State Solutions
An Initiative to Improve Enrollment in Medicare Savings Programs

Promising Strategies for Medicare Savings Program Enrollment:
Modifying Eligibility Criteria and Documentation Requirements

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Executive Summary

- This brief, based on interviews with state Medicaid officials, highlights strategies being used by states during the eligibility determination process that hold the promise of increasing enrollment in the Medicare Savings Programs (MSPs).
- States have increased income disregards, liberalized the asset test, expanded Medicaid coverage by raising the income eligibility level, and implemented self-declaration of income and/or asset information in the MSP application process.
- States accomplished these changes by submitting state Medicaid Plan amendments and/or modifying state legislation; the difficulty of making changes to MSP eligibility criteria or application processes depended on the regulatory and political environment in the state.
- State officials did not believe that liberalizing the asset test had resulted in large increases in enrollment but resulted in administrative cost savings and a simplified application process for clients.
- If these states' experiences are generalizable, and the asset test were removed from the Medicare Part D low-income subsidy, administrative cost savings may offset any increased costs resulting from concomitant increases in persons eligible.
- Depending on the final regulations for the new Medicare Part D benefit and the degree to which states are allowed flexibility in using their existing MSP asset test criteria in assessing eligibility for the Part D low-income subsidies, states officials may want to consider liberalizing the MSP asset test to either exceed or match that of the asset test requirements for the forthcoming Part D low-income subsidies both to simplify and standardize asset test eligibility requirements and to decrease administrative costs.

State Solutions

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Introduction

Eligibility restrictions and onerous documentation requirements are often cited as barriers to enrollment to low-income public programs in general and specifically in the MSPs[1]. This issue brief identifies four strategies employed by states to expand and/or simplify MSP eligibility and minimize administrative burden:

- Modification of income eligibility criteria,
- Modification of the asset test,
- Expanding Medicaid eligibility, and
- Allowing self-declaration of income or assets for MSP applicants.

Based on interviews with state officials in 17 states conducted by Rutgers Center for State Health Policy in the Spring 2004, this brief highlights how selected states have implemented these changes, barriers encountered and how they overcame them, and perceived impact. The interviewed states had been identified in existing literature[2] or surveys as having liberalized MSP eligibility requirements or eliminated documentation of income or assets at initial application. We also discuss opportunities and concerns related to coordinating these innovative practices with eligibility determination for low-income subsidies available under the new Medicare Part D pharmacy benefit.

Modifying Eligibility Criteria

States have the option of modifying federal income and asset eligibility criteria (see Table 1) by increasing income and asset disregards under Section 1902(r)(2) of the Social Security Act. Increasing income and/or asset disregards effectively raises the eligibility level above the federal limits and potentially increases the number of people eligible for MSP programs.

Table 1. Federal Eligibility Criteria for Medicare Savings Programs and Full Medicaid Benefits

Program	Income Limit	Asset Limit	Benefit
Qualified Medicare Beneficiary (QMB)	Less than or equal to 100 percent of federal poverty level	$4,000 for an individual $6,000 for a couple	Pays all Part B premiums and cost-sharing obligations
Specified Low-Income Medicare Beneficiary (SLMB)	Between 100 and 120 percent of federal poverty level	$4,000 for an individual $6,000 for a couple	Pays Part B premiums
Qualified Individual 1 (QI-1)	Between 120 and 135 percent of federal poverty level	$4,000 for an individual $6,000 for a couple	Pays Part B premiums
Full Medicaid Benefit	Less than or equal to 75 percent of federal poverty level	$2,000 for an individual $3,000 for a couple	Covers costs of many health care services

Liberalizing Income Disregards for MSP Eligibility

The federal standard allows $20 to be deducted from unearned income and $65 from earned income in determining eligibility for the MSPs. As shown in Table 2, of the states CSHP researchers interviewed, three states (MS,CT, HI) had more liberal income disregards than this standard for the programs. Some states, such as Mississippi, have made modest modifications by disregarding $50 of an applicant's unearned income in the eligibility calculation, instead of only $20.

