CHAPTER 7-000 QUALIFIED MEDICARE BENEFICIARIES (QMB's): Current Medicare beneficiaries who meet the required income guidelines and all other eligibility requirements of the AABD program are eligible for full or partial payment of their Part B Medicare premiums. These individuals are eligible only for payment of the Medicare premium; they are not eligible for any additional medical services or public assistance. ~~There are two categories of~~ QMBs ~~which~~ are determined by income guidelines based on the Federal Poverty Limits ~~(see 469-000-209):~~

~~1.~~ Qualified Individuals (QI-1) ~~who~~ are eligible for full payment of their Medicare premium; ~~and~~
~~2. Qualified Individuals 2 (QI-2) who are eligible for partial payment of their Medicare premium (the portion that is for home health care).~~

The Omnibus Budget Reconciliation Act of 1990 ~~required payment for QI-1s, and the Balanced Budget Act of 1997 required payment for QI-2s.~~ and

~~The Omnibus Budget Reconciliation Act of 1990 and the Balanced Budget Act of 1997~~ required states to pay the Part B Medicare premiums for ~~these individuals~~ QI-1s. ~~The Balanced Budget Act of 1997 also required states to pay the portion of the Part B premium that is for home health care for individuals described in 469-000-209.~~

{Effective }

7-001 Eligibility Requirements: In order to receive payment of the Medicare premium, the individual must meet the following eligibility requirements:

1. Face-to-face interview (see 469 NAC 2-001);
2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
3. Nebraska residence (see 469 NAC 2-003 ff.);
4. Social Security number (see 469 NAC 2-004 ff.);
5. Age (see 469 NAC 2-005 ff.);
6. Relative responsibility (see 469 NAC 2-006);
7. Blindness or disability (see 469 NAC 2-007 ff.);
8. Resources (for treatment of resources, see 469 NAC 2-009 ff.; for resource limits, see 469 NAC 4-005.01);
9. Income (see 469 NAC 7-001.01);
10. Cooperation in obtaining third party medical payments (see 469 NAC 2-011); and
11. Receipt of other assistance (see 469 NAC 2-013).

7-001.01 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. The income limits are based on the Federal Poverty Level ~~(see 469-000-209~~).

The worker budgets the client on Form DA-3M. If total net earned and unearned income is equal to or less than the required income limit, the client is eligible for payment of the Medicare premium ~~or a portion of the premium~~. If the income is more than the income limit, the client is ineligible for ~~partial or total~~ payment of the Medicare premium.

{Effective }

7-001.01A AABD with ~~Excess Income~~ Share of Cost: The client may choose to ~~pay the Medicare premium and~~ receive AABD/MA with ~~excess income~~ a share of cost and attempt to ~~spenddown~~ spend down if there is a medical need.

If a client who is on AABD/MA with ~~excess~~ a share of cost ~~and is paying his/her own Part B Medicare premium~~ fails to meet any of his/her ~~excess obligation~~ share of cost, ~~the Department retroactively pays the Medicare Part B premium for the excess cycle. At the end of this excess cycle, the parent must decide whether to continue with the state paying the Part B premium or to begin a new excess cycle and assume payment of the Part B premium him/herself.~~ by the next case review and a medical need cannot be anticipated, a QMB budget should be authorized.

If a client ~~for whom the Department paid the Medicare Part B premium~~ has been QMB and later wants Medicaid ~~excess income~~ share of cost for the same month(s)~~, the Medicare Part B premium must not be allowed as a deduction in the calculation of the excess income for the month(s).~~ and up to six months before, a share of cost budget should be authorized.