after Medicare
Eye Glasses	No (only after cataract surgery)	Yes
Eye Exams	Sometimes (only if you are treated for a medical condition of the eye)	Yes
Medical Transportation	Limited (only ambulance services for emergency medical care)	Yes
Visiting Nurse Services	Limited (with a doctor's order, when you are homebound and have a skilled need)	Yes, after Medicare
Nursing Home	Limited (after a 3 night overnight qualifying stay in the hospital, requiring a skilled need with a maximum benefit of 100 days)	Yes, after Medicare
Pays Medicare Part B premium	Yes	No
Helps with prescriptions	Yes (enrolls you into LIS which helps with costs)	No (will not pay for medications that are available from a Medicare Part D plan). Maximum out of pocket expenses of \$15 for drugs on a Part D formulary.

Q. Where can I get more information about MSP?

A. You can get more information about MSP by calling CHOICES at 1-800-994-9422 or by visiting [www.ct.gov/dss/](http://www.ct.gov/dss/) or more specifically, at <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program>

## Do I qualify for MSP?

Q. Who is eligible to receive help through MSP?

A. To be eligible for MSP, individuals must be (1) residents of Connecticut, (2) be eligible for Medicare Part A or 65 years of age, and (3) have income below the MSP limits. Income eligibility is based on your gross income (before taxes) or your combined gross income with your spouse, even if your spouse is not yet eligible to receive Medicare benefits. The current monthly income limits for the different levels of MSP are as follows:

1. QMB - \$2,135.32 for a single person and \$2,894.92 for a couple
2. SLMB - \$2,337.72 for a single person and \$3,169.32 for a couple
3. ALMB - \$2,489.52 for a single person and \$3,375.12 for a couple

Connecticut does not review your assets when determining eligibility for the program. As a result, the Department of Social Services will not ask about your bank accounts, vehicles, and other property.

Q. What is considered to be income for MSP?

A. The Department of Social Services will consider all funds that you and/or your spouse receive before any taxes and deductions are taken out. Social Security benefits, pension, interest from money in the bank or money you earn from working are all considered income. Money received from the Veterans' Program and Aid and Attendance is not counted towards eligibility.

Q. I work even though I collect Social Security- would I still be eligible for MSP?

A. The money you earn is called earned income. If you are receiving Medicare but you continue to work, the first \$65 of your earned income is disregarded (not counted). Only half of the remaining earned income (after subtracting the first \$65) is counted towards eligibility for MSP. If your total countable income is below the program income limits, you may be eligible for MSP.

Q. I expect to receive a lump sum payment from my IRA- will I still be eligible for MSP?

A. A lump-sum withdrawal from an IRA that is not a required minimum distribution (RMD) is not considered for MSP eligibility, since there is no asset limit for this program. A RMD

from an IRA is counted as income. The Department would take the RMD and divide it by 12, and include that amount as income for 12 months.

Q. How often does DSS review my eligibility?

**A. Eligibility for MSP is reviewed once a year.** One month before your expiration date, you will receive a notice in the mail that you are due for a review of coverage, along with a renewal form. You will only need to return the form if you have had any changes that are not pre-listed on the pre-filled personal renewal form you receive.

Q. What factors can change my eligibility?

**A.** Changes to your personal situation can affect your eligibility. If your income or marital status changes your eligibility for MSP may change. If you move out of Connecticut, you are no longer eligible for MSP in Connecticut. You must notify DSS of these changes when they occur. Other types of changes that can affect your eligibility for MSP are changes to the program rules, such as a change in income limit or a program rule. If the MSP eligibility program rules change, your eligibility may change. If your eligibility for MSP changes, we will notify you in writing and provide you with at least 10 calendar days' notice prior to the change.

Q. Can I have a Medigap policy while I am on QMB?

**A.** Since QMB acts as if it is a Medicare supplement plan, you may want to drop any Medigap policy you purchased before you were granted QMB benefits. However, you do have the right to maintain an existing Medigap policy. You cannot be sold a policy duplicative of your existing coverage. As a result, you cannot be sold a new Medigap plan or change your existing Medigap company or plan once you receive QMB benefits.

## How do I apply?

Q. How do I apply for MSP?

**A.** You can apply online through <https://www.connect.ct.gov> or by completing a paper application form titled "Application for Medicare Savings Program", also known as the W-1QMB. The application form is also available in Spanish – this version is known as the W-1QMBS. You can send the application form to:

DSS ConneCT Scanning Center  
PO Box 1320  
Manchester, CT 06045-1320

You do not need to send any supporting documentation unless the DSS worker reviewing the application requests information from you.

