

December 14, 2000

Dear State Medicaid Director:

The Health Care Financing Administration (HCFA) is committed as part of the Government Performance and Results Act (GPRA) to locating, educating, and enrolling additional dual eligible beneficiaries. As many of you know, there is inconsistency in how HCFA, other Federal agencies, and the States refer to the dual eligible programs (see the [enclosed list of definitions](#) of the various dual eligible programs). To address this inconsistency and develop a program title that is "beneficiary-friendly", HCFA conducted a series of beneficiary focus groups. The focus groups revealed that the title "Medicare Savings Program" tested well among beneficiaries and engendered a high level of program identification and understanding.

We would also like to provide you with a copy of our latest outreach tool, "SHIP-to-SHIP: A Practical Guide to Conducting Outreach on the Medicare Savings Programs." This CD-ROM, which is enclosed, provides information on how State Health Insurance Assistance Programs (SHIPs) around the country are conducting outreach and education activities to serve beneficiaries who qualify for Medicare Savings Programs (qualified beneficiaries), an assessment of outreach and education practices that SHIPs have found to be effective, and helpful tips on reaching traditionally underserved audiences. The "SHIP-to-SHIP" CD-ROM will give you a window on SHIP activities across the country and, although it was designed for use by SHIPs, contains many ideas that can be adapted to bolster your own outreach activities.

SHIPs are State-administered programs that have the role of providing objective, free counseling to those persons who have questions pertaining to Medicare. SHIP counselors are required to undergo an intensive educational program to provide them with the knowledge and skills to render information and advice in areas such as Medicare, Medicare supplemental insurance, managed care, and the Medicare Savings Programs. SHIP coordinators maintain strong community linkages with local partners that may include area agencies on aging, faith-based organizations, community action agencies, nursing homes, hospitals, and other organizations.

HCFA endorses the formation of partnerships between Medicaid State agencies and SHIPs. (See the [enclosed contact list](#) for information on the SHIP in your State.) There is evidence to suggest that collaboration between Medicaid agencies and SHIPs can substantially increase enrollment in Medicare Savings Programs. Most of these collaborative activities revolve around joint education efforts.

Advantages for Medicaid State agencies that partner with SHIPs may include:

- 1 Reducing the workload of Medicaid intake workers through activities such as eligibility pre-screening or outreach about the eligibility criteria by specially trained SHIP counselors (although it is always done with the caveat that actual determinations must be made by the State Medicaid agency or appropriate government employee and that the individual has a right to request such a determination) or development of a shortened application form;
- 2 Improving access to a variety of community-based organizations that have contacts with individuals who may qualify for Medicare Savings Programs;

3 Educating potential applicants of Medicare Savings Programs through services provided by SHIP counselors; and

4 Enhancing customer service through dissemination of applications via SHIP counselors and the ability of SHIP counselors to troubleshoot complex cases.

For those who have already begun to establish these important links for improving outreach to qualified beneficiaries, we thank you for your contributions to the field. For those contemplating the value of such collaboration, we encourage you to contact State and local SHIP offices and speak with Medicaid colleagues in other States that have already established these important partnerships. You may be surprised to find that simply designating a Medicaid contact person for SHIPs to work with or copying the SHIP director on relevant communication goes a long way in facilitating a mutually beneficial working relationship.

In addition to the "SHIP-to-SHIP" CD-ROM, HCFA is updating the "Outreach Kit" and "Resource Guide" that were created in 2000 and is continuing to develop outreach tools such as public service announcements (PSAs), training videos, posters, and brochures. The materials will be targeted to distinct segments of the population including Native Americans/Alaskan Natives, Hispanics, Asian Americans and Pacific Islanders, individuals with disabilities, and persons who care for potential qualified beneficiaries. These new tools will be available in May 2001. Further, HCFA released the grant solicitation, entitled, "Building Partnerships for Innovative Outreach and Enrollment of Dual Eligibles" on June 2, 2000. The Agency has awarded grants to six States to encourage partnership at the State, local, and community level. Those States include Connecticut, Maryland, Minnesota, Montana, Texas, and Washington. Additional grants may be available next year if funding is obtained. If you have questions about any of these activities, please contact Donna Wenner of my staff at (410) 786-6608, or E-mail her at [Dwenner@hcfa.gov](mailto:Dwenner@hcfa.gov).

Whatever your course of action, HCFA thanks you for your taking the time to consider SHIPs and other State, community, and local partners in your efforts to reach qualified beneficiaries. Your hard work in this area is greatly appreciated.

Sincerely,

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/s/

Timothy M.  
Westmoreland Director

Enclosures:

List and Definition of Dual Eligibles "SHIP-to-SHIP: A Practical Guide to conducting Outreach on the Medicare Savings Program" State Health Insurance Assistance Program Coordinators

cc: HCFA Regional Administrators HCFA Associate Regional Administrators for Medicaid and

State Operations Lee Partridge Director, Health Policy Unit American Public Human Services Association  
Janice Jackson Executive Director National Association of Area Agencies on Aging  
Bernice Hutchinson Director, State Health Insurance Assistance Programs Resource Center  
National Association of State Units on Aging Joy Wilson Director, Health Committee National  
Conference of State Legislatures Matt Salo Director of Health Legislation National Governors' Association  
SHIP Program Coordinators

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## LIST AND DEFINITION OF DUAL ELIGIBLES

**Dual Eligibles** - The following describes the various categories of individuals who, collectively, are known as dual eligibles. Medicare has two basic coverages: Part A, which pays for hospitalization costs; and Part B, which pays for physician services, lab and x-ray services, durable medical equipment, and outpatient and other services. Dual eligibles are individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medicaid benefit.

