

I. INTRODUCTION TO QUALIFYING INDIVIDUALS

Qualifying Individuals (QI1s/MQB-E) are individuals who would be eligible for MQB-B except that their income is between 120 - 135% of the federal poverty limit. QI1s are also referred to as MQB-E.

Although eligibility regulations and benefits for QI1/MQB-E are the same as for MQB-B, the law mandates differences from the current MQB-B:

- It is a capped entitlement. Funding is based on a fixed allocation at 100% Federal Financial Participation (ffp) through December of the current calendar year.
- Approval is based on a first-come, first-served basis. When the number of QI1/MQB-E cases reach the capped allotment, DMA will provide state wide notice to no longer approve applications for QI1/MQB-E.
- There is no six month or 12 month certification period. Depending on the date the QI1/MQB-E application is taken, the certification period ends on December 31 of the current calendar year or December 31 of the next calendar year.
- QI1/MQB-Es cannot be otherwise eligible or dually eligible for Medicaid in any other aid program/category.

II. QUALIFYING INDIVIDUALS POLICY FUNDAMENTALS

A. Eligibility

Except as noted below, the eligibility requirements and methodology for QI1/MQB-Es are the same as for MQB-B.

B. Income

Must have countable monthly income between 120% and 135% of the federal poverty limit.

Refer to MA-2260, Financial Eligibility Requirements/PLA, for current QI1/MQB-E income levels.

C. Aid Program/Category Classification

The aid program/category classification code in EIS is MQB-E.

D. Coverage

Coverage for QI1/MQB-E is the same as for MQB-B. The only benefit is payment of the Part B Medicare premium. No Medicaid card is issued.

(II.)

E. Retroactive Coverage

Like MQB-B, QI1/MQB-Es can be authorized for retroactive coverage for up to 3 months prior to the month of application. **However, coverage can never be authorized for a period prior to January of the current year.**

F. No Dual Eligibility

Unlike MQB-Q and MQB-B, a QI1/MQB-E cannot be dually or otherwise eligible for Medicaid. This means:

1. An individual authorized for Medicaid in any other program (MAABD, SAAD, MAF, etc.) is not eligible for QI1/MQB-E, and
2. An individual whose application is pending to meet a deductible is not eligible for QI1/MQB-E, and
3. An ongoing beneficiary placed in deductible status is not eligible for QI1/MQB-E unless he elects to change coverage solely to QI1/MQB-E.

G. Processing Requirements

1. The application processing standard is 45 days.
2. QI1/MQB-E is subject to monitoring. Refer to MA-2305, Evaluating County/DDS Performance.

H. Ongoing Certification Period

1. QI1/MQB-Es do not have a standard six or 12 month c.p. The ongoing c.p. begins with the month of application for QI1/MQB-E.
2. If a QI1/MQB-E A/B subsequently becomes eligible under MAABD (or other aid program/category), the c.p. is **not** based on the ongoing QI1/MQB-E certification period. The c.p. begins with the month the A/B requests assistance under the new aid program/category.

I. Re-enrollments

Eligibility is redetermined for each calendar year. Refer to IV., below for re-enrollment procedures.

III. PROCEDURES

A. Application

1. Refer to MA-2304, Processing The Application. If an individual/couple's income is in the QI1/MQB-E range, compute the estimated deductible for the ongoing and retro period.
2. Evaluate whether the applicant is likely to meet his deductible based on unpaid old bills, ongoing monthly expenses, and anticipated new medical expenses. Do a separate evaluation for the ongoing and retro period and document this evaluation.

(III.A.)

3. Explain to the applicant that he must choose between applying for QI1/MQB-E and only receiving payment of his Part B premium or applying for MAABD and pending to meet a deductible for either the retro and ongoing period. Be sure he understands the benefits and effective dates for both programs.
4. If the applicant chooses to apply for QI1/MQB-E it can be a one-part or two-part application. If the applicant chooses to apply for QI1/MQB-E for either the retro or ongoing period and MAABD, or MQB-Q, or MQB-B for the other part, it requires entry of two separate applications (DSS-8124).
5. Document in the case record the explanation and choice of program. If the applicant applies for QI1/MQB-E, a DMA-5095, Medicaid/WF Notice of Inquiry, is not required.

