



CENTER FOR BENEFICIARY CHOICES

Date: September 6, 2007
To: Part D Plan Sponsors
From: Abby Block, Director
Subject: Re-Determination of Part D Low Income Subsidy (LIS) Eligibility for 2008

The purpose of this memo is to provide your organization with information about:

- The process used by the Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA) to re-determine Medicare beneficiaries' low-income subsidy eligibility;
- The Special Enrollment Period (SEP) for individuals who lose their low-income subsidy eligibility;
- CMS' expectations of Part D plan sponsors for conducting outreach to members who no longer automatically qualify and steps sponsors may take to ease their members' transition; and
- A one time file CMS will send to all Part D sponsors identifying individuals who CMS has notified about their loss of LIS.

Background

The Part D low-income subsidy provides extra help to assist people with Medicare who have limited income and resources in paying their Medicare prescription drug plan costs (plan monthly premiums, co-payments and the annual deductible). Certain groups of Medicare beneficiaries automatically qualify (i.e. are deemed eligible) for LIS, including full-benefit dual eligible individuals, partial dual eligible individuals (those who belong to a Medicare Savings Program) and people who receive Supplemental Security Income (SSI) benefits but not Medicaid. Other individuals with limited incomes and resources who do not automatically qualify can apply for LIS and have their eligibility determined by either the Social Security Administration (SSA) or their State Medicaid Agency. Table 1 provides an overview of how people qualify for LIS.

Table 1. Overview of how people qualify for LIS

People with Medicare and	Basis	Data Source	Changes During the Year
Medicaid benefits <ul style="list-style-type: none"> • Full Medicaid benefits • Medicare Savings Program 	Automatically qualify	State files	<ul style="list-style-type: none"> • Qualify for a full calendar year • Generally only favorable changes will occur
SSI benefits		SSA	
Limited Income and Resources	Must apply	SSA (almost all) or states	<ul style="list-style-type: none"> • Some events can impact status through the year • Extra help can increase, decrease, or terminate

CMS Process for Re-determining LIS Eligibility for People who Automatically Qualify

- August – CMS began identifying LIS eligible individuals who will continue to automatically qualify for LIS in 2008. If they are no longer a full-benefit dual eligible, partial dual eligible, or SSI recipient, their LIS will end on December 31, 2007.
- Late September – Individuals who no longer qualify for LIS automatically in 2008 will receive, in a joint mailing from CMS and SSA, a personalized letter explaining this loss of LIS and an SSA application for extra help to complete and return in an enclosed postage-paid envelope. If a person’s situation subsequently changes so that s/he again automatically qualifies for extra help, CMS will send him/her another notice letting him/her know that s/he qualifies.
- Early October – CMS will separately notify individuals who will continue to qualify automatically for LIS in 2008 but will have an increase or decrease in their co-payment level triggered by a change in their Medicaid eligibility (e.g. their current copayments of \$1/\$3.10 will change to \$0 next year).

CMS is mailing its letters first class, and any undeliverable letters will be returned to CMS for resolution. CMS has procedures in place to follow up on each undeliverable notice to identify and re-mail to the beneficiary’s current address, if one is available. Copies of these notices will be available in late September at www.cms.hhs.gov/Partnerships/PFP/list.asp#TopOfPage.

SSA Process for Re-determining LIS Eligibility for People Who Apply and Qualify

Individuals who applied and qualified (were determined eligible) for LIS may be contacted by SSA to have their status reviewed. These reviews are done each year usually at the end of August. Individuals selected for review will be sent a form to complete, called “*Social Security Administration Review of Your Eligibility for Extra Help*.” They will have 30 days to complete and return this form. It is important to note that individuals who do not return the form will have their LIS status terminated at the end of the year. SSA may decide that individuals selected for review:

- have no change in the amount of extra help they receive;
- have an increase in the amount of extra help they receive;

- have a decrease in the amount of extra help they receive; or
- no longer qualify for extra help.

Any adjustments to the extra help will be effective on January 1st of the following year. SSA will send a letter to the individual explaining the decision and his/her appeal rights. Individuals not selected for review will have no change in their status.

The SSA materials referenced above, as well as more detailed information on SSA's redetermination process, may be obtained by visiting the SSA website at <http://www.ssa.gov/prescriptionhelp/>.

Special Enrollment Period

Individuals who lose their LIS eligibility effective January 1, 2008, have a Special Enrollment Period (SEP) beginning January 1, 2008, through March 31, 2008, allowing them to make one Part D enrollment election. Additional information regarding this SEP can be found in the MA and PDP enrollment guidance documents, available on the CMS website at <http://www.cms.hhs.gov/MedicareMangCareEligEnrol/> for the MA guidance and at <http://www.cms.hhs.gov/MedicarePresDrugEligEnrol/> for the PDP guidance.

Plan Responsibilities

As in the past, CMS expects Part D plan sponsors to reach out by phone or mail to every member who will no longer qualify automatically for extra help beginning in 2008 to encourage them to apply and help them through the process. In support of this effort, CMS will report to Part D plan sponsors those members who are being notified about their loss of LIS deemed status, and providing an outbound script (Attachment A) and model notice (Attachment B) for plans to use. Plan sponsors that will be using the model script or notice should submit the material under the following marketing material categories:

- 6005 – Presentations & Scripts – LIS Losing Deeming Status Script
- 7005 – Special Materials – LIS Losing Deeming Status Model Letter

If the document is submitted as a File & Use piece (where the model is used without modification), CMS will waive the 5 calendar day waiting period before the documents can be used or distributed in the marketplace.

Plans should update scripting for inbound calls where appropriate. Plans may also provide a link on their own plan websites to the SSA website (www.socialsecurity.gov); SSA's website includes general information about LIS and the application itself.

