



Center for Medicaid and State Operations

SMDL # 10-003

February 18, 2010

**RE: Medicare Improvements for Patients
and Providers Act of 2008 (MIPPA)**

Dear State Medicaid Director:

This letter provides guidance on the implementation of certain provisions of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), P.L. 110-275. Specifically, this letter provides information about the sections of MIPPA that relate to the Medicaid program. Many of these provisions are intended to remove barriers to applications for the Medicare Part D Low-Income Subsidy (LIS) and the Medicare Savings Programs (MSP). More detailed explanations of the provisions are provided in the enclosure to this letter.

Section 111 - Extension of the Qualifying Individual (QI) Program

The Qualifying Individuals (QI) program provides 100 percent Federal funding to States for the payment of Medicare Part B premiums, for individuals with income at least equal to 120 percent, but below 135 percent, of the Federal poverty level. Because QI beneficiaries are not eligible for other Medicaid program benefits, this federal payment of their Medicare Part B premium helps ensure that these individuals have access to the full array of Medicare benefits.

Section 111 of MIPPA funded the QI program at \$400 million for Federal fiscal year (FY) 2008, \$450 million for FY 2009, and \$150 million for the first quarter of FY 2010. Subsequent legislation, including the QI Supplemental Funding Act of 2008 (P.L. 110-379), the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), and the Emergency Aid to American Survivors of the Haiti Earthquake Act of 2010 (P.L. 111-127) provided additional funding for and further extended the QI program. The total funding available for the QI program was \$415 million for FY 2008 and \$480 million for FY 2009. The current funding for the QI program for FY 2010 totals \$612.5 million and \$165 million is currently available for the first quarter of FY 2011.

Section 112 - Application of LIS Resources Tests to MSP

Section 112 of MIPPA amended section 1905(p)(1)(C) of the Act to make the resource limit for Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and QIs conform to the resource limit for individuals who qualify for the full subsidy Medicare Part D LIS. This change in the resource limit does not apply to all MSPs. The resource limit for Qualified Disabled Working Individuals (QDWI), set forth in 1905(s) of the Act, was not changed by MIPPA.

Effective January 1, 2010, the resource limits for the QMB, SLMB and QI programs are \$6,600 for a single person and \$9,910 for a married person living with a spouse and no other dependents. These resource limits are adjusted on January 1 of each year, based upon the change in the annual consumer price index (CPI) since September of the previous year. States must use the new resource limits when determining eligibility for these programs.

Section 113 - Eliminating Barriers to Enrollment

Under section 113 of MIPPA, the Social Security Administration (SSA) is directed to transmit data from the LIS application, with the consent of the applicant, to the Medicaid agency for purposes of initiating an application for MSPs. Starting January 1, 2010, the State is directed to treat the data as an application for MSP benefits, as if it had been submitted directly by the applicant.

Since 2005, CMS has been transmitting LIS data from SSA to States as “leads data.” However, prior to the enactment of MIPPA, States had the option to process or follow-up on the data transmitted. Starting January 1, 2010, States must act on the data as an application for MSP benefits, even if the LIS application was denied by SSA. States continue to have the option and are encouraged to conduct a full Medicaid eligibility determination for these individuals.

MIPPA also required CMS to make available to SSA and the States MSP model applications that can be provided to beneficiaries upon their request. SSA will provide the CMS-designed and translated model MSP application in 11 languages (see discussion of MIPPA section 118 below). If a State receives a model MSP application in any language, it must be treated as an application for MSP, even if it does not ordinarily use the model MSP application.

Section 115 - Eliminating Application of Estate Recovery to Medicare Cost-Sharing Benefits

Effective January 1, 2010, section 115 of MIPPA requires States to exempt Medicare cost-sharing benefits paid under the MSPs from estate recovery under section 1917(b)(1) of the Act. The intent of this provision is to encourage dual eligible beneficiaries to more fully utilize Medicare cost-sharing benefits available through the MSPs and allay concerns that Medicaid estate recovery will, after their death, lay claim to recover the value of these cost-sharing benefits from their estate.

Section 116 - Exemptions from Income and Resources for Determining Eligibility for LIS

Under section 116 of MIPPA, SSA is directed not to count in-kind support and maintenance as income, and not to count the cash surrender value of life insurance policies as a resource, when determining eligibility for LIS. These disregards apply only to LIS eligibility determinations. They do not extend to eligibility determinations for MSP, or for Medicaid in general. Although this provision is not a Medicaid provision, it is included in this guidance to emphasize the differing eligibility factors between MSP and LIS eligibility.

