

County of San Diego, Health and Human Services Agency (HHS)
Medi-Cal Program Guide

Introduction to Medicare Savings Programs (MSP)

Number

5.13.1

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Revision Date:

January 1, 2020

Background:

This program was mandated by the Medicare Catastrophic Coverage Act of 1988 and was implemented in California on January 1, 1990. The Medicare Savings Programs (MSP) are the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and Qualified Disabled and Working Individual (QDWI) programs. The benefits of each are explained in the associated sections.

Purpose:

This article provides regulations and instructions for the MSP. This article has been re-written in the new format and instructions updated.

Policy:

The following sections contain the regulations for the MSP and instructions for evaluating for these programs.

Procedure:

Follow the instructions in the following sections to evaluate for these programs.

Program Impacts:

None.

References:

ACWDLs 89-90 and 00-55

Sunset Date:

This policy will be reviewed for continuance by December 31, 2022.

Approval for Release:



Rick Wanne, Director
Eligibility Operations

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Medicare Benefit Explanation

Number

5.13.2

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Revision Date:

January 1, 2020

Background:

This section provides an explanation of the benefits received by Medicare beneficiaries and the Medicare application requirements.

Purpose:

This section has been re-written in the new format.

Policy:

A. Scope of Benefits:

Medicare Part A, hospital insurance, includes inpatient hospital care, medically necessary (not custodial) inpatient care in a skilled nursing facility, home health care, and hospice care.

Medicare Part B, medical insurance, includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

B. Deductibles and Coinsurance:

Both Part A and Part B have deductibles and coinsurance. A deductible must be paid in advance before Medicare will make any payments. Coinsurance is a 20% charge to the beneficiary for the service.

C. Medicare Part A Enrollment:

1. Costs:

Most Medicare beneficiaries receive Part A insurance at no cost (no premium). However, those who have not qualified for free Part A benefits solely because they lack the required amount of Social Security Administration (SSA) covered employment may purchase Part A with a premium. Medi-Cal will pay this monthly Part A premium for QMBs who are not qualified for free Part A benefits.

2. Enrollment Period:

If an individual is not already receiving Part A, application A can only be made at one of the following times:

1. During the initial enrollment period which is no earlier than 3 months before age 65 but no later than 3 months after the individual's 65th birthday
2. After 24 months of receiving Title II, disability benefits to be effective in the 25th month
3. The month after a person stops working if he/she is over 65
4. When receiving dialysis related health care services
5. During the general enrollment period of January-March, to be effective the following July for those Medicare beneficiaries who do not enroll when they are initially eligible as indicated in 1 through 4 above.

3. Penalties:

An individual who does not apply for Part A at the first opportunity is charged a penalty by the SSA. Under the QMB program, the state will pay the penalty for a Medicare beneficiary's late enrollment in Part A

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D. Medicare Part B Enrollment:

1. Costs:

Part B can only be received if purchased. In addition, there is a Part B annual deductible and coinsurance charge since Medicare will only pay 80% of the approved Medicare rate.

2. Enrollment Period:

Those not on Medi-Cal Buy-In for Part B have the same enrollment period as for Part A.

For QMB-only and those already on Medi-Cal Buy-In, the initial and general periods of enrollment are waived, and eligibility will begin at the time of approval.

3. Penalties:

There is a penalty for late enrollment in Part B like that of late enrollment for Part A; however, under the Buy-In agreement, the state is not charged a penalty for those Medicare beneficiaries who enroll late in Part B.

Procedure:

See the following sections for evaluation of each MSP.

Program Impacts:

None.

References:

ACWDL 91-46

Sunset Date:

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Qualified Medicare Beneficiaries (QMB)

Number

5.13.3

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Revision Date:

January 1, 2020

Background:

The Qualified Medicare Beneficiary (QMB) Program is one of the Medicare Savings Programs (MSP). It benefits QMB recipients who will have their Medicare premiums, deductibles, and coinsurance fees paid for by Medi-Cal. Recipients will also receive some drug cost sharing benefits. Eligibility requirements are listed in this section.

Purpose:

This section provides information about the QMB program. This section is re-written in the new format.

Policy:

There are two groups of QMBs:

- Those who receive regular, full-scope Medi-Cal, either as cash grant recipients (such as SSI or CalWORKs) or Non-MAGI Medi-Cal beneficiaries, who therefore meet the Medi-Cal property limits and who are determined to meet the QMB income requirement. This group is dually eligible (eligible for non-MAGI Medi-Cal and QMB benefits).
- Those eligible as a QMB-only who do not want non-MAGI Medi-Cal or who are not eligible for non-MAGI Medi-Cal due to having property above the non-MAGI Medi-Cal property limit.

