

MIPPA 2014 Training

Thank you for participating
in this training and grant!

Topics Covered

- What is Low Income Subsidy (LIS)?
- How LIS works with Part D
- Screening Clients for LIS Eligibility
- What is Medicare Savings Program (MSP)?
- How MSP works with Medicare
- Screening Clients for MSP Eligibility
- Processing an LIS application using Benefits Check Up.org
- Entering a Client Contact
- State 1-800 application line
- When to refer a client



What is Low Income Subsidy (LIS)?

- LIS is federal financial assistance with the cost of prescription drug insurance, deductible and copayments / coinsurance
- SSA processes the application and determines eligibility
- Average value of LIS for an eligible person is \$4,000 per year

How Does LIS work with Part D?

- Provides access to prescription drug insurance which may otherwise be unaffordable
- Protects people from the Part D Coverage Gap
- Waives any late-enrollment penalty premium for Part D
- Allows continuous Special Enrollment Period (SEP)
 - Can change plans as often as every month (not recommended)
 - No need to wait until the next Open Enrollment Period

How Does LIS work with Part D?

- Two levels of help from LIS:
 - Full Help (full subsidy) - for those with lower incomes/fewer resources
 - Partial Help (partial subsidy) - for those with slightly higher incomes/resources
- Both full and partial help eliminate the Part D coverage gap
- Any late-enrollment penalty premium is waived for anyone with LIS/Extra Help or MSP

Screening Clients for LIS Eligibility

- Person must have Medicare Part A or Part B for LIS
- Most people must meet financial eligibility criteria:
 - Income test based on the annual Federal Poverty Levels (FPLs) **and**
 - Resource test (also called “asset” test)
- Once determined eligible, LIS is good for the remainder of the calendar year
- Some people are “deemed” eligible (automatically get LIS) because they receive another needs-based benefit:
 - People who get any kind of
 - Medicaid (community or institutional),
 - Supplemental Security Income (SSI), or
 - Medicare Savings Program (i.e., QMB, SLMB, QI)
 - These 3 groups do not need to apply for LIS

Screening Clients for LIS Eligibility

| Federal Poverty Level | Family Size | Monthly Income 2014* | Resources** 2014 |
|---|-------------------------------|-----------------------------|-------------------------------|
| 100% "Full subsidy" | Individual ----- Couple | \$973 ----- \$1,311 | \$8,660 ----- \$13,750 |
| 135% "Full subsidy" | Individual ----- Couple | \$1,313 ----- \$1,770 | \$8,660 ----- \$13,750 |
| 135%-150% "Partial subsidy" aka "Level 4" | Individual ----- Couple | \$1,459 ----- \$1,966 | \$13,440 ----- \$26,860 |

*Effective 1/22/2014

**Excludes home and car

What is Medicare Savings Program (MSP)?

- A state benefit program available to low-income Medicare beneficiaries
- Administered by Oregon Department of Human Services, Aging and People with Disabilities offices
 - Pays the Part B premium and possibly the deductible/coinsurance costs after Medicare pays
 - Waives any late-enrollment penalty premium for Part B
- Automatically deems beneficiaries eligible for the LIS subsidy

How does MSP work with Medicare?

- Provides financial assistance with the costs associated with Medicare (Part B premium, deductibles, coinsurances)
- Two levels of help from MSP:
 - Full help (QMB)
 - Partial help (SMB or SMF)
- Part B late-enrollment penalty premium is waived for anyone with QMB, SMB or SMF
- Automatically deemed eligible for LIS
 - May require manual processing

Screening Clients for MSP Eligibility

| Program: % of FPL | Income limits* <i>One/couple</i> | Resources** <i>One/couple</i> | Rx Premium 2014*** | Rx Deductible 2014 | Rx Copay 2014 |
|----------------------|--|----------------------------------|--------------------------|--------------------------|---------------------------------|
| QMB: 100% | \$973/ \$1,311 | \$7,160/ \$10,750 | \$0 | \$0 | \$2.55/ \$6.35 <i>NO GAP</i> |
| SMB: 120% | \$1,167/ \$1,573 | \$7,160/ \$10,750 | \$0 | \$0 | \$2.55/ \$6.35 <i>NO GAP</i> |
| SMF(QI): 135% | \$1,313/ \$1,770 | \$7,160/ \$10,750 | \$0 | \$0 | \$2.55/ \$6.35 <i>NO GAP</i> |

