

Virginia Department of Social Services  
Medicaid Fact Sheet #13  
**Qualified Individual (QI)**  
(Medicaid Program That Pays Medicare Part B Premium)

*The following information is given as a guideline only. For Medicaid eligibility to be determined, an application must be filed with the local department of social services in your locality.*

The Medicaid Qualified Individual (QI) program is also known as a “Medicare Savings Program.” Medicaid QI could help you if you are entitled to Medicare Part A and have income too high to be eligible for other Medicaid programs.

If you are eligible for the QI program, Medicaid will only pay your monthly Medicare Medical Insurance (Part B) premium as long as funds remain available. Medicare Part B helps pay for the services of doctors, other health care providers, and some medical services and supplies not covered by Part A. The monthly standard premium for **2023 is \$164.90**. Depending on when you were enrolled in Medicare, your premium may be different.

Generally, to qualify for the QI program you must:

- Be entitled to Medicare Part A.
- Have countable income between 120% and 135% of the federal poverty guidelines. Income includes Social Security benefits, pensions, wages, interest, dividends, etc. Your countable income must be at least **\$1,458** per month for one person, but less than **\$1,641**. If you are married and your spouse's income is counted, the limit is at least **\$1,972** but less than **\$2,219**.
- Have countable resources of not more than **\$9,090 for one person** and **\$13,630 for a couple**. Resources are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.) stocks, bonds, cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you only have a life interest and personal jewelry are not counted as resources.

If you are eligible for the Medicaid QI, Medicaid will only pay your Medicare Part B premium, and you will not receive a Medicaid card. You must still pay for other Medicare coinsurance and deductibles. You will also be eligible for Extra Help with your Medicare Part D prescription drug premium, deductible and copays.

If all eligibility factors are met in the month you apply for QI, eligibility for this program will begin the first day of the application month and you may be entitled to a three-month retroactive

determination. All resources and income must be verified as well as certain non-financial criteria.

There are several ways to file an application:

- Apply for Medicaid online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov).
- You can also apply by calling the Cover Virginia Call Center Monday through Friday, 8 a.m. to 7 p.m. and Saturday 9 a.m. to 12 p.m. at 833-5CALLVA (TDD: 1-888-221-1590).
- Applications are also available online at [http://www.dss.virginia.gov/benefit/medical\\_assistance/forms.cgi](http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi), and can be completed and mailed/faxed/ or dropped off to the local department of social services. You can also request a Medicaid application be mailed to you.

You can find the address and phone number for your local DSS at <http://www.dss.virginia.gov/localagency/>. You do not need to visit the office to file an application.

An annual review is completed every 12 months and a renewal form will be sent to you or you can complete your renewal online at [www.commonhelp.virginia.gov](http://www.commonhelp.virginia.gov). If you do not return your renewal by the due date, your case may be closed, and you may experience a break in the state paying your Medicare premium. If three months have passed from the date your case was closed for not completing a renewal, you will be required to reapply.

If you have questions or need assistance in completing your Medicaid application, contact your local department of social services.

**MEDICAID FACT SHEET #13 QI**

**FORM NUMBER - D032-03-0358-37-eng (01/23)**

**PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding this limited coverage.**

**NUMBER OF COPIES - One**

**DISPOSITION OF FORM - One per inquirer.**

**INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.**