B. Application Disposition

1. Follow EIS instructions to disposition the QI1/MQB-E case.
2. For QI1/MQB-E applications dated before November of each year and not approved until on or after November, re-enrollment is not automated. At application approval the county must give or mail a re-enrollment application (DMA-5060) to the beneficiary. Allow at least 12 work days to return the DMA-5060. Print this date on the DMA-5060. Explain eligibility will terminate on 12/31 of the current year if the county does not receive the signed DMA-5060 and necessary verification in time to process the case by "pull" night in December. Develop an in-house tracking mechanism. Refer to IV., below for re-enrollment procedures.
3. DMA monitors the number of approvals and will notify counties when the federal funds for QI1/MQB-E will be exhausted for the current year. At that time DMA will issue instructions to dispose any pending QI1/MQB-E applications.

C. Change in Situation/Program Transfers

1. Pending QI1/MQB-E Application

If you learn a QI1/MQB-E applicant has a change in situation and is eligible for MAABD (or under another aid program/category):

a. Disposition the QI1/MQB-E application:

- (1) Approve the case open/shut if the individual was eligible for QI1/MQB-E during any of the retro or ongoing period not covered by full Medicaid, or
- (2) Deny the application if the A/B is eligible for full Medicaid for the entire period covered by the QI1/MQB-E application.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

(III.C.1.)

- b. Register a new DSS-8124 in the appropriate aid program/category. If the A/B is not in the agency, the application may be unsigned. However, **the new application is subject to all application processing requirements.**
- c. The date of application is the date the new DSS-8124 is signed or the date the applicant (representative, nursing facility, hospital, etc.) requested assistance.
- d. If otherwise eligible, the MAABD 6 month ongoing certification period or 3 month retro c.p. is based on the MAABD date of application, not the QI1/MQB-E date of application.

NOTE: If you learn a pending QI1/MQB-E application should be a MQB-Q or MQB-B application due to the income, follow EIS instructions to change the QI1/MQB-E indicator on the DSS-8124 to "N." The date of application remains the same. The opposite is also true. If you learn a pending MQB-Q or MQB-B should be a QI1/MQB-E application, change the QI1/MQB-E indicator on the DSS-8124 to "y." Do not change the date of application.

2. Pending MAABD application

When an individual with income in the QI1/MQB-E range who chose to pend to meet a deductible changes his mind and requests QI1/MQB-E:

- a. Follow procedures in MA-2304, Processing The Application, to deny the MAABD application.
- b. Register a new DSS-8124. This is a QI1/MQB-E application. This application may be unsigned if the A/B is not in the agency.
- c. The date of application is the date the DSS-8124 is signed or the date the A/B requests assistance.
- d. If otherwise eligible, the QI1/MQB-E certification period is based on the QI1/MQB-E month of application. However, regardless of the QI1/MQB-E date of application, QI1/MQB-E authorization can never begin earlier than the calendar month the MAABD application is denied.

3. Denied MAABD application

When an application is denied for failure to meet the deductible and the individual has income in the QI1/MQB-E range, take the following actions:

- a. Contact the A/B and evaluate whether the individual is still eligible for QI1/MQB-E.
- b. If so, follow instructions in 2., above, to register a new DSS-8124.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

REVISED 06/01/13 - CHANGE NO. 06-13

(III.C.3.)

- c. If the individual is otherwise eligible and the federal funds have not been exhausted, begin QI1/MQB-E coverage the calendar month the MAABD application is denied.
- d. The end date depends on the QI1/MQB-E date of application. If the QI1/MQB-E date of application is January 1 through October 31, the end date is 12/31 of the current calendar year. If the QI1/MQB-E date of application is 11/01 or later, the end date is 12/31 of the next calendar year.