* Income limits
effective 3/1/14

** An additional, separate, \$1500 pp
burial fund account is allowed

*** If enrolled in a
benchmark plan

Sample Self-Screening tool for clients

If your monthly income and your resources (savings) match the guidelines, you might be able to get help with Medicare costs.

| | <u>For a single person</u> | <u>For a couple</u> |
|---|----------------------------|---------------------|
| <u>Part B help</u> | | |
| Maximum Monthly Income (BEFORE deductions) | \$1,313* | \$1,770* |
| Resources below | \$7,160 | \$10,750 |
| (An additional, separate, \$1500 per person burial fund account is allowed) | | |

NOTE: There is NO Estate Recovery (claim against your estate) for help with Part B costs.

| | | |
|--|----------|----------|
| <u>Part D help</u> | | |
| Maximum Monthly Income (BEFORE deductions) | \$1,459 | \$1,966 |
| Resources below | \$13,440 | \$26,860 |

The SHIBA Volunteer may be able to help you apply for these programs today.

To apply later, or refer a friend, please call Oregon Medicare Savings Connect at 1-855 447-0155

* Part B income limits effective 3/14

Processing an LIS application

- Go to www.BenefitsCheckUp.org/Oregon

BenefitsCheckUp®

SHIBA Senior Health Insurance Benefits Assistance *Free help with Medicare for Oregonians*

Home Find Benefits Apply for Extra Help Find Applications

Get Started Now!

There are benefits you may be missing! BenefitsCheckUp helps you find and enroll in public and private benefits programs. You can also find an online application for Medicare's Extra Help. It's simple and free and always includes the most up-to-date information.

Find Benefits Programs
Find and enroll in programs that can help save you money.
Go!

Medicare Rx Extra Help
Apply now for Medicare's Extra Help and also find out if you qualify for other valuable benefit programs.
Go!

Application Forms Center
Get applications and fact sheets for programs that help pay for prescription drugs and health care.
Go!

Processing an LIS application



Medicare Rx Extra Help Online Application

Should You Use This Application?

[Need Help?](#)

Since not everyone will be able to use the online Application for Extra Help with Medicare Prescription Drug Plan Costs, we need you to answer a few questions to help us figure out if you should use this application form. Any time there is a link at the end of a question that says "HELP," you can follow that link to get help with that question.

1. Are you assisting someone (other than your spouse who lives with you) with this application?
Note: If you are completing this form for someone else other than your spouse, it is important that you answer Yes here. By answering Yes, we will be able to collect contact information from you later so someone can contact you if there are problems with this application. If you are helping another person fill out this application, answer the following questions as if you were the person. [HELP](#)
 Yes No
2. Did you (or your spouse, if married and living together) get an application in the mail from the Social Security Administration? [HELP](#)
 Yes No
3. Do you (or your spouse, if married and living together) have Medicare? [HELP](#)
 Yes No

Your choice whether you answer yes or no.

Medicare Rx Extra Help Online Application

About the Person Completing the Form and the Person You Are Helping

[Need Help?](#)

We need some basic information about how to contact you and the person you are helping in case Social Security has any questions about this application.

As part of the application on this site, you must provide NCOA the Name and Social Security Number (SSN) for the person you are helping. NCOA will securely transmit his/her application to Social Security and will temporarily retain his/her information to obtain reports regarding the success of this site. If the person you are helping would prefer the privacy of providing his/her SSN and Name to only the Social Security Administration, please go to <http://www.ssa.gov/>, where you can complete a SSA Form i1020 for Extra Help with Prescription Drugs.

