

# Navigating the Medicare Savings Program (MSP) Eligibility Experience

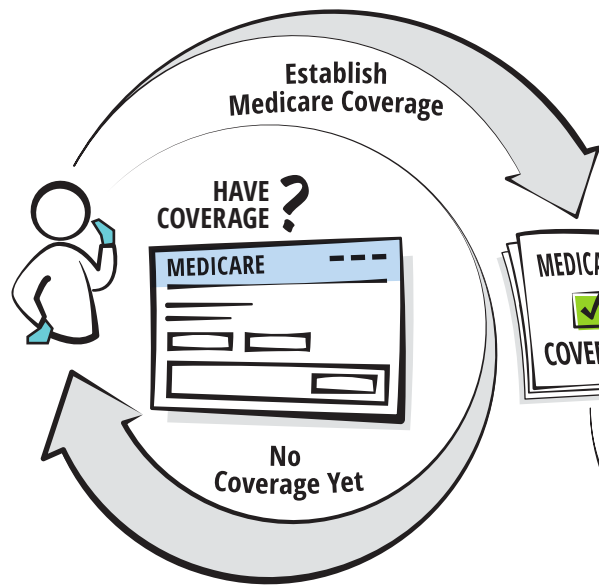
Winding one's way through the MSP application, determination, and renewal processes is not simple. Multiple factors influence the MSP process for clients, leading to widely varied experiences from person to person.

Reference Key: 😊 Make it easier for clients/creates a positive experience

😞 Constraint or result in a negative experience for clients

## 1 Pre-Application Activities

- 😊 Good understanding of the MSPs by states and advocates
- 😊 Proactive use of LIS data by states



- 😞 Clients, advocates and eligibility workers do not understand MSPs
- 😞 Clients concerned about perceived stigma
- 😞 Medicare enrollment bottlenecks
- 😞 Not screening for all eligibility groups
- 😞 Cursory attempts to leverage LIS data

## 2 Applying for MSPs

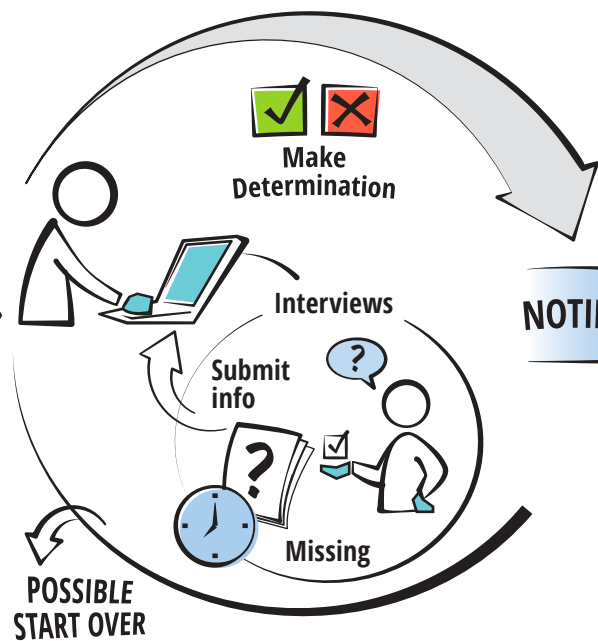
- 😊 Guided by others
- 😊 Ease of documentation and submission
- 😊 Advocates or eligibility workers provide individualized service and assistance



- 😞 Personal complexity
- 😞 Outdated or overly complex applications
- 😞 Skilled helper required
- 😞 Burdensome documentation requirements
- 😞 Ineffective, confusing or unreliable communications to clients
- 😞 Technology and transportation challenges for clients

