Questions and Answers –
Medicare Improvements for Patients and Providers Act of 2008

HSEN Files

1. **Question: How often will the State update the Medicare Savings Program (MSP) application files on the Human Services Enterprise Network (HSEN)?**

   Answer: New records for counties with larger numbers of applications will appear in the county's HSEN folder on each day that the records become available. If there are no new records on a specific day, a new file will not appear in the HSEN folder that day. Counties with smaller numbers of applications will receive new files at least once per week unless there are no applications in that district.

2. **Question: Will a district receive more than one file per day?**

   Answer: Districts may receive one or more files each day. Records for each district will be sorted into the categories Active, Non-Active, and Undercare. A district could receive a file in each category on a given day.

3. **Question: Will each file contain cumulative records?**

   Answer: No, each file will contain new application data and will be distinguished by date and category indicated in the answer to Question 2 above. The date the new file is moved into the district folder will be designated in the file name (e.g., County Name - Category - Date). If more than one file for a district is received on the same day, the data will not be cumulative but the file names will have the same date and may be distinguished by the category of applications contained in the file. Note: The first file name did not include a date; however, subsequent files have a date in the file name.

4. **Question: How long will the application data remain available in the HSEN folder?**

   Answer: The files will stay in the district's HSEN folder until the district deletes them.

5. **Question: Will the application data be archived by the State?**

   Answer: Yes, the State will archive the application data. Districts should retain the data for six years after a case is closed.

6. **Question: Where can districts access the pre-populated DOH-4496, "Medicare Savings Program Request for Information," forms?**

   Answer: The DOH-4496, "Medicare Savings Program Request for Information," forms are a separate Word document that will be in each county's folder on HSEN with the Excel spreadsheet containing the corresponding application data.

Application Information in Spreadsheet

7. **Question: Please provide definitions for the following column titles in the Excel spreadsheet.**

   Answer: The column titles are defined as follows:

   BENE SUFFIX: Beneficiary's suffix (ex. Jr., Sr., etc.)

   SPOUSE SUFFIX: Suffix for beneficiary's spouse (ex. Jr., Sr., etc.)

   PRE SUB %: Percentage of Low Income Subsidy (LIS) awarded (ex. 0, 25, 50, etc.)

   HH SIZE: Household size, not including the beneficiary and spouse

   LEVEL RESOURCE: Whether the applicant was awarded a reduced co-payment through LIS

   DETERMENT INC: Income used to make a determination of benefits for LIS: SNG=single; CPL=couple

   QUESTION 3: Whether the applicant opted not to apply for LIS benefits and did not complete the application:
   Y = applicant optioned out of application process;
   Blank = applicant completed application

   DENIAL RES: Reason application for LIS benefits was denied by SSA:
   NAB= Not a Medicare recipient;
   FTC= Failure to cooperate;
   INC= Excess income;
   RES= Excess resources

8. **Question: Why are duplicate applications posted in the HSEN folder?**

   Answer: The data is provided to the districts in the original form in which it is received by the State from the Social Security Administration (SSA). Districts may choose to remove duplicate records by sorting the data or using a query.

9. **Question: Can the State change the order of the columns on the Excel spreadsheet so that the information needed to register an application is shown first, or perhaps create a second worksheet that contains only the data elements needed to register the application?**

   Answer: Until the State can implement this suggestion, the districts can adapt the spreadsheet to suit their individual needs by sorting data, or by collapsing or deleting columns that are not needed. It is suggested that districts make a copy of the file before deleting any data elements.

10. Question: The LIS file contains separate fields for self-employment income and for net loss of self-employment income. Would there be an entry in both fields, showing earnings in one and losses in the other? Or would there be only one entry, depending on whether the individual had a profit or loss?

Answer: There will be an entry in only one of the fields, indicating that the individual experienced either a net profit or net loss of self-employment income.

Responses from Applicants

11. Question: Some applicants ask why they are getting the "Medicare Savings Program Request for Information" form when they believe they did not apply for any benefits. Can the State provide an explanation for this?

Answer: Some applicants may find this new process to be confusing, or they may not remember applying for benefits. The State has attempted to address this issue through the use of the OHIP-0035, "Request for Information Cover Letter," that accompanies the "Medicare Savings Program Request for Information." Districts may wish to enclose OHIP-0013, "Medicaid and the Medicare Savings Programs," to provide additional information to an applicant when sending the OHIP-0035, "Request for Information Cover Letter".

12. Question: Some applicants say they did not go to SSA to complete an application for benefits. They express concern regarding the way indentifying information was obtained. How is the application information being obtained in these instances?