A. Federal Financial Participation (FFP):

FFP will be paid for individuals who are eligible for the QMB Program. Thus, it is to the state's advantage to enroll individuals with Part A at no cost in QMB, if eligible.

Medi-Cal applications and redeterminations must be reviewed for QMB eligibility. If no QMB eligibility exists, complete a review for SLMB and/or QI.

B. Benefits to QMB Eligible Individuals:

1. QMB-Only:

Most QMB-only applicants receive Part A at no cost and will be applying for Medi-Cal to pay their Part B premiums and their Part A and Part B coinsurance and deductibles. Thus, the QMB benefit for them is an increase in monthly spendable income. Those who pay for Part A (estimated to be a small number) will experience an even larger increase in spendable income.

Those who are eligible as a QMB-only will be reported to MEDS as aid code 80. Their Medi-Cal eligibility will indicate that they are limited to Medicare deductibles and coinsurance benefits.

2. Dual-Eligible Individuals:

Dual eligible individuals are those who receive regular Medi-Cal benefits, including CalWORKs recipients, and are also eligible for QMB. Individuals who are receiving regular Medi-Cal, and who also receive Part A at no cost will have no additional income benefits by receiving QMB because Medi-Cal already pays their Part B premiums as well as their Part A and B coinsurance and deductibles (Buy-In). As current Medicare/Medi-Cal crossovers, they already may have access to a wider choice of providers since they are not limited to a Medi-Cal contact hospital (they can go to a non-contract Medi-Cal hospital). Current Medi-Cal beneficiaries who pay a monthly Part A premium

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will benefit in increased spendable income from Medi-Cal paying their Part A premiums. The state will benefit by receiving FFP for these QMB recipients.

Those Medi-Cal beneficiaries who do not now have Part A but who will now enroll in Part A as a QMB may have a wider choice of providers since they would not be limited to a Medi-Cal contract hospital, but could use a hospital that accepts Medicare.

For dual eligible cases when there is an existing County case, CalWIN will report QMB eligibility in the case. Those with dual eligibility will be reported to MEDS as aid code 80 in addition to their current aid code. They will show their current aid code on MEDS with aid code 80 in one of the special program segments. They will receive Medi-Cal cards with the message or absence of a message normal for their regular aid code and recipient status.

C. Application Processing:

1. Non-SSI Applicants:

A simplified mail-in statement of facts, the MC 14 A, is used for the QMB Program. However, an applicant who completes a Single Streamlined Application or SAWS 2 PLUS to apply for Medi-Cal does not have to complete an MC 14 A if it is determined that such an individual should be evaluated for the QMB Program. Answers on the application may be clarified by telephone. The SAWS 1 and MC 219 are not required. However, the MC 219 must be provided to the applicant. Copies of all required verifications including income and property are acceptable. The MC 13 is required at application for non-citizens whose status is not e-verified. For citizens/nationals, the citizenship/national status declaration may be made on the Statement of Facts or a sworn statement which contains a declaration of citizen/nations status and place of birth. The MC 14 A does not meet this requirement since there are no citizenship questions.

2. SSI Applicants:

SSI recipients applying for QMB are not required to complete an MC 14A. A face-to-face interview is not required.

D. Eligibility Criteria:

1. Property:

QMB property limits are higher than the non-MAGI Medi-Cal property limit (See MPG 11.1, Appendix A for the current limit). Use Form MC 176P-A and P-C QMB/SLMB/QI for property evaluations.

a. Property Limit Met:

If the QMB applicant is receiving Medi-Cal from another program (for example, non-MAGI Medi-Cal, SSI, CalWORKs), the QMB property requirement is met.

If one or both members of a married couple living together are applying for QMB benefits but only one member is receiving Medi-Cal from another program, the QMB property requirement is met for both members.

b. Two Methods for Dual-Eligible Individuals:

If the QMB applicant is not receiving but is also applying for regular Medi-Cal at the same time as the QMB application, there are two methods for determining if the QMB property requirement is met.

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METHOD I: This method is the regular method of determining Medi-Cal eligibility and follows the normal Medi-Cal rules found in Article 9.

IF INELIGIBILITY RESULTS FROM METHOD I, THEN EVALUATE ELIGIBILITY UNDER METHOD II TO DETERMINE IF QMB PROPERTY ELIGIBILITY CAN BE ESTABLISHED.

