

1.15 QUALIFIED MEDICARE BENEFICIARIES (QMB) SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI-1)

In addition to DFA-QSQ-1s submitted in person, by mail, or by use of inROADS, the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 mandates, effective January 1, 2010, that applicants at the SSA who apply for Low Income Subsidy (LIS) prescription drug assistance and express an interest in Medicare Premium Assistance (MPA), are considered to have made an application for QMB/SLIMB and QI-1 on that date. LIS files are sent daily, Monday through Friday with the exception of federal holidays, through data exchange to the Department and an application for eligibility determination is initiated. Potential MPA recipients are issued a DFA-QSQ-1 through RAPIDS.

Where there are differences in the processing of the DFA-QSQ-1 applications initiated from the SSA's LIS/MPA data exchange and other DFA-QSQ-1s, they are indicated in the application Sections below. All other policies apply.

A. APPLICATION FORMS

The DFA-QSQ-1 is used when application is made only for QMB, SLIMB or QI-1.

The DFA-QSQ-1 may be mailed to the county office.

The **DFA-2** is used when application is also made for another Program.

NOTE: Effective January 1, 2010, recipients of MPA are no longer subject to Estate Recovery and references to this provision were removed from the revised DFA-QSQ-1. However, if an applicant applies for SLIMB and requests backdated coverage prior to January 1, 2010 or a QMB, SLIMB or QI-1 application requires corrective action and an eligibility decision for months prior to January 1, 2010, the DFA-2 in conjunction with the DFA-RR-1 is used since the DFA-RR-1 continues to contain this provision for other Medicaid Groups.

1. Applications Requested By Mail

When the QMB, SLIMB or QI-1 client requests an application by mail, the Worker must explain:

- The date of application for QMB, SLIMB or QI-1 coverage is the day the signed application form which contains a name and address is received in the DHHR office.
- The processing time frame is 30 days, beginning with the date of application.
- In addition to QMB, SLIMB or QI-1 the client may qualify for other coverage groups, but a face-to-face interview is required.

2. Applications Initiated From SSA's LIS/MPA Data Exchange

Differences in the processing of the DFA-QSQ-1 applications initiated from the SSA's LIS/MPA data exchange include the following:

- The date of application for DFA-QSQ-1s submitted in person or by mail that were initiated from the SSA's LIS/MPA data exchange, is the LIS application date.

NOTE: See Section 1.2,H,3 regarding when the DFA-QSQ-1 initiated from the SSA's LIS/MPA data exchange is returned to a county other than where the client resides.

- The processing time frame is 30 days. The next business day after RAPIDS receives SSA's LIS data, the data system issues a DFA-QSQ-1. If the DFA-QSQ-1 is not returned within 31 days from the date RAPIDS receives the LIS file, RAPIDS sends a denial notice. No action is required by the Worker.

NOTE: A **DFA-2** must be completed when a QMB recipient chooses to apply for SSI-Related or another full coverage Medicaid group.

A reapplication is treated as any other application, except in some situations when a new form is not required. See Section 1.3,F.

B. COMPLETE APPLICATION

The application is complete when the client signs a DFA-QSQ-1 or **DFA-2** which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date of application is the date a completed DFA-QSQ-1 or **DFA-2** containing, at a minimum, the client's name and address is received in the county office.

NOTE: When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the **DFA-2**, Form **DFA-5** must be signed by the applicant, attached and filed in the case record with the subsequently printed **DFA-2**. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the **DFA-2** when an **DFA-5** has been completed.

D. INTERVIEW REQUIRED

1. DFA-QSQ-1, inROADS or **SSA's LIS/MPA Data Exchange** Application

The DFA-QSQ-1 does not require an interview, unless the client indicates that he has assets other than a home and a car. If the applicant(s) has assets, other than a home and a car, verification must be requested.

2. **DFA-2**

When the **DFA-2** is used, an interview is required.

E. WHO MUST BE INTERVIEWED

The applicant(s) for QMB, SLIMB or QI-1 or his representative must be interviewed when an **DFA-2** is used.

F. WHO MUST SIGN

The applicant(s) for QMB, SLIMB or QI-1 or his representative must sign the application.

G. CONTENT OF THE INTERVIEW

In addition to the interview requirements in Section 1.2, the following must be discussed in the interview:

- That the client may receive a refund of Medicare premiums from SSA after QMB, SLIMB, or QI-1 approval.
- Medicare Buy-In for QMB does not begin until the calendar month after approval of the application. The Department does not begin to pay his Medicare deductible, co-insurance and premiums until the following month.
- Medicare Buy-In for SLIMB and QI-1 may be backdated up to 3 months prior to the month of application, if eligibility is established.