## 3 Review and Determine Eligibility

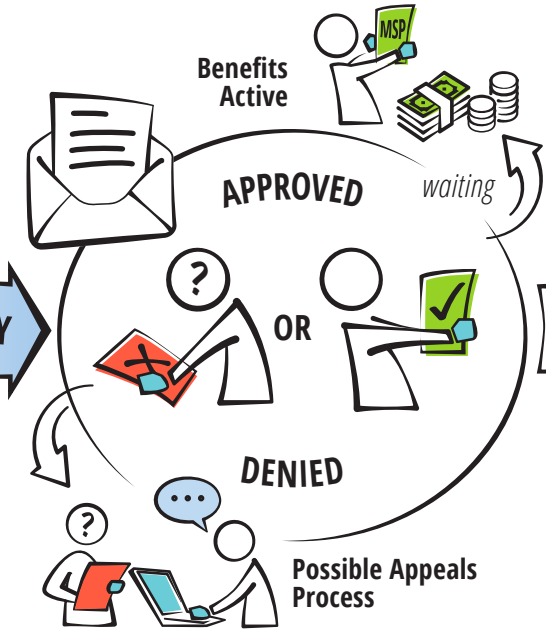
- 😊 Comprehensive training and resources for eligibility workers and advocates
- 😊 Eligibility workers have access to useful data
- 😊 Sufficient time for eligibility workers to follow up



- 😞 Overwhelming caseload for eligibility workers
- 😞 Insufficient resources and training for eligibility workers and advocates
- 😞 Client skepticism
- 😞 Application process inflexibility
- 😞 Lack of application status updates
- 😞 Unavailable or unhelpful data systems

## 4 Notification and Post-Determination

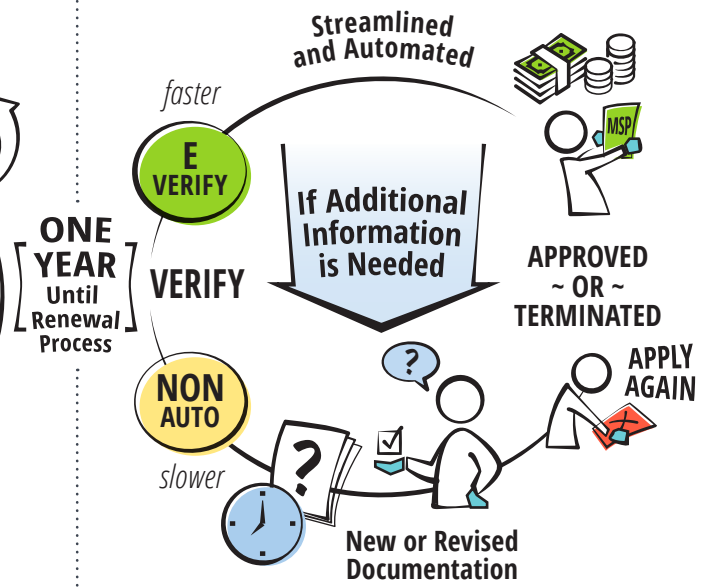
- 😊 Results of successful applications for clients
- 😊 Clear state eligibility determination notices
- 😊 Advocates and eligibility workers help clients understand determination decisions and appeals



- 😞 Consequences of unsuccessful applications for clients
- 😞 Unclear state notices and appeal information
- 😞 Client does not have someone to help with appeals process

## 5 Renewal and Redetermination


- 😊 Straightforward and streamlined renewals
- 😊 Ongoing eligibility worker communication with clients




- 😞 Lengthy and burdensome state renewals process
- 😞 Frequent changes in state policy

