

Chapter 182-517 WAC

MEDICARE-RELATED MEDICAL ELIGIBILITY

WAC

182-517-0100	Medicare savings programs—Monthly income standards.
182-517-0300	Federal medicare savings and state-funded medicare buy-in programs.
182-517-0310	Eligibility for federal medicare savings and state-funded medicare buy-in programs.
182-517-0320	Medicare savings and state-funded medicare buy-in programs cover some client costs.

WAC 182-517-0100 Medicare savings programs—Monthly income standards. (1) The income standards for medicare savings programs change each year based on the federal poverty level (FPL) published yearly by the federal government in the Federal Register at <http://aspe.hhs.gov/poverty/index.shtml>. The qualified medicare beneficiary (QMB) program income standard is up to one hundred percent of the FPL.

(2) The specified low-income medicare beneficiary (SLMB) program income standard is over one hundred percent of FPL, but not more than one hundred twenty percent of FPL.

(3) The qualified individual (QI-1) program income standard is over one hundred twenty percent of FPL, but not more than one hundred thirty-five percent of FPL.

(4) The qualified disabled working individual (QDWI) program income standard is two hundred percent of FPL.

[WSR 11-23-091, recodified as § 182-517-0100, filed 11/17/11, effective 11/21/11. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500 and 42 U.S.C. 9902(2). WSR 06-16-026, § 388-478-0085, filed 7/24/06, effective 8/24/06; WSR 05-17-157, § 388-478-0085, filed 8/22/05, effective 9/22/05. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.500, 42 U.S.C. 9902(2). WSR 04-17-076, § 388-478-0085, filed 8/13/04, effective 9/13/04. Statutory Authority: RCW 74.08.090, 74.04.050, 74.04.057, 74.09.530, and Section 673(2) (42 U.S.C. 9902(2)). WSR 01-18-056, § 388-478-0085, filed 8/30/01, effective 9/30/01; WSR 00-17-085, § 388-478-0085, filed 8/14/00, effective 9/14/00; WSR 99-19-005, § 388-478-0085, filed 9/3/99, effective 10/4/99. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. WSR 98-16-044, § 388-478-0085, filed 7/31/98, effective 9/1/98. Formerly WAC 388-517-1715, 388-517-1730, 388-517-1750 and 388-517-1770.]

WAC 182-517-0300 Federal medicare savings and state-funded medicare buy-in programs. (1) Federal medicare savings and state-funded medicare buy-in programs help clients pay some of the costs that medicare does not cover under WAC 388-517-0320 (for program eligibility, see WAC 388-517-0310).

(2) The department offers the following medicare savings programs to eligible clients:

(a) Qualified medicare beneficiary (QMB);

(b) Specified low-income medicare beneficiary (SLMB);

(c) Qualified individual (QI-1); and

(d) Qualified disabled working individual (QDWI).

(3) The department offers the state-funded medicare buy-in program for clients who receive medicaid but do not qualify for the federal medicare savings programs.

(6/15/12)

[WSR 12-13-056, recodified as § 182-517-0300, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, and 42 U.S.C. 1396a(a) (Section 1902 (n)(2) of the Social Security Act of 1924). WSR 05-14-125, § 388-517-0300, filed 7/1/05, effective 8/1/05. Statutory Authority: RCW 74.08.090, 74.09.530. WSR 02-11-074, § 388-517-0300, filed 5/13/02, effective 6/13/02. Statutory Authority: RCW 74.04.050, 74.04.055, 74.04.057 and 74.08.090. WSR 98-16-044, § 388-517-0300, filed 7/31/98, effective 9/1/98. Formerly WAC 388-517-1710, 388-517-1730, 388-517-1750 and 388-517-1770.]

WAC 182-517-0310 Eligibility for federal medicare savings and state-funded medicare buy-in programs. (1) Persons eligible for any medicare savings programs (MSP) must:

(a) Be entitled to or receiving medicare Part A. Qualified disabled working individuals (QDWI) clients must be under age sixty-five;

(b) Meet program income standards, see WAC 388-478-0085; and

(c) Have resources equal to or less than the medicare Part D low-income subsidy resource standard found at: <http://hrsa.dshs.wa.gov/Eligibility/images/Standards%20Chart%20July%202008%20Final.pdf>.

