

Medicare help rainbow chart

Updated May 2017 (Extra Help limits effectively immediately. Medicare Savings Program (MSP)/Medicaid limits effective April 2017)

Screen clients for programs based on household size, monthly income and assets.

Program Income Limit <i>Program Asset Limit</i>	Household Size	
	One	Two
SSI-Related Medicaid Income Limit	\$735	\$1,103
Medicaid Asset Limit	\$2,000	\$3,000
MN – Medically Needy/Spenddown Income basis	> \$735	> \$735
MN Asset Limit	\$2,000	\$3,000
MSP- QMB - Income Limit 100% FPL	\$1,005	\$1,353
MSP- QMB Asset Limit	\$7,390*	\$11,090*
MSP- SLMB Income Limit 120% FPL	\$1,206	\$1,624
MSP- QI-1 Income Limit 135% FPL	\$1,357	\$1,827
MSP- SLMB and QI-1 Level Asset Limit	\$7,390*	\$11,090*
Full Extra Help - Income Limit 135% FPL	\$1,357	\$1,827
Full Extra Help - Asset Limit	\$8,890	\$14,090
Partial Extra Help - Income Limit 150% FPL	\$1,508	\$2,030
Partial Extra Help - Asset Limit	\$13,820	\$27,600

See notes on the next page.

FOR SHIBA TRAINING PURPOSES ONLY - NOT FOR DISTRIBUTION TO CLIENTS

Revised 5-9-2017

Notes: These are programs for people eligible for Medicare

- In all cases, if unsure about eligibility, encourage clients to apply!
- Numbers may vary slightly due to differences in rounding.
- All income is gross - before taxes or other deductions.
- All programs do not count the first \$20 of income.
- People with “earned” income (from employment, including self-employment) can have a higher income than on this chart. Programs do not count half of someone’s earned income.
- For income limits for larger families, contact the Dept. of Social and Health Services (DSHS) or the Social Security Administration (SSA).
- If only one member of a couple is on Medicare, the income calculations for Medicare Savings Programs are different. Contact DSHS for information.
- Assets include bank accounts, certificates of deposit, savings bonds, IRAs, stocks and bonds, mutual funds, cash, and property other than client’s home or automobile, furniture and household items.
- Income and asset calculations for people applying for long-term care services and supports, such as nursing home care or COPES, are not on this chart. For more information, see page 11 of Eligibility Overview at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf.

*For MSP asset limits, clients can have up to \$1,500 per person additional if it is set aside in a separate account for burial expenses.

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>Social Security Income (SSI) – related Medicaid (DSHS – Dept. of Social & Health Services)</p>	<p>Applicant must be:</p> <ul style="list-style-type: none"> • 65 or over (aged); OR • Meet SSA definition of blind; OR • Meet (Social Security Administration (SSA) definition of disabled; AND • Income and resources are the same or lower than the standards for SSI-related Medicaid <p>See page 8 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>Full “Categorically Needy” (CN) Medicaid</p> <ul style="list-style-type: none"> • Medicare pays first • Medicare A or B co-payments or deductibles covered, as long as providers accept both Medicare and Medicaid • If client joins a Medicare Advantage Prescription Drug (MA PD) plan, he/she will not have copays or deductibles for anything Original Medicare A/B would cover • They’re automatically (“deemed”) eligible for Extra Help • Part D will cover Rx drugs • Clients may have small Part D co-pays <p>Medicaid covers some things Medicare does not cover (i.e.):</p> <ul style="list-style-type: none"> • Dental benefits • Transportation to medical appointments. • Limited over-the-counter (OTC) drugs 	<ul style="list-style-type: none"> • Explain to client what program covers • Clients apply for SSI through Social Security • Clients apply for Medicaid online at: www.washingtonconnection.org, or by paper application (HCA 18-005) • If client’s eligible, he/she is automatically eligible for Extra Help • Clients should show his or her Medicare/MA plan card and their Provider One (Medicaid card) to all providers • Check to make sure clients are in the most affordable Part D or MA plan for his/her needs • Remind clients they must respond to Eligibility Reviews from DSHS (usually once per year)

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>MN – Medically Needy/ Spenddown</p>	<p>This is a way for someone who has income above the Social Security Income (SSI)-related Medicaid amounts to get temporary Medicaid coverage. They must incur medical expenses equal to his/her “spenddown” amount, which is calculated by DSHS.</p> <p>See page 9 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>The Medically Needy (MN) program covers slightly less than the Categorically Needy program. If client’s on Medicare, (ONCE they meet their spenddown – and then ONLY for the remainder of the base period):</p> <ul style="list-style-type: none"> • Medicare pays first • Coverage is nearly the same as for CN (Full-Dual Eligible) - see page 3 • Client’s automatically (“deemed”) eligible for Extra Help • May have small Part D copays <p>This works best for people who have large expenses, such as hospital care. They might be able to apply for “Charity Care” to help cover the spenddown amount.</p>	<ul style="list-style-type: none"> • Explain to client what program covers • Clients apply online at www.washingtonconnection.org, or by paper application (HCA 18-005) • Explain to clients that ONCE they meet their spenddown, and ONLY for the base period (usually 3 or 6 months), they should not be billed for any remainder after Medicare pays for Part A and B-covered services • Tell clients to show their Medicare/ MA plan card and their Provider One (Medicaid card) to all providers • Tell them Extra Help for Part D will last for at least the rest of the calendar year • They can apply directly for Extra Help to Social Security without waiting. • Check to make sure clients are in the most affordable Part D or MA plan for their needs • Remind them they’ll need to reapply if they still need coverage after their base period ends