In contrast, Connecticut has significantly higher income disregards than the federal standard at $183 for singles and $336 for couples. Unlike Mississippi and Hawaii which sought state plan amendments, Connecticut did not go through a process of modifying its MSP eligibility criteria but simply adopted criteria already used in its Medicaid program, whose eligibility standards have historically been more liberal than most states. Although these generous disregards make more people eligible for the MSP in Connecticut, the state has not attempted to reduce or eliminate them despite budget shortfalls.

Medicaid administrators we spoke to said that the process of liberalizing the MSP income disregards was not particularly difficult. Very few states in which we conducted interviews had exercised this option, nonetheless. This strategy may be underutilized in part because, short of pursuing very large income disregards as is the case in Connecticut, slight modifications in income disregards will only produce a small boost in enrollment and does not reduce administrative costs. Eligibility workers still need to collect income information to verify an applicant's income but simply subtract more from the total. Therefore, no staff time (and consequently no administrative cost) is saved by increasing income disregards.

Instead, many of the states in our sample concentrated on making changes to asset limits where administrative cost savings are likely and the potential impact on enrollment is higher.

Table 2. Medicare Savings Program Eligibility Modifications in Sampled States

State	Liberalized Income Disregards	Liberalized Asset Limit or All Assets Disregarded	Expanded Medicaid Coverage	Self-declaration of Income or Assets
Alabama		X		
Arizona		X	X	X
Arkansas				X
California			X	
Connecticut	X	X (QI-1 only)		X
Delaware		X		
Hawaii	X		X	X
Minnesota		X (10k/18k limits)		X (assets only)
Mississippi	X	X	X	X
New Jersey			X	
New York		X (QI-1 only)		
North Dakota			X	X (income only)
Oklahoma			X	
Rhode Island			X	X
Texas				X
Vermont				X
Washington				X

Liberalizing the Asset Test for MSP Eligibility

The QMB, SLMB, and QI-1 programs standard resource limit is set at twice the SSI limit at $4,000 for an individual and $8,000 for a couple. However, under 1902(r)(2), states can either increase these limits, or disregard all assets in determining eligibility, which in effect, "eliminates" the asset test. In addition to increasing the pool of potential beneficiaries, relaxing or disregarding all assets is likely to promote enrollment by eliminating the onerous task of collecting documentation to verify assets.

Of the states we spoke with, Alabama, Arizona, Connecticut, Delaware, Mississippi, New York, and Minnesota had significantly relaxed the asset test for one or all of the MSPs. [3] Minnesota has increased the asset limit for all MSPs to $10,000 for an individual and $18,000 for a couple. Alabama, Arizona, Delaware, and Mississippi had disregarded all assets for all of the buy-in programs, QMB, SLMB and QI-1. In contrast, Connecticut and New York only eliminated the asset test for the fully federally funded QI-1 program not for the QMB and SLMB programs, which are co-funded by state and federal dollars.[4] Since the time these states made changes to their QI-1 asset criteria, the Centers for Medicare & Medicaid

Services has indicated that states may not apply different asset criteria to each of the MSPs. While some states believe this interpretation may be subject to challenge, this policy position by CMS may preclude other states from pursuing asset liberalization in the QI-1 program alone.

Liberalizing the asset test was accomplished by these states through amendments to the state Medicaid Plan.[5] Alabama, for example, first modified the state Medicaid plan to disregard automobiles as assets in determining MSP eligibility, then implemented additional asset disregards through separate amendments, until all assets were disregarded. Medicaid departments may have to convince state administrators or legislatures that disregarding additional resources will be budget neutral. In Arizona and Delaware, the state Medicaid department produced fiscal notes demonstrating that the cost of the proposed change in asset eligibility criteria would not significantly increase costs. As indicated in the box below, Arizona demonstrated that the anticipated savings in administrative costs outweighed any enrollment expansion resulting from the asset test change.

Arizona State Medicaid Office MSP Asset Elimination Analysis
• In 2001, State Medicaid Office conducted analysis calculating the increased costs and cost savings of disregarding resources for the Medicare Savings Programs • Based on analysis of currently denied applicants, they found that only 475 persons would become eligible if assets were not counted • Analysis showed that savings would result from less postage, fewer forms, and less salary costs for time spent on verifying assets • After costs savings were subtracted and federal matching funds factored in, the calculations estimated that the state would only spend approximately $75,000 more annually on the MSP programs

Source: Interview with Diane Ross of the Arizona Health Care Cost Containment System and supplemental documents.

