

Ohio

Department of
Job and Family Services

Medicare Premium Assistance Program

Providing help to Medicare eligible Ohioans with limited income



What is the Medicare Premium Assistance program (MPAP)?

MPAP is for certain people eligible for Medicare. It is administered by the Ohio Department of Job and Family Services (ODJFS) as part of the Medicaid program. Sometimes it is called the Medicare Buy-In program.

This program helps Medicare-eligible people who have limited income and assets to pay the cost of one or more of the following:

Medicare premium(s)

Medicare deductibles

Medicare coinsurance

MPAP offers three types of assistance:

Qualified Medicare Beneficiary (QMB)

Specified Low-Income Medicare Beneficiary (SLMB)

Qualified Individual-1 (QI-1)

What is Medicare?

Medicare is a federal health insurance program for people age 65 or older, certain people with disabilities, and people with end stage renal disease (ESRD). Medicare is administered by the Social Security Administration.

Medicare consists of two parts:

Part A-Hospital Insurance

Part B-Supplemental Medical Insurance

You can apply for Medicare at your local Social Security office. Call 1-800-772-1213 to locate your nearest office. You may find out more information about Medicare online: www.medicare.gov.

What is Medicaid?

Medicaid is a state and federally funded program which provides health care services to eligible Ohioans with limited income. In Ohio, Medicaid is administered by ODJFS.

You can get a Medicaid application by applying online at <http://odjfsbenefits.ohio.gov>, or contacting your local county department of job and family services (CDJFS). Call 1-800-324-8680 (voice) 1-800-292-3572 (TTY) to locate the office nearest you. More information about Medicaid is available online: www.jfs.ohio.gov/ohp.

Who is eligible to be a Qualified Medicare Beneficiary (QMB)?

To qualify as a QMB through MPAP, your income must be no more than 100% of the Federal Poverty Level (FPL).

- If you qualify for QMB, you will get a special QMB card monthly.
- QMB will only pay for Medicare-covered services received from providers who accept Medicaid.
- If your provider does NOT accept the QMB card, you may be billed for the Medicare deductible and/or coinsurance.

	Monthly Income Limit	Asset Limits	Covers
Individual	\$908 or less	\$6,680	Medicare Part A&B

Couple	\$1,226 or less	\$10,020	premium(s)
Income is based on 2011 FPL, adjustments made yearly.			

Who is eligible to be a Specified Low-Income Medicare Beneficiary (SLMB)

If your income is too high to qualify as a QMB, you may qualify as a SLMB. Your income must be more than 100% to 120% of the FPL.

	Monthly Income Limit	Asset Limits	Covers
Individual	\$909-\$1,089	\$6,680	Medicare Part B premium(s)
Couple	\$1,227-\$1,471	\$10,020	
Income is based on 2011 FPL, adjustments made yearly.			

- Under SLMB, Medicaid pays your Medicare Part B premium to Medicare for you.
- If you qualify for SLMB, you will not receive a monthly health card.
- You must pay your Medicare deductible and coinsurance.

Who is eligible to be a Qualified Individual-1 (QI-1)?

If your income is too high to qualify as a QMB or SLMB, you may qualify as a QI-1. Your income must be more than 120% to 135% of the FPL.

	Monthly Income Limit	Asst Limits	Covers
Individual	\$1,090-\$1,226	\$6,680	Medicare Part B premium(s)
Couple	\$1,472-\$1,655	\$10,020	
Income is based on 2011 FPL, adjustments made yearly.			

- Under QI-1, Medicaid pays your Medicare Part B premium to Medicare for you.
- If you qualify for QI-1, you will not receive a monthly health card.
- You must pay your Medicare deductible and coinsurance.

Please note: The benefit is the same as SLMB, however, QI-1 allows you to have more money and still qualify.

How do I apply for MPAP?

You can apply online at <http://odjfsbenefits.ohio.gov>.

- or -

Get an application (JFS 07103) by:

- Calling the Consumer Hotline: 1-800-324-8680 (voice) or 1-800-292-3572 (TTY);
- Downloading it from the Web: http://www.jfs.ohio.gov/ohp/consumers/MPAP_Application.stm;
or
- Contacting your local CDJFS.

After you complete and sign the application:

- Attach copies of any required documents (see next page).
- If you do not have some of the information needed, you may still submit the application.
- Return the application by mail, fax, or by visiting your local CDJFS.

What information do I need when I apply?

You need to provide:

- Your Social Security number
- Your Medicare claim number
- Proof of all sources of income
- Proof of all your assets, including:
 - cash
 - stocks and bonds
 - checking and savings accounts
 - real estate
 - motor vehicles
 - life insurance policies
 - annuities

Some items that may not count as assets include:

- your primary home
- one motor vehicle
- burial or term life insurance policies
- personal effects

If you have problems collecting some information, ask your CDJFS for help getting your documents.