(2) MSP follow categorically needy program rules for SSI related persons in chapter 388-475 WAC.

(3) MSP clients are entitled to a fair hearing when the department takes an adverse action such as denying or terminating MSP benefits.

(4) The department subtracts the allocations and deductions described under WAC 388-513-1380 from a long-term care client's countable income and resources when determining MSP eligibility:

(a) Allocations to a spouse and/or dependent family member; and

(b) Client participation in cost of care.

(5) Medicaid eligibility may affect MSP eligibility, as follows:

(a) Qualified medicare beneficiaries (QMB) and specified low income beneficiaries (SLMB) clients can receive medicaid and still be eligible to receive QMB or SLMB benefits.

(b) Qualified individuals (QI-1) and qualified disabled working individuals (QDWI) clients who begin to receive medicaid are no longer eligible for QI-1 or QDWI benefits.

(6) Every year, when the federal poverty level changes:

(a) The department adjusts income standards for MSP and state funded medicare buy-in programs, see WAC 388-478-0085.

(b) The department begins to count the annual Social Security cost-of-living (COLA) increase on April 1st each year when determining eligibility for MSP and state funded medicaid buy-in programs.

(7) There is no income limit for the state-funded medicare buy-in program. The state-funded medicare buy-in pro-

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gram is for clients who receive medicaid but do not qualify for the federal MSP.

[WSR 12-13-056, recodified as § 182-517-0310, filed 6/15/12, effective 7/1/12. Statutory Authority: Public Law 110-275, Section 113 (Medicare Improvements for Patients and Providers Act), RCW 74.04.050, 74.04.057, 74.08.090, and 74.09.500. WSR 09-20-027, § 388-517-0310, filed 9/29/09, effective 10/30/09. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530 and 42 U.S.C. Section 1396a. WSR 07-15-032, § 388-517-0310, filed 7/12/07, effective 8/12/07. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, and 42 U.S.C. 1396a(a) (Section 1902 (n)(2) of the Social Security Act of 1924). WSR 05-14-125, § 388-517-0310, filed 7/1/05, effective 8/1/05.]

WAC 182-517-0320 Medicare savings and state-funded medicare buy-in programs cover some client costs. (1) For qualified medicare beneficiary (QMB) clients, the agency pays medicare Part A premiums (if any) and medicare Part B premiums the first of the month following the month the QMB eligibility is determined. The agency pays, in accordance with WAC 182-502-0110, medicare coinsurance, deductibles, and copayments for medicare Part A, Part B and medicare advantage Part C.

(2) For specified low-income medicare beneficiary (SLMB) clients, the agency pays medicare Part B premiums effective up to three months prior to the certification period if eligible for those months. No other payments are made for SLMBs. For clients eligible for both SLMB and medicaid, the agency pays medicare Part B premiums and other medical costs in accordance with WAC 182-502-0110.

(3) For qualified individual (QI-1) clients, the agency pays medicare Part B premiums effective up to three months prior to the certification period if eligible for those months unless:

(a) The client receives medicaid categorically needy (CN) or medically needy (MN) benefits; and/or

(b) The agency's annual federal funding allotment is spent. The agency resumes QI-1 benefit payments the beginning of the next calendar year.

(4) For qualified disabled working individual (QDWI) clients, the agency pays medicare Part A premiums effective up to three months prior to the certification period if eligible for those months. The agency stops paying medicare Part A premiums if the client begins to receive CN or MN medicaid.

(5) For state-funded medicare buy-in program clients, the agency pays, in accordance with WAC 182-502-0110, medicare Part B premiums. Cost sharing for medicare deductibles, copayments and coinsurance is paid by the categorically needy (CN) or medically needy (MN) medicaid program.

[WSR 12-13-056, recodified as § 182-517-0320, filed 6/15/12, effective 7/1/12. Statutory Authority: RCW 41.05.021 and 42 U.S.C. § 1396a (n)(2). WSR 12-04-027, § 388-517-0320, filed 1/26/12, effective 2/26/12. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530 and 42 U.S.C. Section 1396a. WSR 07-15-032, § 388-517-0320, filed 7/12/07, effective 8/12/07. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, and 42 U.S.C. 1396a(a) (Section 1902 (n)(2) of the Social Security Act of 1924). WSR 05-14-125, § 388-517-0320, filed 7/1/05, effective 8/1/05.]