

medicaid  
and the uninsured

MEDICAID PROGRAMS TO ASSIST LOW-  
INCOME MEDICARE BENEFICIARIES:  
WORKING PAPER ON MEDICARE SAVINGS  
PROGRAMS IN INDIANA

*Prepared by*

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The National Senior Citizens Law Center  
Washington, DC

*for*

The Kaiser Commission on  
Medicaid and the Uninsured

December 2002



\* Kim Glaun is currently the Washington, DC Counsel for the Medicare Rights Center

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The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population and assessing options for reform. The Commission, begun in 1991, strives to bring increased public awareness and expanded analytic effort to the policy debate over health coverage and access, with a special focus on Medicaid and the uninsured. The Commission is a major initiative of The Henry J. Kaiser Family Foundation and is based at the Foundation's Washington, D.C. office.

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## ***Introduction***

In Indiana, approximately 50 percent of all individuals eligible for the Medicare Savings Programs participate in the programs. In 1998, the state Medicaid agency launched an initiative to promote enrollment by streamlining its application and enrollment procedures; setting local goals for increased enrollment; and partnering with state and federal agencies and local agencies and providers to facilitate greater participation in the programs. In the wake of the state's efforts, Medicare Savings Programs enrollment has appreciably risen, increasing 19.5 percent from September 1998 to 2001.

### **Overview of Medicare Savings Programs Initiatives in Indiana**

<b>Ease Financial Eligibility</b>	(None)
<b>Streamline &amp; Facilitate Enrollment</b>	<ul style="list-style-type: none"> <li>• Mail-in simplified application available on Medicaid website (in English and Spanish)</li> <li>• No in-person interview required</li> <li>• Community enrollment sites used</li> </ul>
<b>Streamline &amp; Facilitate Renewal</b>	(None)
<b>Enhance Outreach &amp; Partnering</b>	<ul style="list-style-type: none"> <li>• SSA Buy-in Demonstration: Application model site (Evansville, 1999)</li> <li>• Use of leads data for targeted mailings</li> <li>• CMS SHIP grant for radio PSAs targeted to rural and Hispanic populations (Jan–Dec. 2001)</li> <li>• Inter-agency partnership (1999)</li> </ul>
<b>Obstacles identified</b>	<ul style="list-style-type: none"> <li>• Need for personal interview, multiple verifications to apply</li> <li>• Fear of estate recovery</li> <li>• Asset test</li> <li>• Welfare stigma</li> <li>• Lack of tracking for outreach</li> <li>• Renewal process</li> </ul>

To examine Indiana's Medicare Savings Programs outreach and enrollment practices, a three-and-a-half-day site visit was conducted across three cities: Evansville (southwestern Indiana), Terre Haute (western Indiana) and Indianapolis (central Indiana). Interviews were conducted with state officials from the Division of Family and Children who oversee Medicaid eligibility, as well as representatives from local family and children's offices, the Social Security Administration, three Area Agencies on Aging, the Indiana Association of Area Agencies on Aging, the legal services program, and the Senior Health Insurance Information Program (State Health Insurance Assistance Program (SHIP)).

This case study begins with an explanation of the administrative structure of the Medicare Savings Programs network in Indiana. It then explains the state's Medicare Savings Programs financial eligibility standards and its efforts to streamline application procedures and facilitate enrollment in the Medicare Savings Programs with its community partners. The narrative goes on to discuss the state's Medicare Savings Programs outreach initiatives and ends with lessons

learned from Indiana’s experiences.

## ***Background***

**Characteristics of Indiana and the United States**

	<b>Indiana</b>	<b>United States</b>
<b>Total Population (2000-2001)<sup>1</sup></b>	6,018,429	279,972,786
<b>Percent of Total Population Enrolled in Medicare (2000-2001)<sup>2</sup></b>	14.9%	13.5%
<b>Percent of Medicare Population Below Poverty Level (2000-2001)<sup>3</sup></b>	12.7%	16.5%
<b>Aged &amp; Disabled Medicaid Income Eligibility Level for Full Benefits (2001)<sup>4</sup></b>	74% FPL	74% FPL (federal minimum)
<b>Number Enrolled in Medicare Part B Buy-In Programs (2001)<sup>5</sup></b>	89,000	5,517,000
<b>Growth Rate for Enrollment in Buy-In Programs (9/98 – 9/01)<sup>6</sup></b>	19.5% (15,503)	10.1%
<b>Percent of Eligible Persons Enrolled in Buy-In Programs (2001)<sup>7</sup></b>	49.5%	59.5%

In Indiana, two agencies are involved with the Medicare Savings Programs. First, the Division of Family and Children, within the Indiana Family and Social Services Administration, is responsible for overseeing and conducting Medicare Savings Programs eligibility. The Division of Family and Children contains the Medicaid Eligibility Section of the Bureau of Family Resources, which develops and oversees the state’s operational policies for determining Medicare Savings Programs eligibility. The Division of Family and Children’s county offices provide direct client assistance and conduct Medicare Savings Programs eligibility determinations. Second, the Senior Health Insurance Information Program (State Health Insurance Assistance Program (SHIP)), housed in the Indiana Department of Insurance, maintains a toll-free help line and provides information, counseling and personalized assistance on matters related to Medicare, Medicare Savings Programs, and other health care programs.

## ***State Outreach and Enrollment Practices***

<sup>1</sup> Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of March 2001 and 2002 Current Population Survey, 2002. Excludes institutionalized population.

<sup>2</sup> Ibid. Includes only non-institutionalized beneficiaries.

<sup>3</sup> Ibid. Includes only non-institutionalized beneficiaries.

<sup>4</sup> Includes maximum SSI/Social Security Benefit.

<sup>5</sup> Actuarial Research Corporation, *Dual Eligible Buy-In Status*, prepared for the Centers for Medicare and Medicaid Services, May 2001[Hereafter *ARC 2001*].

<sup>6</sup> CMS. *Three Year Dual Eligible Enrollment Rate*, September 2001.

<sup>7</sup> *ARC 2001*.

## *Financial Eligibility Criterion for the Medicare Savings Programs*

### **Medicare Savings Programs Income and Asset Criterion**

Indiana generally uses SSI rules to count income and assets for the purpose of determining eligibility for the Medicare Savings Programs.<sup>8</sup> The Medicaid manager and other parties interviewed said the asset test prevented many needy income-eligible persons from being eligible for the Medicare Savings Programs because the older generation in Indiana tended to be “savers” and have assets above allowable limits.

#### **Indiana Medicaid & Medicare Savings Programs Financial Eligibility Rules**

<b>Full Medicaid Benefits (Aged, Blind, &amp; Disabled)</b>	<ul style="list-style-type: none"><li>• Income: 74% FPL</li><li>• Assets: \$1,500 single/\$2,250 couple</li></ul>
<b>Full Medicaid Benefits (Medically Needy Spend Down for Aged, Blind, &amp; Disabled, or “Medical Expense Deduction”)</b>	<ul style="list-style-type: none"><li>• Income: 74% FPL</li><li>• Assets: \$1,500 single/\$2,250 couple</li></ul>
<b>Medicare Savings Programs</b>	<ul style="list-style-type: none"><li>• Income: Federal standards + \$20 disregard</li><li>• Assets: \$4,000 single/\$6,000 couple</li><li>• Estate Recovery: used for cost sharing only (but not for premiums)</li></ul>

For this reason, a state Medicaid manager considered eliminating the asset test during summer 2000. The idea was also brought up because “Hoosier Rx,” Indiana’s new state prescription drug program for low-income seniors, did not have a resource limit. Nonetheless, a full fiscal impact analysis was never conducted, as a preliminary determination that the change would cost too much and would not be approved in light of Medicaid budget constraints stopped the idea from going any further. While the official still advances the goal of eliminating the asset test, the agency has not been actively pursuing this change and did not indicate plans to do so in the near future.

### **Estate recovery**

Indiana’s state law dictates that the Medicaid agency seek recovery from the estates of deceased Medicaid beneficiaries for all Medicaid payments made for them once they reached 55 years of age, without regard to whether payment was made for long term care or another service. In implementing this policy, the state recovers the amount paid for Medicare coinsurance and deductibles, but it does not currently recover amounts paid for Part B premiums. As a result, for QMBs, estate recovery applies to amounts paid for coinsurance and deductibles, but not Medicare premiums. Estate recovery does not apply to the SLMB and QI benefits, which are limited to the payment of Part B premiums.

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<sup>8</sup> There are some limited exceptions to this. For example, Indiana uses the family income standard for MSP, instead of the SSI methodology, which recognizes only a two-person family. Also, the state will not count the value of real property if it is offered for sale or rent at fair market value.

Because estate recovery still applies to QMBs, the state includes an advisory about the policy on its application forms.<sup>9</sup> Advocates believe that the estate recovery language is confusing and believe that, in any event, the mention of estate recovery serves as a deterrent to enrollment. State officials acknowledge that Indiana’s estate recovery policy constitutes a “primary barrier” to enrollment in the Medicare Savings Programs. Some people mistakenly assume that enrolling in the Medicare Savings Programs will allow the state to seize their homes while they are living.

Others may choose to may forgo benefits, wishing to leave their homes and whatever else their estate entails to their descendants.

Given the significant obstacle presented by estate recovery, state officials had explored the possibility of exempting Medicare Savings Programs recipients (without full Medicaid) from estate recovery. After reviewing its laws and federal requirements, the state ultimately decided not to change its policy. Medicaid eligibility officials were not aware of plans to revisit the issue in the near future.