**1. Qualified Medicare Beneficiaries (QMBs) without other Medicaid (QMB Only)** - These individuals are entitled to Medicare Part A, have income of 100% Federal poverty level (FPL) or less and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for full Medicaid. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers. Federal financial participation (FFP) equals the Federal medical assistance percentage (FMAP).

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**1 QMBs with full Medicaid (QMB Plus)** - These individuals are entitled to Medicare Part A, have income of 100% FPL or less and resources that do not exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, and, to the extent consistent with the Medicaid State plan, Medicare deductibles and coinsurance, and provides full Medicaid benefits. FFP equals FMAP.

**2 Specified Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid (SLMB Only)** - These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. FFP equals FMAP.

**3 SLMBs with full Medicaid (SLMB Plus)** - These individuals are entitled to Medicare Part A, have income of greater than 100% FPL, but less than 120% FPL and resources that do not in exceed twice the limit for SSI eligibility, and are eligible for full Medicaid benefits. Medicaid pays their Medicare Part B premiums and provides full Medicaid benefits. FFP equals FMAP.

**4 Qualified Disabled and Working Individuals (QDWIs)** - These individuals lost their Medicare Part A benefits due to their return to work. They are eligible to purchase Medicare Part A benefits, have income of 200% FPL or less and resources that do not exceed twice the limit for SSI

eligibility, and are not otherwise eligible for Medicaid. Medicaid pays the Medicare Part A premiums only. FFP equals FMAP.

5 **Qualifying Individuals (1) (QI-1s)** - This group is effective 1/1/98 - 12/31/02. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of at least 120% FPL, but less than 135% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays their Medicare Part B premiums only. FFP equals FMAP at 100%.

6 **Qualifying Individuals (2) (QI-2s)** - This group is effective 1/1/98 - 12/31/02. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part A, have income of at least 135% FPL, but less than 175% FPL, resources that do not exceed twice the limit for SSI eligibility, and are not otherwise eligible for Medicaid. Medicaid pays only a portion of their part B premiums (\$2.23 in 1999). FFP equals FMAP at 100%.

7 **Medicaid Only Dual Eligibles (Non QMB, SLMB, QDWI, QI-1, or QI-2)** - These individuals are entitled to Medicare Part A and/or Part B and are eligible for full Medicaid benefits. They are not eligible for Medicaid as a QMB, SLMB, QDWI, QI-1, or QI-2. Typically, these individuals need to spend down to qualify for Medicaid or fall into a Medicaid eligibility poverty group that exceeds the limits listed above. Medicaid provides full Medicaid benefits and pays for Medicaid services provided by Medicaid providers, but Medicaid will only pay for services also covered by Medicare if the Medicaid payment rate is higher than the amount paid by Medicare, and, within this limit, will only pay

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to the extent necessary to pay the beneficiary's Medicare cost-sharing liability. Payment by Medicaid of Medicare Part B premiums is a State option; however, States may not receive FFP for Medicaid services also covered by Medicare Part B for certain individuals who could have been covered under Medicare Part B had they been enrolled. FFP equals FMAP.

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**STATE HEALTH INSURANCE ASSISTANCE PROGRAM PROGRAM**

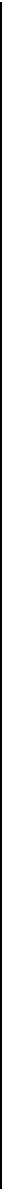
**COORDINATORS**

**STATE NAME ADDRESS PHONE/FAX**

---

AL	Judy Meeks
AK	John Dittmann

<p>Alabama Commission on Aging  P.O. Box 301851  770 Washington Ave.  Montgomery, Alabama 36130-1851</p>	<p>(334) 242-5743   (334) 242-5594  (f)</p>
<p>Alaska Commission on Aging  3601 C St., Suite 310  Anchorage, Alaska 99503-5209</p>	<p>(907) 269-3669  (907) 269-3690  (f)</p>



<p>AZ</p>	<p>Martha Taylor</p>
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Arizona Aging and Adult Administration  
1789 West Jefferson #950A<<br>  
Phoenix, Arizona 85007

(602) 542-4446  
(602) 542-6575  
(f)

AR

Ray Morris

Arkansas State Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

(501) 371-2785  
(501) 371-2618  
(f)

Patrick Murphy

California Department of Aging 1600 K Street Sacramento, California  
95814

CA

CO

CT

(916) 323-6525  
(916) 327-3661  
(f)

(303) 894-7552  
(303) 894-7455  
(f)

(860) 424-5322  
(860) 424-4966  
(f)



Bob Pierce State of  
Colorado Division  
of Insurance 1560  
Broadway, Suite  
850 Denver,  
Colorado 80202