METHOD II: This method is used for QMB only applicants and dual applicants whose property exceeds the normal Medi-Cal property limit.

Step	Action						
1	Only consider the property of the QMB applicant (and spouse, if any). Do not consider the property of any other family members in the home.						
2	Determine the net nonexempt property in accordance with Article 9.						
3	Compare the net nonexempt property to the MSP property limit for one person (or the MSP property limit for two people if the spouse is at home, regardless of whether the spouse is a QMB applicant/beneficiary). (See MPG 11.1, Appendix A.)						
	<table border="1"> <thead> <tr> <th>If the result ...</th> <th>Then the ...</th> </tr> </thead> <tbody> <tr> <td>Is equal to or less than the MSP property limit,</td> <td>QMB property limit is met.</td> </tr> <tr> <td>Exceeds the MSP property limit,</td> <td>Applicant is ineligible for QMB due to excess property.</td> </tr> </tbody> </table>	If the result ...	Then the ...	Is equal to or less than the MSP property limit,	QMB property limit is met.	Exceeds the MSP property limit,	Applicant is ineligible for QMB due to excess property.
If the result ...	Then the ...						
Is equal to or less than the MSP property limit,	QMB property limit is met.						
Exceeds the MSP property limit,	Applicant is ineligible for QMB due to excess property.						
	Note: A QMB applicant who is between 18 and 21 years of age is considered an adult under Method II even though he/she would be treated as a child in determining eligibility for regular Medi-Cal (for example, is a blind or disabled person who is 18 to 21 years of age, living in the home of a parent and currently in school). Therefore, the applicant's property is combined with the parent's property for the Medi-Cal eligibility evaluation (Method I) but is counted separately if Method II is used.						

c. QMB-Only:

If the QMB applicant is applying as a QMB-only, use Method II to determine eligibility.

d. QMB-Child(ren):

A QMB child has special methodology for property evaluations. The only people who are eligible as QMB children are dialysis patients under 18 years of age. Use Method II. Consider only the property of the child and the parent(s) and/or stepparent in the home. Do not consider the property of any other family members. Subtract the property limit for the number of parent(s) in the home from the net nonexempt property. The net result is the amount of property allocated to the QMB child applicant. Add this amount to the child's own net nonexempt property. Compare the result to the QMB property limit.

2. Income Limit:

Net non-exempt income must not exceed 100% of the federal poverty level (See MPG 11.1, Appendix A for current poverty level figures.)

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a. Budget Process for Non-SSI Recipients: Medi-Cal:

Use Medi-Cal income methodology except for:

- Deductions for health insurance and Medicare premiums are not allowed.
- Deductions for Impairment Related Work Expenses (IRWE) are allowed. (See MPG 10.6.3.N for details.)
- Use actual income; do not apportion.

b. Budget Process for Non-SSI Recipients: SSI Income Methodology (use only for Non-SSI Recipients with family members):

If ineligibility results after using Medi-Cal methodology, determine the net non-exempt income following SSI income methodology.

Because SSI income methodology allows for deductions not allowed under Medi-Cal, there may be family circumstances where SSI income methodology is less restrictive than Medi-Cal income methodology. SSI income methodology allows the ineligible spouse of a QMB applicant to reduce his/her gross non-exempt income by:

1. Allocating income to ineligible minor child(ren) residing with the applicant, less income the child(ren) may have. This is known as the "Standard QMB Allocation." For QMB determinations, minor children are defined as eighteen years of age or younger.
2. If the remaining income of the ineligible spouse is less than the Standard QMB Allocation amount, consider the income exempt.

Use Form MC 176-1 QMB/SLMB/QI and MC 176-2A or B QMB/SLMB/QI for budgeting.

c. Budget Process for SSI/SSP Recipients:

Since QMB and SSI eligibility are the same except for income and Medicare Part A enrollment, only verify these two eligibility factors.

Income will be verified by the MEDS SDX screen.

If SSI income (which is exempt) is at least the difference between SSI payment level and the current QMB percentage of federal poverty level, then the SSI/SSP recipient is income eligible.

Do not determine the net income of SSI recipients. Accept the income determination of SSA.

For applications of an SSI couple, each individual will be evaluated separately for income eligibility. The net income as determined by SSI will be compared to the QMB limit for one person. Separate MFBUs will be established for each SSI individual.

Note: SSI/QMB cases are not subject to IEVS.

