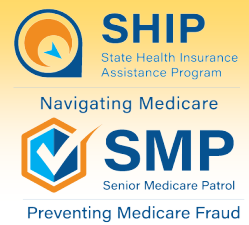




Basic Training Module 7

Financial Assistance

Study Guide



Print this study guide for your reference while proceeding through the module. Feel free to make notes as desired. At the end of the guide, there is space to write questions. If your questions are not answered in future modules, present them to the trainer at the final in-class module. Be sure to bring all study guides to class with you.

Introduction (2)

Basics of Financial Assistance (3)

Can I Get Help? (3.2)

SHINE Can Help (3.3)

- **Aging and Disability Resource Center (ADRC) – local agency that provides entry for many services and referrals**
- **SHINE counselor encouraged to screen every beneficiary for Extra Help and Medicare Savings Programs (MSPs)**
- **Screening identifies other needs**

ADRCs (3.4)

- **Single, coordinated system for information and access to state, federal and local services**
- **Located in all 11 Planning and Service Areas (PSAs)**
 - Services provided in all counties within each PSA
- **When counseling, refer to ADRC for other services**
 - Statewide database available with local community resources

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Available Assistance Programs (3.5)

- **Three most common assistance programs**
 - Medicare Savings Program (MSP)
 - Medically Needy → “Share of Cost”
 - Low Income Subsidy (LIS) → Extra Help
- **These programs provide assistance with out-of-pocket costs of health care or prescription drugs**
- **Where to apply**
 - Department of Children & Families (DCF)
 - MSP
 - Medically Needy
 - Social Security Administration (SSA)
 - Extra Help

Income-based (3.6)

- **Eligibility based on income and assets → can pertain to both spouses**
 - Wages earned
 - SSA benefits
 - Retirement income
 - Supplemental Security Income (SSI)
 - VA Benefits
 - Disability
 - TANF – Temporary Assistance for Needy Families
 - Rental property
 - Estates, trusts
 - Alimony
 - Regular contributions from another person (pertains to MSP only)

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Assets that Count (3.7)

- Real estate other than homestead (primary residence)
- Vehicles other than primary vehicle
- Bank accounts
- Certificates of Deposit
- Money Market accounts
- Stocks and bonds
- Trusts
- Certain cash-value life insurance policies (for MSP only)
- Cash

Assets that Do Not Count (3.8)

- Homestead
- Primary vehicle
- Personal and household items
- Certain burial funds
- Other vehicles older than seven years unless high-valued antique or classic

Financial Eligibility Guidelines (3.9)

- Financial assistance programs developed using U. S. Federal Poverty Levels
- Assistance is for aged, blind, or disabled
- Level of assistance determined by beneficiary's income and assets
- Financial Eligibility Guidelines—used to determine possible eligibility for Extra Help or one of the Medicare Savings Programs

How to Ask about Income (3.10)

- Use Financial Eligibility Guidelines when asking questions
 - Ask → “Is your income above or below the threshold?”
 - Don't ask, “How much money do you make?” (too direct)

Medicare Savings Program (4)

Three Types (4.2)

- **Offered by DCF**
 - Qualified Medicare Beneficiary—QMB
 - Special Low Income Medicare Beneficiary—SLMB
 - Qualifying Individual One—QI1

Qualified Medicare Beneficiary (QMB) Program (4.3)

- **Medicaid program with limited benefits**
- **Covers only Medicare-approved health costs**
- **Similar to a Medigap policy**
 - If beneficiary has a Medigap policy and qualifies for QMB → may elect to suspend Medigap policy for up to two years within 90 days of receiving QMB
 - No Medigap premiums collected
 - No Medigap premiums paid
 - Beneficiary may choose to keep Medigap policy active to cover providers who don't accept Medicaid.
 - Insurance companies not allowed to sell Medigap policies to people with Medicaid
- **Not retroactive**
- **Must be a Florida resident and citizen of U.S. or a qualified non-citizen**
- **Must have Social Security number or applied for one**
- **Monthly income = less than 100% FPL \$_____**
- **Assets = less than \$_____**
- **\$20 disregard**
 - If income and assets are close to thresholds, encourage beneficiary to apply

QMB Coverage (4.4)

- **Part A Assistance**
 - Must be enrolled in Part A
 - If never enrolled in Part A, DCF will refer beneficiary to SSA for enrollment
 - Covered → Part A premiums, late enrollment penalties, deductibles, co-payments
- **Part B Assistance**
 - Must enroll in Part B
 - If never enrolled in Part B, DCF will refer beneficiary to SSA for enrollment
 - Covered → Part B premiums, late enrollment penalties, deductibles, co-insurance
- **Part C Assistance**
 - Able to have Part C plan and QMB at same time
 - Covered → Part B premiums, deductibles, co-insurance, co-payments
 - Will not cover Part C plan premiums or co-payments for additional services (Silver Sneakers)
 - Balance billing not allowed → future slide
- **Part D Assistance**
 - No prescription drug costs covered
 - If eligible for QMB → DCF automatically qualifies and enrolls beneficiary for LIS (Extra Help)

