Community Services Division

Adult Medical Programs

Classic Medicaid

Medicare Savings Programs
What’s the Difference?

Classic Medicaid

- Classic Medicaid programs pay for doctors bills, hospital bills, prescriptions, etc.

- Aliases include: ‘NGMA medical’, ‘Categorically Needy’, ‘Spenddown’, and ‘SSI Related.’

- Classic Medicaid programs have income and resources limits.

- If over the income limit, a client might have a “spenddown” to meet before coverage begins.
Medicare Savings Programs (MSP) pay Medicare premiums and some deductibles/co-insurances and copayments.

Aliases include: ‘Qualified Medicare Beneficiary (QMB),’ ‘Special Low-Income Medicare Beneficiary (SLMB),’ and ‘Qualified Individual’ (QI-1).

Medicare Savings Programs have an income and resource limit.
SSI-Related Medical Eligibility

- Must be Citizen; National; Qualified Alien*
- Must be a WA Resident
- Have a valid Social Security Number or applied for one
- Under income limit (same as SSI standard) for categorically needy coverage
- Under Resource limit
- Must be 65+ or blind or disabled

* Exempt from five-year bar or have met the five-year bar
Spenddown Eligibility Criteria

- Must be Citizen; National; Qualified Alien*
- Must be a WA Resident
- A valid Social Security Number or have applied
- Under resource limit
- Must be 65+ or deemed disabled or blind
- Not eligible for MAGI medical through Health Plan Finder** (or needs long term care services not available through MAGI)
How to Calculate a Spenddown Amount

- Take the client’s gross income
- Subtract $20.00 Standard Deduction
- Subtract the SSI payment Standard ($750.00 currently)
- Subtract any health insurance premiums **unless person is on Medicare Savings Prog.**
- Subtract any deemed income for dependents or spouses
- Multiply the ‘net income’ by the spenddown period. Default of 6-month. But, clients can choose a 3-month spenddown base period.
Example: Mark receives $1055/month in Social Security Benefits. No current health insurance, no earned income and no income deeming.

$1055
- $20 minus unearned standard income deduction
$1035 countable income
- $750 minus the state income limit MN one person
$285 per month “excess income”
Spenddown - Base Periods

- The base period is the number of months used to calculate the spenddown liability amount.

- Base periods can be selected in either 3 or 6 month increments.

- An individual may also request retroactive coverage for any or all of the 3 months prior to the month of application.
Using the previous example, the client had $285 per month in excess income.

Spenddown liability would be calculated as:

- For a 3-month base period: $855 ($285 \times 3)
- For a 6-month base period: $1710 ($285 \times 6)
Clients can either provide proof that they:

- Owe their spenddown amount in out-of-pocket costs
- Paid their spenddown amount in out-of-pocket costs
- Paid Medicare Part A, B, D Premiums (unless on MSP Program)** (two months only w/ MSP approval)
NGMA-Non Grant Medical Assistance

- Claiming Disability
- Not receiving SSDI or SSI
- Not Aged (under 65)

- DDDS must make the disability determination
- Either approve Classic Medicaid, Spenddown or deny based on the NGMA decision
Alien Emergency Medical (AEM)

- Does not meet citizenship requirements for Classic Medicaid

- DSHS handles clients that are 65 years-old and older

- Client must have one of the Alien Medical Programs qualifying conditions
Medical Care Services (MCS)

• Provides health care to those unable to access other programs due to their immigration status and are legally present and recipients of:
  • Aged, Blind, or Disabled (ABD) cash assistance.
  • Housing and Essential Needs (HEN) referral.

• Income and resource requirements for ABD and HEN must be met prior to approval of MCS
The Medicare Savings Program
Medicare Savings Program
Eligibility Criteria

- Must receive Medicare Part A
- Must be a Citizen, US National, Qualified Alien*
- Must be a WA Resident
- Must have income under:
  - 100% FPL for QMB;
  - 120% FPL for SLMB;
  - 135% FPL for QI-1.
- Must have resources under $7560 (single adult) or $11,340 (couple) – as of 1/1/18
QMB (S03) pays: Medicare Part A and Part B premiums, Medicare co-insurances, deductibles and co-payments.

SLMB (S05) pays: Medicare Part B Premium with retroactive coverage effective up to 3-month prior to the application date.

QI-1 (S06) pays: Medicare Part B Premium with retro effective up to 3-month prior to the application date.
How to Determine MSP Eligibility

- Take the client’s gross income
- Subtract $20.00 Standard Deduction
- Subtract any health insurance premiums
  **except any Medicare premiums**
- Subtract any deemed income for dependents or spouses
Example: Mark is single and receives $1000 per month in Social Security Benefits.

$1000 gross income
- $20 standard deduction
  $980 countable income

Income limit for:

QMB = $1012
SLMB = $1214
QI-1 = $1366
Community Services Division - Customer Service
Contact Center:
- 1-877-501-2233
- 1-877-980-9220 (Answer Phone)
- 1-888-338-7410 (FAX)
- Apply @ washingtonconnection.org
MAGI (Modified Adjusted Gross Income)
Medicaid

- Health Benefit Exchange (HBE) – To apply:
  - 1-855-923-4633
  - 1-360-841-7620 (FAX)
  - http://www.wahealthplanfinder.org

- Health Care Authority (HCA)
  - Post Eligibility Case Review questions or report changes
  - 1-800-562-3022
  - https://fortress.wa.gov/hca/magicontactus/ContactUs.aspx
Cash Programs:

• Aged, Blind or Disabled (ABD)

Links:  dshs.wa.gov/esa/community-services-offices/aged-blind-or-disabled-cash-assistance-program
Cash Programs:

Housing and Essential Needs

Link:  
dhs.wa.gov/esa/community-services-offices/housing-and-essential-needs
Questions?

• Andy Som: soma@dshs.wa.gov
• Mario Paduano: paduamj@dshs.wa.gov
• Kristen Charlet: kristen.charlet@dshs.wa.gov