



Medicare Savings Programs in Florida

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Medicare Savings Programs in Florida

Topics

- Program Overview – Coverages, Eligibility
- Challenges
- Recent Developments
- Tips – Enrollment/Renewal, QMB Billing

Medicare Savings Programs in Florida

Program Overview

Program Overview
Coverages & Eligibility

Medicare Savings Programs in Florida

Program Overview

Medicare Savings Programs:

- Purpose: Help low-income individuals overcome barriers to Medicare-covered services
- Must be enrolled in Medicare Part A - may cover Part A premium
- Covers Medicare Part B premiums (except WD)
- May cover Medicare copays/deductibles
- Eligible for “Extra Help” Prescription Drug Program/Low-Income Subsidy (LIS)

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Program Overview - Coverages

	FPL	Covers Part A premiums	Covers Part B premiums	Covers Medicare deductibles/coinsurance	Eligible for Extra Help (LIS)
Qualified Medicare Beneficiaries (QMB)	100%	✓	✓	✓	✓
Specified Low-Income Medicare Beneficiary (SLMB)	120%		✓		✓
Qualifying Individuals 1 (QI-1)	135%		✓		✓
Working Disabled	200%	✓			Maybe

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Program Overview - Eligibility

Technical Requirements

- U.S. Citizen or qualified immigration status
 - Effective 10/26, only:
 - LPRs (after 5-year bar);
 - Cuban and Haitian entrants; and
 - Individuals living in the United States through a Compact of Free Association (CoFA)
- Enrolled in Medicare Part A
- For QI-1, cannot be receiving full Medicaid benefits
- For Working Disabled, must be under 65

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Program Overview - Eligibility

Financial Requirements - QMB, SLMB, QI-1 ESS Appendix A-9.1

Note:

- Asset limits
- Standard disregard = \$20
- Earned Income disregard = \$65 + ½ earned income

Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) Coverage Groups
Financial Standards-April 2025

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
FPL	100%	120%	135%		150%	
Individual	\$1,305	\$1,565	\$1,761	\$9,660	\$1,957	\$16,100
Couple/2	\$1,763	\$2,115	\$2,380	\$14,470	\$2,644	\$32,130
3	\$2,221	\$2,665	\$2,999		\$3,332	
4	\$2,680	\$3,215	\$3,617		\$4,019	
5	\$3,138	\$3,765	\$4,236		\$4,707	
6	\$3,596	\$4,315	\$4,855		\$5,394	
7	\$4,055	\$4,865	\$5,474		\$6,082	
8	\$4,513	\$5,415	\$6,092		\$6,769	
9	\$4,971	\$5,965	\$6,711		\$7,457	
10	\$5,430	\$6,515	\$7,330		\$8,144	
Additional Person	+\$458	+\$550	+\$619		+\$688	

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Program Overview - Eligibility

Financial Requirements - Working Disabled ESS Appendix A-9

- For individuals who work and no longer qualify for premium-free Medicare Part A
- Income < 200% FPL
- Asset Limit = \$5,000 individual/\$6,000 couple

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Challenges

Challenges

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Challenges

Challenges with MSPs

- Low Enrollment - Estimated < 50% eligible individuals enrolled
- Erroneous Eligibility Determinations
- Unlawful Billing Practices (QMB)

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Recent Developments

Recent Developments

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Recent Developments

2 New(ish) Rules

- Center for Medicare and Medicaid Services (CMS) 2023 Rule: “Streamlining Medicaid; Medicare Savings Program Eligibility Determination and Enrollment” (September 21, 2023) (“MSP Rule”)
- Center for Medicare and Medicaid Services (CMS) 2024 Rule: “Medicaid Program; Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes” (April 2, 2024) (“Eligibility & Enrollment Rule”)

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Recent Developments

2023 MSP Rule

- Requires states to automatically enroll certain Supplemental Security Income (SSI) recipients into QMB; cannot require separate application – 42 C.F.R. s. 435.909 (eff. Oct. 2024)

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Recent Developments

2024 Eligibility & Enrollment Rule

- Removes requirement to apply for all other benefits as a condition of eligibility - 42 C.F.R. §§ 435.608, 436.608
DCF Implemented July 2025 - Transmittal No. P-25-07-0003
- Apply reasonable compatibility standard for assets - 42 C.F.R. §§ 435.940, 435.952
Electronic data source and client attestation are “reasonably compatible” if both below eligibility threshold

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Recent Developments

H.R. 1 Rule Moratoria

H.R. 1 (ss. 71101, 71102) - Prohibits the Secretary of the Department of Health and Human Services (HHS) from implementing, administering, or enforcing provisions of these rules that had not yet gone into effect as of July 4, 2025. This prohibition is in effect until September 30, 2034.

Important: This moratorium does not prohibit states from implementing these provisions, it only prohibits CMS from enforcing them.

