



# MEDICAID AND MEDICARE OVERVIEW

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Benefits Legal Assistance

# Before we begin...

- Remember that public benefits laws and policies are steeped in systemic racism.
  - <http://theconversation.com/how-racism-has-shaped-welfare-policy-in-america-since-1935-63574>
  - <https://slate.com/human-interest/2018/06/trump-administrations-fixation-on-work-requirements-for-snap-benefits-is-part-of-a-long-racist-policy-history.html>
- Be aware of the impact of “casual racism” and stereotypes when speaking about recipients of public benefits.
  - <https://www.npr.org/sections/codeswitch/2018/06/08/616684259/why-more-white-americans-are-opposing-government-welfare-programs>
  - [https://www.huffingtonpost.com/entry/americans-welfare-perceptions-survey\\_us\\_5a7880cde4b0d3df1d13f60b](https://www.huffingtonpost.com/entry/americans-welfare-perceptions-survey_us_5a7880cde4b0d3df1d13f60b)

# Ask a Lawyer Program

- Have a question about the application process?
- Have a question about eligibility?
- Have a question about qualifying for a Medicare Savings Program?
- Was your client denied a medical service?
- Email questions or real-life scenarios to [benefitslegalhelp@solid-ground.org](mailto:benefitslegalhelp@solid-ground.org)
- Put “Ask a Lawyer” in the subject line and Public Benefits attorney will respond.

# Topics Covered

- Apple Health MAGI Medicaid
- Classic Medicaid Programs
- Medically Needy and Spenddown
- Brief Overview of Medicare
- Medicare Savings Program
- Benefit Pitfalls and How to Avoid them
- How to Appeal?
- How to Refer a case to Solid Ground!

# Helpful Definitions

- **Health Care Authority (HCA)** – state agency that administers most Apple Health programs
- **Department of Social and Health Services (DSHS)** – state social service agency, administers some Apple Health programs
- **Earned income** – Money from wages and employment
- **Unearned income** – Money from another source such as unemployment, Social Security.
- **Resources** - cash, savings/checking accounts, stocks, bonds, mutual funds, real property, vehicles.
- **PHE** – Public Health Emergency (COVID-19)

# Medicaid Renewals Post COVID PHE

- Washington Apple Health (Medicaid) renewals are starting again!
- Make sure contact information is updated with DSHS and/or managed care organization
- Review information and submit a review on Washington Healthplanfinder OR Washington Connection client account.
- Premiums for Apple Health for Kids w/ Premiums and Apple Health for Workers with Disabilities (HWD) resumes

# How to Complete a Renewal

- Apple Health clients who are age 19 to 64, children, a parent or caretaker, or are pregnant:
  - <https://www.wahealthplanfinder.org>
  - WA Health Plan Finder Customer Service 1-855-923- 4633.
- Apple Health Classic Medicaid clients who are age 65 or older, have blindness or a disability, or need long-term services and supports
  - <https://www.washingtonconnection.org/home/>
  - DSHS at 1-877-501-2233

# Missed a deadline? Lost Apple Health Coverage?

- If you missed the renewal deadline and you or your household member lost Apple Health coverage, you have 90 days to complete the renewal using one of the renewal options.
- If eligible, your coverage will continue from the date you lost coverage with no gap.
- If you do not qualify for Apple Health, you may qualify for other coverage through a Qualified Health Plan, with or without help to pay the premium.
- You must complete your renewal to see if you qualify for one of these plans.



# Medicaid in Washington State



# What are the Washington Medicaid Programs?

- MAGI Medicaid: Adult, Children's, Family and Pregnancy
  - MAGI stands for Modified Adjusted Gross Income which is your adjusted gross income (AGI) on your Tax Form 1040 plus or minus some other types of income.
- Classic (Non-MAGI) Medicaid: Long Term Care/Aged, Blind, Disabled (ABD) Program
  - Classic Medicaid is for people who are aged, blind or disabled.

# Washington Apple Health (MAGI): The Basics

- Apple Health MAGI is Washington's main Medicaid Program
- Apple Health MAGI provides health insurance coverage for low-income Washington residents
- Under the ACA, adults who do not meet other requirements (disability or minor children) can now get Washington Apple Health Medicaid coverage.