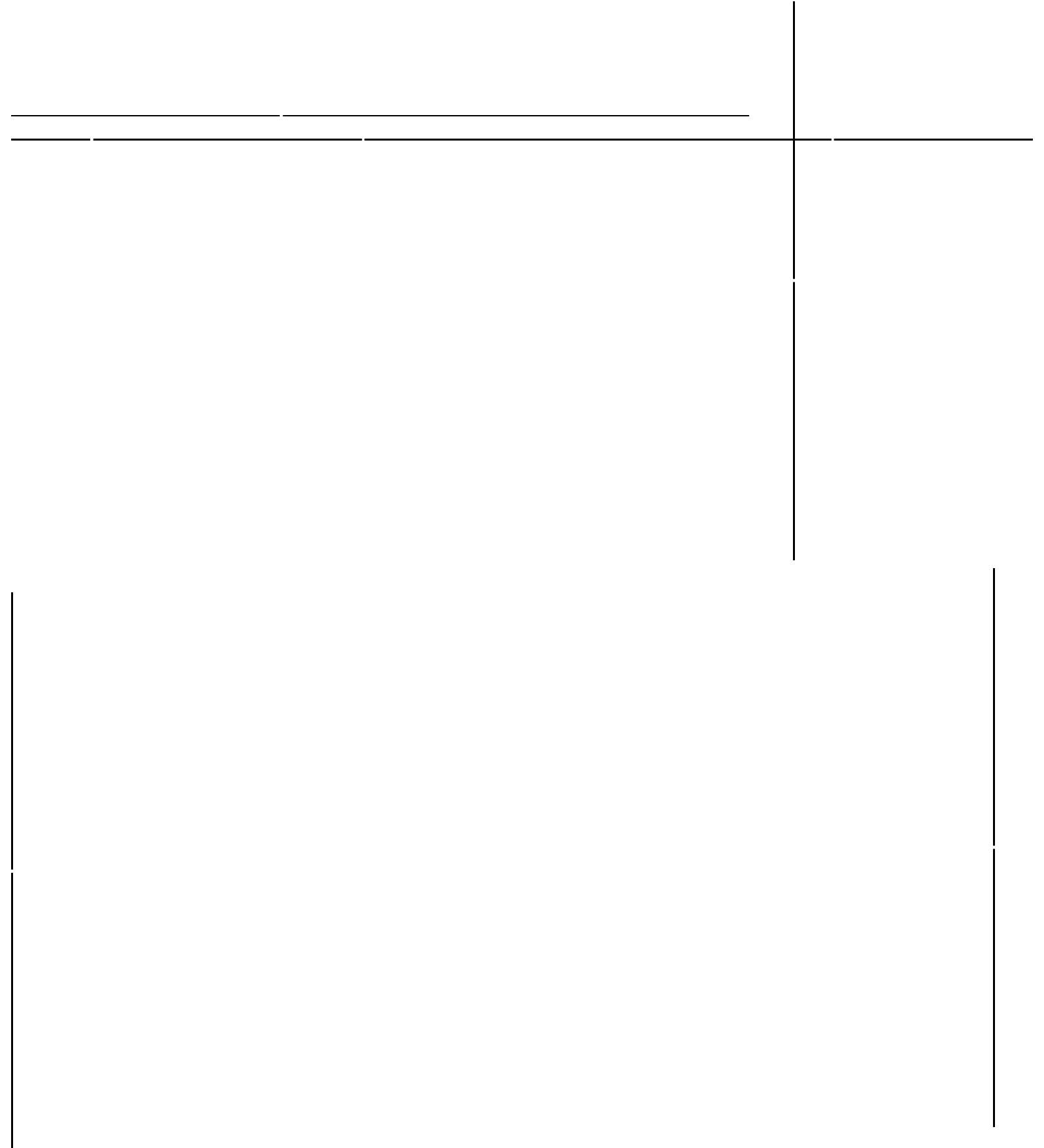


Margaret Gerundo-

tate of Connecticut

Department of Social Murkette

Services Division of Elderly Services 25 Sigourney  
Street, 8th Floor Hartford, Connecticut 06106



DC

Penelope Lantz

Karyn  
Barquin

---

Health Insurance Counseling Project 2136 Pennsylvania Ave., NW  
Washington, D.C. 20052

(f)

DC Office on Aging 441 4th Street NW, Suite 900 South Washington,  
DC 20001

(202) 676-3900

(202) 293-4043

(f)

(202) 727-8367

(202) 724-4979

---

Delaware Insurance Department 841 Silver Lake Blvd. Dover,  
Delaware 19904

(302) 577-4791

(302) 577-4793

Division of Aging 1901 DuPont Highway New Castle, Delaware  
19720

(f) DE

---

(302) 739-6266

(302) 739-5280

(f)

Donna Donhauser

Janet Villarreal

---

FL

(850) 414-2115  
(850) 414-2002  
(f)

---

Human Resources  
Division of Aging  
Services 2  
Peachtree Street,  
NE 36<sup>th</sup> Floor Atlanta,  
Georgia 30303

Tom Reimers Florida Dept. of Elder Affairs 4040 Esplanade Way #280  
S Tallahassee, Florida 32399-7000 Brenda Cook Georgia Dept. of