The primary reason state Medicaid staff mentioned for liberalizing the asset test in the MSPs was because eligibility administrators and staff had long felt that few applicants were actually denied coverage due to assets and the considerable effort to conduct asset verification was therefore unnecessary. Arizona found that enrollment would only have increased by a small percentage based on their analysis of denied applications. For states where this is the case, disregarding further resources may not increase enrollment significantly due to newly eligible persons, however, it may encourage MSP enrollment for those who are deterred by the asset test process and documentation requirements. For states where higher numbers of applicants are denied due to assets, setting a higher asset limit or disregarding all assets might have a significant effect on increasing eligibility within the current pool of buy-in applicants. In any case, states may achieve administrative cost savings from the reduction in staff time spent on verification processes.[6]

Expanding Medicaid Coverage

States also have the option of expanding Medicaid coverage to additional individuals. Expanding Medicaid can effect MSP enrollment because more people are likely to apply for Medicaid which may result in more individuals being screened for MSP eligibility. Medicaid coverage can be expanded in two ways. First, states can increase the federal poverty threshold for eligibility from the current 74% to 100% or higher. States can also increase the income limit for their medically needy group, if they have the program. Specifically, states can increase the amount of income seniors are allowed to have remaining and still receive Medicaid coverage after their monthly healthcare expenses are subtracted.

Among our sample states, Arizona, California, Hawaii, Mississippi, North Dakota, New Jersey, Oklahoma, and Rhode Island have extended the state Medicaid programs to include applicants with incomes up to 100% of poverty or higher (see Table 2).[7] At the time of our interviews, Mississippi expanded Medicaid eligibility up to 135% of FPL. Mississippi has one of the highest federal matching rates for Medicaid so expanding the program to this extent is less costly to the state than would be the case in other states. The impetus for making this change was part of a larger effort by advocates to obtain Medicaid coverage for employed people with disabilities. In 1998, in response to the public campaign, the Mississippi state legislature voted to both extend Medicaid coverage to these individuals and increase Medicaid eligibility to 135% of FPL. The governor at that time vetoed the legislation but the legislature overrode his veto in 2000.[8] Unfortunately, since our interviews, the state not only repealed this expansion but also terminated the Medicaid benefit for all aged and disabled persons [9]. All of the other states increased eligibility to 100% of FPL and all of these expansions are still in place.

California, New York, and Vermont have expanded Medicaid, not by changing the poverty level threshold, but by increasing the income level for their medically needy groups. For example, in Vermont for 2004, individuals could have an income of $783 left in the month after the subtraction of their medical expenses and receive Medicaid benefits. This dollar amount is equivalent to over 100% percent of poverty and results in higher coverage for individuals that do not qualify based on income but meet the resource test.[10] More medically needy applicants in a state may also result in more applicants to the MSPs.

Self-Declaration of Income and Assets

Once MSP eligibility criteria are established, states can take steps in the eligibility determination process to further facilitate enrollment in the programs. The comprehensive use of collateral data systems for determining eligibility can be used to simplify the application process by easing documentation requirements as well as reduce the amount of work for eligibility staff. There are many computer matching systems available for states to utilize. Among our sample states, administrators mentioned using the following systems for MSP eligibility determination and financial verification: 1) State Data Exchange (SDX); 2) Beneficiary Data Exchange (BENDEX); 3) State Verification Exchange System (SVES); 4) Unemployment Insurance (UI); 5) State Wage Information Collection Agency (SWICA); 6) Wire for Third-Party Query (WTPY); 7) Internal Revenue Service matches (IRS); 8) and State Online Query System (SOLQ). SOLQ is the newest system developed by the Social Security Administration (SSA) that provides a common interface for receiving information from their various databases and provides immediate on-line matching data. Several of our sample states had begun using this system and others were about to pilot it. Collateral data systems have also been used amongst states participating in the State Solutions project with some success.[11]

One option for reducing burden on MSP applicants, is for states to conduct all income verification processes using data match systems in lieu of documentation from an applicant. In this case, an applicant would "self-declare" the accuracy of the information provided on an application and sign a release statement giving permission for the state to retrieve and examine relevant documents. Many of the states in our sample had implemented self-declaration of income and/or asset information for the MSPs: Arizona, Arkansas, Connecticut, Hawaii, Minnesota (for assets only), Mississippi, North Dakota (for income only), Rhode Island, Texas, Vermont, and Washington.

