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he National Council on Aging (NCOA), in partnership with L&M Policy Research, investigated states' approaches for streamlining cross-enrollment into Medicare Savings Programs (MSPs) and the Low-Income Subsidy (LIS) program. Streamlining enrollment could allow states to reduce administrative burdens associated with processing applications and conducting eligibility determinations, while connecting low-income older adults to health care and prescription drug benefits. To understand different approaches to streamlining, we developed case studies with four states (Arizona, New York, Oregon, and Washington). Below, we highlight key takeaways from the case studies that can guide other states' approaches.



Using Leads data can facilitate MSP enrollment. Federal law requires the Social Security Administration (SSA) to send states Leads data to initiate MSP applications, but many states do not use the data to facilitate MSP enrollment.

Case Study Findings: **3 states (NY, OR, WA)** use Leads data to initiate an MSP application; **1 state (AZ)** treats the Leads data as an MSP application and uses it to assess eligibility, when possible. States noted that the Leads data is often insufficient to make complete determinations and either currently, or plan to, fill information gaps using other administrative data.



Aligning MSP and LIS eligibility criteria across programs can lessen application barriers for older adults and reduce the burden on states to conduct cross-program eligibility determinations.

Case Study Findings: **4 states (AZ, NY, OR, WA)** have eliminated asset limits from their MSP eligibility criteria and **2 states (NY, WA)** also increased their MSP income thresholds. Both strategies help converge MSP and LIS eligibility criteria, allowing states to more easily use Leads data to make MSP determinations.



Integrating public benefit applications and eligibility systems for programs, including MSPs, can reduce enrollment barriers for older adults by simplifying application requirements and allowing them to apply for multiple programs at once.

Case Study Findings: **3 states (AZ, OR, WA)** have integrated online applications for multiple health and non-health programs, including MSP. Additionally, **2 states (OR, WA)** use integrated eligibility systems, allowing the states to access and use data from multiple programs when making eligibility determinations.

Detailed findings for each state's approach can be found [here](#).

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