

Increasing Awareness and Access to Medicare Low-Income Subsidies and Other Benefits



Introduction

Medicare provides health insurance coverage to over 67 million individuals ages 65 and over and individuals under 65 years old with a disability.¹ Approximately 12 million low-income Medicare beneficiaries also have Medicaid coverage with the majority receiving assistance with their Medicare premiums and cost-sharing through Medicare Savings Programs or MSPs.² MSPs are Medicaid eligibility groups for low-income individuals eligible for Medicare and dually eligible for partial or full-benefit Medicaid.³ It has been estimated that only about half of eligible Medicare beneficiaries are enrolled in an MSP. This enrollment gap stems from several factors, including limited awareness of the MSPs, cumbersome application and verification processes, and lack of coordination across programs serving beneficiaries.⁴ The Low-Income Subsidy/Extra Help (LIS) program is administered by the Social Security Administration (SSA) and helps low-income Medicare recipients save on Medicare Part D prescription drug costs. Up to three million people are eligible for LIS/Extra Help but are not enrolled.⁵ To increase awareness of and enrollment in these cost-saving programs, efforts can be undertaken at the federal, state, and community levels. Recently, in 2023, the federal administration took steps to streamline enrollment and connect eligible individuals to MSPs through regulations and tools that lower prescription drug costs for low-income people with Medicare through LIS/Extra Help.⁶

Background and Methodology

Advancing States, with support from the National Council on Aging (NCOA), works to further Medicare Improvements for Patients and Providers Act (MIPPA) education and outreach to increase enrollment into the Medicare low-income subsidies.⁷ MIPPA is a multi-faceted piece of legislation through which federal funding is allocated to states and tribes for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging

¹ “Access to Health Coverage”, *Centers for Medicare & Medicaid Services*, updated June 28, 2024.

<https://www.cms.gov/pillar/expand-access>

² Ibid. Also, see Alice Burns, “What Does the Medicaid Eligibility Rule Mean for Low-Income Medicare Beneficiaries and the Medicare Savings Programs (MSPs)?”, *KFF*, November 2023. <https://www.kff.org/medicaid/issue-brief/what-does-the-medicare-eligibility-rule-mean-for-low-income-medicare-beneficiaries-and-the-medicare-savings-programs-msps/>

³ “Medicare Savings Programs,” *MACPAC*. <https://www.macpac.gov/subtopic/medicare-savings-programs/>

⁴ Farah Erzouki, “Federal Rule on Medicare Savings Programs Will Cut Red Tape for Older Adults and People with Disabilities”, *Center on Budget and Policy Priorities*, March 2024. <https://www.cbpp.org/research/health/federal-rule-on-medicare-savings-programs-will-cut-red-tape-for-older-adults-and#:~:text=However%2C%20due%20to%20administrative%20barriers,be%20eligible%20but%20not%20enrolled.>

⁵ “FACT SHEET: Biden-Harris Administration Announces New Tools to Lower Prescription Drug Costs for Low-Income Seniors and People with Disabilities”, *U.S. Department of Health and Human Services*, June 12, 2023.

<https://www.hhs.gov/about/news/2023/06/12/fact-sheet-biden-harris-administration-announces-new-tools-lower-prescription-drug-costs-low-income-seniors-people-disabilities.html>

⁶ Ibid. See also “Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment” (88 FR 65230), *Centers for Medicare & Medicaid Services*, September 21, 2023.

<https://www.federalregister.gov/documents/2023/09/21/2023-20382/streamlining-medicare-medicare-savings-program-eligibility-determination-and-enrollment>

⁷ Medicare Improvements for Patients and Providers Act of 2008, Public Law 110-275.

<https://www.govinfo.gov/content/pkg/PLAW-110publ275/pdf/PLAW-110publ275.pdf>.