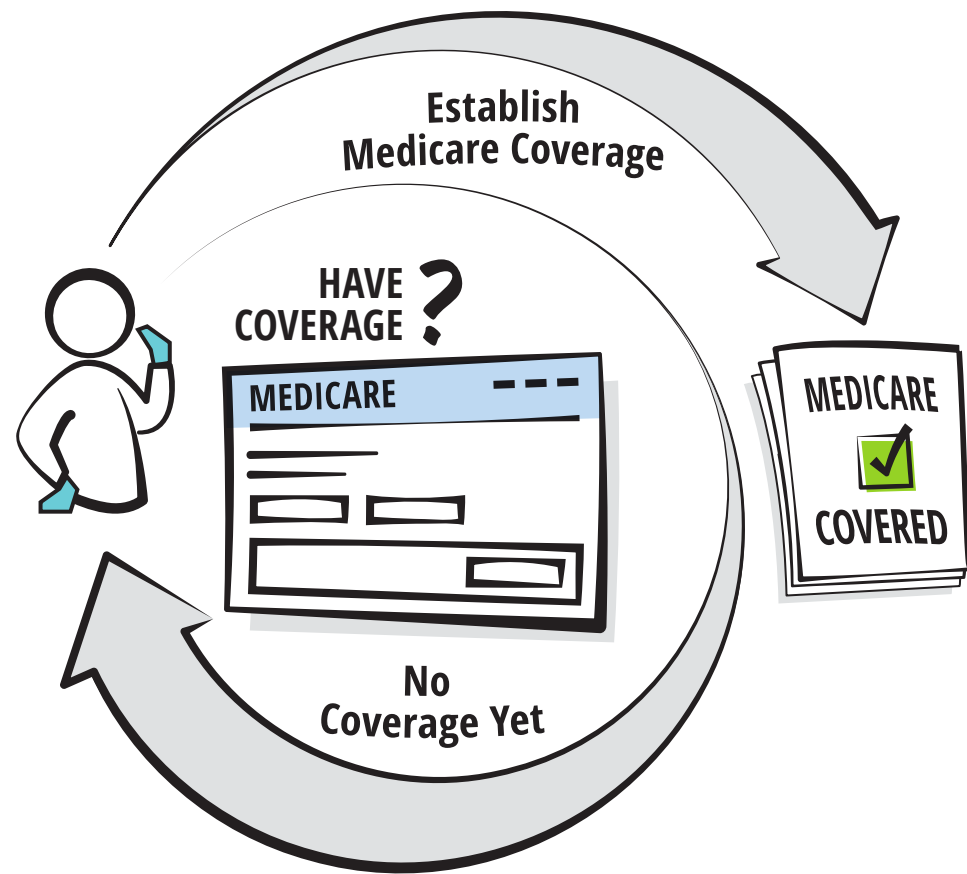
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## 1 Pre-Application Activities



 **Good understanding of the MSPs by states and advocates**

Educating clients about the MSPs can reduce confusion about the program, for example, that a program that pays Medicare costs is administered via state Medicaid agencies. Communicating the value and process of the MSPs in an open and empathetic way can create clear expectations and understanding for clients.

 **Proactive use of LIS data by states**

Enrollment in other assistance programs (e.g., Medicare Part D low income subsidy (LIS)/“Extra Help”) can proactively prompt an eligibility determination for the MSPs, although this is not done consistently. While in some cases these streamlined enrollments can confuse clients, they can also improve process efficiency and reduce client burden. When states maximize the use of LIS application data and other electronic data sources to determine MSP eligibility, clients and eligibility workers can skip several steps and avoid potentially challenging processes.

 **Clients, advocates and eligibility workers do not understand MSPs**

Lack of understanding about the MSPs availability and value among individuals, advocates, and eligibility workers can lead to misinformation and eligible individuals missing out on benefits.

 **Not screening for all eligibility groups**

Lack of careful, routine screening for all Medicaid eligibility groups can miss potentially eligible clients. For example, some screening systems may not appropriately screen for all levels of MSP.

 **Clients concerned about perceived stigma**

Concerns around perceptions of receiving government assistance programs or stigma may serve as barriers to applying.

 **Cursory attempts to leverage LIS data**



Some states may make limited attempts to use other assistance program data, (e.g. sending a blank MSP application or alerting clients that they may be eligible without further information). This fails to efficiently connect clients to MSP coverage.

 **Medicare enrollment bottlenecks**

Medicare enrollment is a prerequisite for applying for an MSP. In some states, clients that are not yet enrolled (e.g., recent immigrants, individuals who worked in the informal economy) must complete Medicare enrollment through the U.S. Social Security Administration (SSA), then separately apply for the MSPs at the state Medicaid agency. This can add significant time and complexity to the MSP enrollment due to inconsistent SSA staff awareness, limited communication across agencies, and enrollment window restrictions.

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## 2 Applying for MSPs



 **Guided by others**

Having an advocate, caregiver, or eligibility worker who is client-centered, knowledgeable, and proactive can improve client experience and help make the process of applying for, obtaining, and maintaining benefits more positive.

