

## **CAN YOU BE A “QUALIFIED MEDICARE BENEFICIARY” IF YOU DON’T HAVE MEDICARE PART A?**

### **– THE PROBLEM –**

An advocate was called by an 80-year old woman who does not have Medicare and is not eligible for premium-free Medicare Part A. The client cannot afford to pay the very high voluntary Medicare Part A premiums. The advocate sent her to the local Social Security Administration (SSA) District Office to apply for Medicare, conditioned upon being accepted by her state Medicaid program as a Qualified Medicare Beneficiary (QMB), so the state would pay her Medicare premiums. But SSA put the application on hold. An SSA worker told the advocate that her client cannot “conditionally enroll” in Medicare because she lives in a “Part A buy-in” state. The worker said the client would have to enroll in Part B and pay Part B premiums before she could apply for QMB. Further, she said, the client must have Part B to enroll in Part A and must have Part A to enroll in QMB. Is this all correct and, if so, is there a solution?

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The Social Security Administration is only partially correct that the client needs to have Medicare Part B in order to enroll in Part A. The SSA position that conditional enrollment into Medicare Part A - in order to permit submission of a QMB application to a state Medicaid agency – is not possible in “Part A buy-in states” is incorrect. Finally, the SSA position that the client must incur liability for Part B premiums before being able to apply for QMB is contrary to regulatory language.

This client’s story is just one illustration of the complexities that face individuals who are poor enough to seek QMB benefits but who are not yet enrolled in Medicare. Permutations of the issue arise from the state’s status as a Buy-in or a Goup Payer state, the client’s status as having full Medicaid or not, and the client’s status as having already enrolled in Part B or not.

This paper discusses the requirement of having Medicare Part A to qualify as a QMB. It attempts to sort out the various permutations that affect access to Part A and enrollment in the QMB program, define the terms that pertain to the discussion, and point to the authority for the first paragraph assertions about Social Security’s positions, all toward the end of helping advocates help their clients enroll in QMB.

## BACKGROUND

The QMB program offers the richest benefit of the four Medicare Savings Programs (MSPs) required by federal law to be included in state Medicaid programs. The benefit of the MSPs is relief from payment of some or all of Medicare's cost-sharing.<sup>1</sup> The QMB benefit provides relief from all Medicare cost-sharing – premiums, deductibles, co-insurance and, where applicable, co-payments charged by Medicare Advantage plans. State Medicaid programs are responsible for covering these otherwise applicable out-of-pocket costs at least to the extent that their Medicaid payment for the same service is higher than Medicare's liability.<sup>2</sup> Regardless of the level of the state payment, beneficiaries cannot be held financially liable for payment to providers of any deductible, coinsurance or co-payment amounts.<sup>3</sup> To be eligible for QMB (and for SLMB and QI, as well), an individual must have Medicare Part A and have income and resources under certain specified limits.<sup>4</sup>

## ENTITLEMENT TO MEDICARE PART A

Most Americans aged 65 and older receive Medicare Part A without paying a premium because they paid into the Medicare trust fund through their or their spouse's employment.<sup>5</sup> Younger people receiving Social Security disability payments receive Part A without paying a premium.<sup>6</sup> Otherwise eligible individuals who are 65 and older who do not have the requisite Medicare-covered employment can purchase Part A by paying a premium.<sup>7</sup> To be eligible to purchase Part A, an individual must be enrolled *or enrolling in* Part B.<sup>8</sup> That is to say, if an individual did not have Part B and wanted to enroll in Part A, she or he could enroll in both programs simultaneously.

Individuals who must purchase Part A include low-wage workers for whom Medicare taxes have not been paid, such as seasonal or domestic workers, and people without sufficient work history in the United States, such as recent immigrants. Such individuals are unlikely to be able to

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<sup>1</sup> The four programs are: QMB, Specified Low Income Medicare Beneficiary (SLMB), Qualified Individual (QI) and Qualified Disabled Working Individual (QDWI). QMB, SLMB and QI recipients also receive the Medicare Part D Low Income Subsidy without having to apply for that benefit. SLMB and QI covers payment of the monthly Medicare Part B premium. The QDWI benefit covers payment of the Medicare Part A premium for certain individuals who lost eligibility for premium-free Medicare Part A.