Answer: It is not necessary for applicants to appear in person at SSA to apply for LIS benefits. There are other routes through which SSA may obtain an application for LIS, such as via the internet, the Health Insurance Information Counseling Assistance Program (HIICAP), the Elderly Pharmaceutical Insurance Coverage (EPIC) program and other agencies which are working to maximize the benefits these applicants may be entitled to receive.

13. Question: Some applicants appear to be confused by the question on the "Medicare Savings Program Request for Information" form asking if they would like to apply for Medicaid. These applicants believe that by answering "Yes" to this question, they will receive Medicaid benefits. Can this be addressed?

Answer: The State has revised form OHIP-0035, "Request for Information Cover Letter," that accompanies the "Medicare Savings Program Request for Information" to clarify that applicants will be sent a separate application for Medicaid if they answer "Yes" to this question. Local district staff may access the revised form on the electronic Library of Official Documents (http://health.state.nyenet/revldssforms.htm).

Questions Regarding Residence

14. **Question: How should the districts handle applications received for a resident of another district?**

    Answer: District staff should contact the applicant to verify the address of the applicant. Staff must then forward the application information to the correct district, ensuring that the data file is properly secured. This transfer should be done in a manner that does not cause an interruption in benefits the applicant may be currently receiving.

15. **Question: How do districts handle a "Medicare Savings Program Request for Information" form that was returned to the district by the Post Office with a "new address" sticker, indicating the applicant's new address is in a different county?**

    Answer: Districts should follow up with the applicant to verify the new address. If the applicant now resides in the new district, forward the application to that district in a secure way following standard procedures to ensure the data is properly secured.

16. **Question: Some applications on the LIS file show a P.O. Box for the applicant's residence. Should districts verify residence with the applicant?**

    Answer: Districts should contact the applicant to obtain an address for his or her residence. WMS requires the entry of a street address and a P.O. Box is not acceptable. If the applicant has a P.O. Box in a district other than that of their residence, the district would transfer the application to the district of residence. If the applicant fails to provide the address of his or her residence, the district may deny the application.

17. **Question: DOH-4496, "Medicare Savings Program Request for Information," asks the applicant to provide documentation of his or her current immigration status. If the applicant does not submit this information, are districts to assume that the applicant is a citizen?**

    Answer: The district should not deny an application for failure to provide documentation of immigration status. If SSA has denied LIS benefits because the applicant is not eligible for Medicare, as indicated on the LIS file, the district should deny the MSP application for the same reason.

    Individuals receiving Medicare or Social Security Disability benefits are exempt from the citizenship and identity documentation requirements. A Medicare recipient may be either a citizen, or a permanent legal resident who has been in this country for five years. Although either is acceptable for Medicaid purposes, the worker should enter the correct citizen/alien code in WMS.

Questions Regarding Income

18. **Question: Why does the spreadsheet show identical unearned income information for both members of a couple? Does SSA not identify the amount or type of income specific to the individual who is receiving income from that source?**

    Answer: Unearned income data elements are collected by SSA on the LIS application as a total for the couple, not the individual. Therefore, this total amount is reported on each spouse's record as a monthly unearned income amount. Earned income, however, is reported as an annual amount for each individual who has earnings.

19. **Question: If the applicant returns the completed DOH-4496, "Medicare Savings Program Request for Information," and does not provide verification of income, can the district use the income information provided by SSA?**

    Answer: Yes, the district should use this income information, since it has been verified by SSA.

20. **Question: The applicant returns the completed DOH-4496, "Medicare Savings Program Request for Information," and has provided verification of income. However, the verified income amount is different from the income information reported by SSA. Which reported income should the district use to determine eligibility?**

    Answer: Although income has been verified in both cases, districts should use the income information provided by the applicant, since it is the most recent information available.

21. **Question: An individual is currently in receipt of MSP benefits, but the income information provided by SSA is different from the income information on record with the district. Should the district use the income information provided by SSA, or should the district ask the recipient to re-verify their income before a decision is made regarding MSP eligibility?**

    Answer: If the income difference is material to the individual's eligibility and level of MSP benefits, and the district is unable to resolve the discrepancy based on income information available on SOLQ, the district should ask the recipient to provide verification of income to resolve the discrepancy. If the individual fails to respond to the request, the district should send a discontinuation of MSP benefits notice to the recipient due to failure to provide information necessary to determine eligibility. Districts should use manual notice OHIP-0036, "Notice of Denial for the Medicare Savings Program (Application Received from SSA)."