State Medicaid officials mentioned several reasons for implementing self-declaration. For example, staff in Arkansas stated that since the benefit provided by the state for MSP clients is comparatively small, verifying everything with documentation did not seem as important as for beneficiaries receiving much more expensive services like long-term care. Also in Arkansas, self-declaration was successfully implemented for SCHIP and Medicaid and officials therefore considered its application to the MSPs. Officials in Rhode Island explained that over 90% of their MSP cases are simple and all relevant information can be gathered through SSA data matches.

Most states claimed they encountered minimal internal resistance or difficulty in moving to a self-declaration process because stakeholders believed most inconsistencies would be found through the data match verification processes already in use. However, in Rhode Island there was some concern in the state administration about fraud under such a system. To assuage this concern, the state Medicaid office conducted a review showing that the majority of cases were straightforward and that very few cases contained non-SSA income sources like pensions. They highlighted that for such small benefits, it did not make sense to spend large amounts of time and money trying to prevent the few ineligible people from gaining program access. Furthermore, they argued that the likelihood of this aged population having unreported earned income was very low. Other work does show that the low-income Medicare recipients tend to have similar financial situations from year to year and there is evidence that they are low-risk group for committing fraud.[12]

State officials in states using self-declaration felt that clients were the ones to benefit most from this procedure. Research has shown that providing documentation for income and asset information can be a major obstacle for seniors applying for social programs including the MSPs.[13] Without the documentation requirement, applicants who qualify are less likely to be denied coverage due to missing information. Also, when this procedure applies to recertification as well, clients are less likely to be terminated for failure to comply with annual documentation requirements. In our sample states, officials did not think incidents of error or fraud had occurred as a result of self-declaration but none had done a post-implementation analysis for the buy-in programs. A recent investigation of self-declaration policies across numerous programs corroborates that eligibility error rates are not likely to increase with the use of self-declaration of income. [14]

Impact of Modifying Eligibility Criteria and Documentation Requirements

We asked states with more liberal eligibility criteria if they had examined the impact of the policies on MSP enrollment. None had undertaken a systematic study of enrollment rates after implementation of new criteria were applied. However, Alabama, Arizona, Delaware, had conducted analysis prior to implementation estimating limited increases in enrollment as a result of disregarding all assets in determining MSP eligibility and showing that some of the increase would be offset by cost savings. When asked about the potential impact, none of the state Medicaid administrators recalled a noticeable increase in enrollment. Alabama mentioned that the enrollment rate for the MSPs has steadily increased overtime but they are not sure precisely what factors are causing the trend. Alabama has several other procedures to maximize enrollment and retention in the programs, including passive reenrollment [15], and they do not use estate recovery for the MSPs which may be contributing to an enrollment increase.

Although the Mississippi state officials we interviewed did not know what affect their Medicaid expansion had on MSP enrollment, there is evidence from other states that an increase in demand for services may accompany such expansions. For example, when Arizona raised its Medicaid income eligibility level to 100%, state officials believe the subsequent increase in MSP enrollment was due in part to increased application to Medicaid and simultaneous screening for MSPs that occurred. [16]

Likewise, officials in our sample states had not analyzed the impact of self-declaration on enrollment rates, but other recent work on the SCHIP program shows that these policies can increase program enrollment. For example, Kronenbusch and Elbel found that program enrollment of children in Medicaid and SCHIP increased by 3.5 percentage points as a result of self-declaration policies.[17]

Finally, none of the states in our sample conducted active outreach to potential beneficiaries to inform them of the changes in eligibility criteria. Thus the overall impact of the new policies could have been minimized by the lack of awareness among eligible persons of the more liberal criteria in these states.

