HHS-CMS-CMCS
March 5, 2024
3:00 pm ET

Coordinator: Good afternoon, and thank you for standing by. Your lines are in a listen-only mode until the question-and-answer session of today's conference. At that time, you may press Star followed by the number 1 to ask a question. Please unmute your phones and state your first and last name when prompted. Today's conference is being recorded. If you have any objections, you may disconnect at this time. It is now my pleasure to turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you and good afternoon and welcome everyone to today's All State Call-In Webinar. I'll now turn to Anne Marie Costello, our Deputy Center Director for Opening Remarks. Anne Marie?

Anne Marie Costello: Thanks, Jackie. And hi, everyone, and welcome to today's All State call. On today's call, staff from the CMS Medicare and Medicaid Coordination Office, or as we refer to it, the Duals Office will provide an update on key provisions of the Medicare Savings Program or MSP, final rule, including the Social Security, the SSI, the Qualified Medicare Beneficiary, QMB, deeming requirements, and requirements related to using Medicare Part D Low-Income Subsidy Program, application data to help enroll individuals in the medicare savings program.

These provisions state that, by October 1, 2024. States must deem most Medicare-enrolled SSI recipients eligible for QMB. By April 1, 2026, all states must have procedures in place to facilitate MSP eligibility determinations through the LIF leads data. As a reminder, the MSP rule was first proposed as part of the larger E&E notice of proposed rule making. The MSP provisions were finalized first in Part 1 of the Final Eligibility and Enrollment rule, which was finalized in September of last year.

Before we get started, I wanted to let folks know that we will be using the webinar platform to share slides today. If you're not already logged in, I suggest you do so now, so you can see the slides for today's presentation. You can also submit any questions you have into the chat at any time during the presentation. With that, I'm pleased to turn things over to Mellissa Hite and (Kim Glahn), both from the Medicare and Medicaid Coordination Office. Thanks. Mellissa and (Kim), turning to you.

(Kim Glahn): Thanks, Anne Marie. Hi, my name is (Kim Glahn), and I'm with the Medicare and Medicaid Coordination Office, or Duals Office. As Anne Marie said. I'm here to discuss the final rule from last fall, to streamline enrollment in the Medicare Savings Program, or MSP. We know that states have a lot on their plates, especially with unwinding still ongoing. So, we're really thankful to you for carving out time today to attend today's call on the MSP Final Rule.

We hope it helps prepare you for your upcoming compliance dates. And now, we will today focus really on two of this rule's main provisions. The first is a requirement for states to deem supplemental security income or SSI recipients eligible for the most comprehensive MSP eligibility group, that's the Qualified Medicare Beneficiary or QMB group. The compliance date for that provision is October 1 of this year. My colleague Mellissa Hite will then discuss the provision on using data from applications for the Medicare Part D Low

Income Subsidy Program to help individuals enroll in Medicare Savings Programs.

The compliance date for those requirements are not until April 2026, but they may take some more time in thinking to stand up. So, we hope today will help you to develop and plan for these new policies. Today, we'll just touch on other MSP policies from the final rule. They also have compliance dates of April 2026. For more details about them, please review our newly revised guidance on the MSP in the manual for the State Payment of Medicare Premiums. It's also known as the State Buy-in Manual. The link to the Manual is included on Slide 17.

As a reminder, states don't need to wait until the compliance dates to adopt any of these policies in the final rule, states can adopt these simplifications now. Our presentation will also highlight options for states to further reduce MSP enrollment burden on individuals and state staff and include some additional resources for states. We're happy to take your questions today and after today, going forward.

Next slide, please. And let's go to the next slide, and next slide. Okay, great. As you may know, the Medicare Savings Programs, or MSP, our Medicaid Eligibility Groups through which Medicaid covers Medicare Parts A and B Premiums and often cost sharing. Currently, over 10 million people are enrolled. It is hard to overstate the importance of the MSP, they make medicare affordable for people, who may not otherwise be able to afford monthly premiums or cost sharing for going to the doctor, that improves access to care.

