

Processing Medicare Savings Program

KEES uses Requested Medical Types (RMTs) – These are data elements associated to a person's application, which will restrict the rules' medical hierarchy. The RMT is used to apply for a specific type of medical benefit such as Medicare Savings Program. The user will reference the RMT that is listed next to a person's name within the program block to determine whether the program block is usable or if the RMT needs to be changed.

Determine Potential Eligibility

Determine the consumer(s) potential eligibility for QMB, LMB, Expanded LMB or QWD

NOTE: Monthly incomes are also subject to a standard \$20.00 deduction for unearned income and a \$65.00 deduction for two entries of earned income.

TBQ File Requests

The consumer for which the request is being made **MUST** have a status of *Active* or *Pending* in the month the request is sent. When the *Beginning Date of Aid* is in a future month, even if the status is *Pending*, the consumer isn't *Pending* in the month of the request, no request is sent due to the status.

Example: Application Date = 10/12/2023 BDA = 10/01/2023 Consumer Status is *Pending* Medicare data entered on the **Medicare Expense** page on 10/21/2023 triggers the request to be sent on the interface file. Medicare data should be populated on the **Medicare Information** page in two - three days.

In the example, if the BDA is set to 11/01/2023 and the request is made on 10/21/2023, KEES doesn't see the status as *Pending* for 10/2023; no request is sent.

Don't change the BDA except as outlined in the [KEES User Manual](#). For the QMB eligibility, the KEES rules will determine the first month of eligibility.

If the consumer displays eligible for LMB, Expanded LMB or QWD

1. Data enter all appropriate/relevant information.
2. **Run EDBC** for the application month (or possibly prior months if all relevant verifications have been received).
3. If the consumer(s) is eligible for LMB, Expanded LMB, or QWD process all months through the come-up month.
4. If the consumer is NOT eligible for LMB, Expanded LMB, or QWD check the *income amount* on the **Medical EDBC Summary** page. If the income shows the consumer may be eligible at the QMB income level:
 - a. Do not Accept the *Failed/Denied* EDBC result. Click the **Cancel** button to exit the **Medical EDBC Summary** page.
 - b. Follow the steps in the “If the consumer displays eligible for QMB” to process a QMB approval.
5. Send appropriate **NOAs** for the Medicare Savings Program.
6. Record a **Journal** entry.

When Adding a New Medicare Expense Record

Only the required fields (fields with a **red asterisk***) should be manually updated on the **Medicare Expense** page.

Once the **Medicare Information** page populates the information from Electronic Access To Social Security (EATSS), manually update the other fields based on the information from EATSS.

Note: The **Medicare Information** page update from EATSS could take up to 2 business days.

The screenshot shows the 'Medicare Expense Detail' form. The following fields are highlighted with red boxes to indicate they are required for manual update:

- Medicare*** (at the top left)
- Medicare Identification Number*** (at the top right)
- Single Date*** (in the bottom left section)
- Medicare*** (in the bottom left section, below Single Date)

The form is divided into several sections: 'Part A Payment Method', 'Part A Start Date', 'Part A End Date', 'Part A Payment Amount', 'Part B Payment Method', 'Part B Start Date', 'Part B End Date', 'Part B Payment Amount', 'Part C Payment Method', 'Part C Start Date', 'Part C End Date', 'Part C Payment Amount', 'Single Date', 'Medicare', 'Medicare Identification Number', and 'Medicare Savings Program'.

If the consumer displays eligible for QMB

The process for QMB requires staff to approve QMB first and go back and deny those months prior to the QMB approval. The user needs to run EDBC for the month following the current calendar month first, and then run EDBC for the application/processing month(s) to have the eligibility rules produce the correct result. Running the month following the current calendar month first approves QMB correctly. The user can then run the calendar month to produce a denial for the application month as consumers are only eligible for QMB in the month following the month eligibility is processed.

NOTE: Remember spouses applying on separate 3100.8 & MIPPA applications need to be placed on the same program block.

1. Data enter all appropriate/relevant information.
2. **Run EDBC** for the month following the month of processing.
3. If the consumer(s) is eligible for QMB, **Run EDBC** through the come-up month. The application month and/or the month of processing must be run after the QMB coverage is approved for the following month.
4. If the consumer(s) is eligible for LMB, Expanded LMB, or QWD, **Run EDBC** for the processing month and any prior months for which there is eligibility through the come-up month.
5. Send appropriate NOAs for the Medicare Savings Program.
6. Record a **Journal** entry.

See: **Processing QMB Start Date Exception**