Section 118 – Model Application Translation

Section 118 of MIPPA amended section 1905(p)(5)(A) of Act to require CMS to translate the MSP model enrollment form into at least the 10 languages, other than English, that are most often spoken by those applying for Medicare. The new model application is available in Arabic, Chinese, Creole, Farsi, French, Korean, Russian, Spanish, Tagalog, and Vietnamese and can be found at: http://www.cms.hhs.gov/DualEligible/03_ModelApplicationforMedicareSavingsPrograms.asp#TopOfPage.

Opportunities for Alignment with Other Programs

Many low-income Medicare beneficiaries will qualify for a number of additional programs, such as full Medicaid benefits, Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), and others that can help them make ends meet and improve their overall health. We urge States to consider strategies for improving and streamlining opportunities for eligible seniors to enroll in these other benefits in coordination with the Medicaid eligibility process.

Defining Family Size

The income standards for both MSP and LIS are expressed as various percentages of the Federal poverty level (FPL) “applicable to a family of the size involved.” States have the option of defining what “family of the size involved” means for their MSPs, although most States follow the approach of the Supplemental Security Income (SSI) program under which either the standard for an individual or the standard for a couple is used.

For the purposes of making LIS determinations, SSA defines a “family of the size involved” as the individual and the individual’s spouse, whether or not the spouse is applying for LIS, and includes any relatives of the individual and/or the spouse who are living in the same household and who are dependent on the individual and/or spouse for at least one-half of their support.

The LIS definition of a “family of the size involved” is more expansive than the SSI-based approach most States use when determining eligibility for MSPs. Because States have the option of defining “family of the size involved” differently for MSPs, a State could elect to use SSA’s LIS definition of that term when determining eligibility for MSP. This would not only allow more individuals to be eligible as MSPs, it would reduce the administrative burden for States when making MSP determinations based on the LIS application information SSA will be transmitting to States under section 113 of MIPPA. We encourage States to seriously consider making this change for their MSP groups.

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Attached to this letter is an enclosure which explains in further detail the provisions of MIPPA discussed in this letter. We look forward to working with you as you implement these provisions of MIPPA. If you have any questions regarding this guidance, please contact Ms. Ginni Hain, Director, Division of Eligibility and Benefits, at (410) 786-6036 or via email at ginni.hain@cms.hhs.gov.

Sincerely,

Cindy Mann
Director

Enclosure

cc:

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Enclosure

Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), P.L. 110-275, is a broad piece of legislation having impacts in many areas of Medicaid. This enclosure for the State Medicaid Director Letter on certain provisions of MIPPA is designed to provide further detail to the MIPPA provisions in the letter. Most of the provisions within this enclosure relate to changes regarding one or more of the Medicare Savings Programs (MSPs).

Section 111: Extension of the Qualifying Individual (QI) Program

Section 111 of MIPPA extended the QI program from the end of the third quarter of Federal fiscal year (FY) 2008 (June 30, 2008) to the end of the first quarter of FY 2010 (December 31, 2009); it also provided for an additional \$100 million in funding for the QI program in FY 2008 (bringing the total funding for that fiscal year to \$400 million), \$450 million in total funding for FY 2009, and \$150 million in funding for the first quarter of FY 2010.

Subsequent to the enactment of MIPPA, other legislation, the QI Program Supplemental Funding Act of 2008 (P.L. 110-379), and the American Recovery and Reinvestment Act of 2009 (P.L. 111-5), extended and appropriated additional funding for the QI program through the end of the first quarter of FY 2011 (December 31, 2010). Most recently, P.L. 111-127 increased the funding available for the second through the fourth quarters of FY 2010, and for the first quarter of FY 2011. The following are the funding levels appropriated by the Congress, representing all legislative initiatives extending the QI program since the beginning of FY 2008:

