

Medicaid for the Qualified Medicare Beneficiary

A Medicare Savings Program

This pamphlet answers some questions on the **“Qualified Medicare Beneficiary Program” (QMB)**. If you have more questions, please call your county Department of Health and Human Services (HHS) worker.



→ What is Medicaid?

Medicaid is a program that helps pay medical bills of people who are eligible. Another name for Medicaid is Title 19. Don’t confuse Medicaid with Medicare. Medicare is an insurance program through the Federal Social Security Administration.

→ What is QMB program?

Under the QMB program, Medicaid only pays Medicare premiums, deductibles, and coinsurance for persons who are qualified Medicare beneficiaries. **This saves you money.**

→ What is Qualified Medicare Beneficiary?

If you have **Medicare Part A** and your resources and income are within QMB limits, you could be eligible as a qualified Medicare beneficiary.

What does ‘have Medicare Part A’ mean?

This means you are age 65 or older, blind or disabled and eligible to get Medicare Part A benefits. If you do not know whether you are eligible for Medicare Part A, you can check with Medicare by calling **1-800-MEDICARE (1-800-633-4227)**.

What do you mean by resources?

Resources are things you own, such as a house you are not living in, personal property, stocks and bonds, savings and checking accounts, or cash. The equity value of your car and the cash value of life insurance policies may also be considered in determining the amount of your resources. Not all resources are counted in the resource limit. For a single person, the resource limit is \$9,660 and for a couple the resource limit is \$14,470.

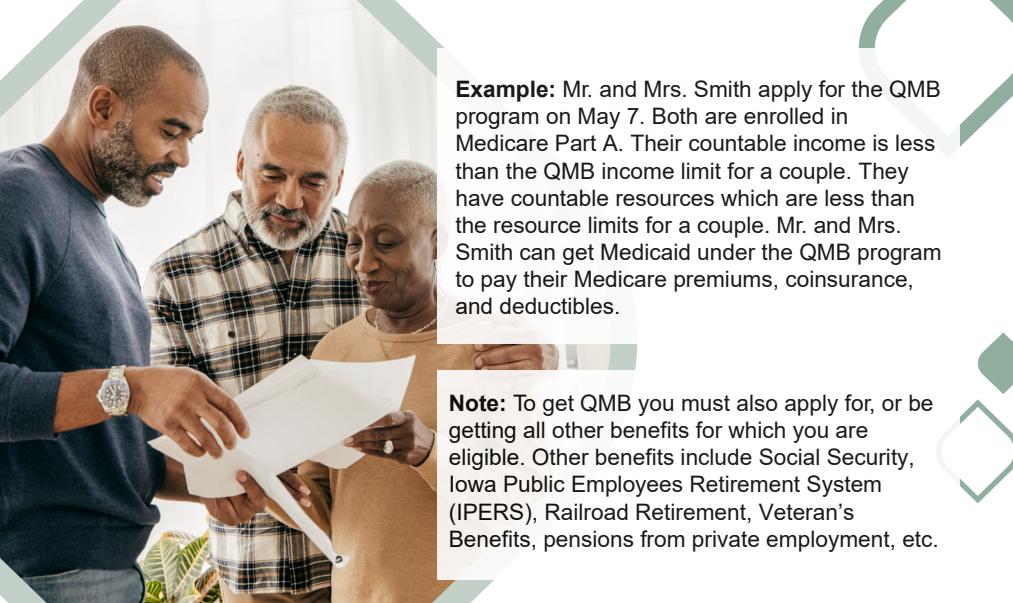
How does income affect eligibility?

You must report all income to HHS, including interest, lump sums, earned and unearned income (such as Social Security, Veteran’s Benefits or annuities), and the income of your spouse.

You **must also** report the income of all family members who qualify for the QMB program. Your countable income must be equal to or be less than the QMB income level in order to get Medicaid under the QMB program.

The Social Security Cost of Living Increase (COLA) is not counted as income for the first three months of the calendar year for QMB eligibility.

The QMB monthly income limit is 100% of the federal poverty level. Please ask your HHS worker for the QMB monthly income limit.



Example: Mr. and Mrs. Smith apply for the QMB program on May 7. Both are enrolled in Medicare Part A. Their countable income is less than the QMB income limit for a couple. They have countable resources which are less than the resource limits for a couple. Mr. and Mrs. Smith can get Medicaid under the QMB program to pay their Medicare premiums, coinsurance, and deductibles.

Note: To get QMB you must also apply for, or be getting all other benefits for which you are eligible. Other benefits include Social Security, Iowa Public Employees Retirement System (IPERS), Railroad Retirement, Veteran's Benefits, pensions from private employment, etc.

What if my income or resources are too high for QMB?