<sup>2</sup> 42 U.S.C. § 1396a(n)(2)

<sup>3</sup> 42 U.S.C. § 1396a (n)(3)

<sup>4</sup> The resource limits are the same for all three programs; the income limit varies: the QMB limit is 100% of the federal poverty level (FPL) (\$902.50/month in 2009); SLMB is 120% FPL (\$1083/month) and QI is 135% FPL (\$1218.38/month).

<sup>5</sup> 42 U.S.C. § 1395c

<sup>6</sup> People under age 65 are not eligible for Medicare until they have been entitled to disability benefits for 24 months... See 42 U.S.C. § 1395c

<sup>7</sup> 42 U.S.C. § 1395i-2. The Part A premium is \$443/month in 2009 for a person with 29 or fewer qualifying quarters of covered employment.

<sup>8</sup> *Id.* See also SSA Program Operations Manual Systems (POMS) HI 00801.140 at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801140!opendocument>. The premium for Part B for 2009 is \$96.40.

afford to purchase Part A and Part B. In fact, Part A and Part B premiums together constitute more than 50 percent of the monthly income of an individual eligible for QMB benefits. The cost for individuals who fail to sign up for Medicare at the time of their initial enrollment period is even greater because they are subject to late enrollment penalties on premiums. With respect to voluntary enrollment, many of those who are not eligible for premium-free Part A cannot afford to pay the so-called “voluntary” Part A premium and may decline to enroll on time for that reason, or because they are unaware of the relief available through QMB.

#### STATE BUY-IN AGREEMENTS

Since the beginning of the Medicare and Medicaid programs in 1965, long before the QMB program was enacted into law in 1986, states have been allowed to enroll into Medicare Part B eligible individuals receiving certain cash assistance or receiving medical assistance through Medicaid.<sup>9</sup> Through a “buy-in” agreement with the federal government, states designate the groups of individuals eligible for Medicare for which they will pay Part B premiums.<sup>10</sup> Payment of the Part B premium allows the states to benefit from having the fully federally funded Medicare program pay for services that might otherwise have to be paid for by Medicaid, which is jointly funded by the states and the federal government. In fact, in most instances, the federal share of the Medicaid payment is denied to states for health care services that could have been paid for by Medicare Part B, had the individual been enrolled in Medicare Part B as well as in Medicaid.<sup>11</sup>

Buy-in agreements are advantageous for both the state and the beneficiary. The state is excused from paying any late enrollment penalties the beneficiary might otherwise be charged.<sup>12</sup> Should the beneficiary subsequently lose buy-in status, he or she also will not be charged late enrollment penalties that might have applied to periods prior to his or her buy-in status. Moreover, under a buy-in agreement, enrollment in Medicare can be accomplished at any time during the year; it is not limited to individual’s initial enrollment period and the annual general enrollment period from January 1 through March 31<sup>st</sup>.<sup>13</sup> All states have Part B buy-in agreements.

After passage of the Qualified Medicare Beneficiary provisions in 1988, states were permitted to amend their buy-in agreements to apply to QMBs. Shortly thereafter, the buy-in agreement law was amended to permit states to enter into Part A buy-in agreements as well.<sup>14</sup> The Part A buy-in agreement confers the same benefits as the Part B agreement, described above.

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<sup>9</sup> 42 U.S.C. § 1395v

<sup>10</sup> 42 C.F.R. § 407.40 et seq.

<sup>11</sup> 42 U.S.C. § 1396b(b)(1); 42 C.F.R. § 431.625(d)(3).