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Recent Developments

Blocked Sections of 2023 MSP Rule

- Requires states to accept LIS application data to initiate an MSP application (eff. Apr. 2026; already required by statute)
- Aligns MSP and LIS definitions of “family size” - must include applicant’s spouse and dependents living in household (eff. Apr. 2026)
- Accept attestation for interest/dividend income, non-liquid resources, burial funds, subject to reasonable compatibility (eff. Apr. 2026)
- Accept attestation for life insurance assets, subject to reasonable compatibility (eff. Apr. 2026)
- Requires alignment of QMB and premium Part A effective dates (eff. Apr. 2026)

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Recent Developments

Blocked Sections of 2024 Eligibility & Enrollment Rule

- Aligns non-MAGI (SSI-related Medicaid) enrollment requirements with MAGI policies (annual redetermination, 15 days to provide requested information, 90-day reconsideration period, and prohibiting in-person interview requirement). 42 C.F.R. §§ 435.907(d), 435.916.

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Recent Developments

Resources regarding H.R. Rule Moratoria

Center on Budget & Policy Priorities, [Medicaid Eligibility and Enrollment Rules Lay Framework for Program Improvements States Can Still Adopt, Despite Moratorium](#) (Sept. 24, 2025)

Justice in Aging, [Final Rule to Streamline Enrollment in Medicare Savings Programs](#) (Oct. 30, 2025)

KFF, [The Impact of H.R. 1 on Two Medicaid Eligibility Rules](#) (Sept. 22, 2025)

NHelp, [Eligibility and Enrollment Provisions in OBBBA](#) (Aug. 21, 2025)

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Recent Developments

Florida “Family Size” Policy

- Florida implemented change to “family size” in 2024
- Old rule: Household size determined by whose income counts; only included members who had income to be deemed to applicant
E.g., spouse or child w/no income would not be included
- “Family size” = the applicant, the applicant’s spouse (if living with the applicant), and any persons who are related by blood, marriage, or adoption, who are living with the applicant and spouse and who are dependent on the applicant or spouse for at least one half of their financial support.
- Income/assets of dependent family members not included

References: DCF Transmittal No. P-24-01-0001; ESS Policies 2240.0100; 2240.0606.05.

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Recent Developments

Florida “Family Size” Case Example #1

- J.N. – 42 year-old disabled individual with SSDI=\$2,175/month and no assets
- Lives with spouse and 3 minor children
- Spouse has no income; all 3 children also receive SSDI
- On renewal in April 2025, DCF enrolled her in SLMB effective 6/1/25

Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) Coverage Groups
Financial Standards-April 2025

Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
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Recent Developments

Florida “Family Size” Case #1 – Next Steps

- Client was comfortable handling appeal on his own
- Provided Transmittal No. P-24-01-0001 and ESS policy manual cites to submit with appeal
- Went to DCF office in person; supervisor refused to review transmittal; provided blank paper to request appeal
- Appeal office had no record of appeal
- When appeal finally recognized, DCF representative advised eligible for SLMB and pressured to drop appeal
- When he did not agree, representative called back and said he qualified for QMB after all

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Recent Developments

Florida “Family Size” Case Example #2

- J.S. – 46 year-old disabled individual with SSDI=\$1,419/month and no assets
- Minor daughter lives with her and is a dependent
- Child also receives SSDI and child support - both excluded
- On renewal in April 2025, DCF enrolled her in SLMB effective 6/1/25

Medicare Savings Programs (MSPs) and Low-Income Subsidy (LIS) Coverage Groups
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Family Size	QMB	SLMB	QI1	Asset Limit MSP	LIS	Asset Limit' LIS
FPL	100%	120%	135%		150%	
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Recent Developments

Florida “Family Size” Case #2 – Next Steps

- Filed appeal on her behalf
- Restored QMB coverage back to April 2025
- Client still struggling with provider billing

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Recent Developments

Tips – Enrollment/Renewal, QMB Billing

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Tips

Enrollment/Renewal Tips

- Apply through MyACCESS (DCF “Buy-in Application” doesn’t collect family size information)
- Ensure enrollment in correct MSP
- Promptly appeal incorrect enrollment determinations
- Ensure corrective action is applied back to month of application - premiums will be refunded by SSA

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Tips

QMB Billing Protection Tips

Medicare providers are prohibited from billing QMB enrollees for Medicare-covered services:

- No copayments
- No coinsurance
- No deductibles
- Providers receive Medicare-approved payment only
- Exceptions: Non-Medicare covered service, out of network in Medicare Advantage Plan, Part D LIS copays

42 U.S.C. Sec. 1396a(n)(3)(B)

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Tips

What to do?

- Have client show provider Medicare Summary Notice proving QMB enrollment
- Call Medicare 1-800-MEDICARE
 - Confirm QMB enrollment
 - Request to contact provider
 - Refer to State Medicare Advisory Council
- If goes to collections, file complaint with [Consumer Financial Protection Bureau](#)

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Tips

QMB Billing Protection Resources

CMS, 3 Tips for People in the Qualified Medicare Beneficiary (QMB) Program (May 2025)

CMS Medicare Learning Network, Prohibition on Billing Qualified Medicare Beneficiaries (Oct. 2024)

Justice in Aging, Qualified Medicare Beneficiary (QMB) Protections in Medicare Advantage: Issues, Tips and Avenues for Advocacy (Dec. 2019)

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Questions?