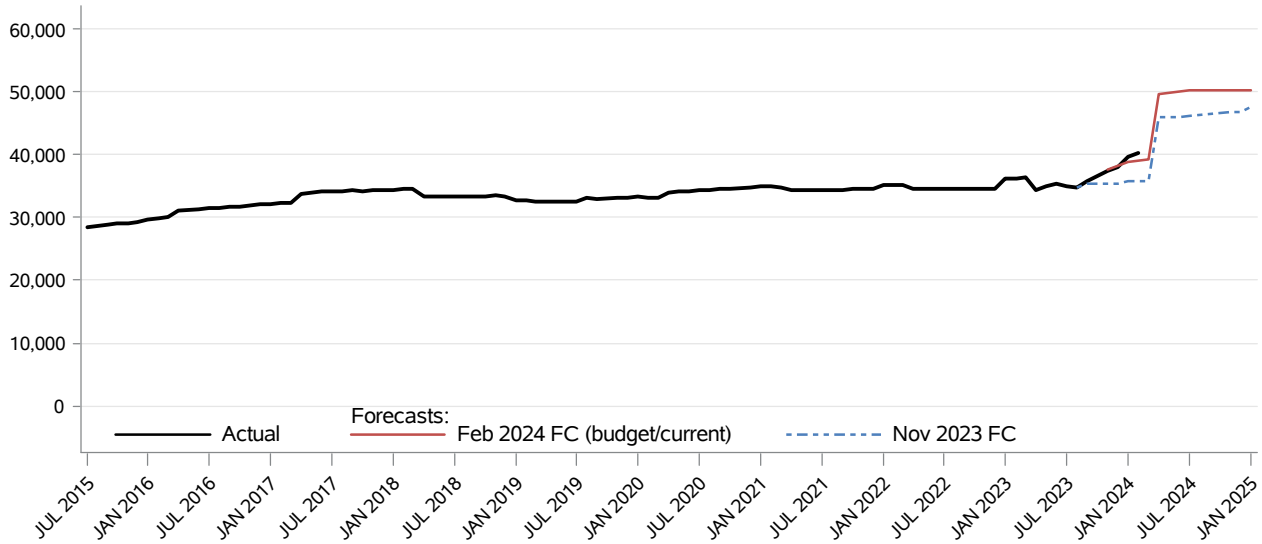


Medical Services Qualified Medicare Beneficiaries (QMB) CFC Monthly Monitoring Report

The **Qualified Medicare Beneficiaries (QMB)** program provides Medicare cost sharing for aged, blind, and disabled clients who are enrolled in (or have applied for) Medicare Part A. Income limits are based on 100% of the Federal Poverty Level (FPL), and DSHS pays for Medicare deductibles, coinsurance charges, and premiums.



Month	Actual	Forecasts		Budget/Current Forecast and Variance		
		Nov 2023	Feb 2024	Feb 2024	N	%
SEP 2023	35,852	35,363				
OCT 2023	36,651	35,382				
NOV 2023	37,519	35,407	37,627	37,627	-108	(0.3%)
DEC 2023	38,113	35,442	38,347	38,347	-234	(0.6%)
JAN 2024	39,687	35,738	38,839	38,839	848	2.2%
FEB 2024	40,272	35,753	39,045	39,045	1,227	3.1%
MAR 2024		35,787	39,269	39,269		
APR 2024		46,065	49,731	49,731		
MAY 2024		45,947	49,824	49,824		
JUN 2024		46,047	50,040	50,040		
JUL 2024		46,171	50,210	50,210		
AUG 2024		46,309	50,327	50,327		

Data Source: HCA Provider One (last update: 05/20/2024)

Medical Services
Qualified Medicare Beneficiaries (QMB)
CFC Monthly Monitoring Report

Descriptions:

- **Actual:** The number of clients eligible at any time during the month and are lag adjusted up to 24 months and the most recent two months of data are not shown.
- **Budget Forecast:** Caseload forecast adopted by the Caseload Forecast Council to serve as the basis for the biennial or supplemental budget. The actual budget may incorporate adjustments to this forecast to reflect legislation and policy decisions by the legislature subsequent to the development of the forecast.
- **Current Forecast:** Most recent forecast adopted by the Caseload Forecast Council; may be the same as the Budget Forecast.

Disclaimer of Liability:

Although the Washington State Caseload Forecast Council does all that it can to assure the accuracy of its forecasts and the data on which its forecasts are based, no warranty expressed or implied is made regarding accuracy, adequacy, completeness, legality, reliability, or usefulness of any information contained herein. This disclaimer applies to both isolated and aggregate uses of the information. If you find any errors or omissions, we encourage you to report them to the Caseload Forecast Council.