
**Medicare Savings Program (MSP):
QI-1 (Qualified Individual)**

Staff is reminded that although funding for the QI-1 is provided by the federal government on an annual basis (running from January 1 through December 31 of each year), the “Auth From” to “Auth To” span that is to be entered in eMedNY for consumers found to be eligible is the standard 12 month period used for MA cases. For example, a consumer applying for MSP on December 18, 2014 who is found eligible at the QI-1 level is to have her/his case established with an “Auth From” date of 12/1/2014” and an “Auth To” date of 11/30/2015.

Staff is now informed that for Medicare Savings Program (MSP) consumers found eligible at the QI-1 (Qualified Individual) level during initial eligibility must proceed as follows:

- Data enter the authorization “**From Date**” as the first date of QI-1 eligibility, which may be retroactive for up to three months from the month of application, as long as it does not precede January of the year which the individual applies.
- Data enter the authorization “**To Date**” as the last day of the month, 12 full months, from the authorized “**From Date**”, not counting any retroactive coverage that may be applied.

Staff is further reminded of the following:

- The QI-1 program pays for the Medicare Part B premium only;
- Consumers must have Medicare Part A in order to be eligible for the QI-1 program; and
- Consumers cannot be eligible for both QI-1 and Medicaid at the same time. If the MSP budget shows MSP ineligible, the consumer can be reimbursed off line for their Part B premium if they are:
 - MBI eligible with a Medicaid budget below the MBI level, and an MSP budget above the SLMB level;
 - Caretaker Relative eligible with MAGI-Like budgeting and an MSP budget above the SLMB level;
 - Or, if the consumer is paying the Part B premium and the payment reduces the net income to below the Medicaid level. The consumer should be paid the difference, to bring her/him up to the Medicaid level.

Please refer to the Dear Commission letter and PowerPoint slides issued June 12, 2013, which explain the policy for reimbursement of Medicare Part B premiums.

Stand Alone Medicare Part D Prescription Drug Plans for 2015

Dual eligible consumers who are enrolled in fully subsidized Stand-Alone Medicare Part D plans will not have to pay a monthly premium if they remain in their current plan, or select another Benchmark Part D plan.

Consumers who are enrolled in a Stand-Alone Plan will have their monthly premium paid as long as they remain in a Benchmark plan.

However, should the consumer choose to enroll in a non-Benchmark Part D plan, s/he will be required to pay the difference, if it is above the low income subsidy amount of \$36.94.

A list of names and Contract ID numbers of Stand Alone Medicare Part D Prescription Drug Plans in New York State for 2015 can be accessed at: <http://hraedocs.hra.nycnet/HRAeDocs/DocumentFunctions/DocumentDirectAccess.aspx?DocId=79450458-a886-4654-b3b0-97fa3222d122&CategoryId=17&VersionDate=12%2f4%2f2014+12%3a39%3a23+PM&FileType=pdf>