They also reduce out-of-pocket costs for prescription drugs under Medicare Part D, because MSP enrollees are automatically enrolled into the Part D LIS

program. Overall, the MSP improves economic security, and they help free up limited income for food, housing, and other life necessities. Next slide, please, next slide, please, next slide, please. So, all people on Medicare who receive SSI are financially eligible for the QMB eligibility group, which covers Medicare Premiums and cost-sharing, as I mentioned. But an estimated 500,000 are not enrolled as QMB.

That's about one out of every six SSI recipients on Medicare, and it means they're missing out on important medicare premiums and cost-sharing assistance. States are missing out on potential benefits as well. QMB enrollment helps maximize the number of beneficiaries enrolled in Medicare, which can generate savings for states. One reason for this disconnect has been that, while not prohibited by statute. We have not expressly instructed or permitted states to deem individuals with SSI eligible for QMB.

The result is that some states require a separate application for QMB and some don't. And this means that SSI recipients need to file a separate application to enroll in QMB coverage. Again, this is true even though we know they already qualify for it.

The final rule eliminated the extra application to become a QMB for most SSI recipients. With limited exceptions, the rule requires all states to automatically enroll most SSI recipients on Medicare in QMB. No later than October 1, 2024. As mentioned earlier, states can already implement this provision now.

So, all states must deem individuals as eligible for the QMB group, the first month they have premium free Part A and are determined eligible for SSI-based Medicaid. It also, begin paying the Part B premium for the individual that month. Because the start date for QMB is prospective, QMB group

coverage starts the first day of the month after they're deemed, eligible for QMB.

Now, some SSI recipients lack premium free Part A and - can only enroll in Part A with a premium - a premium Part A. States with Part A buy-in agreements or Part A buy-in states to most states, must deem SSI recipients without premium free Part A eligible for QMB the first month they have Medicaid and are enrolled in Part B. A limited number of states don't have Part A buy-in agreements and are known as Group Payer States.

Group Payer States have the option to deem certain SSI recipients without premium-free Part A in QMB. Group Payer States who are interested in this option should contact our office at modernizethemsp@cms.hhs.gov. We'll work with you on implementing this provision and discussing your options.

As I noted, some states already deemed SSI recipients eligible for QMB. We appreciate that, and we are available to answer your questions, to confirm you've met the requirements, or as you're working towards compliance. We're, of course, happy to provide assistance. To show compliance with this provision of the rule, states do not need to submit a state plan amendment.

However, generally we expect certain outcomes from states. First, going forward states must process medicare cost-sharing claims for these beneficiaries as QMB. This generally means state eligibility systems need to identify these individuals as having QMB benefit and in addition to their full medicaid benefits. Also, states must report these individuals to us with QMB in your existing data exchanges with us. That includes the MMA file exchange, the buy-in data exchange, and SAMHSA state data reporting.

Next slide, please. As I just mentioned, QMB starts the first day of the month after the individual is deemed eligible for QMB. This slide provides some examples of that. Also, we have gotten particular inquiries about when QMB coverage would start in particular scenarios, such as when states are first implementing QMB deeming or when states are - when individuals are retroactively enrolled in SSI or Medicare.

On Slides 22 to 27, we include case examples to address these scenarios, both in 1634 and 209B states. We are happy to answer questions about these examples during the Q&A or after this call. Now I'm going to turn things over to my colleague, Mellissa Hite. Thank you.

Mellissa Hite: Thanks, (Kim). I will cover provisions in the final rule that better leverage LIS data to enroll individuals in MSP. In 2008, The Federal Law known as NIPA included new requirements for states to streamline enrollment of LIS program enrollees in MSP. Nonetheless, there are over 1 million individuals who are enrolled in LIS and likely eligible for MSP, but not enrolled. We've finalized several policies to help fill this gap.

Next slide, please. First, NIPA already requires the Social Security Administration to process applications for LIS and then send application data to the relevant states. And NIPA requires the state to treat LIS data as an application for MSP. In this final rule, we've realized that states must use LIS information, not only as an application for the MSP, but also when making eligibility determinations.