 **Ease of documentation and submission**

States have opportunities to ease documentation requirements and simplify applications. Some states use their authority to reduce burden by eliminating the resource test, disregarding certain income, accepting self-attestation, and providing grace periods for submission of documentation. Some state have short-form applications with plain language, available for submission via email or portal, and do not require in-person interviews.

 **Advocates or eligibility workers provide individualized service and assistance**

When available, clear, simple, accessible, and individualized communication and assistance can reassure clients and ease their application process. Examples of such personalized services include: completing the application alongside clients, providing pre-addressed submission envelopes, liaising during client calls with government offices, conducting home visits, enabling caregivers to serve as authorized representatives, and referring clients to additional services as needed.

 **Personal complexity**

MSP applicants are low-income older adults and people with disabilities, which creates challenges in navigating a rigid process. Special circumstances (e.g., chronic conditions, housing instability, and lack of transportation), as well as cultural differences and/or limited English proficiency can further restrict clients' ability to complete the application.

 **Burdensome documentation requirements**

Confusion about requirements and barriers to obtain documents (e.g., printing costs, low access to or ability with technology) can lead to delays or denials. Some documents can be especially challenging to obtain, such as life insurance policies. Even basic documents like bank statements can be challenging to obtain without reliable internet or transportation.

 **Outdated or overly complex applications**

Certain characteristics of an MSP application can make the completion process more confusing and burdensome for clients, including technical jargon, outdated eligibility criteria, unclear or unnecessary information requests, inadequate instructions, and limited language translation options.

 **Ineffective, confusing or unreliable communications to clients**

Lack of a clear point of contact for application status information and questions can exacerbate confusion, and can lead to clients receiving inconsistent information in the back-and-forth. In addition, some states rely heavily on either phone or mail based communications, but lack of stable housing or permanent phone number can make mail- or phone-based communications challenging.

 **Skilled helper required**

In some states, the application complexity means that making it through the application process requires a skilled helper, such as a benefit enrollment centers, Medicare State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), advocate, or caregiver. However, helpers may not be consistently available due to factors such as resource availability and a lack of formal referral systems.


 **Technology and transportation challenges for clients**


Technology and transportation challenges can vary across clients. For example, those without personal computer/internet access may be forced to rely on print and copy stores for submitting MSP materials, which can be cost prohibitive. In addition, transportation availability and cost may further impede clients' ability to make progress in an MSP process.

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## 3 Review and Determine Eligibility



 **Comprehensive training and resources for eligibility workers and advocates**

Eligibility workers and advocates may work more effectively when comprehensive and ongoing training specific to the MSPs is available. In addition, informational resources, such as cheat sheets and policy updates, as well as adequate funding, can help support these stakeholders in providing high-quality service for clients.

 **Eligibility workers have access to useful data**

Maximizing the use of electronic data from other states and federal agencies (e.g., unemployment, wages, federal and state retirement and disability benefits) available to eligibility workers can reduce administrative burden for clients and eligibility workers.

 **Sufficient time for eligibility workers to follow up**

Providing eligibility workers with the time and ability to follow up with clients during the review process can help reduce the likelihood of procedural denials.

 **Overwhelming caseload for eligibility workers**

Eligibility offices may face demanding caseloads and performance metrics that may limit some eligibility workers' ability to deliver personalized service and spend ample time on each case.

 **Lack of application status updates**

Many states do not have an efficient way for clients to check on the status/progress of their MSP application, which can leave clients unable to anticipate next steps. Phone hotlines may be cumbersome and time consuming.

 **Insufficient resources and training for eligibility workers and advocates**

Eligibility workers and advocates sometimes feel limited in their ability to conduct MSP eligibility determinations or assist clients due to insufficient tools/resources or inadequate training. Some cite ample Medicaid training, but little focus on the MSPs.

 **Unavailable or unhelpful data systems**

Benefits of electronic data systems may be stifled when data is outdated, incomplete, or inaccessible (e.g., due to system lags, difficulty of use, or disconnection from other databases).

 **Client skepticism**

Phone requests for application information can spark clients' fear of identity scams.


