

## 23.12 MEDICARE PREMIUM SUBSIDIES

Individuals who meet all other Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLIMB), and Qualified Individuals (QI) eligibility requirements, but who are not yet enrolled in Part B, must be referred to the Bureau of Medical Services (BMS) Medicare Buy-In Unit by sending an email to: [dhrmedicarebuyin@wv.gov](mailto:dhrmedicarebuyin@wv.gov). The message must contain the applicant's name, address, date of birth, and Social Security Number. The Buy-In Unit contacts Social Security to facilitate enrollment. This avoids any late enrollment penalty that may apply to the individual and permits enrollment outside the yearly open enrollment period.

### 23.12.1 QUALIFIED MEDICARE BENEFICIARIES (QMB)

Income	Assets
100% FPL	\$ 7,730 – Individual \$ 11,600 – Couple

Medicaid coverage is limited to payment of the Medicare, Part A and Part B premium amounts and payment of all Medicare co-insurance and deductibles, including those related to nursing facility services. The Buy-In Unit pays the Medicare premium. Refer to Chapter 25 for details.

An individual or couple (spouses) is eligible for this limited Medicaid coverage when all the following conditions are met:

- The individual must be enrolled in Medicare, Part A. He must be entitled in any of the following three ways:
  - By being age 64 years and 9 months old or older;
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or,
  - By having end-stage renal disease;
- The individual or spouses must meet the income test detailed in Chapter 4; and,
- The individual or spouses must meet the asset test detailed in Chapter 5.

### 23.12.1.E Nursing Facility Services

Those eligible as QMBs are eligible to have their QMB coverage pay the Medicare deductible and/or co-insurance for nursing facility services if Medicare is paying for nursing facility services.

If the client applies for Medicaid nursing facility services as described in Chapter 24 and is found eligible, he is treated as a dual eligible. However, if the client does not apply for Medicaid nursing facility services or is not eligible for them, his QMB coverage pays the Medicare co-insurance and/or deductibles related to nursing facility costs without a client contribution for his cost of care. See Section 24.7.2.A for additional information.

### 23.12.2 SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB)

Income	Assets
101 – 120% FPL	\$7,730 – Individual \$11,600 – Couple

Medicaid coverage is limited to payment of the Medicare Part B premium. An individual or couple (spouses) is eligible for this limited Medicaid coverage when all of the following conditions are met:

- The individual must be enrolled in Medicare, Part A. He must be entitled in any of the following three ways:
  - By being age 64 years and 9 months old or older;
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or,
  - By having end-stage renal disease;
- The individual or couple must meet the income test detailed in Chapter 4; and,
- The individual or couple must meet the asset test detailed in Chapter 5.

### 23.12.2.A Medical ID Card Issuance

No Medical ID card is issued to those whose sole Medicaid coverage group is SLIMB. The Buy-In Unit is responsible for buying-in to Medicare, Part B, for the client. See Chapter 25 for details.



### 23.12.2.E Nursing Facility Services

Eligibility for SLIMB alone does not cover the Medicare co-insurance and/or deductibles associated with nursing facility services. However, the client may be dually eligible for SLIMB and Medicaid nursing facility services as described in Chapter 24.

### 23.12.3 QUALIFIED INDIVIDUAL (QI)

Income	Assets
121 –135% FPL	\$7,730 – Individual \$11,600 – Couple

Medicaid coverage is limited to payment of the Medicare Part B premium. An individual or couple (spouses) is eligible for limited\* Medicaid coverage when all the following conditions are met:

- The individual must be enrolled in Medicare, Part A. He must be entitled in any of the following three ways:
  - By being age 64 years and 9 months old or older;
  - By having been totally and continuously disabled and receiving RSDI or Railroad Retirement benefits for 24 months or longer; or,
  - By having end-stage renal disease;
- The individual or couple must meet the income test detailed in Chapter 4;
- The individual or couple must meet the asset test detailed in Chapter 5; and
- The individual or couple is not eligible for any full-coverage Medicaid group

Medicaid coverage is limited to payment of the Medicare, Part B premium. The Buy-In Unit pays the Medicare premium. Refer to Chapter 25 for details.