### *Simplification and Facilitation of the Application Process*

#### **Traditional Medicare Savings Programs Application Process**

In Indiana, individuals have customarily applied for the Medicare Savings Programs at their local Division of Family and Children office, using a combined application for many family and children’s programs. The application packet, which can be obtained in person or by mail, contains several documents: a one page, double-sided application for assistance; a one-page household questionnaire; three release forms; a 6-page rights and responsibilities notice; various other notices and instructions on completing the application process; and a postage-paid envelope addressed to the local office.

Applicants must mail or deliver the completed application, along with the signed release forms and the household questionnaire, to the county Division of Family and Children office. When the application is received, an in-person interview (or telephone interview in some offices) is scheduled with a county office worker. Applicants must bring to the interview copies of several documents to certify Social Security numbers, unearned and earned income, real property, bank accounts, and life insurance. When applicants are missing necessary documentation, the caseworker helps them to obtain the verifications.

During that interview, the eligibility worker enters applicants’ information into the state public benefits computer system, which is programmed to consider applicants for all Medicaid programs for which they may be eligible, as well as any other assistance programs.

All parties interviewed concurred that requiring individuals to apply at the local Division of Family and Children office deterred eligible persons from applying for the Medicare Savings Programs. Because the process requires an interview in the Division of Family and Children office, where other public benefits are processed, Medicare beneficiaries tended to view the Medicare Savings Programs as welfare, which they did not want or did not think they need.

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<sup>9</sup> The notice indicates that Medicare premiums are not subject to recovery.

Some interviewees believed that caseworkers exacerbated the welfare stigma, making people feel ashamed about their need for assistance and rushing them through the process in a disrespectful and unhelpful way. Additionally, especially in rural areas, Division of Family and Children offices were seen as inconvenient or inaccessible for many older persons who lived miles outside of town and may lack transportation.

### **Initiative to Streamline and Facilitate Enrollment in the Medicare Savings Programs**

In July 1998, state officials convened an inter-agency task force to address the goal of increasing participation in the Medicare Savings Programs. The task force comprised representatives from various state agencies that worked on Medicaid, aging, and disability issues; the Social Security Administration; the Executive Director of the Indiana Association of Area Agencies on Aging; the SHIP director; and local Division of Family and Children office staff.

The task force identified barriers to participation in the Medicare Savings Programs, such as the stigma of applying for public benefits and the lack of awareness of the programs. To address these issues, the task force devised an action plan that included simplifying the Medicare Savings Programs application process and partnering with community sites to conduct initial intake and processing of applications. The task force action plan also included several outreach initiatives, which will be discussed in the outreach section of this chapter.

The establishment of the task force coincided with increased federal activity to promote Medicare Savings Programs participation, including the start of the federal Centers for Medicare and Medicaid Services (CMS) activities to monitor enrollment and encourage enrollment simplification. In July 1998, FamiliesUSA, a national consumer advocacy organization, released a report decrying low participation in the Medicare Savings Programs across the nation. The report estimated that between 56 to 65 percent of individuals eligible for the Medicare Savings Programs in Indiana (or 88,000–103,000 people) were not enrolled.

#### Establishment of Community Enrollment Centers

In 1999, the Director of the Division of Family and Children instructed all offices to collaborate with community organizations, state agencies, and statewide organizations to assist in performing initial application processing for Medicare Savings Programs applications. Indiana had used community enrollment centers for Hoosier Healthwise, the State Children's Health Insurance Program/Medicaid program for children, to combat the stigma of applying for benefits at the local welfare offices, and state officials believed that using Medicare Savings Programs community application sites held similar promise for dispelling barriers in the Medicare population. Ultimately, local county offices with the state's 92 counties forged agreements with 67 centers. Many of the sites were Area Agencies on Aging and health care providers.

Participating community sites signed contracts with the county Division of Family and Children office and the Division of Family and Children itself, agreeing to provide initial Medicare Savings Programs application processing for a period of two years beginning June 30, 1999. The enrollment centers did not receive compensation or reimbursement for costs associated with performing the initial application processing.

In September 1999, Medicaid staff trained representatives from the enrollment centers regarding Medicare Savings Programs eligibility requirements and the application process in Indianapolis. Only designated enrollment center staff were permitted to perform eligibility interviews for applications. The application process established was:

1. The applicant completes and signs the Application for Medicare Buy-in;
2. The applicant brings the signed form and required documentation to the Enrollment Center for the interview;
3. The Enrollment Center representative interviews the client and completes the Interview Guide based on the client's application and documentation;
4. The interviewer has the client sign release forms and issues reminders to submit any missing verifications within 30 days to the local family and children's office;
5. The interviewer delivers the completed application, interview guide, release form and copies, and client verifications to the local family and children's office within 24 hours of the interview;
6. The local office caseworker reviews the information and documentation and enters the information into the computer eligibility system. If the application is complete, the caseworker makes the eligibility determination. If the verification is incomplete, the caseworker completes any necessary follow up by phone or mail;
7. The local public office informs the enrollment center of the application disposition, including reason(s) for denial;
8. The enrollment center maintains a tracking system for pending applications that includes at least: name of applicant, date of application, date completed application sent to local Office, and name of enrollment center employee who conducted the interview.

Although these were the steps for the enrollment centers to follow, some enrollment centers adapted the model based on their operations. For example, one enrollment center conducted telephone interviews with persons and sent the completed interviewer guide, along with the rest of the application packet, to the applicant with instructions to sign the interviewer form and release forms, to complete and sign the application, and to send the necessary verifications along with those documents to the local Division of Family and Children office.

Several community organizations that could not sign on as enrollment centers chose to participate in Medicare Savings Programs outreach and enrollment in other ways. For example, many community sites provide information and application assistance, but not the formal eligibility interview. Other sites host Division of Family and Children caseworkers to take applications on a regular basis or on specified dates.

### Medicare Savings Programs Application Packet

The inter-agency task force developed an Medicare Savings Programs application packet to be used by enrollment centers, which contains:

- A one-page (double-sided) cover page with instructions about completing the application;
- A one-page (double-sided) Application for Medicare Buy-in (QMB, SLMB, QI);
- A one-page (double-sided) "Rights and Responsibilities" notice;
- A two-page (double-sided) Application Interview Guide;

- An Enrollment Center Application Routing form;
- A form to be used when the applicant must submit additional verification regarding income or assets;
- A general release form; and
- Three release forms for specific purposes (i.e., life insurance verification, financial information from banks, financial institutions, and request for earnings information).

There are several noteworthy components of the packet. First, there are essentially two “applications” to complete—the actual Application for Medicare Buy-in and the Interview Guide. The actual application is to be signed and completed by the applicant before the enrollment center interview. The form requests general financial information and instructs applicants to bring all necessary verifications to the interview, with the note, “if you don’t have them we will help you get them.” Necessary documentation includes their Medicare card or other proof of Medicare; most recent bank statements for all bank accounts; property deeds; life insurance policies; funeral trust documents; proof of income; immigration documents for lawful immigrants; and identification card for other health insurance, such as a Medicare supplement. The Interview Guide must be completed by the enrollment center, signed by the applicant, and submitted with the application form. Unlike the applicant form, the Interview Guide asks for detailed financial information (i.e., the applicant’s vehicle ID number and car loan balance). Interviewers must collect copies of all necessary documentation; for outstanding items, the interviewer provides the applicant a reminder to submit the information within 30 days and obtained signed release forms.

Second, the interview form instructs the interviewer to advise applicants that they can also apply for full Medicaid benefits and to have the applicants initial whether they want to be considered for the Medicare Savings Programs only or for Medicaid as well. Third, the application requests the names, birth dates, social security numbers, and citizenship of all household members, regardless of whether they are applying for benefits. Fourth, the Rights and Responsibilities page includes a “A Note About Estate Recovery” that indicates that the state can file a claim against person’s estates for amounts paid for medial services, but does not for Medicare premiums, and advises that “the State does not put a lien on your property nor does it take your home while you are living.”

Outside of enrollment centers, the Medicare Savings Programs short application form was often disseminated without the rest of the packet by:

- SHIP counselors, through the toll-free number, or at SHIP sites, health fairs, and other outreach events;
- Division of Family and Children staff and county offices at outreach events and when persons call to request an application; and
- Community-based organizations that are not authorized as enrollment center interviewers.

These short forms are then mailed to the local Division of Family and Children offices, which then schedule a telephone interview and collect necessary verifications by mail. Advocates suspected, but could not verify, that some county offices still scheduled an in-person interview

with the Medicare Savings Programs application form.

Enrollment center staff and others interviewed generally supported the concept of alternate enrollment sites as a way to combat the welfare stigma associated with applying for a Medicaid program. Enrollment center interviewers believed that they provided a less threatening and more convenient opportunity for persons to apply for benefits. Additionally, interviewers commented that they were more accustomed to working with senior populations and may be more attuned to their needs than county Division of Family and Children office caseworkers. Also, some enrollment centers believed that the use of peer-to-peer assistance through volunteer SHIP counselors at some sites held the most promise for combating the welfare stigma. Finally, the SHIP felt that the short application form facilitated outreach and enrollment because it could be more readily distributed to beneficiaries than the thick application packet for assistance.