QMB Balance Billing (4.5)

- **Medicare and Medicaid payment = payment in full**
- **Definition = Medicare provider who bills QMB recipient for deductible, co-insurance, co-payment**
 - Prohibited by federal law
 - Provider who bills subject to sanctions
- **Includes those with Original Medicare as well as Advantage plans**
- **Medicare providers must enroll in Medicaid for processing of claims and cost-sharing**

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Balance Billing Example (4.6)

- **A beneficiary qualifies for QMB but is not full-Medicaid. Can the doctor who does not accept Medicaid, collect the deductibles, co-insurance and co-payments?**
 - Answer #1—_____. Federal law prohibits Medicare providers from balance billing QMB recipients for Medicare cost-sharing. If they do, the providers are subject to sanctions.
 - Answer #2—Providers are responsible for billing Medicaid for any Medicare cost-sharing amounts the state would cover.
 - Answer #3—If the provider is not contracted with Medicaid, but provides services to a QMB recipient, the provider will not be paid.
- **Summary—Whether contracted with Medicaid or not, the provider still may not balance-bill the beneficiary**

How to Counsel (4.7)

- **Inform QMB beneficiaries they are not responsible for Medicare deductibles or co-insurances**
- **Make sure provider knows beneficiary has QMB**
- **If billed, beneficiary is to file a report with DCF**

Special Low Income Medicare Beneficiary (SLMB) Program (4.8)

- **Covers Part B premiums only**
- **Not retroactive unless pregnant or under age 21**
- **Must be a Florida resident and citizen of U.S. or a qualified non-citizen**
- **Must have Social Security number or applied for one**
- **Monthly income = less than 120% FPL \$ _____**
- **Assets = less than \$_____**
- **\$20 disregard**
 - If income and assets are close to thresholds, encourage beneficiary to apply

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SLMB Coverage (4.9)

- **Part A Assistance**
 - Must be enrolled in Part A
 - No financial assistance
- **Part B Assistance**
 - Must enroll in Part B
 - If never enrolled in Part B, DCF will facilitate application through SSA.
 - Covered → Part B premiums, late enrollment penalties
- **Part C Assistance**
 - No Part C coverage
- **Part D Assistance**
 - No prescription drug costs covered
- **If eligible for SLMB → DCF automatically qualifies and enrolls beneficiary for LIS (Extra Help)**

Qualifying Individual One (QI1) Program (4.10)

- **Federally-funded**
- **Beneficiary must apply each year**
- **Not retroactive**
- **Must be a Florida resident and a U.S. citizen or a qualified non-citizen**
- **Must have Social Security number or applied for one**
- **Monthly income = less than 135% FPL \$_____**
- **Assets = less than \$_____**
- **\$20 disregard**
 - If income and assets are close to thresholds, encourage beneficiary to apply

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Q1 Coverage (4.11)

- **Part A Assistance**
 - Must be enrolled in Part A
 - No Part A assistance
- **Part B Assistance**
 - Must be enrolled in Part B
 - If not already a beneficiary, DCF will refer to SSA.
 - Covered → Part B premiums, late enrollment penalties
- **Part C Assistance**
 - No Part C coverage
- **Part D Assistance**
 - No prescription drug costs covered
- **If eligible for Q11 → DCF automatically qualifies and enrolls beneficiary for Extra Help**

Applying for MSP (5)

Apply by Mail (5.2)

- **Medicaid/Medicare Buy-In Application**
- **Download sample or blank form**
- **Mail all MSP applications to ACCESS Central Mail Center; PO Box 1770; Ocala, FL 34478-1770**

When in doubt, fill it out! (5.3)

- **Eligibility not determined by SHINE counselor**
- **If income and assets are close to the limits, assist beneficiary with application**
- **When in doubt, fill it out!**

Medicaid/Medicare Buy-in Application (5.4)

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Financial Assistance Fact Sheet (5.5)

- **Counselor resource – “Applying for Financial Assistance”**
 - Outlines processes and tools that counselor may use while assisting low-income beneficiary

MSP Application (5.6)

- **Paper application**
 - Make a copy for beneficiary’s records
 - If counseling by telephone, mail application to beneficiary for signature
 - Ask liaison for local agency’s protocol for submitting applications
- **Online application**
 - Print copy of disclaimer and confirmation page for beneficiary’s records
 - Read disclaimer to beneficiary → allows beneficiary to know the agreement by submitting application
 - After submission, explain that DCF may contact beneficiary by letter
 - “Case Action” printed at top of letter from DCF
 - Beneficiary needs to read DCF letter carefully and respond to requests for more information within deadlines stated
 - DCF has 45 days to determine eligibility for a beneficiary once it receives the application
 - Medicare enrollee → submit application no more than two weeks prior to Medicare eligibility

