



*Helping Older Persons with Legal &
Long-Term Care Problems*

Medicare Premium Assistance Programs (MPAP)

1. What Are The Medicare Premium Assistance Programs?

In Ohio, these programs are referred to as Medicare Premium Assistance Programs (MPAPs) (referred to elsewhere as Medicare Savings Programs (MSP) and formerly known as “buy-in” programs), and pay some of the health care costs of Medicare eligible individuals with low income and limited assets. The Ohio Department of Medicaid administers the following Medicare Premium Assistance Programs: [\[1\]](#) [\[2\]](#)

- Qualified Medicare Beneficiaries (QMB)
- Specified Low-Income Medicare Beneficiaries (SLMB)
- Qualified Individuals-1 (QI-1)
- Qualified Disabled and Working Individuals Program (QDWI)

2. Who May Be Eligible?

- A. Individuals age 65 or older, or blind or disabled.
- B. All applicants must participate in Medicare Part A; and
- C. All applicants must be eligible for Medicare Part B or if under 65 years of age,
 - i. be receiving Social Security Disability Benefits for 24 consecutive months or
 - ii. be Medicare Part A eligible because of chronic renal disease. [\[3\]](#)

3. What Are The Financial Eligibility Requirements?

The Ohio Department of Medicaid uses the same methodologies as in Medicaid to determine if an individual meets the income and resource standards. Income eligibility requirements are based on the Federal Poverty Level (FPL) which is adjusted annually. New income standards are effective each April. Social Security's Cost of

Living Adjustments (COLAs) are not counted in January, February and March of each year in determining eligibility during those months.

The MPAPs 2021 monthly income standards below adds the twenty-dollar SS disregard to the FPL:

	Individual	Couple
1) QMB	\$ 1,093	\$1,472 (100% FPL)
2) SLMB	\$ 1,308	\$1,762 (120% FPL)
3) QI-1	\$ 1,470	\$1,981 (135% FPL)
4) QDWI	\$ 2,167	\$2,923 (200% FPL)

Income cannot be “spent-down” to gain eligibility for the MPAPs. Applicants may be dually eligible for a MPAP and other Medicaid programs.

When determining income eligibility, Medicaid deductions and adjustments (i.e., disregards, income exemptions and deeming) are made to gross income. The MPAPs use the 2021 resource standard of \$7,970 for an individual and \$11,960 for a couple. [4]

4. What Is The Application Process?

Applications must be filed with your County Department of Job and Family Services (CDJFS). You will receive a special card after eligibility is determined; however, the card is valid for only one year. You must reapply once a year to maintain eligibility.

You may telephone your CDJFS or call the Ohio Department of Medicaid (ODM) at 1-800-324-8680 and request that an application be mailed to you. The application, form ODM 07216 “Application for Health Coverage & Help Paying Costs”, is also available at <http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx>.

There is no face-to-face interview requirement. Just complete the four-page application and mail it back with proof of identification, age, citizenship, income and resources. Applicants are also required to have or obtain a Social Security number.

5. What Are The QMB Benefits?

- A. Payment of the 2021 Medicare Part A, \$259, and B premium, \$148.50 and
- B. Payments for Medicare out of pocket expenses such as deductibles, co-pays, and the 20% of Medicare covered services provided by Medicaid participating providers. QMB is similar to Medicare Supplemental “MedSupp” or “Medi-Gap” Insurance. [5]

- C. QMB is effective the first day of the month following the month eligibility is determined and authorized. There is no retroactive QMB eligibility. [\[6\]](#)

6. What Are The SLMB Benefits?

- A. Payment of the 2021 Medicare Part B premium, \$148.50, only. [\[7\]](#)
- B. SLMB does not pay any portion of the Medicare coinsurance or deductibles.
- C. SLMB takes effect the month of application provided all eligibility requirements are met. Unlike QMB, SLMB may be retroactive and available for up to three months prior to the month of application. The applicant must meet all eligibility criteria in each of the three months. [\[8\]](#)

7. What Is The Qualified Individual (QI) Program?

The QI-1 program is 100% federally funded on a yearly basis. Eligibility is determined on a first-come, first-served basis until all of the State's allocated slots are taken for the calendar year. Each calendar year a new application must be filed and eligibility redetermined. [\[9\]](#)

