STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES

'4/744 P STREET
.). BOX 942732
SACRAMENTO, CA 94234-7320

December 8, 1989
Letter No.: 89-113

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED MEDICARE BENEFICIARY PROGRAM NOTICE

The Qualified Medicare Beneficiary Program (QMB) which was mandated by the Medicare Catastrophic Coverage Act of 1988 will be implemented in California on January 1, 1990.

This program requires the Department of Health Services (DHS) to pay Medicare premiums, deductibles, and coinsurance for eligible low income Medicare beneficiaries.

The Health Care Financing Administration (HCFA) will be sending the enclosed notice (Enclosure 1) to 1.2 million California Medicare beneficiaries who are entitled to Part A Medicare and have Social Security income of $500 or less. These beneficiaries are not currently receiving Medi-Cal benefits. The notice will be sent out in four mailings beginning with the lowest zip code, during the first two weeks of December, 1989.

Those beneficiaries who wish to inquire about the program may call the toll free number in the information notice, write to the QMB Program in DHS, or contact their county Department of Social Services. Many counties have provided a special telephone number which will be given to those beneficiaries who call or write.

On December 15, 1989, DHS will also send the enclosed mailer (Enclosure 2) to 86,000 California Supplemental Security Income (SSI) recipients who do not have Part A Medicare or who currently pay their own premium. These recipients may also call the special telephone number or contact their county to apply.

If you have any further questions, please contact Marge Buzdas at (916) 324-4972.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 8, 1990

AN IMPORTANT MESSAGE FROM MEDICARE
YOU MAY QUALIFY FOR A NEW BENEFIT

Dear Medicare Enrollee:

If you can answer yes to the following two questions, you **MAY** qualify for a new benefit under the Qualified Medicare Beneficiary (QMB) Program which will pay for your Medicare premium(s).

Will your total monthly income be near or below $469 per month ($622 for a married couple)? In determining your income, you must include Social Security and other retirement income, interest income, and earned and unearned income.

Do you have assets (property) such as cash on hand, bank accounts, stocks, mutual funds, bonds, real estate, etc., near or below $4,000 ($6,000 for a married couple)? (Your house, if you live in it, does not count nor does furniture and one car. Some other types of assets also do not count.)

Important: If you have minor or disabled children living at home or you are working, you may still be eligible because under the rules some income does not count.

If you think you can answer yes to both questions, you **MAY** qualify for the new benefit. This benefit will pay for your monthly Medicare premium(s), and also will cover the Medicare cost sharing amounts (deductibles and coinsurance) for which you are responsible.

NOTE: You may qualify for the benefit even if you are already receiving Medi-Cal (Medicaid) or if you have previously applied for Medi-Cal and been denied.

If you want more information, you may call this toll free number, 1-800-292-8919, or write to:

The QMB Program, Medi-Cal Eligibility
Department of Health Services
714 P Street, Room 1792
P.O. Box 942732
Sacramento, California 94234-7320

If you wish to apply, or are on Medi-Cal currently, you should contact your local county Department of Social Services. The address and telephone number are in your telephone directory.

*For future reference, the income eligibility limit for this benefit will rise in future years.

NEW MEDI-CAL PROGRAM FOR CERTAIN LOW-INCOME MEDICARE BENEFICIARIES

This bulletin is for your information and requires no action on your part unless you wish to apply for the following program. If you are eligible but you do not wish to enroll in the program, there will be no change in your regular Medi-Cal benefits.

Beginning January 1, 1990, there is a new federal program for certain low-income Medicare beneficiaries. If you qualify, you will be eligible to have the Medi-Cal program pay your Medicare Part A hospital premiums, coinsurance, and deductibles.

If you are paying a monthly premium for Part A Medicare benefits, or you do not received Part A benefits because you cannot afford to pay this premium, you may be eligible for this program if your SSI/SSP grant is $153 or more.

Although Medi-Cal and Medicare cover similar services (benefits), Medicare Part A benefits may provide a slightly wider choice of hospitals and other health care facilities (nursing homes, etc.) depending on where you live.

For more information about the Qualified Medicare Beneficiary Program, please contact your local department of social services or call this toll free number for information: 1 - (800) 292-8919.

NOTE: Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.