4. Ongoing QI1/MQB-E beneficiary becomes eligible for full Medicaid

When a QI1/MQB-E beneficiary has a change which makes him eligible for full Medicaid take the following actions:

- a. Contact the individual or his representative and evaluate which Medicaid coverage group he needs. Explain the advantages of ongoing and retroactive coverage and reserve eligibility.
- b. Review the case record to see what the beneficiaries reserve was when it was approved for QI1/MQB-E. If it was below \$2,000/3,000 and there is no change in situation affecting reserve, no further verification is required until the next review. If the reserve was greater than \$2,000/3,000, verify reserve in the same manner that is done at redeterminations.
- c. If the beneficiary requests retro Medicaid only, follow EIS instructions to register a DSS-8124. This is an administrative application. The date of application is the date the DSS-8124 is signed or the date the A/B requests assistance. If otherwise eligible, approve open/shut in EIS. This will allow the QI1/MQB-E to continue for the remainder of the QI1/MQB-E certification period.
- d. If the beneficiary requests retro and ongoing full Medicaid or ongoing Medicaid only, a DSS-8124 is not necessary. If otherwise eligible, follow EIS instructions to transfer the QI1/MQB-E to MAABD.
- e. The MAABD retro c.p. is the 3 calendar months prior to the month the A/B requests assistance. The 6 month ongoing certification period begins the month the A/B requests assistance. **The MAABD c.p. is not tied to the original QI1/MQB-E date of application.**
- f. If the QI1/MQB-E beneficiary is ineligible for full Medicaid, document the request and the reason the aid program/category was not changed.

5. MAABD, MQB-Q, MQB-B, SAAD beneficiary loses eligibility

When a beneficiary is terminated from Medicaid in any aid program/category and he has income in the QI1/MQB-E range, take the following action:

- a. Review the case record.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

REVISED 06/01/13 - CHANGE NO. 06-13

(III.C.5.)

- b. If the individual is otherwise eligible and the federal funds have not been exhausted, follow EIS instructions to transfer the case to QI1/MQB-E. **Beneficiary is not required to make an application, open with an administrative application.**
- c. QI1/MQB-E coverage cannot begin until the month following the month full Medicaid terminates.
- d. The end date depends on the QI1/MQB-E date of application. If the QI1/MQB-E date of application is January 1 through October 31, the end date is 12/31 of the current calendar year. If the QI1/MQB-E date of application is 11/01 or later, the end date is 12/31 of the next calendar year.

IV. RE-ENROLLMENT

A. Introduction

If a QI1/MQB-E beneficiary wants the state to continue to pay his Part B Medicare premium, his eligibility must be redetermined each calendar year. This process is called re-enrollment. Follow the same verification requirements and procedures for re-enrollment as for MQB redeterminations.

In order to make re-enrollment as easy as possible, the process has been automated to the extent possible.

B. Automated Action

1. The case management report produced on the last work day of October lists each active QI1/MQB-E case in EIS as due for redetermination.
2. EIS also creates a report listing each QI1/MQB-E beneficiary due for review. This report is titled MQB (QI1) RE-ENROLLMENT. The county receives two paper copies. This report is also displayed in NCXPTR under the name DHREJ MQB (QI1)RE-ENROLLMENT. This report is provided as an optional documentation tool for tracking QI1/MQB-E re-enrollment.
3. Based on case management, the state **automatically** mails each active QI1/MQB-E beneficiary a re-enrollment application (DMA-5060) on the first work day of November.
 - a. The DMA-5060 is pre-printed with the:
 - Beneficiary's name, address, district number, and case ID, and
 - County name, address, and phone number, and
 - Date the DMA-5060 is due at the county dss. The date is always November 25 of the current calendar year.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

REVISED 04/01/013 - CHANGE NO. 04-13

(IV.B.3.)

b. Included with the DMA-5060 is:

- An insert containing the beneficiaries rights and responsibilities (DMA-5061), and
- A return envelope imprinted with "QI1" in large purple letters (DMA-5062).

C. Beneficiary Responsibilities

1. The QI1/MQB-E beneficiary or his representative must return the completed, signed DMA-5060 to his county department of social services by the date printed on the re-enrollment application:
 - a. For all automated DMA-5060s the date is November 25.
 - b. Manually issued DMA-5060s can have another date. Refer to III.B.2., above.
2. The QI1/MQB-E beneficiary or his representative must provide information necessary to establish eligibility.