8. What Are The QI Benefits?

QI-1 is a Medicare eligible individual who is eligible for payment of his/her Medicare Part B premium only. [\[10\]](#) Eligibility is effective the month of application. Retroactive QI-1 is available for up to 3 months prior to the month of application but not prior to January 1 of each year. All eligibility requirements must be met in each of the three months. [\[11\]](#)

9. Who Are Qualified Disabled and Working Individuals (QDWI)?

These individuals have lost Social Security disability benefits due to earnings in excess of the 2021 Social Security's Substantial Gainful Activity (SGA) limit of \$1,310 monthly. However, they are permitted to enroll for Medicare Part A. Certain QDWIs are provided Medicaid only for the purpose of paying the Medicare Part A premium. [\[12\]](#)

10. What If I Am Denied Eligibility Or Terminated?

You may appeal to ODJFS by requesting a state hearing within 90 days from the mailing date day on the notice of denial or termination. [\[13\]](#) In a termination of benefits case, if you request the state hearing within 15 days from the date on the mailing notice the department will not terminate your benefits before a state hearing decision is issued. [\[14\]](#)

If your benefits are not granted or restored at a state hearing you may file a “paper” appeal with the Appeals Council, Office of Legal Services, Ohio Department of Jobs and Family Services in Columbus, Ohio within 15 calendar days from the date the state hearing decision is issued. You may request your benefits not end until the Appeals Council issues a decision; however, whether your request is granted or not is discretionary. [\[15\]](#)

Call Pro Seniors Legal Helpline if you have any questions: 1-800-488-6070.

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Pro Seniors' Legal Hotline for Older Ohioans provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If you have a concern that cannot be resolved over the phone, then the hotline will try to match you with an attorney who will handle your problem at a fee you can afford.

In southwest Ohio, Pro Seniors' staff attorneys and long-term care ombudsmen handle matters that private attorneys do not, such as nursing facility, adult care facility, home care, Medicare, Medicaid, Social Security, protective services, insurance and landlord/tenant problems.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.

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Endnotes: *[Click the endnote number "[1]" to return to the text]*

- [1] [O.A.C. §5160:1-3-02.1](#) – Medicare premium assistance programs (MPAP)
- [2] [O.A.C. §5160:1-3-02.2](#) – Medicare Buy-In
- [3] [O.A.C. §5160:1-3-02](#) – Medicaid: criteria for age blindness, or disability
- [4] [Ohio Medicaid Policy Publications; ODM MEPL 156](#) (PDF) – Medicaid Eligibility Procedural Letter, MPAP financial eligibility criteria beginning March 1, 2021
- [5] [O.A.C. §5160:1-3-02.1\(I\)\(1\)](#) – Medicare premium assistance programs (MPAP)
- [6] [O.A.C. §5160:1-3-02.1\(H\)\(1\)](#) – Medicare premium assistance programs (MPAP)
- [7] [O.A.C. §5160:1-3-02.1\(I\)\(2\)](#) – Medicare premium assistance programs (MPAP)
- [8] [O.A.C. §5160:1-3-02.1\(H\)\(2\)](#) – Medicare premium assistance programs (MPAP)
- [9] [Center for Medicare Advocacy, Inc.](#)
- [10] [O.A.C. §5160:1-3-02.1\(I\)\(2\)](#) – Medicare premium assistance programs (MPAP)
- [11] [O.A.C. §5160:1-3-02.1\(H\)\(3\)](#) Medicare premium assistance programs (MPAP)
- [12] [O.A.C. §5160:1-3-02.1\(B\)\(9\)](#) – Medicare premium assistance programs (MPAP)
- [13] [O.A.C. §5101:6-3-02\(B\)\(1\)](#) – State hearings: grounds for requesting a state hearing
- [14] [O.A.C. §5101:6-4-01](#) – State hearings: continuation of benefits when a state hearing is requested
- [15] [O.A.C. §5101:6-8-01\(C\)\(4\)&\(D\)](#) – State hearings: administrative appeal of state hearing decisions