

In Focus:

Streamlining Medicare Savings Program Enrollment in New York

Medicare Savings Programs (MSPs) are a lifeline for many low-income older adults. They add value for Medicare beneficiaries by helping cover Medicare Parts A and B premiums, cost sharing, and other out-of-pocket costs, making essential healthcare more affordable. However, millions of eligible individuals are not enrolled. Many states have taken actions to improve enrollment—such as using Part D Low-Income Subsidy (LIS) application data from the Social Security Administration (Leads data) to facilitate MSP enrollment, removing asset limits, or aligning LIS and MSP eligibility criteria. Aligned with their commitment to disseminating best practices and cost-effective strategies for benefits outreach and enrollment for older adults, through partnership with L&M Policy Research, the National Council on Aging (NCOA) developed case studies highlighting states' approaches to streamlining MSP enrollment. This case study draws on insights from interviews and publicly available resources to showcase New York's experience with streamlining MSP enrollment and describes milestones achieved, challenges experienced, and lessons learned.

Executive Summary

New York has made significant strides through both administrative and legislative actions to streamline MSP and LIS eligibility and enrollment processes to reduce enrollment barriers for older adults and to alleviate the state's burden of administering the benefits.

Key takeaways from New York's streamlining efforts:

- In December 2024, the **New York State legislature enacted legislation that required the use of LIS leads data for MSP applications**. This new legislation codified the use of Leads data into state law, ensuring continued use of the Leads data regardless of any federal actions.
- New York benefits from a **strong community-based organization (CBO) and consumer advocacy presence**, which it has leveraged for technical expertise and consultation in the development and implementation of process and policy flexibilities.
- **New York's expansion of MSP income thresholds** was vital for expanding access and aligning eligibility criteria between LIS and MSP but required significant expertise and resource investment from multiple interested parties in the state, including multiple conversations with CMS staff to understand permissibility.
- New York discussed the **importance of modernizing their eligibility system to implement the automated Leads data process** but noted the significant resource investment across various functional areas (e.g., IT, enrollment/operations, policy).

The detail found in the subsequent sections in this case study contextualizes these key takeaways and provides additional insights into New York's efforts to streamline and coordinate enrollment between MSP and LIS.



State Context and Background

New York, a Medicaid expansion state, has an estimated MSP participation rate of 54% of all potentially eligible enrollees.¹ Among LIS recipients in the state, who often are also eligible for MSP, approximately 10% are not enrolled in an MSP.² New York has implemented several efforts to streamline enrollment into MSPs, primarily by removing asset limits from its MSP eligibility criteria in 2008 and most recently expanding their MSP income thresholds. Since 2004, the state has automatically enrolled Supplemental Security Income (SSI) recipients into the Qualified Medicare Beneficiary (QMB) program.³ Additionally, New York is developing a new eligibility system for MSP enrollment, which could help the state in further utilizing Leads data to facilitate MSP applications and streamline enrollment.

In New York, there are two key state players—the **New York Department of Health Office of Health Insurance Programs**, that administers MSP, and the **New York State Office of Aging (NYSOFA)**, that supports the Department of Health with program outreach and education efforts. Each of them plays critical and parallel roles in ensuring access to health benefits for older adults, including:

The New York Department of Health (NYDOH) Office of Health Insurance Programs

- NYDOH is responsible for overseeing **eligibility, enrollment, budgets, and data systems** related to the provision of health benefits, including MSP.
- NYDOH is supported by county level Medicaid offices, which are responsible for MSP enrollment and applications.*

**The NYDOH anticipates that the implementation of a new eligibility system will likely change their MSP enrollment and application process.*

The New York State Office for the Aging (NYSOFA)

- NYSOFA supports **outreach and education** efforts for programs for older adults.
- Outreach is conducted by local offices, including Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), New York's State Health Insurance Assistance Program (SHIP), also known as the Health Insurance Information Counseling and Assistance Program (HIICAP), and Managed Care Consumer Assistance Programs (MCCAPs).
- These offices provide education, outreach, and one-on-one health insurance counseling for low-income older adults and individuals with disabilities.

¹ <https://www.ncoa.org/benefits-participation-map?program=msp>

² <https://www.cms.gov/files/document/lisenrollmentjune2021.pdf>

³ The Qualified Medicare Beneficiary (QMB) program pays for beneficiaries' Medicare Part A premium for people who do not have enough work history to get premium free Part A. QMB also pays the Part B premium, deductibles, and coinsurances. Medicaid eligible individuals who qualify for QMB cannot be charged Medicare co-pays.

The two state offices are supported by CBOs and in particular, advocacy organizations that have played a large role in New York’s approach to MSP, with the most prominent being the **Medicare Rights Center (MRC)**.⁴ MRC is a national consumer advocacy organization that helps older adults understand and access public health benefits programs such as MSPs, LIS, and Medicaid. They provide outreach, education, eligibility and application support to New Yorkers as one the MCCAPS for NYSOFA.

