

**MA-2150: MEDICAID-WORKING DISABLED  
02/01/05**

**I INTRODUCTION TO M-WD**

An eligible Qualified Disabled Working Individual (M-WD, Working Disabled) is eligible for Medicaid payment of Medicare Part A premiums after automatic entitlement to free Part A ends. This is the **only** Medicaid benefit to which he is entitled.

**UNLESS OTHERWISE NOTED BELOW, THE SAME REQUIREMENTS AND PROCEDURES APPLY TO M-WD AND MQB-Q.**

**II. MWD ELIGIBILITY REQUIREMENTS**

To be eligible to receive this coverage, an individual must:

- A.** Be under age 65.
- B.** Have countable monthly income under 200% of the Federal Poverty Level (FPL).

Refer to [MA-2260](#), Financial Eligibility Requirements/PLA, for current income levels.

- C.** Continue to have the disabling physical or mental impairment that he had when he was determined disabled or blind by the Social Security Administration (SSA).
- D.** Have lost entitlement to premium free Medicare Part A solely due to earnings in excess of the Substantial Gainful Activity threshold as determined by SSA.

NOTE: This is a standard set by SSA. SSA will make this determination.

- E.** Not be otherwise entitled to premium free Medicare Part A.
- F.** Furnish his Medicare claim number.
- G.** Not be otherwise eligible for Medicaid.

**III. M-WD SPECIAL REQUIREMENTS**

**A. Limited Coverage**

M-WD covers the Medicare A premium (hospital insurance) only. If the individual wants Part B (medical insurance), he must pay for it.

**B. Application Processing Requirements**

1. Obtain applicant's signature on the DSS-8124 or the [DMA-5008](#). Complete the [DMA-5008](#). Do not enter a DSS-8124 into EIS.
2. The time standard for M-WD application is 45 days. Manually track and follow processing requirements in [MA-2300 through MA-2304](#).

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(III.)

**C. Disabled Working Status**

SSA must verify Disabled Working status.

**D. Disposition**

NOTE: M-WD cases will not be entered into EIS. Once the county dss determines eligibility each case will be manually processed at DMA.

1. If the a/r is eligible, approve M-WD and send a [DSS-8108](#). On the DSS-8108 write “You meet the N.C. eligibility requirements for M-WD and are eligible to have the State pay your Medicare Part A premiums.”
2. Once eligibility has been established, send a cover letter within 5 work days to DMA providing the following information on the individual:
  - a. Full name
  - b. Medicare number
  - c. Date of birth
  - d. Sex
  - e. Medicare Part A Premium enrollment date
  - f. SSA Disabled Working status notification letter
3. Send to:

Attn: Supervisor  
Claims Analysis Unit  
Division of Medical Assistance  
2501 Mail Service Center #19  
Raleigh, N.C. 27699-2501

**E. Retroactive Coverage**

If the individual meets the eligibility criteria prior to the month of application, he may be eligible for retroactive coverage for up to 3 prior months provided he has enrolled timely at SSA.

**F. Reviews**

1. Since this program is not in EIS, the county dss must initiate a review notice and send the appointment letter prior to expiration of the certification period.
2. Send DMA a copy of the notice if ongoing eligibility continues.

**G. Termination**

If the recipient becomes ineligible, terminate the case and notify DMA.