- October 1, 2007 - December 31, 2007 (first quarter of FY 2008): \$100 million
- January 1, 2008 - September 30, 2008 (second through fourth quarters FY 2008): \$315 million
- October 1, 2008 - December 31, 2008 (first quarter of FY 2009): \$130 million
- January 1, 2009 - September 30, 2009 (second through fourth quarters FY 2009): \$350 million
- October 1, 2009 - December 31, 2009 (first quarter of FY 2010): \$150 million
- January 1, 2010 - September 30, 2010 (second through fourth quarters FY 2010): \$462.5 million
- October 1, 2010 - December 31, 2010 (first quarter of FY 2011): \$165 million

Beneficiary Impact: As indicated, total funding for the QI program is limited nationally. Each State is provided an allotment for each fiscal year, determined in accordance with the methodology specified in 42 CFR 433.10(c)(5). Each State must control enrollment in its QI program based on the available Federal funding; accordingly, enrollment may need to be limited or closed.

Because QI beneficiaries are not eligible for other Medicaid program benefits, the Federal payment of their Medicare Part B premiums assures access to the full array of Medicare benefits. Therefore, extension of the QI program is essential to State operations and beneficiaries.

State Action: No action is required by the States to implement this provision.

Section 112: Application of Low-Income Subsidy (LIS) Resource Tests to Medicare Savings Programs (MSPs)

Section 112 of MIPPA amends section 1905(p)(1)(C) of the Social Security Act (the Act) to make the resource limit for Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and QIs conform to the resource limit for individuals who qualify for the full subsidy under the Medicare Part D LIS program, effective January 1, 2010. This new resource limit does not apply to all MSPs. The resource limit for Qualified Disabled Working Individuals (QDWI), set forth in 1905(s) of the Act, was not changed by MIPPA.

Effective January 1, 2010, the resource limits for QMB, SLMB and QI programs are \$6,600 for a single person and \$9,910 for a married person living with a spouse and no other dependents. These resource limits are adjusted January 1 of each year, based upon the change in the annual consumer price index (CPI) since September of the previous year. States must use the new resource limits when determining eligibility for these programs.

Beneficiary Impact: Increasing the resource limits for the QMB, SLMB and QI programs to match the LIS resource limits allows beneficiaries to have additional resources and still be eligible for these programs.

State Action: Currently, the resource limits for the QMB, SLMB and QI programs are set forth in the State Medicaid plan and States will need to update their State plans to reflect this change in policy. Additionally, States will have to change their eligibility systems and publications to reflect this change.

Section 113: Eliminating Barriers to Enrollment

Under section 113 of MIPPA, the Social Security Administration (SSA) is directed to transmit data from the LIS application, with the consent of the beneficiary, to the Medicaid agency for determination of benefits under an MSP. The State is directed to treat the data as an application for MSP benefits, as if it had been submitted directly by the applicant.

Since 2005, CMS has transmitted data received from SSA from the LIS application as “leads data” to States. A State had the option to process or follow-up on the data transmitted. Beginning January 1, 2010, however, SSA will now transmit the LIS data directly to the State Medicaid agency, which must act upon this information as if it were an application for MSP, even if the LIS application was denied by SSA. Changing this data file from “leads data” to an “MSP application initiation file” will result in the provision of information to beneficiaries of the availability of the MSPs, and facilitate beneficiaries’ application for these programs.

Beginning January 1, 2010, for any individual who submits or requests an application for LIS from SSA or who is otherwise identified as potentially eligible for MSP, SSA is required to provide the individual with information about LIS and MSP when providing an application for LIS. Also, with the consent of the applicant, SSA will transmit data from the LIS application to the appropriate State Medicaid agency. The State agency in turn is required to treat the data received from SSA as initiating an application for MSP, for purposes of determining whether the individual is eligible for MSP.

Data Transmission

CMS has consulted extensively with the States and SSA to coordinate the data transmission needs and capability. SSA has agreed to transmit the LIS data, Monday through Friday, excluding Federal holidays, once SSA has adjudicated the LIS application. See Appendix A of this enclosure for the LIS Data Exchange Output Record Layout. This appendix provides a layout of all data being transmitted and a brief description of the information provided in each field.

The LIS data transmission, referred to as an MSP application file, will be sent to the State Medicaid agency that currently receives Bendex data from SSA. The transmission will be sent in either ConnectDirect or Cyberfusion format, depending on the format the State is using, on existing, dedicated lines that are in place for receipt of SSA data. All States have signed new data exchange agreements with SSA which encompass the exchange of the LIS data.

