STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P. O. BOX 942732
SACRAMENTO, CA 94234-7320

March 2, 1990
Letter No. 90-24

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED MEDICARE BENEFICIARY (QMB) CONDITIONALS

Reference: 89-80, 89-91, 89-106, 89-107, 89-113, 89-118, 90-02

The Social Security Administration sent us a list of individuals who applied and have been approved for conditional Medicare Part A benefits. These individuals indicated that they wished to enroll in the QMB program at the time of their Supplemental Security Insurance (SSI) application. We are providing this list only to Medi-Cal liaisons for reasons of confidentiality.

Most of the persons on the list are currently receiving SSI benefits. The county in which each of the persons resides should review MEDS to see if that person is on SSI and if income eligible, fill out Sections 1 and 2 of the CA 1, sign the application on behalf of the applicant and send the appropriate Notice of Action (NOA). Since these individuals signed up <u>last</u> January through March 1989, if they meet the QMB eligibility income limits, benefits could begin the month after the month of approval but no sooner than the January 1, 1990 implementation date. No SSA 795 form need be sent. Those who are above the income limit should be sent a denial NOA.

Some of the persons may appear to be paying the Part A premiums. SSA states that this is not necessarily correct because the information on MEDS cannot distinguish a "conditional" Part A person from one who is paying his/her own premium.

There are a few individuals who may not be identified on MEDS. Counties should attempt to contact these individuals. There are also a few individuals who are on MEDS but are not SSI recipients. Please follow current QMB procedures depending on their aid code and Medicare coverage.

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

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure (Medi-Cal Liaisons Only)

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: March 2, 1991