10. Form Completer's Name:

Donna Delikat
First Name M.I. Last Name

11. Relationship to Applicant: [HELP](#)

Other (Specify)
Please indicate Oregon SHIP

12. Form Completer's Phone Number (Enter in 000-000-0000, if there is no phone number): [HELP](#)

800 722 4134
*** ** *

13. Form Completer's Address: [HELP](#)

Line 1 PO Box 14480
Line 2
Line 3
Line 4
City Salem
State OR - Oregon
Zip 97148

Processing an LIS application



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 Yes No
2. Did you (or your spouse, if married and living together) get an application in the mail from the Social Security Administration? [HELP](#)
 Yes No
3. Do you (or your spouse, if married and living together) have Medicare? [HELP](#)
 Yes No

Processing an LIS application

14. Applicant's Name (If Social Security has the applicant's Middle Initial on file, enter it here):
Be sure to enter the Applicant's Name exactly as it appears on the Applicant's most recent Social Security card, otherwise the application may not be processed.

| | | | |
|------------|------|-----------|------------|
| John | D | Doe | - Select - |
| First Name | M.I. | Last Name | Suffix |

15. Applicant's Social Security Number:
Be sure to enter the Applicant's Social Security Number exactly as it appears on the Applicant's most recent Social Security card, otherwise the application may not be processed.

555-00-1212
###-##-####

16. What is the applicant's date of birth? [HELP](#)

| | | |
|-------|-----|------|
| May | 5 | 1945 |
| Month | Day | Year |

17. Has the applicant worked in 2013 or 2014? [HELP](#)

Yes No

18. Please check the box if the applicant has changed his/her address within the last three months.

19. Applicant's Mailing Address: [HELP](#)

| | |
|--------|-----------------|
| Line 1 | 123 Anywhere St |
| Line 2 | |
| Line 3 | |
| Line 4 | |
| City | Your Town |
| State | OR - Oregon |
| Zip | 97006 |

20. Applicant's Phone Number (Enter in 000-000-0000, if there is no phone number): [HELP](#)

| | | |
|-----|-----|------|
| 000 | 000 | 0000 |
| *** | *** | **** |

Processing an LIS application

*** **

22. Does the applicant have combined savings, investments, and real estate (other than the home he or she lives in) worth more than \$13,440? Include the things the applicant owns separately or with another person. **DO NOT include the home he or she lives in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

Note: Social Security excludes many different types of resources when figuring out a person's eligibility for the Extra Help. For a list of these exclusions, click on the HELP link. [HELP](#)

Yes No or Not Sure

23. **Information about Medicare Savings Programs:** The applicant may be able to get help from his or her state with his or her Medicare costs under the Medicare Savings Programs, **even if they selected YES** to the question above and, as a result, are not eligible for the Extra Help. To start his or her application process for the Medicare Savings Programs, Social Security will send information from this form to his or her state unless the applicant tells them not to. If the applicant wants help from the Medicare Savings Programs, do not complete the question below. **Just complete and submit the application and the state will contact the applicant.**

If the applicant is **not** interested in filing for the Medicare Savings Programs, please select below:

No, do not send the information to the state.

Next

Processing an LIS application

Medicare Rx Extra Help Online Application

About Your Living Situation

[Need Help?](#)

24. For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support from you? *Do NOT include yourself in the number you enter. **If your household consists only of you, please enter 0.*** We ask this because your household size may affect the amount of help you can get. [HELP](#)

25. Are you receiving benefits from the following program(s)? [HELP](#)

- Oregon Prescription Drug Assistance
- Supplemental Nutrition Assistance Program (SNAP)

Next

Processing an LIS application

Resources

[Need Help?](#)

Please enter the total value (dollar amounts) of bank accounts, investments or cash that you own. Include items that you own with another person.

26. Do you have any of the following resources? If Yes, enter the combined total (dollar amount) for those items. [HELP](#)

Combined total of all bank accounts (checking, savings and certificates of deposit):

Yes No

Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments: Yes No

Any other cash at home or anywhere else: Yes No

27. Will some money from any of the sources listed above be used to pay for funeral or burial expenses? This includes any bank accounts, investments, and cash that you listed.

If Yes, skip to the next question. If no, select No and then go to the next question. [HELP](#)

No

28. Other than your home and the property on which it is located, do you own any real estate? Examples of other real estate are summer homes, rental properties, or undeveloped land you own which is separate from your home. [HELP](#)

Yes No

Next

Income Other Than Wages and Earnings

[Need Help?](#)

If you receive income from any of the sources listed below, please enter the total amount you receive EACH MONTH. If the amount changes from month-to-month or you do not receive it every month, enter the average monthly income for the past year for each type in the appropriate fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. If you do not receive income from a source listed below, select No for that source.