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GA

HI

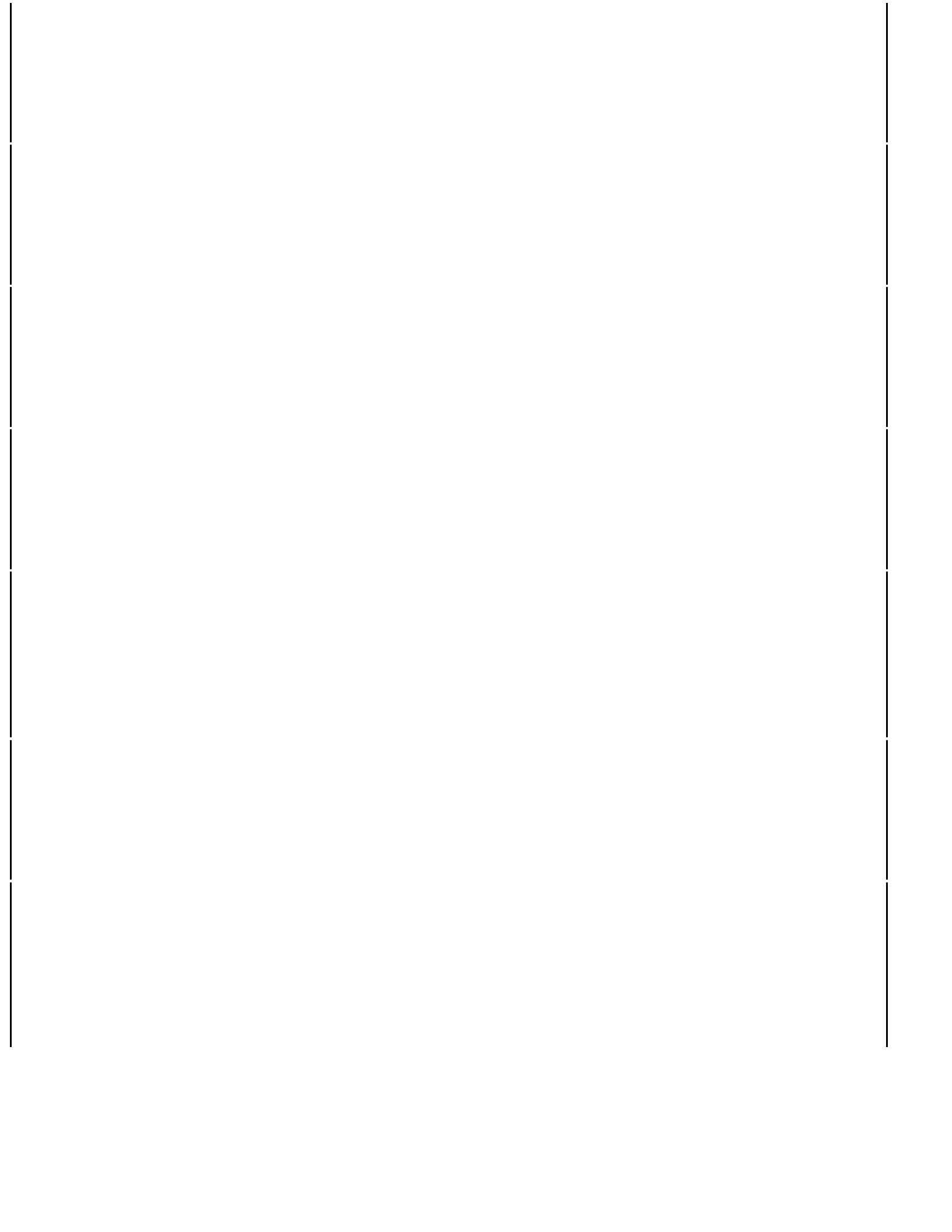
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(404) 657-5347  
(404) 657-5285  
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(808) 586-4797  
(808) 5686-  
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(208) 334-4350  
(208) 334-4389  
(f)

(217) 782-0004  
(217) 782-4105  
(f)

(317) 233-3551  
(317) 232-5251  
(f)

(515) 242-5190  
(515) 281-8449  
(f)

(316) 337-6010  
(316) 337-6018  
(f)



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Kenneth Hurt Idaho Department of Insurance 700 West State Street, 3rd  
Floor Boise, Idaho 83720-0043

---

Kathy Claunch Illinois Department of Insurance 320 West Washington  
Street Springfield, Illinois 62767

---

Grace Chandler Indiana Department of Insurance 311 West Washington  
Street Suite #300 Indianapolis, Indiana 46204-2787

---

Kris Gross Iowa Insurance Division 330 Maple Street Des Moines,  
Iowa 50319

---

Melissa Gregory Kansas Insurance Department 130 S. Market, Suite  
4030

P.O. Box 3850 Wichita, Kansas  
67201 Sandra Rolland Kentucky  
Cabinet for Human Resources  
Division on Aging 275 East Main  
Street, 5th FL, W-CCF Frankfort,  
Kentucky 40621

