

Medicare Minute Teaching Materials — May 2021 Medicare Cost Assistance Programs

1. What are the Medicare Savings Programs (MSPs)?

The Medicare Savings Programs (MSPs), also known as Medicare Buy-In programs or Medicare Premium Payment Programs, help pay your Medicare costs if you have limited income and savings. There are three main programs, each with different benefits and eligibility requirements. If you qualify for one of the three main Medicare Savings Programs (MSPs), you will save what you otherwise pay for the Medicare Part B monthly premium. Medicare will no longer deduct it from your Social Security check. Medicare Part B monthly premium will no longer be deducted from your Social Security check. Additionally, you will automatically be enrolled in Extra Help, the federal program that helps with Part D prescription drugs costs (see question 8). Each MSP also offers separate benefits (see question 2). You cannot choose to apply for a certain MSP; you will be enrolled in the MSP that corresponds to your income, assets, and other application details.

2. What are the Medicare Savings Program income and asset limits?

To qualify for a Medicare Savings Program (MSP), you must meet your state’s income and asset limits. Listed below are the baseline federal income and asset limits for each MSP for 2021. Most states use these limits, but some states have higher income limits, including Alaska, Connecticut, the District of Columbia (DC), Hawaii, and Maine. Alabama, Arizona, Connecticut, Delaware, DC, Louisiana, Mississippi, New York, Oregon, and Vermont are states where asset limits do not apply.

Qualifying Individual (QI) Gross monthly income limits: 135% Federal Poverty Line (FPL) + \$20*		
Most states:	\$1,469 – Individual	\$1,980 – Couple
Asset limits:	\$7,970 – Individual	\$11,960 – Couple

Specified Low-income Medicare Beneficiary (SLMB) Gross monthly income limits: 120% FPL + \$20		
Most states:	\$1,308 – Individual	\$1,762 – Couple
Asset limits:	\$7,970 – Individual	\$11,960 – Couple

Qualified Medicare Beneficiary (QMB) Gross monthly income limits: 100% Federal Poverty Level, or FPL, + \$20		
Most states:	\$1,094 – Individual	\$1,472 – Couple
Asset limits:	\$7,970 – Individual	\$11,960 – Couple

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*The amounts listed above include a standard \$20 income disregard. Your state may disregard other income as well. Contact your local Medicaid office or State Health Insurance Assistance Program (SHIP) for state-specific guidelines and information. Contact information for your SHIP is on the last page of this document.

3. What are the differences between the three main MSPs?

Qualified Individual (QI): If you are enrolled in the QI program, you may receive up to three months of retroactive reimbursement for Part B premiums deducted from your Social Security check. Note that you can only be reimbursed for premiums paid up to three months before your MSP effective date, and within the same year of that effective date. For example, if you submitted an MSP application at the end of 2021 and are approved for February 2022, you can only receive premium reimbursement for January 2022 because you cannot be reimbursed for premiums paid in the previous year. If your QI effective date is April 2022, you would receive premium reimbursements for January, February, and March. You cannot have both QI and Medicaid.

Specified Low-income Medicare Beneficiary (SLMB): If you are enrolled in the SLMB program, you may receive up to three months of retroactive reimbursement for Part B premiums. Unlike QI, you may be reimbursed for premiums from the previous calendar year. For example, if you submitted an MSP application at the end of 2021 and are approved for February 2022, you may be reimbursed for premiums paid in November and December of 2021 as well as January 2022. You can have both SLMB and Medicaid.

Qualified Medicare Beneficiary (QMB): Unlike QI and SLMB, QMB does not offer retroactive premium reimbursement and only covers premium costs for months after you apply for the benefit. However, QMB does offer coverage for Medicare cost-sharing and federal law prohibits Medicare providers from billing you for cost sharing amounts if you are enrolled in QMB. Cost sharing is the portion of medical care that you pay yourself, such as copayment, coinsurance, or deductible, if you have health coverage. This means Medicare providers should not bill you for any Medicare-covered services you receive if you are enrolled in QMB. Additionally, if you have to pay Part A premiums because you do not have 10 years of documented work history in the United States, QMB will pay the Part A premium for you. You can have both QMB and Medicaid.

