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

April 24, 1990
Letter No: 90-40

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: DISCONTINUANCE OF THE QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM TOLL-FREE LINE

REFERENCE: ACWDL 88-99, 89-29, 89-80, 89-91, 89-106, 89-107, 89-113, 89-116, 89-118, 90-02, 90-24, 90-29

This is to inform you that due to the low number of calls, the QMB operators of the toll-free line are no longer available to answer questions from the public or refer callers to your special county QMB phone number or address, if applicable.

Callers will be given basic information about the requirements for the program in a recording. This recording will remain in effect until the end of May, 1990. As of April 1, 1990, callers will hear the following message which reflects the new federal poverty levels (90%):

"You have reached the Qualified Medicare Beneficiary toll-free number. This message is to help you decide whether to apply for the QMB program. For this program, you will have Medicare expenses for Part A and Part B premiums, coinsurance, and deductibles paid for by the State Medi-Cal program. There are four requirements:

- A QMB must be eligible for Part A insurance,
- As of April 1, 1990, a QMB must have income which is less than or equal to $491 for a single person or if a QMB is married and living with a spouse, they may have $652 in income,
- A QMB must have property less than or equal to $4,000 if single or $6,000 if married and living with a spouse (your house and car are excluded),
- A QMB must be a resident of California.

Questions about the requirements for QMB may be answered by your local county Department of Social Services. The telephone number may be found in the front of the telephone directory."

The Department is still receiving letters from potential QMBs and will continue to mail them the QMB Information Notice (MC 008) and refer these individuals to your QMB address and/or phone number. Please contact Marge Buzdas at (916) 324-4972 if your county changes or discontinues this special address or phone number.

The Social Security Administration was referring potential QMBs to the toll-free line. Since there are no longer operators, they will be instructed to refer these individuals to the telephone directory unless they are aware of your address.

A revised copy of the MC 008 which reflects the new federal poverty level amount is enclosed. Counties may also use this notice for those individuals who request more information.

If you have any further questions, please contact Marge Buzdas at the phone number listed above.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: April 24, 1991

QUALIFIED MEDICARE BENEFICIARY PROGRAM
INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Program. People eligible for this program will have their Medicare expenses for Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are <u>four</u> requirements which you must meet if you want to be a qualified Medicare beneficiary *(QMB)*.

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have income which is equal to or less than $491 if he/she is a single person or $652 if he/she is married and living with a spouse.
3. A *QMB* must have property which is less than or equal to $4000 if he/she is single or $6000 if he/she is married and living with a spouse.
4. A *QMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *QMB* requirements.

REQUIREMENT 1 A *QMB* must be eligible for Medicare Part A.

- ☐ I already have Part A Medicare Hospital Insurance.
- ☐ I do not have Part A Hospital Insurance but I understand I must apply for Part A at the Social Security Administration before March 31, 1991. I understand that I can make a "conditional application" for Part A so that I will only receive it if the premium is paid by the Medi-Cal program.
  - ☐ I have already applied for Part A.
  - ☐ I will apply before March 31, 1991.

REQUIREMENT 2 A *QMB* who is not married or not living with a spouse must have countable income at or under $491. A *QMB* living with a spouse must have countable income at or under $652. These amounts are expected to increase sometime in January, 1991.

The following are examples of some types of income that count towards the *QMB* income limit. When a person applies to be a *QMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

I. Fill in the *MONTHLY* amounts for the person who wants to be *QMB*

1. Social Security check $ _____
2. VA benefits $ _____
3. Interest from bank accounts or certificates of deposits $ _____
4. Retirement Income $ _____
5. Any other Income $ _____
6. Total - Add lines 1 through 5. $ _____

II. If you are married and living with your spouse, complete the following *MONTHLY* amounts for your spouse even if this spouse also wants to be a *QMB*.

7. Social Security check $ _____
8. VA benefits $ _____
9. Interest from bank accounts or certificates of deposit $ _____
10. Any other Income $ _____
11. Retirement Income $ _____
12. Total - Add lines 7 through 11. $ _____

III. Fill in the *MONTHLY* amounts for the person in I, and if married, the spouse in II.

13. Gross earnings for the person who wants to be *QMB* $ _____
14. Gross earnings for the Spouse $ _____
15. Total - Add lines 13 and 14 $ _____
16. Subtract $65 –$65
17. Remainder $ _____
18. Divide by 2 $ _____
19. Total - Add lines 6, 12, and 18 $ _____

If you are not married, this amount cannot exceed $491. If you are married and living with your spouse, this total cannot exceed $652. However, if you have children or your spouse has low income this total may be higher.