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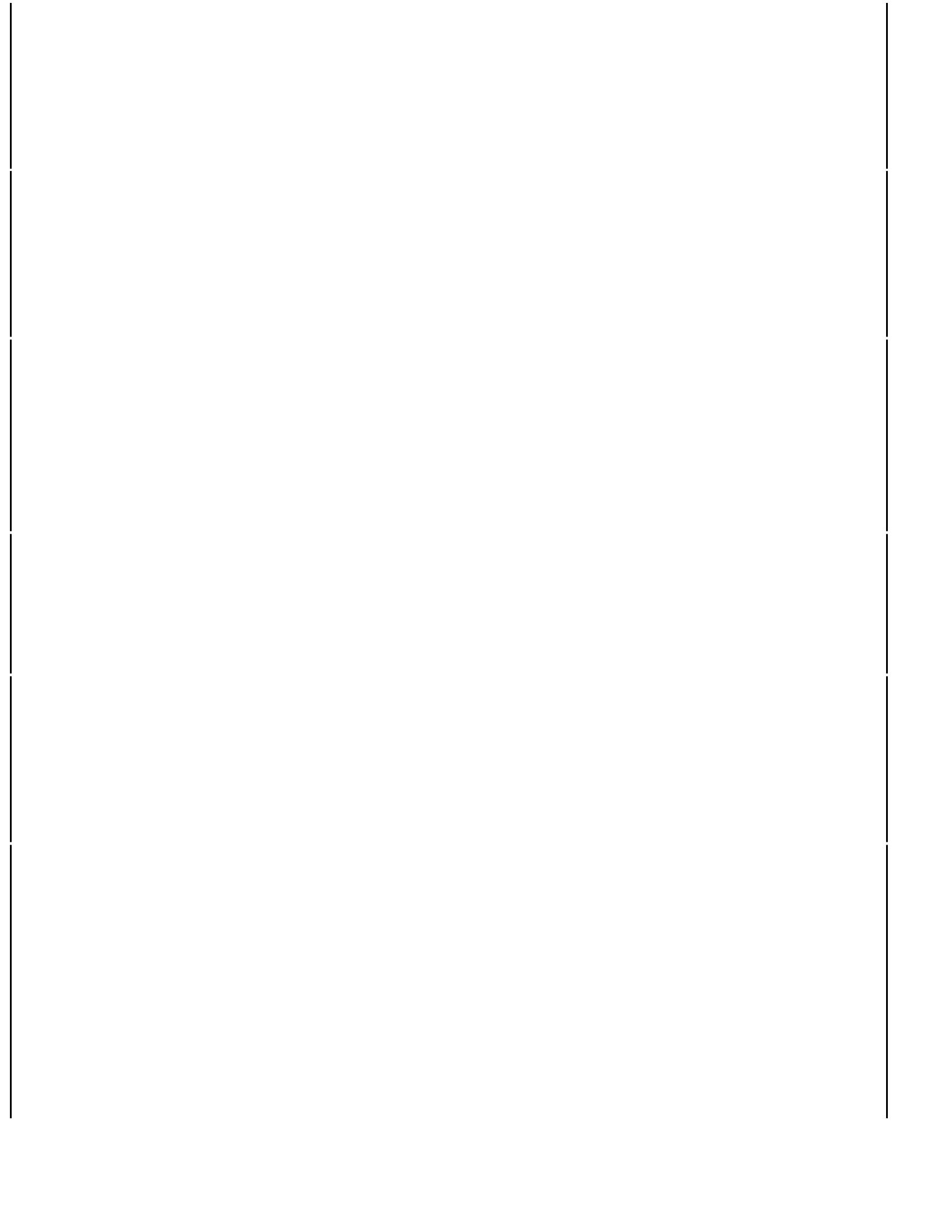
KY

LA

ME

MD

MA



(502) 564-7372  
(502) 564-4595  
(f)

(225) 342-6334  
(225) 342-5711  
(f)

(207) 624-5335  
(207) 624-5361  
(f)

(410) 767-1074  
(410) 333-7943  
(f)

(617) 222-7435  
(617) 727-9368  
(f)

---

Alan Heumann Louisiana Department of Insurance 950 North 5th Street  
P.O. Box 94214 Baton Rouge, Louisiana  
70804-9214

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Mary Walsh Maine Dept. of Human Services Bureau of Elder & Adult

Services State

---

Michelle Holzer Maryland Office on Aging 301 West Preston Street  
Baltimore, Maryland 21201

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---

Mary Kay Browne Massachusetts Executive Office of Elder Affairs 1  
Ashburton Place, 5th Floor Boston, Massachusetts 02108

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MMA Project  
Director 6105 West St.  
Joseph Highway Suite  
209 Lansing, Michigan  
48917

Michigan Office of Services to the Aging

P.O. Box 30676 Lansing, Michigan 48909  
(517) 622-5226  
(517) 622-4217

(f)

(517) 373-4071  
(517) 373-4092

(f) Minnesota Board on  
Aging 444 Lafayette  
Road St. Paul,  
Minnesota 55155-3843

---

Kelli Jo Greiner

---

MN

MS

MO

MT

NE

(651) 296-3839  
(651) 297-7855  
(f)

(601) 359-4956  
(601) 359-4370  
(f)

(573) 893-7900  
X198  
(573) 893-5827  
(f)

