

**MEDICAID ELIGIBILITY – QUALIFIED INDIVIDUALS
WHOSE INCOME EXCEEDS QMB AND SLIMB (CATEGORY 045)
BENEFIT DESCRIPTION**

INDEX

8.250.600	BENEFIT DESCRIPTION	
8.250.600.1	ISSUING AGENCY	1
8.250.600.2	SCOPE	1
8.250.600.3	STATUTORY AUTHORITY	1
8.250.600.4	DURATION	1
8.250.600.5	EFFECTIVE DATE	1
8.250.600.6	OBJECTIVE	1
8.250.600.7	DEFINITIONS	1
8.250.600.8	RESERVED	1
8.250.600.9	BENEFIT DESCRIPTION	1
8.250.600.10	BENEFIT DETERMINATION	1
8.250.600.11	INITIAL BENEFITS	2
8.250.600.12	ONGOING BENEFITS	2
8.250.600.13	RETROACTIVE BENEFIT COVERAGE	2
8.250.600.14	CHANGES IN ELIGIBILITY	2

TITLE 8 SOCIAL SERVICES
CHAPTER 250 MEDICAID ELIGIBILITY - QUALIFIED INDIVIDUALS WHOSE INCOME EXCEEDS
QMB AND SLIMB (CATEGORY 045)
PART 600 BENEFIT DESCRIPTION

8.250.600.1 ISSUING AGENCY: New Mexico Human Services Department.
[8.250.600.1 NMAC - Rp, 8.250.600.1 NMAC, 1/1/2019]

8.250.600.2 SCOPE: The rule applies to the general public.
[8.250.600.2 NMAC - Rp, 8.250.600.2 NMAC, 1/1/2019]

8.250.600.3 STATUTORY AUTHORITY: New Mexico Statutes Annotated, 1978, (Chapter 27, Articles 1 and 2) authorizes the state to administer the medicaid program. Section 4732 of the 1997 Balanced Budget Act creates a separate group of eligible individuals, to be known as qualified individuals 1 (QI1s), with income between one hundred twenty percent and one hundred thirty-five percent of the federal poverty level. The benefit is limited to the payment of the monthly medicare part B insurance premium. Funding is available under one hundred percent federal block grant money.
[8.250.600.3 NMAC - Rp, 8.250.600.3 NMAC, 1/1/2019]

8.250.600.4 DURATION: Permanent.
[8.250.600.4 NMAC - Rp, 8.250.600.4 NMAC, 1/1/2019]

8.250.600.5 EFFECTIVE DATE: January 1, 2019, or upon a later approval date by the federal centers for medicare and medicaid services (CMS), unless a later date is cited at the end of the section.
[8.250.600.5 NMAC - Rp, 8.250.600.5 NMAC, 1/1/2019]

8.250.600.6 OBJECTIVE: The objective of the qualified individuals 1 (QI1s) eligibility is for New Mexico medicaid to provide the payment of the monthly medicare part B insurance premium for individuals with income between one hundred twenty percent and one hundred thirty-five percent of the federal poverty level and who are not otherwise receiving medicaid under any other category of eligibility. Individuals will be served on a first come, first served basis, contingent upon availability of federal funds. Eligibility will be offered to individuals on a yearly basis. After 1998, individuals currently enrolled in the program will get the first opportunity to continue to receive benefits under this program.
[8.250.600.6 NMAC - Rp, 8.250.600.6 NMAC, 1/1/2019]

8.250.600.7 DEFINITIONS: [RESERVED]

8.250.600.8 [RESERVED]
[8.250.600.8 NMAC - Rp, 8.250.600.8 NMAC, 1/1/2019]

8.250.600.9 BENEFIT DESCRIPTION: Most individuals 65 or older receive free medicare part A. Those who do not receive free part A can voluntarily enroll for hospital insurance coverage and pay the monthly premium. Medicaid does not pay the medicare part A monthly premium for this category of recipients. Voluntary enrollees for premium/conditional medicare part A must enroll for supplementary medical insurance, medicare part B, and pay that premium also. After an application for QI benefits is approved, medicaid begins to pay the medicare part B premium. Applicants/recipients eligible for QI1 coverage under another medicaid category may not be eligible for QI1. QI1 eligibility is funded by limited block grant funding beginning in 1998 and ending when the congressional extension period expires. Since payment of the medicare part B premium is the only benefit, no medicaid card is issued.
[8.250.600.9 NMAC - Rp, 8.250.600.9 NMAC, 1/1/2019]

8.250.600.10 BENEFIT DETERMINATION: Application for QI1 is made on the assistance application form. Applications are acted on and notice of action taken is sent to the applicant within 45 days of the application.
[8.250.600.10 NMAC - Rp, 8.250.600.10 NMAC, 1/1/2019]

BENEFIT DESCRIPTION

8.250.600.11 INITIAL BENEFITS: Eligibility begins the month the case is approved. When an eligibility determination is made, notice of the approval or denial is sent to the applicant. If the application is denied, this notice includes the recipient’s right to request a hearing.

[8.250.600.11 NMAC - Rp, 8.250.600.11 NMAC, 1/1/2019]

8.250.600.12 ONGOING BENEFITS: A redetermination of eligibility is made every 12 months.

[8.250.600.12 NMAC - Rp, 8.250.600.12 NMAC, 1/1/2019]

8.250.600.13 RETROACTIVE BENEFIT COVERAGE: Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.

[8.250.600.13 NMAC - Rp, 8.250.600.13 NMAC, 1/1/2019]

8.250.600.14 CHANGES IN ELIGIBILITY: A case is closed, with provision of advance notice, when the recipient becomes ineligible. If a recipient dies, the case is closed effective the following month.

[8.250.600.14 NMAC - Rp, 8.250.600.14 NMAC, 1/1/2019]

HISTORY OF 8.250.600 NMAC: [RESERVED]

History of Repealed Material:

8.250.600 NMAC - Benefit Description, filed 11/16/2009 - Repealed effective 1/1/2019.