Q. How long will it take for my application to be approved?

A. It takes forty-five days for us to process your application. Applying online will allow us to get your application sooner.

Q. When will my eligibility begin if my application for MSP is approved?

A. The eligibility start date for MSP depends on which level of MSP (QMB, SLMB, or ALMB) an individual is eligible for. An individual eligible for QMB qualifies in the month after the individual is determined to be eligible. This is usually the month after we receive the application. An individual eligible for SLMB or ALMB may qualify for payment during the three months immediately before the date we receive the application.

Q. Does it cost anything to apply for or receive MSP?

A. No, there is no cost to apply for or receive MSP.

## What happens if I was receiving help from Medicare Savings Programs (MSP) and I lose eligibility?

Q. If I lose MSP, do I need to obtain other insurance?

A. You will need to decide. The level of MSP you were on may help you decide.

If you were on QMB, you may now have to pay Medicare Part A and B monthly premiums. You will have to pay Part A (hospital deductibles) and Part B deductibles (doctor visits, x-rays, tests). If you lose MSP, you will still keep your Medicare Part D prescription co-pays (also known as "Extra Help") for a limited amount of time following the period you lose MSP. If you were eligible for MSP from January through June, but your MSP ends before July, you remain eligible for LIS until December 31. If you were eligible for MSP or Medicaid through July and then your benefit ends, your LIS benefit will remain in effect for the remainder of the calendar year and until December 31st of the next calendar year.

If you were on SLMB or ALMB, and lose the MSP coverage, you will now have to pay Medicare Part B monthly premiums and Medicare Part A premiums if do not meet Social Security's rules to qualify for free Medicare Part A.

Q. How does Social Security know I no longer have MSP? Do I need to tell Social Security that my MSP ended?

A. DSS sends electronic information to SSA when you no longer qualify for MSP. This tells Social Security that Connecticut will no longer pay your Medicare Part B premium for you. After that point, SSA will know you are now responsible for paying the premium.

Q. If my MSP eligibility ends, when will MSP stop paying my Medicare Part B premium? When will I have to pay?

A. If your eligibility for MSP ends, it will end the last day of a month and you will be

responsible to pay the full Medicare Part B premium on the first day of the immediately following month. For example, if your MSP ends Dec. 31, 2017, you would need to pay your full Medicare Part B premium effective Jan. 1, 2018.

**Q. When my MSP eligibility ends, how soon will I have my Medicare Part B premium deducted from my Social Security Check?**

**A.** When your MSP eligibility ends, DSS will electronically inform the Social Security Administration (SSA) that MSP has stopped paying the Medicare Part B premium for you. SSA will begin taking the monthly premium out of your social security benefit, possibly as soon as you receive the first Social Security benefit immediately after you are removed from the Medicare Savings Programs.

Sometimes, it takes one to three months to catch-up. If there is a delay in the start of the reduction, you will not be excused from paying every month owed: if delayed the first deduction will include the total of the premiums you owe for all months.

If you do not receive a monthly Social Security cash benefit, you will be billed.

**Q. If my MSP eligibility ends, will that affect my Low Income Subsidy (LIS or “Extra Help”) benefits?**

**A.** LIS is administered by the federal government. The redetermination dates for LIS does not correspond to your MSP dates, which typically ends on December 31. If you were eligible for MSP from January through June, but your MSP ends before July, you remain eligible for LIS until December 31. If you were eligible for MSP or Medicaid through July and then your benefit ends, your LIS benefit will remain in effect for the remainder of the calendar year and until December 31st of the next calendar year.

**Q. If my MSP eligibility ends, where can I get more information about other types of coverage?**

**A.** You can find more information at <https://www.medicare.gov> or by calling 1-800-Medicare.

## How Does MSP Work with Medical Providers?

**Q. How does my provider know I have QMB?**

**A.** If you are eligible for QMB, you should receive a CONNECT card from us. You should show this CONNECT card, along with your Medicare card (or your Medicare Advantage card) to the hospital, doctor and pharmacist. Medicare pays your provider first and QMB acts like a secondary insurance. Until you receive your card, you can use the letter you received from DSS (or granting notice) as proof you have this benefit. We will not send you a CONNECT card if you already have an EBT card from us. Instead, you can use your EBT card to help pay for Medicare co-pays and deductibles right away.



