INCOME
FEDERAL POVERTY LEVELS

MEDICARE SAVINGS PROGRAM

Policy: Certain A/Rs who receive Medicare may be eligible for Medicaid to pay the Medicare premium, coinsurance and deductible amounts.

References: SSL Sect.   367-a (3)a

                     GIS   08 MA/016
                                    05 MA/013

Interpretation: The A/R may spend down income to become eligible for Medicaid and also eligible for Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLIMB) however, the Medicare premium can not be applied in whole or in part to reduce excess income. At the time of application, the applicant is encouraged to make a choice to apply the Medicare Premium to their spenddown to attain Medicaid eligibility OR to forego Medicaid eligibility for eligibility in the Medicare Savings Program.. The advantages and disadvantages of both programs are fully explained. An A/R may switch between spenddown and Medicare Savings Program; however, in the interest of accuracy and administrative efficiency, the A/R is encouraged to select one of the two programs.

Eligibility for the MSPs must be determined even if an applicant does not indicate that he or she is applying for the MSP on the LDSS-2919 or the DOH- 4328.

There are four groups that are eligible for payment or part-payment of Medicare premiums, coinsurance and deductibles.

NOTE: See **REFERENCE** <u>MEDICALLY NEEDY INCOME AND FEDERAL POVERTY LEVELS</u> for a chart displaying the Medicaid Levels and Federal Poverty Levels.

Qualified Medicare Beneficiaries (QMBs)

The A/R must:

1.   be entitled to benefits under Part A of Medicare; and

2.   have income equal to or less than 100% of the federal poverty level.

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If the A/R meets the above criteria, s/he is eligible for Medicaid payment of the Medicare Part A and B premiums, coinsurance and deductible amounts.

Specified Low-Income Medicare Beneficiaries (SLIMBs)

The A/R must:

1. have Part A of Medicare; and

2. have income greater than 100% but less than 120% of the federal poverty level.

If the A/R meets the above criteria s/he is eligible for Medicaid payment of the Medicare Part B premiums.

Qualified Disabled and Working Individuals (QDWIs)

The A/R must:

1. have lost Part A benefits because of return to work;

2. be a disabled worker less than 65 years of age;

3. have income equal to or less than 200% of the federal poverty level;

4. have resources not in excess of twice the SSI limit; therefore, resources cannot exceed $4,000 for a household of one or $6,000 for a household of two; and

5. not be otherwise eligible for Medicaid.

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If the A/R meets the above five criteria s/he is eligible for Medicaid payment of the Medicare Part A premium, not the Medicare Part B premium.

Qualifying Individuals – 1 (QI-1s)

The A/R must:

1. have Part A of Medicare;

2. have income greater than or equal to 120% but less than 135% of the federal poverty level.

If the A/R meets the above criteria s/he is eligible for Medicaid payment of the Medicare Part B premiums. The monthly amounts are identified in **REFERENCE** <u>MEDICARE PART A and PART B PREMIUMS.</u>   Each state has been given a capped allocation to fund these premium payments.

NOTE: See **REFERENCE** section for a chart displaying the Medicaid Levels and Federal Poverty Levels. The A/R can <u>either</u> be eligible for the Medicare Savings Program <u>or</u> apply his/her income/resources, in excess of the appropriate Medically Needy level (See **REFERENCE** <u>MEDICALLY NEEDY INCOME LEVELS</u> and <u>MEDICAID RESOURCE LEVELS</u>) to the cost of medical care and services, spending down to become eligible for Medicaid coverage. At the time of application, the applicant is encouraged to make a choice. The advantages and disadvantages of both programs are fully explained. An A/R may switch between spenddown and Medicare Savings Program*;* however, in the interest of accuracy and administrative efficiency, the A/R is encouraged to select one of the two programs.