- SLIMB and QI-1 recipients do not receive a medical card.
- Individuals dually eligible for QMB and Medically Needy cases with a spenddown receive 2 medical cards once the spenddown is met.
- QMB recipients are eligible for payment of co-insurance and deductibles for nursing facility costs without a contribution. See Chapter 17.

H. DUE DATE OF ADDITIONAL INFORMATION

When the client visits the office and an interview is conducted, the Worker and client decide on a reasonable time for the client to return the information. When the client mails the DFA-QSQ-1 or completes an inROADS application, the Worker then uses the RAPIDS verification checklist or form **DFA-6** to inform the client of additional information needed. The client must be given at least 10 days after the date the verification checklist or **DFA-6** is mailed to return the information.

I. AGENCY TIME LIMITS

Data system action to approve, deny or withdraw the application must be taken within 30 days of the date of application.

For LIS/MPA applicants, action must be taken within 30 days of the date the file is received by RAPIDS.

When RAPIDS determines a LIS/MPA applicant is a current MPA recipient, no notice is sent.

For the LIS/MPA applicant, the next business day after RAPIDS receives SSA's LIS data, the data system issues a DFA-QSQ-1. If the DFA-QSQ-1 is not returned within 31 days from the date RAPIDS received the LIS file, RAPIDS sends a denial notice. No action is required by the Worker.

EXAMPLE: Joanna Smith's LIS data file is received by RAPIDS on August 2, 2010. She has no history of benefits with the Department. The next business day RAPIDS issues a DFA-QSQ-1. Ms. Smith does not return the form. RAPIDS automatically denies the application and notifies Ms. Smith.

EXAMPLE: Same as above. Ms. Smith's DFA-QSQ-1 is received in the local office on August 16, 2010 and her application is approved for QMB.

J. AGENCY DELAYS

When the Department fails to request necessary verification, the Worker must immediately send the RAPIDS verification checklist or form **DFA-6** to request it. He must inform the client that the application is being held pending. When the verification is received and the client is eligible, medical coverage is retroactive to the date eligibility would have been established for QMB, SLIMB or QI-1.

When the QMB, SLIMB or QI-1 application is not processed within agency time limits, the application must be processed immediately upon discovery of the delay. QMB, SLIMB and QI-1 cases must have the eligibility period backdated.

EXAMPLE: Elaine Vickson applies for LIS at the SSA on October 26, 2010 and expresses an interest in MPA. This is her LIS/MPA application date. She returns her DFA-QSQ-1 with all verifications on October 29, 2010, but they are misplaced. The Worker takes corrective action in December 2010 and notes the LIS application date in October. Since the client was otherwise eligible in October, she backdates the QMB with a beginning eligibility date of November 2010.

The QMB client is eligible to receive direct reimbursement for out-of-pocket medical expenses if the Department has not acted on the application within a reasonable period of time. See Chapter 2.

K. PAYEE

The QMB, SLIMB or QI-1 recipient is the payee. When there is an eligible couple, the couple chooses the payee.

L. REPAYMENT AND PENALTIES

This does not apply to QMB, SLIMB or QI-1.

M. BEGINNING DATE OF ELIGIBILITY

1. QMB

The beginning date of eligibility for QMB is the first day of the month following the month in which the application for QMB coverage is approved. Eligibility is never established before the month, following the month of application, except as found in item J above.

EXAMPLE: Same as Example in J, above. The Worker determines her eligibility November 2, 2010 and approves her for QMB effective December 2010. Even though Ms. Vickson's LIS application date is

in October, QMB is effective the month following the month in which the application is approved. QMB cannot be backdated to November 2010.

NOTE: When the individual falls within the QMB income range and qualifies for that coverage, he is not approved for SLIMB to obtain backdated premium payment.

2. SLIMB

Eligibility for SLIMB coverage may be backdated up to 3 months prior to the month of application, if all eligibility requirements were met.

EXAMPLE: Mr. Jacobs applies for LIS at the SSA on October 29, 2010 and expresses an interest in MPA. This is his LIS/MPA application date. He visits his local office on November 1, 2010, completes a DFA-QSQ-1 and is approved for SLIMB with backdated coverage to August 2010. The LIS/MPA data exchange is transmitted November 2, 2010. The Worker checks her DXRL alerts and finds Mr. Jacobs' LIS application date is October, 2010. She takes corrective action and backdates his beginning date of coverage to July 2010, if otherwise eligible.