(AAAs), Aging and Disability Resource Centers (ADRCs), and a technical resource center, which is run by NCOA, to provide outreach to low-income assistance programs.⁸

To learn about efforts to increase awareness of and access to cost-saving and benefits programs, Advancing States, in partnership with the National Council on Aging (NCOA), surveyed its state aging and disabilities members, including state long-term services and supports (LTSS) directors. The survey was administered in November and December 2023 using a web-based survey tool to gather information in two areas: (1) states' efforts to inform individuals transitioning from Medicaid to Medicare about MSPs and LIS/Extra Help, and (2) states continued use of certain benefits access and enrollment systems implemented during the COVID-19 pandemic. The survey received 35 responses from individuals representing Aging/Older Americans Act and/or Disability services and Medicaid/Long-Term Services and Supports services.

Awareness of MSPs and LIS/Extra Help

Many older adults and individuals with disabilities have limited incomes and few resources to help pay for monthly Medicare premiums and out-of-pocket health care expenses. According to KFF, in 2023 one in four Medicare beneficiaries had incomes under \$21,000 per person and half of beneficiaries had incomes below \$36,000 per person.⁹ Savings or resources per person are also low – one in four people had less than \$16,950 in savings in 2023. Black and Hispanic beneficiaries were more likely than White beneficiaries not to have savings or be in debt. These individuals may qualify for programs that will help cover their Medicare costs, but they may not be aware of them.¹⁰

Along with low-income Medicare beneficiaries, another group of individuals that may need assistance with Medicare costs are those who have Medicaid and could become dual eligibles. Individuals who are enrolled in a state's Medicaid program may become eligible for Medicare when they turn 65 years old or at a younger age due to disability or certain diseases.¹¹ When a Medicaid recipient becomes eligible for Medicare, state Medicaid agencies are to evaluate their eligibility for all Medicaid groups available in their state, including MSPs.¹²

MSPs are administered by state Medicaid programs and are considered mandatory eligibility pathways. Through Medicaid, individuals eligible for an MSP receive assistance with their Medicare Part B monthly premium and

⁸ Ibid. See also Administration for Community Living (ACL), *Medicare Improvements for Patients and Providers (MIPPA)*. <https://acl.gov/programs/connecting-people-services/medicare-improvements-patients-and>

⁹ Alex Cottrill, Juliette Cubanski, Tricia Neuman, and Karen Smith, "Income and Assets of Medicare Beneficiaries in 2023", *KFF*, February 2024. <https://www.kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-in-2023/#:~:text=One%20in%20four%20Medicare%20beneficiaries,and%20Hispanic%20than%20White%20beneficiaries>

¹⁰ "Standing Back from the Medicare Cliff: Research and Policy Options to Help Low-Income Older Adults", *NCOA and LeadingAge LTSS Center @UMass Boston*, May 2024. <https://www.ncoa.org/article/standing-back-from-the-medicare-cliff-research-and-policy-options-to-help-low-income-older-adults>

¹¹ "Who's eligible for Medicare?", *U.S. Department of Health and Human Services*. <https://www.hhs.gov/answers/medicare-and-medicare/who-is-eligible-for-medicare/index.html>

¹² "Manual for State Payment of Medicare Premiums, Chapter 1: Program Overview and Policy", (Rev. 6, Issued 04-06-2024) *Centers for Medicare & Medicaid Services*. <https://www.cms.gov/medicare/medicare-medicare-coordination/medicare-medicare-coordination-office/qualified-medicare-beneficiary-program/state-payment-medicare-premiums> See also 42 CFR 435.916(f)(1).

many also qualify for Medicaid coverage of their Medicare Part A and/or B out-of-pocket costs.¹³ The four MSP eligibility categories are:

- Qualified Medicare Beneficiary (QMB) is the most comprehensive MSP providing coverage of a beneficiary's Medicare Part A and Part B monthly premiums, deductibles, co-payments, and co-insurance. A person may have both Medicaid and QMB benefits.
- Specified Low-Income Medicare Beneficiary (SLMB) provides coverage of the Medicare Part B premium only. Individuals can have both Medicaid and SLMB benefits.
- Qualifying Individual (QI) provides coverage of the Medicare Part B premium only.
- Qualified Disabled Working Individual (QDWI) is for working individuals with disabilities who lose their Social Security Disability Insurance (SSDI) benefit and premium-free Part A. QDWI only pays an eligible Medicare beneficiary's Part A premium.