3. Eligibility for Part A with or without a premium. Verification of Part A is required. IEVS or MEDS can be used as verification.
4. Be otherwise eligible for Medi-Cal (they must meet all other Medi-Cal requirements such as California residency and linkage (for example, aged, blind, disabled)).

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E. Beginning Date of Aid:

For Part A recipients, the effective date of eligibility for QMB benefits is the first day of the month following the date on which the County makes the determination of eligibility.

For those applicants who are required to enroll in Part A during the general enrollment period of January through March, July is the effective date of eligibility for QMB benefits.

There is no retroactive QMB eligibility.

F. Redetermination:

For dual eligible individuals, make the redetermination of QMB eligibility concurrently with the Medi-Cal redetermination.

For QMB only, the period of eligibility will be one year. Use Form MC 14 A for the mail-in redetermination. Copies of income and property verifications are acceptable.

During QMB redeterminations for SSI recipients, verify the beneficiary's income and Part A eligibility by viewing MEDS screens. The verified information will then be narrated in the case file.

G. Reinstating Eligibility Due to Administrative Error:

When a QMB case is erroneously discontinued at no fault of the beneficiary, the error is an administrative error and must be corrected. Reinstating eligibility for past months when a beneficiary was eligible and should have been covered.

1. For Medi-Cal to retroactively pay for all premiums in arrears, reinstate QMB eligibility on the MEDS Special Program Screen, using Aid Code 80, effective the date that the QMB eligibility was erroneously discontinued.
2. Once the continuous QMB eligibility reporting has been entered into MEDS, the State's Medicare Buy-In system will process a Part A Buy-In transaction. This transaction will generate Part A and B coverage and pay SSA for all past premiums.
3. If the Part A Buy-In transaction does not process correctly, submit a Medicare Buy-In Problem Report online to the Department of Health Care Services, Medicare Buy-In Unit.

CalWIN and MEDS must reflect the same correct information. Failure to do so will result in reconciliation problems. Add the QMB program if it is not properly reflected in CalWIN with the effective begin date of the month of erroneous discontinuance either:

- When first in Application Registration
- In Collect Individual Prior/Current Aid Detail window.

H. Card Issuance:

See MPG 14.2.

Procedure:

Follow the procedures above to evaluate for the QMB Program.

Program Impacts:

None.

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References:

ACWDLs 99-43, 99-61, 03-14 and 05-24

Sunset Date:

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Approval for Release:

Handwritten signature in blue ink, followed by the date "1-6-20".

Rick Wanne, Director
Eligibility Operations

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Specified Low-Income Medicare Beneficiaries (SLMB)

Number

5.13.4

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Revision Date:

January 1, 2020

Background:

The SLMB Program, one of the Medicare Savings Programs, began January 1, 1993. A SLMB must be entitled to Medicare Part A, have no more than the MSP property limit, have income at or below 120 percent of the federal poverty level (FPL), and be a citizen or alien who would be eligible for full benefits if he/she were eligible for a regular Medi-Cal program. The SLMB Program does not pay the Part A premium or the Part B deductible or copayment.

Purpose:

This section is re-written to the new format and procedures updated.

Policy:

A. Scope of Benefits:

SLMB pays the Part B premium only.

B. Enrollment:

Enrollment may take place at any time. The beneficiary need not enroll during the Initial Enrollment Period or the General Enrollment Period.

C. Application:

A face-to-face interview is not required to apply for the SLMB program. The statement of facts for the SLMB program is the simplified mail-in form MC 14 A. However, the Single Streamlined Application may also be used. For a SLMB only application, an applicant who completes the MC 14 A does not have to complete the Single Streamlined Application. Likewise, an applicant who completes the Single Streamlined Application does not have to complete the MC 14 A. The SAWS 1 and MC 219 are not required. However, the MC 219 must be provided to the applicant. An MC 13 is required at application for non-citizens whose status is not e-verified. For citizens/nationals the citizenship/national status declaration can be made on the Statement of Facts or a sworn statement which contains the statement of citizen/national status and place of birth. The MC 14 A does not meet this requirement as there are no citizenship questions.

The day the FRC receives the SLMB application, the Intake scheduling person is to assign the Intake to a worker. A mail-in SLMB application is to be treated the same as a face-to-face appointment for the purpose of scheduling Intakes and assigning to workers. Register the application in the assigned worker's number the day the SLMB application is received by the FRC.