# Who can get coverage under Apple Health MAGI?

- Age 19 to 64 years old.
- US Citizen or eligible immigration status
- Live in Washington State
- Not on Medicare
- Parents/Caretaker
- Those who are on a family planning services program.
- Household income is at or below 138% of the Federal Poverty Level
- **Children and Pregnant Persons can qualify at higher income levels**

TIP: If you are not sure if your client is income eligible, check out <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/eligibility-overview>

# What are the income limits for the Apple Health MAGI Program?

Category	Federal Poverty Level Limit (MAGI Income)	1 Person Household	2 Person Household	3 Person Household
New Adult (Age 19 – 65)	133% FPL	\$1616	\$2186	\$2755
Pregnant Persons	193% FPL	\$2345	\$3172	\$3998
Apple Health for Kids (no premiums)	210% FPL	\$2552	\$3451	\$4351
Apple Health for Kids (\$30 premium)	312% FPL	\$3791	\$5127	\$6464
Family Planning Program	260%	\$3159	\$4273	\$5386

# What types of income are counted?

- Wages
- Taxable interest
- Dividends
- Unemployment Benefits
- Pensions
- IRA distributions
- Spousal Support
- Income from self-employment
- State income tax refunds
- Rental income
- Social Security Benefits (this is true even if your benefits are not taxable)

# What types of income are NOT counted?

- Veterans Administration benefits
- Child Support
- Certain scholarship income
- Native American Tribal income
- Gift or inheritance money

TIP: If you are not sure if your client is income eligible, check out <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/eligibility-overview>

# Are there allowable deductions from income?

- Yes! The following deductions are allowed:
  - Spousal Support paid
  - Certain moving expenses
  - Student loan interest
  - Self-employed health insurance contributions
  - Self-employment tax
  - IRA deductions
  - Money contributed to a flex spending plan

TIP: If your client has a higher income, they might still be eligible with these deductions!



# What resources count or do not count?

- Apple Health MAGI has no resource or asset limits.

# How to Apply for Washington Apple Health

- Apply Online: Washington HealthPlanFinder <https://www.wahealthplanfinder.org/>
  - Click “Free or Low-Cost Apple Health”
  - Create a new account or sign into your existing account
- Apply by Mobile app: Download the WAPlanfinder app – select “sign in” or “create an account”
- Apply by Phone: Call the Washington HealthPlanFinder Customer Support Center at 1-855-923-4633.
- Apply by Mail or Fax: Paper Application is available (Form HCA 18-001P) <https://www.hca.wa.gov/assets/free-or-low-cost/18-001P.pdf>
- Health Plan Navigators: <https://wahealthplanfinder.org/content/wahbe/global/en/partners/navigators.html>

# What You Will Need When You Apply

- Your household monthly income.
- Your immigration information, if that applies to you.
- Dates of birth for each member of your household.
- Social Security numbers (SSN) for each household member who is applying for coverage and has a SSN. Domestic Violence survivors may not be required to provide SSN.

# When can I apply or switch plans?

- You can apply any time of the year!
- You can switch plans as often as every month. Call the Health Care Authority (HCA) at 1-800-562-3022.

# What changes do you need to report?

- You should report changes immediately if you or someone in your household:
- has a change in income by over \$150 for two months
- moves
- gets married or divorced
- gets pregnant or a pregnancy ends
- gives birth or adopts a child
- goes to or is released from jail or prison
- enters a nursing home
- has a change in immigration or citizenship status
- has a change in health care coverage
- has a change in tax filing situation
- You can report changes by going to [wahealthplanfinder.org](https://www.wahealthplanfinder.org) or calling 1-855-923-4633.

# Managed Care Organizations in Washington State

There are five separate managed care plans:

- Amerigroup Washington
- Coordinated Care of Washington
- Community Health Plan of Washington
- Molina Healthcare of Washington
- United Healthcare Community Plan.

