

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

A. APPLICATION FORMS

The DFA-QSQ-1 is used when application is made only for QMB, SLIMB or QI-1. The OFS-2 is used when application is also made for another Program.

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

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.

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 OFS-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 OFS-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 OFS-2, Form OFS-5 must be signed by the applicant, attached and filed in the case record with the subsequently printed OFS-2. The DFA-RR-1 must also be completed and signed. He must not be required to return to the office to sign the OFS-2 when an OFS-5 has been completed.

D. INTERVIEW REQUIRED**1. DFA-QSQ-1 or inROADS 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. OFS-2

When the OFS-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 OFS-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 ES-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 ES-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.

J. AGENCY DELAYS

When the Department fails to request necessary verification, the Worker must immediately send the RAPIDS verification checklist or form ES-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.

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.

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.

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.

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 form is generated by RAPIDS and mailed to the recipient in the 11th month of eligibility and is due by the 10th of the 12th month. The redetermination may also be completed using form DFA-QSQ-1 or OFS-2. 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 OFS-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.