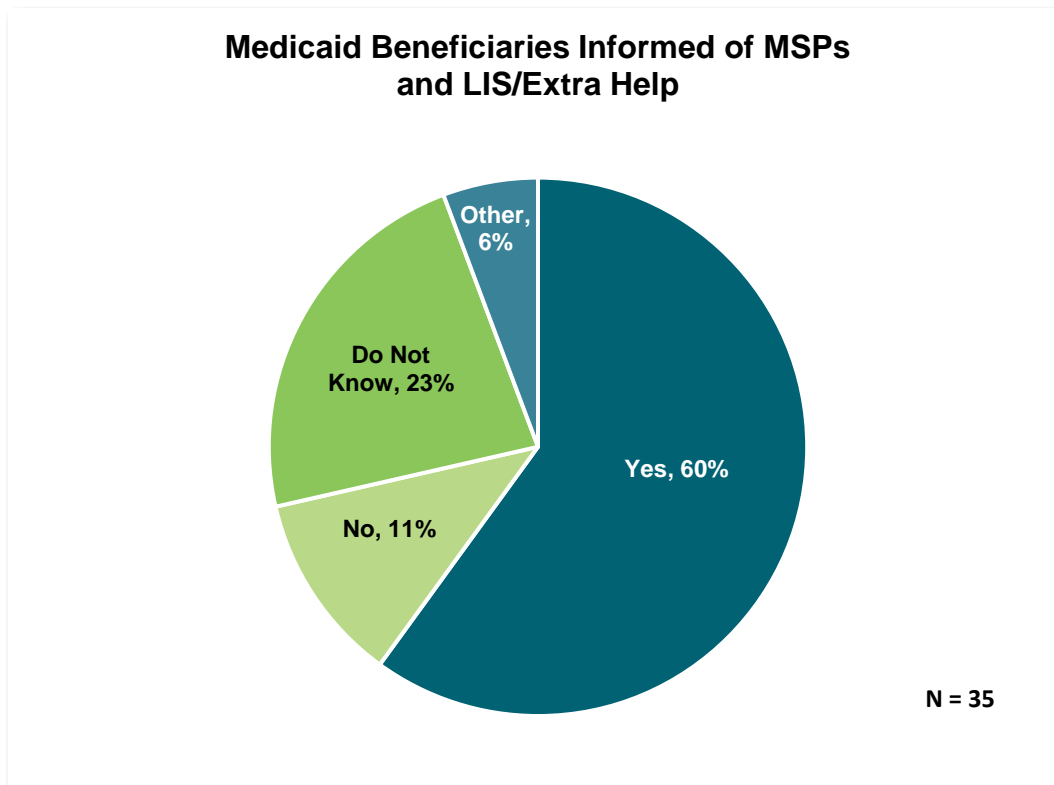
LIS/Extra Help is a distinct program through the Social Security Administration that provides financial assistance with Medicare Part D prescription drug costs to individuals with limited income and assets.¹⁴ Individuals eligible for an MSP automatically qualify for Extra Help/LIS.

To learn how states inform current Medicaid recipients who become eligible for and transition to Medicare about MSPs and LIS/Extra Help, Advancing States' survey asked respondents if their state Medicaid agency, Medicaid managed care organizations (MCOs), or partners provide information about the low-income subsidies to Medicaid beneficiaries. Sixty percent of respondents said yes, 23 percent said they did not know, 11 percent said no, and six percent said "other". One state that responded "other" said that their State Unit on Aging (SUA) is not aware of any communication from the state Medicaid agency or Medicaid MCOs to new Medicare beneficiaries about MSPs and LIS/Extra Help. To their knowledge, Medicaid enrollees who become eligible for Medicare are not automatically screened for MSP. These individuals must apply separately for an MSP.

