

Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups – Mandatory Coverage Qualified Medicare Beneficiaries

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Qualified Medicare Beneficiaries

POLICY CITATION

Statute: 1902(a)(10)(E)(i) and 1905(p)

BACKGROUND

Overview

This reviewable unit (RU) describes the Medicaid eligibility group for qualified Medicare beneficiaries (QMBs). It provides the criteria under which individuals may be covered under this group, the income and resource standards used and the medical assistance provided.

The Medicaid eligibility group for QMBs is one of four groups collectively called the Medicare savings program (MSP) eligibility groups. These are mandatory groups under which certain individuals who are entitled to Medicare Part A can have various Medicare cost-sharing expenses paid on their behalf by Medicaid.

The MSP eligibility groups are:

- Qualified Medicare Beneficiaries (QMB),
- Specified Low-Income Medicare Beneficiaries (SLMB),
- Qualifying Individuals (QI), and
- Qualified Disabled and Working Individuals (QDWI).

Each of the MSP groups has its own eligibility requirements and medical assistance limitations. Depending on the group, the medical assistance available ranges from payment of all Medicare cost-sharing expenses to payment of only the Medicare Part A or Part B premium.

Characteristics

The QMB group is a mandatory group established by section 1902(a)(10)(E)(i) of the Social Security Act (the Act) and described in section 1905(p)(1) of the Act.

Specifically, QMBs are individuals who:

- Are entitled to Medicare Part A,
- Have income that does not exceed 100 percent of the federal poverty level (FPL), and
- Have resources that do not exceed the Medicare Part D low-income subsidy (LIS) resource standard, but determined without regard to the life insurance policy deduction. The standard is three times the Supplemental Security Income (SSI) resource standard, adjusted annually based on the consumer price index.

Individuals eligible as a QMB may also meet the separate requirements for another Medicaid eligibility group. In such cases, the individual is eligible for both groups, and therefore eligible for coverage of Medicare cost-sharing and any other state plan services available under the non-QMB group.

Financial Methodologies

SSI income and resource methodologies are used to determine eligibility for QMBs. 209(b) states may not apply their more restrictive eligibility criteria to this group. A separate RU, **Non-MAGI Methodologies**, describes the methodologies used by the state.

For QMBs who receive Social Security retirement, survivors or disability benefits, any increase in those benefits resulting from the most recent cost-of-living adjustment (COLA) (usually effective on January 1 of each year) is not counted as income for a certain period of time. That period, known as a “transition period,” begins in January when the COLA becomes effective, and ends with the last day of the month following the month of publication of the revised FPL in the Federal Register.

Options: Less Restrictive Methodologies. While SSI methodologies are used to calculate income and resource eligibility for QMBs, states can apply less restrictive income and resource methodologies under section 1902(r)(2) of the Act. These less restrictive methodologies can be applied to QMBs without applying them to any other MSP groups. However, if less restrictive methodologies are applied to SLMBs and/or QIs, they must also be applied to QMBs.

Additional information on less restrictive income and resource counting methodologies can be found in the implementation guides that accompany the **Less Restrictive Income Methodologies under 1902(r)(2)** screen and the **Less Restrictive Resource Methodologies under 1902(r)(2)** screen.

Medical Assistance Provided

The medical assistance provided to QMBs is limited to payment for Medicare premiums and cost sharing. This includes cost sharing for Medicare Parts A, B and C and premiums for Medicare Parts A and B.

Unlike other Medicaid eligibility groups, QMB benefits are not retroactive. Coverage begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

INSTRUCTIONS

A. Characteristics

There are two statements (**A.1.** and **A.2.**) describing the characteristics of this eligibility group.

B. Financial Methodologies

At **B.1.**, there is a statement that SSI methodologies are used in calculating household income for this eligibility group. A separate RU, **Non-MAGI Methodologies**, describes the Non-MAGI methodologies used by the state.

If you wish to view the approved methodologies, select the ***View approved version of Non-MAGI Methodologies*** link.

- The appropriate **Non-MAGI Methodologies** RU will appear if there is an approved version in the MACPro system.
- If there is no approved version of the RU in MACPro, a screen will appear with the following message: “There is no approved version of this reviewable unit in MACPro available to display.”
- Select the ***Qualified Medicare Beneficiaries*** link to return to the **Qualified Medicare Beneficiaries** RU.

At **B.2.**, select **Yes or No**, to indicate if less restrictive methodologies are used in calculating countable income.

- If **Yes** is selected, click on the **Add/Modify Less Restrictive Methodologies** button.
 - When you have completed these screens, the less restrictive methodologies selected will be inserted into the **Qualified Medicare Beneficiaries** RU. (See the implementation guides, **Less Restrictive Income Methodologies – Selection** and **Less Restrictive Income Methodologies** for how to complete these screens.)

At **B.3.**, select **Yes or No**, to indicate if less restrictive methodologies are used in calculating countable resources.

- If **Yes** is selected, click on the **Add/Modify Less Restrictive Methodologies** button.
 - When you have completed these screens, the less restrictive methodologies selected will be inserted into the **Qualified Medicare Beneficiaries** RU. (See the implementation guides, **Less Restrictive Resource Methodologies – Selection** and **Less Restrictive Resource Methodologies** for how to complete these screens.)

C. Income Standard Used

There is a statement of the income standard used for this eligibility group.

D. Resource Standard Used

There is a statement of the resource standard used for this eligibility group.

E. Medical Assistance Provided

There is a statement of the medical assistance provided for this eligibility group.

F. Additional Information (optional)

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

REVIEW CRITERIA

The less restrictive methodologies entered must be sufficiently clear, detailed and complete to permit the reviewer to determine that the state's description meets applicable federal statutory, regulatory and policy requirements.