29. Do you receive Social Security (Retirement/Survivor or Disability Benefits) income? [HELP](#)

Yes No

Per month (before deductions): \$

30. Do you receive Railroad Retirement benefits? [HELP](#)

Yes No

31. Do you receive Veterans benefits? [HELP](#)

Yes No

32. Do you receive income from other pensions or annuities? (Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs), or any other investments.) [HELP](#)

Yes No

33. Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, private or State disability payments, etc.? (Do NOT include help with rent or utilities; money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or any similar investments; or any cash at home or anywhere else.) [HELP](#)

Yes No

34. Has any of the income from these sources decreased in the last two years? [HELP](#)

Yes No

Next



Medicare Rx Extra Help Online Application

Review Your Information

Review the items you completed below before you submit this application. You can print this summary before you submit it. Once you submit it, you will also be able to print a receipt that shows exactly what is on your application.

About the Person Completing the Form and the Person You Are Helping

| | |
|----------------------------|-----------------|
| Completer's first name | Donna |
| Completer's middle initial | |
| Completer's last name | Delikat |
| Relationship to applicant | Other (Specify) |
| Other relationship | Oregon SHIP |
| Completer's area code | 800 |
| Completer's phone exchange | 722 |
| Completer's phone number | 4134 |
| Completer's address | PO Box 14480 |

Medicare Rx Extra Help Online Application

Ready to Submit?

[Need Help?](#)

39. If you are ready to submit your Application for Extra Help With Medicare Prescription Drug Plan Costs, read the statement below. Checking the box next to your name means that you agree with the statement and have signed your application.

Terms of Agreement

I, **John D Doe**, understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.

By submitting this application, I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

I am declaring under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.

Terms of Agreement

I, **Donna F. Delikat**, declare under the penalty of perjury that the applicant(s) above have authorized me to complete this form on their behalf. I have accurately reflected in completing this form the information that was provided by the applicant(s).

Successful Submission

Print This Page Now For Your Records

BenefitsCheckUp Results



Medicare Rx Extra Help Online Application

View Your Submission Receipt

BenefitsCheckUp Results

Congratulations!

You have completed the Application for Extra Help with Medicare Prescription Drug Plan Costs. Here is what you should do next after reading this page:

- **View and Print your Successful Submission Receipt** from Social Security. Click on the "View Your Submission Receipt" button at the bottom of this page. You should print your application.
- **View "Our Recommendations"** to find other programs you may be eligible for. We are able to provide "Our Recommendations" based on the questions you have answered on the Receipt page.

Social Security will process your application as quickly as possible. They will contact you by phone and/or letter if they need more information. After processing your application, Social Security will send you information about the Medicare Prescription Drug Coverage. If you qualify for the Extra Help you can enroll in a Medicare prescription drug plan.

If you do not hear back from Social Security within the next month, you can contact them at 1-800-772-1213 (TTY 1-800-325-0778) to check on your application. They should be able to provide your Social Security number.

What you need to do:

Carefully read the letter Social Security sends you. The information they provide will tell you what you should do next. You also should hold onto the Successful Submission Receipt and your Medicare prescription drug plan.

Submission Receipt

- Print and give a copy to the client
- **Print and FAX page 1 (client info) to the state office 1-503-947-7092**
 - This allows us to check back to see if and what level of subsidy was awarded
- **DO NOT EMAIL**

Medicare Rx Extra Help Online Application

Successful Submission

The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on January 14, 2014, 4:49:36 PM.

Successful Submission - Print Or Save Your Receipt

We recommend that you print or save this page for your records. We have included the exact details of your submitted application.