¹³ "Medicare Savings Programs," MACPAC. <https://www.macpac.gov/subtopic/medicare-savings-programs/>

¹⁴ "Help with drug costs", Medicare.gov. <https://www.medicare.gov/basics/costs/help/drug-costs>

Figure 1



Description: Figure 1 is a pie chart representing responses (N=35) about whether states inform Medicaid beneficiaries about MSPs and LIS/Extra Help. Most respondents (60 percent) reported yes, 23 percent responded that they do not know, 11 percent responded no, and six percent said “other”. Analysis of this chart is in the main text.

For those respondents who said that their state informs Medicaid beneficiaries who will soon become eligible for Medicare about the low-income subsidies, the survey asked them to describe how their state Medicaid agency, Medicaid MCOs, or partners notify Medicaid beneficiaries about the MSPs and LIS/Extra Help. Many respondents indicated that their partner, the State Health Insurance Assistance Program or SHIP, provides information about MSPs and LIS to Medicare beneficiaries. SHIPs provide objective, individualized counseling to Medicare beneficiaries, their families, and caregivers and educate and assist individuals on MSPs and LIS/Extra Help.¹⁵ SHIPs and other community-based organizations (CBOs) receive federal funding to conduct outreach to low-income Medicare beneficiaries to increase enrollment in low-income assistance programs. One state said “[i]n the past year our state has collaborated with SHIP and Senior Medicare Patrol to create mailers, and a flier to be distributed. The mailer used data from MIPPA and NCOA’s mapping tool to target groups who may be MSP eligible. The fliers were distributed through the state’s Area Agencies on Aging to Meals on Wheels participants. Additionally, the state was selected by CMS as one of five pilot states targeting potential MSP-eligible beneficiaries.” Additionally, some respondents said their state partners with other local community-based organizations, such as local Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs)/No Wrong Door Systems, and Centers for Independent Living. Through these organizations, community resource

¹⁵ For more information about State Health Insurance Assistance Programs (SHIPs), see www.shiphelp.org.

specialists may share information and educate individuals about MSPs and LIS/Extra Help, provide referrals, conduct eligibility screenings, complete applications or recertifications, and promote the programs at outreach events.

Respondents who said their state does not inform Medicaid enrollees who will soon become eligible for Medicare about MSPs and LIS/Extra Help were asked if they know how individuals can connect to these public benefit programs. Most of these respondents replied yes, they know how Medicaid enrollees transitioning to Medicare learn about the low-income subsidies. One respondent said “when they get redetermined for Medicaid they are also connected to other assistance programs. County assistance experts also help people enroll in appropriate programs. Also, many of our Medicare plans help members enroll in other subsidies.”

Examples of State Outreach Activities



In **Maryland**, the state’s SHIP mails information on Medicare, MSPs, and LIS/Extra Help to residents turning 65 using mailing lists such as voter registration information. In 2022 and 2023, the Maryland Insurance Administration, in partnership with the Maryland SHIP, mailed letters to older adults who had Medicaid describing MSPs, LIS/Extra Help, and Medicare. The letters included the SHIP’s contact information for assistance. The SHIP also mails postcards about the financial eligibility programs to Medicare beneficiaries on an ongoing basis. Additionally, the SHIP partners with Maryland Access Point, the state’s No Wrong Door System, which screens callers for MSPs and LIS/Extra Help. See [Maryland SHIP](#) for additional information.

