

## 2143 - QUALIFIED MEDICARE BENEFICIARIES

POLICY STATEMENT	<p>Qualified Medicare Beneficiaries (QMB) is a class of assistance (COA) that provides a Medicare supplement to individuals who meet financial criteria based on the Federal Poverty Level (FPL).</p>
BASIC CONSIDERATIONS	<p>To be eligible under this COA an A/R must meet the following conditions:</p> <ul style="list-style-type: none"> <li>• The A/R is entitled to Part A Medicare coverage.</li> <li>• The A/R meets all basic eligibility criteria.</li> </ul> <p><b>EXCEPTION:</b> Application for Other Benefits, Length of Stay (LOS) and Level of Care (LOC) are <b>not</b> requirements under this COA.</p> <ul style="list-style-type: none"> <li>• The A/R has countable resources of less than or equal to twice the SSI resource limit.</li> <li>• The A/R has countable net income of less than or equal to the QMB income limit.</li> </ul> <p>QMB pays the following for the QMB eligible individual:</p> <ul style="list-style-type: none"> <li>• the monthly premium for Part A Medicare for those individuals who must pay a premium</li> <li>• the monthly premium for Part B Medicare</li> <li>• all Medicare co-insurance payments (the 20% of covered charges that Medicare will not pay)</li> <li>• all Medicare deductibles, such as the in-patient hospital deductible.</li> </ul> <p>QMB will <b>not</b> cover any medical service that is not covered by Medicare.</p> <p>Applicants for QMB must meet all eligibility criteria for this COA in the month of approval and the following month in order to be approved.</p> <p>There is no retroactive coverage under this COA. QMB eligibility begins the first day of the month following the month the eligibility determination is completed.</p>

**BASIC  
CONSIDERATIONS  
(cont.)**

Persons who must pay a premium for Part A Medicare who also appear to be eligible for QMB will be referred to DFCS by SSA for a QMB determination prior to SSA's processing of the Part A Medicare application. SSA will process applications for Part B Medicare without regard to QMB eligibility.

An individual who has income less than the FBR may be eligible for QMB and not eligible for SSI because of excess resources.

In-kind Support and Maintenance (ISM) is **not** considered in determining QMB eligibility.

The QMB income limit is based on the FPL. The FPL/QMB income limit is subject to change between February and April of each year. Therefore, the annual January RSDI COLAs are disregarded in determining QMB eligibility until the effective month of the new QMB income limit.

Aged SSI Only recipients who are eligible for Part A Medicare with a monthly premium must apply for QMB at DFCS in order to have the premium paid by DMA. Refer to Special Considerations in this section for procedures on processing the QMB application for these individuals.

**NOTE: THE STANDARD OF PROMPTNESS FOR QMB APPLICATIONS IS 10 WORKING DAYS FROM RECEIPT OF THE APPLICATION.**

**SPECIAL  
CONSIDERATIONS**

The 1999 Government Performance Results Act simplified the policy and procedures for this class of assistance, and has changed the application process. In addition to applying at the county office, an A/R may apply with the local Community Health Center or with HICARE on a simplified application form DCH 700, Medicare Savings for Individuals. (County DFCS shall also use this application form which is available from Central Supply.)

The local Community Health Center and HICARE will forward all applications to DMA, who will forward the applications to the appropriate County Departments. The application date is the date stamped as received by DMA.



**PROCEDURES**

	Follow the steps below to determine QMB eligibility.
<b>Step 1</b>	Accept the A/R's QMB application.  <b>NOTE: A face-to-face contact and office interview is not required at initial application or annual redetermination.</b>
<b>Step 2</b>	Contact the A/R by telephone only if information provided on the application is not sufficient to process the case.
<b>Step 3</b>	Verify Part A Medicare entitlement by one of the following: <ul style="list-style-type: none"><li>• client statement, if copy of card or other written verification is not provided or available</li><li>• a RSDI Award Letter</li><li>• a Medicare card</li><li>• BENDEX under Clearinghouse on the system</li><li>• a MBR Query Card</li><li>• notification from a local SSA office.</li></ul>
<b>Step 4</b>	Determine all basic eligibility criteria except LOS, LOC and Application for Other Benefits. Accept A/R's statement regarding citizenship and residency. Refer to Chapter 2200, Basic Eligibility Criteria.  <b>NOTE:</b> To fulfill the TPR requirement on a QMB applicant who reports a TPR, copy the application and send to the DMA TPL Unit. Attach a copy of the insurance card if available.
<b>Step 5</b>	Determine financial eligibility. Refer to Chapter 2500, ABD Financial Responsibility and Budgeting to determine the following: <ul style="list-style-type: none"><li>• whose income and resources to consider</li><li>• which QMB income and resource limit (individual or couple) to use</li><li>• which eligibility budget to complete</li></ul> <b>NOTE: For all applications and annual redeterminations: The A/R's statement of income and resources provided on the application/review form is acceptable verification.</b> No further verification is required unless questionable. If BENDEX/SDX or other information known to the agency indicates an amount different from the A/R's statement and is determined to be current, use this amount over the A/R's statement.

**PROCEDURES  
(cont.)**

**EXCEPTION:** If a Medicare eligible couple both apply for QMB, SLMB, QI-1 or QI-2 and they are not financially eligible based on income as a couple for any Q track COA, calculate their eligibility as individuals and approve each under whichever Q track COA they are eligible.

**No property search is required for this class of assistance.**

The Social Security number of a spouse who is not applying for benefits is **not** required unless eligibility cannot be established without it.

**Step 6** Approve QMB on the system to begin the month **following** the month of case disposition if the A/R meets all the above eligibility requirements.

**Step 7** Notify the A/R of the case disposition via the system generated notice.

**SPECIAL  
CONSIDERATIONS****Processing a QMB  
Application on a SSI  
Only Recipient**

SSI Only (no RSDI or RR income) recipients who are age 65 or older are eligible for Part A Medicare with a monthly premium. Effective August 1991, SSI Only recipients must apply for and be approved for QMB before DMA will pay the Part A Medicare premium through the buy-in process.

The following SSI Only recipients will receive a letter from DMA informing them of the need to apply for QMB:

- SSI applicants aged 65 or older who are newly approved by SSA to receive SSI
- SSI recipients who reach age 65

The SSI Only recipient must submit an application for QMB to the DFCS office in his/her county of residence.

Current SSI eligibility is prima facie evidence of financial eligibility for QMB. A screen print of the SDX record showing current SSI pay status is acceptable verification.

Follow the steps below to establish QMB eligibility for a SSI Only recipient.

**SPECIAL  
CONSIDERATION  
(cont.)**

**Step 1** Register the applicant on the system.

**Step 2** Contact the A/R by telephone.

**NOTE: A face-to-face contact and office interview is not required.**

**Step 3** Document QMB financial eligibility based on receipt of SSI in SUCCESS.

**Step 4** **NOTE:** A SSI certification letter is acceptable verification if SDX is not available.

**Step 5** File the SDX screen print and copy of the DMA letter in the case record.

Verify potential Part A Medicare eligibility by use of one of the following:

- the DMA letter to the A/R regarding QMB and Buy-In
- the A/R's DOB on SDX showing current age as 65 or older
- AI at the end of the SSI claim letter
- a SSI certification letter.

