STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

December 11, 1989
Letter No. 89-106

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED MEDICARE BENEFICIARY PROGRAM FORMS

Reference: ACWDL 89-80

The State Printing Plant has a priority to print earthquake assistance forms; therefore, we advise counties who had planned on ordering the Qualified Medicare Beneficiary forms to reproduce their own using the forms in the enclosure.

The following forms are included in the enclosure:

1) SSA 795 Cover Sheet
2) Special SSA 795
3) MC 239J
4) MC 239K
5) MC 176P QMB-A
6) MC 176P QMB-C

The income worksheets and the QMB Information Notice are not available and will be sent as soon as they are received.

We are sorry for any inconvenience this may have caused. If you have any questions, please contact Marge Buzdas at (916) 324-4972.

Sincerely,

Original signed by

Angeline Mrva, for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures:

cc: All County Medi-Cal Liaisons
All County Program Consultants

Expiration Date: December 5, 1990

COVER SHEET FOR THE SSA 795 MEDICARE HOSPITAL INSURANCE ENROLLMENT FORM

A NEW BENEFIT MAY BE AVAILABLE TO YOU- MEDICARE *HOSPITAL INSURANCE*

There is a new benefit under the Medi-Cal program you may want to have. Under a new law, if you want to have Medicare *Hospital Insurance* (Part A), we may be able to buy it for you and pay the premiums, deductibles, and coinsurance. We are already paying for your Medicare Medical Insurance (Part B), for doctors' services and some other medical items and services. However, before we can pay for your Part A *Hospital Insurance*, you must be a "Qualified Medicare Beneficiary".

WHY SHOULD YOU ENROLL FOR HOSPITAL INSURANCE?

With Medicare *Hospital Insurance*, you may have a wider choice of hospitals in which to receive care depending on where you live. Medicare *Hospital Insurance* may provide slightly different benefits than the Medi-Cal program.

WHAT HAPPENS IF YOU DO NOT WISH TO BECOME A QUALIFIED MEDICARE BENEFICIARY?

If you do not wish to enroll, we will continue to pay your Part B Medicare Medical Insurance, coinsurance and deductible, and your regular Medi-Cal will continue unless you no longer meet the eligibility requirements for the Medi-Cal program. You still are covered for all necessary medical care, including full hospitalization.

WHO CAN BECOME A "QUALIFIED MEDICARE BENEFICIARY?"

To become a Qualified Medicare Beneficiary:

1. Your income must be at or below a federal limit which is a percentage of the federal poverty level.
2. You property must be at or below twice that of the Medi-Cal property limit.
3. You must meet other requirements of the regular Medi-Cal program such as residency.
4. You must have Medicare Part A Hospital Insurance.

If you are not entitled to free Medicare *Hospital Insurance* and must pay a monthly premium, we will pay the premium for you if you meet the 4 requirements shown above.

WHAT YOU SHOULD DO TO ENROLL

You have already been determined to qualify for the first, second, and third steps because your income and property is at or below the federal limit and you meet other Medi-Cal program requirements. If you want to become a Qualified Medicare Beneficiary, the last step is to sign the enclosed Form SSA 795 and mail it by March 31st. to:

Great Lakes Program Service Center
P. O. BOX 5740
Chicago, Illinois 60680

Name and Address

REQUEST TO ENROLL FOR HOSPITAL INSURANCE UNDER MEDICARE

Name of Medicare Beneficiary

Medicare Claim Number

I wish to enroll for *Hospital Insurance* under Medicare on a monthly premium basis, which is in addition to my current coverage for medical insurance. I understand that the state will pay my premium based on my eligibility to Medicaid (Medi-Cal) as a qualified Medicare beneficiary. I also understand that if I am terminated under Medi-Cal as a qualified Medicare beneficiary I will have to pay my premium in order to keep my Medicare *Hospital Insurance.*

Please sign and date this form.

Signature
(First name, middle initial, last name)

Date

Return this form to:

Great Lakes Program Service Center
P.O. Box 5740
Chicago, IL 60680

MEDI-CAL
NOTICE OF ACTION
Approval For Benefits as a Qualified Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Medicare Beneficiary (QMB) program.

