

POLICY STATEMENT

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was enacted on July 15, 2008. MIPPA includes the following provisions that effect policy and procedures for Medicare Savings Programs (MSPs). MSPs include Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB), Qualifying Individual (QI-1) and Qualified Disabled Working Individual (QDWI).

Effective January 1, 2010, MIPPA requires the Social Security Administration (SSA) to electronically transmit data from Low Income Subsidy (LIS) applications, both approved and denied, to the State Medicaid agency for the purpose of determining eligibility for MSPs and **other Medicaid classes of assistance**

BASIC CONSIDERATIONS

On January 1, 2010 the Department of Community Health (DCH) began accepting LIS application data daily from SSA. The applicants will be screened on MMIS (Medicaid Management Information System) and SUCCESS. Any LIS applicants who are currently MSP eligible on MMIS or SUCCESS will be removed from the file. Applicants currently eligible on SUCCESS, but not on MMIS will be added to MMIS, if appropriate. DCH will convert the data into an Excel file and transmit the file to the DFCS Medicaid Policy Unit. The list will be sorted by Region and County and distributed to the field by close of business the following business day. DFCS will not receive the actual LIS applications, but the list should be processed according to existing Medicaid policy.

PROCEDURES

Follow the steps below upon receipt of the Medicare Savings Programs Applications list.

Step 1

Register the application in SUCCESS. Do **not** require a separate signed Medicaid application. The signature on the LIS application filed with SSA will be considered a valid signature to apply for Medicaid. A copy of the printed list with the A/R should be filed in the case record. The application date will be the date the LIS application is filed with SSA. However, the date DCH transmits the LIS data file to DFCS will be regarded as the beginning date for determining whether cases were completed timely. Cases should be completed within 10 days of the transmission date for Q-track processing. Cases that will be over SOP in SUCCESS due to difference in the LIS application date and the transmission of the report should be coded “OA” on MISC.

Step 2 Using SDX/BENDEX, DOL, Georgia Databroker System, Vital Records, related cases, and **any other available information**. Determine eligibility for Qualified Medicare Beneficiary Track Medicaid or a COA that provides a higher level of coverage if eligible. In the absence of evidence to the contrary, assume all other eligibility criteria have been met.

NOTES:

- The LIS address data will only contain a mailing address with the zip + 4 digit zip code which may not be the same as the residential address. This may require follow-up with the AU to obtain residential address and additional contact information.
- The income data from the LIS applications is combined for married couples and may not specify individual income. The income may be the result of self declaration, a direct match from the Internal Revenue Service (IRS), or some other source and may be accepted as verification for all Q-track COAs unless questionable.
- The resources data from the LIS applications is also combined for married couples and may not specify individual resources. The resource amount may be the result of self declaration or some other source and may be accepted as verification for all Q-track COAs unless questionable.
- The income and resources data from the LIS application do **not** meet verification standards for other Medicaid classes of assistance and will have to be verified by third party documentation if the A/R appears eligible under another COA (see [Section 2051](#), Verification, of the Medicaid Policy Manual).
- TPR – Social Security Administration does not address assignment of third party rights in the LIS application. TPR for these applications will have to be addressed in accordance with [Section 2230](#) of the Medicaid policy manual.

Step 3 Send a Form 981 or a DHR 700 form along with the MIPP Cover letter to request additional information or verification when required. The MIPP cover letter is available as a MS Word form template. Simply double click the template to open it in MS Word. The date at the top of the form will be set when the form is saved. After saving the completed form, reopen and print so that the date will print correctly.

Step 4 Eligibility for SLMB, QI, QDWI and other Medicaid aid categories are to be made retroactive to the month of the LIS application date and, if appropriate, three months prior.

Step 5

Eligibility for QMB begins the month **following** the month of the LIS application **unless** the disposition cannot be completed because of **applicant delay**. If the disposition cannot be completed within the standard of promptness because of applicant delay the eligibility should begin the **month following the month of case disposition**. If the delay is due to agency or other agency use the QMB override feature to not penalize the A/R for any month(s) of ineligibility (see to Section 2143-4 Step 6 in the Medicaid Policy manual).