NOTE: When the individual falls within the QMB income range and qualifies for that coverage, he is not approved for SLIMB to obtain backdated premium payment.

3. QI-1

QI-1 cannot be backdated prior to January of the calendar year of application. Eligibility for QI-1 coverage may be backdated up to 3 months prior to the month of application, if all eligibility requirements were met. Under no circumstance is eligibility backdated prior to July 1, 1998.

EXAMPLE: Same as EXAMPLE in item 2 above, except Mr. Jacobs is approved for QI-1.

N. REDETERMINATION SCHEDULE

QMB and SLIMB redeterminations are scheduled in the 12th month of eligibility.

QI-1 redeterminations are due in December of each year, regardless of the beginning month of eligibility.

O. EXPEDITED PROCESSING

There is no expedited processing requirement for QMB, SLIMB or QI-1.

P. CLIENT NOTIFICATION

See Chapter 6.

Q. REDETERMINATION VARIATIONS

The redetermination process for QMB, SLIMB or QI-1 cases is the same as the application process in item A., with the following exceptions:

1. The Redetermination List

QMB, SLIMB and QI-1 cases are redetermined yearly.

See the RAPIDS User Guide.

2. The Date Of The Redetermination

The redetermination process is initiated by RAPIDS which generates the redetermination form and a letter of explanation PRL5. The information is mailed around the 25th day of the 11th month of the certification period. The redetermination must be submitted by the 10th day of the 12th month of the certification period. The redetermination may be submitted by mail or online by use of inROADS. The redetermination may also be completed using the DFA-QSQ-1 or **DFA-2**.

The letter of explanation provides the following information:

- That the AG(s) for the individual(s) listed is due for redetermination
- The address to which the form is returned, if submitted by mail
- The date by which the redetermination must be submitted
- Any verification which must be submitted with the form
- That the AG(s) will be closed after proper notification, if the redetermination is not completed
- Instructions for submitting the redetermination by online by using inROADS
- A phone number to call if the individual has questions about submitting the redetermination online

The redetermination may be submitted online by use of inROADS until the end of the month in which the redetermination is due. Redeterminations submitted online do not require a signed signature page and are considered electronically signed. This is because the client must enter specific identifying information outlined on the instruction letter. This identifying information includes the case number, redetermination due date and county which are included in the letter. The Social Security number of the person to whom the letter is addressed must be entered, but is not shown on the letter.

Failure to complete and return the redetermination results in AG closure. The QMB, SLIMB or QI-1 AG may be reopened using the RAPIDS-issued redetermination form when it is returned by the last day of the 13th month and the individual is otherwise eligible. After the end of the 13th month, a DFA-QSQ-1 or **DFA-2** must be completed.

3. Scheduling The Redetermination

See item 2 above. The client may telephone the Worker or come into the office if he requires assistance completing the redetermination form.

When the client is in the office to complete a redetermination for another Program, the OMB, SLIMB or QI-1 redetermination must be completed at the same time.

4. Completion Of The Redetermination

a. QMB and SLIMB

When the redetermination is completed and the individual(s) remains eligible, the new POE begins the month immediately following the month of the redetermination.

b. QI-1

The new POE begins in January with the new program year.

R. THE BENEFIT

1. QMB

The QMB recipient is the only individual who appears on the medical card.

Individuals eligible for only QMB coverage receive a Medicaid card.

a. Retroactive Benefits

There are no retroactive benefits for QMB. See item J., Agency Delays, for corrective procedures.

b. Ongoing Benefits

Each month's eligibility is reflected on a new medical card.

2. SLIMB And QI-1

Medicaid coverage is limited to payment of the Medicare, Part B, premium. This is accomplished by the BMS Buy-In Unit.

a. Retroactive Benefits

SLIMB and QI-1 cases do not receive a medical card. When coverage is backdated, the SLIMB client receives a refund of paid Medicare premiums from SSA, after buy-in is accomplished.

b. Ongoing Benefits

SLIMB and QI-1 cases do not receive a medical card. The Department pays the client's Medicare, Part B, premium only.

3. Ending Date Of Eligibility

The ending date of eligibility is the last day of the month of the effective date of closure. When QMB, SLIMB and QI-1 eligibility ends, it ends effective the month following the month in which ineligibility occurs, or whenever the advance notice period ends.