

H-1100 QUALIFIED MEDICARE BENEFICIARY (QMB)

H-1110 GENERAL INFORMATION

Effective January 1, 1988, the Medicare Catastrophic Coverage Act of 1988 required expansion of Medicaid coverage for a mandatory eligibility group of low-income Medicare beneficiaries called Qualified Medicare Beneficiaries (QMB).

The applicant/beneficiary must meet all of the following QMB requirements. A QMB must:

- Be entitled to or enrolled in hospital insurance benefits under Medicare Part A, but is not required to be enrolled in Medicare Part B.

Note:

Supplemental Security Income (SSI) recipients who reach age 65 are automatically entitled to Medicare. Enrollment will be effective at the time the State begins to pay the premium through Buy-In.

Note:

Any individual with a Beneficiary Identification Code (BIC) of M is entitled to Medicare Part A and should be considered for QMB. The alphabet code following the SSN in a Medicare Claim Number is referred to as a BIC.

- Have income that is less than or equal to 100 percent of the Federal Poverty Income Guidelines (FPIG). Refer to [Z-200 Federal Poverty Income Guidelines](#).

Note:

In January of each year, disregard the Social Security Administration (SSA) cost-of-living adjustment (COLA) through the month following the release of the annual FPIG update. For example, the annual FPIG is released in January, disregard COLA through February. Thereafter, determine eligibility using all income including the COLA for that year.

- Meet all non-financial eligibility requirements for Medicaid.

H-1110.1 Coverage

QMB eligibles are divided into two categories:

QMB Only

Eligible for Medicaid payments for:

- Medicare Part A (when applicable) and B premiums;
- Medicare deductibles for Medicare covered services; and
- Medicare coinsurance for Medicare covered services.

QMB Plus

Eligible for Medicaid payments for:

- The same benefits listed for QMB Only; plus
- The full range of Medicaid services.

Individuals who qualify for one of the Medicare Saving Programs (QMB, SLMB, or QI) are automatically enrolled in the SSA low-income subsidy (LIS) program (also called Extra Help). This subsidy helps pay for the Medicare Part D prescription drug plan premiums, co-payments, and the annual deductible. For more information on LIS/Extra Help, please visit the [Social Security Administration Extra Help website](#).

Note:

Although the BHSF Form 1-MB, Application for Medicare Savings Program, is commonly used to apply for QMB, it is acceptable to use BHSF Form 1-A, Application for Health Coverage.

SSI recipients do not have to apply for QMB. When Part A eligibility is received through the data exchange, the individual is automatically certified for QMB. If the SSI recipient who is entitled to enroll in Part A is not automatically certified, enter the QMB certification.

A beneficiary who is no longer eligible for full Medicaid may continue to be eligible as a QMB Only.

SSI/QMB Plus beneficiaries remain eligible for QMB after entering a long-term care (LTC) facility.

H-1121 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-1121.1 Determine Assistance Unit

The assistance unit includes the applicant(s)/beneficiary(s).

H-1121.2 Establish Categorical Requirement

Verify entitlement/enrollment in Medicare Part A for the applicant/beneficiary. Medicare Part A eligibility, the start date for Medicare Part A, and the Medicare claim number may be verified through the interfaces available in LaMEDS.

H-1121.3 Establish Non-Financial Eligibility

Verify eligibility for each member of the assistance unit with regard to the following factors:

- [Assignment of Third Party Rights](#) I-200
- [Citizenship/Identity and Qualified Non-Citizen Status](#) I-300
- [Enumeration](#) I-600
- [Residence](#) I-1900

H-1121.4 Establish Need**A. Determine Composition of the Income Unit**

The income unit includes the:

- Applicant/beneficiary;
- Applicant/beneficiary and ineligible spouse living in the same home; or
- Applicants/beneficiaries who are a couple living in the same home (eligible couple).

Note:

If SSA considers the applicant/beneficiary and their spouse

as a couple for SSI, they are considered as an eligible couple for the purposes of budgeting in the Medicare Savings Programs (QMB, SLMB, QI). An eligible spouse is one who is aged, blind, or disabled and lives in the same household as the applicant/beneficiary. The eligible spouse does not have to be entitled to Medicare for the couple to be considered an eligible couple.

