

TITLE 8 SOCIAL SERVICES
CHAPTER 245 MEDICAID ELIGIBILITY - SPECIFIED LOW INCOME MEDICARE BENEFICIARIES
(SLIMB) (CATEGORY 045)
PART 600 BENEFIT DESCRIPTION

8.245.600.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.245.600.1 NMAC - Rp, 8.245.600.1 NMAC, 1/1/2019; A, 7/1/2024]]

8.245.600.2 SCOPE: The rule applies to the general public.
[8.245.600.2 NMAC - Rp, 8.245.600.2 NMAC, 1/1/2019]

8.245.600.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended and by the state health care authority (HCA) pursuant to state statute. See, Section 27-2-12 *et seq.*, NMSA 1978 (Repl. Pamp. 1991). Section 9-8-1 *et seq.* NMSA 1978 establishes the HCA as a single, unified department to administer laws and exercise functions relating to health care facility licensure and health care purchasing and regulation.
[8.245.600.3 NMAC - Rp, 8.245.600.3 NMAC, 1/1/2019; A, 7/1/2024]

8.245.600.4 DURATION: Permanent.
[8.245.600.4 NMAC - Rp, 8.245.600.4 NMAC, 1/1/2019]

8.245.600.5 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.
[8.245.600.5 NMAC - Rp, 8.245.600.5 NMAC, 1/1/2019]

8.245.600.6 OBJECTIVE: The objective of these regulations is to provide eligibility policy and procedures for the medicaid program.
[8.245.600.6 NMAC - Rp, 8.245.600.6 NMAC, 1/1/2019]

8.245.600.7 DEFINITIONS: [RESERVED]

8.245.600.8 [RESERVED]
[8.245.600.8 NMAC - Rp, 8.245.600.8 NMAC, 1/1/2019]

8.245.600.9 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 SLIMB benefits is approved, medicaid begins to pay the medicare part B premium. Applicants/recipients eligible for medicaid coverage under another medicaid category may also be eligible for SLIMB. SLIMB eligibility allows the state to receive federal matching funding for the purchase of medicare part B. Since payment of the medicare part B premium is the only benefit, no medicaid card is issued and there is no interaction with the medicaid claims processing contractor.
[8.245.600.9 NMAC - Rp, 8.245.600.9 NMAC, 1/1/2019]

8.245.600.10 BENEFIT DETERMINATION: Application for SLIMB 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. Determination of SLIMB eligibility for current recipients of medicaid is made without a separate application. Recipients of supplemental security income (SSI) or qualified medicare beneficiaries are not eligible for SLIMB.
[8.245.600.10 NMAC - Rp, 8.245.600.10 NMAC, 1/1/2019]

8.245.600.11 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.
[8.245.600.11 NMAC - Rp, 8.245.600.11 NMAC, 1/1/2019]

8.245.600.12 ONGOING BENEFITS: A redetermination of eligibility is made every 12 months.
[8.245.600.12 NMAC - Rp, 8.245.600.12 NMAC, 1/1/2019]

8.245.600.13 RETROACTIVE BENEFIT COVERAGE: Retroactive medicaid coverage is provided in accordance with 8.200.400.14 NMAC.
[8.245.600.13 NMAC - Rp, 8.245.600.13 NMAC, 1/1/2019]

8.245.600.14 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 the following month.
[8.245.600.14 NMAC - Rp, 8.245.600.14 NMAC, 1/1/2019]

HISTORY OF 8.245.600 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center: MAD Rule 843, Specified Low Income Medicare Beneficiaries, filed 9/26/1994.

History of Repealed Material: MAD Rule 843, Specified Low Income Medicare Beneficiaries, filed 9/26/1994 - Repealed effective 2/1/1995.

8.245.600 NMAC - Specified Low Income Medicare Beneficiaries-Benefit Description, filed 11/16/2009 - Repealed effective 1/1/2019.