<sup>12</sup> 42 U.S.C. § 1395v

<sup>13</sup> 42 U.S.C. § 1395v. See also POMS § HI 00801.140 at

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801140!opendocument>

<sup>14</sup> 42 U.S.C. § 1395i-2(g)

While most states have Part A buy-in agreements, fourteen do not.<sup>15</sup>

- States with Part A buy-in agreements are referred to as **Part A Buy-in States**;
- States without such agreements are called **Part A Group Payer States**.

Part A Group Payer States can purchase Medicare Part A for those individuals who otherwise qualify for QMB but who do not have premium-free Part A, but they must pay any late enrollment penalty that applies and enrollment can only be effectuated during the regular Medicare enrollment periods. As is true for other Medicare beneficiaries who enroll during a general enrollment period, entitlement is delayed until the first of July following the enrollment.

#### **THE CATCH-22 OF QMB ELIGIBILITY:**

##### **Needing Part A To Qualify For QMB**

An individual who lacks premium-free Part A and who is otherwise eligible to be a QMB may face an apparent Catch-22. The individual must enroll in Part A to meet the requirements for QMB, but might need the QMB benefit to pay the Part A premium. And to be eligible for Part, A the individual must have or be enrolling in Part B.<sup>16</sup>

##### **Conditional Enrollment in Part A**

The Centers for Medicare & Medicaid Services (CMS) and the Social Security Administration (SSA) have created a process that addresses this conundrum. An individual may apply for Medicare Part A *on the condition that the state will pay the premium*.<sup>17</sup> (The conditional enrollment process, however, only applies to Medicare Part A; conditional enrollment is not available for Part B. Thus, the applicant may believe, if he or she must enroll in Part B at the same time, that he or she will end up incurring liability for Part B premiums.)

Through the conditional enrollment process, the individual can avoid liability for paying the Part A premium. To do so, the individual takes his or her Medicare Part A conditional enrollment statement from the Social Security office to the state Medicaid agency, where he or she submits the QMB application. If the individual is found eligible, the state pays the Medicare Part A premium; if not, the Medicare Part A conditional enrollment is dissolved and the individual continues without Medicare Part A coverage.

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<sup>15</sup> These states do not have Part A buy-in agreements: AL, AZ, CA, CO, IL, KS, KY, MO, NE, NJ, NM, SC, UT, VA.

<sup>16</sup> See, e.g., POMS HI 00801.138 at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801138!opendocument> or HI 00801.131 at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801131!opendocument>

<sup>17</sup> This process is described in the Social Security Program Operations Manual System (POMS) HI 00801.140. <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801140!opendocument>

In 1991, the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) commented on the relationship of Part A enrollment to QMB entitlement in Part A Buy-in States.<sup>18</sup>

*In order to make this [enrollment outside the general enrollment period and waiver of late enrollment penalties] possible, we will consider that an individual who, as determined by the State, meets the QMB requirements becomes a QMB at the instant in which the buy-in becomes effective with respect to the individual. This is necessary because the Medicaid statute provides that an individual must be entitled to Medicare Part A in order to be a QMB, but only QMBs can qualify for enrollment outside the established initial and general enrollment periods. By considering that the individual's QMB status becomes effective at the same instant that the buy-in becomes effective, we can honor the intent of [the law] – to avoid delay in qualifying for QMB status.*

### **Needing Part B to Qualify to Purchase Part A**

An individual such as the client described at the beginning of this article, who has not enrolled in either Part A or Part B of Medicare, faces even greater complexities. As described, the client must enroll in Medicare Part B to be eligible to enroll in premium Part A; thereafter the client must apply for and be determined entitled to QMB so that his or her state will pay for premiums for both Part A and Part B.

