
 | ADMINISTRATIVE DIRECTIVE |

TRANSMITTAL: 93 ADM-30

TO: Commissioners of
 Social Services

DIVISION: Health & Long
 Term Care

DATE: September 22, 1993

SUBJECT: Medical Assistance Payment of Medicare Part B Premiums for
 Specified Low Income Medicare Beneficiaries (SLIMBs)

 SUGGESTED

DISTRIBUTION: | Medical Assistance Staff
 | Fair Hearing Staff
 | Legal Staff
 | Accounting Staff
 | Third Party Staff
 | SDX Coordinators
 | Staff Development Coordinators

CONTACT

PERSON: | MA Eligibility Representative: 1-800-342-3715,
 | Extension 3-7581 (User ID OMA050)
 | In New York City: 212-417-4853

ATTACHMENTS:

| Attachment I: Notice of Action on Application/Benefit
 | for Medical Assistance Payment of Your Medicare Part
 | B Premium (not available on-line)
 |
 | Attachment II: HCFA-1819, Request for Medicare Part B
 | Accretion for SLIMBs (not available on-line)

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|-----------------------|-----------------------|-------------|---|-------------|------------|
| 90 ADM-6 | | 360-2 | 367-a | | 92 LCM-69 |
| 89 ADM-36 | | | PL 100-360 | | |
| 89 ADM-7 | | | PL 100-485 | | |
| | | | PL 100-467 | | |
| | | | OBRA 90 | | |

I. PURPOSE

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) requires states to provide Medical Assistance (MA) payments for Medicare Part B premiums for Specified Low Income Medicare Beneficiaries (SLIMBs). The purpose of this Administrative Directive is to provide social services districts with instructions regarding how to implement this OBRA 90 requirement.

II. BACKGROUND

The OBRA 90 created a new group of "buy-in" eligibles known as SLIMBs. Chapter 59 of the Laws of 1993 amended Section 367-a of Social Services Law to implement this provision in New York State.

SLIMBs must meet Qualified Medicare Beneficiary (QMB) eligibility criteria except for income. (See 89 ADM-7.) Those with net income greater than 100 percent and less than 110 percent of the Federal Poverty Line (FPL) are eligible for MA payment of the Medicare Part B Premium only as SLIMBs. MA will not pay Medicare Part A premiums or Medicare Part A and B deductibles and coinsurance for SLIMBs.

III. PROGRAM IMPLICATIONS

Individuals who meet all other QMB eligibility criteria except for income must be evaluated for SLIMB eligibility. Those who have net income greater than 100 percent and less than 110 percent of the FPL will be eligible for MA payment of the Medicare Part B premium through the "buy-in" program.

IV. REQUIRED ACTION

The OBRA 90 required payment of Medicare Part B premiums for SLIMBs effective January 1, 1993. Social services districts must take the following actions to determine if an individual is eligible for SLIMB status:

A. Eligibility Criteria

Determine if the individual meets the following criteria:

1. is entitled to free Medicare Part A (This includes individuals 65 years of age or older who are eligible for Social Security Retirement benefits and individuals under 65 years of age who have been in receipt of Social Security Disability benefits for 24 months. This does not include conditional enrollees who require premium payments to receive Medicare Part A (see 92 LCM-69));

2. is enrolled in Medicare Part B;
3. has countable resources no more than twice the SSI resource level; and
4. has net income greater than 100 percent and less than 110 percent of the FPL.

Note: Individuals who meet the first three criteria, but whose net income is equal to or less than 100 percent of the FPL are not eligible for SLIMB status but should be evaluated for QMB status in accordance with the instructions in 89 ADM-7.

B. Financial Eligibility

Applicants for SLIMB status must have their financial eligibility determined in the same manner as for QMBs. (See 89 ADM-7.) The applicant's income must be greater than 100 percent and less than 110 percent of the FPL. The applicant's resources must be equal to or less than twice the SSI resource levels.

Income Standards

| <u>Household Size</u> | <u>One</u> | <u>Two</u> |
|-------------------------------------|------------|------------|
| <u>100% of Federal Poverty Line</u> | \$580 | \$785 |
| <u>110% of Federal Poverty Line</u> | \$638 | \$864 |

Resource Standards

| <u>Household Size</u> | <u>One</u> | <u>Two</u> |
|-----------------------|------------|------------|
| | \$4000 | \$6000 |

As with other SSI related individuals, SLIMB applicants may set aside up to \$1500 as a burial fund (\$3,000 for a couple).

C. Notice Requirements

Applicants/recipients who are evaluated for initial or ongoing SLIMB status must be sent a notice of action (Attachment I). This notice must be reproduced locally until available through the Department.

1. Approvals

- (a) For SLIMBs, check box 1.
- (b) For QMBs, send Notice of Action on Application for the Medicare Buy-In Program, DSS-4039. (See 89 ADM-7.)

2. Continuances

- (a) Check box 4 if the recipient continues to be eligible as a SLIMB.
- (b) Check box 5 if the recipient changes from SLIMB status to QMB status because net income falls to 100 percent or less of the FPL.

3. Discontinuance

Check box 6 if the recipients net income is at or above 110 percent of the FPL or no longer meets the other non-financial criteria.

D. Buy-In Procedures

1. Until the third party redesign is completed, social services districts must complete form HCFA-1819 when accreting a SLIMB to the Medicare Part B Buy-In or changing the individual's status from QMB to SLIMB. This form must be reproduced locally.

2. The completed form must be sent to:

Stanley Leslie
NYS Department of Social Services
Division of Health & Long Term Care
40 North Pearl Street
Albany, NY 12243

3. The effective date is the first month of SLIMB eligibility. Please note that for SLIMBs, eligibility may be retroactive for up to three months from the date of application.

V. SYSTEMS IMPLICATIONS

Until MBL is programmed to do SLIMB budgets, districts must complete the budgets off-line.

A. MBL Upstate

SLIMB income and resource calculations are supported by MBL, effective August 16, 1993.

As of that date, SLIMB budgets with an effective date of April 1, 1993 or later will be calculated. Refer to MBL Transmittal 93-3 for MBL instructions.

B. MBL NYFC

SLIMB income and resource calculations will have to be calculated off-line until MBL is programmed to generate SLIMB budgets.

VI. EFFECTIVE DATE

The provisions of this Administrative Directive are effective October 1, 1993, retroactive to April 1, 1993.

Sue Kelly
Deputy Commissioner