

Susana Martinez, Governor Brent Earnest, Secretary Nancy Smith-Leslie, Director

DEPARTMENTAL MEMORANDUM MAD-MR: 15-23 DATE:

TO: MAD AND ISD STAFF

FROM: MANCY SMITH-LESLIE, DIRECTOR, MEDICAL ASSISTANCE DIVISION,

THROUGH: #3 ROY BURT, BUREAU CHIEF, MEMBER SERVICES BUREAU

BY: SONYA PIERCE, STAFF MANAGER, ELIGIBILITY BUREAU

SUBJECT: MEDICARE SAVINGS PROGRAM COMPARISION CHART- MAD 399

GENERAL INFORMATION

The MAD 399 comparison chart is used to compare the categories 040 Qualified Medicare Beneficiaries (QMB) and 045's Specified Low Income Beneficiaries (SLIMB) and Qualified Individuals (QI1). The chart shows a variety of useful information for the ISD worker, client and other agencies that work with the Medicare Savings Programs. This form will be updated twice a year when Medicare Premiums and Federal Poverty Limits increase in January and April respectively.

FILING INSTRUCTIONS

Please include the attached MAD 399 Updated 01/01/16 in the Medical Assistance Forms Manual.

<u>Remove</u> MAD 399 dated 04/01/15. <u>Insert</u> MAD 399 dated 01/01/16.

Please address questions concerning this material to Sonya Pierce at <u>sonya.pierce@state.nm.us</u> or 505-827-7777.

MEDICARE SAVINGS PROGRAMS ELIGIBILITY CRITERIA AND PROCESSING COMPARISON FOR CATEGORIES 40 AND 45

	QUALIFIED	SPECIFIED LOW	QUALIFIED
	MEDICARE BENEFICIARY (QMB)	INCOME MEDICARE BENEFICIARY (SLIMB)	INDIVIDUALS (QI-1)
MEDICARE PART A	Will pay Conditional Part A premium	Will NOT pay Conditional Part A premium	Will NOT pay Conditional Part A premium
ELIGIBILITY BEGINS	The month after the month of approval	The month of approval	The month of approval
RETROACTIVE COVERAGE	None	Up to 3 months may be entered in ASPEN	Up to 3 months may be entered in ASPEN
COVERED SERVICE	 Medicare Part B Premium \$104.90 (2015) \$121.80 for newly eligible 2016 Medicare Part A Premium \$411 (2016) Medicare Co-pay amounts Medicare Deductibles: 2016 Hospital \$1,288 	Medicare Part B Premium Only! No other benefit coverage NO Medicaid card is issued	Medicare Part B Premium Only! No other benefit coverage NO Medicaid card is issued
	• 2016 Doctor \$166 Deemed LIS eligible for Medicare Part D	Deemed LIS eligible for Medicare Part D	Deemed LIS eligible for Medicare Part D
INCOME LIMIT (one \$20 deduction per household is allowed before the federal guidelines apply.) FPL Guidelines are revised every April	100 % Federal Poverty Guidelines ✓ Individual \$981 ✓ Couple \$1,328	 100% - 120% Federal Poverty Guidelines ✓ Individual At least \$981 but no more than \$1,177 ✓ Couple 	 120% - 135% Federal Poverty Guidelines: ✓ Individual At least \$1,177 but no more than \$1,325 ✓ Couple
RESOURCE LIMIT		At least \$1,328 but no more than \$1,593 Individual - \$8,780 Couple - \$13,930	At least \$1,593 but no more than \$1,793
	* These resource limits include \$1,500 per person in resources that are used for burial expenses.		