Since Part B has no conditional enrollment process, the individual might fear incurring liability for Part B premiums. Significantly, regulations governing Buy-in Agreements appear to protect individuals from such liability. Regulations state that “For individuals who are QMBs, coverage begins with . . . [t]he first month in which the individual meets the [Part B] eligibility requirements . . . and has QMB status.”<sup>19</sup> Applying the same rationale utilized by CMS and quoted in italics above, the individual’s Part B, Part A, and QMB status would all become effective simultaneously, so that the individual would not incur any Part B premium liability.

### **AVAILABILITY OF THE PART A CONDITIONAL ENROLLMENT/PART B ENROLLMENT PROCESS**

In Part A Buy-in States, an individual can utilize the Part A conditional enrollment/Part B/QMB enrollment process at any time during the year. Because of reports that some individuals had experienced difficulty, in months outside a general enrollment period, with Part B enrollment related to QMB eligibility, SSA issued an Emergency Message in August 2008 to its Field Offices and other relevant entities reiterating for field staff how they should process Part B enrollment and Part A conditional enrollment requests.<sup>20</sup> Advocates in Part A buy-in states

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<sup>18</sup> Supplementary Information included with the promulgation of Final Regulations on Payment of Part A Premiums and State Buy-in Agreements, 56 F.R. 38074 (August 12, 1991), see [www.medicareadvocacy.org/MedSavProgs\\_FinalregulationsAmendments.pdf](http://www.medicareadvocacy.org/MedSavProgs_FinalregulationsAmendments.pdf)

<sup>19</sup> 42 C.F.R. § 407.47(c)(1). These regulations apply to buy-in agreements. All States have Part B buy-in agreements for QMBs.

<sup>20</sup> See

<https://s044a90.ssa.gov/apps10/public/reference.nsf/1bb8ac5165f7ca5d85256c230074491b/a3b78114905fff3d8525756700419439!OpenDocument>. A reference in this document suggests the individual could be liable for Part B

sending their clients to SSA to enroll in Part B and conditionally enroll in Part A should arm them with a copy of this policy; otherwise, their clients are likely to be told that such enrollment, outside the general enrollment period, is impossible.

In Part A Group Payer States, the process of conditional enrollment in Part A (and enrollment in Part B, if necessary) is available during the individual's initial enrollment period, and thereafter only during the annual general enrollment period that runs from January through March, with enrollment effective in July. Group Payer status thus results in lack of access to the protections of the QMB program for nine months of each year, but can actually delay coverage for more than a full year: An individual who first learns of the QMB benefit in April will not get benefits until the following July 1. Had that same individual known of and applied for the benefit in March, during the general enrollment period, his eligibility for Medicare and for QMB would have begun July 1 of the current year.

#### **CONSEQUENCES OF NOT HAVING MEDICARE PART A**

Without Part A, the individual has no Medicare hospital or skilled nursing facility coverage. Even if she has Medicaid, if she lives in a state that restricts the number of Medicaid-covered hospital days, she may be left with insufficient hospital coverage. If she doesn't have Medicaid or if her state Medicaid program doesn't cover hospice services, she will have no access to this important end of life care. With Medicaid, she might find her estate exposed to greater estate recovery liability under the state Medicaid program than would be necessary if she had received Part A coverage through Medicare. And, lack of Part A could subject the individual with or without Medicaid to liability for the prescription drugs covered under Part A, because Medicare Part D excludes these drugs from coverage, even for those who could, but do not have Part A.

#### **INDIVIDUALS AFFECTED BY THE PART A-QMB CONUNDRUM**

Three groups of people who are income-eligible for QMB benefits can get caught in the snare created by the lack of premium-free Part A.

- Those who have never enrolled in either Part A or Part B, and who do not have Medicaid. Their situation is discussed in detail above.
- Those with Medicare Part B and Medicaid and whose Medicaid program has paid their Part B premium but who do not have Part A, and
- Those who receive Medicaid and who have not enrolled in either Medicare Part A or B, or who have Part B, but have not been assessed for QMB eligibility by the state Medicaid program.

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premiums pending the QMB determination; this reference appears to contradict the language of the regulation cited above.