States must also determine MSP eligibility for LIS applicants promptly and without undue delay, consistent with the 45-day timeline in current federal regulations. To start the timeline for processing MSP applications, states can

use either the date of the LIS application or the date the state receives LIS leads data from FSA.

Next slide, please. Second, states often require individuals to re-verify information already obtained through the leads data process, which results in duplication of efforts. We require states to accept leads data without further verification, unless the agency has information that is not reasonably compatible with the leased data or the income or resources in the leased data over the applicable MSP annual resource limit.

Third, financial eligibility rules for the LIS and MSP programs are very similar but not identical. As a result, LIS application data is missing certain types of income and resources, but the MSP's count, but LIS doesn't. This means that states often require individuals to attend and submit paperwork documenting their value. However, these official documents may very heart-lifting, much less in a short time period a lot.

To simplify the process, for beneficiaries and states, the final rule requires states to accept MSP applicants' attestation of the value of items counted by the MSP, but not LIS. This includes dividend and interest income, the value of (non-Lincoln) resources, the cash value of whole life insurance above 1,500. The Term Life Insurance and Whole Life Insurance below 1,500 are already excluded. A final rule also requires states to allow individuals to self-assess, having a separate account for burial funds for both them and their spouse up to 1,500 each.

Fourth, in addition to assessing MSP eligibility. States must provide individuals with information about the availability of other Medicaid benefits for which they may be eligible on other basis, as well as an opportunity to

furnish additional information that may be needed to determine of their eligibility for those other Medicaid groups.

Fifth, if income resource information in an ISP is dated. So, when individuals above MSP income and or resource limits, the state may not simply assume the person is ineligible for MSP without further action. Instead, the state must determine, what additional information is needed for MSP eligibility, notify the individual, and provide at least 30 days for a response.

Finally, verify the individual's MSP eligibility in accordance with the state's verification process. By April 1, 2026, states must have systems and processes in place to account for all these changes in processing LIS data. Additionally, I note that states must continue to verify citizenship, satisfactory immigration status in accordance with existing federal law and regulations.

Next slide, please. While I'm focusing on the automatic enrollment of SSI recipients into QMB and using LIS leads data to facilitate MSP enrollment for this presentation. I want to highlight a few other provisions in the final rule that also have April 1, 2026, compliance dates.

First, states must define family list size involved for MSP eligibility determination, as no less than the LIS definition. Currently, most states find family size based on the SSI definition to include the individual and their spouse, but not other dependent relatives. The LIS definition is flattering, the applicant's spouse is living in the same household, and all other relatives are in the same household, so they depend on the applicant or spouse for at least half their support.

Second, Group Payer States must begin QMB coverage for individuals who lack previous pre-Part A at the earliest possible effective date. Third, states

must accept self-attestation for certain income and resource information counted by LIS, but not MSP for all MSP applicants. This applies to everyone who is an MSP applicant, not just those who apply through the LIS mechanism.

Next slide, please. The final rule will streamline MSP enrollment and convey federal administrative benefits. Through applications for states to process, less overall administrative burden for state eligibility workers and less administrative burden for applicants and their families. Take advantage of these benefits, we encourage states to start implementing this regulation sooner rather than later.

Next slide, please. Next. All right, one more slide. Of course, the rule only goes so far. We encourage states to take other steps to reduce state and beneficiary's burden. As it involves LIS program and MSP, similar eligibility criteria, there are some differences in financial methodology. Also, as of the 1st of this year, income and resource limits for full LIS have increased, while the MSP have no similar increase in their income or resource limits.

To promote efficiencies in processing lead data, states can use Section 1902(r)(2) authority to align MSP methodologies with LIS. States can go one step further to effectively align the MSP standards with higher LIS standards starting in 2024 as well. States can also disregard all assets or a subset of assets in MSP eligibility determination. All these options will make compliance with the final rule easier.

In addition, we encourage Group Payer States to adopt Part A buy-in agreements to streamline enrollment in the most generous MSP group, the QMB group. We commend California for recently adopting legislation to adopt Part A buy-in state.

