

Virginia Department of Social Services
Medicaid Fact Sheet #11
QUALIFIED MEDICARE BENEFICIARY

The following information is given as a guideline only. For Medicaid eligibility to be determined, an application must be filed with the local department of social services in your locality.

The Medicaid Qualified Medicare Beneficiary (QMB) program is also known as a “Medicare Savings Program.” Medicaid QMB could help you if you are entitled to Medicare Part A and have income too high to be eligible for other Medicaid programs.

If you are eligible for the QMB program, Medicaid will pay your Medicare premiums, coinsurance, and deductibles.

Generally, to qualify for the QMB program you must:

- Be entitled to Medicare Part A.
- Have countable income at or below the federal poverty guidelines. Income includes Social Security benefits, pensions, wages, interest, dividends, etc. Your countable income must be no more than **\$1,215** per month. If you are married and your spouse's income is counted, the limit is **\$1,644** per month. If your income is higher, you may be eligible for another Medicare Savings Program under Medicaid.
- Have countable resources of not more than **\$9,090 for one person** or **\$13,630 for a couple**. Resources are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.), stocks, bonds, cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you have only a life interest, and personal jewelry are not counted as resources.

If you are eligible for the Medicaid QMB program, you will not have to pay:

- The Medicare Hospital Insurance (Part A) monthly premium if one is required. ***The monthly premium in 2023 is \$278 or \$506*** depending on the number of quarters of covered work you have listed with the Social Security Administration. Most people are entitled to Part A based on their or their spouse's employment and do not have to pay a premium. You must pay for Part A if you or your spouse did not work in Medicare-covered employment or did not work long enough (generally 10 years) to get premium free benefits. Among other things, Part A pays for care in a hospital or skilled nursing facility. It does not pay doctor bills.
- The Medicare Part A hospital deductible that exceeds your Medicaid co-payment. The deductible is an amount a beneficiary must pay before Medicare starts paying. Medicare pays all

other hospital costs for the first 60 days of each benefit period. **In 2023, the deductible is \$1,600 per benefit period.**

- The Medicare Part A daily coinsurance amount for a hospital stay lasting more than 60 days. **The daily coinsurance amount in 2023 is \$400** for days 61 through 90 and **\$800** for hospital stays beyond the 90th day, for lifetime reserve days.
- The Medicare Part A daily coinsurance amount for covered care in a skilled nursing facility. **The daily coinsurance amount in 2023 is \$200** for days 21 through 100 in each benefit period. The first 20 days of covered care in each benefit period are fully covered by Medicare.
- The Medicare Medical Insurance (Part B) monthly standard premium. Part B helps pay for the services of doctors, other health care providers, and some medical services and supplies not covered by Part A. **The monthly standard premium for 2023 is \$164.90.** Depending on when you were enrolled in Medicare, your premium may be different.
- The Medicare Part B annual deductible and coinsurance that exceed your Medicaid copayments. **In 2023, the annual deductible is \$226.** Coinsurance is usually 20% of the Medicare approved amount for a service.
- The Medicare Part D premium and deductible for prescription drugs. You will be eligible for Extra Help with the Medicare Part D copays for your prescription drugs.

Retroactive coverage is not available for this program. Eligibility for this program begins the 1st of the month following the month the application is processed.

You can file an application for Medicaid online at www.commonhelp.virginia.gov. Applications are also available online at http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi, and can be completed and mailed/faxed/ or dropped off to the local department of social services. You can also request a Medicaid application be mailed to you.

You can find the address and phone number for your local DSS at <http://www.dss.virginia.gov/localagency/>. You do not need to visit the office to file an application.

An annual review is completed every 12 months and a renewal form will be sent to you or you can complete your renewal online at www.commonhelp.virginia.gov. If you do not return your renewal by the due date, your case may be closed and you may experience a break in the state paying your Medicare premium. If three months have passed from the date your case was closed for not completing a renewal, you will be required to reapply.

If you have questions or need assistance in completing your Medicaid application, contact your local Department of Social Services.

MEDICAID FACT SHEET #11 QUALIFIED MEDICARE BENEFICIARY

FORM NUMBER - D032-03-0828-42-eng (03/23)

PURPOSE OF FORM - The local agency worker may distribute this form to provide customers with basic policy information regarding this limited Medicaid coverage.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.