About the Form Completer

Name: DONNA F DELIKAT
Relationship: STATE SHIP OFFICE
Phone: 8007224134
Address: PO BOX 14480, SALEM, Oregon 97148

About You

You:
Name: JOHN D DOE
Social Security Number: XXXXX1212
Date of Birth: MAY 5, 1945
Have you worked in 2013 or 2014? No
Mailing Address: 123 ANYWHERE ST, YOUR TOWN, OR 97006

I have not changed my address within the last three months

Telephone Number: 000-000-0000

Do you have combined savings, investments, and real estate worth more than \$13,440? No or Not Sure

Client Contacts

- Several layouts from which to choose – sponsors may prefer one over another for their purposes
- Enter into SHIPtalk **by the 10th of each month** for the month prior
- Captures all the time spent on a client, including;
 - Time waiting for appointment
 - Counseling time
 - Researching an issue or talking with others
 - Drive time to and from an appointment

Paper Client Contact Forms

Client Contact

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counselor/Event Site
 Face to Face in Client's Home or Facility
 Email
 Postal Mail or Fax

Client Age Group
 64 or Younger
 65-74
 75-84
 85 or Older
 Not Collected

Client Gender
 Female
 Male
 Not Collected

Client Ethnicity - Check all that Apply
 White, Non-Hispanic
 Hispanic, Latino or Spanish
 Asian Indian
 Korean
 Japanese
 Other Asian
 Black, African American
 Filipino
 American Indian or Alaska Native
 Hawaiian
 Chamorro or Chamorro
 Other Pacific Islander
 Not Collected

Client Assets
 Below 150% FPL
 At or Above 150% FPL
 Not Collected

Client Assets
 Below US Asset Limits
 Above US Asset Limits
 Not Collected

Problem Solving - Evaluation - Complete
 Problem Solving - Evaluation - In Progress
 Problem Solving - Problem Resolution - Fully Completed

Medicare Advantage (HMO, PPO, PFFS, SNP, MSA, Cost) and Medicaid Savings Program (DISH)

Medicare Advantage (HMO, PPO, PFFS, SNP, MSA, Cost) Eligibility/Screening
 Eligibility/Screening
 Plan Comparison
 Plan Enrollment/Disenrollment
 Claims Filing
 Appeals/Grievances
 Hear and Abuse
 Quality of Care

Medicaid Savings Program (DISH) Eligibility/Screening
 Eligibility/Screening
 Plan Enrollment/Disenrollment
 Claims Filing
 Appeals/Grievances
 Hear and Abuse
 Quality of Care

Client Contact

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counseling Location or Event Site
 Face to Face in Client's Home or Facility
 Email
 Postal Mail or Fax

Client Age Group
 64 or Younger
 65-74
 75-84
 85 or Older
 Not Collected

Client Gender
 Female
 Male
 Not Collected

Client Ethnicity - Check all that Apply
 White, Non-Hispanic
 Hispanic, Latino or Spanish
 Asian Indian
 Korean
 Japanese
 Other Asian
 Black, African American
 Filipino
 American Indian or Alaska Native
 Hawaiian
 Chamorro or Chamorro
 Other Pacific Islander
 Not Collected

Client Assets
 Below 150% FPL
 At or Above 150% FPL
 Not Collected

Client Assets
 Below US Asset Limits
 Above US Asset Limits
 Not Collected

Problem Solving - Evaluation - Complete
 Problem Solving - Evaluation - In Progress
 Problem Solving - Problem Resolution - Fully Completed

CLIENT CONTACT

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence - Optional _____
 Counselor and Agency _____
 Agency Code _____
 County Code of Counselor Location _____
 ZIP Code of Counselor Location _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counseling Location or Event Site
 Face to Face in Client's Home or Facility
 Email
 Postal Mail or Fax

Client Age Group
 64 or Younger
 65-74
 75-84
 85 or Older
 Not Collected

Client Gender
 Female
 Male
 Not Collected

Client Assets
 Below 150% FPL
 At or Above 150% FPL
 Not Collected

Client Assets
 Below US Asset Limits
 Above US Asset Limits
 Not Collected

Problem Solving - Evaluation - Complete
 Problem Solving - Evaluation - In Progress
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Other Services
 Long Term Care (LTC) Insurance
 LIC Partnership
 LIC Other
 Military Health Benefits
 Temporary/Long-Term/Employee Health Benefits (LEHB)
 Other _____

Other Services
 Long Term Care (LTC) Insurance
 LIC Partnership
 LIC Other
 Military Health Benefits
 Temporary/Long-Term/Employee Health Benefits (LEHB)
 Other _____