D. Processing Requirements

1. Train mailroom staff to recognize returned QI1/MQB-E re-enrollment applications so they can be date-stamped and forwarded to an assigned unit for processing.
2. On receipt in the proper unit, review each returned DMA-5060 to assure it is signed and contains all information necessary to determine eligibility. If it is not signed or does not contain information necessary to determine eligibility:
 - a. Send a manual timely notice (DSS-8110) to terminate the case effective December 31 for failure to complete the redetermination process unless the requested information is returned.
 - (1) Request the necessary information on the DSS-8110, or
 - (2) Explain on the DSS-8110 that the DMA-5060 must be signed. Attach the DMA-5060 to the DSS-8110 with instruction to sign and return to the agency within the notice period.
 - b. Document the case record. You can use the MQB (QI) RE-ENROLLMENT report for documentation and tracking or other method of your choice.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

REVISED 04/01/013 - CHANGE NO. 04-13

(IV.D.)

3. On the first work day after November 25, compare the DMA-5060s received at the county dss to individuals who received an automated or manual DMA-5060. You may use the Case Management Report, the MQB (QI1) RE-ENROLLMENT report, or your own tracking system. For each DMA-5060 **not** received:
 - a. Send a manual timely notice (DSS-8110) to terminate the case effective December 31 for failure to return the re-enrollment application.
 - b. Document the case record. You can use the MQB (QI) RE-ENROLLMENT report for documentation and tracking or other method of your choice.

E. Verification Requirements

1. An interview is not required to process the DMA-5060.
2. Compare the information on the DMA-5060 to the information on the initial application or the last re-enrollment.
3. Verify Medicare entitlement, income, reserve, living arrangement, and spousal responsibility in the same manner as a MQB redetermination. Use on-line inquiries when possible.

NOTE: Always use the December Social Security benefit to determine eligibility under QI1/MQB-E. The RSDI COLA is excluded from countable income for January, February, and March of each year.

When the COLA increase is greater than the Federal Poverty Level, some Medicaid beneficiaries may lose eligibility or move to deductible status. In this situation, the most recent COLA must be disregarded in determining continued eligibility. If the individual remains eligible when the SSA COLA is disregarded, the disregard continues until the beneficiary loses Medicaid eligibility or becomes eligible without the disregard. (Evaluate for COLA Disregard during review of NCXPTR report "DHREJA POV POT ELIG FOR PROG REV). This report is generated with the implementation of the Federal Poverty level changes in April of each year when the COLA is greater than the FPL increase.

4. It is suggested you use the DMA-5007V, Verification Form for MAABD Mail Redeterminations, to complete and document necessary verifications.

QUALIFYING INDIVIDUALS 1 - (MQB-E)

REISSUED 04/01/13 CHANGE NO. 04-13

(IV.F.)

F. Disposing the Re-enrollment Application

1. If the case remains eligible for MQB-E:
 - a. Follow EIS instructions to update eligibility on the DSS-8125 screen by December "pull" night.
 - b. The certification period is January through December of the next calendar year.
 - c. EIS generates an automated redetermination notice of eligibility.
2. If the individual is ineligible for QI1/MQB-E:
 - a. Follow EIS instructions to enter the correct termination code on the DSS-8125 to generate a timely notice.
 - b. Document the record.
 - c. Evaluate for QI2. If eligible for QI2, follow instructions in MA-2165 and send approval notice.
3. If the beneficiary does not return information necessary to determine eligibility (including the signed DMA-5060):
 - a. Document the record.
 - b. EIS terminates the case on December "pull" night and sends an adequate notice. An adequate notice is sufficient because you sent a manual timely notice previously when the DMA-5060 was not returned by the deadline. (See IV.D.3 above.)
 - c. If the re-enrollment application or information necessary to determine eligibility is received after the case has been terminated, process the DMA-5060 as a new application.
 - (1) Do not require the beneficiary to complete and sign a new application.
 - (2) Enter a reapplication in EIS. Application processing standards apply.
 - (3) The date of application is the date the DMA-5060 is received.
 - (4) Request new verification if the base period changes.
4. If the individual is eligible for MQB-Q or MQB-B, or full Medicaid:
 - a. Document the record, and
 - b. Follow EIS instructions to transfer the case to the correct aid program/category by "pull" night.