

Frequently Asked Questions

Q. Can I have MSP and Medicaid?

A. MSP and Medicaid are two separate programs. You can have both at the same time. The medical coverage is different for both programs. QMB only covers medical benefits that Medicare covers.

Types of Services	QMB	Medicaid
Hospitalization	Yes (Maximum of 150 days per benefit period)	Yes
Medical appointments	Yes	Yes
Dental Services	No	Yes
Eye Glasses	No (only after cataract surgery)	Yes
Eye Exams	Sometimes (only if you are treated for a medical condition of the eye)	Yes
Medical Transportation	Limited (only ambulance services for emergency medical care)	Yes
Visiting Nurse Services	Limited (with a doctor's order, when you are homebound and have a skilled need)	Yes
Nursing Home	Limited (after a 3 night overnight qualifying stay in the hospital, requiring a skilled need with a maximum benefit of 100 days)	Yes
Pays Medicare Part B premium	Yes	No
Helps with prescriptions	Yes (enrolls you into LIS which helps with costs)	No (will not pay for medications that are available from a Medicare

		Part D plan). Maximum out of pocket expenses of \$15 for drugs on a Part D formulary.
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Full Medicaid benefits under Husky A, Husky C and Husky D pays for medical services even if they are not covered by Medicare.

Q. My provider says I am on a medical spend down. Do I have medical coverage with QMB?

A. Since QMB is a separate program from Medicaid you have full medical benefits for any medical service covered by Medicare even if you are on a Husky C Medicaid spend down. The income guidelines for Husky C are much lower than QMB. A spend down means you are over income for Husky C, but once you spend down that portion of your income you can have full Medicaid benefits. Since most of your medical costs will be covered by QMB, you might not meet your medical spend down for Husky C. Some individuals drop their Husky C and remain only on QMB.

Q. Can I have a Medigap policy while I am on QMB?

A. Since QMB acts as if it is a Medicare supplement plan, you may want to drop the policy you purchased before you were granted QMB benefits. However, you do have the right to maintain an existing Medigap policy that you may already have. You cannot be sold a duplicative policy of your existing coverage. As a result, you cannot be sold a new Medigap plan or change your existing Medigap company or plan once you receive QMB benefits.

Q. I expect to receive a lump sum payment from my IRA, will this remove me from MSP?

A. A lump sum payment would be considered as income in the month you received this payment and then it would be considered as an asset the following month. Since MSP does not look at assets, a lump sum payment might disqualify you from benefits for one month, but you can reapply if the next month you are income eligible.

Q. Who can apply for MSP?

A. A person who is eligible for Medicare Part A and who has income below the program limits may be eligible for MSP.

Q. What happens if I do not have Medicare Part A?

A. Most people are eligible for Medicare Part A premium free when they turn 65 years old. People who are between 18 and 65 can also receive Medicare Part A if they receive Social Security Disability Benefits and have been permanently disabled for at least two years. If you were eligible for Part A but did not take it at enrollment, the State of Connecticut will pay the Part A premium for you if you are eligible for QMB.

Q. I didn't enroll in Medicare Part B during my initial enrollment period and Social Security says my Medicare Part B won't start until July 1, can MSP help me?

A. Yes, it can. Individuals, who didn't enroll into Medicare Part B when they were first eligible, are normally limited to enrollment during the General Enrollment Period of January 1 through March 31 with a start date of July 1. All three levels of the MSP can help beneficiaries obtain this benefit faster. The State can "buy-in" your Medicare Part B benefit when your MSP application is approved. As a result, Social Security will place you onto Medicare Part B benefits on the date CT DSS states they will pay your Medicare Part B premium. This will eliminate any Medicare Part B penalty you might have had to pay. The "buy in" information is sent to Social Security about every two weeks.

Q. I received a transplant and I am on medications under my Medicare Part B benefit, does MSP help with these costs?

A. Only the QMB portion of MSP will help cover Medicare Part B costs, including the cost of specific medications under Medicare Part B. QMB pays the co-pays and deductibles of any Medicare Part A and B benefit. Please show your grey CONNECT card and the pharmacy can bill QMB so that you are not responsible for 20% of the medication. Have your pharmacist contact the DSS Pharmacy unit at 860-424-5150 if they do not know how to bill the claim to QMB.