You will also need to provide information about all health care insurance you have.

What happens after I apply?

After you have mailed or faxed your application and any required papers:

- You should receive a letter from your local CDJFS letting you know they have received your application.
- If more information is needed, you will receive a letter requesting the information that is still needed.
- If you have problems obtaining the information needed, ask your caseworker for help with getting the documents.
- If you are not contacted by your CDJFS within 30 days, call the CDJFS to get the status of your application.
- You will receive a letter from the CDJFS letting you know if you are eligible for MPAP. It will also tell you which type of assistance you will receive.

Frequently Asked Questions

Q. If I qualify for MPAP, will I receive a card?

A. Under MPAP, you will only receive a card if you qualify as a Qualified Medicare Beneficiary (QMB). The QMB card allows your doctor or hospital to bill Medicaid for certain Medicare deductible or coinsurance costs you may have.

Q. If I am eligible for MPAP, will I be billed for deductible and coinsurance costs?

A. That depends. If you are eligible for QMB through MPAP, your doctor cannot bill you for Medicare Part A or B deductibles or coinsurance costs if he or she is a Medicaid provider. If you are eligible as a Specified Low-Income Medicare Beneficiary (SLMB), you will be responsible for any deductibles or coinsurance costs. As an SLMB, your benefit will only cover your Medicare Part B premium.

Frequently Asked Questions

Q. Will MPAP pay for things like prescriptions or dental services?

A. No. MPAP only pays for certain costs associated with Medicare. Ohio Medicaid may be able to help with other health care costs. Contact your local CDJFS to get more information.

Q. Can I be eligible for both MPAP and Medicaid?

A. Yes, you may be eligible for both programs. Contact your local CDJFS for more information.

Q. What if I have past medical bills I cannot pay?

A. Ohio Medicaid offers an option called "Spenddown Medicaid" for individuals whose income is too high to qualify for Medicaid. If you qualify for Spenddown Medicaid, these past medical bills could be used to meet or reduce your Spenddown amount for future months. Spenddown amounts are determined by the local CDJFS.

Other Helpful Programs

Help with Food:

You may qualify for food stamps to help with food costs. To learn more, contact your County Department of Job and Family Services for the brochure, JFS 08003 Ohio's Food Assistance Program.

Supplemental Security Income (SSI):

SSI offers cash help to people in need who are either age 65 or older or who are any age and have a disability. You can learn more about SSI by contacting your local Social Security office or by calling 1-800-772-1213.

Percentage of Income Payment Plan (PIP):

If you currently pay for gas or electric, PIP can help with your utility costs. It may also help with last year's bills. To learn more, contact the Public Utilities Commission: 1-800-686-7826.

For more information and answers to your questions, please call:

Medicaid Consumer Hotline:

1-800-324-8680 (voice)

1-800-292-3572 (TTY)

Your Rights

You Have the Right to a State Hearing

If you don't agree with an action taken or a decision made on your benefits by your CDJFS, you can ask for a state hearing. You can also ask for a state hearing if you feel your CDJFS has not done something correctly with your case.

To learn more, ask your caseworker for the brochure **Explanation of State Hearing Procedures** (JFS 04059).

Your Civil Rights

Laws do not allow discrimination in Ohio Medicaid programs. Discrimination can include race, sex, age, religion, disability, political affiliation, ancestry, or country of birth. To learn more, ask your caseworker for the brochure **Your Rights** (JFS 08000).

If you feel that you have been discriminated against, send your complaint to:

Bureau of Civil Rights
Ohio Department of Job and Family Services
30 E. Broad St. 30th Floor
Columbus, Ohio 43215

Medicare Premium Assistance Program Levels

Category Name	Monthly Income	Benefit
Qualified Medicare Beneficiary (QMB)	\$908 per individual \$1,221 per couple	Medicare premiums, deductibles, co-insurance
Specified Low-Income Medicare Beneficiary (SLMB)	\$1,089 per individual \$1,471 per couple	Medicare Part B premium
Qualified Individual-1 (QI-1)	\$1,226 per individual \$1,655 per couple	Medicare Part B premium
Asset limits are \$6,680 per individual and \$10,020 per couple. *Income is based on 2011 Federal Poverty Level, adjustments made yearly.		

John R. Kasich, Governor, State of Ohio
Michael B. Colbert, Director, Ohio Department of Job & Family Services
jfs.ohio.gov/ohp

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This information is not intended to replace, change or obsolete any portion of the Medicaid Eligibility Manual (MEM) or department rule. Additional copies can be requested by sending a fax to: (614) 728-7724 or visiting: jfs.ohio.gov/OHP/infodata/publications.stm.