Effective Date of the MSP Application

There currently exists a conflict in the statutory provisions of MIPPA with respect to the definition of the date of application for MSPs. Under section 113 of MIPPA, section 1935(a) of the Act was amended to establish the MSP application date as the date the LIS application was filed with SSA. Under this provision, the State must accept the LIS data transmitted from SSA and act on the data in the same manner, and in accordance with the same deadlines, as if the data were an application submitted directly by the applicant to the State, when applying for MSP. However, section 113 of MIPPA amended section 1144(c) of the Act to establish the date of electronic transmission from SSA to the State as the date of the MSP application.

Notwithstanding this conflict, States may use the date SSA transmits the data from the LIS application as the beginning date. Medicaid regulations (42 CFR 435.911(a)(2)) require that States must process the MSP applications within 45 days of receipt of an application to determine eligibility in a timely manner. Further, States must treat the date the LIS application is filed with SSA as the date of application for MSP for purposes of establishing the effective date of eligibility for MSP benefits. Using the transmission date of the LIS information for processing requirements purposes will give States additional time, if needed, to process MSP applications, while using the filing date for LIS as the MSP application date protects the effective date of MSP eligibility for the beneficiary. Although section 1902(e)(8) of the Act precludes a State from protecting the date of filing for QMBs, a State must protect the LIS filing date for other (non-QMB) MSP applicants.

MSP Application

Upon receiving an MSP application in the form of the LIS data transmission from SSA, the State must act upon it in the same manner, and in accordance with the same deadlines, as if the data were an application submitted directly by the applicant to the State.

According to 42 CFR 435.913, a finding of eligibility or ineligibility must be made for each application, unless the individual withdraws the application or is deceased; therefore, all data transmitted as an application for MSP (on the MSP application file) will need to be adjudicated. Below are some examples:

- Additional Information is Needed: If the State does not have adequate information from the MSP application file to make an eligibility decision for MSP, the State is responsible for contacting the applicant to give the applicant an opportunity to provide further information. This includes sending a pending notice when requesting the information, and an approval or denial notice when the decision is made.
- LIS Application Denied by SSA: If the MSP application file indicates that SSA denied the application for any reason, the data is still considered an application for MSP and the State is responsible for adjudicating the application. This includes LIS denials for individuals who are: Over the income standard; over the resource limit; failure to cooperate with SSA; and beneficiaries who do not have Medicare Part A or Part B.
- Self-Attestation: If the MSP application file indicates that the applicant provided self-attestation that he or she is over the resource limit for LIS, the information is still considered an application for MSP and the State is responsible for adjudicating the application.

While States are not required to use the MSP model application, a State must still consider the model application as initiating the MSP process, and afford an individual wishing to do so the opportunity to apply for Medicaid on the State form without delay (42 CFR 435.906). If a State receives an MSP model application in any language, the State must either accept and process the application or have a procedure to ensure that individuals who present the model form are given a prompt and meaningful opportunity to complete the State MSP form and to provide supplemental information as needed.

Verification of Information

SSA verifies income data for purposes of making an LIS determination by reviewing the application and information from a variety of sources. When determining resource eligibility for LIS, SSA estimates the value of liquid resources using an extrapolation process based on the Internal Revenue Service income matches.

States are not required to separately verify income and resources that are reported by SSA on the MSP application file. However, States need to remember that SSA only reports LIS-specific items, not all income and resources that may be used to determine MSP eligibility.

For example, SSA will not count the value of life insurance policies when determining LIS eligibility. Unless a State has an approved State plan provision excluding the applicable income or resources under the authority of section 1902(r)(2) of the Act, these items would be considered when determining MSP eligibility and would be subject to requirements for State verification.

Social Security Administration (SSA)

SSA is a critical partner with the States and with CMS in implementing this section of MIPPA. As part of MIPPA, SSA is responsible for:

- Transmitting the MSP application file to the State Medicaid agencies;
- Providing MSP model applications to individuals requesting assistance; and
- Coordinating outreach activities with the States in connection with LIS.

SSA has worked closely with CMS and with the States to assure that this is a smooth process. SSA has consulted with the States and CMS to coordinate the transmission of the MSP application file, and SSA will be providing liaisons in each region to provide for technical support and training. However, it is important to note that SSA is not responsible for MSP eligibility issues. Any eligibility issues need to be sent to CMS through the Regional Offices for response.