    However, if the amount of the discrepancy is not enough to affect the individual's eligibility or benefit level, it is not necessary to request verification of income. Note: Income information found on SOLQ may be used to verify SSA data or data on record with the district if necessary.

22. Question: What if the income information provided by SSA on the LIS file changes the amount of the spenddown for an existing case?

Answer: Similar to the answer to Question 21 above, if the district is unable to resolve the discrepancy based on information found on SOLQ, the district must verify income information with the recipient. Once the income discrepancy has been resolved, if the spenddown changes, the district must send a notice to the individual informing him or her of the change in the spenddown amount. The district should then follow the procedures outlined in 10 OHIP/ADM-03, and send OHIP-0037, "Option to Receive Medicare Savings Program (MSP) Benefit," and OHIP-0026, "Explanation of the Excess Income Program."

23. Question: For individuals not previously known to the district, can districts deny the MSP application based solely on the information provided on the LIS file from SSA without having to send a "Medicare Savings Program Request for Information" form?

Answer: Districts may send a denial notice to those applicants on the LIS file who are over the income level for LIS benefits without obtaining additional information from the applicant. Districts may review the field labeled "Denial Res" on the LIS file. If "INCOME" or "INC" appears in this field, indicating the applicant was denied LIS benefits for excess income, the district may deny the MSP application for excess income and send a denial notice. The manual denial notice OHIP-0036, "Notice of Denial for Medicare Savings Program (Application Received from SSA)," has been revised to add excess income as a reason for denial of MSP benefits. Local district staff may access the revised form on the electronic Library of Official Documents (http://health.state.nyenet/revldssforms.htm).

24. Question: An applicant is in the Long Term Home Health Care (LTHHC) program and has a community spouse. The LTHHC participant's own income indicates she is eligible for the Specified Low Income Medicare Beneficiary (SLIMB) program. Her income is $1050, of which she keeps $350 as a Personal Needs Allowance (PNA) and gives $700 to her community spouse as a Community Spouse Monthly Income Allowance (CSMIA). Her SLIMB eligibility is calculated based on her income before the $350 PNA deduction and the $700 contribution to the community spouse. The community spouse's income is the $700 contribution from the LTHHC program spouse plus his own income.

Is the $700 contribution from the LTHHC program spouse to the community spouse counted in determining MSP eligibility for the community spouse?

Answer: As advised in 90 ADM-36 and GIS 90 MA/009, when calculating MSP eligibility for the community spouse, the community spouse's income includes any CSMIA from the waiver spouse.

Processing Applications

25. **Question: Should districts register an application for MSP benefits received on the LIS file before sending the "Medicare Savings Program Request for Information" and "Request for Information Cover Letter" to the applicant?**

    Answer: Yes, districts must register ALL applications received on the LIS file, unless there is already an active or pending Medicaid case.

26. **Question: There are instances when the district receives an application on the LIS file and there is already a pending MSP application for the applicant in WMS. Assuming the applicant is eligible for MSP benefits, how should districts handle the application on the LIS file under these circumstances?**

    Answer: The district should review the duplicate application information and, if found eligible, open the case based on the earliest application date (date of pending MSP application or LIS application).

27. **Question: How should districts process MSP applications on the LIS file for those applicants not enrolled in the Medicare program?**

    Answer: Individuals who are not enrolled in Medicare Part A are not eligible for the Specified Low Income Medicare Beneficiary (SLIMB) program or the Qualified Individual (QI) program. District staff must send these applicants the manual notice OHIP-0036, "Notice of Denial for Medicare Savings Program (Application Received from SSA)." Applicants who are determined eligible for the Qualified Medicare Beneficiary (QMB) program but who are not enrolled in the Medicare program should be enrolled in Part A and Part B under QMB.

28. **Question: How do districts process an application for MSP benefits received on the LIS file for an individual the district knows is deceased?**

    Answer: If the date of the MSP application is prior to the date of death, the district must make an eligibility determination for this applicant. If the individual is determined to be eligible for MSP benefits, the district must open the case in WMS based on the date of application. The date of death should be entered on screen 5 of WMS after the case has been opened. The district must submit a paper transaction to open and close the MSP Buy-In span for this applicant. The estate is entitled to the amount of the benefit the individual would have received until the time of his or her death.

29. **Question: Some districts are having difficulties managing the large volume of applications sent on the LIS file. Are there any ways a district can reduce the workload on staff assigned to this project?**

    Answer: The State anticipates automating MSP eligibility determinations for applications on the LIS file in Upstate districts by the end of 2010. When implemented, the automation should reduce the current workload for districts.

