
MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO "AT-HOME" COVERAGE GROUPS

C. **QUALIFIED
MEDICARE
BENEFICIARIES
(QMB'S)**

Section 301 of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360) mandates coverage of Qualified Medicare Beneficiaries (QMB's) for the purpose of Medicare cost-sharing expenses. The QMB provision of federal law was effective January 1, 1989; however Mississippi requires state enabling legislation prior to adding any new Medicaid coverage group. State legislation delayed implementation of the QMB provision until July 1, 1989.

1. **Eligibility
Criteria**

Effective July 1, 1989, an individual or couple must meet all of the following criteria in order to qualify for QMB coverage:

- The eligible must be entitled to Medicare Hospital Insurance under Part A.

Note: Individuals with Medicare Part B only who have access to Part A can be considered for QMB eligibility since Medicaid will enroll the individual in Part A and pay the Part A premium.

- Income must not exceed the FPL in accordance with the phase-in requirement contained in State law:

85% of the FPL effective 07-01-89
90% of the FPL effective 01-01-90
100% of the FPL effective 01-01-91

The income limits apply to countable income, i.e., all appropriate income exclusions apply prior to testing income against the individual or couple level. The income limits for QMB individuals and couples are listed in the "Chart of Need Standards and Resource Limits" located in the Appendix.

- Effective 07-01-99, there will be no resource test. Effective 07-01-89 - 06-30-99, resources could not exceed twice the SSI resource limits.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO "AT-HOME" COVERAGE GROUPS

- All other non-financial requirements of Medicaid eligibility must be met.

Note: It is not necessary to verify disability via a DDS decision for a QMB applicant since Medicare entitlement ensures an individual below age 65 is disabled.

2. Medicare Cost-Sharing Benefits

Individuals or couples eligible as QMB's alone are not eligible for full Medicaid services. QMB's receive only Medicare cost-sharing benefits that consists of Medicaid payment for:

- Monthly premiums for Medicare, Part B and, where applicable, for Premium Hospital Insurance under Medicare, Part A.
- Medicare Part A and B deductibles and coinsurance.

3. Effective Date of Benefits

Medicare cost-sharing benefits are effective with the month after the month in which a determination is made that the individual is a QMB. For example, an applicant approved in September will have QMB entitlement effective October 1.

Retroactive benefits are not available for QMB-only eligibles. Benefits cannot begin until the month after the month of approval of the QMB application.

4. Dual Eligibility for QMB's

It is possible for an individual or couple to be eligible as a as a QMB and eligible under another Medicaid coverage group. Eligibility as a QMB can constitute an eligibility status which is in addition to eligibility under another Medicaid coverage group for individuals who can be eligible under more than one group.

When an individual is eligible as a QMB and under another category, this is known as QMB dual eligibility. Those who are dually eligible receive the full range of Medicaid services and Medicare cost-sharing benefits also.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO "AT-HOME" COVERAGE GROUPS

Eligibility for other Medicaid coverage groups is determined using the eligibility criteria for that group, including 3-months retroactivity. In turn, eligibility for QMB status is determined using the eligibility criteria specified for QMB's. If the criteria for both groups is met, the individual is dually eligible.

Example 1: An aged applicant in a nursing home has \$1,000 in resources and \$400 in total income. The applicant is unmarried and has Medicare, Part A and B. This individual is dually eligible as a nursing home recipient and a QMB since the criteria for both groups is met.

Example 2: Same situation as Example 1 but applicant has \$5,000 in resources. This individual can be a QMB only until resources are reduced below the limit of \$3,000 required for a nursing home eligible individual.

Example 3: A disabled applicant with full Medicare coverage lives in his own home and has gross income of \$550 per month and resources which total \$1,900. This individual is dually eligible as a PLAD and a QMB since the criteria for both groups is met.

Example 4: Same situation as Example 3 but applicant has \$4,900 in total resources. This individual can be a QMB only until resources are reduced to the \$3,000 resource limit at which time he can be dually eligible as a PLAD eligible and a QMB.

If an individual does not specifically and voluntarily choose to have his eligibility determined under one category only, and the individual would be eligible both as a QMB and under another category of eligibility, the worker must make him dually eligible, as outlined below.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO "AT-HOME" COVERAGE GROUPS

**5. Applicant's
Choice of
Category**

An individual who would be eligible as a QMB and under eligibility group (including cash assistance) may choose to have eligibility determined only under one category. However, the individual is not required to make such a choice. The applicant is entitled to have eligibility determined under all categories for which he may qualify.

The worker must provide full and complete information to an applicant about the benefits available for each group for which the individual may be eligible prior to any choice of category. Also inform the applicant of his right to have eligibility determined for all categories of Medicaid eligibility.

Note: An individual or couple with income below the SSI FBR may choose to apply for Medicaid only as a QMB and/or PLAD eligible.

**6. QMB Dual
Benefits**

Medicaid currently pays Medicare Part B monthly premiums and Medicare Parts A and B deductible and coinsurance expenses for all Medicaid recipients who have Medicare Parts A and B, regardless of their source of eligibility or coverage group. The only advantage to QMB dual eligibility is to those enrolled in Premium Hospital Insurance under Part A of Medicare. As a QMB Dual, Medicaid will pay the Part A monthly premium. Without QMB Dual status, Medicaid will not pay the Part A premium for Medicaid recipients.