

1. Medicaid Card Issuance

A different Medicaid card is issued to individuals or couples who are eligible for QMB coverage only. These cards have a printed message that identifies the coverage limits. If the QMB client is dually eligible for QMB and another Medicaid coverage group which receives full Medicaid coverage, 2 separate medical cards are issued.

The beginning date of QMB eligibility is the month following the month the application is approved. When QMB eligibility ends, it ends effective the month following the month in which ineligibility occurs, or when possible according to the end of the advance notice period.

The usual 3-month period for backdating eligibility does not apply to QMB's.

EXCEPTION: See Section 1.15 for situations in which backdating applies.

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. Nursing Facility Services

Those eligible as QMB's are eligible to have their QMB coverage pay the Medicare deductible and/or co-insurance for nursing facility services.

If the client applies for Medicaid nursing facility services as described in Chapter 17 and is found eligible, he is treated as a dual eligible. However, if the client does not apply for Medicaid nursing facility services or is not eligible for them, his QMB coverage pays the Medicare co-insurance and/or deductibles related to nursing facility costs, without approving SSI-Related Medicaid to pay for nursing care services and without a client contribution for his cost of care. See Section 17.9, **C** for additional information.

To facilitate payment for such services, the Worker must notify the Long Term Care (LTC) Unit in the Bureau for Medical Services (BMS), by memorandum, that the QMB client is in a nursing facility, when it is known. The memorandum prompts the LTC Unit to generate a billing form to the nursing facility to pay for the covered services. The memorandum must contain the following information: client's name, case number, name of nursing facility, date client entered, date QMB eligibility began, the fact

Specific Medicaid Requirements

that the client has QMB coverage only and, that, therefore, there is no client contribution toward his cost of care.

3. Reimbursement Of Medicare Premium Amount

Once the Buy-In Unit includes the QMB client in the State Buy-in process and, thus, begins the State's payment of the client's Medicare premium to SSA, SSA refunds all of the Medicare premiums withheld during the time that the State should have paid the premium.

Such reimbursement to the client does not affect the client's eligibility.

4. Changes To Buy-In Status

RAPIDS notifies the Buy-In Unit when the case is closed.

D. SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) (SLMB)

Income: 101%-120% FPL

**Assets: \$6,680 Individual
 10,020 Couple**

An individual or couple (spouses) is eligible for limited* Medicaid coverage when all of the following conditions are met:

- The individual must be enrolled in Medicare, Part A. He must be entitled in any of the following three ways:
 - By being age 64 years, 9 months old or older; or
 - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or
 - By having end stage renal disease
- The individual or couple must meet the income test detailed in Chapter 10.

NOTE: RSDI COLA's are disregarded in determining income eligibility until the new FPL limits become effective.

- The individual or couple must meet the asset test detailed in Chapter 11.