



MEDICAID ASSISTANCE FOR PEOPLE WITH MEDICARE

Medicare is the federal program that provides health insurance coverage for older adults and disabled individuals. *Medicaid* is the state-administered health insurance program for certain low-income people. Low-income Medicare beneficiaries may be able to get help with health insurance costs through the Medicaid program.

Medicaid looks at income and resources, like savings accounts and investment, to determine whether someone is eligible for help through one of the Medicaid programs. In determining the amount of an individual's resources, *Medicaid* does not consider the value of the home, a car, and most personal possessions. Determinations about eligibility are made by the county department of human services; they will ask for financial information such as proof of pension and Social Security income, savings account balances, investments, etc.

The *Medicaid* programs listed below may help those with Medicare who have low incomes and assets. These are summaries of program eligibility criteria and other factors may apply. ***Only the county department of human services can evaluate the individual's application and determine whether the individual is eligible for assistance through Medicaid. The telephone number may be found in the phone book in the government pages listed under the county of residence.***

Medicare Savings Programs (Eligibility amounts change on April 1 each year.)

- ✧ **Qualified Individual (QI) Program** pays the monthly *Medicare* Part B premium (\$93.50 in 2007) for eligible applicants. This amounts to an annual savings of \$1,122 in 2007. Enrollment in QI is limited by a set amount of funding.

| Effective 4/1 | Income Limits | | Asset Limits |
|---------------|---------------|---------|--------------|
| | 2006 | 2007 | |
| Individual | \$1,123 | \$1,169 | \$4,000 |
| Couple | \$1,505 | \$1,561 | \$6,000 |

- ✧ **Specified Low-Income Medicare Beneficiary (SLMB)** pays the *Medicare* Part B premium (\$93.50 in 2007) for eligible applicants.

| Effective 4/1 | Income Limits | | Asset Limits |
|---------------|---------------|---------|--------------|
| | 2006 | 2007 | |
| Individual | \$1,000 | \$1,041 | \$4,000 |
| Couple | \$1,340 | \$1,389 | \$6,000 |

- ✧ **Qualified Medicare Beneficiary (QMB)** pays the monthly *Medicare* Part B premium and any deductibles and co-payments left after *Medicare* makes payment. Anyone who qualifies for QMB will not need any other insurance policy to pay his/her part of *Medicare* bills. However, QMB does not pay for medical costs not covered by *Medicare*, e.g. eyeglasses or dental services.

| Effective 4/1 | Income Limits | | Asset Limits |
|---------------|---------------|---------|--------------|
| | 2006 | 2007 | |
| Individual | \$837 | \$871 | \$4,000 |
| Couple | \$1,120 | \$1,161 | \$6,000 |

Medicaid Assistance With Nursing Home and Other Long-term Care Costs

Individuals unable to care for themselves in their homes may receive help with these costs through the *Medicaid* program. Care may be received in a nursing home, through home and community based services or from other options. Most of the applicant's income will go toward the cost of care and *Medicaid* will pay the balance of the cost.

For couples, one of which requires long-term care services, a different set of rules applies. Called "Spousal Impoverishment Protection", household income is evaluated regardless of which spouse generated the income. The spouse remaining in the community (community spouse) is always allowed to keep his/her own income. In certain situations, the community spouse may keep income from the institutionalized spouse. If expenses such as mortgage or rent are high, the community spouse will be able to keep more of the income from the institutionalized spouse, up to \$2,541.00 in 2007. The community spouse also may keep some of the household resources, up to \$101,640 in 2007. The same rules apply also to couples, one of which requires home and community based services.

| Effective 1/1 | Income Limits | | Asset Limits |
|---------------|---------------|-------------|--------------|
| | Jan 1, 2006 | Jan 1, 2007 | |
| Individual | \$1,809 | \$1,869 | \$2,000 |

Regular Medicaid

The regular Medicaid program provides extensive health benefits. For those individuals with both Medicare and Medicaid, Medicare will pay most of health care costs and Medicaid will pay the balance of the bill or the entire cost of benefits not covered by Medicare. However, to qualify, an individual or couple must have very low income and assets.

| Effective 1/1 | Income Limits* | | Asset Limits |
|---------------|----------------|-------|--------------|
| | 2006 | 2007 | |
| Individual | \$603 | \$623 | \$2,000 |
| Couple | \$904 | \$934 | \$3,000 |

***These figures do not include a \$20 per month unearned income disregard (\$240 per year per person).**

Income eligibility figures for these programs changes each year. Regular Medicaid and Long-term care Medicaid change on January 1. Medicare Savings Programs – QI, SLMB, QMB – levels change on April 1. Minimum Monthly Maintenance Allowance (MMMNA) changes on July 1 each year.

The Colorado Senior Health Insurance Assistance Program (SHIP) publishes this document as a service to Colorado consumers and professionals. The Colorado SHIP, Division of Insurance, Department of Regulatory Agencies, State of Colorado, is funded through a grant from the Centers For Medicare and Medicaid Services. SHIP provides one-on-one counseling to assist consumers with Medicare in making well-informed health care choices.

Consumers may call toll-free **1-888-696-7213** to contact a local SHIP counselor for assistance.