Note: Qualified Disabled Working Individual (QDWI) is the fourth MSP and pays for the Medicare Part A premium only. To be eligible for QDWI, you must:

- Be under age 65
- Be working but continue to have a disabling impairment
- Have limited income and assets
- And, not already be eligible for Medicaid

4. If my income seems a bit over my state's Medicare Savings Program income and asset guidelines, should I still apply?

Yes. You may still qualify for an MSP because certain income and assets may not be counted when determining your eligibility. In all states, the following income is not counted:

- The first \$20 of your monthly income
- The first \$65 of your monthly wages
- Half of your monthly wages (after the \$65 is deducted)
- Food stamps (Supplemental Nutrition Assistance Program - "SNAP" - support)

Some states exclude more of your monthly income than the examples listed above.

In all states, the following assets are not counted:

- Your primary house
- One car
- Household goods and wedding/engagement rings
- Burial spaces
- Burial funds up to \$1,500 per person
- Life insurance with a cash value of less than \$1,500

Remember, how your income and assets are counted to determine eligibility varies from state to state. Call your local Medicaid office or SHIP (visit www.shiphelp.org) to find out if you are eligible for an MSP in your state.

5. How can I apply for an MSP?

Applications and required documentation vary by state. Before applying for an MSP, you should call your local Medicaid office for application steps, submission information (online, mail, appointment, or through community health centers and other organizations), and other state-specific guidelines. You can also call your State Health Insurance Assistance Program (SHIP) to find out if you are eligible for an MSP in your state or for help with your application. Contact information for your SHIP is on the last page of this document. Before submitting your application, be sure to make and keep a copy. If you are at a Medicaid office, ask that they make a copy for you.

You should be sent a Notice of Action within 45 days of filing an application. This notice will inform you of your application status. If you receive a denial and are told you do not qualify for an MSP, you have the right to request a fair hearing to challenge the decision. If you receive an approval:

- And are found eligible for SLMB or QI, the state will pay your Part B premium starting the month indicated on your Notice of Action. However, it may take several months for the Part B premium (\$148.50 in 2021) to be added back to your monthly Social Security check. Do not be concerned: you should be reimbursed with a lump-sum check for each month that your premium should be paid for.
- And are found eligible for QMB, your benefits begin the next month.

If you do not receive a Notice of Action within 45 days, contact the Medicaid office where you applied.

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6. What if I have Medicare Part A but not Part B? Can I still apply for an MSP?

Yes. The MSP will allow you to enroll in Medicare Part B outside of usual enrollment periods and eliminate your Part B late enrollment penalty, if you have one. This is called the Part B buy-in. After enrolling in any of the three main programs, you should receive premium-free Part B. Your premium-free Part B effective date is the same day as your MSP effective date. If you are approved, it may take three to four months before your benefits take effect—but you should receive the MSP and premium-free Part B retroactive to the effective date on your decision notice.

Note: To use the MSP to enroll in Part B, you must currently have Part A, unless you qualify for QMB. If you do not currently have Part A, you should enroll before applying for an MSP.

7. How do I keep my MSP from year to year?

If you are approved, you will need to renew (recertify) your MSP every year. If you do not receive a notice in the mail to recertify, contact your local Medicaid office and ask what you need to do to make sure you receive your MSP benefits in the following year.

8. What is Extra Help?

Extra Help is a federal program that helps pay for some to most of the out-of-pocket costs of Medicare Part D prescription drug coverage. It is also known as the Part D Low-Income Subsidy (LIS). The Extra Help program offers the following benefits:

- Pays the premium for your Part D drug plan up to a state-specific benchmark amount
- Lowers the cost of your prescription drugs
- Gives you a Special Enrollment Period (SEP) once per calendar quarter during the first nine months of the year to enroll in a Part D plan or to switch between plans (You cannot use the Extra Help SEP during the fourth calendar quarter of the year (October through December). You should use Fall Open Enrollment during this time to make prescription drug coverage changes.)
- Eliminates any Part D late enrollment penalty if you delayed Part D enrollment

Depending on your income and assets, you may qualify for either full or partial Extra Help. Both programs provide assistance with the cost of your drugs. To receive such assistance, your prescriptions should be on your plan's formulary and you should use pharmacies in your plan's network. Remember that Extra Help is not a replacement for Part D or a plan on its own: You must have a Part D plan to receive Medicare prescription drug coverage and get Extra Help assistance. If you do not choose a plan, you will in most cases be automatically enrolled in one.