### Impact of Enrollment Centers

Due to a lack of tracking data—and problems with the little tracking data that does exist—it is difficult to estimate the exact number of applications generated by the enrollment sites.<sup>10</sup> Most people interviewed, however, said the number of applicants interviewed at the alternate sites has been low. In most instances, other community sites or providers seem to be handing out applications and providing limited assistance without conducting the formal application interview. Generally, those who did not extend their contract are still community partners with the local offices and refer clients and have brochures available.

The county Division of Family and Children offices therefore remain the primary intake point for most applications. Parties identified several challenges that contributed to the under-utilization of the enrollment centers:

- Many enrollment interviewers believed the Medicare Savings Programs enrollment process was difficult to navigate for beneficiaries and cumbersome to administer for interviewers. For example, many interviewers commented that the need for extensive verifications of income and assets was overwhelming and emotionally distressing for beneficiaries. They speculated that many persons declined to apply because of the significant effort needed to collect the information. In addition, most enrollment interviewers found the number of forms and amount of paperwork involved in processing the applications and collecting the verifications to be time-consuming and burdensome.
- Some advocates questioned the need for the extensive documentation and thought the process could be streamlined. One local Division of Family and Children representative believed the need for multiple written verifications could be eliminated because there was not a high incidence of fraud with the population. In addition, the county office could obtain much of the information itself through release forms or data matches with the

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<sup>10</sup> Tracking data available from the Medicaid Eligibility Unit indicated that from January to August 2001, only 20 applications were generated by enrollment centers. Yet, an interviewer at one enrollment center indicated that she provided application assistance to at least 50 persons during that period. She could not verify whether all of those applications were submitted to the local family and children's office, however, because she conducted telephone interviews with applicants, and sent the completed interviewer form to the applicant to submit to the local family and children's office along with the completed application and verifications.

Social Security Administration and the Internal Revenue Service. Nonetheless, the Division of Family and Children is reluctant to eliminate most documentation, believing it is necessary to promote fiscal integrity and prevent mistakes in a means-tested program. While a Medicaid eligibility official said that Social Security Administration data received through computer matches is reliable, the official believes that information from IRS is dated, does not reflect all assets owned, and fails to include applicants who do not file tax returns. Although the official did not believe clients intentionally aim to defraud the system, she said mistakes and oversights do occur. According to the official, the best way to streamline the application process would be to eliminate the asset test, making it unnecessary to verify this information.

- Although all the enrollment center representatives interviewed indicated support for the concept of alternative enrollment sites, they believed the idea was unworkable without an infusion of additional resources—or at least reimbursement for expenses. Staff at the enrollment sites felt over-burdened by their existing workloads and said they found it difficult to fit additional, unfunded tasks into their days. While many enrollment centers were initially enthusiastic about helping persons receive the additional benefits, that excitement waned as they became aware of many barriers to enrollment and the paperwork associated with the applications. Because many interviewers conducted interviews infrequently, they never gained proficiency in taking applications and needed to re-learn the process each time they assisted a client.<sup>11</sup>
- The cooperation between the local Division of Family and Children offices and the enrollment centers varied. Most enrollment centers reported very collaborative and supportive relationships with the local office. However, the most active enrollment center reported difficulty getting information about the status of applications from the local office. In addition, the center experienced substantial delays in the processing of applications. Staff turnover prevented the enrollment center from having a consistent office liaison.
- Most enrollment centers did not consistently publicize their capacity to help with Medicare Savings Programs applications. Although many enrollment centers initially promoted their Medicare Savings Programs services during the first six months of their involvement (through community flyers and notices), publicity efforts waned by the time of the site visit. The state Medicare Savings Programs brochure and website were the principal sources for promotion of the enrollment centers. To apply for the Medicare Savings Programs, the brochure instructs persons to “visit or call your local Office of Family and Children to apply for Medicare Buy-in. There may be other enrollment centers in your community.” Area Agency on Aging and SHIP toll-free numbers are also included for more information about the enrollment centers.

### Future of Enrollment Centers

On June 30, 2001, the enrollment agreements expired. Twenty-one of the 67 centers renewed, and two new organizations joined. The majority of the renewing organizations were Area

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<sup>11</sup> The exception to this was the Area Agency on Aging in the Indianapolis, which allocated its own funds to hire a part-time coordinator for MSP application assistance and outreach. The agency covers an eight-county service area in central Indianapolis and helps conducts between 11-15 interviews per month.

Agencies on Aging; only one senior center renewed.

One official from the Medicaid Eligibility Unit indicated that problems may continue in the future because enrollment center staff and volunteers may not be accustomed to asking probing questions about personal finances. The experience of the enrollment centers had shown that, in senior centers, the atmosphere is “very social and somehow the application process was not fitting in.” The Medicaid official believes a better route to promoting enrollment would be for the Division of Family and Children offices to “address any stigma issues that beneficiaries may have in coming to our offices” by taking a laptop to various agencies by appointment.

### **Knowledge and Training of Local Eligibility Workers**

Individuals interviewed commented that local field staff seemed more knowledgeable about the Medicare Savings Programs than in the past, but that their knowledge was still variable, especially in more populated areas where staff turnover was prevalent.

The Division of Family and Children is aware of criticisms about the local eligibility workers and has taken steps to increase eligibility worker knowledge about the programs. Officials explained that the department supplies ongoing education through flash bulletins on the automated computer system, direct training events that include Medicare Savings Programs information, an internal Department newsletter, and policy updates. An official said when problems do occur; the office takes steps to rectify the situation. For instance, when the department learned that receptionists were turning away people requesting information about the Medicare Savings Programs, it issued a field directive instructing local offices to educate clerical staff about the various terms used for the Medicare Savings Programs.

### **Renewals/Redeterminations**

Before a beneficiary’s yearly renewal date, the state Division of Family and Children database generates a letter that schedules an in-person or telephone interview. Beneficiaries must supply verification documentation at redetermination, but some caseworkers try to obtain information through the use of release forms or computer data matches with the Social Security Administration. If the person fails to keep a redetermination appointment, the case is closed at the end of the redetermination period.

Officials acknowledged that terminations do occur due to recipients not responding to renewal letters. Local Division of Family and Children representatives indicated that Medicare Savings Programs enrollees may only realize they have lost their benefits several months later, when they receive a letter from the Social Security Administration reducing their monthly check by the current month’s premium and deducting for back premiums owed. Medicaid workers can then help persons re-apply for benefits, but there is a delay of a few months before the person receives the benefit. In addition, if the person is enrolled as a QMB, he or she cannot receive retroactive assistance. One official reported that experience is unpleasant because beneficiaries are generally frustrated and angry about the disruption in benefits.

At the time of the interview, state officials did not have plans to revamp the renewal process for the Medicare Savings Programs. One local official was not adverse to simplifying the process by, for example, sending out a pre-printed form with the person's financial information and asking them to sign and return the form with any changes noted.

### *Outreach and Partnerships*

The Medicare Savings Programs inter-agency task force plan included a number of outreach interventions designed to promote expanded Medicare Savings Programs participation. These interventions involved collaboration between the state Department of Family and Children, local offices, federal agencies, community organizations, and SHIP sites. In addition, the state SHIP has launched a radio campaign to reach Latinos and beneficiaries living in rural areas.

### **Use of QMB Leads data for Targeted Mailing**

In October 1999, the Division of Family and Children began using CMS leads data to send monthly, targeted mailings to newly eligible Medicare enrollees with Social Security incomes at or below 100 percent of the federal poverty level. The mailings exclude current Medicaid beneficiaries. On average, the department sends about 1,200 letters each month. The letter instructs recipients to call the local Division of Family and Children office to file an application or to write to the central office to receive a shortened application form. (See Appendix C.)

Based on data from the state, about 11 percent of individuals who received the letter between November 1999 and January 2001 now receive some form of Medicaid, including seven percent who are enrolled as QMBs.<sup>12</sup> Although it is not possible to discern if the letters were solely responsible for their enrollment, the state considers the leads data a helpful outreach tool, particularly because "it is not a costly or procedurally complicated task for our system."

#### **Results of Direct Mail Initiatives in Indiana**

	<b>Targeted Mailing Based on CMS Leads Data, 11/1999 - 1/2001*</b>	<b>SSA Buy-In Demonstration, 1999</b>
<b>Number of letters mailed</b>	14,760**	13,738***
<b>Number of letter recipients enrolled in Medicare Savings Programs or Medicaid</b>	1,591 (11% of mailing)	261**** (1.9% of mailing)
*Letters sent to newly eligible Medicare beneficiaries with Social Security incomes at or below 100% of poverty, as identified by CMS Leads Data **Extrapolated from five month sampling during the 15-month period of the initiative. ***Excludes certain letters sent to couples with separate Social Security records ****An additional 340 letter recipients (2.5%) also enrolled in the Medicare Savings Programs, but were not screened by the SSA.		

<sup>12</sup> Indiana Department of Family and Children.