New York’s current eligibility system relies on online applications for most MAGI applicants and paper applications for enrollment in most state health benefits programs for non-MAGI populations.⁵ Staffing shortages and the influx of applications during the COVID public health emergency highlighted the need to modernize New York’s application and enrollment system for non-MAGI beneficiaries. For that reason, NYDOH is updating their legacy non-MAGI eligibility system to develop a statewide system to support online applications for non-MAGI beneficiaries (discussed in detail in the Streamlining and Integrating Applications section on the following pages).

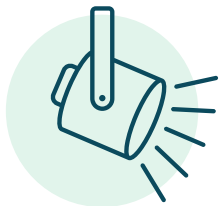


⁴ To learn more about MRC: <https://www.medicarerights.org/about>

⁵ Modified Adjusted Gross Income (MAGI) populations include individuals under the age of 65 who are not eligible for Medicare. Eligibility for health benefits are determined on an income-basis. Non-MAGI populations include disabled individuals under the age of 65, or individuals aged 65 and over; eligibility for health benefits is dependent on more restrictive income and resource tests than for MAGI applicants.

State Efforts to Streamline Enrollment

Use of Leads Data for MSP Applications



Policy Spotlight

Federal law requires the Social Security Administration (SSA) to send states Leads data for the purposes of initiating MSP applications, but many states still do not use the data to facilitate MSP enrollment. For states that use the data, there is variation in how they use it for MSP enrollment (e.g., sending out blank MSP applications vs. automatically enrolling identified individuals into MSPs). Utilizing application information from public benefits programs with overlapping eligibility criteria could help reduce barriers to enrollment for older adults and expedite the review and approval process of applications for states.

To date, New York's use of Leads data has been limited to the initiation of an MSP application. More specifically, the state sends a blank MSP application and a cover letter explaining the benefit to the mailing address of individuals identified in the Leads data.

New York's use of the Leads data is limited by two key concerns related to the information in the data file, including:

1

There are gaps in the information in the Leads data.

- The Leads data lacks immigration and citizenship status data required by New York to fully determine MSP eligibility, and

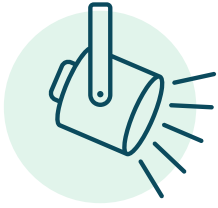
2

There is insufficient detail in the file. More specifically:

- The information and level of detail in the file is incompatible for what is needed in the MSP application (e.g., no breakdown of different income sources).
- Zip codes that span multiple counties or cross states lines have resulted in confusion as to what state or county agency is responsible for verifying an individual's identity and administering services to individuals identified in the file.

Both the gaps and the insufficient detail in the data do not allow the state to conduct full MSP eligibility determinations without verifying or collecting additional information from consumers or other data sources.

Automatic Qualified Medicare Beneficiary (QMB) Program Enrollment for SSI Recipients



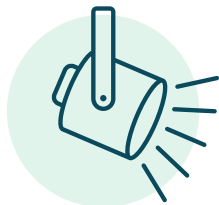
Policy Spotlight

Given overlapping eligibility criteria between the programs, SSI recipients are always deemed eligible for QMB. However, to date, many states have required a separate application for SSI recipients to enroll them into QMBs. State efforts to automatically enroll SSI recipients into QMB, with no extra application or additional steps (e.g., initial interview, information verification) to determine eligibility, could help streamline enrollment into MSP.

New York has been conducting automatic enrollment for SSI recipients into QMBs since 2004, without any issues in the process. This is primarily supported by the fact that New York 1) is an auto accrete state, which means SSI recipients are automatically enrolled in Medicaid and in Part B; and 2) is a Part A buy-in state, so they enroll all Part B enrolled Medicaid recipients into Part A. However, there are some concerns related to the program enrollment delays for individuals during the initial enrollment period (i.e., the 7-month period that includes the 3 months before, the month of and 3 months after a person turns 65) and how it impacts MSP enrollment. Specifically, the state enrolls individuals in Part B in the months leading up to their 65th birthday but typically does not enroll individuals in Part A until 2–3 months after turning 65. These differing enrollment dates can complicate the enrollment process into an MSP if the consumer is shown to not have Part A when they are applying.



Aligning MSP and LIS Eligibility Rules and Definitions



Policy Spotlight

Variations in common eligibility criteria (e.g., income and family size) between programs results in substantial state burden in conducting cross-program eligibility determinations and can create barriers to older adults applying for multiple programs. Aligning MSP financial eligibility criteria or definitions with LIS, such as income thresholds or family size definitions, could streamline cross-program enrollment and support states in processing applications using Leads data.

After advocacy from MRC and other organizations, the NYDOH expanded MSP income thresholds. A breakdown of the thresholds before and after the expanded limits is detailed in the Table below.

	Qualified Medicare Beneficiary (QMB)	Specified Low-Income Medicare Beneficiary (SLMB) ⁶	Qualified Individual (QI) ⁷
Pre-Expansion	Income at or below 100% FPL	Income between 100–120% FPL	Income below 135% FPL
Expanded	Income at or below 138% FPL	Operationally subsumed into QMB, but remains in statute	Income below 186%

The MSP expanded income thresholds more closely align MSP and LIS eligibility criteria, provide more robust coverage for older adults previously enrolled in SLMB by transitioning them to QMB, and increase access to MSPs by expanding eligibility for the QI program.

