2143 - QUALIFIED MEDICARE BENEFICIARIES

POLICY STATEMENT	Qualified Medicare Beneficiaries (QMB) is a Q Track class of assistance (COA) that provides a Medicare supplement to individuals who meet financial criteria based on the Federal Poverty Level (FPL).
BASIC CONSIDERATIONS	To be eligible under this COA an A/R must meet the following conditions: • The A/R is entitled to Part A Medicare coverage. • The A/R meets all basic eligibility criteria. **NOTE:** Since QMB recipients receive Medicare, they are exempt from the citizenship verification requirement. Citizenship was verified by SSA prior to awarding Medicare. A Declaration of Citizenship form is still required. **EXCEPTION:** Application for Other Benefits, Length of Stay (LOS) and Level of Care (LOC) are **not** requirements under this COA. • The A/R has countable resources of less than or equal to the current QMB/SLMB/QI-1 resource limit. • The A/R has countable net income of less than or equal to the QMB income limit. QMB pays the following for the QMB eligible individual: • the monthly premium for Part A Medicare for those individuals who must pay a premium • the monthly premium for Part B Medicare • all Medicare co-insurance payments (the 20% of covered charges that Medicare will not pay) • all Medicare deductibles, such as the in-patient hospital deductible. **NOTE: Effective for dates of service on or after May 11, 2012, payments for Medicare coinsurance and deductibles for dual Medicare/Medicaid members, including QMB, will be limited to the Medicaid maximum allowable amount. If the Medicare payment on a claim is equal to or greater than the Medicaid maximum allowable amount, Medicaid will not pay anything on the claim. All Medicare providers are prohibited from billing QMB recipients for Medicare cost-sharing. This includes Medicare deductibles and coinsurance. (See "Special Consideration" at the end of this section.)**

QMB will **not** cover any medical service that is not covered by Medicare.

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.

No property search is required for this class of assistance.

BASIC CONSIDERATIONS (cont.)

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.

Individuals who are required to pay a premium for Part A Medicare and 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.

The following SSI recipients must apply for QMB at DFCS in order to have the premium paid by DCH:

- Aged SSI Only recipients who are eligible for Part A Medicare with a monthly premium
- SSI recipients (SSI only or combo with RSDI) whose Medicare claim number ends with an “M”.

Refer to Special Considerations in this section for procedures on processing the QMB application for these individuals.

NOTE: THE STANDARD OF PROMPTNESS FOR QMB APPPLICATIONS 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 GeorgiaCares 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.) **Any applications that are sent to DCH will be forwarded to the appropriate County Departments. The application date is the date stamped as received by DCH.**
PROCEDURES	Follow the steps below to determine QMB eligibility.
Step 1	Accept the A/R's QMB application. **NOTE: A face-to-face contact and office interview is not required at initial application or annual redetermination.**
Step 2	Contact the A/R by telephone only if information provided on the application is not sufficient to process the case.
Step 3	Verify Part A Medicare entitlement by one of the following: • client statement, if copy of card or other written verification is not provided or available • a RSDI Award Letter • a Medicare card • BENDEX under Clearinghouse on the system • a MBR Query Card • notification from a local SSA office.
Step 4	Determine all basic eligibility criteria except LOS, LOC and Application for Other Benefits. Accept A/R's statement regarding residency. Refer to Chapter 2200, Basic Eligibility Criteria. NOTE: To fulfill the TPR requirement on a QMB applicant who reports a TPR, copy the application and send to the DCH TPL Unit. Attach a copy of the insurance card if available.
Step 5	Determine financial eligibility. Refer to Chapter 2500, ABD Financial Responsibility and Budgeting to determine the following:

PROCEDURES (cont.)

- whose income and resources to consider
- which QMB income and resource limit (individual or couple) to use
- which eligibility budget to complete

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. No further verification is required unless questionable. Call, if needed, to confirm TPR status. 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.

EXCEPTION: If a Medicare eligible couple both apply for a Q Track COA and they are income ineligible as a couple for all Q track COA, calculate their eligibility as individuals for income but jointly for resources and approve each under which Q track COA they are eligible.

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. However, if approval of the case is not completed within the standard of promptness due to agency or other agency delay, use the QMB override feature to not penalize the A/R for any month(s) of ineligibility.

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

SPECIAL CONSIDERATIONS

Processing a QMB Application on a SSI 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 DCH will pay the Part A Medicare premium through the buy-in process.

The following SSI Only recipients will receive a letter from DCH 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.

SSI recipients whose Medicare claim number ends with "M" will also need to apply for QMB through DFCS to have their Part A Medicare premium paid.

Current SSI eligibility is prima facie evidence of financial eligibility for QMB. The SDX record showing current SSI pay status is acceptable verification. Document the case that the SDX screen has been viewed.

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

Step 1 Register the applicant on the system.

Step 2 Obtain information necessary to process the application. An interview is not required. Additional information may be obtained by contacting the applicant by telephone or mail.

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

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

Step 4 File in the case record a copy of the letter referring the recipient to DFCS to apply for QMB.

Step 5 Verify potential Part A Medicare eligibility by one of the following:

- the DCH 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.

If none of these methods of certification is available, request the A/R obtain a letter from SSA verifying potential eligibility for Part A Medicare entitlement.

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

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

REVIEWS

Redetermine eligibility in the month due by means of a telephone contact with the client and review of SDX to show that the client remains in current SSI pay status. Since A/R is SSI eligible, no further forms or contact is required.

SPECIAL CONSIDERATION

If the QMB recipient qualifies for Medicare Skilled Nursing Facility (SNF) care, Medicaid is required to pay the coinsurance even if that amount is zero. QMB individuals are not required to apply for Nursing Home Medicaid if they do not desire to do so. (Note: after the first 100 days in a benefit period QMB recipients will be responsible for all cost.)

When a QMB recipient is admitted to a nursing facility under Medicare SNF care, the nursing facility will complete a Form DMA-59, Sections I, II, and III and fax to DCH at 404-463-2538.

The nursing facility will notify DCH when the individual is discharged from Medicare SNF care by completing Section IV of the same Form DMA-59 and fax to DCH at 404-463-2538.