Other Eligibility Issues

During consultation with State eligibility staff and advocates, two issues have been raised:

- (1) whether there is a need for an actual “wet” or physical signature on the MSP application; and
- (2) the need for citizenship verification.

- Signature: Because the State is directed to treat the data from SSA as initiating an application for MSP benefits as if it was submitted directly by the applicant, it is not necessary for the State to require a “wet” signature. The State’s receipt of SSA data from the LIS application will suffice for this purpose.
- Citizenship: States are not required to document citizenship for MSP applicants unless SSA denied the LIS application because the applicant was not eligible for Medicare. For example, the applicant might not have enough quarters of coverage to be eligible for premium-free Part A, although he or she might be eligible as a QMB to have Medicaid pay the Part A premium. According to 42 CFR 435.406, individuals entitled to or enrolled in any part of Medicare are exempt from citizenship documentation requirements. A person applying to have the Part A premium paid as a QMB would not meet this regulatory exemption. In such a case, a State would be required to document citizenship as required under 42 CFR 435.407.

Outreach and Training

As part of MIPPA, grants were awarded to State Health Insurance Assistance Programs (SHIP), State Agencies on Aging, Area Agencies on Aging (AAA), Aging and Disability Resource Centers (ADRC), Native Americans Tribal Organizations, and local communities to: increase program awareness; provide assistance to seniors, caregivers, and those with disabilities on Medicare to apply for benefits; and to establish a national resource center to support these efforts.

Beneficiary Impact: Transmission of the LIS application data to the State Medicaid agency is anticipated to simplify the enrollment process in MSP for LIS beneficiaries. The LIS beneficiaries will not have to go into the Medicaid office in order to apply for MSPs. Additionally, more beneficiaries will become aware of MSPs when contacted by the State Medicaid agency.

State Action: States needed to update the State data exchange agreements with SSA to encompass the exchange of the new data. States were required to complete new agreements by the close of calendar year 2009.

Section 115: Eliminating Application of Estate Recovery to Medicare Cost-Sharing Benefits

Effective January 1, 2010, section 115 of MIPPA required States to exempt Medicare cost-sharing benefits (i.e., Part A and Part B premiums, deductibles, coinsurance, and co-payments) paid under the MSPs from estate recovery under section 1917(b)(1) of the Act. The exemption applies to the following groups of dual eligibles: QMB, SLMB, QI, QDWI, QMB Plus (QMB with full Medicaid benefits), and SLMB Plus (SLMB with full Medicaid benefits).

Two factors govern exclusion of MSP cost-sharing benefits in the Medicaid claim against the estate of a deceased recipient:

- **Date of service:** Exemption of MSP cost-sharing benefits from estate recovery extends only to benefits with dates of service on or after January 1, 2010. States that have elected in their State plan to include MSP cost-sharing benefits as Medicaid expenditures for which estate recovery is sought should continue to perform estate recovery for these benefits against the estate of a dual eligible whose date of death is on or after January 1, 2010, with dates of service for those beneficiary's claims before January 1, 2010.

The date of service for MSP deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid agency. For premium payments, the date of service is the date the State Medicaid agency paid the premium.

- **Date of death:** This new MIPPA exclusion does not apply to estate recovery for deaths that occur before January 1, 2010.

Also, this MIPPA exclusion does not affect inclusion of MSP cost-sharing benefits received before January 1, 2010 in the Medicaid costs that are included in a lien that was in effect at the time of the recipient's death, regardless of the date the lien was initiated or the date of the recipient's death.

MIPPA does not exempt MSP-eligible individuals from all estate recovery. The service which is exempted from estate recovery is the MSP cost-sharing benefit, as detailed above. Benefits not related to MSP cost-sharing are still subject to estate recovery for MSP.

Beneficiary Impact: This legislation should encourage dual eligible beneficiaries to more fully utilize Medicare cost sharing benefits. It allays the concern that Medicaid estate recovery would, after their death, lay claim and be first to recover the value of these cost sharing benefits from their estates.

State Action: States will need to modify section 4.17 of their State Medicaid plans to reflect the changes brought about by section 115 of MIPPA.

Section 116: Exemptions from Income and Resources for Determining Eligibility for LIS

Section 116 of MIPPA is not a Medicaid provision, but it may prompt States to revise their MSP policies to align with new LIS provisions.