In the interim, districts may request access to HSEN for additional staff members, allowing more people to work on these applications. Districts may also sort the applications into batches according to the action to be taken in order to streamline processing. For example, a worker may process all those applications requiring manual denial notices at one time.

It may be helpful to use the Mail Merge function in Microsoft Word and Excel if the district prepares OHIP-0035, "Request for Information Cover Letter," for mailing. This would allow the worker to use the address information in the spreadsheet to electronically populate the individual letters or to create address labels.

It may also be beneficial for staff to attend training in Microsoft Excel in order to more efficiently work with this data and the spreadsheet functions, such as printing only the areas needed to process the application.

30. **Question: Is the "Medicare Savings Program Request for Information" the same as an application for MSP? Because they look similar, our district wanted to use the information on the "Medicare Savings Program Request for Information" form instead of the spreadsheet to register the application, but it doesn't contain all the information we need.**

Answer: The "Medicare Savings Program Request for Information" is NOT the same as the MSP application. Some parts of the application were adapted for use in the "Medicare Savings Program Request for Information," so they are similar in appearance. The "Medicare Savings Program Request for Information" only captures information that was not transmitted by SSA on the LIS file, but which is needed to process an application for MSP.

31. **Question: Qualified Medicare Beneficiary (QMB) benefits are prospective, with coverage beginning the month following the month of application, if the applicant is found eligible. Are applicants who are determined to be eligible for QMB required to pay their Medicare Part B premium for one month before they can be enrolled into QMB?**

Answer: It is not a requirement that an individual pay at least one month of the Medicare Part B premium before enrollment in QMB. However, since QMB eligibility is prospective, in most instances the individual will have paid the Part B premium prior to enrollment in the QMB program.

32. **Question: Should the district request verification of payment of any health insurance premiums that the applicant indicates he or she is currently paying?**

Answer: Yes, the district should request verification of health insurance premiums paid by the applicant. This is one item requested on DOH-4496, "Medicare Savings Program Request for Information," that the district sends to new applicants appearing on the LIS file.

33. Question: The OHIP-0035, "Request for Information Cover Letter," that is sent with the "Medicare Savings Program Request for Information" asks applicants to submit a copy of their Medicare card. Can districts verify Medicare using SOLQ if the applicant fails to return a copy of the card?

Answer: Yes, the district should use SOLQ to verify Medicare enrollment in this instance.

34. Question: The OHIP-0035, "Request for Information Cover Letter," that is sent with the "Medicare Savings Program Request for Information" does not request applicants to submit proof of identity. Are districts to assume that identification provided to SSA is sufficient for processing an application for MSP benefits?

Answer: Yes, identification provided to SSA is sufficient for this purpose.

35. Question: Some individuals applying for MSP benefits through SSA have active Family Planning Benefit Program (FPBP) coverage, but are eligible for MSP as a Qualified Individual (QI). Should the district verify with the individual which program they would like to enroll in, since they cannot have both QI and FPBP? Or should the MSP application taken through SSA be treated as a request for MSP coverage only, and the individual's FPBP discontinued if the applicant is eligible for QI?

Answer: The district must verify with the applicant which program the applicant wants. If no response is received from the individual, coverage should continue under the Family Planning Benefit Program.

36. Question: Are CNS notices available for districts to use when accepting or denying MSP applications appearing on the LIS file?

Answer: No, currently CNS notices are not available for the interim procedures in place for processing these applications.

37. Question: What WMS codes are used to indicate which MSP category the person is eligible to receive?

Answer: Districts must indicate in WMS, screen 3, the category of MSP benefits for which a recipient is found eligible when opening or changing all MSP cases, regardless of whether the application was submitted on the LIS file or through another route.

The following MSPI codes are used to designate the appropriate MSP category:

P = QMB
L = SLIMB
U = QI

38. Question: Do Medicare Savings Program recipients receive a Common Benefit Issuance Card (CBIC)?

Answer: All recipients who are eligible for QMB must be issued a CBIC. Recipients who are eligible for SLIMB only or QI must not be issued a card.

Security – Protecting Data

39. Question: How do districts protect the data on the LIS file when it becomes necessary to send an application or client data to another district or to the State?

Answer: Districts must ensure that any confidential or protected information remains secure at any time it leaves the office, either as a hard copy or electronically. It is recommended that districts use the HCS (HIN/HPN/Commerce) secure file transfer capability to send any data of this type electronically. Alternatively, districts may use encryption programs, such as WinZip, Toucan, or TrueCrypt, to encrypt and protect client level data.