B. Determine Need/Countable Income

Individual

If the applicant/beneficiary is an individual with no spouse or with an ineligible spouse with no income, complete the following budget steps:

- Step 1. Determine the total gross unearned income.
- Step 2. Subtract the \$20 SSI general income disregard from unearned income.
- Step 3. The remainder is the countable unearned income.
- Step 4. Determine the total gross earned income.
- Step 5. Subtract any remainder of \$20 SSI disregard from gross earnings.
- Step 6. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one-half of remainder of earnings.
- Step 7. The remainder is the countable earned income.
- Step 8. Add remainders from Step 3 and Step 7.
- Step 9. Compare the total to 100 percent FPL for one person. Refer to [Z-200 Federal Poverty Income Guidelines](#).

If the remaining income is greater than the QMB income limit for one person, the applicant/beneficiary is not income eligible.

If the remaining income is equal to or less than the QMB income limit for one person, the applicant/beneficiary is income eligible for QMB.

Ineligible Spouse Deeming

If there is an ineligible spouse with income, complete budget Steps 1 through 9 above using only the applicant/beneficiary income. If the income of the applicant/beneficiary is greater than the QMB limit for one person, the applicant/beneficiary is ineligible and there is no deeming. Consider for the Medically Needy Program (MNP).

If the income of applicant/beneficiary is equal to or less than the QMB limit for one person, apply deeming policy. Refer to [I-1420 Need - Deeming](#). Go to Step 1 of the couple budget.

Couple

If both members of a couple are potentially eligible, or if there is income remaining in the deeming process, complete the following budget steps:

- Step 1. Determine the total gross unearned income by combining the couple's unearned income.

Note:

When deeming income from an ineligible spouse, the income of the ineligible spouse remaining after allocation for ineligible children is combined with the income of the eligible spouse. The couple is then treated the same as an eligible couple for budgeting purposes.

- Step 2. Subtract the \$20 SSI general income disregard.
- Step 3. The remainder is the couple's countable unearned income.
- Step 4. Determine the total gross earned income by combining the couple's gross earned income.
- Step 5. Subtract any remainder of the \$20 SSI disregard from gross earnings.
- Step 6. Subtract one earned income deduction from the remaining gross earnings of the income unit. The earned income deduction is \$65 and one-half of the remainder of the earnings.

Step 7. The remainder is the couple's countable earned income.

Step 8. Combine the remainders in Step 3 and Step 7.

Step 9. Compare the total countable income to 100 percent FPL for two persons. Refer to [Z-200 Federal Poverty Income Guidelines](#).

If the income is greater than the QMB income limit for two persons, the applicant/beneficiary is not eligible.

If the income is equal to or less than the QMB income limit for two persons, the applicant/beneficiary is income eligible.

Exception:

Couples in a nursing facility or receiving waiver services who are being considered as individuals, are considered individuals for QMB need/countable income determinations. Refer to MEM 831.4

If one spouse is in a nursing facility or receiving waiver services and his community spouse is not receiving waiver services, determine eligibility for each spouse as an individual. Consider income of each individual for separate QMB decisions.

Note:

Count as unearned income to the community spouse any income allocated from an institutionalized spouse.

H-1121.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make eligibility decision.

H-1121.6 Certification Period

Eligibility for QMB shall not be retroactive from the application date.

The certification period shall not exceed 12 months.

QMB certifications are effective the month following the month the individual is determined to be QMB-eligible. The "month the individual is determined to be QMB-eligible" is the month that the individual is

determined to meet all the requirements for QMB eligibility.

Example:

If an individual applies for Medicaid on January 1 and is determined to meet all of the requirements of eligibility at that time, even if the state makes this determination on March 10th, the individual's QMB coverage would begin on February 1.

H-1121.7 Notice of Decision

Send the appropriate notice of decision to the applicant(s)/beneficiary(s).

Note:

Applicants enrolled in Medicare Part A are not referred to the Federally Facilitated Marketplace (FFM).