9. Who is eligible for Extra Help?

There are two ways to be eligible for Extra Help:

1. If your monthly income is up to \$1,630 in 2021 (\$2,198 for couples) and your assets are below \$14,790 in 2021 (\$29,520 for couples), you may be eligible for Extra Help. These limits include a \$20 income disregard that the Social Security Administration (SSA) automatically subtracts from your

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monthly unearned income (e.g., retirement income). Even if your income or assets are above the eligibility limits, you could still qualify for Extra Help because certain types of income and assets may not be counted, in addition to the \$20 mentioned above.

2. If you are enrolled in Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you automatically qualify for Extra Help regardless of whether you meet Extra Help's eligibility requirements. You should receive a purple-colored notice from the Centers for Medicare & Medicaid Services (CMS) informing you that you do not need to apply for Extra Help.

10. I am eligible for Extra Help, but I have a form of prescription drug coverage other than Part D. What should I do?

If you are eligible for Extra Help and already have other creditable drug coverage, you should evaluate your costs and coverage to decide whether to enroll in Part D and Extra Help or to keep your current drug coverage. Be sure to ask your former employer or union if you can get a Part D plan without losing the retiree benefits you want to keep, and check if disenrolling from retiree drug coverage makes you ineligible for other retiree health benefits. If you cannot have Part D and your retiree benefits, or if keeping both is not cost-effective, think carefully about whether you should get a Part D plan, especially if your retiree plan also covers your spouse or dependents. You can enroll in Part D at any time if you are eligible for Extra Help.

Finally, those with Medicaid and certain kinds of employer, union, or retiree drug coverage may in some cases not be enrolled in Extra Help or can ask not to be. Contact your local Medicaid office to learn how to decline Part D without losing your Medicaid coverage. If you later want Part D, you can enroll at any time without penalty if you are still enrolled in Medicaid or are eligible for Extra Help.

11. How can I apply for Extra Help?

If you do not have Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), you can apply for the Extra Help program through the Social Security Administration (SSA) using either the agency's print or online application. (If you have Medicaid, SSI, or an MSP, you should be automatically enrolled in Extra Help.) To apply online, visit www.ssa.gov. Depending on processes in your state, this application can also serve to screen you for a Medicare Savings Program, which helps pay your Medicare costs. Be sure to complete the entire application and provide accurate information so you get all the benefits for which you qualify. For assistance applying, you can call your SHIP. Contact information for your SHIP is on the last page of this document. Remember, Extra Help reduces your prescription drug costs only for drugs covered by your Part D plan. If you do not have a Part D plan but are eligible for Extra Help, you can use the Special Enrollment Period (SEP) to enroll in Part D drug coverage.

If your application for Extra Help is denied or you disagree with the award (for instance, you think that you should receive full Extra Help but you were only awarded partial Extra Help), you can appeal to SSA. You will have the opportunity to submit information about why you qualify when you appeal.

12. How do I keep my Extra Help from year to year?

To keep your Extra Help benefits from year to year, you must continue to meet the eligibility requirements. Depending on your state and how you initially qualified for Extra Help, this process may be automatic or require that you submit information to confirm your continued eligibility.

If you qualified for Extra Help automatically because you had Medicaid, Supplemental Security Income (SSI), or a Medicare Savings Program (MSP), and:

- You still have Medicaid, SSI, or an MSP in the fall, you do not have to do anything. Your state should inform Medicare that you are still enrolled in one of these programs, and you will continue receiving Extra Help. You should not receive any notice unless your copayments are changing for the next year. If your income changed enough to affect your copayments, you should receive a notice telling you this in early October.
- You no longer have Medicaid, SSI, or an MSP in the fall, you should apply for Extra Help. If you do not apply, your Extra Help ends December 31. You should receive a letter in the fall explaining that you will lose Extra Help, along with an application and postage-paid envelope. Alternately, you may choose to apply for Extra Help online.

If you applied for Extra Help:

- The Social Security Administration (SSA) may send you a letter in August or September titled Social Security Administration Review of Your Eligibility for Extra Help. The letter outlines the financial and personal information you provided when you applied and asks if any of it has changed. Note that if you and your spouse applied for Extra Help together, you will receive only one letter. If you receive the letter, you must complete the enclosed Review of Your Eligibility form and send it back to SSA within 30 days. SSA will use your answers to decide if you still qualify for Extra Help and at what level (full or partial), depending on how your income and assets changed. If you do not fill out and return the Review of Your Eligibility form, your Extra Help assistance will end December 31. If you need more time to fill out the form, call your local Social Security office and ask for a 30-day extension. Any changes to your Extra Help assistance will take effect January 1.