Implications for and Coordination with Medicare Part D Prescription Drug Coverage

The fact that states that liberalized their MSP income and asset disregards did not report large increases in MSP enrollment and found that these increases were offset by administrative cost savings, should inform the setting of eligibility criteria for the low-income prescription drug benefit (Part D) under the Medicare Prescription Drug, Modernization and Improvement Act of 2003 (MMA), which begins in 2006. The Part D full low-income subsidy is targeted to persons with incomes below 135% FPL -- the same income level as the MSP federal standard -- but with slightly higher resources than the federal MSP standard (see Table 3). Many advocates oppose the imposition of the asset test for the Part D low-income subsidies arguing that it is a barrier to eligibility [18]. In fact, due to these concerns, the MMA explicitly calls for a study by the General Accounting Office due by September 2007 assessing the differential impact on drug utilization and access for low-income subsidy recipients compared to those that would have qualified but for the imposition of the asset test [19].

Table 3. Medicare Part D Low-Income Benefit

Eligibility		**Benefit**		
Income	**Assets**	**Premium**	**Deductible**	**Copay**
Eligible for Medicaid	Medicaid asset test	None	None	$1 Generic $3 Brand name
Below 100% FPL (no Medicaid)	$6,000 single $9,000 couple	None	None	$1 Generic $3 Brand name
Below 135% FPL	$6,000 single $9,000 couple	None	None	$2 Generic $5 Brand name
Below 150% of FPL	$10,000 single $20,000 couple	Sliding scale	$50	15% coinsurance

Source: Federal Register 42 CFR Parts 403, 411, 417, and 423: Medicare Program; Medicare Prescription Drug Benefit; Proposed Rule. Department of Health and Human Services. August 3, 2004. Page 46731.

Other research suggests that seniors with incomes below 100% of the federal poverty level have few assets. For example, Summer and Thompson (2004) found that 66% of elderly people with incomes below the poverty level also had countable assets below the QMB program limits. Many of these QMB eligible individuals had no assets at all. Summer and Thompson also found that the poor elderly who did not pass the asset test often failed only because they held life insurance policies.[20] If it is true that few seniors with very low-incomes have substantial assets, then disregarding all assets for the lowest income group for the Part D subsidy may not result in the large influx of enrollees that some fear and that enrollment increases that do occur may be offset by administrative savings.

If the asset test for the Medicare Part D benefit remains in place, MSPs still have opportunities to coordinate eligibility with low-income subsidies under the new Part D benefit and, in so doing, reduce administrative burden and barriers to enrollment in the MSP programs. States that have already pursued more liberal asset test disregards should keep them. Under the MMA, the Secretary of the Department of Health and Human Services (DHHS) has the discretion to allow states to use the same asset criteria (but not income) for the Medicare Part D low-income subsidies as in the state's MSP programs. In commenting on the draft regulations, many states and advocates as well as the Secretary-appointed State Pharmaceutical Assistance Program Transition Commission have already recommended that the Secretary use this discretion to streamline processes across programs. [21] Even if the Secretary does not follow this recommendation, the draft Part D regulations deem all MSP enrollees automatically eligible for Part D low-income subsidies. Thus, states with more liberal asset disregards need only direct their eligibility workers to screen for MSP first and, if determined eligible, they would also be eligible for subsidies under Part D. This would both preserve broader access to the MSP program and expand access to low-income Part D subsidies with no additional costs to the state.

States that have not yet liberalized asset limit criteria for their MSPs, may want to submit state plan amendments to at least match the higher asset standard for the Part D low-income subsidies. Since state eligibility workers may be responsible for screening for both the Part D benefit and the MSPs, imposing the same asset test in both programs is likely to simplify the eligibility process, saving time for both staff and applicants and reducing administrative costs with only marginal enrollment increases. While SSA is not currently required to screen for other low-income programs as are the Medicaid agencies, similar asset tests would standardize the eligibility process, potentially arguing for SSA to take on this responsibility along with states.

Endnotes

[1] Perry MJ, Kannel S, Dulio A.. *Barriers to Medicaid Enrollment for Low-Income Seniors: Focus Group Findings*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured; 2002.