 **Application process inflexibility**


Inflexible timelines or documentation requirements can increase the burden on clients by requiring clients to redo the denied application because the client could not get third-party documentation in time. Eligibility interview requirements can be challenging for clients without transportation or a consistent schedule. Some clients may give up on their application in light of these stipulations.

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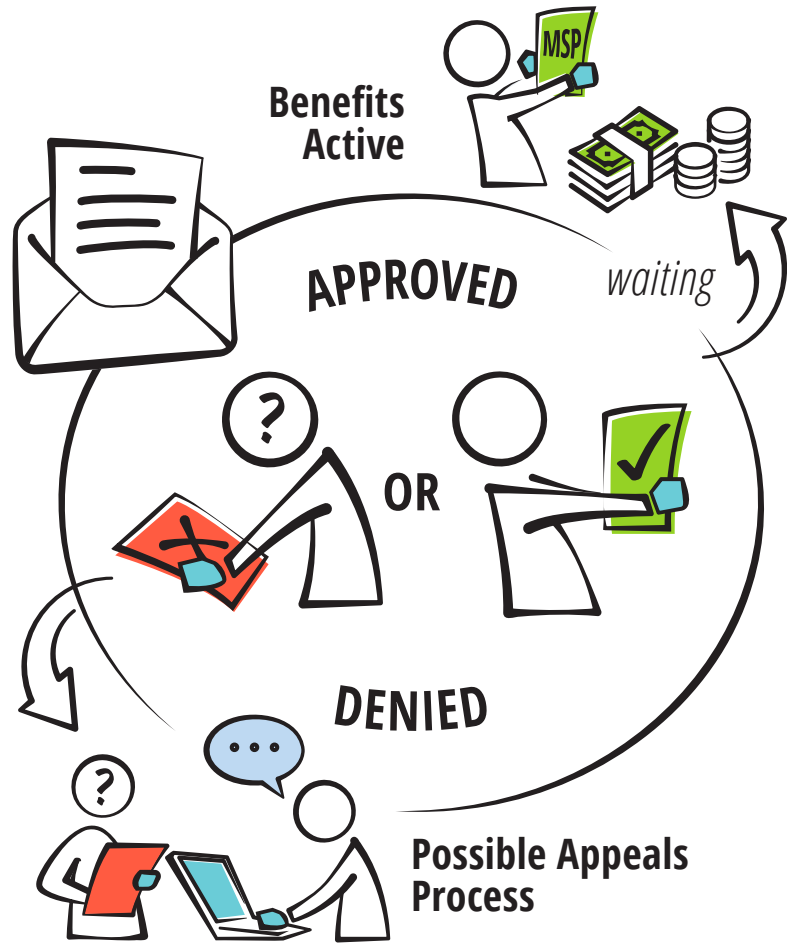
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## 4 Notification and Post-Determination



 **Results of successful applications for clients**

Clients with approved applications receive valuable MSP benefits at the end of the process, which can provide relief and alleviate financial concerns about paying for coverage and care.

 **Clear state eligibility determination notices**

Eligibility determination notices that are understandable and informative about the scope of the benefits and next steps for the client, including their rights to appeal help clients understand their benefits and how to appeal.

 **Advocates and eligibility workers help clients understand determination decisions and appeals**

Advocates and eligibility workers can help clients to understand eligibility determination notices and outcomes. Advocates can also guide clients through the appeals process when applicable.

 **Consequences of unsuccessful applications for clients**

Terminations, denials, or delayed start of benefits (e.g., time needed for SSA to process MSP benefits) can cause financial and emotional hardship for clients.

 **Unclear state notices and appeal information**

Clients can have a difficult time understanding determination outcomes, troubleshooting delays in benefits, and navigating the appeals process on their own. For example, following a denial or termination, clients may not pursue appeals if they do not understand what caused their denial or that their denial could be challenged.

 **Client does not have someone to help with appeals process**

Following a denial or termination, some clients may not know about or take advantage of the opportunity to appeal their determination unless they have someone to help them understand and implement this option. Individuals may not pursue appeals if they do not understand what caused their denial or that their denial could be challenged.

