What’s the Difference?

Classic Medicaid

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


- Classic Medicaid programs have income and resources limits.

- If over the income limit, a client might have a “spenddown” to meet before coverage begins.
What’s the Difference?

Medicare Savings Programs

- 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.
Classic Medicaid Medical
## 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

### Table

<table>
<thead>
<tr>
<th>HH</th>
<th>MN Standard</th>
<th>Resource Limit</th>
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<tbody>
<tr>
<td>1</td>
<td>771</td>
<td>2000</td>
</tr>
<tr>
<td>2</td>
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</tr>
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<td>5</td>
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<td>8</td>
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<td>9</td>
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<td>10+</td>
<td>1483</td>
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* Exempt from five-year bar or have met the five-year bar
How to determine S02 eligibility

- Take the client’s gross income
- If client has unearned income, subtract $20
- If client has earned income, subtract $65 and then divide earned income by $\frac{1}{2}$
- Add up remaining income to determine countable income
- If income is below SSI standard, client is eligible for S02 (Categorically Needy Medical)
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
- If client has earned income, subtract $65
- Subtract the SSI payment Standard ($771.00 currently)
- 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 $1091/month in Social Security Benefits. No current health insurance, no earned income and no income deeming.

$1091
- $20 minus unearned standard income deduction
$1071 countable income
- $771 minus the state income limit MN one person
  $300 per month “excess income”
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 $300 per month in excess income.

Spenddown liability would be calculated as:

- For a 3-month base period: $900 ($300 \times 3)
- For a 6-month base period: $1800 ($300 \times 6)
Meeting the Spenddown

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)
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
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
- Denied NGMA clients are referred for MAGI medical
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 $7730 (single adult) or $11,600 (couple) – as of 7/1/2019
S03/S05/S06 coverage?

- **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
- If client has unearned income, subtract $20
- If client has earned income, subtract $65 and then divide earned income by \( \frac{1}{2} \)
- Add up remaining income to determine countable income
How to Determine MSP eligibility

**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 single adult:

<table>
<thead>
<tr>
<th>Program</th>
<th>Limit</th>
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<tbody>
<tr>
<td>QMB</td>
<td>$1041</td>
</tr>
<tr>
<td>SLMB</td>
<td>$1249</td>
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<tr>
<td>QI-1</td>
<td>$1405</td>
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</table>
Classic DSHS Medicaid Programs

- 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](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](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: [dshs.wa.gov/esa/community-services-offices/housing-and-essential-needs](dshs.wa.gov/esa/community-services-offices/housing-and-essential-needs)
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
Cash Programs:

- Temporary Assistance for Needy Families (TANF)
- Diversion Cash Assistance (DCA)
- State Family Assistance (SFA)

Web-based Links:
- dshs.wa.gov/esa/community-services-offices/tanf-and-support-services
- dshs.wa.gov/esa/division-child-support
Questions?

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