[2] See 1) Glaun K. Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Medicare Savings Programs Case Study Findings. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured; 2002; 2) Summer L, Ihara ES. Simplifying Medicaid Enrollment for the Elderly and Individuals With Disabilities. AARP; forthcoming; and 3) Nemore PB. Variations in State Medicaid Buy-in Practices for Low-Income Medicare Beneficiaries: A 1999 Update. Washington, DC: Henry J. Kaiser Family Foundation; 1999.

[3] We interviewed those states that had significantly modified the MSP asset test or eliminated it altogether through asset disregards. Many more states have used various asset disregards in their MSP programs. For a more detailed list of states disregards as of 2001, see Summer, L, Friedland, R. The Role of the Asset Test in Targeting Benefits for Medicare Savings Programs. The Commonwealth Fund; 2002.

[4] The QI-1 program is fully funded by federal dollars, providing incentive for states to enroll seniors. However, QI-1 is not an entitlement program and funding is capped annually.

[5] Depending on state law, regulations may also need to be modified through the legislature to allow changes in the MSPs.

[6] Preliminary findings from other State Solutions research conducted in Louisiana, shows that staff time and therefore administrative costs are saved when MSP asset liberalizations are in place. Summer L. *Administrative Costs Associated with Enrollment and Renewal for the Medicare Savings Programs in Louisiana.* Internal State Solutions memo; 2004 .

[7] We interviewed only a selection of states that had expanded Medicaid coverage. For a more detailed list of states that have expanded Medicaid coverage as of 2000, see Fish-Parcham C. *Could Your State Do More to Expand Medicaid for Seniors and Adults With Disabilities?* Washington, DC: FamiliesUSA ; 2001.

[8]Fish-Parcham, 2001.

[9] Ku, Leighton, *Mississippi's Flawed Medicaid Waiver Proposal: Waiver Provides No Benefit to Most People the State Is Planning to Cut Off of Medicaid and Could Lead to Additional Medicaid Cuts Later.* Center for Budget and Policy Priorities, Washington, DC. August 11, 2004.

[10] Vermont does not use FPL to calculate the medically needy level but instead used 133 1/3% of the Protected Income Level from the TANF program.

[11] Summer, Laura, *State Solutions :Accomplishments and Lessons Learned from an Initiative to Increase Enrollment in the Medicare Savings Program.* Publication forthcoming

[12] Summer and Thompson 2004 and Glaun K. *Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Medicare Savings Programs Case Study Findings*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured; 2002.

[13] Perry, Kannel, & Dulio, 2002.

[14] Holahan D, Hubert E. *Lessons from States with Self-declaration of Income Policies*. New York, NY:United Hospital Fund; 2004.

[15] Passive reenrollment allows beneficiaries to be automatically reenrolled for another year without having to complete an application or provide income and asset documentation.

[16] Glaun K. *Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Working Paper on Medicare Savings Programs in Arizona*. Washington, DC: The Kaiser Commission on Medicaid and the Uninsured; 2002.

[17] Kronenbusch K, Elbel B. Enrolling children in public insurance: SCHIP, Medicaid, and state implementation. *Journal of Health Politics, Policy, and Law*. 2004; 29(3): June.

[18] Statement of Mr. Robert Hayes President and General Counsel, Medicare Rights Center to the Senate Finance Committee, June 8, 2004 and Statement of Patricia B. Nemore, Center for Medicare Advocacy to the Committee on Senate Special Aging, July 19, 2004.

[19] H.R. 1, Section 107 (e).

[20]Summer L ,Thompson L. *How Asset Tests Block Low-Income Medicare Beneficiaries From Needed Benefits* . New York, NY : The Commonwealth Fund ; 2004.

[21] Preliminary recommendations of the SPAP Transition Commission presented at a public hearing on October 14, 2004 in Washington, DC.

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The Medicare Savings Programs are publicly financed programs that help people pay for costs associated with Medicare, such as premiums, co-payments and deductibles. It is estimated that 5 million people are eligible to receive financial help through the Medicare Savings Programs, but only half are enrolled. Eligibility is generally granted to Medicare enrollees with low incomes, including people with disabilities and seniors.

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