If your total countable income or resources are higher than the QMB limits, there are other programs you may qualify for:

- **Medically Needy** - Ask the HHS office about Medically Needy if you have lots of medical bills and not enough money to pay the bills. If you get Medically Needy, you will need to pay your medical bills up to the spenddown or deductible. The amount of medical expenses that exceed the spenddown may be payable by Medicaid. See the pamphlet **Medicaid for the Medically Needy** for more information (available from your HHS worker)
- **SLMB (Specified Low Income Medicare Beneficiary) or E-SLMB (Expanded Specified Low Income Medicare Beneficiary)**
SLMB and E-SLMB will only pay your Medicare Part B premium. The income limit is over 100% but less than 135% of the federal poverty level. Ask your HHS worker about SLMB or E-SLMB.

Can I choose the medical provider?

You will need to show your Medicaid and Medicare cards to your health care providers before you get medical care. Not all health care providers take Medicaid and Medicare.

What medical services are covered by QMB?

When you have Medicaid under the QMB program, you get limited Medicaid coverage. This means Medicaid will pay only for the Medicare premiums, deductibles, and co-insurance for medical services covered by Medicare.

If you do get help from HHS to pay your Medicare premiums, you may also get "extra help" for your prescriptions. Getting "extra help" means Medicare will help pay your Medicare drug plan's monthly premium, deductible, and copayments.

Do I need to pay anything for medical services?

All medical providers who accept Medicaid are required to accept payments made through the program as payment in full for services covered by Medicaid. You should not be charged an additional cost, unless you get medical services that are not covered by Medicare. If you get medical services that are not covered by Medicare, then Medicaid will not pay for them.

For a list of services covered by Medicare, you should get The Medicare and You Handbook from the Social Security Administration.

For a copy of the handbook, you can call **1-800-633-4227**. If you have a specific question on Medicare's payment of medical services or the status of a medical claim, you can call the Medicare carrier for Iowa at **1-800-532-1285**.

How and where do I apply?

- You may pick up an application at your local Department of Health and Human Services (HHS) office, **or**
- You can call and ask to have one mailed to you, **or**
- You can also get an application from the Internet at <https://hhs.iowa.gov/how-to-apply>.

Answer the questions on the application and take, mail or fax it back to the HHS office.

How are payments made?

After you qualify for the QMB program you will get a Medical Assistance Eligibility Card. Keep this card until you get a new one even if your eligibility for services change. Carry your card with you and show it to the medical provider every time you request service.

Your card may not be used by people other than the individual listed on the card. If you lose your card, contact your local HHS office or Member Services at **1-800-338-8366** (If you live in the Des Moines area, call **515-256-4606**).

The medical provider will bill the Medicaid program. Payment for Medicare deductibles and co-insurance will be sent directly to the provider. Medicaid will pay for Medicare Part A and Part B premiums.

When will coverage begin?

QMB coverage begins the first day of the month following the date the local HHS office approves your application for the QMB program. The approval process may take up to 30 days. If you need help with medical bills prior to this time, discuss it with your HHS worker when you apply.

Example: Mr. Kent applied for the QMB program on March 15. The county HHS office approved his application on April 10. The first day of coverage is May 1.



Can I get Medicaid if I have other insurance or Medicare?

Yes. If you have health or accident insurance, you and your health care provider are expected to collect payment from your insurance company and use it for your medical bills. Your health care provider will get paid by your insurance company and Medicare first and Medicaid second. Tell your doctor that you have Medicaid and Medicare or other insurance.

Tell your HHS worker if you have other health insurance coverage. Also, tell your worker within 10 days if your insurance company changes, or if there is a change in what your insurance covers so that your medical bills get paid correctly.

What if I get money for my medical bills?

Tell your worker within 10 days when you get money from an insurance company or lawsuit for an accident or injury. If you get money for medical expenses that were paid by Medicaid, you must refund this money to the Department.

We may get money back from any person or company that may be responsible for paying the costs of your medical expenses. You must cooperate with us when another person or company is legally responsible for your medical bills.

Contact your HHS worker if you want copies of the medical bills that have been paid for you.

Can I appeal a decision from HHS?

Yes. You, or the person helping you, may request an appeal hearing if you do not agree with any action taken on your medical case. You must appeal in writing by doing one of the following:

- Fill out an appeal electronically at <https://hhs.iowa.gov/appeals> or
- Write a letter telling us why you think a decision is wrong or
- Fill out an Appeal and Request for Hearing form. You can get this form at your county HHS office.
- Send or take your appeal to The Department of Health and Human Services, Appeals Section
321 East 12th Street
Des Moines, Iowa 50319.
If you need help filing an appeal, ask your local HHS office.

You may contact your local HHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income.

You may also call Iowa Legal Aid at **(800) 532-1275**.

If you live in Polk County, call **(515) 243-1193**.

What if I think I have been discriminated against?

It is the policy of the Iowa HHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief or veteran status.

If you feel HHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa HHS
Lucas Building
Bureau of Human Resources
321 East 12th St.
Des Moines, IA 50319
or via email
inclusion@hhs.iowa.gov

