

CHANGE NOTICE FOR MANUAL NO. 12-02, Qualifying Individuals - Group 2

DATE: JANUARY 11, 2002

Manual: Aged, Blind, and Disabled Medicaid
Change No: 12-02
To: County Directors of Social Services
Effective: February 1, 2002

I. BACKGROUND

MA-2165 and DMA Administrative Letter No. 08-02 dated October 18, 2001, provided instructions to dispose manually each Q12 application, record the benefit amount on the Q12 check register, and forward the register to Medicaid Eligibility Unit at DMA by November 21, 2001. Plans were made for the DHHS Controller's Office to issue Q12 checks in December.

This is to advise you of the status of the Q12 checks, remind you to submit the straggler Q12 check register, and to update the manual with the new Q12 amounts for 2002 and with the current Q12 Reenrollment form and Rights and Responsibilities insert.

Administrative Letter 13-01 and Addendum 1 to that administrative letter are now obsolete.

II. STATUS OF Q12 APPROVALS

A. Q12 Check Register

A total of 413 Q12 approvals were forwarded to DMA in December. The DHHS Controller's Office issued individual checks totaling \$11, 413.70 on December 11, 2001, to each recipient reported on the Q12 check registers.

B. Straggler Q12 Check Register

Follow instructions in MA-2165 V.D. and DMA Administrative Letter No. 08-02 to dispose all pending Q12 applications for 2001 and complete the straggler check register (DMA-2165, Figure 4). Even if you don't have any straggler approvals, complete a check register stating "No approvals." E-mail, fax, or mail the straggler check register by January 18, 2002, to:

Susan Ryan
Division of Medical Assistance
2512 Mail Service Center
Raleigh, NC 27699-2512

FAX: 919-715-8548

The straggler checks will be mailed in mid-February.

III. QI2 ENROLLMENT FOR 2002

A. Benefit

QI2s are entitled to reimbursement of a portion of their Medicare Part B premium. For 2002, that portion is \$3.91 per month for an annual maximum payment of \$46.92.

B. Re-enrollment Applications

A QI2 re-enrollment application, an insert containing the recipient's Rights and Responsibilities, and a return envelope are included with each reimbursement check. Follow instructions in MA-2165 IV.E. to process QI2 re-enrollment applications.

A copy of the current QI2 Re-enrollment Application (Figure 5), QI2 Straggler Re-enrollment Application (Figure 9), and the Rights and Responsibilities insert (Figure 7) are attached. You may photocopy either of the applications if needed.

C. Tracking Requirements

For re-enrollment and new applications, continue to follow instructions in MA-2165 III. to record daily each QI2 application on a log. Forward a copy of the completed log to DMA by the 10th day of the next month. Mail or fax to Medicaid Eligibility Unit at the address listed in II.B. above.

IV. EFFECTIVE DATE: FEBRUARY 1, 2002

The effective date for the policy manual is February 1, 2002, but these changes apply to all applications taken on or after January 1, 2002, and to all reenrollments/changes with a QI2 payment effective January 1, 2002 or later.

V. IMPLEMENTATION

Remove: MA-2165 pages 1-2 (items I. - II.H.), 7-10 (items IV. – VI.A.3.), Figures 5 and 7.

Insert: MA-2165 pages 1-2 (items I. - II.H.), 7-10 (items IV. – VI.A.3.), Figure 5, Figures 7 – 9, effective 2/1/02

If you have any questions, please contact your Medicaid Program Representative.

Nina M. Yeager
Director

[This material was researched and written by Mary Spivey, EIS Program Consultant.]

[MA-2165](#)

[Figure 5](#)
[Figure 7](#)
[Figure 8](#)
[Figure 9](#)