
QUALIFIED MEDICARE BENEFICIARIES - Q

REVISED 12/03/2018 – [CHANGE NO. 06-18](#)

[Current Change Notice: 06-18](#)

- The Qualified Medicare Beneficiaries policies have been revised in the online Adult Medicaid Manual in the following sections: MA-2130, Qualified Medicare Beneficiaries – Q

I. QUALIFIED MEDICARE BENEFICIARIES - Q

An applicant/beneficiary (a/b) who is enrolled in Medicare Part A and B, and has income at or less than 100% of poverty is eligible for the state to buy-in payment of the Medicare premiums, deductibles and coinsurance. Buy-in is effective the first day of the month after the month of disposition with “Q” Medicaid classification. No additional benefits are provided under this program. Medicaid card will be issued to beneficiaries authorized for MQB-Q. The beneficiary may meet the eligibility requirements for both MAABD and MQB-Q.

II. MQB-Q ELIGIBILITY REQUIREMENTS

A. Meet all Financial/Non-financial eligibility requirements.

B. Be Enrolled in Medicare Part A and B.

1. Refer to [MA-2410, Medicare Enrollment and Buy-In](#), for an explanation of Medicare enrollment procedures.
2. MQB-Q beneficiary who is already enrolled in Medicare Part B will need to apply for Medicare Part A.
3. Verify Medicare coverage by seeing one of the following:
 - a. OVS
 - b. The Medicare card
 - c. BENDEX (Part B is SMI entitlement and Part A is HIB entitlement)
 - d. EOB - Explanation of Benefits
 - e. Note: Inmates of public institutions are not eligible for Medicare.

C. Income

1. Countable income cannot exceed 100% of the current Federal Poverty Level (FPL). This level is adjusted in April of each year.
2. Refer to [MA-2260 Financial Eligibility Requirements-PLA](#), for current income levels.

D. Resources

Refer to [MA-2260 Financial Eligibility Requirements-PLA](#), for countable resource limits.

III. MQB-Q SPECIAL PROGRAM REQUIREMENTS

A. Limited Coverage

1. Under the MQB-Q program Medicaid pays Medicare Part A and B premiums, deductibles, and coinsurance for charges covered by Medicare. MQB-Q does not pay toward any services which are not covered by Medicare, such as eyeglasses, and dental care.
2. MQB beneficiaries do not qualify for Non-Emergency Medical Transportation.
3. Medicare participating physicians and suppliers are required to file all Medicare claims and to accept Medicare assignment if the Medicare beneficiary is MQB eligible for dates of service.
4. MQB-Q beneficiaries receive a Medicaid card.

B. Dual Eligibility

1. The beneficiary (or couple) may meet the eligibility requirements for both MAABD and MQB-Q. This is known as dual eligibility.
2. The beneficiary must be evaluated for all Medicaid programs.

C. Application Processing Requirement

1. The application processing standard is 45 days.
2. If the applicant is not enrolled in Medicare Part A and B with SSA by the application processing standard or denied entitlement to Medicare, evaluate for all other Medicaid programs.

D. Classification

The classification is “Q”, even if dually eligible.

E. Certification Period

1. The certification period always begins with the month of application.
2. The certification period is 12 months.

F. MQB-Q Authorization

1. Always begins the first day of the month after the month of disposition. The date of disposition is the date the [DMA-5002/5002s](#) is sent.
2. For recertification, authorization begins the first month of the new certification period if all eligibility criteria are met.

G. Retroactive Coverage

1. The applicant/beneficiary (a/b) can never receive MQB-Q coverage retroactively since benefits can begin no earlier than the month after disposition.
2. If the a/b has a retroactive need for the months prior to the MQB-Q certification period, evaluate for coverage for the retroactive months in another aid program/category.
3. Dual eligibility for MAABD and MQB-Q can never apply to retroactive months.

H. Cost of Living Allowance (COLA)

1. Exclude the monthly amount of the RSDI COLA from countable income in determining eligibility for January, February, and March of each year. Use the prior December amount to determine eligibility for January through March. Effective April 1 begin counting the increased monthly RSDI benefit that was effective in January.
2. When the COLA increase is greater than the Federal Poverty Level, some Medicaid beneficiaries may lose eligibility or move to deductible status. In this situation, the most recent COLA must be disregarded in determining continued eligibility. If the beneficiary remains eligible when the SSA COLA is disregarded, the disregard continues until the beneficiary loses Medicaid eligibility or becomes eligible without the disregard.

I. Recertification

1. Apply the ex-parte process prior to the end of the certification period.
2. Verify the following eligibility factors at every recertification:
 - a. Medicare Entitlement

- b. Living Arrangement
- c. Reserve
- d. Income