





LOCAL HELP FOR PEOPLE WITH MEDICARE

# Medicaid and Other Programs to Make Medicare More Affordable for People with Limited Means

#### Medicaid

Medicaid is a joint federal and state program that assists with the medical costs of people with low incomes, and in some cases low resources. Each state establishes its own eligibility guidelines, administers its own program, and determines the scope of covered services. If you are a dual eligible –a person enrolled in both Medicare and Medicaid– Medicaid may cover services that Medicare does not, like some dental and personal care. Medicaid can also help cover out-of-pocket costs, including deductibles, coinsurances, and copayments.

## **Medicare Savings Programs**

Medicare Savings Programs (MSPs) pay, at a minimum, the monthly Medicare Part B premium. Your state or local Medicaid agency typically handles enrollment. There are three types of

Qualified Medicare Beneficiary (QMB)	Pays for Medicare Part A premium (\$407) Part B premium (\$104.90/\$121.80), deductibles, and coinsurances/copays. No coinsurance or copayment for Medicare-covered services received from providers who participate in Medicare or Medicaid or are in your Medicare Advantage Plan's network. Coverage is not retroactive. Benefits begin on the first of the month after your eligibility is approved.	
Specified Low-income Medicare Beneficiary (SLMB)	Pays for monthly Part B premium. Eligible for 3 months retroactive benefits as long as you were eligible during those months.	
Qualifying Individual (QI) Program	Pays for monthly Part B premium. Offers 3-month retroactive coverage prior to application date, as long as you were eligible during those months. However, coverage can only be provided within the current calendar year. For example, if you apply in January, you will not receive retroactive coverage.	

# What to know when you are eligible for an MSP

- MSP enrollment eliminates any penalties for late enrollment into Medicare Part B.
- Even if you only have Medicare Part A, you can still apply for an MSP.
- The MSP will allow you to enroll in Part B even when it is not the General Enrollment Period (January 1 to March 31 every year).
- You should apply for a MSP even if your income and assets seem to be above the limit, as some income and assets may not count toward the limit.
- If you feel your application for a MSP is wrongly denied, ask for a fair hearing to appeal the decision. Instructions for requesting a fair hearing will be on your denial notice.

**Note:** You can also get help with your application from 1-800-MEDICARE (800-633-4227). Your local State Health Insurance Assistance Program (SHIP) can provide one-on-one counseling and further assistance.

Extra Help				
If you have Medicare and Medicaid and/or a Medicare Savings Program				
You are enrolled in	And your income is	Then you get	Your 2016 copays are	
Medicaid	<b>Up to</b> \$1010 (\$1,355 for couples) per month in 2016 <sup>1</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>2</sup>	\$1.20 generic copay \$3.60 brand-name copay No copay after \$4,850 in out-of-pocket drug costs	
Medicaid and/or the Medicare Savings Program	<b>Above</b> \$1010 (\$1,355 for couples) per month in 2016 <sup>1</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>2</sup>	\$2.95 generic copay \$7.40 brand-name copay No copay after \$4,850 in out-of-pocket drug costs	
If you have Medicare only				
And your income is	And your assets are	Then you can get	Your 2016 copays are	
<b>Up to</b> \$1,356 (\$1,822 for couples) per month in 2016 <sup>1</sup>	<b>Up to</b> \$8,780 (\$13,930 for couples) in 2016 <sup>3</sup>	<b>Full Extra Help</b> \$0 premium and deductible <sup>2</sup>	\$2.95 generic copay \$7.40 brand-name copay No copay after \$4,850 in out- of-pocket drug costs	
Below \$1,505 (\$2,022 for couples) per month in 2016 <sup>1</sup> And your income and/ or assets are above Full Extra Help limits	<b>Up to</b> \$13,640 (\$27,250 for couples) in 2016 <sup>3</sup> <b>And</b> your income and/ or assets are above Full Extra Help limits	Partial Extra Help Premium depends on your income \$74 deductible or the plan's standard deductible, whichever is cheaper	15% coinsurance or the plan copay, whichever is less After \$4,850 in out-of-pocket drug costs, you pay \$2.95/ generic and \$7.40/brand name or 5% of the drug cost, whichever is greater	

**Note:** Income and asset limits on this chart are rounded to the nearest whole dollar. There's also a

\$20 income disregard (factored into the income limits above) that the Social Security Administration automatically subtracts from your monthly unearned income. <sup>1</sup>Income limits are based on the Federal Poverty Level (FPL), which changes every year in February or March. Limits are higher for each additional relative living with you for whom you are responsible. <sup>2</sup>You pay no premium if you have Full Extra Help and a basic Part D drug plan with a premium at or below the Extra Help

## **MSPs and Extra Help**

You should automatically get Extra Help if your MSP application is approved. The Social Security Administration (SSA) handles Extra Help enrollment. If you specify on your Extra Help application that you want to have your information transferred to your state, your application should also be considered as an MSP application by your state.

### Other ways to receive assistance

## **State Pharmaceutical Assistance Programs**

Twenty one states have a State Pharmaceutical Assistance Program (SPAP) to help pay for prescription drugs. Each program works differently. A SPAP may help pay for a Part D plan's premium, deductible, copayments, coverage gap assistance (many SPAPs provide coverage during the coverage gap, or donut hole). To find out if your state has a SPAP, go to the CMS directory at <a href="https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx">https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx</a>.

#### **Government-Funded Health Centers**

There are government-funded health centers that provide medical care regardless of your ability to pay. A unique advantage of government-funded health centers is that they may waive the Medicare Part B deductible. These clinics may waive or reduce the 20 percent coinsurance for Medicare covered benefits if you have an annual income at or below the federal poverty level. Find one at www.hrsa.gov. Examples of government-funded health centers include:

- Migrant Health Centers
- Health Care for the Homeless Program Centers
- Public Housing Primary Care Centers
- Tribal Organization-run Outpatient Health Programs
- Health Resources Service Administration (HRSA) Health Centers
- Federally Qualified Health Centers (FQHCs)

#### **Hill-Burton Facilities**

Another option for free or reduced-cost care in 37 states and Puerto Rico are Hill-Burton facilities. Hill-Burton facilities are obligated to provide a certain amount of free or reduced-cost health care each year. Obligated facilities may be hospitals, nursing homes, clinics, and other types of health care facilities. You must apply for assistance by calling the Admissions, Business, or Patient Accounts office at a Hill-Burton obligated facility. You may apply before or after you receive care, and you may even apply after a bill has been sent to a collection agency. Eligibility for assistance is based on your family size and income. Find one at www.hrsa.gov. **Note:** United States citizenship is not required for Hill-Burton eligibility. However, in order to have a Hill-Burton eligibility determination made, you must have lived in the U.S. for at least 3 months.

If you need insurance counseling, contact your local State Health Insurance Assistance Program (SHIP)	If you suspect Medicare fraud, contact your local Senior Medicare Patrol (SMP)	
SHIP toll-free:	SMP toll-free:	
SHIP email:	SMP email:	
SHIP website:	SMP website:	
To find a SHIP in another state: Call 877-839-2675 or visit ww.shiptacenter.org.	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.	

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