## National SSA Buy-in Demonstration

In 1999, the Division of Family and Children office in Evansville, Indiana partnered with the Social Security Administration in a direct mail campaign. The partnership was part of the SSA's national Medicare Savings Programs demonstration project, which sought to test involvement of the SSA in overcoming Medicare Savings Programs outreach and enrollment barriers. The Evansville demonstration model tested the "Application Model," which used targeted mailings by the SSA and had SSA employees, rather than the Medicaid eligibility workers, process applications. The Application Model aimed to address specific barriers to enrollment, such as lack of knowledge about the Medicare Savings Programs; the "welfare stigma;" and potential fiscal disincentives for the state to increase Medicare Savings Programs enrollment.<sup>13</sup>

From April to August 1999, SSA mailed letters to 13,768<sup>14</sup> selected beneficiaries who were: (1) single with monthly Social Security Retirement income of less than \$947, or married with monthly Social Security Retirement income of less than \$1,265 per couple (these were QI-1 income limits, including \$20 income disregard, for 1999); and (2) not currently enrolled in the Medicare Savings Programs. Letters were also sent to individuals meeting the above criteria who would become entitled to Medicare in the following month because they reached their 65<sup>th</sup> birthday or had received 24 continuous months of disability insurance benefits.

The letters directed recipients to call a designated SSA toll-free number or to visit the SSA or local Division of Family and Children office. An SSA representative for Medicare Savings Programs eligibility screened clients who called the SSA toll-free number. If the callers appeared eligible after screening, SSA staff scheduled an appointment for them at the local SSA office and sent a reminder letter. If the client visited the SSA office directly, an SSA worker took their application and paperwork and mailed them to the local Division of Family and Children office for an eligibility determination. Overall, 934 (6.8 percent) of letter recipients responded to the letter and 261 (1.9 percent) were screened by SSA and enrolled; an additional 340 people who received the mailing (2.5 percent) also enrolled, but were screened by the state.<sup>15</sup>

Officials from the local SSA and the local Division of Family and Children office believed that the cost of the demonstration—including recruiting an SSA representative to come from another field office, paying for travel, maintaining the toll-free number, and postage—was not worth the rate of return. The officials involved believe SSA may still stay involved in Medicare Savings Programs outreach, but could do so more efficiently by enrolling people when they initially apply for Medicare. State Medicaid officials also believed other past efforts, such as those in which SSA inserted information about the Medicare Savings Programs in Social Security benefit checks, would be more helpful, recalling that such notices seemed to produce many inquiries

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<sup>13</sup> See Lisa Alecxih, Corea, John, Farrell, Mary, Laud, Stephanie, Opcin, Selen, *Initial Results and Evaluation Design for the SSA Medicare Part B Buy-in Demonstration*, Prepared by the Lewin Group for SSA, June 30, 2000.

<sup>14</sup> This number excludes 2,049 letters sent to couples with separate Social Security incomes. See Lisa Alecxih, Ankrah, Sam, Browning, Nancy, Farrell, Mary, Opcin, Selen *Results from Three of the Initial Models of the SSA Medicare Part B Buy-in Demonstration*, Prepared by the Lewin Group for SSA, September 2001.

<sup>15</sup> Lisa Alecxih, Ankrah, Sam, Browning, Nancy, Farrell, Mary, Opcin, Selen *Results from Three of the Initial Models of the SSA Medicare Part B Buy-in Demonstration*, Prepared by the Lewin Group for SSA, September 2001.

about the programs.

Parties interviews also noted several other reasons for the low yield from the demonstration, including:

- The fact that the enrollment process in Indiana, which requires extensive verifications, may deter persons from attending their appointment at the SSA office.
- A significant number of persons who were screened and found not to be eligible had assets that exceeded the income test.
- Many individuals enrolled in the Medicare Savings Programs through the state Medicaid agency, since that option was mentioned in the SSA letter. Over half of the letter recipients who ultimately enrolled in the Medicare Savings Programs did not go through the SSA screening process.
- No additional promotional or media efforts took place in the area at the time of the demonstration, as it did in some other application model sites that generated higher numbers of enrollees.<sup>16</sup>

### **Local Outreach Plans and to Meet Enrollment Goals**

As part of Medicare Savings Programs outreach efforts, in September 1999, each local Division of Family and Children office was required to develop an outreach plan with input from the regional Area Agency on Aging and other community organizations. Many of the plans included the use of enrollment centers to facilitate enrollment (described above) and to foster collaborative outreach activities between the local office and community partners. The plans sought to increase participation in the programs to help the state meet a self-imposed enrollment goal of a 6.9 percent increase (5,000 persons) in 2000, as well as a CMS goal of a 4 percent increase. Although the state did not achieve its own target, it exceeded the CMS goal.<sup>17</sup>

#### **Proposed and Actual Enrollment in Medicare Savings Programs in Indiana**

Actual Enrollment, 9/99	72,033
Enrollment Goal for 9/00	77,033
Actual Enrollment, 9/00	75,824

Many of the plans involved collaborative Medicare Savings Programs outreach activities by the county offices and local enrollment centers. Parties interviewed indicated that early enthusiasm about the events soon gave way to frustration, as many events had very low turnout and generated few applications.

For instance, in one county in 1999, the SSA, Area Agency on Aging, local Division of Family and Children office, and AARP partnered to hold a series of outreach events—including on-site application assistance—in subsidized apartment complexes. Doorknockers and fliers were used to publicize the events, but only one application was generated. People whose incomes were

<sup>16</sup> See Alecxi, *Initial Three Models of the Buy-in Demonstration*.

<sup>17</sup> The state did not include non-QMB, SLMB, QI enrollees, as CMS does in its GPRA goal.

within the Medicare Savings Programs range were often ineligible because of excess resources. The disappointing results led some of the partners to conclude that most Medicare beneficiaries who qualified for the Medicare Savings Programs were either already enrolled in the programs or had chosen not to apply because of fear of estate recovery or the stigma of applying for public benefits. In contrast, the Area Agency on Aging speculated that lack of knowledge still existed about the programs, but conceded that residents of subsidized housing may not be the best target audience for interventions because many residents are familiar with public benefits and are more likely to already be enrolled in the programs. The partnership was discontinued, and the Area Agency on Aging lacks the resources to conduct this outreach without relying heavily on its community partners. Since the public housing outreach, the parties have not collaborated on other outreach projects.

### **SHIP Outreach to Rural and Latino Beneficiaries**

The state SHIP received a grant to promote the Medicare Savings Programs to potentially eligible individuals by initiating radio coverage in rural, under-served areas (of the state's 92 counties, 73 are considered rural, under-served areas). In the past, the SHIP had struggled to reach out to rural populations, particularly in southern Indiana. Because the areas are so sparsely populated, public meetings/presentations tended to draw few enrollees. Also, SHIP staff believed advertising in local papers statewide would be too costly and had been advised by other consumer groups that the response from news advertising tended to be inconsistent. These groups recommended that the SHIP use Public Service Announcements (PSAs) on Network Indiana (radio network) as an effective means of outreach in rural areas. The radio network has the largest radio audience in Indiana, with over 2 million listeners every week.

Funds from the SHIP grant paid for the development of the PSAs, and the SHIP made arrangements with radio stations to play the pieces. In addition, to target Latino persons eligible for the programs, a Spanish-language PSA was developed to play on Spanish radio stations in the Network Indiana system. The incidence of Spanish-speaking persons potentially eligible for the programs had increased in some regions of Indiana, and the SHIP wanted to make inroads in reaching this population.

The SHIP signed agreements with the local radio network for 45 spots to be played during the month of May. Seventy-six radio stations broadcast the PSAs during April and May, between 6 a.m. and 7 p.m. The PSAs gave local SHIP contact numbers for information and assistance, as well as the SHIP toll-free number to accommodate overflow.

SHIP staff and volunteers noticed a large increase in calls in response to the PSAs, as many callers began using language from the PSA in their inquiries (i.e., asking how "they could save \$600"). However, the SHIP regretfully did not incorporate a system to track the effect of the PSAs (i.e., number of callers, applications mailed to callers, Medicare Savings Programs benefit awards).

As the SHIP sites had limited ability to accommodate Spanish-speaking beneficiaries, the response to the Spanish-language PSA was even more difficult to assess. In one county with a very high Latino population, a SHIP counselor was able to assist many clients, but the exact

number was not available. Grant funds had been allocated to add a new Spanish voice mailbox on the toll-free SHIP helpline before the start of the PSAs during the spring. The message was to be recorded in Spanish and would allow callers to leave a message to request that Spanish-language materials be mailed to them or request that they be called back by a Spanish-speaking counselor. However, the contractor hired to revamp the voice mail system experienced a delay in the implementation of the message and still had not made the changes to the SHIP voicemail as of August 2001. The SHIP coordinator intends to build the SHIP's capacity to serve Spanish-speaking clients in the future.

### *Lessons Learned from Indiana*

- **The Medicare Savings Programs asset test prevents the benefit from reaching many low-income persons.** Indiana generally uses SSI rules to count income and assets for the purposes of determining eligibility for the Medicare Savings Programs. State officials indicated that the asset test prevented many needy income-eligible persons from qualifying for the Medicare Savings Programs because Indiana's older generation "tended to be savers."
- **Due to state budget constraints, states may be reluctant to increase or eliminate the asset test.** During the summer of 2000, state officials briefly considered eliminating the asset test for the Medicare Savings Programs. A full fiscal impact analysis was never conducted, though, as a preliminary determination was made that the change would cost too much and would not be approved in light of Medicaid budget constraints.
- **Estate recovery for the Medicare Savings Programs may deter enrollment in the programs.** Indiana's Medicaid estate recovery program includes expenditures for persons whose Medicaid assistance was limited to the Medicare Savings Programs. State officials indicate that many individuals either mistakenly believe that enrollment will cause them to immediately lose their homes or want to leave their estate to their descendants and thus do not apply for Medicaid or Medicare Savings Programs. Although Indiana acknowledges that its policy presents a barrier to Medicare Savings Programs enrollment, the state has no plans to change its estate recovery policy at this time.
- **Active involvement by the federal government and monitoring by advocates can play a significant role in promoting greater use of the Medicare Savings Programs.** CMS monitoring and technical assistance initiatives, as well as the Social Security Administration's National Buy-in Demonstration project, encouraged and aided Indiana's activities to facilitate enrollment and increase Medicare Savings Programs participation. Similarly, the state's efforts to enroll more persons in the Medicare Savings Programs were propelled by a national advocacy group's report that exposed low utilization of the Medicare Savings Programs nationally and highlighted under participation in individual states, including Indiana.
- **Community agencies and providers can provide an easily accessible, comfortable venue for individuals to apply for the Medicare Savings Programs, but lack of funding and intricate application processes can undermine their effectiveness.** State officials in

Indiana indicated that many eligible persons have negative feelings about the welfare system that keep them from visiting the county Medicaid office to apply for the Medicare Savings Programs. Other officials noted that applying for benefits at the county office can be a demeaning experience and that offices are difficult to reach for individuals who are infirm or live far from the offices.