# Tips for Advocates – Managed Care Organization

- Most Washington Medicaid members will be enrolled in an Apple Health Managed Care Plan.
- Managed care means that you have a set doctor network to choose from.
- The plans are not all available in every area.
- All WA Medicaid plans include the same basic benefits, but each plan offers “extras” that may convince you to join one over another.
- Example of some extras may include: free cellphone, free Boys and Girls Club membership, GED testing, electric breast pump, acupuncture treatments, rides to medical appointments

# How To Help Clients Choose the MCO that is best for them

- Utilize the healthcare navigator on HealthPlanFinder  
<https://www.wahealthplanfinder.org/>
- Determine the specific medical needs of your clients and the individual needs of each family member. This may include foreseeable medical needs.
- Determine what resources or assistance your client could utilize to improve their wellness, examples could include family coaching or disability advocacy



# Questions?

# CLASSIC MEDICAID PROGRAMS



# Classic Medicaid – The Basics

- Who is eligible for Classic Medicaid:
  - 65 years or older.
  - Disabled.
  - Blind.
  - Have Medicaid with a Spenddown.
  - Receive SSI.
  - Go through the Medicaid Buy-In for Working People with Disabilities under the age of 65. At times, this is shortened to MBI-WPD.

# Categorically Needy Program

- This is a Classic Medicaid Program
- A person who receives federal cash benefits under the Supplemental Security Income (SSI) program is automatically eligible to receive the Categorical Needy (CN) Medicaid Program
- The same income and resource for SSI apply to this program
- \$2,000 Resource/Asset Limit

# Categorically Needy SSI-Related Program

This program provides CN coverage to individuals who meet the SSI income and resource limits as well as one of the following requirements:

- 65 years old or older (aged), or
- Blind (as defined by the Social Security Administration and determined by DSHS), or
- Disabled (as defined by the Social Security Administration and determined by DSHS).
- This is the coverage for most people on ABD

# Categorically Needy SSI – Related Income & Resource Limits

Household Size	Monthly Income Limit	Resource Limit
1	\$914	\$2,000
2	\$1,371	\$3,000

# How to Apply for Categorically Needy?

- When a person is approved for SSI or ABD (Aged, Blind Disabled) they may be auto-enrolled but as a precaution the client can apply below
- Apply for SSI through the Social Security Administration
  - <https://www.ssa.gov/locator/>
- Apply for ABD and Categorically Needy through DSHS
  - <https://www.washingtonconnection.org/home/>
  - Customer Service – 1-877-501-2233
  - In Person - <https://www.dshs.wa.gov/office-locations>

Questions?



# Medically Needy Program

- The Medically Needy (MN) program provides Medicaid health care coverage for aged, blind, or disabled persons, institutionalized individuals, hospice individuals, pregnant persons, children, and refugees **with income above** Categorically Needy (CN) standards and countable resources below the applicable MN resource standard.
- An individual may qualify for the MN program with or without spenddown.

# Eligibility for Medically Needy Program

- Blind or aged or disabled
- Have income that is too high for regular Medicaid eligibility
- Have medical expenses significant enough that when subtracted from the person's income, it brings the after-medical-expense income down to a level that the state deems eligible for Medicaid under its medically needy program.
- Limited assets (typically around \$2,000 for a single individual).

# Medically Needy Income and Resources Standards

Household Size	Monthly Income Standard
1	\$914
2	\$914
3	\$914
4	\$914
5	\$914
6	\$975

Household Size	Resource Limit
1	\$2000
2	\$3000
3	\$3050
4	\$3100
5	\$3150
6	\$3200

# How Medically Needy Program Works

- If you are eligible for the MN program, you can get Medicaid coverage once you incur a certain amount of medical expense during a specific period.
- This is called a “spenddown amount” or just a “spenddown.”
- “Excess income” is the amount of your countable income that exceeds the amount of your income set aside for non-medical expenses.
- The amount of monthly excess income you have will be used to determine your spenddown amount.

# How Medically Needy Program Works cont.

- A “base period” is the time period used to calculate your spenddown amount. (3-6 months)
- DSHS will calculate your spenddown amount by multiplying the number of months in your base period by the amount of your monthly excess income.
- EX: Individual has \$40 excess income and has a 3-month base period, their spenddown amount is \$120 ( $\$40 \times 3$ ). Once they have incurred \$120 in medical expenses, their Medicaid coverage starts!

# Medicaid Spend Down Example

- Sam gets \$1200/month in Social Security Disability
- Sam gets a \$20 deduction for unearned income so countable income is \$1180
  - $\$1200 - \$20 = \$1180$
- Sam gets to subtract \$914 for non-medical expenses\* (dollar amount changes annually)
- Sam's "excess income" is \$266
  - $\$1180 - \$914 = \$266$
- Sam choose a 3-month Base Period
- Spenddown Amount is =  $\$266 * 3 = \$798$
- As soon as Sam incurs medical bills for \$798, Sam can start getting Medicaid coverage and Medicaid will pay bills for the rest of the 3 months!