Client Contact

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counseling Location or Event Site
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 Korean
 Japanese
 Other Asian
 Black, African American
 Filipino
 American Indian or Alaska Native
 Hawaiian
 Chamorro or Chamorro
 Other Pacific Islander
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 Below 150% FPL
 At or Above 150% FPL
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Client Assets
 Below US Asset Limits
 Above US Asset Limits
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Problem Solving - Evaluation - Complete
 Problem Solving - Evaluation - In Progress
 Problem Solving - Problem Resolution - Fully Completed

Client Contact

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counseling Location or Event Site
 Face to Face in Client's Home or Facility
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 Black, African American
 American Indian or Alaska Native
 Asian Indian
 Chinese
 Filipino
 Japanese
 Korean
 Native Hawaiian
 Chamorro or Chamorro
 Other Asian
 Other Pacific Islander
 Not Collected

Client Assets
 Below 150% FPL
 At or Above 150% FPL
 Not Collected

Client Assets
 Below US Asset Limits
 Above US Asset Limits
 Not Collected

Problem Solving - Evaluation - Complete
 Problem Solving - Evaluation - In Progress
 Problem Solving - Problem Resolution - Fully Completed

CLIENT CONTACT

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number _____

Client Zip Code and County
 Zip Code of Client Residence _____
 County of Client Residence - Optional _____
 Counselor and Agency _____
 Agency Code _____
 County Code of Counselor Location _____
 ZIP Code of Counselor Location _____

Date of Contact _____

Method of Contact
 Phone Call
 Face to Face at Counseling Location or Event Site
 Face to Face in Client's Home or Facility
 Email
 Postal Mail or Fax

Client Age Group
 64 or Younger
 65-74
 75-84
 85 or Older
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Client Gender
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 Above US Asset Limits
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Other Services
 Long Term Care (LTC) Insurance
 LIC Partnership
 LIC Other
 Military Health Benefits
 Temporary/Long-Term/Employee Health Benefits (LEHB)
 Other _____

Other Services
 Long Term Care (LTC) Insurance
 LIC Partnership
 LIC Other
 Military Health Benefits
 Temporary/Long-Term/Employee Health Benefits (LEHB)
 Other _____

Documentation on the Client Contact

| Part D Low Income Subsidy (LIS/Extra Help) | | MEDI CARE SUPPLEMENT/SELECT | | | |
|--|----|--------------------------------|--|----|--------------------------------------|
| ☆ PM5 15% | 11 | Eligibility/Screening | PM6 10% weight | 37 | Eligibility/Screening |
| | 12 | Benefit Explanation | | 38 | Benefit Explanation |
| | 13 | Application Assistance | <input type="checkbox"/> BCU online | 39 | Plans Comparison |
| | 14 | Claims/Billing | <input type="checkbox"/> SSA online | 40 | Claims/Billing |
| | 15 | Appeals/Grievances | <input type="checkbox"/> Paper Application | 41 | Appeals/Grievances |
| | | <input type="checkbox"/> Other | | 42 | Fraud and Abuse |
| <i>Other Prescription Assistance</i> | | | | 43 | Marketing/Sales Complaints or Issues |
| PM6 10% | 16 | Union/Employer Plan | | 44 | Quality of Care |
| | 17 | Military Drug Benefits | | 45 | Plan Non-Renewal |

| Nationwide and CMS Special Use Fields | | | |
|---------------------------------------|-----------------|-----------------------------|-----------------|
| <input type="checkbox"/> 01 | LIS Application | <input type="checkbox"/> 02 | MSP Application |
| <input type="checkbox"/> 03 | Both LIS & MSP | | |

Don't forget

Once you've screened (or client has self-screened) income and resources, record that on the CCF:

| | |
|--|---------------------------|
| 9 Not Collected | |
| Client Monthly Income | |
| 1 | Below 150% FPL |
| 2 | At or Above 150% FPL |
| 9 | Not Collected |
| Client Assets | |
| 1 | Below LIS Asset Limits |
| 2 | Above LIS Asset Limits |
| 9 | Not Collected |
| Receiving or Applying for Social Security Disability or Medicare Disability | |
| 1 | Yes |
| 2 | No |
| 9 | Not Collected |
| 12 | Guamanian or Chamorro |
| 13 | Samoan |
| 14 | Other Asian |
| 15 | Other Pacific Islander |
| 16 | Some Other Race-Ethnicity |
| 99 | Not Collected |
| Dual Eligible with Mental Illness / Mental Disability | |
| 1 | Yes |
| 2 | No |
| 9 | Not Collected |

And don't stop there....