Help Client Apply Online (5.7)

- <https://www.myflorida.com/accessflorida/>
- **Beneficiary must submit electronic signature if applying online**
- **ACCESS Florida website allows beneficiary to apply for any or all programs**

Release Form (5.8)

- **Financial Information Release Form not required when applying for MSP**
- **Other ACCESS programs—may be required**

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Retroactive? (5.9)

- A question on the applications asks if beneficiary wants eligibility determined for 3 months retroactive (prior to application). Do not answer → benefits no longer retroactive except for a pregnant beneficiary whose benefits have lapsed

Recertification (5.10)

- Required annually
- DCF will contact beneficiary to update contact information, residency, income and assets

Medically Needy Program (6)

Medically Needy Program (6.2)

- For beneficiaries not eligible for full Medicaid because income or assets are over Medicaid program limits
- Must have a certain amount of medical bills each month before Medicaid can be approved → known as “Share of Cost”
 - Varies depending on the household’s size and income
 - Beneficiary to contact DCF when “Share of Cost” met for the month
- If “Share of Cost” met at least once in a year → eligible for Extra Help for remainder of year

Medically Needy Process (6.3)

- **DCF sends determination letter to MSP applicant**
- **If not qualified, Share of Cost amount stated**
 - Instructions in “Share of Cost” brochure included with determination
 - Proof of prescription and/or medical expenses submitted to DCF when Share of Cost met
 - DCF qualifies beneficiary for Medically Needy full-Medicaid for remainder of that month after expenses received and verified
- **If deemed full-Medicaid eligible, beneficiary automatically eligible for Extra Help**
 - If eligibility in first 6 months of year → Extra Help covers to end of year
 - If eligibility in last 6 months of year → Extra Help covers remainder of year and all of following year

“Share of Cost” Brochure (6.4)

Low Income Subsidy (7)

The Need is Great (7.2)

- **Thousands of Medicare beneficiaries eligible but not enrolled**
- **One in seven have income below FPL (Federal Poverty Level).**
- **Many not aware of cost-saving programs**

Extra Help (7.3)

- **Called Low Income Subsidy, LIS, or Extra Help**
- **Federally funded program for saving on prescription drug costs**
- **Savings apply to stand-alone Part D plans and Medicare Advantage plans with drug benefits**
- **Enrolled beneficiaries have a SEP**
 - Part D plan may be changed to another plan once per calendar quarter if necessary
- **Enrolled beneficiaries never fall into the coverage gap or “donut hole”**

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Counselor/Beneficiary (7.4)

- **“Extra Help with Prescription Drug Costs” fact sheet**
 - Gold header → counselors only
 - Blue header → beneficiaries
 - Counseling
 - Health fairs
 - Outreach presentations

Out-of-Pocket Costs (7.5)

- **Use “Counselor Only” fact sheet for this slide**
- **Four standard eligibility levels of Extra Help based on income and resources**
 - Two lowest income and asset levels = _____% coverage of premiums, deductibles, and cost of drugs at the catastrophic level
 - Low copays for both generic and brand-name drugs
 - Higher income and asset levels = beneficiaries pay small percentage of premium, deductible, copays, and catastrophic coverage
- **For monthly plan premium of \$_____ → monthly premium is below Florida’s benchmark**

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Extra Help Awareness (7.6)

- **Some beneficiaries automatically enrolled in Extra Help by CMS or DCF**
 - Receiving full Medicaid
 - Receiving SSI
 - Enrolled in MSP
 - Medically Needy “Share of Cost” met once per year
- **Outside of receiving federal or state assistance, many Medicare beneficiaries not aware of Extra Help at all**
- **If eligibility notification misplaced or lost, beneficiary must apply on own initiative. SHINE counselors can help**

Medicare Extra Help (7.7)

- **To verify submission of application → myMedicare.gov account**

Extra Help Paper Application (7.8)

- **Bar-coded—photocopy of application invalid**
- **Offices that have applications**
 - ADRC
 - DCF
 - SSA

Extra Help Online Application (7.9)

- **Available at www.ssa.gov**
- **SSA only authority for approving applications**

SSA Website Demonstration (7.10)

Guide to Consumer Mailings (7.11)

- **CMS Publication – *Guide to Consumer Mailings from CMS, Social Security & Plans***
- **Documents printed on different colors of paper—means different things**
 - Color dictates the action to be taken

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MIPPA Grant (7.12)

- **MIPPA = Medicare Improvements for Patients and Providers Act of 2008**
 - A federal grant that provides partial funding to SHINE Program
- **SHINE Program receives funding to help clients apply for Extra Help and MSP**
- **Accuracy of reporting directly affects the funding.**
- **STARS → online module that teaches MIPPA reporting**

STARS Reporting (8)

- **Demonstration only—no notes provided**

The Next Module (8.3)

- **Password: _____**