⁶ The Specified Low-Income Medicare Beneficiary (SLMB) Program pays for Medicare beneficiaries' part B premiums.

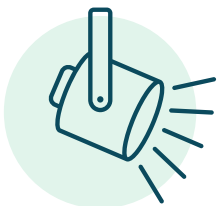
⁷ The Qualifying Individual (QI) program pays for Medicare Part B premiums.

These efforts to expand MSP income limits required significant coordination efforts between the NYDOH, advocacy organizations, and federal agencies. State representatives and advocacy organization staff had conversations with CMS to understand what income thresholds were permissible under federal law. Additionally, securing buy-in on the implementation required concerted efforts from interested parties across the state to articulate the benefit and potential state cost savings attributed to expanding access. State advocacy efforts focused on the potential for increasing enrollment into MSPs and facilitating greater participation in LIS, thereby enhancing federal support for older adults and potentially reducing the state's burden of providing support through the Elderly Pharmaceutical Insurance Coverage (EPIC) program, the state's pharmaceutical assistance program.

Despite success in expanding the thresholds, continued outreach and education activities could assist with enrollment efforts, particularly among the expanded 135–186% FPL QI cohort since this group would be newly eligible for MSPs.

As a result of New York's efforts to align eligibility criteria between MSP and LIS, the state has enrolled over 1 million older adults into MSPs as of Fall 2024

Reducing Documentation Requirements for MSP Applications



Policy spotlight:

Income documentation requirements associated with the benefit enrollment process require significant time and resources for consumers and state agencies. Requiring less documentation for certain assets that are marginal or likely to depreciate such as interest and dividend income, non-liquid resources, and burial funds, would reduce barriers to enrollment for consumers and alleviate state burden of reviewing and verifying the information.

Even before the alignment of MSP and LIS income thresholds, New York removed asset limits from their MSP eligibility determinations in 2008, alleviating some burden for older adults applying for MSPs. The state does not currently have plans to accept self-attestation for other income types. However, state advocates expressed a desire for New York to pursue broader self-attestation flexibilities, given its success in alleviating burden for older adults and state agencies during the COVID public health emergency (PHE).

Streamlining and Integrating Applications

Aligning and handling MAGI and non-MAGI eligibility and enrollment requirements (e.g., eliminating in person interviews, standardizing recertification period to once every 12 months, etc.) and application processes is one potential approach for state streamlining efforts. New York decided to move forward with this primarily by updating their online benefits application and portal. The new system will be deployed in several rounds; in the first round scheduled for late 2025, the NYDOH will accept and process new non-MAGI Medicaid applications and process new MSP applications. The primary goal of this migration is to modernize the enrollment processes for non-MAGI populations and ease the transitions for individuals turning 65 and transitioning from MAGI to non-MAGI Medicaid. Subsequent rounds will include the launch of a portal for assisters and facilitated enrollers to support consumers in completing applications and efforts to transition existing beneficiaries from the legacy system to the new online platform. Notably, the state is still determining to what degree they will retain the paper application process in addition to the new online format for non-MAGI enrollees.

Additionally, because of consumer advocacy efforts, the NYDOH made permanent the telephonic signature flexibility for public benefit applications from the PHE.

Use of Other Administrative Data for Reviews and Approvals

Using information from other benefit programs or other administrative data sets can assist states with reducing the burden of the application and recertification process, and streamlining enrollment into benefits for older adults without requesting additional information.

While the state confirmed that they can manually query other data sources (e.g., IRS and SNAP) to verify or fill in information gaps on public benefit applications, they are not using this capability to address gaps in the Leads data. Rather, the state is actively looking into other data sets, like unemployment data, to support automating enrollment processes and expediting reviews and approvals; for example, the state is working to implement a system for sharing data across programs to automatically enroll older adults on SNAP into MSPs.



Wrap Up and Next Steps

As highlighted throughout the case study, New York has made significant progress in streamlining MSP and LIS enrollment, reducing enrollment barriers for older adults, and alleviating state burden of administering the benefits.

While New York's efforts to modernize their non-MAGI application and enrollment process will require the continued investment of state resources, the initiative will ultimately reduce some of the burden of administering benefits and will also lessen enrollment barriers for older adults. Additionally, despite expanding and aligning MSP income thresholds with LIS, moving forward, the state will likely increase outreach efforts to the expanded 135–186% FPL QI cohort to increase program enrollment.

Insights highlighted throughout this case study provide an overview of the barriers and facilitators New York has encountered through their streamlining efforts, which could inform other states as they refine their own processes. Additionally, federal partners can leverage these insights to guide program improvements, enhance support for states, and ensure policies are responsive to the diverse operational environments and challenges faced at the state level. New York's experience offers actionable lessons to both state and federal partners who are interested in streamlining enrollment, reducing administrative burden, and promoting access to MSP and LIS.





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