

## APPLICATION INFORMATION LETTER FOR QMB, SLMB, QI-1, QI-2, AND QWDI

**This is an “Application for Help with Medicare Expenses”.** When you complete this application and return it to your county department of human services (CDHS), your eligibility for several kinds of Medicaid will be explored. Your situation will be reviewed to see if you qualify for one of the following:

**Qualified Medicare Beneficiaries Medicaid (called QMB)** - This program covers the payment of your Medicare Part B premium and the co-insurance(s) and deductibles you are required to make as part of the Medicare program.

**Specified Low-Income Medicare Beneficiaries Medicaid (called SLMB)** - This type of Medicaid pays only for your Medicare Part B premium.

**Qualified Individuals-1 Medicaid (called QI-1)** - This program provides the same benefits as SLMB; however, the income standards are higher than those allowed for SLMB.

**Qualified Individuals-2 Medicaid (called QI-2)** - This program reimburses you for the part of the Part B premium that you have already paid which went toward home health care. You will receive a reimbursement check once a year. The income limits are higher than in QI-1 Medicaid.

**Qualified Working Disabled Individual (called QWDI)** - This program pays for your Medicare Part A premium only. QWDI can help you if you have lost eligibility for Title II disability benefits due to earnings.

*This is not an application for regular Medicaid, cash assistance, or food stamps. If you want to apply for these programs, contact your county department of human services.*

**Please complete this application and return it to your county department of human services.**

If you are mailing or faxing the application to the CDHS, please contact them to get the correct address or fax number. The date of application is the date when the original signed and dated application is received by the CDHS. **You may mail or fax your application to the CDHS, but if you fax it, you must still mail in the original application with your signature on it. The CDHS must have the original application before approving benefits.**

You are NOT required to have an in-person interview when you apply for any of the above kinds of help. You will be contacted about what verification(s) you must supply when this application is received and reviewed by a caseworker. **Do not send original documents in the mail.** The CDHS can assist you if you are having problems getting the needed information.

## **HOW YOU CAN HELP THE CDHS MAKE A QUICK DECISION ON YOUR APPLICATION**

Print your responses to all questions in the application clearly and correctly to the best of your knowledge.

Ask questions when you do not understand something on the application form. Call the **Medicaid Hotline at 1-800-324-8680 or TDD 1-800-292-3572** or contact your CDHS.

Tell the CDHS if you need help in completing the application. Do not pay anyone to complete it for you. The CDHS can provide help in completing the application.

Tell the CDHS if you are having problems getting verifications or if you have trouble getting them to the CDHS. The CDHS can help you get the verifications.

**Sign and date the application.** Send the original to the CDHS even if you have faxed a copy to the CDHS. It is very important that the CDHS receives the original copy of your application since it has your original signature on it.

### **YOU HAVE A RIGHT TO THE FOLLOWING:**

Have a decision made on your eligibility within 45 days from the date your signed and dated application was received by the CDHS.

Receive a written notice explaining the type of Medicaid assistance you are eligible to receive. You can reapply for assistance at any time if your application is denied or your assistance stopped.

Ask questions about any part of your case.

Have a state hearing if you think something is wrong with your case. You may have a representative or your legal counsel help you. If you wish to seek legal advice or representation, please contact the attorney of your choice or the Ohio State Legal Services at 1-800-589-5888.

See the Public Assistance Manual and the Ohio Administrative Code that was used to decide your eligibility for Medicaid.

Contact the CDHS about any questions or concerns that you have about your application or continuing eligibility for Medicaid or other kinds of assistance.

Review your own case record as well as computer screens showing the information you provided to the CDHS and the computer screens showing the results this information had on your eligibility.

Have all information you give to the CDHS kept in strict privacy.

**If you have questions or need help completing this application, you may call the Medicaid Hotline at 1-800-324-8680 or TDD 1-800-292-3572 or you may contact your CDHS.**