Section 116 of MIPPA amended section 1860D-14(a)(3) of the Act to exclude in-kind support and maintenance as income and the value of life insurance policies as a resource when determining LIS eligibility only. These disregards apply only to LIS eligibility determinations. They do not extend to eligibility determinations for MSP, or for Medicaid in general, unless a State decides to apply these changes to MSP.

States have the ability to disregard these items when determining eligibility for MSPs. To exercise this option, a State would need to submit a State plan amendment to disregard this income and/or resource, using section 1902(r)(2) authority. Such a change would simplify eligibility for States and MSP applicants.

Beneficiary Impact: This change will extend the LIS to more people and if States align their Medicaid rules, it would also extend MSP to more individuals.

State Action: No action is required by the States to implement this LIS provision. However, States will need to submit a State plan amendment, if they intend to utilize these disregards when determining MSP eligibility.

Section 118: Model Application

The Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), P.L. 106-554, amended section 1905(p)(5) of the Act to direct CMS to develop a simplified model application for the States to use, at their option, for application for MSPs. This model application is available on the CMS Web site at: (http://www.cms.hhs.gov/DualEligible/03_ModelApplicationforMedicareSavingsPrograms.asp#TopOfPage).

Section 118 of MIPPA further amended section 1905(p)(5)(A) of the Act to require CMS to translate the MSP model application form into at least the 10 languages, other than English, that are most often used by those applying for Medicare. The new model application is now available (at the link listed above) in Arabic, Chinese, Creole, Farsi, French, Korean, Russian, Spanish, Tagalog, and Vietnamese for State use; however, use of the model application remains an option for the States.

Beneficiary Impact: Having this model application available in the most often used languages will provide additional access to beneficiaries applying for MSP.

State Action: No action is required by the States to implement this provision, although States are encouraged to take full advantage of the translated applications. States may need to develop internal processes for the receipt and handling of the applications.

Appendix A: LIS Data Exchange Output Record Layout

Table: This table describes the layout and field descriptions for the LIS Data Exchange Output Record

| RECORD POSITION | FIELD NAME | FIELD SIZE &TYPE | DESCRIPTION |
|------------------------|--|-----------------------------|--|
| 1-9 | Claim Own Social Security Number (COSSN) | PIC X(09) | Beneficiary’s Social Security Number |
| 10-20 | Beneficiary’s HICN | PIC X(11) | This is the claim number the beneficiary’s Medicare/Social Security benefit records are filed under. It consists of a HICN RRB Claim # (9 digits), a prefix (1 digit) and a symbol (1 digit). Social Security determines this from its records. |
| 21-35 | First Name | PIC X(15) | Beneficiary’s First Name |
| 36-50 | Middle Name | PIC X(15) | Beneficiary’s Middle Name |
| 51-72 | Last Name | PIC X(22) | Beneficiary’s Last Name |
| 73-76 | Suffix | PIC X(04) | Beneficiary's Suffix |
| 77-84 | Beneficiary's Date of Birth | PIC 9(08) | This is the beneficiary’s date of birth provided in the format of a two-digit month a two-digit day and a four-digit year. Format: MMDDCCYY |
| 85 | Beneficiary's Gender | PIC X(01) | Gender of beneficiary. Values: F (Female) or M (Male) |
| 86-89 | Beneficiary’s Burial/Funeral Expenses | PIC 9(04) | Question 5 on the SSA LIS application asks if some money will be used for burial expenses. If the beneficiary checks no, a zero will be shown here. If “no” was not checked on question 5, SSA allowed the \$1,500 burial expense exclusion when counting the resources and \$1,500 will be displayed in this field. Values: 0 or 1500 |
| 90-98 | Spouse’s COSSN | PIC X(09) | Spouse’s Social Security Number |
| 99-109 | Spouse’s HICN | PIC X(11) | This is the claim number the spouse’s Medicare/Social Security benefit or Railroad records are filed under. It consists of a HICN RRB Claim # (9 digits), a prefix (1 digit) and a symbol (1 digit). Social Security determines this from its records. |
| 110-124 | Spouse’s First | PIC X(15) | Spouse’s First Name |

