State of California—Health and Human Services Agency
Department of Health Services

California Department of Health Services

SANDRA SHEWRY
Director

ARNOLD SCHWARZENEGGER
Governor

August 5, 2005

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 05-24
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL QMB.SLMB/QI COORDINATORS

SUBJECT: PROCESSING QUALIFIED MEDICARE BENEFICIARY CASES WHEN ELIGIBILITY HAS BEEN ERRONEOUSLY DISCONTINUED
(Reference All County Welfare Directors Letter No. 90-73).

This letter is to inform the counties on how to reinstate eligibility for Qualified Medicare Beneficiary Program (QMB) cases that have been discontinued in error. The QMB provides for payment of Medicare Part A and B premiums, coinsurance, and deductibles. Eligibility for this program is effective the month following the month of approval.

When a QMB case is erroneously discontinued, at no fault of the beneficiary, the error is an administrative error and must be corrected. Although the QMB does not provide retroactive eligibility, eligibility can be reinstated for past months when a beneficiary was eligible and should have been covered.

The following are two examples of erroneous QMB terminations:

- The systems or reconciliation process compares the State and County computer records and a QMB case is on the Medi-Cal Eligibility Database (MEDS), but is not reflected on the County system; or

1501 Capitol Avenue, Suite 71.4001, MS 4607, P.O. Box 997417
Sacramento, CA, 95899-7417
(916) 552-9430 Fax (916) 552-9478
www.dhs.ca.gov

- A QMB eligible person moves from one county to another and the QMB is discontinued because the QMB case is either not transferred by the sending county or picked up by the receiving county.

In order for QMB coverage to be reinstated, Medi-Cal must retroactively pay for all Medicare premiums in arrears. To make this happen, the County must reinstate QMB eligibility on the MEDS Special Program Screen, under aid code 80, back to the date that QMB eligibility was erroneously discontinued. Once the continuous QMB eligibility reporting has been entered into MEDS, the State's Medicare Buy-In system will process a Medicare Part A Buy-In transaction. This transaction will generate Medicare Part A and B coverage and pay the Social Security Administration for all past premiums. In order to ensure that the Medicare Part A Buy-In transaction is processed correctly, Counties can submit a Medicare Buy-In Problem Report (DHS 6166) to the Department of Health Services, Medicare Buy-In Unit. The instructions for completing and submitting the DHS 6166 are provided on that form.

If you have any questions regarding this letter, please contact Ms. Vicki Partington at (916) 552-9496 or e-mail Vparting@dhs.ca.gov.

Original signed by

Richard Brantingham for
Tameron Mitchell, RD., M.P.H., Chief
Medi-Cal Eligibility Branch