We determined that:

☐ Beginning _____/ _____ / _____, you are eligible for the Medi-Cal program to pay your Medicare Part A and B expenses including premiums, coinsurance, and deductibles. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a QMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.

☐ You could be eligible for the Medi-Cal program to pay your Medicare part A and B expenses including premiums, coinsurance, and deductibles beginning July 1, _____; however, you must apply for part A benefits with the SSA.

To apply for part A:

☐ Please sign and date the enclosed form and mail it to the address listed in the form's instructions before March 31st. When SSA verifies your Part A eligibility, you will be notified.

Please go to your local SSA office and apply for "conditional" Part A before March 31st. When SSA verifies your Part A eligibility, you will be notified.

☐ Since you have already requested conditional Medicare Part A benefits at the SSA office, you will be eligible for the QMB program beginning July 1, once SSA verifies your Part A eligibility. No other action is required on your part.

☐ You are also eligible for regular Medi-Cal benefits beginning _____ / _____ / _____.

☐ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____.

_____ (Eligibility Worker)

_____ (Phone)

_____ (Dated)

MEDI-CAL
NOTICE OF ACTION
Denial or Discontinuance of Benefits as a Qualified Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Medicare Beneficiary (QMB) program.

We determined that:

☐ You are not eligible for the QMB program.

☐ Your eligibility for the QMB program ends _____ / _____ / _____ .

Here is why:

☐ Your _____ is above the limit. If you have Part A Medicare and should your
income/property
_____ decrease, you may reapply. The limit is $ _____ . If you do not
income/property
have Part A Medicare, please reapply in January. The income limit may rise in future years.

☐ The Social Security Administration did not confirm that you are eligible for Medicare Part A. Contact your local SSA office for more information.

☐ You do not have Medicare Part A and/or Part B. You must contact your local SSA office to apply. When you receive verification of Medicare, please contact this office again.

☐ Other reasons. . . . .

☐ You are not eligible for the regular Medi-Cal program because:

☐ If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____ .

_____ (Eligibility Worker) _____ (Phone) _____ (Dated)

QUALIFIED MEDICARE BENEFICIARY(QMB) PROPERTY WORKSHEET ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

A. Determine net nonexempt property in accordance with Article 9.

B. Does family qualify under the regular Medi-Cal property rules and property limits?

☐ Yes, stop here. QMB property requirement met.

☐ No, proceed to step II.

STEP II - QMB METHODOLOGY

A. Only consider the net nonexempt property of the QMB applicant (and spouse); do not consider the property of any other family members in the home.

B. Net nonexempt property of QMB applicant (and spouse). $ _____

C. Property limit for one person (or two persons if there is a spouse). $ _____

D. Twice the property limit shown on line IIC. $ _____

E. Is line IIB less than or equal to line IID?

☐ Yes, QMB property requirement met.

☐ No, ineligible due to excess property.

_____ Eligibility Worker Signature

_____ Worker Number

QUALIFIED MEDICARE BENEFICIARY PROPERTY WORKSHEET CHILD

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

A. Determine net nonexempt property in accordance with Article 9.

B. Does family qualify under the regular Medi-Cal property rules and property limits?

☐ Yes, stop here.

☐ No, proceed to Step II.

STEP II – QMB METHODOLOGY

A. Parental allocation (Includes stepparent)

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property. $ _____
2. Property limit for one person (if 2 parents, enter property limit for two persons). $ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation $ _____
4. Divide line A3 by the # of QMB children in the home.
   QMB Child's Share . . . . . $ _____

B. QMB child's and parent(s)'s resources

1. Child's own net nonexempt property (as determined under Article 9). $ _____
2. Enter child's share of property from parent(s) (line A4) $ _____
3. Add line B1 and B2. $ _____
4. Twice the property limit for one person. $ _____
5. Is line B3 less than or equal to line B4?

   ☐ Yes, QMB property requirement met.

   ☐ No, ineligible due to excess property. If more than one QMB child in the home, proceed to Section C.

C More than one QMB child in the home

A. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.

B. Take the amount of property deemed from the parent(s) (Line A3) and re-divide it among the remaining number of QMB children in the home (Line A4).

C. Repeat Section B for each of the remaining QMB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB property limit (Line B4).

_____ Eligibility Worker Signature

_____ Worker Number