| RECORD POSITION | FIELD NAME | FIELD SIZE &TYPE | DESCRIPTION |
|-----------------|--|------------------|--|
| | Name | | |
| 125-139 | Spouse's Middle Name | PIC X(15) | Spouse's Middle Name |
| 140-161 | Spouse's Last Name | PIC X(22) | Spouse's Last Name |
| 162-165 | Spouse's Suffix | PIC X(04) | Spouse's Suffix |
| 166-173 | Spouse's Date of Birth | PIC 9(08) | This is the spouse's date of birth provided in the format of a two-digit month a two-digit day and a four-digit year. Format: MMDDCCYY |
| 174-177 | Spouse's Burial/Funeral Expenses | PIC 9(04) | Question 5 on the SSA LIS application asks if some money will be used for burial expenses. If the beneficiary checks no, a zero will be shown here. If "no" was not checked on question 5, SSA allowed the \$1,500 burial expense exclusion when counting the resources and \$1,500 will be displayed in this field. Values: 0 or 1500 |
| 178-199 | Mailing Address (8 Lines) | PIC X(22) | 1st Line of Address |
| 200-221 | <i>Note: SSA uses the address on record, unless the beneficiary indicates on page 6 of the LIS application that his/her address changed within the past three months. Then the address is taken off the application.</i> | PIC X(22) | 2nd Line of Address |
| 222-243 | | PIC X(22) | 3rd Line of Address |
| 244-265 | | PIC X(22) | 4th Line of Address |
| 266-287 | | PIC X(22) | City |
| 288-289 | | PIC X(02) | State |
| 290-294 | | PIC X(05) | ZIP+5 |
| 295-298 | | PIC X(04) | ZIP+4 |
| 299-313 | | Phone | PIC X(15) |
| 314 | Subsidy Approved | PIC X(01) | This field indicates whether the beneficiary or beneficiary and spouse have been approved for Extra Help. Values: Y = Yes (Award) and N = No (Denied) |
| 315-322 | Subsidy Approval/Disapproval Date | PIC 9(08) | This is the date the determination was made to approve or disapprove the application for Extra Help. Format: MMDDCCYY |

| | | | | |
|---------|------------------------------------|-----------|---|--|
| 323-330 | Subsidy Effective Date | PIC 9(08) | This is the effective date of the approved subsidy application. If the beneficiary is already enrolled in a plan and has Medicare, this will be the first month the beneficiary can use the Extra Help to save on his Medicare prescription drug expenses. Format: MMDDCCYY | |
| 331-347 | Level of Resources | PIC X(17) | There are two resource limits in the LIS program. The lower level of resources provides greater assistance including help with co-pays. Values = Reduced Co-Pay or No Reduced Co-Pay | |
| 348-350 | Income Used for Determination | PIC X(03) | Will display if income used was based upon an individual or from a couple. Values: SNG (Individual) or CPL (Couple) | |
| 351-353 | Income as Percentage of FPL | PIC X(03) | Will display the percent of the Federal Poverty level for the income used on this subsidy determination. | |
| 354-356 | Premium Subsidy % Of Subsidy Award | PIC 9(03) | Indicates the percent of premium subsidy awarded. This could be 0, 25, 50 or 100%. A 000 is the equivalent of a denial since 0% (nothing) has been awarded, and 050 would be a 50% partial subsidy award. Values: 000 (Nothing/Denial), 025 (25%), 050 (50%), 075 (75%), or 100 (100%) | |
| 357-359 | Denial Reason Code 1 | PIC X(3) | If the case is denied, this is where SSA will show the reason(s). More than one code and the explanation may be shown, if applicable. If the beneficiary does not or will not have Medicare during the life of the application, NAB is displayed in this field. If the beneficiary does not provide necessary information requested by SSA needed to determine his/her eligibility, the denial code would be FTC for failure to cooperate. If the beneficiary is denied for excess income INC or for resources RES, these codes will be displayed in this field. <u>Values:</u> NAB - Not a A/B Medicare Beneficiary FTC - Failure to Cooperate RES - Resources INC - Income | |
| 360-389 | Denial Reason Description 1 | PIC X(30) | | |
| 390-392 | Denial Reason Code 2 | PIC X(3) | | |
| 393-422 | Denial Reason Description 2 | PIC X(30) | | |
| 423-425 | Denial Reason Code 3 | PIC X(3) | | |
| 426-455 | Denial Reason Description 3 | PIC X(30) | | |
| 456-458 | Denial Reason Code 4 | PIC X(3) | | |
| 459-488 | Denial Reason Description 4 | PIC X(30) | | |
| 489-496 | Application Date | PIC 9(08) | | This is the date of the application. Format: MMDDCCYY |