To promote the availability of Medicare subsidies, the **West Virginia** (WV) SHIP and MIPPA programs conduct various outreach activities. For example, staff lead “New to Medicare” presentations, provide outreach materials, such as brochures about MSP and LIS/Extra Help guidelines, partner with community organizations, and conduct presentations and training with other professional partners. Additionally, state staff obtain contact information for individuals who will soon turn 65 and become eligible for Medicare and periodically send “Welcome to Medicare” letters to rural and high-target zip codes. The high-target zip codes are identified from Social Security Administration (SSA) data available through [NCOA](#). Each year SSA mails letters to Medicare beneficiaries who may be eligible for, but are not enrolled in, MSPs or LIS/Extra Help. For additional information, see [WV SHIP](#).

The **Connecticut** (CT) Department of Social Services (DSS) forwards the names and contact information of Medicaid recipients under age 65 who are becoming eligible for Medicare to the CT SHIP. The CT SHIP or CHOICES (“Connecticut’s Program for Health Insurance Assistance, Outreach, Information and Referral, Counseling, Eligibility Screening”) uses the “age-out lists” to mail information describing Medicare and available financial assistance through MSPs and LIS/Extra Help. Following the COVID-19 public health emergency (PHE), CHOICES entered a memorandum of understanding with DSS enabling Medicare counselors to have special community login access to the DSS application system and the ability to submit online Medicaid and MSP applications on behalf of beneficiaries. Additionally, letters from the state’s Medicaid agency to Medicaid recipients who are turning 65 and transitioning off Medicaid include contact information for CHOICES. Referrals to CHOICES for MSP eligibility screenings and general Medicare information are made by DSS, local Social Security Administration offices, senior centers, health insurance brokers, and SHIP-certified senior housing coordinators. See the [CHOICES](#) program for additional information on the CT SHIP and MSPs.



Benefits Access Initiatives, Processes, and Tools

During the height of the COVID-19 pandemic state agencies and community-based organizations (CBOs) were forced to close their doors to the public and many employees worked from home. States altered their benefit enrollment systems to continue to provide services. In 2021, ADvancing States, with the support of NCOA, surveyed its members to assess the impact of the COVID-19 pandemic on benefit enrollment systems more than a year after the beginning of the pandemic. The issue brief, [Benefit Access and Enrollment Since the Onset of COVID-19](#), describes how state agencies participated in benefit application assistance initiatives to ease access to benefits for vulnerable individuals. Respondents described using promising practices to assist individuals in applying for MSPs, LIS/Extra Help, Supplemental Nutrition Assistance Program (SNAP), and the Low-Income Home Energy Assistance Program (LIHEAP) benefits. The most utilized initiative reported by around 95 percent of respondents was phone assistance. Virtual benefits counseling followed at 65 percent. Thirty-five percent of respondents provided Internet access to submit applications and partnered with community-based organizations to hand deliver applications to households, such as through Meals on Wheels. Sixteen percent of respondents reported state agency staff or volunteers hand-delivered applications and 13 percent provided text messaging assistance.

In the 2023 survey, ADvancing States asked members if the state continues to use specific benefit access initiatives, processes, and tools implemented during the pandemic to assist individuals applying for MSPs, LIS, SNAP, and LIHEAP. Over 90 percent of respondents reported paper applications and phone assistance as the most utilized assistance provided to individuals. See Figure 2. Ninety percent said they continue to partner with CBOs to give information or application assistance to individuals, such as through Meals on Wheels.

Figure 2

Benefits Access Initiatives, Processes, and Tools Utilized by States			
Over 90%	Over 70%	Over 50%	Over 30%
Paper applications	Online applications	Remote application screening and processing	Automatic recertification for certain benefits
Phone assistance	Telephonic applications	Statewide web portal	Text messaging assistance
Partnering with CBO to provide information or application assistance to individuals (e.g., Meals on Wheels)		Providing internet access to submit applications	
		Remote enrollment	
		Virtual benefits counseling	
		Application and supporting document modifications (e.g., telephonic signatures; self-attestation; web signatures; waiving interview requirements)	

Description: Figure 2 is a chart that includes responses to the question on a state’s continued use of certain benefit access initiatives, processes, and tools implemented during the pandemic to assist individuals applying for MSPs, LIS, SNAP, and LIHEAP. Descriptions of the strategies are in the main text.