We also encourage Part D plan sponsors to take steps to assist those members who are losing their low-income subsidy deemed status. For example, we expect that, upon request, plans should be able to provide assistance to individuals in filling out the LIS application.

Best Available Evidence and Re-Deeming

Please note that plans should continue to use the Best Available Evidence (BAE) policy already in place, including for individuals for whom CMS data show loss of deemed status in 2008. If beneficiaries make plans aware of their dual eligible or LIS status in 2008, but CMS data do not support it, the BAE process of obtaining documentation, setting plan systems to the correct level, and submitting data to CMS to update our systems should be followed.

Systems Notification

As mentioned above, CMS is reporting to Part D plan sponsors those members who are being notified about their loss of LIS deemed status. Plans will receive a one time file, similar to the Monthly Full Enrollment file, containing one record for each affected beneficiary. Plans should expect to receive this file on or about September 10, 2007. CMS provided the file format, naming convention and related technical information to plans on August 15, 2007, via email from the MMA Help Desk.

CMS provided information about 2008 LIS eligibility, including LIS effective dates, subsidy terminations and premium subsidy level or co-payment changes, on the LIS History Report (LISHIST) issued to plans on August 27, 2007.

Points of Contact

For **policy** questions pertaining to LIS eligibility, please contact Kay Pokrzywa via email at katherine.pokrzywa@cms.hhs.gov or by telephone at 410-786-5530.

For **policy** questions about the annual process for re-determination of LIS eligibility, please contact Jeff Maready via email at jeffrey.maready@cms.hhs.gov or by telephone at 415-744-3523.

For **technical** questions pertaining to this notification, please contact the MMAHelp Desk at 1-800-927-8069 or via email at mmahelp@cms.hhs.gov.

Attachments

[Note to Part D sponsors: italicized, bracketed language is optional.]

Hello, my name is <name> and I am calling from <plan name>.

We're working with Medicare to help you save on your Medicare prescription drug coverage. You recently received a letter from Medicare telling you that you received this help automatically in 2007, but you will need to apply to receive it beginning January 1, 2008. We are contacting you to encourage you to apply for the extra help as soon as possible.

We'd like to ask you a couple of questions. Your participation is voluntary and does not affect your membership in <plan name>.

Have you already completed and mailed an application for extra help?

[If "yes", end call] Thank you for your membership in <plan name>. If you have any questions after this call, you may call us at <toll-free number><days and hours of operation>. TTY users should call <toll-free TTY number>.

[If "no"]

The easiest way to apply is by filling out and mailing the application that is included in your letter from Medicare.

[In addition, we can:]

[Describe additional voluntary activities applicable to your organization such as

- *Help you fill out the form;*
- *Visit you at your home to help you complete the form*
- *Help you complete an application on-line (by computer)]*

Would you like to apply?

[If "yes"] Are you interested in having:

[Describe any activities applicable to your organization:

- *An application form mailed to you?*
- *A representative of <plan name> call you by telephone to help you with the form?*
- *A representative of <plan name> visit you at home to help you complete the form or apply for the extra help by computer?]*

[If "no"] Again, there is no cost or obligation to apply. We just wanted to encourage you to apply as soon as possible. If you are approved, your extra help will be continued in 2008. If you change your mind and would like our help, call us at <customer service number>.

Let me confirm your choice:

[State one of the following as applicable:

- *You want an application form mailed to you;*
- *You want help by telephone to complete the form;*
- *You want a representative of our plan to visit you at home to help you complete the form or apply for the extra help by computer.]*

Thank you for considering an application for extra help. <Plan name> values your membership and is ready to help you apply for extra help with your prescription drug costs. If you have any questions, call us at <customer service number>.

[Note to Part D sponsors: italicized, bracketed language is optional.]

<Date>

Dear <Name of Member>:

This is an important reminder that you need to apply as soon as possible for extra help with your prescription drug costs in 2008. You recently received a letter from Medicare telling you that although you received this help automatically in 2007, you will no longer automatically qualify to receive it beginning January 1, 2008.

You won't automatically qualify for extra help next year either because you no longer:

- Qualify for Medicaid;
- Get help from your state Medicaid program to pay your Medicare Part A and/or Part B premiums (belong to a Medicare Savings Program); OR
- Get Supplemental Security Income (SSI) benefits but not Medicaid.

You may still qualify for extra help, but you must apply to find out. **So, we are contacting you to encourage you to apply for the extra help now.**

The easiest way to apply is by filling out and mailing the application that is included in your letter from Medicare. Other steps you can take are:

- For questions about extra help with your prescription drug costs or if you need assistance completing the application:
 - ▶ Call the Social Security Administration (SSA) at 1-800-772-1213. (TTY users call 1-800-325-0778) between 7:00 a.m. – 7:00 p.m. Monday through Friday.
 - ▶ You can also fill out the application at www.socialsecurity.gov on the web.
- To get another copy of the application by mail, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call a State Health Insurance Program (SHIP) in your area for free personalized health insurance counseling. See your "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

[To get a copy of the application you can also contact us at <toll free number><days and hours of operation>. TTY users should call <toll free number>.] [In addition, we can:]

[Describe any voluntary activities applicable to your organization, such as:

- *Help you fill out the form.*
- *Visit you at your home to help you complete the form.*
- *Help you complete an application on-line (by computer).]*

If you don't qualify for extra help, there are still ways you might be able to save on your drug costs.

- Your state may have programs that provide help paying your prescription drug costs. Contact your State Medical Assistance (Medicaid) office for more information. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for their telephone number. TTY users should call 1-877-486-2048.
- *[insert, if applicable: we offer (an)other plan(s) that may lower your prescription drug plan costs]*

If you have any questions, please call us at <toll-free number><days and hours of operation>. TTY users should call <toll-free TTY number>.