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|---------|---|-------------------|--|
| 497 | Check "YES" on Question 3 (Y shown if applicable. Otherwise, position 293 will be blank if N or N/A applicable) | PIC X(01) | <p>The code in this field will tell you whether the beneficiary completed the entire application or stopped at question 3, self-screening himself/herself out of eligibility for Extra Help because his/her resources are too high.</p> <p>If there is a Y the beneficiary stopped at question 3.</p> <p>The field will be blank if the entire application was completed.</p> <p><u>Values:</u></p> <p>Y (Yes) or Blank Spaces (No or N/A)</p> |
| 498-502 | Resources | PIC S9(06) V99 | <u>Bank Account</u> - This field will display the sum total of resources in a bank account, before the burial exclusion is applied. |
| 503-507 | Resources | PIC S9(06) V99 | <u>Stocks, Bonds or Other Investments</u> - This field will display the sum total of stocks, bonds or other investments, before the burial exclusion is applied. |
| 508-512 | Resources | PIC S9(06) V99 | <u>Cash</u> - This field will display the sum total of resources, before the burial exclusion. |
| 513-517 | Resources | PIC S9(06) V99 | <u>Real Estate</u> - This field will display the sum total of real estate other than the beneficiary's home, before the burial exclusion is applied. |
| 518-519 | Household Size | PIC 9(02) | Amount of other relatives (1 thru 99) living in the household - Not including the beneficiary and spouse. Zeros in this space will represent no other relatives in the household. |

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|---------|----------------------|-------------------|--|
| 520-524 | Income Not from Work | PIC S9(06) V99 | This is the income other than from work. The income shown is the full monthly amount of the benefit. This does not display the net check amounts which are after deductions from premiums, overpayments, etc. |
| 525-529 | Income Not from Work | PIC S9(06) V99 | |

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|----------|-------------------------------------|-------------------|---|
| 530-534 | Income Not from Work | PIC S9(06) V99 | Money from Social Security, Railroad Board, Veterans Administration, other pensions and other income such as alimony or workers compensation will be listed separately in this field. Type of income will be displayed using a three-digit code. <u>Values:</u> SSA = Social Security RRB = Railroad VAD = Veterans Benefits OPA = Other Pensions or Annuities OIN = Other Income |
| 535-539 | Income Not from Work | PIC S9(06) V99 | |
| 540-544 | Income Not from Work | PIC S9(06) V99 | |
| 545-549 | Earned Income: (Wages) | PIC S9(06) V99 | The annual amount of the beneficiary's wages from work will be displayed in this field. The figures shown are before any deductions (for taxes, premiums, etc). <i>NOTE: Wages are counted using SSI methodology; that is, Social Security does not count the first \$65 of earnings and one-half of earnings over \$65 received in a month from work.</i> |
| 550-554 | Earned Income: (Wages) | PIC S9(06) V99 | The annual amount of the spouse's wages from work will be displayed in this field. The figures shown are before any deductions (for taxes, premiums, etc). |
| 555-559 | Net Earnings from self –employment) | PIC S9(06) V99 | This will show net earnings from self-employment for the year for the beneficiary. |
| 560-564 | Net Earnings from self –employment) | PIC S9(06) V99 | This will show net earnings from self-employment for the year for the spouse. |
| 565-569 | Net Loss from self – employment | PIC S9(06) V99 | This will show the amount of any net loss in self-employment income for the year for the beneficiary. |
| 570-574 | Net Loss from self – employment | PIC S9(06) V99 | This will show the amount of any net loss in self-employment income for the year for the spouse. |
| 575-1000 | FILLER | PIC X(426) | Blank Spaces (Future Considerations) |

SSA transmits the MSP application data before applying any exclusion to income and resources. When SSA makes a subsidy determination, the first \$20 of income each month is excluded. The figures shown on this chart (and transmitted to the State as MSP application data) are before the \$20 deduction.

SSA also does not count the first \$65 of earnings and one-half of all earnings over \$65 received in a month from work. The figures shown on this chart (and transmitted to the State as MSP application data) are before this exemption is applied.