Most respondents (over 70 percent) said their state accepts applications completed online or by telephone. More than 50 percent continue to use virtual benefits counseling, remote application, screening, processing, and enrollment, accept applications through a statewide web portal, and allow application and supporting document modifications, such as telephonic and web signatures, self-attestation, and waiving interview requirements. A respondent from a SHIP commented, “Following the pandemic, remote assistance with applications is much easier. SHIPs entered into an MOU (memorandum of understanding) with the state agency to have special community login access to the agency’s application system to submit online applications on behalf of beneficiaries.” A respondent of an SUA said, “[t]elephonic and virtual benefits the homebound, who otherwise might not have access to services if they need to travel to a location. This also assists with volunteer recruitment in rural areas, as individuals can work from home and not have to travel to a far location for interactions with

beneficiaries.” In Maryland, the SHIP found that the lack of internet access posed challenges to benefit access. The Medicare counselors travel to public libraries, senior centers, low-income housing communities, etc. to provide application and enrollment assistance and ensure the applications are dropped off at the Department of Social Services drop boxes. They also frequently mail application packets and assist over the phone with completing applications.

During the COVID-19 PHE, individuals with Medicaid or other certain benefits were automatically recertified and continued to maintain eligibility. Some respondents to the survey said that since the end of the PHE, their state has maintained automatic recertification for certain benefits. In contrast, a few said that they no longer offer this practice. One respondent said, “We were able to waive some requirements during the health emergency, but those have rolled back now (e.g., SNAP interview as part of the recertification process)”. Additionally, 36 percent said that their state provides benefits assistance through text messaging. Over the past few years, text messaging to communicate information to individuals and assist with benefit programs and services has been used more frequently by local agencies; however, overall, most agencies and organizations do not use text messaging to communicate with inquirers.

While many states increased and improved access to benefit applications, counseling, and other services during the PHE, some older adults and individuals with disabilities may face digital access barriers and have difficulty using a computer, tablet, or smartphone, or they may not have broadband access. Examples of digital access barriers include lacking access to internet service and lacking access to devices (e.g., tablets) or Wi-Fi. In light of changes states made to benefits access or enrollment systems during the PHE, the survey asked respondents to describe how their state supports individuals with digital access barriers. Some respondents said their state purchased laptops, tablets, or hot spots for older adults and individuals with disabilities. A state aging representative said, “[d]uring the public health emergency, we did offer the use of IIIE funds under supplemental services to purchase tablets. Currently, the state unit on aging is working in collaboration with the state economic and community affairs department to provide information on potential access points in many communities across the state where there's either no access or limited access to broadband service since the state economic and community affairs department has funds to use to create/expand broadband service.” A SHIP Director said “[w]e have seen a big increase in the request of virtual benefits counseling even after the pandemic. We are working with our AAA providers to update technology and internet access.” In Connecticut, the Department of Aging & Disability Services State Unit on Aging partners with the Connecticut Tech Act Project for a program called “[Bridging the Digital Divide](#)”. Through this program, adults ages 60 and older and individuals with disabilities are provided technology in their homes to increase benefits and access to ongoing services and supports and to reduce social isolation.

State Promising Practices

States' approaches to notifying Medicaid recipients who are becoming eligible for Medicare about MSPs and LIS/Extra Help can vary. Below are examples of two states' approaches to promoting MSPs and LIS/Extra Help among those transitioning to Medicare and ways the states enable benefits access and enrollment.