Once SSA has reviewed any forms you have submitted, you will receive a notice explaining whether your Extra Help benefit has stayed the same, increased, decreased, or ended. Remember, you can appeal or reapply if you lose Extra Help.

13. What is the Limited Income Newly Eligible Transition (LI NET) program?

LI NET is a program that offers temporary drug coverage for eligible people. LI NET is operated by Humana on behalf of CMS. If you have Extra Help, you either applied or you automatically qualified (see question 11). In either case, your Part D coverage should begin within two months of your enrollment in Extra Help. During that period, Medicare may enroll you in the LI NET program to give you temporary coverage. LI NET must cover all your prescriptions, at any pharmacy, as long as they are not excluded from Part D coverage. When you are at the pharmacy, show the automatic enrollment notice from Medicare (typically a yellow notice) to prove that LI NET should cover you.

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LI NET also offers retroactive coverage back to your Medicaid or SSI start date (so long as you had Medicare then) or to your last enrollment in a Part D plan, whichever is later. For example, if you were approved for Medicaid in April but your Medicaid start date is retroactive to January 1, LI NET provides coverage back to January 1. To get reimbursed for payments made during LI NET's retroactive coverage period, send copies of the following to LI NET:

- Drug receipts
- Proof of your Medicaid or SSI eligibility, or proof of your last Part D enrollment
- And, a [prescription drug reimbursement form](#).

If you need assistance with LI NET drug coverage, call LI NET's Help Desk at 1-800-783-1307.

14. What is Best Available Evidence?

If you are charged the wrong copayment or coinsurance at the pharmacy, you may need to show proof, or Best Available Evidence (BAE), that you have prescription drug coverage and Extra Help. Show your pharmacist **one of the following** as evidence of coverage:

- Medicaid card that shows your name and eligibility date from July through December of the previous calendar year
- Screen print or other state document from Medicaid that shows your active Medicaid status in a month after June of the previous calendar year
- Letter from the Social Security Administration that shows that you receive SSI
- Or, notice from the Social Security confirming that you automatically qualify for Extra Help

Note that you may be able to use other forms of BAE if you are enrolled in Institutional Medicaid or a home and community-based services Medicaid waiver program.

15. Does my state offer other programs to assist with prescription drug costs?

Many states offer State Pharmaceutical Assistance Programs (SPAPs) to help residents pay for prescription drugs. Each program works differently. States may coordinate their drug assistance programs with Medicare's prescription drug benefit (Part D). Some SPAPs require that you sign up for Part D in order to qualify for assistance. In these cases, if a drug is covered by both your SPAP and your Part D plan, both the amount you pay for your prescriptions plus the amount the SPAP pays will count toward the out-of-pocket maximum you have to pay before reaching catastrophic coverage. Your SPAP may also help pay for your Part D plan's premium, deductible, and/or copayments. Certain states have qualified SPAPs. Qualified SPAPs provide a Special Enrollment Period (SEP) to allow you to enroll in or make changes to your Part D or Medicare Advantage coverage.

Check this list of [State Pharmaceutical Assistance Programs](#) to find out if your state has an SPAP, whether you are eligible, how the SPAP works, and how to enroll. You can also contact your State Health Insurance Assistance Program (SHIP) to learn about possible SPAPs in your state. Contact information for your SHIP is on the last page of this document.

16. Are there certain facilities that may offer health services at a reduced cost?

If you require health services at a reduced cost, there are two types of facilities that may be able to help.

1. There are hundreds of government-funded health centers around the country that provide medical care regardless of your ability to pay. These clinics are generally run by the Health Resources and Services Administration (HRSA). You may hear them referred to as HRSA Health Centers. They may also be called:
 - Federally Qualified Health Centers (FQHCs)
 - FQHC look-alikes
 - Migrant Health Centers
 - Health Care for the Homeless Program Centers
 - Public Housing Primary Care Centers
 - Or, Tribal Organization-run Outpatient Health Programs

People with Medicare are eligible to receive services from these government-funded health centers. The health centers provide Medicare-covered medical services as well as some preventive services that Medicare does not cover. A unique advantage of government-funded health centers is that they may waive the Part B deductible. Additionally, these clinics may waive or reduce the 20% coinsurance for Medicare-covered services if your annual income is at or below the federal poverty level (\$12,880 for an individual, \$17,420 for a couple in 2021). Some government-funded health centers may also provide dental services. For more information, contact your State Health Insurance Assistance Program (SHIP).