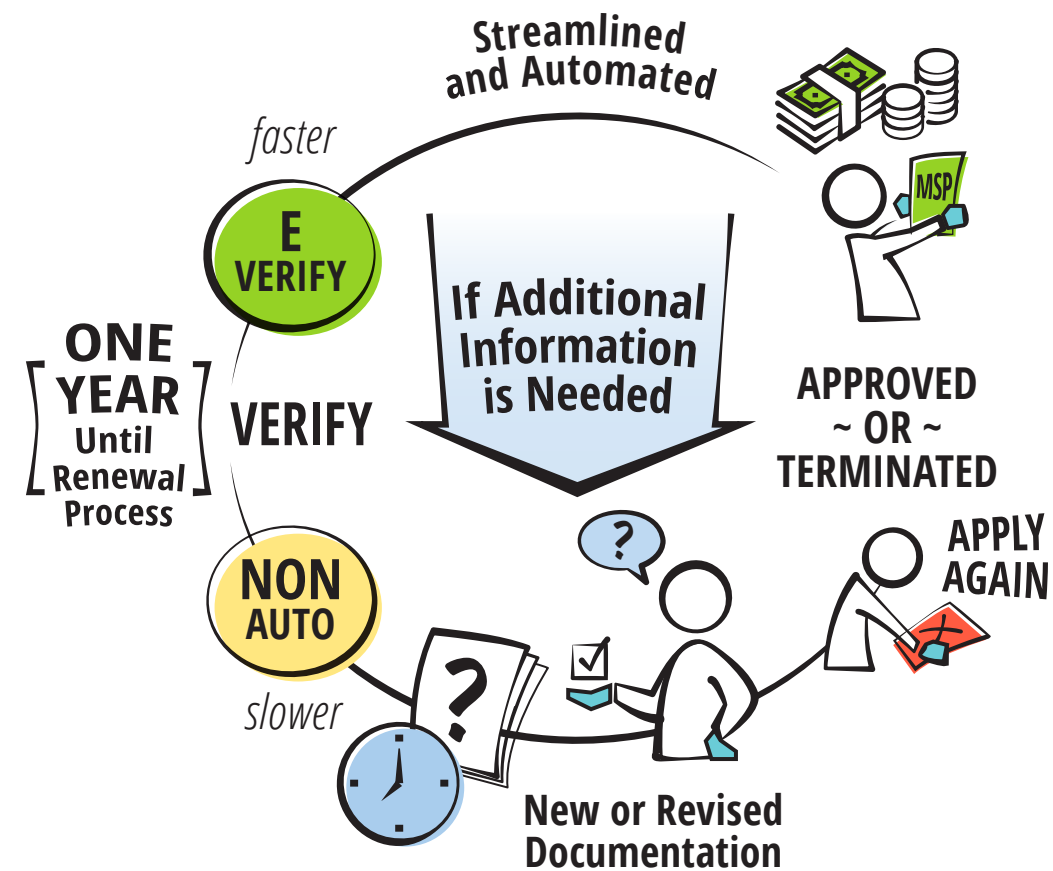
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## 5 Renewal and Redetermination



### 😊 Straightforward and streamlined renewals

Transparent, straightforward, and automatic processes can ease the renewal burden for clients and eligibility workers. States must attempt an *ex parte*<sup>1</sup> redetermination using electronic data sources and other information known to the state Medicaid agency. States that better leverage electronic verification systems are able to reduce information requests for clients and burden on eligibility workers.

### 😊 Ongoing eligibility worker communication with clients

Using phone calls, e-mails and texts to remind clients to look out for their MSP renewal materials ahead of the redetermination period can help to set expectations and support continued MSP benefits.

### 😞 Lengthy and burdensome state renewals process

Some state renewal processes have lots of required documentation or take a long time. Some clients may be asked to submit entirely new materials despite no change in their status, which can increase burden for both clients and eligibility offices. Lack of robust electronic verification may further slow down renewals.

### 😞 Frequent changes in state policy

Changes in financial status or state policy can create uncertainty in the client's MSP eligibility and ability to pay for coverage and care.

<sup>1</sup> A redetermination of eligibility based on reliable information available to the agency without requiring additional information from the individual.