Next slide, please. We encourage states comes up with any questions or technical assistance needs they have as they work towards implementation. We have provided a list of resources that can help states as they work towards implementation. In particular, we've released on February 13 updated Chapter 1 of the Manual for State Payment of Medicare Premiums, which includes updated buy-in policies to incorporate both this rule and a rule finalized in November 2022 related to implementing The Consolidated Appropriations Act 2021, and revision of state buy-in policies.

We also have an appendix that summarizes the provisions of the rule and discusses in greater detail the self-application requirements, related to current income and resource information. As (Kim) mentioned earlier, there's also a new appendix that goes through some hypothetical scenarios with how SSI at QMB dealing with. Thanks for allowing us to present today. We are happy to open it up for any question. Jackie?

Jackie Glaze: Thank you, Mellissa, and thank you, (Kim). So, we're ready now to take states questions, so we'll ask that you begin submitting your questions in the chat function, and we'll take those first. And then, we will transition to the - the phone lines and take your questions there. So, I will turn now to (Krista). So again, please submit your questions at this time. Any questions about today's presentation or any other questions you may have?

(Krista): Thank you so much, Jackie. I just see one question in the chat right now, which is. Whether we can re-highlight Slide 13 again. So, I'm just going to flip back to Slide 13, and if you guys can just very quickly overview the information on this slide, that would be helpful for this participant, who's asking us to review it again.

Mellissa Hite: Sure. This is Mellissa. So, Slide 13 basically just goes over some of the new rigs for the LIS to MSP, which is how to treat LIS-lead data as an application for MSP to determine MSP eligibility promptly. So, this includes doing the same timelines that you normally do for processing medicaid applications. Accepting lead data without further verification in most cases.

So, that means that, states will not be further verifying, but there are some situations in which they will be further verifying. That could be either, because the agency has information that is not reasonably compatible with the leads data, the income or resources of the leads over the applicable MSP income and or resource limits or there's some other missing information, for example, that they need, that's not available to them, for example, citizenship.

The next one, request only information that is missing from the leads data, but needed for eligibility determination. It's kind of the same principle of what I just said. It's, you know, just the state should be limiting itself to not requesting duplicate information that's already in leads data. But, you should definitely reach out. I mean, one information is missing or contradictory.

Self-attestation of certain information if needed for MSP eligibility. So, this again is about how, there are certain MSP and LIS rules that are not exactly identical. And so, for instance, life insurance is completely disregarded in LIS, and it is not in MSP. So, in these cases, there's a need to accept self-attestation to streamline eligibility. But then, states do have the option of post-verification eligibility option to actually request good documentation on any of these things that they did self-attestation to enroll in.

And then, the last one (unintelligible) simply provide individual information about other medicaid benefits and opportunity to return eligible for them. So

that's, again, when you submit through the lead data to the MSP application, it is missing certain things to be evaluated for full medicaid eligibility, as well as certain information. For example, there is missing about a state recovery that is not for MSP only, it's not for medicare and cost-sharing increases, but does apply to full medicaid, obviously.

So, it's just the states have to give the individual an opportunity to apply for that, as well just information about the responsibilities of what would entail in the (benefit system) in that case. So, that's pretty much on that slide. Thank you.

(Krista): Thank you so much. I'm going to just flip forward back to the question side. And we did get a few additional questions in the chat. This next one is a little long, so I'll do my best to read it. How can states accept self-attestation for resources that are not liquid, that they do not have an asset verification system or interface to verify?

Self-attestation ruled state, we have to interface. We have to have an interface to do this. Are we to ask post-enrollment to verify these, or do we just never verify these assets? And what if they have another program, such as long-term care medicaid, that requires these verifications? This is confusing for members, as they do not understand, we need verification for one program versus the other program.

Mellissa Hite: Sorry. So, like, that's a good question. Yes, if you need to verify for the other program, you would really just have to explain to the beneficiary that you need to verify for this other program. But, it wouldn't stop you from making MSP eligibility determinations. So, you could actually like, make MSP-eligible determination, if you are based on the self-attestation and have the other information necessary to make it.