# Some things to Remember about Spenddown

- The spend down and eligibility period is for 3 to 6 months.
- If a recipient has a 6-month eligibility period from January to June, the spenddown amount must be met before June.
- Medicaid will only pay the remaining balance of medical expenses through the end of June.
- In July, a new eligibility and spend down period will begin anew.
- Clients submit copies of bills to DSHS to go towards the spenddown amount.
- 3 Month vs. 6 Month Example

# Some things to remember cont.

- **TIP: The medical bills do not have to be paid, just incurred!**
- Medical expenses which third parties are liable for do not count as part of spend down. Classic examples are medical bills that auto insurance companies are liable for, even when it is the recipient's own insurer.
- For an expense to be allowed towards spenddown, the expense must have been prescribed by a licensed provider.



# How to Apply for Medically Needy?

- Apply for Medically Needy Coverage through DSHS
  - <https://www.washingtonconnection.org/home/>
  - Customer Service – 1-877-501-2233
  - In Person - <https://www.dshs.wa.gov/office-locations>
- Once enrolled, submit proof of medical expenses to DSHS!
  - Can submit copies of bills in person at the local CSO, mail or fax to DSHS – Spenddown Unit

# Questions

# Medicare: The Basics

- Medicare is a federal health insurance program
- Who can get Medicare:
  - 65 years or older
  - Has worked under the Social Security or Railroad Retirement systems
  - Certain younger people with disabilities or through a disabled parent
  - People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)
  - Meet the citizenship and immigration status requirements
  - Unlike Medicaid, Medicare has premium costs

# Four Parts of Medicare Coverage

- Medicare Part A (Hospital Insurance)
  - Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.
- Medicare Part B (Medical Insurance)
  - Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.
- Medicare Part C (Optional Medical Coverage)
  - Part C is called Medicare Advantage and means a managed care plan.
- Medicare Part D (prescription drug coverage)
  - Helps cover the cost of prescription drugs (including many recommended shots or vaccines).

# Medicare Premium Cost

- Most people have no premium for Medicare Part A
- The standard Part B premium amount is \$169 (or higher depending on your income).
- The Part C monthly premium varies by plan. Compare costs for specific Part C plans [HERE](#)
- The Part D monthly premium varies by plan (higher-income consumers may pay more). Compare [HERE](#)
- <https://www.medicare.gov/>

# Statewide Health Insurance Benefits Advisors (SHIBA)

- Washington state's SHIBA provides free, unbiased and confidential help with Medicare to people of all ages and backgrounds.
- SHIBA volunteer advisors, located around the state, can help with:
  - Assess client's health care coverage needs.
  - Determine client's general eligibility for health care coverage programs.
  - Evaluate and compare Medicare plans and programs.
  - Provide enrollment help with Medicare.
  - Speak with 1-800 Medicare on your client's behalf.
  - Make referrals to other agencies and programs.
  - Collect and report possible Medicare fraud complaints.

# Statewide Health Insurance Benefits Advisors (SHIBA)

- Call: 1-800-562-6900
- Or Visit: <https://www.insurance.wa.gov/contact-washington-state-shiba-program>

# Can Apple Health Pay For My Medicare Premiums?

The answer is yes if you qualify for a Medicare Savings Program.



# What is a Medicare Savings Program (MSP)?

- If you're on Medicare, you may qualify for help with Medicare premiums, deductibles, and cost-sharing.
- There are four programs that can help. They are called "Medicare Savings Programs" or "MSPs."
- **MSP ARE NOT MEDICAL INSURANCE PROGRAMS;** it does not provide medical coverage. It helps pay for Medicare.

# Who is eligible for Medicare Savings Program?

- Receiving Medicare
- Washington state resident
- Age 65 or older
- People with certain disabilities or permanent kidney failure (even if under the age of 65)
- Meet standard income and resource limits.

# There are four Medicare Savings Programs:

## **Qualified Medicare Beneficiary (QMB)**

- Pays Part A and Part B premiums.
- Pays deductibles.
- Pays copayments except for prescriptions.

## **Specified Low-Income Medicare Beneficiary (SLMB)**

- Pays Part B premiums

## **Qualified Individual (QI-1)**

- Pays Part B premiums.