Massachusetts MassHealth Medicaid Agency

[MassHealth](#) is Massachusetts' Medicaid and Children's Health Insurance Program (CHIP) agency, located administratively within the Commonwealth's Executive Office of Health and Human Services (EOHHS). MassHealth administers Medicaid and CHIP programs for disabled and non-disabled children, families and adults under age 65, older adults over the age of 65 who reside in the community, individuals of any age receiving Home and Community-Based Waiver Services, and individuals residing in a nursing facility. Additionally, MassHealth administers premium assistance for individuals with employer-sponsored insurance and MSPs for Medicare beneficiaries. Massachusetts residents with Medicare may apply for MassHealth, which will determine the best benefit for which they qualify based on their financial and categorical circumstances. The system will consider a person's eligibility for an MSP.¹⁶ Starting March 2024, Massachusetts no longer requires an asset test for MSPs; therefore, individuals evaluated for MSPs only are not required to provide information about their assets and can self-attest their income. MassHealth notifies those newly eligible for both Medicaid and Medicare of their automatic eligibility for the Medicare Part D LIS/Extra Help.

MassHealth cites increased proactive communication with community groups and other stakeholders as a promising practice. The agency works with various organizations and state agencies, including the Executive Office of Elder Affairs (EOEA), Health Care For All, and the Massachusetts Senior Action Council, to increase knowledge of MSPs and improve uptake of the program. Additionally, MassHealth promotes and shares information on MSPs, LIS/Extra Help, and other programs through the following activities:

- Sharing information on MSPs and LIS/Extra Help through webinars with the state SHIP program called [SHINE](#) ("Serving the Health Insurance Needs of Everyone"), [Aging Service Access Points](#) (ASAPs), and [Councils on Aging](#) (COAs)
- Holding local awareness and sign-up events with Health Care For All and their network of community partners across the state
- Partnering with [Massachusetts Senior Action Council](#), an advocacy council serving Massachusetts residents through regular meetings with the Senior Action Council members
- Partnering with SHINE, Prescription Advantage (a prescription drug assistance program administered by EOEA), ASAPs, AAAs, Health Care For All, COAs, Department of Transitional Assistance, the Department of Public Health, and Medicare Advantage plans
- Collaboration with MassDOT (Department of Transportation) to post information on MSPs on billboards across the state

¹⁶ In Massachusetts, the income limit for the Qualified Medicare Beneficiary (QMB) MSP is 190% of the federal poverty level (FPL). For the Specified Low-Income Medicare Beneficiary and Qualifying Individual (QI) MSPs the income limit is 225% FPL. See [Massachusetts' MSP application](#).

- Developed a webpage on getting help with Medicare costs ([Mass.gov/MedicareSavings](https://www.mass.gov/MedicareSavings)) that includes communications materials for partners, responses to frequently asked questions, information on how to apply, and more
- Distributed consumer-facing letters with meal delivery to older adults
- Email and text campaigns to relevant audiences, including some partners
- Mailed MSP and LIS/Extra Help outreach materials, including printed posters, to ASAPs, COAs, and housing developments
- Provided newsletter copy and graphics for partners such as AARP Massachusetts and the Massachusetts Commission for the Blind

As a way to educate human service workers in the state's aging and disabilities networks on MSPs, LIS/Extra Help, Medicaid, and other benefit programs, MassHealth leads and funds the [Massachusetts Health Care Training Forum](#) (MTF) program. MTF is a partnership between MassHealth and ForHealth Consulting at the University of Massachusetts Chan Medical School. MTF utilizes many communication methods to inform health and human service workers in various fields on state public health insurance-related programs and policy information. Information is shared through webinars and virtual events, program updates, e-mail communications, and a regularly updated program website featuring several resources and tools, including a growing number of state program webinar opportunities. The quarterly webinars and virtual meetings feature presentations to keep organizations and community agencies that serve MassHealth members, individuals who are uninsured, and those who are underinsured informed of the latest changes in MassHealth and overall state and federal health care policies. Organizations such as the Massachusetts SHIP known as [SHINE](#), ASAPs, COAs, as well as other state agencies and community-based organizations participate in the MTF events. In federal fiscal year 2023, the MTF held 40 virtual meetings that included 14 webinars attended by over 3,300 participants. Recently, MTF held the Medicare Savings Program webinar with over 500 participants.

