Chapter 182-517 WAC
MEDICARE-RELATED MEDICAL ELIGIBILITY

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WAC

182-517-0100 Federal medicare savings programs.
182-517-0300 State-funded medicare buy-in programs.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

182-517-0310 Eligibility for federal medicare savings and state-funded medicare buy-in programs. [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.] Repealed by WSR 16-13-157, filed 6/22/16, effective 7/23/16. Statutory Authority: RCW 41.05.021 and 41.05.160.

182-517-0320 Medicare savings and state-funded medicare buy-in programs cover some client costs. [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.] Repealed by WSR 16-13-157, filed 6/22/16, effective 7/23/16. Statutory Authority: RCW 41.05.021 and 41.05.160.

WAC 182-517-0100 Federal medicare savings programs. (1) Available programs. The medicaid agency offers eligible clients the following medicare savings programs (MSPs):

(a) The qualified medicare beneficiary (QMB) program;

(b) The specified low-income medicare beneficiary (SLMB) program;

(c) The qualified individual (QI-1) program; and

(d) The qualified disabled and working individuals (QDWI) program.

(2) Eligibility requirements.

(a) To be eligible for an MSP, a client must:

(i)(A) Be entitled to medicare Part A; or

(B) Be eligible for and enrolled in the medicare Part D low-income subsidy (LIS) program through the social security administration (SSA); and

(ii) Meet the general eligibility requirements under WAC 182-503-0505.

(b) To be eligible for QDWI, a client must be under age 65.

(c) Income limits.

(i) Income limits for all MSPs are found at www.hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/program-standard-income-and-resources.

(ii) If a client's countable income is less than or equal to 110 percent of the federal poverty level (FPL), the client is income eligible for the QMB program.

(iii) If a client's countable income is over 110 percent of the FPL, but does not exceed 120 percent of the FPL, the client is income eligible for the SLMB program.

(iv) If a client's countable income is over 120 percent of the FPL, but does not exceed 138 percent of the FPL, the client is income eligible for the QI-1 program.

(v) If a client's countable income is over 138 percent of the FPL, but does not exceed 200 percent of the FPL, the client is income

eligible for the QDWI program if the client is employed and meets disability requirements described in WAC 182-512-0050.

(d) The federal MSPs do not require a resource test.

(3) MSP income eligibility determinations.

(a) The agency has three methods for determining if a client is eligible for an MSP:

(i) The agency first determines if the client is eligible based on SSI-related methodologies under chapter 182-512 WAC. Under this method, the agency calculates the household's net countable income and compares the result to the one-person standard. However, if the spouse's income is deemed to the client, or if both spouses are applying, the household's net countable income is compared to the two-person standard.

(ii) If the client is not eligible under the methodology described in (a)(i) of this subsection, the agency compares the same countable income, as determined under (a)(i) of this subsection, to the appropriate FPL standard based on family size. The number of individuals that count for family size include:

(A) The client;

(B) The client's spouse who lives with the client;

(C) The client's dependents who live with the client;

(D) The spouse's dependents who live with the spouse, if the spouse lives with the client; and

(E) Any unborn children of the client, or of the spouse if the spouse lives with the client.

(iii) The third method for determining if a client is eligible for an MSP is the SSA LIS methodology. This is based on the client's application for the medicare Part D low-income subsidy program through the SSA, which the agency receives from SSA through the LIS data file. Under this methodology, the agency compares the LIS data file regarding income and household size to the current MSP standards.

(b) Under all eligibility determinations, the agency follows the rules for SSI-related people under chapter 182-512 WAC for determining:

(i) Countable income;

(ii) Availability of income;

(iii) Allowable income deductions and exclusions; and

(iv) Deemed income from and allocated income to a nonapplying spouse and dependents.

(c) The agency uses the eligibility determination that provides the client with the highest level of coverage.

(i) If the MSP applicant is eligible for QMB coverage under (a)(i) of this subsection, the agency approves the coverage.

(ii) If the MSP applicant is not eligible for QMB coverage, the agency determines if the applicant is eligible under (a)(ii) of this subsection.

(iii) If neither eligibility determination results in QMB coverage, the agency uses the same process to determine if the client is eligible under any other MSP.

(d) When calculating income under this section:

(i) The agency subtracts client participation from a long-term care client's countable income under WAC 182-513-1380, 182-515-1509, or 182-515-1514.

(ii) The agency counts the annual Social Security cost-of-living increase beginning April 1st each year.

(4) Covered costs.

(a) The QMB program pays:

(i) Medicare Part A and Part B premiums using the start date in WAC 182-504-0025; and

(ii) Medicare coinsurance, copayments, and deductibles for Part A, Part B, and Part C, subject to the limitations in WAC 182-502-0110.

(b) If the client is eligible for both SLMB and another medicaid program:

(i) The SLMB program pays the Part B premiums using the start date in WAC 182-504-0025; and

(ii) The medicaid program pays medicare coinsurance, copayments, and deductibles for Part A, Part B, and Part C subject to the limitations in WAC 182-502-0110.

(c) If the client is only eligible for SLMB, the SLMB program covers medicare Part B premiums using the start date in WAC 182-504-0025.

(d) The QI-1 program pays medicare Part B premiums using the start date in WAC 182-504-0025 until the agency's federal funding allotment is spent. The agency resumes QI-1 benefit payments the beginning of the next calendar year.

(e) The QDWI program covers medicare Part A premiums using the start date in WAC 182-504-0025.

(5) MSP eligibility. Medicaid eligibility may affect MSP eligibility:

(a) QMB and SLMB clients may receive medicaid and still be eligible to receive QMB or SLMB benefits.

(b) QI-1 and QDWI clients who begin receiving medicaid are no longer eligible for QI-1 or QDWI benefits, but may be eligible for the state-funded medicare buy-in program under WAC 182-517-0300.

(6) Right to request administrative hearing. A person who disagrees with agency action under this section may request an administrative hearing under chapter 182-526 WAC.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 26-01-043, s 182-517-0100, filed 12/10/25, effective 1/19/26. Statutory Authority: RCW 41.05.021, 41.05.160, and 2023 c 475 § 211(84). WSR 24-06-008, § 182-517-0100, filed 2/22/24, effective 4/1/24. Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 23-04-034, § 182-517-0100, filed 1/25/23, effective 2/25/23. Statutory Authority: RCW 41.05.021, 41.05.160, and 2022 c 297 § 211(79). WSR 22-21-043, § 182-517-0100, filed 10/11/22, effective 1/1/23. Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 19-12-085, § 182-517-0100, filed 6/4/19, effective 7/15/19; WSR 16-13-157, § 182-517-0100, filed 6/22/16, effective 7/23/16. 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 State-funded medicare buy-in programs. (1) A person is eligible for the state-funded medicare buy-in program (SBIP) if the person:

(a) Is entitled to or receiving medicare;

(b) Is not eligible for a federal medicare savings program under WAC 182-517-0100; and

(c) Is eligible for coverage under:

(i) The categorically needy (CN) program; or

(ii) The medically needy (MN) program;

(2) The SBIP begins the second month after the month a person meets eligibility requirements.

(3) The SBIP pays only medicare Part B premiums.

(4) The agency pays medicare deductibles and coinsurance under WAC 182-502-0110.

(5) A person who disagrees with agency action under this section may request an administrative hearing under chapter 182-526 WAC.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 16-13-157, § 182-517-0300, filed 6/22/16, effective 7/23/16. 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.]