2. The Hill-Burton program offers free or reduced cost care at Hill-Burton facilities. Most states have the Hill-Burton program. Each facility chooses which services it will provide, and at what (if any) cost. Services that are fully covered by other types of insurance (like Medicare or Medicaid) are not eligible for Hill-Burton coverage. The Hill-Burton program will not cover Medicare cost-sharing. However, it will cover Medicaid copayments, except long-term care facility care, as well as Medicaid spend-down amounts. Note that there are 131 Hill-Burton facilities nation-wide (most are outpatient facilities), so access to a facility in your area may be limited. Eligibility for the Hill-Burton program is based on your income and family size. You may apply for Hill-Burton assistance before or after you receive care, or after a bill has been sent to collections. To apply, call the Admissions, Business, or Patient Accounts office at a Hill-Burton facility.

17. What is Medicaid?

Medicaid is a federal and state program that provides health coverage for certain people with limited income and assets. Each state runs different Medicaid-funded programs for different groups of people, including older adults, people with disabilities, children, pregnant people, and parents and/or caretakers of children. All states have Medicaid programs for people with limited incomes and assets who need nursing home care, long-term care services, and home health care services. Some states also have programs for individual adults who don't fit any of these categories. Each state uses financial eligibility guidelines to determine whether you are eligible for Medicaid coverage. Generally, your income and assets must be below a certain amount to qualify, but this

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amount varies from state to state and from program to program. You are eligible for Medicaid if you fall into an eligible group and meet that group's financial eligibility requirements.

18. Can I have both Medicare and Medicaid?

Yes. If you are eligible and enrolled in Medicare and Medicaid (dually eligible), Medicaid can cover services that Medicare does not, like long-term care. It can also pick up Medicare's out-of-pocket costs (deductibles, coinsurances, copayments). Make sure to call 1-800-MEDICARE or contact your local Medicaid office to learn more about Medicare and Medicaid costs and coverage, especially if you are dually eligible.

19. How can I apply for Medicaid?

Below is a general guide to the Medicaid application process. Be sure to contact your local Medicaid office for state-specific rules. Your Medicaid office may be called the Department of Health, the Department of Social Services, the Department of Health and Human Services, or by another name.

- Contact your local Medicaid office to ask how you need to submit your application.
- Find out which documents and forms of identification you may need in order to apply. Your Medicaid office may ask you to show proof of information like date of birth, U.S. citizenship or lawful residence, all types of income, or residence.

Note: Medicaid coverage is available, regardless of citizenship status, if you are pregnant or require treatment for an emergency medical condition. A doctor must certify that you are pregnant or had an emergency, and you must meet all other eligibility requirements.

If you have any problems applying at a Medicaid office, ask to speak with a supervisor. If you do not receive a timely decision on your Medicaid application or are turned down for Medicaid, you can appeal by asking for a state fair hearing (not a city or local one). Check with your Medicaid office to learn more about requesting a fair hearing.

20. How can Medicare fraud, errors, or abuse affect my Medicare costs?

Medicare fraud, errors, and abuse can all result in greater financial losses for Medicare beneficiaries. For example:

- You could be billed for the entire cost of a service by a provider who should have billed Medicare first.
- You could be charged for health care services that you never received, were excessive, or were not medically necessary.
- Your medical identity could be stolen, allowing a scammer to receive medical treatment and bill your insurance.
- Your Medicare number, Social Security number, and other personal information could be used to enroll you in a plan without your permission.

You should always read your Medicare Summary Notices (MSN) or Explanation of Benefits (EOB), so you that you can detect any errors of fraud. [Click here](#) for help understanding your Medicare notices. If you believe you

have experienced Medicare fraud, errors, or abuse, contact your local Senior Medicare Patrol (SMP). Contact information for your SMP is on the last page of this document.

21. Who can I contact with more questions about Medicare and cost-assistance programs?

State Health Insurance Assistance Program (SHIP): Contact your SHIP to learn about eligibility requirements for the Medicare Savings Programs (MSP), Extra Help, State Pharmaceutical Assistance Programs (SPAP), Medicaid, or other health cost assistance options in your area. SHIP counselors provide unbiased Medicare counseling and assistance.