To promote benefits access, MassHealth communicates with Medicaid enrollees using various communication methods, including virtual benefits counseling and text messaging. All texting is conducted one way, enabling the agency to share information about Medicaid redeterminations and benefit programs. The Medicaid agency also conducts email campaigns and robocalls to share information. While the agency no longer permits self-attestations or self-verification of the application information for Medicaid to the extent that was allowable under the now-ended COVID-19 PHE, individuals applying for MSPs only can self-attest their income and provide an electronic signature. Individuals who do not have access to a computer or other digital access barriers may apply for MSPs or Medicaid via mail, phone, or in person.

New Jersey Division of Aging Services

In New Jersey, Medicaid recipients who become eligible for Medicare are mailed an [NJFamilyCare](#) renewal application by the Department of Medical Assistance and Health Services. The renewal application is used to determine eligibility for the Aged, Blind, and Disabled (ABD) Medicaid program. The state recently updated its process whereby those eligible for ABD Medicaid are transitioned to the program; however, if an individual is financially ineligible for ABD Medicaid, the application is reviewed to determine if the individual is eligible for an MSP. For those found eligible for MSP, the application information is transferred to New Jersey's Division of Aging Services (DoAS) to process for MSP benefits without requiring the applicant to complete another application.

New MSP applicants are encouraged to submit an [NJSAVE](#) application. NJSAVE is an application for seven benefit programs, including MSPs, LIS/Extra Help, New Jersey's state pharmaceutical assistance program (Pharmaceutical Assistance to the Aged and Disabled), and Lifeline Utility Assistance.¹⁷ Since the Social Security Administration processes LIS/Extra Help applications, the DoAS will submit an individual's information on their behalf. Individuals who are ineligible for an MSP by the Department are evaluated for other benefit programs. For example, the applicant may receive a notice stating they did not meet the eligibility requirements for an MSP; however, they are eligible for the state's pharmaceutical assistance program and can save money on their pharmaceutical costs.

The Division of Aging Services promotes the benefit programs through various activities. In-person and virtual presentations on MSPs, LIS/Extra Help, and other benefit programs are conducted at low-income housing facilities, libraries, health fairs, and other locations. Navigators were recently hired to reach underserved communities and educate individuals about the benefit programs through NJSAVE. An advertising agency was hired to increase awareness of the NJSAVE application and MSPs, LIS/Extra Help, and other benefit programs that may help eligible Medicare beneficiaries save money on health care costs. Additional promotion activities included social media posts on Facebook, and email blasts. New Jersey's [Benefits Enrollment Centers](#) are conducting more screenings for MSPs and LIS/Extra Help.

During the COVID-19 pandemic, New Jersey state expanded its communication pathways to include a more significant number of digital options. Individuals can request a paper version of the NJSAVE application using an automated telephone system or by texting the Division of Aging Services. While most people complete the NJSAVE application online (69%), the Division of Aging supports individuals with digital access barriers by offering all applications and materials in print. Individuals can also apply for the benefit programs via phone or in person.

Conclusion

As shown in this issue brief, state agencies and community partners have opportunities to increase awareness of and access to Medicare low-income subsidies—that is MSPs and LIS/Extra Help—and other benefits. Several states have implemented tools and resources to connect individuals to these benefit programs through outreach and educational activities, including partnerships with professional and community organizations.

For additional information on Medicare Savings Programs, Low-Income Subsidy/Extra Help, and other benefit programs, see Advancing States' [MIPPA](#) page and NCOA's [Center for Economic Well-Being](#).

¹⁷ Additionally, the NJSAVE application is used to screen SNAP and LIHEAP. If the individual is eligible for these programs, their information is forwarded to another agency for enrollment.

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