## **Qualified Disabled Working Individual (QDWI)**

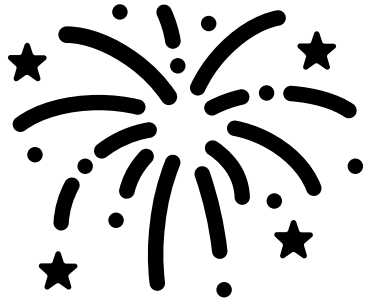
- Pays Part A premiums.

# Income Limits for MSP Programs

Medicare Savings Program	Federal Poverty Level (FPL)	Monthly Income Limit (One Person)	Monthly Income Limit (Two Persons)
QMB	100%	\$1215	\$1643
SLMB	120%	\$1458	\$1972
QI-1	135%	\$1640	\$2219
QDWI	200%	\$2430	\$3287

- Cannot get QI-1 benefits if a person qualifies for Medicaid.
- QDWI is available to people who had Social Security and Medicare benefits because of a disability but lost them because they went back to work and earned more than Social Security allows.

# Resource Limits for MSP Programs



Resource limit was eliminated in January 2023

# Recurring Issue with QMB and Providers

- Federal law forbids Medicare providers and suppliers from billing people in the QMB program for Medicare cost sharing!
- Medicare beneficiaries enrolled in the QMB program have no legal obligation to pay Medicare Part A or Part B deductibles, coinsurance, or copays for any Medicare-covered items and services.
- Dual Eligible clients are still often wrongly billed
- If you have a client on QMB who is being billed incorrectly contact us.

# ISSUES UNIQUE TO QI-1

- Unlike QMB and SLMB, one cannot be enrolled in other government funded medical programs while on QI- 1.
- However, QI-1 enrollees can be on QI-1 and a Medically Needy SSI Related Medical With Spenddown.
- Once the spenddown is met, they will be enrolled in the Medical Needy program and terminated from QI-1.
- If one has a problem with how DSHS is calculating the spenddown please contact us.

# How to Apply for Medicare Savings Program

**It's easy!**

- Contact your local Community Services Office (CSO).
- <https://www.washingtonconnection.org/home/>
- You can call the Health Care Authority at 1-800-562-3022, extension 16129 to have an application mailed to you.



# Questions

# Benefit Pitfalls – Common Issues

- Benefits can be denied or terminated due to income or resources or failure to report
- Services, procedures or prescriptions can be denied. Some common examples you may encounter:
  - The Healthcare Authority (HCA) may deny a surgery because it is not “medically necessary” or there are “other comparable options available.”
  - A child’s braces can be denied for the same reason.
  - Prescriptions being denied because the drug is being used for a different purpose than that approved by FDA
  - The doctor prescribing the prescription is not deemed a specialist by HCA who can prescribe this specific medication, example a general practitioner prescribing dermatology medication.
  - HCA deny because the brand name and not a generic is being prescribed
  - There is a time restriction when a patient can receive a medical service or product and the client is requesting the service outside the time restriction.
- Legal services can help!

# What do to if something goes wrong?

- Request a Hearing
- How to request a hearing?
  - Call or write DSHS or HCA or the Office of Administrative Hearings.
- You have the right to be represented by an attorney
- DSHS Customer Service – 1-877-501-2233
- Healthcare Authority Customer Service - 1-800-562-3022
- Office of Hearing Administration – 360-407-2700 or 800-583-8271

# Deadlines to Request a Hearing

- **90 days** to request a hearing from the adverse action (termination, denial, or change in benefits).
- **Continued Coverage.** You can keep getting your health coverage while you are waiting for you hearing.
- Ask for this within 10 days of the date on the DSHS notice.
  - If the tenth day falls on a weekend or holiday, you have until the next business day to ask for a fair hearing to get continued benefits.

# Ask a Lawyer Program

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- Put “Ask a Lawyer” in the subject line and Public Benefits attorney will respond.

# Referrals to Benefits Legal Assistance

## For General Referrals

- **Intake line: 206.694.6742**  
(client or advocate can leave message and we will return call within 24 hours)
- **General Email:**  
[benefitslegalhelp@solid-ground.org](mailto:benefitslegalhelp@solid-ground.org)

## To Contact us Directly with Specific Questions

- ❖ Hannah Rosenberger, Program Manager, [hannahr@solid-ground.org](mailto:hannahr@solid-ground.org)