Q. Can I see any provider of my choosing?

**A.** If you have traditional Medicare, you can receive care from any provider that accepts Medicare. Individuals in a Medicare Advantage Plan are limited to a network of providers. The QMB program works with both Medicare and a Medicare Advantage plans. QMB will pay the deductibles and co-pays of Medicare Part A and B up to the Medicaid approved rate. Providers are not required to treat you as a patient if they do not accept this reimbursement rate, but if they treat you, they cannot charge you anything after Medicare pays its portion.

Q. I have QMB but my provider billed me for services paid by Medicare- what should I do?

**A.** Contact your provider to ensure they were aware you were billed and that you have QMB benefits. If you continue to receive a bill, or if it is not resolved, contact 1-800-Medicare to report the balance billing issue.

Q. Will the QMB pay for me to see a provider that is not in my Medicare Advantage plan network?

**A.** QMB only covers the costs that Medicare covers. If you are in a Medicare Advantage plan and your plan does not cover a provider, then QMB does not cover the charge. However, individuals on QMB have a special enrollment period and can change Medicare plans throughout the year. One option for you is to return to traditional Medicare or to another Medicare Advantage plan where you are not limited to a network.

Q. I have QMB but my provider says I am on a “medical spenddown”. Will my services be covered by MSP/QMB?

**A.** A spend down is a separate program from QMB. You can have both QMB and a Medicaid Spend-down. A Medicaid spend-down is for individuals who meet the HUSKY program requirements except for the income limits. HUSKY C Medicaid spend-down can become eligible for full Medicaid coverage when excess income is spent on qualifying medical expenses and proofs of those expenses are provided to DSS. The income limit for HUSKY C Medicaid is much lower than QMB. Only non-covered Medicare expenses can be applied to reduce your excess income. QMB works to ensure you have no balance bill cost to you for any medical service covered by Medicare. Remind your provider or call CHOICES if you need help talking to your medical provider about receipt of a balance bill.

## How does MSP work with Medicare Part A/B/C/D Benefits?

Q. Will my Medicare benefits change if I enroll in MSP?

**A.** No, having MSP does not change your Medicare benefits, but it provides more flexibility for enrolling and dis-enrolling from Medicare plans throughout the year.

Q. I know when I will be on Medicare, how soon can I apply for MSP?

A. You should apply one month before your Medicare start date.

Q. I am currently receiving Husky D. I am or will be eligible for Medicare, what should I Do?

A. It is important that you enroll in Medicare during the enrollment period for you. If you miss enrolling in Medicare you could have to wait for the next eligible enrollment period and be assigned higher Medicare premiums. HUSKY D Medicaid is not for individuals who are eligible for Medicare. Medicare eligible individuals should apply for MSP as soon as possible as these two programs work together to keep your medical costs down. If you have medical costs that are not covered by Medicare and MSP, and your assets are below \$1600, as a single individual or \$2,400 for a couple, you should consider if you should also apply for HUSKY C Medicaid. HUSKY C is for individuals who are 65+ years old, blind or disabled.

Q. What happens if I don't have Medicare Part A?

A. Most people are eligible for Medicare Part A without premiums when they turn 65 years old. People who are between 18 and 65 can also receive Medicare Part A if they receive Social Security Disability Benefits, and have been permanently disabled for at least two years. If you were eligible to purchase Medicare Part A at age 65 but did not take it at enrollment, and you are eligible for QMB, you may qualify to have your Medicare Part A premium paid. Enrollment into Medicare Part A and Medicare Part B benefits is done with the Social Security Administration (SSA). If you expect to apply for MSP to get help with the cost of Medicare A & B, you should conditionally enroll in Medicare Part A & B at SSA. Include proof of this enrollment when applying for MSP.

Q. How soon will I see an increase in my Social Security Check after I become eligible for MSP?

A. It takes approximately three months from the time that you are granted MSP for you to see the increase in your Social Security check. This increase will reflect payments for previous months that are due to you. So, for example, if you are granted MSP in June, you should see an increase in your Social Security check no later than September. Social Security will then send you a check to reimburse you for the months of June, July and August.

Q. If the State of Connecticut stops paying my Medicare Part B premium, and I do not receive Social Security checks, when will I be billed for the Medicare Part B premium?

A. SSA usually sends bills on a quarterly basis. Medicare Part B (medical insurance) is optional, so beneficiaries may contact SSA to withdraw from this coverage.

Q. What will happen if I do not pay my Medicare Part B premium bill?

A. If you do not pay your premium, you will lose your Medicare Part B coverage. If you need to enroll late, you may have penalties, pay increased premium costs and may have a waiting period.