To address these problems, the state deputized community agency and provider representatives to conduct interviews and initial application processing for the Medicare Savings Programs. Enrollment center representatives stated that they provided a less threatening and more convenient opportunity for persons to apply for benefits. Additionally, enrollment centers believed that they could be more patient and attuned to the needs of Medicare beneficiaries than county family and children's office caseworkers.

However, the enthusiasm of enrollment center staff quickly dissipated as they confronted the difficulties involved in helping beneficiaries understand the complexities of the Medicare Savings Programs, fill out complicated forms, and gather multiple documents with personal financial information. Many enrollment center representatives felt overburdened by their current full-time responsibilities and were resentful of taking on an additional chore that required much paperwork and time, without funding or, at a minimum, reimbursement for expenses. Ultimately, enrollment centers generated very few applications, and many have discontinued their participation. Given the pitfalls involved in using surrogate enrollment sites, the state now believes that out-stationing of Medicaid eligibility workers in community centers—rather than relying on community center staff—is a better way to address barriers presented by the traditional application process. Presently, the county Medicaid offices remain the principal location for persons to apply for the Medicare Savings Programs.

- **Simplified application processes may still require further streamlining to maximize their value.** In 1999, Indiana implemented a separate Medicare Savings Programs application form for use by enrollment centers and in outreach activities. Enrollment centers reported that the revised form still presents a significant hurdle to enrollment. For example, the form requires extensive verifications of income and assets that can be overwhelming and emotionally distressing for beneficiaries, as well as time-consuming and burdensome for enrollment center staff. Furthermore, the short form still requires an interview (generally in-person) with either an enrollment center representative or a county Medicaid representative. The state maintains the need for an in-person interview and verifications to avoid mistakes and does not believe that timely, accurate information can be obtained through the automated collateral verification systems.
- **Burdensome renewal procedures may hinder the retention of Medicare Savings Programs beneficiaries.** In Indiana, the state concentrated on simplifying and facilitating application and enrollment, but did not address the renewal process, which required an interview with a caseworker and verifications. The state acknowledged that terminations do occur when beneficiaries fail to respond to renewal letters by appearing for their interview.
- **Targeted mailings based on CMS leads data are a relatively useful low-cost intervention.** Indiana sends a monthly, targeted Medicare Savings Programs mailing based

on CMS data identifying newly eligible Medicare enrollees with Social Security incomes at or below 100 percent of the federal poverty level. The state believes that the letters help to generate a reasonably good response rate given their low cost and lack of complex system requirements.

- **Increased involvement by the Social Security Administration in outreach and enrollment activities has the potential improve participation in the Medicare Savings Programs.** In 1999, Indiana participated in the Social Security Administration Buy-In demonstration, which used targeted mailings by the Social Security Administration and relied on Social Security employees, rather than the Medicaid eligibility workers, to process applications. Though relatively few people became enrolled through the demonstration, evidence suggests that reinforcing the message with publicity, reducing the number of steps to enroll in the programs, and simplifying the application process could have helped to improve the mailing's effectiveness. Officials involved indicated that Social Security Administration involvement helps to dispel negative connotations concerning welfare benefits. They believed that a more efficient means of involving the Social Security Administration might be to enroll individuals when they initially apply for Medicare or to regularly insert information about the Medicare Savings Programs in Social Security benefit checks.
- **Outreach campaigns and streamlined enrollment procedures alone may not significantly increase Medicare Savings Programs enrollment; relaxing eligibility criterion may also be needed.** To increase Medicare Savings Programs participation rates, Indiana increased outreach activities and simplified the enrollment process. Although enrollment steadily increased during this time, some officials implied that their efforts would have been more fruitful if administrative issues were resolved. Many state officials believed that the asset test prevented many income-eligible persons from qualifying for the benefit and that estate recovery deterred many persons who were eligible from enrolling. Loosening these restrictions may improve the effectiveness of outreach efforts.
- **Without tracking the effect of simplification efforts and outreach interventions, it is difficult for a state to evaluate which techniques are the most useful.** Indiana found that in the initiative using community enrollment centers as intake sites for Medicare Savings Programs applications, the exact number of applications generated was difficult to estimate because of a shortage in tracking data. Also, because a tracking system was not used in the radio outreach campaign, SHIP staff could not verify the number of responses generated from that effort. Officials noted that tracking important trends, such as the number of calls generated, amount of applications received, and the percentage of approvals and rejections could have helped them improve the efficiency and effectiveness of simplification and outreach strategies.
- **Radio ads may be a good way to reach under-served populations, particularly those in rural areas.** Indiana has found that conducting public service announcements on local radio networks is an effective method by which to reach beneficiaries. Indiana used radio public service announcements in order to reach the state's rural population and the Spanish-speaking population. Although a tracking system was not incorporated to monitor

beneficiary responses, SHIP staff noticed a large increase in calls in response to the PSAs. PSAs were also cost-efficient.

**Appendix A: Medicare Savings Program Simplified Application  
Packet**

State of Indiana  
Indiana Family and Social Services Administration  
Application for Medicare Buy-In  
Interview Guide  
Simplified Form for Beneficiaries  
September 1999



SF492281/FI2033

## APPLICATION FOR MEDICARE BUY-IN (QMB, SLMB, QI)

For Office Use Only

Date of Application	Date Received by DFC
Enrollment Center	Case Number
Name of Interviewer	

I, \_\_\_\_\_, authorize \_\_\_\_\_, who is my \_\_\_\_\_, to apply for Medicare Buy-In on my behalf. I understand that I may have to be contacted directly about some information on the application.

Signature of applicant \_\_\_\_\_

Today's Date \_\_\_\_\_

1. Tell us about the members of your household. Place a  in the last column if that person is applying. List applicants, their spouse, their children under age 18, and their children age 18-21 who are students.

Name (First, MI, Last)	Date of Birth	Social Security Number	Marital Status	Race	Sex	Relationship to you	Citizen of U.S. Yes, No, or ?	Applying for Benefits <input checked="" type="checkbox"/>

2. Tell us your address and telephone number.

Home Address	City	State	ZIP code	County	Telephone
Mailing Address, if different	City	State	ZIP code	County	Other Contact Number

3. Are the applicants residents of Indiana? \_\_\_ Yes \_\_\_ No
4. Does any applicant have a court-appointed legal guardian? \_\_\_ Yes \_\_\_ No If yes, who?

In Questions 5, and 6, please give information about the household members you listed in Question #1, including the children.

5. Place a  beside the types of income listed below that you and household members receive.

SSI	Unemployment	Cash from friends, relatives, etc.
Social Security	Support (alimony or child support)	Worker's Compensation
Veteran's Benefits	Sick benefits/Disability payments	Employment
Railroad Retirement	Strike pay	Income from real estate (such as rent, land contract payments, farm cash rent payments)
Pension	Interest Payments	Dividends
Military Allotment	Black Lung Benefits	Other? Specify:

6. Was the household income in the prior 3 months the same as it is now?  Yes  No If no, briefly explain: \_\_\_\_\_

Questions 7, 8, and 9 are about resources (assets). Please give information for the applicants and their spouse. Include resources owned individually and those owned jointly with someone else.

7. Does anyone own life insurance?  Yes  No

8. Does anyone own a car or other vehicles?  Yes  No

9. Place a  beside each type of resource below that anyone owns.

Savings account	<input type="checkbox"/>	Bonds	<input type="checkbox"/>	Credit Union	<input type="checkbox"/>	Certificate of Deposit	<input type="checkbox"/>	Mobile home	<input type="checkbox"/>
Checking account	<input type="checkbox"/>	Trust fund	<input type="checkbox"/>	Funeral plan/trust	<input type="checkbox"/>	Stocks	<input type="checkbox"/>	Camper	<input type="checkbox"/>
Cash	<input type="checkbox"/>	Stocks	<input type="checkbox"/>	IRA/retirement fund	<input type="checkbox"/>	Keogh/401K plan	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>
Life estate in property	<input type="checkbox"/>	Mineral Rights	<input type="checkbox"/>	Livestock	<input type="checkbox"/>	Farm Equipment	<input type="checkbox"/>	Other	<input type="checkbox"/>

10. Give us information about the applicants' Medicare coverage.

Name	Medicare Number	Part A Effective Date	Part B Effective Date

11. Do any of the applicants have other health insurance, such as a Medicare Supplement policy?  Yes  No

12. Do any of the applicants pay child support for children living out of the household?  Yes  No

13. Medical Assignment. *I hereby assign to the State of Indiana, my rights to medical support and payments for medical care which I have on behalf of myself and other persons under this application whose rights I can legally assign.* (All adults applying must sign.)