## **Individuals Who Have Medicare Part B and Medicaid But Not Medicare Part A**

Individuals age 65 or over who were low-wage earners or had no work record in the United States, i.e., who do not receive Social Security retirement benefits, may receive Medicaid as recipients of Supplemental Security Income (SSI) benefits. Their state Medicaid program is required to pay their Medicare Part B premium through its Part B buy-in agreement.<sup>21</sup> Because the SSI income and asset levels are below the QMB eligibility level, these individuals are financially eligible for QMB. They do not have premium-free Part A because they do not have a sufficient work record in the United States to be eligible for Social Security benefits.

Upon application for *any* form of Medicaid, states are required to assess eligibility for all categories of Medicaid.<sup>22</sup> Some states, nonetheless, do not routinely screen their SSI recipients (or even other Medicaid applicants) for QMB eligibility. Thirty-two states and the District of Columbia have arrangements with SSA under which that agency determines Medicaid eligibility for individuals found eligible for SSI.<sup>23</sup> As part of that process, SSA accretes those who are eligible for Part B into the state's buy-in program, but will not do the same for Part A. In those states, the Medicaid agency would have to undertake a separate assessment of the individual's QMB status and this, we believe, does not always happen.

When such individuals are identified – by the state, by advocates – they can be immediately “accreted” into Part A in Part A buy-in states and thus immediately be eligible for QMB benefits as well, including payment of the Part A premium. In Part A Group Payer states, however, the individual must make the conditional Part A application, as discussed above, and can only do that during the general enrollment period each year. The state would be liable for any late enrollment penalties that apply, creating possible disincentives for aggressive state action in this regard.

## **Individuals Who Have Medicaid But Not Medicare “Buy-In”**

Advocates report having clients who receive Medicaid and who may even have Medicare Part B but whose state Medicaid program is neither paying their Part B premium nor evaluating their eligibility for the QMB program, notwithstanding the CMS directive to states to assess for every possible type of Medicaid for which an individual may be eligible.<sup>24</sup> Moreover, while states are not required to pay the Part B premium for every Medicare-eligible person receiving Medicaid, as noted above, in many instances, they cannot receive federal matching funds for any Medicaid expenditure that could have been covered by Part B if the individual had been enrolled.<sup>25</sup>

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<sup>21</sup> 42 C.F.R. § 407.42

<sup>22</sup> State Medicaid Manual, Part 3, Eligibility, § 3490.3 at [http://www.medicareadvocacy.org/MA\\_StateMcaidManPt3EligibilitySec3490.pdf](http://www.medicareadvocacy.org/MA_StateMcaidManPt3EligibilitySec3490.pdf) pertaining specifically to consideration of QMB eligibility of applicants for other forms of Medicaid.

<sup>23</sup> The states that do NOT have such arrangements are AK, ID, KS, NE, NV, OR and UT (SSI criteria states) and CT, HI, IL, IN, MN, MO, NH, HD,OH, OK and VA (209(b) states).

<sup>24</sup> See note 21, *supra*. See, also, 42 C.F.R. § 435.902 requiring Medicaid programs to be administered simply and in the best interests of the recipients.

<sup>25</sup> See note 11, *supra*.

Many, though not necessarily all, of the individuals in this category are eligible for QMB benefits. If the individuals have Part A and their income meets the QMB or SLMB level, they are entitled to have their Part B premium paid and all states can accrete them at any time. If they do not have Part B, they can be accreted by their state to Medicare Part B and, with QMB, will have their cost-sharing excused. If they have enrolled in Part B, and have been paying the premiums themselves, they will increase their income by \$96.40 per month in 2009, since they will no longer be paying the premium out-of-pocket. Since these individuals should have been assessed for QMB or SLMB eligibility when they first applied for Medicaid (if they were Medicare eligible at the time), they might be eligible for retroactive QMB benefits previously wrongfully denied them.

