

SPECIAL LOW INCOME(SLMB) AND QUALIFIED MEDICARE BENEFICIARIES (QMB)

Know Your Rights: A Fact Sheet from Nevada Legal Services, Inc.

What is the Medicare Beneficiary Program?

This special Medicaid program is available to persons who are enrolled in the Medicare program. Low income beneficiaries enrolled in Medicare may qualify to have the Nevada Medicaid program pay their monthly Part B premium (SLMB and QMB), and, in certain circumstances, can qualify for Medicaid to pay deductibles and co-insurance as well (QMB).

Am I eligible for the Qualified Medicare Beneficiary Program?

United States citizens or legally admitted aliens who are Nevada residents and

- ◆ have a 2020 Medicaid monthly income at or below \$1,084 per person, or \$1,047 per married couple.
- ◆ have resources (such as bank account, stocks & bonds) which do not total over \$7,860 for an individual or \$11,800 for a couple, AND
- ◆ are currently enrolled in Medicare Part A hospital insurance OR eligible to enroll (age 65, disabled or a kidney patient)

Who is eligible as a Special Low Income Beneficiary?

United States citizens or legally admitted aliens who are Nevada residents and

- ◆ have 2020 monthly income at or below \$1,296 for an individual or \$1,744 for a married couple.
- ◆ have resources (such as bank accounts, stocks & bonds) which do not total over \$7,860 for an individual or \$11,800 for a married couple, AND
- ◆ are currently enrolled in Medicare Part A hospital insurance OR eligible to enroll (age 65, disabled or a kidney patient)

How do I apply for benefits?

If you are enrolled in Medicare Part A hospital insurance and meet the income and resource limitations listed above, contact the local Welfare District Office and apply for QMB/SLMB coverage through the Medicaid program.

If you are NOT enrolled in Medicare Part A hospital insurance, you may qualify if you meet the above income and resource criteria AND are age 65 or older, disabled or a kidney patient.



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How do I enroll in Medicare?

To enroll in Medicare Part A contact the local Social Security Office. Please be aware the Medicare general enrollment period occurs annually January 1st through March 31st for aged persons who have not enrolled by the third month after they became 65 or who have refused Medicare coverage.

Please note: You call apply with DWSS for QMB/SLMB coverage at any time.

What does QMB cover?

- ◆ Medicare premiums (\$144.60 per month in 2020)
- ◆ Calendar year deductibles for Medicare covered services up to the Medicaid allowable limit.
- ◆ Co-insurance for Medicare covered services up to the Medicaid allowable limit, OR if the service is not covered under Medicaid, up to the Medicare allowable limit.

What does SLMB cover?

Once approved, the state will pay your Part B premium of \$144.60 per month starting from the month indicated on your Notice of Action.

What if I am denied benefits?

After an application is submitted, an eligibility decision is made. The Welfare District Office will send a notice indicating if the application is denied or approved. If the application is denied, the written notice will include the reasons. You have a right to appeal a denial. You generally have 90 days in which to submit your appeal.

The form should be attached to the notice. On the form you can mark whether you want a pre-hearing conference, a hearing, or both.

What is a pre-hearing conference?

This is an informal meeting with a supervisor to discuss whether your benefits should have been terminated/denied. If you have any paperwork that should have been turned in or witnesses or documentation showing the decision is incorrect, you will want to bring them with you.

What happens at a hearing?

This is more formal. The hearing will be in person or could be by phone or other electronic means depending on where you live. The supervisor you had the pre-hearing conference with will present the reasons why the decision should not be changed. The Agency may also be represented by an attorney from the Attorney General's Office. You will be able to present the reasons why you believe you are entitled to benefits. You will want to explain why you are required to receive benefits and that the denial is wrong.

Overpayments

If you are found to be ineligible for benefits for a time period you were receiving benefits, you may have to pay back the benefits you received.

If the overpayment was not your fault and you did not have reason to know you should not be receiving the amount of benefits you received, you should not have to pay the overpayment.

Resources

For more information you can visit our website at www.nlslaw.net.

To apply, applications must be submitted through your local Welfare District Office. Visit <https://dwss.nv.gov/Apply/APPLY/> for more information and to apply online.