Review Medi-Cal applications and redeterminations for SLMB eligibility. The SLMB applicant/beneficiary must be determined ineligible to QMB before SLMB eligibility may be established. If no SLMB eligibility exists, complete a review for QI eligibility.

D. Retroactive Benefits:

Unlike QMBs, SLMBs may have up to three months of retroactive benefits immediately preceding the month of application.

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E. Aid Codes:

Aid Code 8C is used for SLMB eligibility.

F. Medi-Cal Cards:

The SLMB Program will not have Medi-Cal cards issued as beneficiaries will not receive any Medi-Cal services other than payment of the Part B premium.

G. Redetermination:

For dual eligible individuals, make a redetermination of SLMB eligibility concurrently with the Medi-Cal redetermination.

For SLMB only beneficiaries, the period of eligibility will be one year. Form MC 14 A will be used for the mail-in redetermination. Copies of income and property verifications are acceptable.

Procedure:

Follow the steps above to evaluate for the SLMB Program.

Program Impacts:

None.

References:

ACWDLs 92-61, 99-43, 99-61, 00-55, and 03-14

Sunset Date:

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Rick Wanne, Director
Eligibility Operations

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Qualifying Individual (QI)

Number

5.13.5

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Revision Date:

January 1, 2020

Background:

The Qualifying Individual (QI) program is another of the Medicare Savings Programs (MSP). It pays the full Medicare Part B premium.

Purpose:

This section has been re-written into the new format and procedures updated.

Policy:

A. Application:

A simplified mail-in statement of facts, the MC 14 A, is used for the QI Program. However, an applicant who completes a Single Streamlined Application does not have to complete an MC 14 A if it is determined that such an individual should be evaluated for the QI Program. Nor does an applicant for the QI Program have to complete a Single Streamlined Application to apply for Medi-Cal if not found eligible to QI. Either form is acceptable as an application for the QI Program. The SAWS 1 and MC 219 are not required. However, the MC 219 must be provided to the applicant. The application date is the earlier date of the following: the date the MC 14 A is stamped received by the county, the SAWS 1 date, or the date the applicant called the county about the QI Program, if known.

The day the FRC receives the QI application the Intake scheduling person is to assign the Intake to a worker. A mail-in QI application is to be treated the same as a face-to-face appointment for the purpose of scheduling intakes and assigning to workers. Register the application in the assigned worker's number the day the QI application is received by the FRC.

A face-to-face interview is not required to apply for the QI Program. Answers on the application may be clarified by telephone. Copies of all required verifications, including income and property when a discrepancy exists, are acceptable. An MC 13 is required at application for non-citizens whose status is not e-verified. For citizens/nationals, the citizenship/national status declaration can be made on the Statement of Facts or a sworn statement which contains a statement of citizen/national status and place of birth.

B. Eligibility Requirements:

The eligibility requirements and methodologies are the same as for the QMB/SLMB Program only the income standards are different. The person who applies for the QI Program must first be determined ineligible for the QMB or SLMB Programs before being evaluated for the QI Program. Those aliens eligible for emergency and pregnancy related services only are not eligible for QI Program.

C. Income Standards:

If the otherwise eligible individual's net nonexempt income is at or above 120 percent of the Federal Poverty Level (FPL) but less than 135 percent of the FPL, the individual is eligible under the QI Program (see MPG 11.1, Appendix A for current poverty level figures).

Use form MC 176-1 QMB/SLMB/QI-1 and MC 176 QMB/SLMB/QI-1 2A or 2B for calculating the QI budget. As with the QMB/SLMB Programs, the SSA COLAs that occur in January of each year are to

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be ignored and the increases not counted as income until the new FPLs come into effect April 1 of each year. Also, as with QMB/SLMB Programs, health insurance premium payments paid by the applicant/beneficiary are not an income deduction.

D. Property Limits:

The property limits are the same as the QMB/SLMB Programs. To determine property eligibility, use Form MC 176 P-A QMB/SLMB/QI for adults or MC 176 P-C QMB/SLMB/QI for children.

Do not request verification of property from QI applicants/beneficiaries unless an unresolved discrepancy exists. Request an IEVS report at application and redetermination. Also, review property reported on a previous Medi-Cal statement of facts. If an unresolved discrepancy exists between reported property and property reflected on IEVS or a previous statement of facts, request verification of property. Use an IEVS contact letter when requesting property verification due to an IEVS discrepancy (see MPG 4.8.6).

