

NUMBER

#24-21-08

DATE

October 1, 2024

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Financial Assistance Supervisors
and Workers

Tribal Chairpersons and Tribal
Health Directors

Navigators, Certified
Application Counselors and
Brokers

ACTION/DUE DATE

Please read information and
implement.

EXPIRATION DATE

October 1, 2026

DHS Simplifies Access to Help Paying Medicare Costs for SSI Beneficiaries

TOPIC

Access to Help Paying Medicare Costs for Supplemental Security Income (SSI) Beneficiaries.

PURPOSE

This bulletin describes policies that simplify access to help paying Medicare costs for SSI beneficiaries.

CONTACT

Counties and tribal agencies should submit policy questions via HealthQuest. All others should direct questions to:

Health Care Eligibility and Access Division
PO Box 64989
540 Cedar Street
St. Paul, MN 55164-0989

SIGNED



JOHN CONNOLLY
Assistant Commissioner
Health Care Administration

TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

Medicare Savings Programs (MSP) are federal and state-funded programs that help people on Medicare who have limited income and assets by paying some Medicare expenses, such as Medicare Part A and B premiums, deductibles, and coinsurance. The MSPs are essential to the health and well-being of people enrolled, promoting access to care, and helping free up individuals' limited income for food, housing, and other life necessities. One MSP, the Qualified Medicare Beneficiaries (QMB) program, pays both Medicare Part A and Part B premiums, as well as deductibles and coinsurance, for people with income at or below 100% of federal poverty guidelines (FPG).

Many people who are eligible for Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD) are also beneficiaries of the Supplemental Security Income (SSI) program. Because the income and asset limits to qualify for SSI are lower than the QMB income and asset limits, people who are enrolled in both MA-ABD and SSI are eligible for QMB, if they are enrolled in Medicare.

On September 21, 2023, the Centers for Medicare & Medicaid Services (CMS) published a final rule that requires states to deem QMB eligibility for MA-ABD enrollees who are SSI beneficiaries and who have Medicare.

II. QMB Eligibility for MA-ABD Enrollees who are SSI Beneficiaries

Effective October 1, 2024, an MA applicant or enrollee is eligible for QMB if the individual meets the following:

- Receives SSI, including those deemed to be SSI beneficiaries due to 1619 (a) or (b) status.
- Is determined eligible for Medical Assistance for People Who Are Age 65 or Older and People Who Are Blind or Have a Disability (MA-ABD)
- Is entitled to Medicare Part A. This includes:
 - SSI beneficiaries entitled to premium-free Part A
 - SSI beneficiaries entitled to Part A with a premium and who meet one of the following conditions:
 - Are U.S. citizens who are age 65 or older and who are entitled to Part B.
 - Are lawful permanent residents who are age 65 or older, who have resided continuously in the U.S. for five years, and the Social Security Administration (SSA) has enrolled them in Part B.
 - Are under age 65, were entitled to Part A through social security disability benefits but lost those benefits due to substantial gainful activity (SGA) while continuing to have a disability.

Servicing agencies must approve QMB eligibility for MA applicants or enrollees who meet the criteria, and agencies must enter data into MAXIS and the Medicaid Management Information System (MMIS) to initiate a Medicare buy-in accretion. The steps required depend on the person's Medicare status. See Table A for required agency actions.

The Medicare buy-in is an automated data exchange between MMIS and the Centers for Medicare & Medicaid Services (CMS) that pays an individual’s Medicare premiums. This data exchange occurs weekly and includes requests to add or remove a person from the state’s Medicare buy-in enrollment. The Medicare buy-in does not pay for Medicare Part C or Medicare Part D costs. See Eligibility Policy Manual (EPM) [Section 1.7.1 Medicare Buy-In](#) for more information.

Table A: Required Agency Action based on Individual’s Medicare Status

Medicare Status	Required Agency Action
Enrolled in both Part A and Part B	Enroll in QMB
Enrolled in Part A but not Part B	Enroll in QMB to initiate MMIS buy-in accretion
Enrolled in Part B but not Part A	Enroll in QMB to initiate MMIS buy-in accretion
Not enrolled in Medicare but potentially eligible for Medicare	Refer to apply for Medicare

III. Medicare Enrollment

MA enrollees who are potentially eligible for Medicare must apply for Medicare as a condition of their MA eligibility. Enrollees must apply within 30 days of when the county, tribal or state servicing agency notifies them of their potential eligibility, unless they can show good cause for not doing so. Enrollees that do not apply for Medicare will lose MA coverage and be sent a 10-day advance notice of closing. See EPM [Section 2.1.1.2.4 Referral for Other Benefits](#) for more information.

A. Enrollees Turning Age 65

MA enrollees become entitled to Medicare upon reaching age 65, if they were not previously entitled.

Workers are alerted when an enrollee is nearing age 65. MMIS currently generates a worker message approximately two months in advance for MA enrollees who are turning age 65, “Client turns 65. Enter Medicare claim number.” Workers should follow the ONEsource instruction, “Medicare Referral,” to refer the enrollee to apply for Medicare. The Senior LinkAge Line can assist enrollees who have been referred to apply for Medicare.

B. Enrollees Eligible for the Medicare Buy-In

Generally, a person must be enrolled in Medicare before payments for Medicare premiums can begin through the Medicare buy-in. County, tribal or state servicing agencies must notify people who are eligible for Medicare and for payment of the Medicare premium by sending them the Medicare Buy-In Referral Letter (DHS-3439). The letter refers them to the Social Security Administration (SSA) to apply for Medicare benefits. See EPM [Section 2.1.1.2.4 Referral for Other Benefits](#), and EPM [Section 1.7.1 Medicare Buy-In](#), for more information.

SSI beneficiaries who are enrolled in Medicare and are deemed eligible for QMB will be accreted into the buy-in to have their Medicare Part A and Part B premiums paid automatically. With the referral letter, SSA will open the Medicare Part B, which will allow the Medicare Part A to be accreted.

III. Action Required

County and tribal eligibility workers must follow the policies outlined in this bulletin and instructions in ONEsource and POLI/TEMP. These policies also apply to current enrollees who are eligible for, but not enrolled in, the QMB program. DHS has sent a report to county and tribal agencies that identifies MA-ABD enrollees who have Medicare and SSI but are not enrolled in QMB. Workers must review this report, determine eligibility for QMB, and enroll those who are eligible.

IV. Legal Authority

Code of Federal Regulations, Title 42, Section 435.909

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-297-3862 or toll free at 800-657-3672 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.