

State Department of Social Services  
**Frequently Asked Questions**

---

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

**A.** The MSP helps to pay some of the out of pocket costs of Medicare. There are three levels of the program that are based on income. All three levels pay for the Medicare Part B premium and all three enroll you into a program that helps with Medicare's prescription benefits, called the Low Income Subsidy (or "Extra Help").

**Q. Who is eligible to receive the MSP program?**

**A.** Eligibility varies from state to state. Individuals must be a resident of Connecticut, be eligible for Medicare Part A or 65 years of age. Eligibility is based solely on your gross income or combined income with your spouse, even if your spouse is not yet eligible to receive Medicare benefits. Connecticut does not review your assets when determining eligibility for the program. As a result, the Department of Social Services will not ask whether you own a home or have money in the bank.

**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 categories within MSP. Your gross income or combined gross income with your spouse determines which category you qualify for. The new monthly income limit, effective March 1, 2016, are:

QMB - \$2,088.90 for a single person and \$2,816.85 for a couple  
SLMB - \$2,286.90 for a single person and \$3,083.85 for a couple  
ALMB - \$2,435.40 for a single person and \$3,284.10 for a couple

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

All three levels automatically enroll you into the Low Income Subsidy (LIS), also called "Extra Help". The LIS also 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 or donut hole. The LIS also provides you with a special enrollment so that throughout the year you can 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) call 1-800-Medicare or for TTY call 1-800-325-0778.

The QMB is the only level that acts like a Medicare Supplemental or Medigap plan. It will cover the costs of the deductibles or co-pays of Medicare Part A and Medicare Part B up to the Medicaid approved rate. You are protected by federal law from being "balanced billed", or billed for services after Medicare Part A and B pays its portion of the bill, if a provider agrees to treat you, whether or not the provider is a Medicaid provider.

**Q. What is considered to be income for the MSP Program?**

**A.** The Department of Social Services will consider all funds that you or your spouse receives before any deductions are taken out. Social security benefits, pension, interest from money in the bank or money you earn from working would all be considered income. Money received from the Veterans' Program, Aid and Attendance, is not counted towards eligibility. Unlike the Husky D Medicaid program, the program does not look at your modified adjusted gross income based on your tax household and it does not deduct expenses when determining eligibility.

**Q. I work even though I collect Social Security, would I be eligible for benefits?**

**A.** The money you earn while collecting Social Security or Social Security Disability is called earned income. If you are receiving Medicare but you continue to work, the first \$65 of your earned income is not counted, or disregarded. Only half of the remaining earned income is counted towards eligibility for MSP. However, if your spouse works and is not yet on Medicare, the total amount of your spouse's earned amount is considered for eligibility.

**Q. How Does My Provider Know I have MSP?**

**A.** If you are eligible for QMB you should receive a grey CONNECT card from us. You should show the 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 a CONNECT card to you if you already have an EBT card from us. You can use your EBT card right away to help pay for Medicare co-pays and deductibles.

**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. It 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. Does QMB work with Medicare Advantage plans or Medicare Part C?**

**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 subsidy.

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

**A.** MSP and Medicaid are two separate programs. You can have both at the same time. The medical coverage is different for both programs. QMB only covers medical benefits that Medicare covers.

<b>Types of Services</b>	<b>QMB</b>	<b>Medicaid</b>
Hospitalization	Yes (Maximum of 150 days per benefit period)	Yes
Medical appointments	Yes	Yes
Dental Services	No	Yes
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
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
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.

Full Medicaid benefits under Husky A, Husky C or Medicaid for the Employed Disabled pays for medical services even if they are not covered by Medicare.

**Q. My provider says I am on a medical spend down. Do I have medical coverage with QMB?**

**A.** Since QMB is a separate program from Medicaid you have full medical benefits for any medical service covered by Medicare even if you are on a Husky C Medicaid spend down.

The income guidelines for Husky C is much lower than QMB. A spend down means you are over income for Husky C, but once you spend down that portion of your income you can have full Medicaid benefits. Since most of your medical costs will be covered by QMB, you might not meet your medical spend down for Husky C. Some individuals drop their Husky C and remain only on QMB.

**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 the policy you purchased before you were granted QMB benefits. However, you do have the right to maintain an existing Medigap policy that you may already have. You cannot be sold a duplicative policy 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.

**Q. I expect to receive a lump sum payment from my IRA, will this remove me from MSP?**

A. A lump-sum withdrawal from an IRA that is not a required minimum distribution is not considered in the MSP program since there is no asset limit for this program. A required minimum distribution (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. Who can apply for MSP?**

A. A person who is eligible for Medicare Part A and who has income below the program limits may be eligible for MSP.

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

A. Most people are eligible for Medicare Part A premium free 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, the State of Connecticut may pay the Part A premium for you if you apply for and are found eligible for QMB. If you need help to pay for your Medicare Part A, you should conditionally enroll into Medicare Part A and enroll in Medicare Part B benefits at Social Security.

**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 the 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, Social Security 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 the QMB portion of 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. Have your pharmacist contact the DSS Pharmacy unit at 860-424-5150 if they do not know how to

bill the claim to QMB.

**Q. I do not have a Medicare Part D plan, how will LIS help me?**

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?**

**A.** It may take two 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. Does it cost anything to apply for or receive MSP?**

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

**Q. Do I have to pay back any of the benefits that I receive from MSP?**

**A.** We will not recover money for this program for any benefits that you receive after January 1, 2010. However, if you received any benefits under MSP before January 1, 2010, the State can recover money equal to the amount of benefits you received.

**Q. How do I apply for MSP?**

**A.** You need to complete a short application form for the program. You do not need to send any supporting documentation unless the DSS worker reviewing the application requests information from you. You then need to return the application form #W-1QMB or W-1QMBS (Spanish version) "Application for Medicare Savings Program" to:

**DSS Connect Scanning Center  
PO Box 1320  
Manchester, CT 06045-1320**

You can also enroll online through <https://www.connect.ct.gov>.

**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.

**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. Do I have to apply for MSP?**

**A.** You must file an application in order to receive MSP. However, enrollment is purely voluntary. You can also stop MSP at any time.

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

**A.** It takes forty-five days for the department to process your application. As long as you are eligible, you will receive benefits back to the date that we received your application. However, an individual eligible for QMB (Qualified Medicare Beneficiary) qualifies in the month after the individual is determined to be eligible.

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

**A.** The eligibility start date for MSP depends on the program for which an individual is eligible.

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. I know when I will be on Medicare, how soon can I apply?**

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

**Q. I am on Husky D, can I stay on Husky D when I receive Medicare?**

**A.** Husky D Medicaid is for individual's age 19-64 who do not have minor children. You are no longer eligible for this particular Medicaid program when you are Medicare eligible. You should apply for MSP as soon as you are notified that you are eligible for Medicare and consider applying for Husky C Medicaid if your assets are below \$1600 (as a single individual). 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. The federal government will know you have Medicaid and will automatically enroll you into LIS, but you will need to apply for MSP to help with other Medicare related costs.

**Q. How often does DSS review my eligibility?**

**A.** MSP is normally granted for a one year period. One month before your expiration date, you will receive a notice in the mail that you are due for a review of coverage and a renewal form. Send this completed form to the DSS scanning center.

**Q. If I am removed from MSP benefits, will that affect my LIS 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 that calendar year and through the next. You will receive a notice in September from CMS and Social Security that your LIS benefit will stop at the end of the calendar year.

**Q. How soon will I see an increase in my Social Security Check?**

**A.** It takes approximately three months from the time that you are granted MSP for you to receive the increase in your Social Security check. The Social Security Administration will send you any back 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.