

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.

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

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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.

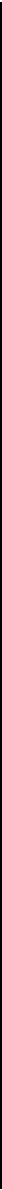
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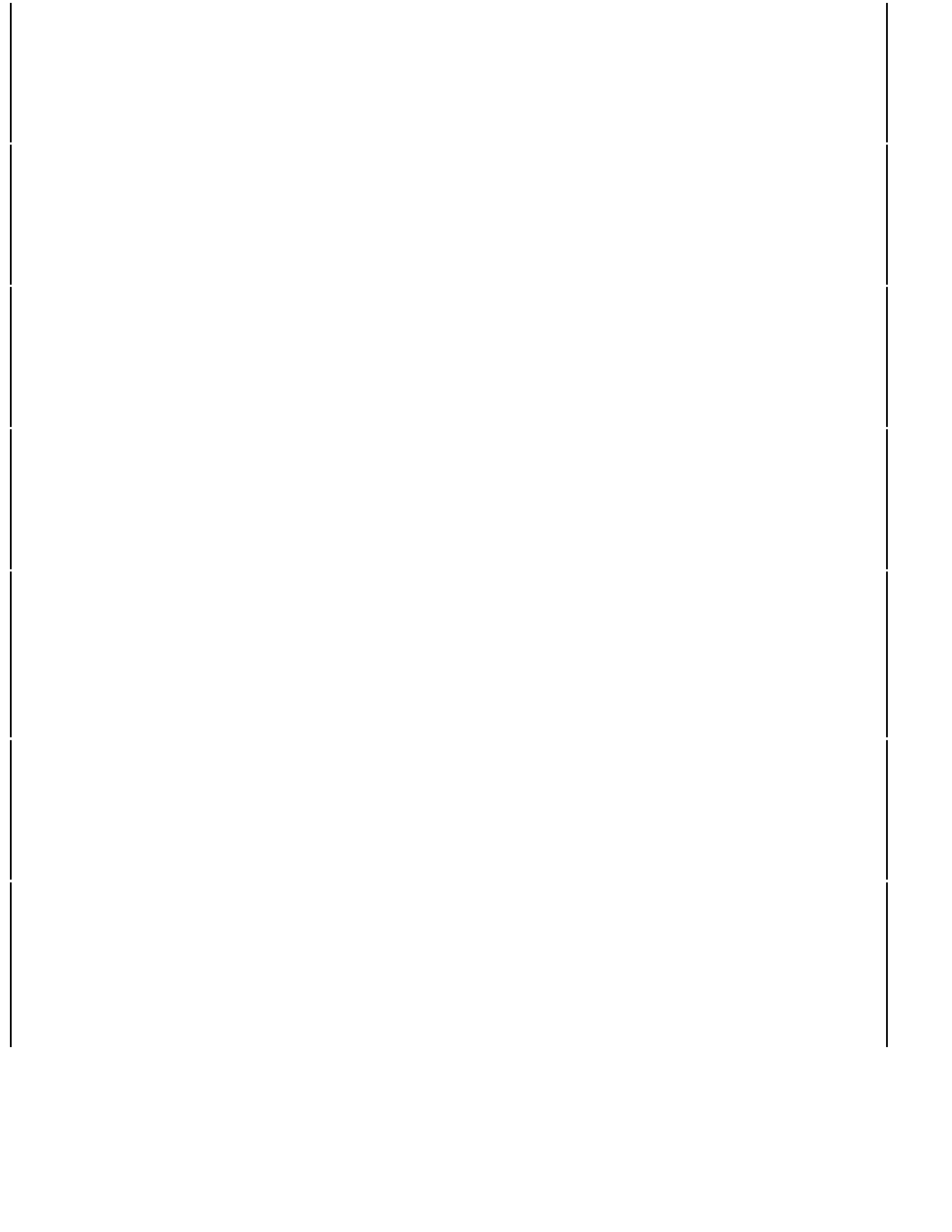
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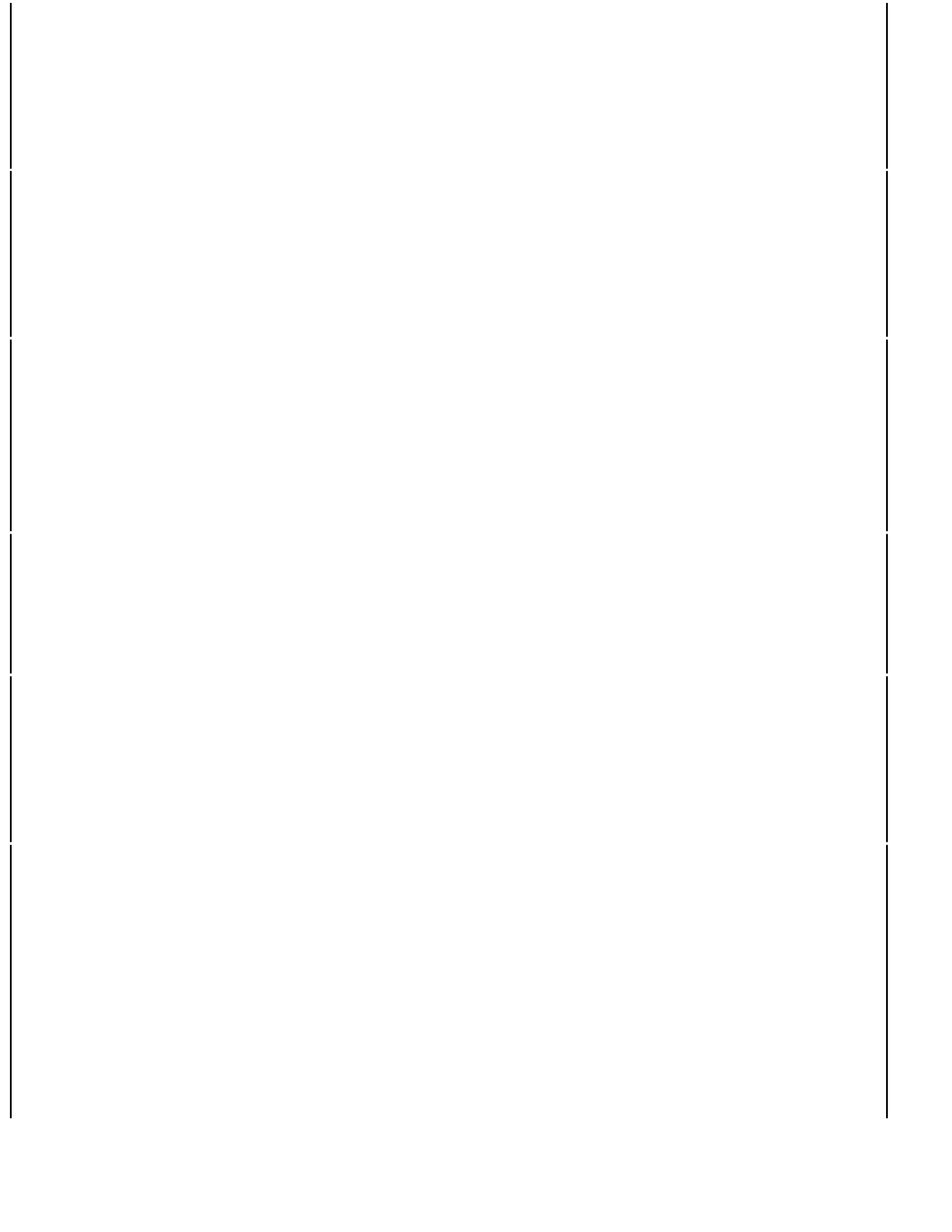