E. Eligibility/Ineligibility When an Applicant/Beneficiary Is Eligible for Medi-Cal With/Without a SOC:

Federal law precludes QI eligibility when there is concurrent eligibility under a different Medi-Cal Program without a SOC or the SOC has been met. If there is eligibility under a non-QI Medi-Cal Program:

- A QI applicant, eligible to share of cost Medi-Cal, may be eligible to QI if all other QI eligibility factors are met
- A QI applicant/beneficiary, eligible to zero share of cost Medi-Cal, must be denied/discontinued.

Review Medi-Cal applications and redeterminations for QI eligibility. Determine if the QI applicant/beneficiary is ineligible to QMB/SLMB before QI eligibility may be established.

F. Benefits:

The QI Program pays the Medicare Part B premiums for eligible individuals.

G. Aid Codes:

Aid Code 8D is used for QI.

H. Retroactive Benefits:

Like the SLMB Program, QI individuals are eligible for three months of retroactive benefits. When determining retroactive benefits, the federal poverty level (FPL) limits in effect for that time period must be used. The FPL charts are included in MPG 11.1, Appendix A.

I. Redetermination:

The period of eligibility for QI beneficiaries is one year. Complete an annual redetermination concurrently with the Medi-Cal case if the beneficiary is a QI recipient eligible to Share of Cost Medi-Cal.

QI only beneficiaries use mail-in form MC 14 A to complete the redetermination process.

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Procedure:

Follow the regulations above to evaluate for the QI Program.

Program Impacts:

None.

References:

ACWDLs 99-43, 99-61, and 03-14

Sunset Date:

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Rick Wanne, Director
Eligibility Operations

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Qualified Disabled and Working Individual (QWDI)

Number

5.13.6

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Revision Date:

January 1, 2020

Background:

The Omnibus Budget Reconciliation Act of 1989 required that the State pay for Medicare Part A premiums for individuals who lost Title II and Medicare benefits due to earned income above the required Substantial Gainful Activity (SGA) limit. Unlike the QMB Program, Medi-Cal is not required to pay coinsurance and deductibles or the Part B premium.

Purpose:

This section is re-written in the new format and procedures updated.

Policy:

A. Eligibility Requirements:

A potentially eligible QDWI individual:

1. Is entitled to enroll in Part A for the disabled and working (special program 1818A) and who meets all the following:
 - Has not attained age 65
 - Has been entitled to disability insurance benefits under Title II
 - Continues to have a disabling physical or mental condition
 - Lost Title II benefits due to earnings exceeding the SGA limits
 - Is not otherwise entitled to Medicare.
2. Has net nonexempt income at or below 200% of the federal poverty level. Determine net nonexempt income following SSI methodology. Use Form MC 176 QDWI to determine the income eligibility for QDWI.
3. Has nonexempt property at or below the MSP property limit. Only consider the property of the QDWI and, if married, his/her spouse, if living in the same home, in determining net nonexempt property. Use Form MC 176 QDWI-2 to determine the property eligibility for QDWI.
4. Must meet all other non-financial requirements that a full Medi-Cal beneficiary meets such as cooperation, state residency, citizenship, etc.

Individuals ineligible to QDWI:

1. An individual eligible for Medi-Cal benefits is not eligible for the QDWI Program.
2. An individual who does not meet the eligibility requirements for full-scope Medi-Cal benefits is not eligible to QDWI. This includes aliens who are eligible to receive only restricted Medi-Cal benefits.

B. Aid Code

Aid Code 29 is used for QDWI.

C. Retroactive Benefits:

Retroactive QDWI benefits for three months before the month of application is permitted if the individual is entitled to Part A benefits in those retroactive months and is otherwise eligible.

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D. Social Security Administration (SSA) Determination:

SSA notifies individuals on an on-going basis when they become potentially eligible for this program. SSA will determine if an individual meets the eligibility requirements above before referring the individual to apply at the FRC.

E. Benefits Provided Under the QDWI Program:

Medi-Cal will pay the Part A premium for individuals qualified under this program. No Medi-Cal Benefit Identification Card (BIC) will be issued simply because of an individual being eligible for this program. The individual will continue to use his/her Medicare card.

F. Period of Eligibility:

Period of eligibility for this program shall be in accordance with MPG 13.1.

Procedure:

Follow the requirements above to evaluate for the QDWI Program.

Program Impacts:

None.

References:

MEPM 5I-2

ACWDLs 90-48 and 90-101

Sunset Date:

This policy will be reviewed for continuance by December 31, 2022.

Approval for Release:



Rick Wanne, Director
Eligibility Operations