Q. I do not have a Medicare Part D plan, how will LIS help me?

The federal government has a temporary Medicare Part D plan called LINET, for individuals who are entitled to LIS but who do not yet have a Medicare Part D plan. You can show your letter from the Department of Social Service as best available evidence that you are entitled to LIS, and the pharmacist can enroll you into LINET immediately. LINET is premium free and has no drug restrictions. You will be automatically enrolled into a Medicare Part D plan within two months if you have not yet selected a plan. Contact CHOICES at 1-800-994-9422 for assisting in selecting a Medicare Part D plan.

Q. I have a Medicare Part D plan, how does my plan know I now receive LIS?

A. It may take two weeks before your Medicare Part D plan is aware that you have LIS. If you need medications before this point, you should contact your Medicare Part D plan and fax or send your DSS approval letter to your plan as best available evidence that you are entitled to LIS co-pays at the pharmacy.

Q. Does it cost anything to apply for or receive MSP?

A. No, there is no cost to apply for or receive MSP.

Q. Do I have to pay back any of the benefits that I receive from MSP?

A. We will not recover money for this program for any benefits that you receive after January 1, 2010. However, if you received any benefits under MSP before January 1, 2010, the State can recover money equal to the amount of benefits you received.

Q. Where can I get more information about MSP?

A. You can get more information about MSP by calling CHOICES at 1-800-994-9422.

Q. Will my Medicare benefits change if I enroll in MSP?

A. No, having MSP does not change your Medicare benefit. It provides more flexibility for enrolling and dis-enrolling from Medicare plans throughout the year.

Q. Do I have to apply for MSP?

A. You must file an application in order to receive MSP. However, enrollment is purely voluntary. You can also stop MSP at any time.

Q. How long will it take for my application to be approved?

A. It takes forty-five days for the department to process your application. As long as you are eligible, you will receive benefits back to the date that we received your application. However, an individual eligible for QMB (Qualified Medicare Beneficiary) qualifies in the month after the individual is determined to be eligible.

Q. When will my eligibility begin if my application for MSP is approved?

A. The eligibility start date for MSP depends on the program for which an individual is eligible.

An individual eligible for QMB qualifies in the month after the individual is determined to be eligible. This is usually the month after we receive the application.

An individual eligible for SLMB or ALMB may qualify for payment during the three months immediately before the date we receive the application.

Q. I know when I will be on Medicare, how soon can I apply?

A. You should apply one month and half before you Medicare start date.

Q. I am on Husky D, can I stay on Husky D when I receive Medicare?

A. Husky D Medicaid is for individual's ages 18-64 that do not have minor children. You are no longer eligible for this particular Medicaid program when you are Medicare eligible. You should apply for MSP as soon as you are notified that you are eligible for Medicare and consider applying for Husky C Medicaid if your assets are below \$1600 (as a single individual). You should consult with CHOICES at 1-800-994-9422 before considering refusing Medicare Part B benefits and for help in understanding your Medicare options and benefits. The federal government will know you have Medicaid and will automatically enroll you into LIS, but you will need to apply for MSP to help with other Medicare related costs.

Q. How often does DSS review my eligibility?

A. MSP is normally granted for a one year period. One month before your expiration date, you will receive redetermination paperwork and a notice in the mail that you are due for a redetermination. Send this completed form to the DSS Scanning Center.

Q. If I am removed from MSP benefits, will that affect my LIS benefits?

A. LIS is administered by the federal government. The redetermination dates for LIS (typically ends on December 31) does not correspond to your MSP dates. If you were eligible for MSP from January through June, but your MSP ends before July, you remain eligible for LIS until December 31. If you were eligible for MSP or Medicaid through July and then your benefit ends, your LIS benefit will remain in effect for that calendar year and through the next. You will receive a notice in September from CMS and Social Security your LIS benefit will stop at the end of the calendar year.

Q. How soon will I see an increase in my Social Security Check?

A. It takes approximately three months from the time that you are granted MSP for you to receive the increase in your Social Security check. The Social Security Administration will send you any back months that are due to you. So, for example, if you are granted MSP in June, you should see an increase in your Social Security check no later than September. Social Security will then send you a check to reimburse you for the months of June, July and August.