For those without Part A, the processes describe earlier should apply. In Part A Buy-in States, the state can accrete the individual into Part A at any time if the individual has been determined eligible for Medicare. Note that advocates report that clients lacking both Part A and Part B are on occasion required to wait several months while a Part B enrollment is processed and then, after Part B enrollment is completed, Part A enrollment is processed. This appears to be happening despite the POMS provision that an individual is entitled to Premium Part A if s/he already has Part B or *is eligible for Part B and has filed an enrollment request for Part B.*<sup>26</sup> [Emphasis added.] CMS has orally assured advocates that such delays are unnecessary and that processing of the two enrollments should occur simultaneously.

For individuals in Part A Group Payer states, the POMS instruction to SSA District Office workers is to accept the Part A and Part B applications at the same time and refer the individual to the appropriate State office to file for QMB status.<sup>27</sup>

#### **AUTHORITY FOR ASSERTIONS ABOUT SOCIAL SECURITY'S POSITION**

The first paragraph of this paper made the following assertions, here in italics. The authority for each assertion has already been discussed in this paper; it will be restated after each point.

*The Social Security Administration is only partially correct that the client needs to have Medicare Part B in order to enroll in Part A.* The individual must have or be enrolling in Part B in order to enroll in Part A.<sup>28</sup>

*The SSA position that conditional enrollment into Medicare Part A - in order to permit submission a of QMB application to a state Medicaid agency – is not possible in “Part A buy-in states” is incorrect.* The SSA POMS includes a section devoted to the conditional enrollment process for both Part A Buy-in states and for Group Payer states.<sup>29</sup> The POMS directs that individuals who do not have either Part A or Part B must enroll at SSA (including conditional enrollment in Part A) before applying for QMB at the state Medicaid agency.

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<sup>26</sup> POMS HI 00801.131 at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801131!opendocument>

<sup>27</sup> POMS HI 00801.140 at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600801140!opendocument>

<sup>28</sup> See note 25, *supra*.

<sup>29</sup> See note 26, *supra*.

Finally, the SSA position that the client must incur liability for Part B premiums before being able to apply for QMB is contrary to regulatory language. Regulations governing Part B buy-in protect QMBs from liability by making QMB and Part B effective dates coincide.<sup>30</sup>

## CONCLUSION

The QMB benefit, despite problems of enrollment described here and problems of implementation not discussed in this paper, is valuable to individuals who qualify for it. QMB benefits for 2009 include relief from payment of \$1156.80 in Part B premiums, \$1,068 per spell of illness for the hospital deductible (some beneficiaries may incur more than one Part A hospital deductible in a year, depending on whether subsequent hospital admissions during the year constitute a new spell of illness), \$133.50/day co-payment for skilled nursing facility services after the 20th day, \$135 for the Part B annual deductible, as well as the 20% co-insurance on most Part B services. For those without premium-free Part A, benefits also include relief from payment of over \$5,000 in Part A premiums. The full Medicare Part D low-income subsidy is also available through QMB; it is estimated by the Social Security Administration (SSA) to have an average value of about \$3900 in 2009.

Advocates with clients otherwise eligible for QMB but lacking Part A should approach their states and local SSA offices armed with the POMS, regulatory and statutory references in this paper to improve their clients' chances of succeeding in their enrollment. Beneficiaries who believe they have been given erroneous information by SSA concerning Medicare Part A, such as not being told of the possibility of conditional enrollment, may be able to have their enrollment date moved back by seeking equitable relief from the agency.<sup>31</sup> Beneficiaries with Medicaid whose states have failed to evaluate their QMB eligibility might complain of the state's failure to notify them and ask for a fair hearing to determine if they are entitled to retroactive benefits.<sup>32</sup>

Part A enrollment for QMB eligibility is one of myriad issues relating to Medicare Savings Program enrollments that are the subject of a class action lawsuit filed in federal court in Pennsylvania early in 2009.<sup>33</sup> Plaintiffs are represented by Community Legal Services of Philadelphia and the Center for Medicare Advocacy, Inc. Parties are engaged in settlement talks at this time.