(406) 585-0773  
(406) 585-0773  
(f)

(402) 471-4506  
(402) 471-6559  
(f)



Ivory Craig  
Mississippi  
Division of Aging  
and Adult Services  
750 North State  
Street Jackson,  
Mississippi 39202

---

Jay Dobbs CLAIM Program Missouri Patient Care Review Foundation  
3425 Constitution Court, Suite E Jefferson City, Missouri 65109

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Gary Refsland Montana Partnership for Health Insurance Information  
Montana State Office on Aging 212 Ridge Trail Bozeman, Montana  
59715

---

Tiffany Geis Nebraska Department of Insurance The Terminal Building  
941 "O" St., Suite 400 Lincoln, Nebraska 68508

NV Myra Davis Deborah Cormier

Las Vegas, Nevada  
89101

Nevada Division of Aging Services 340 North 11th Street, Suite 203

Same

(702) 486-3796  
(702) 486-3572

(f) NH

(f)

(702) 486-3578  
(702) 486-3572

Lloyd Farnham

Suzann Knight

NJ

---

Department of Human Services 129 Pleasant Street Concord, New

Family Resource Management 110B Pettee Hall 55 College Road Durham, New  
Hampshire 03824-3599

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(603) 271-0966

(603) 271-4643

(f)

(603) 862-0092

(603) 862-0107

(f)

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(609) 588-3385  
(609) 588-3601  
(f)

Deborah Breslin Division of Senior Affairs

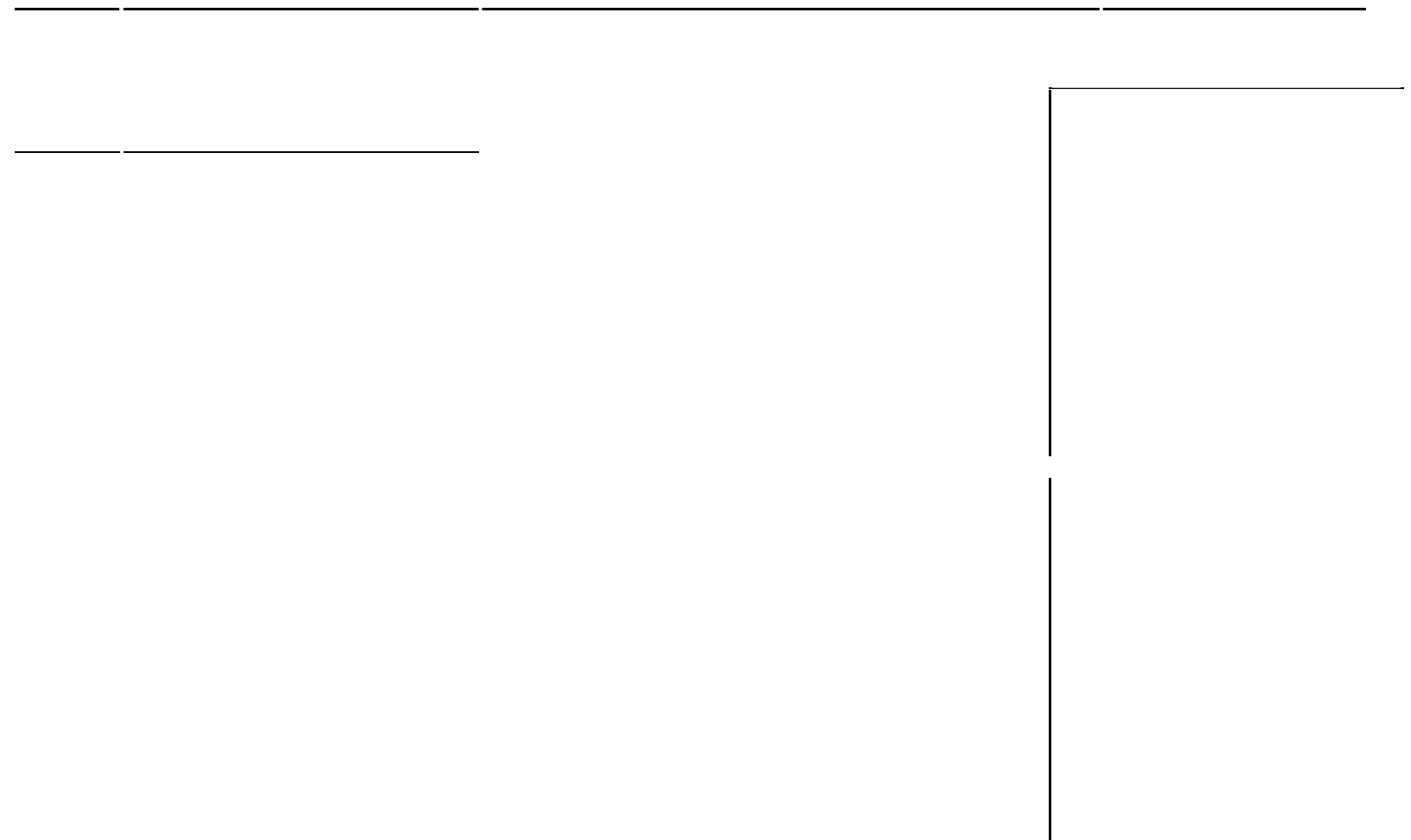
P.O. Box

807

S. Broad & Front Streets Trenton, New Jersey 08625

Division of Senior Affairs Quakerbridge,  
Blvd. Building 12B Hampton Township, New  
Jersey 08619