And then, simply say, you know, we need your other information in order to have full medicaid. I'm not sure, I fully understand the other question about the AVS. I think, that one we may just have to circle back, when I see it in writing. It's a little hard to get all aspects of that over orally.

(Krista): Thanks, Mellissa. I'll make sure to write that one down and pass that on back to you. The next question is around - it's for the State of Oregon. So, Oregon requires an interview and initial application for MSP benefits, primarily for choice counseling purposes. Will it be required to remove that benefit - sorry, remove that requirement?

Mellissa Hite: So, yes. Part of the MSP rule did not speak to removing interview requirements. I don't know, if anyone is on. I don't recall what the other part of the proposal (unintelligible).

(Kim Glahn): Yes.

Mellissa Hite: Part two required on regarding that, and part two has not been finalized also.

(Kim Glahn): (Unintelligible). But. I think, we have proposed to remove the interview requirement for (non-major) recipient, but that rule has not yet been finalized.

(Krista): All right. Thank you guys so much. At this time, I'm not seeing any additional questions in the chat. So, Jackie, I will turn things over to you.

Jackie Glaze: Thank you. So, I'll ask you, (Michelle), if you could please provide instructions for how to register questions through the phone lines and if you could open up the phone lines please.

Coordinator: Thank you. At this time, if you would like to ask a question or if you do have any comments, please press Star 1. Please unmute your phones and state your first and last name when prompted. Again, that is Star 1, if you do have any questions or comments. Once again, you may press Star 1 if you do have any questions or comments. At this time, I am showing no questions.

Jackie Glaze: Thank you. And (Krista), are you seeing any questions through the chat function?

(Krista): I am not. No additional questions I'm seeing here.

Jackie Glaze: Okay. So, we'll give it another couple minutes. And (Michelle), if you could flag for us, if you receive questions.

Coordinator: Absolutely. And once again, as a reminder, that is Star 1 if you do have any questions or comments. There's still no questions.

(Krista): One moment, please. We do have a question.

Coordinator: Okay, one moment. (unintelligible), your line is open.

Woman 1: Can you hear me okay?

Mellissa Hite: Yes, we can hear you.

Woman 1: Okay, I just, I wanted to clarify. What you said about the interview just quickly. So, in order to - the way I understand it, in order to comply with the enrollment strictly based on LIS information, or LIS application information and nothing else. We would be required to eliminate the interview requirement for Medicare Savings Programs.

So, are you saying that we would not - are you saying that, since the interview requirement the (non-MAGI) will be going away in the future? We do not have to - we don't have to comply with that right away in order to enroll these folks automatically. I guess, I'm just confused. I just, you know, if we need to - if we need to eliminate that requirement now. Then, you know, we'll move forward with that. But it's, I guess, I'm confused about, whether we should be looking at that by April 2026 or not.

Mellissa Hite: Hi, this is Mellissa. So, we indirectly proposed eliminating the interview in this rule. I think, is what you're saying that, you think as a result of just relying on LIS data that it's like, effectually eliminated or is that the idea of your question? And so that you - do you think for this purposes?

Woman 1: Yes, it is.

Mellissa Hite: Okay.

Woman 1: Yes, that's...

Mellissa Hite: So, I think I hadn't explicitly thought of it like that. So, I'm going to take that one back to you. Which city is it? Is it Oregon?

Woman 1: Yes, Oregon. Thank you.

Mellissa Hite: Thank you.

Coordinator: And once again, if you do have any questions or comments, you may press Star 1. I am showing no further questions.

Jackie Glaze: (Michelle), you said no additional questions?

Coordinator: There are no additional questions at this time. Thank you.

Jackie Glaze: Thank you. So, in closing. I would like to thank Mellissa Hite and (Kim Glahn) for their presentations today. And looking forward, we will provide the topic and invitations. If you do have questions that will come up before our next call, please feel to reach out to us or your state leads or bring your questions to our next call. So, we do thank you for joining today, and we hope everyone has a great afternoon. Thank you.

Coordinator: And this concludes today's conference call. You may go ahead and disconnect at this time.

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