

TRANSMITTAL LETTER FOR MANUAL RELEASES

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BENEFICIARY SERVICES ADMINISTRATION
DIVISION OF ELIGIBILITY SERVICES
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MANUAL: Medical Assistance

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APPLICABILITY: QMB, SLMB, Q1-1, QDWI

Item

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**COMAR 10.09.24.03-3
and 10.09.24.03-4**

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COMMENTS

Manual Release MR-120 contains the new regulations concerning Medicare cost sharing coverage and Medicare Buy-in coverage for MA recipients which became effective on June 7, 2004. These regulations provide a legal basis for eligibility decisions regarding the QMB, SLMB, Q1-1 (Qualifying Individual 1) and QDWI (Qualified Disabled Working Individual) coverage groups.

.03-3 Medicare Cost-Sharing Coverage.

A. Non-Financial and Resource Eligibility for Medicare Cost-Sharing Benefits. In order to be eligible for Medicare cost-sharing benefits under §§E—H of this regulation, an individual:

(1) May not be enrolled in Medical Assistance or the Maryland Children's Health Program under this chapter or under COMAR 10.09.11;

(2) Shall be entitled to hospital insurance benefits under Medicare Part A, with or without payment of premiums;

(3) Shall meet the non-financial eligibility requirements for Medical Assistance under this chapter; and

(4) Shall be part of an assistance unit whose countable resources do not exceed twice the maximum amount allowed by the Supplemental Security Income program for the number of persons in the assistance unit.

B. Medicare Cost-Sharing Benefits.

(1) The Medical Assistance benefits for individuals eligible under §§E—H of this regulation are limited to the Medicare cost-sharing benefits described under those sections of this regulation.

(2) Current eligibility for Medicare cost-sharing benefits shall continue until the recipient is determined ineligible.

C. Application and Redetermination Procedures.

(1) The requirements under this chapter for applications and redeterminations shall apply for §§E—H of this regulation except as described in §C(2)—(5) of this regulation.

(2) Applications and re-applications for eligibility under this regulation shall be filed at:

- (a) A local department of social services;
- (b) The Maryland Department of Aging;
- (c) An area agency on aging; or

(d) A surrogate organization approved by the Department.

(3) The initial application may be made at a face-to-face interview or by mail with an agency defined under §C(2) of this regulation, as authorized by the Department.

(4) Redeterminations.

(a) Applications for redetermination of eligibility shall be:

(i) Mailed by the local department of social services to the recipient or representative for completion; and

(ii) Returned, completed, and signed, by the recipient or representative, to the local department of social services.

(b) Scheduled redeterminations of eligibility under §§E—H of this regulation shall be conducted at least once every 12 months after the anniversary of the enrollment effective date.

(c) Upon notice of a change in circumstances, an unscheduled redetermination of eligibility shall be completed.

(4) Eligibility under §§E—H of this regulation shall be initially determined and redetermined by a local department of social services.

D. Income and Resource Consideration.

(1) Assistance Unit. When financial eligibility is determined for an applicant or recipient under §§E—H of this regulation, the countable income and resources of the following individuals shall be considered and measured against the income and resource standards specified in this regulation for the number of persons in the assistance unit:

(a) The applicant or recipient; and

(b) The applicant's or recipient's spouse when living in the same household, whether or not the spouse is eligible for the same benefits under this regulation.

(2) Determining Countable Income and Resources.

(a) Income and resources shall be evaluated for §§E—H of this regulation in accordance with the provisions for aged, blind, or disabled adults residing in the community, as described under this chapter.

(b) Cost of Living Disregard. The annual cost of living increase in Social Security income under Title II of the Social Security Act shall be disregarded through the month following the month in which the annual federal poverty level update is published in the

Federal Register.

E. Qualified Medicare Beneficiary (QMB).

(1) An individual is eligible for QMB benefits if:

(a) All of the requirements of §A of this regulation are satisfied;

and

(b) The assistance unit's net countable income does not exceed 100 percent of the federal poverty level for the number of persons in the assistance unit.

(2) Current eligibility for QMB benefits shall be effective the first day of the month after the month in which QMB eligibility is determined.

(3) Retroactive coverage before the month of application is not available for QMB benefits.

(4) Medicare cost-sharing benefits for a QMB-eligible person shall include coverage of the following expenses by the Medical Assistance program:

(a) Monthly premium for Medicare Part B;

(b) Monthly premium for Medicare Part A, if the individual, due to insufficient working quarters, is not entitled to free coverage by the Social Security Administration; and

(c) Medicare Part A and Part B deductibles and co-insurance for services covered by Medicare, regardless of whether the services are covered under the Medical Assistance State Plan.

(5) A QMB recipient shall be automatically enrolled by the Department in the Maryland Pharmacy Assistance Program under COMAR 10.09.60 and COMAR 10.09.61 for the duration of QMB enrollment.