NM



NY

Ann R. Krull

T. Brendan Mooney

Gerald Garcia New Mexico State Agency on Aging 228 East Palace  
Avenue Ground Floor Santa Fe, New Mexico 87501

New York State Office for the Aging Two Empire State Plaza Agency  
Bldg.. #2 Albany, New York 12223-1251

Same



(505) 827-7640

(505) 827-7649

(f)

(518) 473-5108

(518) 486-2225

(f)

(518) 473-5108

(518) 486-2225

(f)

NC

Carla Suitt Obiol North Carolina Department of Insurance 111  
Seaboard Avenue Raleigh, North Carolina 27604

(919) 733-0111  
(919) 733-3682  
(f)

Janis Cheney

North Dakota Dept. of Insurance  
600 East Boulevard, Fifth Floor  
Bismarck, North Dakota 58505

ND

OH

OK

OR

PA

PR

(701) 328-2977  
(701) 328-4880  
(f)

(614) 644-3399  
(614) 752-0740  
(f)

(405) 521-6628  
  
(405) 522-3761  
(f)

(503) 947-7263  
(503) 378-4351  
(f)

(717) 783-8975  
(717) 772-3382  
(f)

(787) 725-4300  
(787) 721-6510  
(f)

Gretchen Margraf  
Ohio Department of  
Insurance 2100  
Stella Court  
Columbus, Ohio  
43215



---

Bill Smith Oklahoma Insurance Department  
P.O. Box 53408 2401 N.W. 23rd, Suite 28  
Oklahoma City, Oklahoma 73107



Margaret Scott

Oregon Division of Insurance 350 Winter Street NE, Room 440 Salem,  
Oregon 97310

---

Jack Vogelsong Pennsylvania Department of Aging 555 Walnut Street,  
5th Fl. Harrisburg, Pennsylvania 17101-1919

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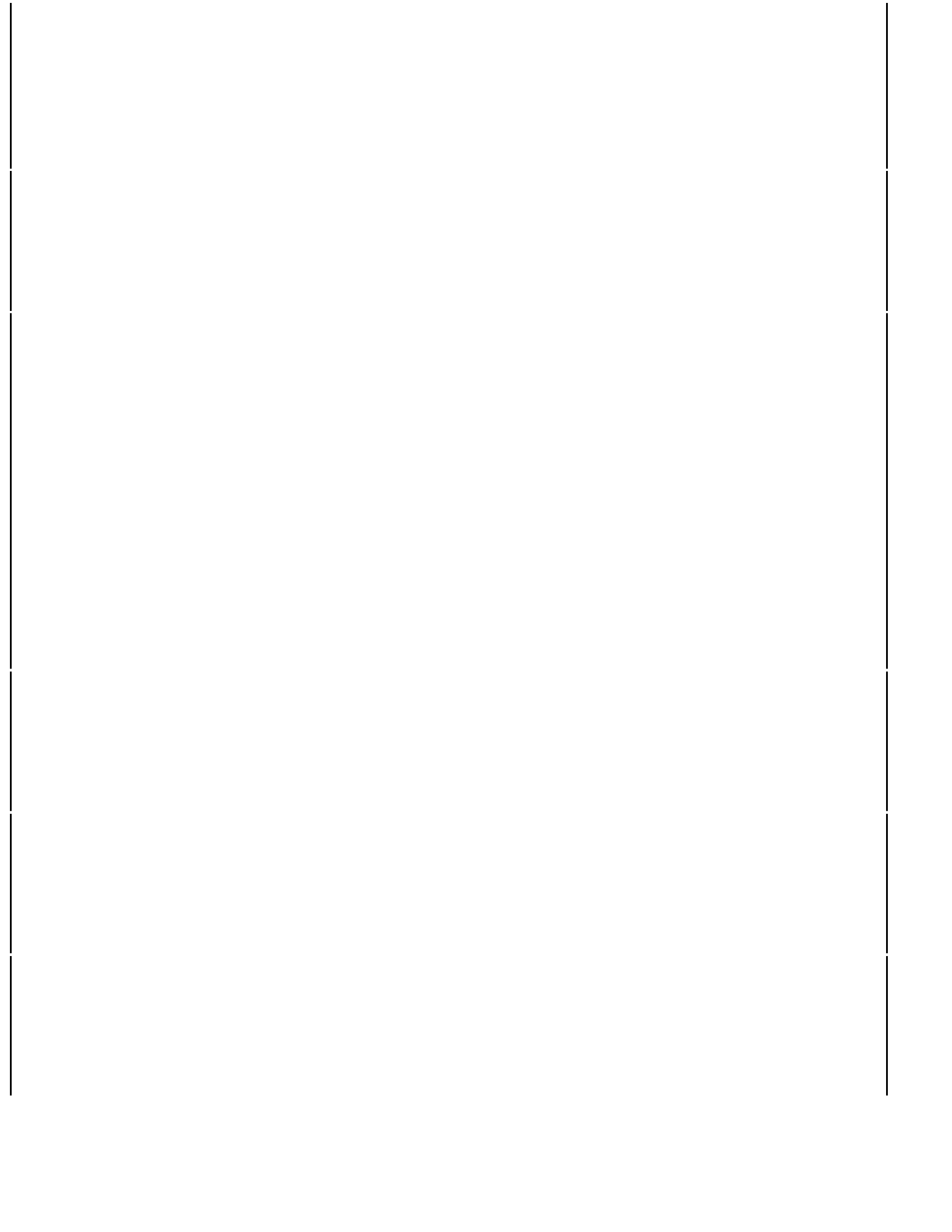
Jose Gonzalez Puerto Rico Governor's Office of Elderly Affairs Cobia's  
Plaza Building Umlevel, Stop 23 Poncedel

