

CHAPTER 11-000 MEDICARE SAVINGS PROGRAM/ QUALIFIED MEDICARE BENEFICIARIES (MSP/QMB): MSP/QMB is a new Medicaid group for individuals with income equal to or less than 100% FPL but who have resources in excess of the \$4,000 and \$6,000 limits. MSP/ QMB individuals who are within specific resource guidelines at 469 NAC 11-001.02 are eligible for payment of deductibles and co-pay costs associated with Medicare claims. They are not eligible for additional medical services or State supplement payments. An annual review is required to verify income and resources.

Public Law 110-275, Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), Section 112, required increased resources for this group. The resource limit amounts are adjusted annually.

11-001 Eligibility Requirements: In order to receive payment of the Medicare premium, deductibles, and co-pay costs associated with Medicare, the individual must meet the following eligibility requirements.

1. Application (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 ff.);
7. Blindness or disability (see 469 NAC 2-007 ff.);
8. Resources (for treatment of resources, see 469 NAC 2-009ff.; for resource limits, see 469 NAC 11-001.02);
9. Income (see 469 NAC 11-001.01);
10. Cooperation in obtaining third party medical payments (see 469 NAC 2-011; and
11. Receipt of other assistance (see 469 NAC 2-013).

11-001.01 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. The income limits are based on 100% FPL.

The worker budgets the client on a medical budget. If total net earned and unearned income is equal to or less than 100% FPL and resources are less than the amount specified at 11-001.02, the client is eligible for MSP/QMB.

11-001.02 Resources: Resource limits are adjusted annually.