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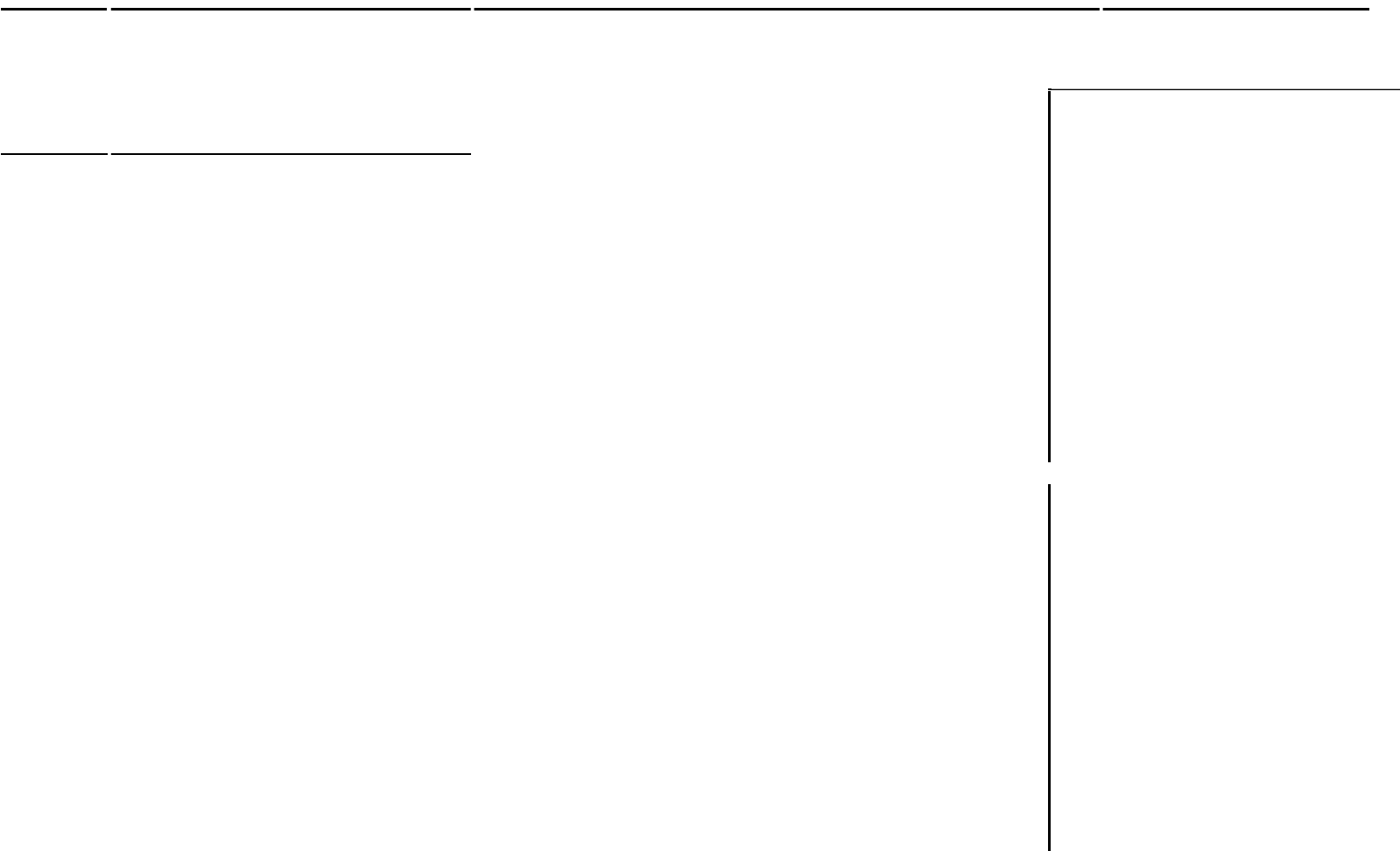
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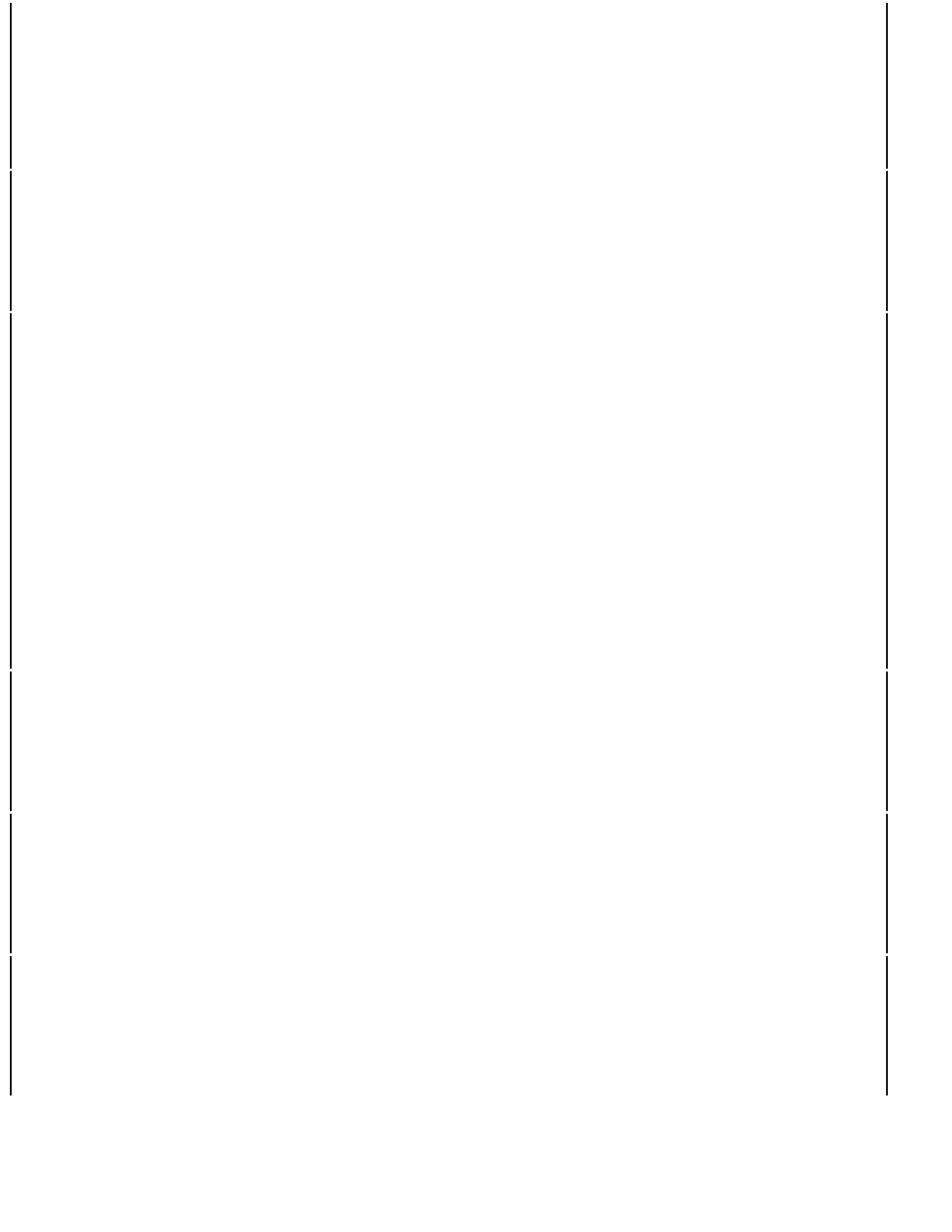
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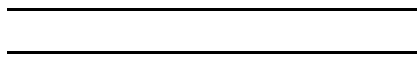
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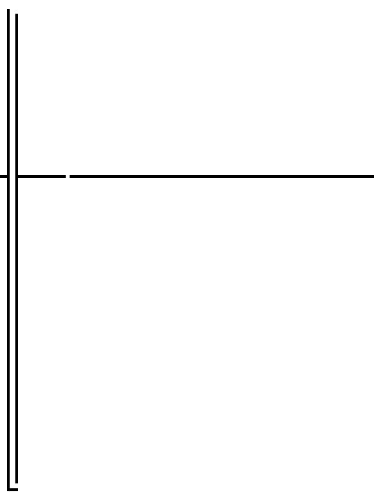
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