- Also record that you have screened for LIS and MSP – because you have.

| | |
|--|--|
| Basic Low Income Subsidy (LIS/Extra Help) | |
| 11 | Eligibility/Screening |
| 12 | Benefit explanation |
| 13 | Application Assistance → <input type="checkbox"/> BCU |
| 14 | Claims/Billing <input type="checkbox"/> SSA |
| 15 | Appeals/Grievances <input type="checkbox"/> other |
| DOB: _____ | |
| Other Prescription Assistance | |
| 16 | Union/Employer Plan |
| 17 | Military Drug Benefits |
| 18 | Manufacturer Programs |
| 19 | State Pharmaceutical Assistance Program |
| 20 | Other _____ |
| MEDICARE (Parts A & B) | |
| 21 | Eligibility |
| 22 | Benefit Explanation |
| 23 | Claims/Billing |
| 24 | Appeals/Grievances |
| MEDICARE SUPPLEMENT/SELECT | |
| 37 | Eligibility/Screening |
| 38 | Benefit Explanation |
| 39 | Plans Comparison |
| 40 | Claims/Billing |
| 41 | Appeals/Grievances |
| 42 | Fraud and Abuse |
| 43 | Marketing/Sales Complaints or Issues |
| 44 | Quality of Care |
| 45 | Plan Non-Renewal |
| MEDICAID | |
| 46 | Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI) |
| 47 | MSP Application Assistance |
| 48 | Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening |
| 49 | Medicaid Application Assistance |
| 50 | Medicaid/QMB Claims |
| 51 | Fraud and Abuse |
| OTHER | |

The rest of the MIPPA Grant

Remember the “opt out” box?

*** **

22. Does the applicant have combined savings, investments, and real estate (other than the home he or she lives in) worth more than \$13,440? Include the things the applicant owns separately or with another person. **DO NOT include the home he or she lives in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**
Note: Social Security excludes many different types of resources when figuring out a person's eligibility for the Extra Help. For a list of these exclusions, click on the HELP link. [HELP](#)

Yes No or Not Sure

23. **Information about Medicare Savings Programs:** The applicant may be able to get help from his or her state with his or her Medicare costs under the Medicare Savings Programs, **even if they selected YES** to the question above and, as a result, are not eligible for the Extra Help. To start his or her application process for the Medicare Savings Programs, Social Security will send information from this form to his or her state unless the applicant tells them not to. If the applicant wants help from the Medicare Savings Programs, do not complete the question below. **Just complete and submit the application and the state will contact the applicant.**

If the applicant is **not** interested in filing for the Medicare Savings Programs, please select below:

No, do not send the information to the state.

Next

The State DOES follow up

- DHS/APD Branches get the information from Social Security every month.
- They send letters inviting the person to apply for more benefits.
- MIPPA Grant staff follow up 30 days later with those who seem eligible but have not applied, to see if we can assist. If so, we start an application by phone and send it to the local branch.

State 1-800 application line

Oregon Medicare Savings Connect:

TOLL FREE 1-855-447-0155

Brochures, advertising, events, flyers in food banks, and your outreach will publicize this number.

It is answered 9 – 5, M – F by trained staff. There is an answering machine for nights/weekends.

Callers have LIS applications entered online during the call. MSP screenings can also be started and transferred to the local APD branch.

When To Refer Clients

- When you do not have enough time remaining in your SHIBA appointment to enroll your client
- At outreach events or other venues where you do not have an internet connection
- When your client needs encouragement and coaching to continue the process or find information – we can do 3-way calls to help
- In situations where phone contact works better for the client

Questions?

- Please re-mute your phone (#01) after asking your question so others on the call can hear clearly. Don't put us on hold, or we will all hear "hold music"!