P.O. Box 50063 Old San Juan Station San  
Juan, Puerto Rico 00902 Will Speck Rhode  
Island Department of Elderly Affairs 160  
Pine Street Providence, Rhode Island  
02903-3708

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RI

SC



(401) 222-2858  
x232  
(401) 222-2130  
(f)

(803) 898-2850  
(803) 898-4513  
(f)

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Gloria McDonald South Carolina Office on Aging 1801 Main Street  
Columbia, South Carolina 29202

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SD Mike Parker Candise Gregory

Mellissa Parette South Dakota Office of Adult Services & Aging 700

Governors Drive Pierre, South Dakota 57501-2291

South Dakota Office of Adult Service & Aging 335 Main Avenue, Suite  
300 Sioux Falls, South Dakota 57102-0305

Street., Suite 2  
Rapid City, South  
Dakota 57702

South Dakota Office of Adult Service & Aging 2638 West Main

(605) 773-3656  
(605) 773-6834

(f)

(f)

(605) 336-2475  
(605) 336-6919

(f)

(605) 342-3494  
(605) 342-7718

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TN

TX

UT

(615) 242-0438  
(615) 244-4920  
(f)

(512) 858-4007  
(512) 858-4007  
(f)

(801) 538-3910  
(801) 538-4395  
(f)

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Patti George  
Tennessee  
Association of  
Legal Services 211  
Union, #833  
Nashville,  
Tennessee 37201

---

Kay Ferris Texas Department on Aging 806 Blue Hills Drive Dripping  
Springs, Texas 78620

---

Sally Ann Brown  
Utah Division of  
Aging and Adult

---

Services 120 North 200 West St., Box 45500 Salt Lake City, Utah  
84103 Northeastern Vermont 1161 Portland Street St. Johnsbury,  
Vermont 05819

---

---

Judith Crawford

---

VT

VA

VI

WA

WV

WI

(802) 748-5182  
(802) 748-6622  
(f)

(804) 662-7048  
(804) 662-9354  
(f)

(340) 778-6311  
x2338  
  
(340) 778-5500  
(f)

(206) 654-1833  
(360) 437-0482  
(f)

(304) 558-3317  
(304) 558-0004  
(f)

(608) 267-3201  
(608) 267-3203  
(f)

Joe Guarino  
Virginia  
Department for the  
Aging 1600 Forest  
Avenue, Suite 102  
Richmond, Virginia  
23229

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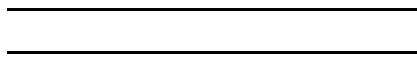
Iris Bermudez Governor's Hospital and Medical Center 4007 Estate  
Diamond Ruby, Box 18 St. Croix, Virgin Islands 00820-4421

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Joan Lewis Washington Office of Insurance Commissioner  
P.O. Box 40256 Olympia, Washington  
98504-0256

Washington Office of Insurance  
Commissioner 4224 6th Ave. Lacey,  
Washington 98504

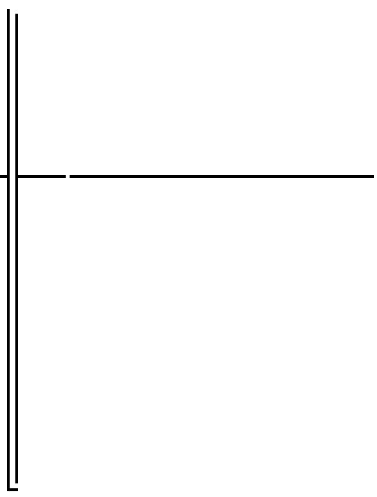


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Barbara Reynolds West Virginia Bureau of Senior Services 1900  
Kanawha Boulevard East Bldg. #10 Charleston, West Virginia 25305-  
0160

Glen Silverberg Wisconsin Bureau of Aging and LTC Resources 217 South  
Hamilton Street, Suite 300 Madison, Wisconsin 53703 Wyoming Department of  
Insurance 1 W. Wilson Street, Rm 450 Cheyenne, Wyoming 53707-7851





Senior Citizens 1130 Major Ave.  
P.O. Box BD Riverton, Wyoming 82501 WY

Lloyd Wilder

(f)

(307) 856-

6880

(307) 856-

Janet Hackelman

(307) 777-7401

(307) 777-5895

4466

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