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>Medicare Savings Program (MSP) - QMB (DSHS)</p>	<p>Client must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> • For QMB: • Income less than 100% of Federal Poverty Level (FPL) • Limited resources per income chart on page 1 <p>See page 10 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p> <p>Sometimes people who apply for an MSP are also put on a spenddown (see Medically Needy section).</p> <p>A person who has QMB does not have to meet their spenddown amount before they get help with their Medicare Part A or B copayments or deductibles.</p>	<p>This program acts as a cost-sharing program. It's not the same as full CN Medicaid. It covers:</p> <ul style="list-style-type: none"> • Medicare Part A premium • Medicare Part B premium • Medicare A or B copayments or deductibles, as long as providers accept both Medicare and Medicaid • If client joins an MA PD plan, they won't have copays or deductibles for anything Original Medicare A/B would cover • They're automatically ("deemed") eligible for Extra Help • Part D will cover Rx drugs • They may have small Part D co-pays 	<ul style="list-style-type: none"> • Clients apply online at: www.washingtonconnection.org, or by paper application (HCA 18-005) • Explain to clients DSHS will pay their monthly Medicare Part A and B premiums, and will make it so they should not be billed for any remainder after Medicare pays for Part A and B-covered services • Tell clients to show their Medicare/ MA plan card and their Provider One (Medicaid card) to all providers • Check to make sure clients are in the most affordable Part D or MA plan for their needs – they may still have small drug co-pays • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year)

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>Medicare Savings Program - SLMB or QI-1 Level (DSHS)</p>	<p>Client must be entitled to Medicare (any age)</p> <p>For SLMB:</p> <ul style="list-style-type: none"> • Income less than 120% of FPL • Limited resources per income chart on page 1 <p>For QI-1:</p> <ul style="list-style-type: none"> • Income less than 135% of FPL • Limited resources per income chart <p>See page 10 of <i>Eligibility Overview</i> at: www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf</p>	<p>SLMB and QI-1:</p> <ul style="list-style-type: none"> • Medicare Part B Premium only • Client’s automatically (“deemed”) eligible for Extra Help • Part D will cover Rx drugs • They may have small Part D co-pays 	<ul style="list-style-type: none"> • Clients apply online at www.washingtonconnection.org, or by paper application (HCA 18-005) • Explain to clients DSHS will pay their monthly Part B premiums • Client will still have to pay Medicare Part A and B or Medicare Advantage deductibles, copays or coinsurance • Check to make sure clients are in the most affordable Part D or MA plan for their needs • Remind them they must respond to Eligibility Reviews from DSHS (usually once per year)

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>Full Extra Help (Social Security)</p>	<p>Client must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> • Income less than 135% of FPL • Limited resources per income chart on page 1 	<ul style="list-style-type: none"> • This program assists Medicare clients, who qualify, for help to pay their prescription drug plan costs. It covers part or all of premiums, deductibles, copays and the donut hole. • For details on costs breakdown, see “2017 Extra Help/LIS Levels & Costs” at: www.insurance.wa.gov/volunteers-only/training/toolbox/volunteer-resource-materials/documents/extra-help-screening-tool-2017.pdf 	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit, unless they get it automatically by being on Medicaid/MSP • Explain to clients they’ll pay either a \$0 or low-cost Part D premium, have no deductible or donut hole, pay out-of-pocket up to \$3.30 for generics and \$8.25 for brands, and can change their drug coverage up to once a month • Check to make sure clients are in the most affordable Part D or MA plan for their needs • Let clients know they may have Eligibility Reviews and to watch for letters from Social Security

Program name	General eligibility information	What it covers (in general)	Volunteer action to take
<p>Partial Extra Help (Social Security)</p>	<p>Client must be entitled to Medicare (any age)</p> <ul style="list-style-type: none"> • Income less than 150% of FPL • Limited resources per income chart on page 1 	<ul style="list-style-type: none"> • This program assists Medicare clients, who qualify, for help to pay their prescription drug plan costs that includes premiums, deductibles, copays and the donut hole. • For details on costs breakdown, see “2017 Extra Help/LIS Levels & Costs” at: www.insurance.wa.gov/volunteers-only/training/toolbox/volunteer-resource-materials/documents/extra-help-screening-tool-2017.pdf 	<ul style="list-style-type: none"> • Clients must apply to SSA for this benefit • Explain to clients they’ll pay either a \$0 or low-cost Part D premium, a \$0 to \$82 deductible, have no donut hole, will pay up to 15 % of the full cost for medications, and can change their drug coverage up to once a month • Check to make sure clients are in the most affordable Part D or MA plan for their needs • Let clients know they may have Eligibility Reviews and to watch for letters from Social Security