



COLORADO

Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

AGENCY LETTER

AGENCY LETTER NUMBER: HCPF 18 - 001

SUPERCEDES NUMBER: 17 - 002

DATE:

DIVISION OR OFFICE: HEALTH INFORMATION OFFICE

**SUBJECT AREA: MEDICAL ASSISTANCE – MEDICARE SAVINGS PROGRAM AND
LOW INCOME SUBSIDY**

SUBJECT: 2018 INCREASE TO RESOURCE LIMITS

TYPE: I – INFORMATION

APPROVED BY: CHRIS UNDERWOOD

HCPF Agency Letters can be accessed online: <https://www.colorado.gov/hcpf/agency-letters>

Purpose:

The purpose of this agency letter is to advise eligibility sites of the increased resource limits for Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), Qualified Individuals (QI-1), and Low Income Subsidy (LIS) resource limits.

Background:

Section 112 of the Medicare Improvements for Patients and Providers Act (MIPPA), signed into law on July 15, 2008, amended Section 1905(p)(1)(C) of the Social Security Act to make the resource limit for QMB, SLMB, and QI-1 conform to the resource limit for individuals who qualify for the full subsidy Medicare Part D LIS. The resource limit does not apply for the Qualified Disabled Working Individuals (QDWI) program. The resource test was increased effective January 1, 2018 for QMB, SLMB, QI-1 and LIS and is listed below.

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Procedure or Information:

Medicare Savings Program

| | | 2017 | 2018 | | | 2017 | 2018 |
|------------|------------|----------|----------|-------------|------------|----------|----------|
| QMB | Individual | \$8,890 | \$9,060 | SLMB | Individual | \$8,890 | \$9,060 |
| | Couple | \$14,090 | \$14,340 | | Couple | \$14,090 | \$14,340 |

| | | 2017 | 2018 | | | 2017 | 2018 |
|-------------|------------|----------|----------|-------------|------------|---------|---------|
| QI-1 | Individual | \$8,890 | \$9,060 | QDWI | Individual | \$4,000 | \$4,000 |
| | Couple | \$14,090 | \$14,340 | | Couple | \$6,000 | \$6,000 |

Low Income Subsidy

| Year | | 2017 | 2018 |
|-------------|------------|----------|----------|
| | Individual | \$13,820 | \$14,100 |
| | Couple | \$27,600 | \$28,150 |

Effective Date:

January 1, 2018

Contact:

Medicaid.Eligibility@hcpf.state.co.us