\_\_\_\_\_

\_\_\_\_\_

14. Please read the statement below and sign your application.

I certify under penalty of perjury, that all of the information I have provided is complete and correct to the best of my knowledge and belief, and that I have received the Notice entitled "Rights and Responsibilities under the Medical Assistance Program."

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness if signed with "X": \_\_\_\_\_

*(Keep this page)*

## RIGHTS AND RESPONSIBILITIES UNDER THE MEDICAID PROGRAM

Please read this information carefully. Ask your interviewer about anything that you don't understand.

1. The information you provide is confidential. (42 CFR 431.300, 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12.)
2. We will ask you for papers that confirm certain information on your application. If you cannot get the necessary papers, you can sign a consent for release of information and we will get them for you.
3. Eligibility is considered without regard to race, color, creed, sex, age, disability, national origin, or political belief.
4. The Office of Family and Children will send you a notice that tells you whether your application was approved or denied. You may request a fair hearing if you disagree with any decision about your eligibility, or if your application is not processed within 45 days.
5. We ask about your racial-ethnic heritage to show compliance with the Federal Civil Rights Law. However you are not required to tell us this information.
6. You must give accurate and complete information on your application. A person who receives assistance by giving false information or by misrepresenting the truth is committing a crime and can be prosecuted under the law. The value of benefits received by a person who was not entitled to receive them must be repaid to the Medicaid program.
7. The immigration status of lawful immigrants may be verified by the Immigration and Naturalization Service.
8. You must tell us your Social Security Number. We will use it to check information of other state and federal agencies, such as the Social Security Administration. (Section 1137 of the Social Security Act)
9. You must file for any benefits you may be entitled to such as Social Security or disability benefits.
10. If any of the information you give on your application changes, you must tell the Office of Family and Children within 10 days.
11. You must assign your rights to medical support and payment for medical care, to the State. This assignment does not apply to Medicare payments. You will be required to cooperate in obtaining medical support or third party payments as explained on the back of this notice.
12. The State has the right to file a claim against your estate after your death. However, amounts paid for your Medicare premiums will not be recovered. More information about estate recovery is on the back of this notice.

(Keep this page)

## WHAT IS MEANT BY MEDICAL SUPPORT COOPERATION?

### A. Cooperation means telling us about:

- Medical insurance coverage that you have now or that you get in the future;
- Any court orders which provide for the payment of any of your medical bills;
- Any legal action you take or will take against a third party for any injuries you sustain in an accident.

### B. Cooperation also means:

- Helping to obtain medical payments that may be available to you under a court or administrative order;
- Paying to the Family and Social Services Administration, money you receive from any third party that is for medical services which were paid (or are to be paid) by the Medicaid program.

## WHAT IS MEANT BY GOOD CAUSE FOR NOT COOPERATING?

You may be excused from the above requirements if you can show that cooperating would cause you physical or emotion harm. You should tell your caseworker if you think you have a good cause for not cooperating with a medical support requirement. If you claim good cause, you will receive a notice explaining the good cause circumstances and the type of information you must submit to support your claim. You may ask for the good cause notice to help you decide if you want to claim good cause.

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## A NOTE ABOUT ESTATE RECOVERY

Upon your death, the State may file a claim against your estate in the amount of medical services paid on your behalf after age 55. The State does not put a lien on your property nor does it take your home from you while you are living. **IMPORTANT EXCEPTION:** The state will not recover the amount that it paid for your Medicare premiums. \*

There are some instances in which the State will not recover from your estate. These are:

- There is a surviving spouse, or dependent children.
- Pursuing recovery would cause an undue hardship upon the heirs.
- You had protected your assets by purchasing and using an Indiana Partnership long term care insurance policy, prior to receiving Medicaid benefits.

If you have questions regarding estate recovery, please discuss them with your caseworker.

\* The exception that the state will not recover the amount paid for Medicare premiums applies to individuals who die after April 30, 1999.



**Thank you for your interest in  
the "Medicare Buy-In" Program.**

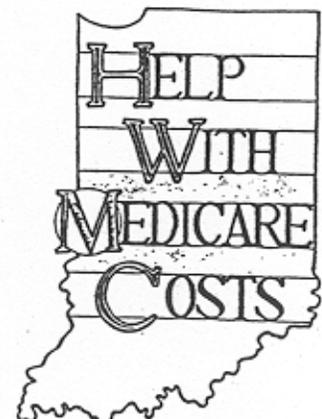
This program can help to pay your Medicare costs.

- To apply, you just need to fill out both sides of the attached application. If there are parts that you don't understand, it is okay to leave them blank. However, you must complete section 1 and sign sections 13 and 14 on the back.
- All members of your household who have Medicare Part A can apply for assistance on this one application. This is true even if you do not currently have Medicare Part B. In section 1, be sure to place a  in the last column for the persons who are applying. Read over the page entitled Rights and Responsibilities. It has important information. Keep that page for your records.
- You will have an interview that can take place over the telephone or in person at one of the program's Enrollment Centers. You can authorize a friend or family member to be interviewed on your behalf.
- You will need to provide papers that show proof of your income and resources (assets). A list of the papers you may need to provide is on the back of this page.
- We have to make a decision on your application within 45 days. You will receive a notice in the mail that tells you whether you are eligible.
- If you are eligible to have the State pay all of your Medicare Part B premium, your Social Security check will go up. This will take about 3 months. However, you will receive a refund check for the full amount of premiums that we owe you.

If you wish, we will also check your eligibility for full coverage Medicaid. Your interviewer will tell you more about this.

If you received this application in the mail, you may return it to us after you fill out. Send it to:

(Keep this Page)



## What you need when you apply

You may need to bring the documents listed below to complete your application. If you have any of these documents, or can get them easily, please bring them with you to your interview. If you schedule an interview by telephone instead of in the office, your interviewer will make arrangements with you to get the necessary documents.

Here is what you will need:

- ❖ Your Medicare card, or other proof that you have Medicare
- ❖ Your *most recent* bank statement for all bank accounts
- ❖ Property deeds (for property that is not the home you are living in)
- ❖ Life insurance policies
- ❖ Funeral trust documents
- ❖ Proof of income
- ❖ Immigration documents for lawful immigrants
- ❖ Identification card for other health insurance such as a Medicare supplement

## If you don't have all of these documents

If you have these papers and can bring them with you to your interview, your application can be processed quicker. However, if you don't have them we will help you get them.

**Don't delay in filing your application!**



# APPLICATION FOR MEDICARE BUY-IN (QMB, SLMB, QI) Interview Guide

Name of applicant: \_\_\_\_\_

Name of authorized representative applying on applicant's behalf: \_\_\_\_\_

Name of interviewer: \_\_\_\_\_

The interviewer completes this form during the interview after the applicant has filled out the Application for Medicare Buy-In. The applicant can review the information being recorded at any time during the interview or thereafter.

### EXPLAIN THE FOLLOWING TO ALL APPLICANTS:

In addition to Medicare Buy-In coverage, your application can be checked for full coverage Medicaid. The resource limits for full coverage are \$ 1500 for a single person and \$ 2250 for a married couple. Also, if your income is more than the income limit, you will be asked about your medical expenses. If you are under age 65, we may need to get medical information from your doctors so that a decision can be made on whether you meet the program's disability or blindness requirement. Initial one of the program choices listed below.

I want my application to be considered for Buy-In coverage only. I understand that if I have initialed here, my application will not be checked for full coverage. I understand that I can apply for full coverage any time. \_\_\_\_\_

I want to apply for full coverage Medicaid. \_\_\_\_\_

### IMMIGRATION STATUS

Complete this section for applicants who are non-citizens.

- 1. Lawful Permanent Resident      2. Granted political asylum      3. Parolee      4. Undocumented
- 5. Refugee      6. Cuban / Haitian Entrant      7. Amerasian      8. Other (specify)

Name	Immigration status	Status date	Document number	Date of entry into U.S.	Country of Origin

Verification: (Indicate type of immigration document)

Are any of the above immigrants veterans of the U.S. military? \_\_\_ Yes \_\_\_ No Or, are they spouses or dependent children of veterans or active duty military personnel? \_\_\_ Yes \_\_\_ No If yes, who? \_\_\_\_\_

### INCOME

Complete this section for all income indicated on the application.

Name of person receiving the payments	Type	Frequency of payments (e.g. monthly, weekly, biweekly)	When did payments begin?	Amount of the payments

Complete this section for a household member who works:

Name of worker: \_\_\_\_\_ Name of Employer and telephone number \_\_\_\_\_  
 When did job start? \_\_\_\_\_ Amount of Gross pay per period: \_\_\_\_\_ Hours worked a week \_\_\_\_\_  
 Attach income verification \_\_\_\_\_

**LIFE INSURANCE**

Complete this section for life insurance policies, except term insurance.

Name of Policy Owner	Effective date	Insurance Company	Policy Number	Face Value	Name of insured

Verification of cash value attached: (Note, if face value of all policies is \$1500 or less, CSV is not verified)

**VEHICLES**

Complete this section for cars and other vehicles such as boats, trucks, RVs, etc.