F. Specified Low-Income Medicare Beneficiary (SLMB).

(1) An individual is eligible for SLMB benefits if:

(a) All of the requirements of §A of this regulation are satisfied;

and

(b) The assistance unit's net countable income is greater than 100 percent but less than 120 percent of the federal poverty level for the number of persons in the assistance unit.

(2) Current eligibility for SLMB benefits shall be effective the first day of the month of application.

(3) An individual may qualify for retroactive SLMB benefits for up to 3 calendar months before the month of application, if the person meets the SLMB eligibility criteria for each of those prior months.

(4) Medicare cost-sharing benefits for a SLMB-eligible person shall consist of coverage by the Medical Assistance program of the monthly premium for Medicare Part B.

G. Qualifying Individual 1 (QI-1).

(1) An individual is eligible for QI-1 benefits if:

(a) All of the requirements of §A of this regulation are satisfied;

(b) The assistance unit's net countable income is at least 120 percent but less than 135 percent of the federal poverty level for the number of persons in the assistance unit; and

(c) The individual is not otherwise eligible for Medical Assistance under this chapter.

(2) Current eligibility for QI-1 benefits shall be effective the first day of the month of application.

(3) An applicant may qualify for up to 3 calendar months before the month of application for retroactive QI-1 benefits if:

(a) The individual meets the QI-1 eligibility criteria for each of those prior months under consideration; and

(b) Each retroactive month is no earlier than January 1 of the calendar year in which the individual applied for QI-1 benefits.

(4) Medicare cost-sharing benefits for a QI-1 eligible person shall consist of coverage by the Medical Assistance program of the monthly premium for Medicare Part B.

H. Qualified Disabled and Working Individual (QDWI).

(1) An individual is eligible for QDWI benefits if:

(a) The individual:

(i) Meets all of the requirements under §A of this regulation;

(ii) Is younger than 65 years old;

(iii) Was determined disabled by the Social Security Administration (SSA) but lost Social Security benefits solely due to employment;

(iv) Is entitled to enroll in Medicare Part A under §1818A of the Social Security Act; and

(v) Is not otherwise eligible for Medical Assistance under this chapter; and

(b) The assistance unit's net countable income does not exceed 200 percent of the federal poverty level for the number of persons in the assistance unit.

(2) SSA shall establish the effective date of QDWI coverage based on the:

(a) Individual's date of application for QDWI benefits;

(b) Date of potential QDWI eligibility, as specified in a letter from SSA to the individual; and

(c) Dates of the next Medicare open enrollment period.

(3) Medicare cost-sharing benefits for a QDWI-eligible person shall consist of coverage by the Medical Assistance program of the monthly premium for Medicare Part A.

(4) Only the individual who is identified by SSA as potentially eligible may be eligible for QDWI benefits in a QDWI assistance unit.

(5) Retroactive coverage before the month of application is not available for QDWI benefits.

(6) If an individual delays in applying for QDWI benefits after notification of potential QDWI eligibility by SSA, the individual may be required by SSA to pay a premium surcharge for Medicare Part A, unless the individual is covered by an employer-based group health plan.

(7) Eligibility for QDWI benefits shall continue until the earliest of the following dates:

(a) The end of the month after the Department:

(i) Determines that the individual is no longer eligible for QDWI benefits in accordance with this regulation; and

(ii) Sends the recipient a notice of termination at least 10

days before the effective date;

(b) The end of the month before the month that the individual becomes:

(i) Re-entitled to premium-free Medicare Part A; or

(ii) 65 years old;

(c) The date of death; or

(d) The end of the month following the month that the individual:

(i) Is notified by SSA that the individual no longer has a disabling impairment; or

(ii) Files a request for termination of QDWI enrollment.

.03-4 Medicare Buy-In Coverage for Medical Assistance Recipients.

A. If a recipient, who is determined federally eligible and enrolled in Medical Assistance or the Maryland Children's Health Program according to the requirements of this chapter or COMAR 10.09.11, is entitled to hospital insurance benefits under Medicare Part A, with or without payment of premiums, the Medical Assistance program shall provide the same coverage of Medicare cost-sharing expenses as specified for a Qualified Medicare Beneficiary under Regulation .03-3E of this chapter.

B. A qualified recipient is automatically made eligible by the Department for the Medicare buy-in benefits effective the first day of the:

(1) Second month after the month in which the individual is determined eligible for Medical Assistance or the first day of the third month of Medicare entitlement, whichever date is later, if the individual is eligible in a long-term care or spend down coverage group; or

(2) Month that the individual is eligible for both Medical Assistance and Medicare, if the individual is eligible under COMAR 10.09.24 or COMAR 10.09.11 for Medical Assistance in any coverage groups other than long-term care or spend down.

C. A recipient's eligibility for Medicare buy-in benefits shall continue until the recipient is determined ineligible.