The Center for Medicare Advocacy is interested in hearing about the experiences of advocates and their clients in securing enrollment for and use of QMB benefits. Please contact Patricia Nemore at [pnemore@medicareadvocacy.org](mailto:pnemore@medicareadvocacy.org).

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<sup>30</sup> See note 18, *supra*.

<sup>31</sup> POMS HI 00830.001, et seq. at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0600830001>

<sup>32</sup> 42 U.S.C. § 1396a(a)(3); 42 C.F.R. § 431.200 *et seq.*; *Goldberg v. Kelly*, 397 U.S. 254 (1970)

<sup>33</sup> *Garcia, et al. v. Sibelius, et al.*, 2L09-cv-1747 ED Pa (complaint filed April 24, 2009)

## GLOSSARY OF TERMS

**Buy-in Agreements:** Formal agreements between states and the Secretary of HHS that allow states to purchase Medicare for certain low income residents of the state including Medicaid recipients. Through buy-in agreements, states can enroll their residents into Medicare at any time of the year (i.e., they are not bound by Medicare's limited enrollment periods) and neither they nor the individual are liable for any late enrollment penalties that might otherwise apply. All states have Part B buy-in agreements that cover their QMB population.

- **Accretion:** This is the process of adding an individual's name to buy-in rolls so that the state is paying his or her Part A and/or Part B Medicare premiums. Accretions are done by states (both Buy-in and Group Payer states) and, in certain instances, by the Social Security Administration.
- **Part A Buy-in State:** These states and the District of Columbia have a formal buy-in agreement with the Secretary of HHS for Medicare Part A. Thirty-six states (37 jurisdictions) have such agreements.
- **Part A Group Payer State:** These states do not have a formal buy-in agreement with HHS pertaining to Part A. Fourteen states do not have such agreements.

**Conditional Enrollment in Part A:** A process created by the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services) and the Social Security Administration to allow an individual who might be eligible for QMB benefits to enroll in Medicare Part A *on the condition that* their state will pay the Part A premium through the QMB program. If the individual is not enrolled in QMB, the Part A enrollment is dissolved and the individual incurs no liability. No such process exists for Part B.

**Medicare Savings Programs:** Four programs to help low income Medicare beneficiaries with Medicare cost-sharing.

- **Qualified Medicare Beneficiary (QMB) program** relieves individuals of all Medicare Parts A and B premiums and cost-sharing and with Part C co-payments. Eligibility is for those with Medicare Part A and with incomes at or below 100% of the federal poverty limit (FPL) and limited resources. QMB status entitles the individual to the full Part D Low Income Subsidy (LIS). An individual can be both a QMB and a full dual eligible, with full Medicaid benefits or a QMB-only, receiving just the benefit of relief from Medicare cost sharing.
- **Specified Low Income Medicare Beneficiary (SLMB) program** relieves individuals of the cost of Medicare Part B premium. Eligibility is for those with Medicare Part A and with incomes between 100% and 120% FPL and limited resources. SLMB status entitles the individual to the full Part D LIS. As with QMB, an individual can receive SLMB and full Medicaid, or SLMB-only.

- **Qualified Individual (QI) Program** relieves individuals of the cost of Medicare Part B premium. It is a block grant to states and thus serves a finite number of people. Eligibility is for those with Medicare Part A and with incomes between 120% and 135% FPL and limited resources. QI status entitles the individual to the full Part D LIS. A QI must be otherwise ineligible for full Medicaid.
- **Qualified Disabled and Working Individual (QDWI) program** relieves individuals of the cost of the Part A premium after their entitlement to premium-free Part A has expired. Eligibility is for those with incomes at or below 200% FPL and limited resources. A QDWI must be otherwise ineligible for full Medicaid.

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