Senior Medicare Patrol (SMP): Contact your SMP if you believe you have experienced Medicare fraud, error, waste, or abuse. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect and report health care fraud, errors, and abuse.

Social Security Administration (SSA): Apply for Extra Help through SSA. You can visit www.ssa.gov to find the application or call 800-772-1213.

Local Medicaid Office: Contact your local Medicaid office to request application materials for the MSP or Medicaid.

SHIP Case Study

Aditi is covered by a Part D prescription drug plan, but her medication costs are too high for her to afford. She is single and has a gross income of \$1,230 per month, but she has to spend about \$200 per month on the copays for just one of her drugs, in addition to the Part D premium. She has a few thousand dollars in savings and no other assets.

What should Aditi do?

- Aditi should call her State Health Insurance Assistance Program (SHIP) to seek help lowering her drug costs.
 - If Aditi doesn't know how to find her SHIP, she can call 877-839-2675 or visit www.shiphelp.org.
- The counselor will talk to Aditi about the programs she may be eligible for that will lower her drug and other health care costs.
 - Aditi's income and assets are below the limits for both Extra Help and the Medicare Savings Programs. If Aditi enrolls in an MSP, she will be automatically enrolled in Extra Help. The counselor can help Aditi apply for an MSP in her state. Once enrolled in the MSP, Aditi will not have to pay the Medicare Part B premium. With Extra Help, Aditi will not have to pay her Part D premium up to her state's benchmark amount, and she will pay lower copays at the pharmacy.
 - **Note:** If Aditi's assets had been above the Extra Help limits, it's possible she still could have enrolled in Extra Help, depending on her state. Some states do not have asset limits for the Medicare Savings Programs. If Aditi lived in one of those states and qualified for

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the MSP based on her income, her MSP enrollment would also automatically enroll her into Extra Help regardless of her assets.

- A SHIP counselor will also let Aditi know if her state has a State Pharmaceutical Assistance Program, and if Aditi is eligible for it. If so, the counselor can tell her how to apply.
- The counselor will also make sure that Aditi knows how her drug plan and her drug costs work.
 - The counselor can make sure that Aditi's drugs are all included on her plan's formulary, which is a list of drugs covered by that plan. The counselor can also ensure that she is getting her drugs from an in-network pharmacy and talk to Aditi about the different tiers of drug coverage in a Part D prescription drug plan.
 - If Aditi's drugs are not covered, or are covered with high cost-sharing, the counselor can advise her to speak to her doctor about finding covered drugs or appealing to the plan for a formulary or tiering exception.

SMP Case Study

Jamie has Original Medicare and the Qualified Medicare Beneficiary (QMB) level of the Medicare Savings Program (MSP). He does not have to pay anything out of pocket when he visits his primary care physician. Jamie receives his Medicare Summary Notice (MSN) in the mail and sees that Medicare was billed for a service from his doctor that he does not remember receiving. He looks in his planner and confirms that he did not see his doctor on the date shown on his MSN. Jamie is confused but not sure if it's a problem since he didn't have to pay anything for the services.

What should Jamie do?

- Jamie should contact his Senior Medicare Patrol (SMP) for assistance.
 - If Jamie doesn't know how to contact his SMP, he should call 877-808-2468 or visit www.smpresource.org.
- The SMP will tell Jamie that his provider should not be charging Medicare for services that Jamie did not receive. Incorrect charges or errors for services not received on someone's Medicare can lead to inaccurate payments to the provider from Medicare and could cause problems for Jamie as he tries to access medical care or services moving forward.
- Jamie should call his provider and/or billing department to see if a billing error was made. If a mistake was made, the provider or billing department can correct it.
- If Jamie's provider does not believe there was a billing error or will not correct the charges, despite Jamie's confidence that he could not have received this service, he should contact his SMP to discuss the potential of fraud and for assistance reporting it.
 - The SMP counselor will also encourage Jamie to continue reading his MSNs carefully to detect any future incidents of Medicare fraud, waste, error, or abuse.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free: SHIP email: SHIP website:</p> <p>To find a SHIP in another state: Call 877-839-2675 or visit www.shiphelp.org.</p>	<p>SMP toll-free: SMP email: SMP website:</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>
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