Name(s) of Owner(s) If jointly owned, list both owners.	Type of vehicle	Year, Make, and Model	Vehicle ID number (VIN)	Loan balance
1. _____				
2. _____				
3. _____				

Indicate usage of each vehicle. (a) to medical appointments; (b) employment; (c) modified for handicapped person; (d) terrain; (e) recreation; (f) other household transportation

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Value of each non-exempt vehicle will be determined by OFC caseworker using the Red Book. Applicant can dispute the amount in Red Book and obtain an appraisal by a licensed dealer.

**LIQUID RESOURCES**

Complete the following information for each type of resource checked on the application.

Name(s) of Owner(s)	Type	Location of resource	Account number	Current Balance

Verification attached:

**REAL ESTATE**

Complete for all real estate, including interest in real estate such as mineral rights and life estates. Verification of value is not required for the applicant's home, income producing property, property used to grow food for home consumption, and burial spaces.

Name(s) of Owner(s)	Home?	Address if other than home	Date bought	For sale or rent?	Income-producing?	Value

Verification:

**OTHER PERSONAL PROPERTY**

Complete this section if the applicant checked ownership of any other kinds of property. Do not include household furnishings and personal belongings.

Name(s) of Owner(s)	Type	Home?	Date bought	Value

Verification:

**MEDICARE COVERAGE**

Interviewer must initial one of the following to indicate verification of Medicare Part coverage.  
 Copy of Medicare card(s) attached; or  Interviewer checked Medicare card(s) and information on application correct; or  Corrections to the information on the application are as follows:

**OTHER HEALTH INSURANCE COVERAGE**

Name of Policyholder		Name of insurance company	
Address of insurance company			
Policy/ID number	Group number	Date coverage began	
Names of persons covered			
Check types of coverage			
<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Home health		
<input type="checkbox"/> Medical	<input type="checkbox"/> Vision care		
<input type="checkbox"/> Major medical	<input type="checkbox"/> Mental health		
<input type="checkbox"/> Dental	<input type="checkbox"/> Medicare Supplement		
<input type="checkbox"/> Pharmacy			
<input type="checkbox"/> Skilled Nursing care			
<input type="checkbox"/> Intermediate Nursing care			

Has the applicant(s) been in an accident within the past 24 months?  Yes  No

If yes, has a lawsuit been filed?

**SUPPORT PAYMENTS**

Complete this section if the applicant checked Yes for question #12.

Person who pays support	Person who receives support	Amount paid and frequency
Dependents for whom support is paid	Address	Telephone number (if known)

**ADDITIONAL INFORMATION:**

Student status for children listed on the application who are age 18, 19, or 21:

Name	Check if not a student	Type of School (high school, special education, college, specify other)	Grade

I certify under penalty of perjury that the information entered on this form by my interviewer is complete and correct to the best of my knowledge and belief.

Signature	Date signed
Signature of Witness if signed with an "x"	Date signed



# LIFE INSURANCE VERIFICATION

State Form 44748 (R4 / 12-97) / FI 0775

TO: INSURANCE COMPANY	Date
	Name
ADDRESS (number and street, city, state, ZIP code)	Case number
	Name of caseworker / ID number

To Whom It May Concern:

In order to determine my eligibility for public assistance, I authorize release of the information requested below. Please reply by \_\_\_\_\_, using the enclosed envelope. Thank you for your cooperation.

Signature of Applicant or Recipient

Signature of Responsible Party

INSURANCE DATA	INSURANCE POLICIES			
	POLICY NUMBER 1	POLICY NUMBER 2	POLICY NUMBER 3	POLICY NUMBER 4
INSURED				
NAME OF POLICY OWNER				
POLICY NUMBER				
BENEFICIARY				
FACE VALUE				
DATE ISSUED				
CASH SURRENDER VALUE AS OF THE FIRST DAY OF THE FOLLOWING MONTHS:	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____
	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____
_____ Month _____ Month _____ Month _____ Month	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____

DATE OF TRANSFER: \_\_\_\_\_ TO WHOM: \_\_\_\_\_ CASH SURRENDER VALUE AT TRANSFER \$ \_\_\_\_\_

DIVIDENDS				
How often paid?				

Are payments used to:  
 Reduce Premiums     Purchase Additional Paid-up Insurance     Send a check to the insured     Other (please explain)

Amount paid in the following months:	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____
	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____
_____ Month _____ Month _____ Month _____ Month	Date: _____	Date: _____	Date: _____	Date: _____
	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____	Amount: \$ _____

COMMENTS

Signature (Or Stamp) of Person Providing Information	Title	Date	Telephone number, Extension
--	-------	------	-----------------------------



# PENDING VERIFICATIONS FOR APPLICANTS/RECIPIENTS

State Form 42940 (R5 / 1-98) FI 2032

Case name	
Case number	Caseworker
YOUR DEADLINE FOR SUBMITTING THIS INFORMATION IS: _____ Month, day, year	

Each box checked below indicates information which is needed to determine your eligibility for Temporary Assistance to Needy Families (TANF), Medicaid and/or Food Stamps. If you do not have the exact papers listed below, you may bring in others that provide the same information. You must submit the requested papers by the above deadline or your benefits will be denied or discontinued. If you have questions contact:

\_\_\_\_\_ at Area 7 Agency on Aging and Disabled 238-1561

**Age, Citizenship, Immigration Status**  
Birth Certificate, Immigration and Naturalization Service records, baptismal, medical and school records, military records, court records

**Social Security Numbers**  
Social Security card, proof of application for Social Security card, Social Security or SSI benefit letter, W-2 form

**Residence / Shelter / Utility Expense**  
Lease, rent receipts, mortgage payment book, statement from landlord, utility bills

**Relationship / Identity**  
Birth certificates, baptismal, medical and school records, driver's license, picture ID, military records, court records

**Bank Accounts / Financial Holdings**  
Bank statements, records of stocks, bonds, annuities, trust funds, any other assets

**Vehicles**  
Vehicle registration, title, statement of value from car dealership

**Real Property / Life Interest**  
Deed, mortgage, land contract

**Life Insurance**  
Insurance policies, statements, payment books, identification cards

**Release of Information**  
Signature on attached forms

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Unearned Income**  
Letter of entitlement, claim numbers, county clerk records, statement from payor

**Lump Sum Income**  
Letter of entitlement, claim numbers, County Clerk records, statement from payor

**Earned Income**  
Pay stubs, employer's statement of earnings, self-employment records, receipts of income and business expenses

**Dependent Care Expense**  
Signed statement from caregiver, receipts of payments made

**Support Payments**  
County Clerk records, copies of checks, statements from person paying support

**Third Party Medical Resources**  
Insurance policies, statements, payment books, identification cards, statement from employer

**Documentation of Disability / Pregnancy / Medical Condition**  
Statement signed by physician, medical records

**Immunization Records** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant / recipient	Today's date (month, day, year)
Signature of caseworker	Date signed (month, day, year)

DISTRIBUTION: White - Applicant / Recipient; Canary - COFC

# ENROLLMENT CENTER APPLICATION ROUTING FORM

(Completed by Enrollment Center and attached to application when sent to OFC)

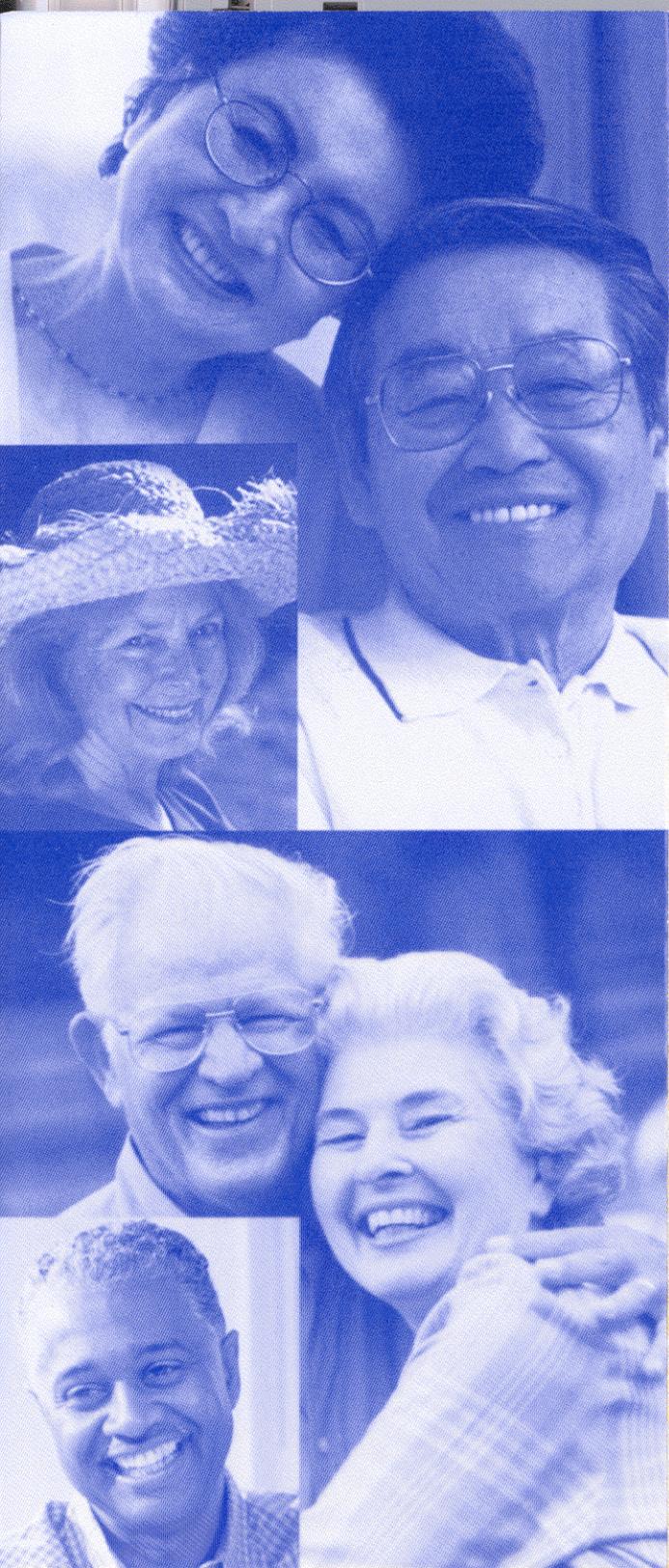
Name of Enrollment Center	Enrollment Center Code
Name of person interviewed	Date of Application

