

Option to Receive Medicare Savings Program (MSP) Benefit

{County Address}

{County telephone No.}

{Applicant's Name}

{Applicant's Address}

Date:

Dear Consumer:

You recently applied to the Social Security Administration for Extra Help with your Medicare Part D prescription drug coverage. At that time, you agreed to have your application sent to the New York State Medicaid office to apply for help with your Medicare costs.

This is to advise you that the New York State Medicaid Program has determined that you are eligible for the Medicare Savings Program. However, participation in the Medicare Savings Program may affect the benefits you are currently receiving. Please read the paragraph checked below.

- You are currently eligible for full Medicaid benefits as long as you continue to pay your Medicare Part B Premium. However, if you choose to join the Medicare Savings Program (MSP) and have your Medicare premium and other coinsurance payments paid by the Medicaid Program, you will only be eligible for Medicaid under the Medicaid Excess Income Program. Under the Medicaid Excess Income Program you can only receive Medicaid coverage in a month when paid or unpaid medical bills equal or exceed your monthly excess income amount of \$_____. **You will have to provide proof that you have medical expenses each month at least equal to this amount before you can get Medicaid coverage for the remainder of the medical bills for that month.** See the enclosed form, "Explanation of the Excess Income Program," for information about that program.
- You are already enrolled in the Medicaid Excess Income Program. **If you choose to have the Medicare Savings Program pay your Medicare premium and possibly other coinsurance payments, your Medicaid monthly excess amount will increase from \$_____ to \$_____.** You will have to provide proof that you have medical expenses each month at least equal to this new amount before you can get Medicaid coverage for the remainder of the medical expenses for that month.

You are already enrolled in the Medicaid Excess Income Program. You are also eligible to have your Medicare Part B premium paid through the Medicare Savings Program as a Qualified Individual (QI program). However, you may not receive both the QI program and the Medicaid Excess Income Program. You may only choose one. If you choose not to join the Medicare Savings Program, you will continue to be enrolled in the Medicaid Excess Income Program.

For many people, full Medicaid coverage through the Medicaid Excess Income Program is the more beneficial coverage. However, if you do not have a lot of medical bills each month that are not paid by Medicare, you may prefer to be enrolled in the Medicare Savings Program, which will pay your Medicare Part B premium every month that you remain eligible for the Medicare Savings Program.

NOTE: If you are currently receiving Food Stamps and you choose to join the Medicare Savings Program, your Food Stamp benefits may be reduced.

If you would like to join the Medicare Savings Program, print your name, sign and date the form, and return the form to the county address above by _____.

If you do not return this form by the date stated above, your Medicaid benefits will continue unchanged.

I understand the options available to me and I want to join the Medicare Savings Program.

Print Name Date

Sign Here