Q. Can I enroll in a Medigap policy or Medicare Advantage Plan without having Medicare Part B coverage?

**A.** If you want to enroll any other insurance that works with Medicare, such as Medigap policies or a Medicare Advantage Plan, you need to have active Medicare Part B coverage.

Q. If I have Medicaid coverage, do I have to keep Medicare Part B coverage?

**A.** If you have Medicaid coverage, you must maintain Medicare Part B insurance to keep your Medicaid. If you do not have Medicaid, you can choose whether or not it is right for you to keep Medicare Part B coverage. It is strongly recommended that you consider consequences of not maintaining Medicare Part B coverage, since this is required to maintain your Medicaid or enroll in a Medigap policy or Medicare Advantage Plan.

Q. If I have Medicaid coverage from the State of Connecticut, can I dis-enroll from Medicare Part B?

**A.** No, you should not dis-enroll from Medicare Part B, because your continued participation in Medicare Part B is required, and Medicaid will only pay after Medicare has paid.

Q. I didn't enroll in Medicare Part B during my initial enrollment period and Social Security says my Medicare Part B won't start until July 1, can MSP help me?

**A.** Yes, it can. Individuals who didn't enroll into Medicare Part B when they were first eligible, are normally limited to enrollment during the General Enrollment Period of January 1 through March 31, with a start date of July 1. All three levels of MSP can help beneficiaries obtain this benefit faster. The State can "buy-in" your Medicare Part B benefit when your MSP application is approved. As a result, the Social Security Administration will place you onto Medicare Part B benefits on the date CT DSS states they will pay your Medicare Part B premium. This will eliminate any Medicare Part B penalty you might have had to pay. The "buy in" information is sent to Social Security about every two weeks.

Q. I received a transplant and I am on medications under my Medicare Part B benefit - does MSP help with these costs?

**A.** Only if you are eligible for QMB, MSP will help cover Medicare Part B costs, including the cost of specific medications under Medicare Part B. QMB pays the co-pays and deductibles of any Medicare Part A and B benefit. Please show your grey CONNECT card and the pharmacy can bill QMB so that you are not responsible for 20% of the medication. If you also receive cash assistance or SNAP, you will not have a CONNECT card, instead you will have an EBT card, that you will show the pharmacy.

Q. I was advised that I am eligible for free Medicare A, but have to pay for Medicare

### Part B - can I refuse Part B?

**A.** You should consult with CHOICES at 1-800-994-9422 before considering refusing Medicare Part B benefits and for help in understanding your Medicare options and benefits.

### Q. Does QMB work with Medicare Advantage plans or Medicare Part C (Medicare Advantage)?

**A.** QMB does work with Medicare Advantage plans and will cover all deductibles and co-pays for Medicare Part A and B costs. Some Medicare Advantage plans charge a premium for benefits. QMB only covers the portion of the premium that covers the prescription standard benefit. QMB recipients may still have a premium for their Medicare Advantage plan if they have enrolled in a plan with a premium for their Medicare Part A and B benefits. QMB beneficiaries should consider either returning to traditional Medicare since QMB covers out of pocket costs for Medicare Part A and B and D or enrolling in a Medicare Advantage plan that offers a zero premium with the LIS (or "Extra Help") subsidy.

### Q. I do not have a Medicare Part D plan, how will LIS (Extra Help) assist me?

**A.** The federal government has a temporary Medicare Part D plan called LINET, for individuals who are entitled to LIS but who do not yet have a Medicare Part D plan. You can show your letter from the Department of Social Service as best available evidence that you are entitled to LIS, and the pharmacist can enroll you into LINET immediately. LINET is premium free and has no drug restrictions. You will be automatically enrolled into a Medicare Part D plan within two months if you have not yet selected a plan. Contact CHOICES at 1-800-994-9422 for assisting in selecting a Medicare Part D plan.

### Q. I have a Medicare Part D plan, how does my plan know I now receive LIS (Extra Help)?

**A.** DSS will electronically inform the Social Security Administration (SSA) that you are receiving LIS ("Extra Help"). It may take a few weeks before your Medicare Part D plan is aware that you have LIS. If you need medications before this point, you should contact your Medicare Part D plan and fax or send your DSS approval letter to your plan as best available evidence that you are entitled to LIS co-pays at the pharmacy.

### Q. Where can I find out more about other insurance that may work with Medicare?

**A.** If you need help, you can contact CHOICES at the regional Area Agency on Aging by calling 1-800-994-9422.

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