(Completed by OFC when eligibility is determined, and returned to Enrollment Center)

<input type="checkbox"/> Application approved effective _____ <input type="checkbox"/> Full Coverage <input type="checkbox"/> QMB <input type="checkbox"/> SLMB <input type="checkbox"/> QI-1 <input type="checkbox"/> QI-2	<input type="checkbox"/> Application denied on _____ REASON:
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## **Appendix B: Medicare Savings Programs Brochure**

State of Indiana  
Indiana Family and Social Services Administration  
*Help With Medicare Costs: Savings for Medicare Beneficiaries*  
Brochure  
July 2001



### How do I apply?

You may visit or call your local Division of Family and Children office to apply for the Medicare Savings Program. There may be other enrollment centers in your community.

You will need to complete an application form and participate in an interview. The interview can take place in person or over the telephone. Within 45 days, you will receive a notice in the mail that tells you whether your application was approved.

### Questions?

For information about the Medicare Savings Program, call:

- Your Area Agency on Aging (AAA) at 1-800-986-3505, or
- The Senior Health Insurance Information Program (SHIIP) at 1-800-452-4800, or (317) 233-3475. SHIIP can also answer your questions about Medicare.

For TDD calls, please use Relay Indiana (1-800-743-3333).

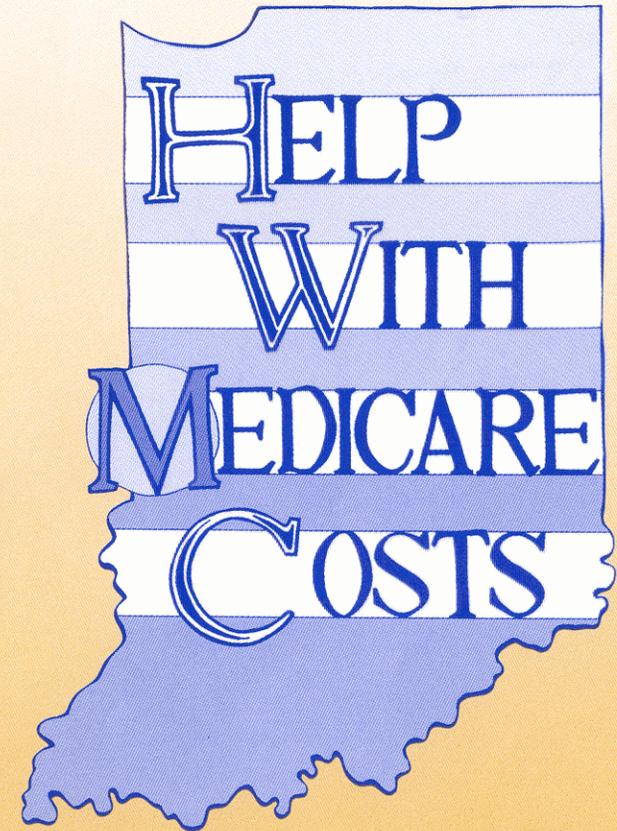


**State of Indiana**  
**Family and Social Services Administration**  
402 W. WASHINGTON STREET, ROOM W392  
INDIANAPOLIS, INDIANA 46204  
[www.IN.gov/fssa](http://www.IN.gov/fssa)

The Indiana Family and Social Services Administration does not discriminate on the basis of race, color, religion, sex, age, disability, national origin, or ancestry.

DFC PAM 040 (R2/7-01)

Job #4139



## Hoosiers on Medicare may qualify for help with Medicare costs.

- Do you have Medicare Part A Hospital Insurance? (Check your Medicare Card.)
- Are you a single person with monthly income not more than \$1,273, or a married couple with monthly income not more than \$1,714?
- Are your financial assets below \$4,000 for a single person or \$6,000 for a married couple?

Assets are things you own, such as checking and savings accounts, certificates of deposit, cash value of life insurance, stocks and bonds. Some things you own don't count toward the asset limit, such as your home and furnishings, your car, pre-paid funeral trusts, and income-producing real estate.

If you answered **"YES"** to all 3 questions, the State may help pay for your Medicare costs.

**The Medicare Savings Program** is provided through Indiana's Medicaid program. Medicaid is a health care program that helps pay for medical services for people who meet specific requirements. When you apply for the Medicare Savings Program, you may find out that you qualify for more help under Medicaid.

The Medicare Savings Program has three different levels of help. Depending on the amount of your income, the benefit you receive will be one of the three listed below.

### **Payment of Premiums, Deductibles, and Coinsurance**

If your income is not more than \$736 for a single person or \$988 for a married couple, the Medicare Savings Program will pay all of your out-of-pocket expenses for Medicare services, and also the premiums. **This could save you over \$1,000 a year.**

This is sometimes called Qualified Medicare Beneficiary or QMB.

### **Payment of the Premium**

If your income is not more than \$987 for a single person or \$1,327 for a married couple, the Medicare Savings Program will pay your Part B premium. **This saves you \$600 a year.**

### **Partial Payment of Premium**

If your income is not more than \$1,273 for a single person and \$1,714 for a married couple, the Medicare Savings Program will pay a portion of your Part B premium. You will receive one check at the end of the year.

**Save hundreds or even thousands of dollars per year!**

## ***Your Social Security check could go up by \$50 per month!***

- If you have Medicare Part B, your premium of \$50 is taken out of your Social Security check each month. Add this amount to your Social Security check to see if your current income is within the income limit.
- If you or your spouse have employment income, over half of it, before taxes, does not count.

If you think you may be eligible, don't delay.

### **Apply now. It's worth it!**

You can join thousands of other Hoosiers who have put money back in their pockets through the Medicare Savings Program.

For more information call toll-free at 1-800-452-4800 or 1-800-986-3505.

**MEDICARE BUY-IN 2002 (effective 4/1/02)**

		<b>INCOME</b>	<b>ASSETS</b>
<b>QMB</b> Qualified Medicare Beneficiary	<b>SINGLE</b>	<b>\$759</b>	<b>\$4,000</b>
	<b>COUPLES</b>	<b>\$1,015</b>	<b>\$6,000</b>
<b>SLMB</b> Specified Low Income Medicare Beneficiary	<b>SINGLE</b>	<b>\$906</b>	<b>\$4,000</b>
	<b>COUPLES</b>	<b>\$1,214</b>	<b>\$6,000</b>
<b>QI-1</b> Qualified Individual - 1	<b>SINGLE</b>	<b>\$1,017</b>	<b>\$4,000</b>
	<b>COUPLES</b>	<b>\$1,364</b>	<b>\$6,000</b>

## **Appendix C: CMS Leads Data Letter**

State of Indiana  
Indiana Family and Social Services Administration  
Division of Family & Children  
*A Message from the State of Indiana*  
October 1999

Family and Social Services Administration  
Division of Family & Children  
402 W. Washington – Room W363  
Indianapolis, IN 46204



Joe Doe  
34 Main street  
Indianapolis, IN 46665

## *A Message from the State of Indiana*

Dear Medicare Beneficiary,

We are very pleased to tell you about a program that can help to pay for your Medicare costs. The program is called Medicare Buy-In.

Maybe you have heard the terms "QMB" or "SLMB". They stand for Qualified Medicare Beneficiary and Specified Low-Income Medicare Beneficiary. If you qualify, the program will pay for your Medicare Part B premium. It could also pay for your coinsurance and deductibles that Medicare doesn't pay. It all depends on your income and your assets. If your income and your assets are not more than the amounts in the chart below, you may qualify for this help. Your home, car, and personal items don't count toward the asset limit.

	INCOME	ASSETS
Single person	\$ 960	\$4000
Married couple	\$ 1,286	\$6000

If you qualify, you will save at least \$546 a year, and maybe a lot more.

To get an application, call your local Office of Family and Children or write to us at the address in the upper left corner of this letter, or

**Call the Senior Health Insurance Information Program (SHIIP) at  
1-800-452-4800, ext. 5.**

The Office of Family and Children also has a program that can help with your food budget. Call your Local Office of Family and Children and ask about other programs that we offer.

**We look forward to hearing from you.**

The Henry J. Kaiser Family Foundation is an independent, national health care philanthropy dedicated to providing information and analysis on health issues to policymakers, the media, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

1330 G STREET NW, WASHINGTON, DC 20005  
PHONE: 202-347-5270, FAX: 202-347-5274  
WEBSITE: WWW.KFF.ORG

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