REQUIREMENT 3 A *QMB* who is not married or not living with his/her spouse must have countable property which is or under $4000. A *QMB* who is married and living with his/her spouse must have countable property at or under $6000.

The following gives examples of property which counts. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *QMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *QMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1.	Checking accounts	$ .....
2.	Savings accounts	$ .....
3.	Certificates of Deposit	$ .....
4.	Stocks	$ .....
5.	Bonds	$ .....
6.	A second car (value minus amounts owed)	$ .....
7.	A second home (value minus amounts owed)	$ .....
8.	The cash surrender value of life insurance policies if the face value of all policies combined exceeds $1500. (Do not include "term" insurance policies)	$ .....
9.	Total - Add lines 1 - 8.	$ _____

This amount cannot exceed $4000 for a single person or $6000 for a couple.

REQUIREMENT 4 A *QMB* must meet certain other Medi-Cal conditions. For example, 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.

Additional Information

For more information or if you wish to apply as a *QMB*, please call the number of your local department of social services.

AVISO INFORMATIVO SOBRE EL PROGRAMA DE BENEFICIARIO APROBADO DE MEDICARE (QMB)

Este aviso es para ayudarle a decidir si usted debe solicitar beneficios del programa aprobado de Medicare. El programa de Medi-Cal pagará los gastos de la Porción A y la Porción B de las primas del seguro, el seguro copartícipe y los deducibles para personas que sean elegibles para este programa de Medicare. Usted puede solicitar beneficios del programa de *QMB* en su departamento de bienestar de su localidad.

Si usted quiere ser un Beneficiario Aprobado de Medicare *(QMB)* tiene que llenar cuatro requisitos.

ESTOS SON LOS CUATRO REQUISITOS:

1. Un *QMB* tiene que ser elegible para la Porción A de Medicare (Seguro de Hospitalización).
2. Un *QMB* tiene que tener ingresos que sean iguales o menores que $491 si es soltero(a) o $652 si es casado(a) y vive con su esposo(a).
3. Un *QMB* tiene que tener bienes que tengan un valor igual o menor que $4000 si es soltero(a) o $6000 si es casado(a) y vive con su esposo(a).
4. Un *QMB* tiene que llenar otros requisitos y condiciones que son parte del programa de Medi-Cal, tal como ser residente de California.

Lo siguiente le proporcionará más información acerca de los cuatro requistos de *QMB*.

REQUISITO 1 Un *QMB* debe ser elegible para la Porción A de Medicare.

☐ Ya tengo la Porción A del Seguro de Hospitalización de Medicare.

☐ No tengo la Porción A del Seguro de Hospitalización pero entiendo que tengo que solicitar la porción A a la Administración del Seguro Social antes del 31 de marzo de 1991. Tengo entendido que puedo presentar una "solicitud condicional" para la Porción A pero que solamente la recibiré si el programa de Medi-Cal, paga la prima del seguro.

☐ Ya solicité la Porción A.

☐ Presentaré la solicitud antes del 31 de marzo de 1991.

REQUISITO 2 Un *QMB* que no esté casado o que no viva con su esposo(a) tiene que tener ingresos contables de $491 o menores. Un *QMB* que esté casado(a) y que viva con su esposo(a) tiene que tener ingresos contables de $652. Se anticipa que estas cantidades sean aumentadas durante enero de 1991.

Los siguientes son ejemplos de algunas clases de ingresos que cuentan hacia el límite de ingresos para *QMB*. Cuando una persona solicita que se le acepte como *QMB* en el departamento de bienestar del condado, el condado considerará otras clases de ingresos y es posible que considere los ingresos de manera diferente de lo que aparece en esta forma. Por ejemplo, si hay un niño menor o niños en el hogar, es posible que pueda hacer deducciones permitidas que reducirán la cantidad de ingresos contables.

Anote las cantidades para determinar si éstas se aproximan al límite.

I. Anote las cantidades *MENSUALES* para la persona que quiere ser un *QMB*.

1. Cheque del Seguro Social $
2. Beneficios de la Administración de Veteranos (VA) $
3. Intereses de cuentas bancarias o certificados de depósito $
4. Ingresos provenientes de pensiones $
5. Cualesquier otros ingresos $
6. Total - Sume los renglones del 1 al 5. $

II. Si usted es casado(a) y vive con su esposo(a) complete las siguientes cantidades *MENSUALES* sobre su esposo(a) aun cuando éste(a) también quiera ser *QMB*.

7. Cheque del Seguro Social $
8. Beneficios de la Administración de Veteranos (VA) $
9. Intereses de cuentas bancarias o certificados de depósito $
10. Ingresos provenientes de pensiones $
11. Cualesquier otros ingresos $
12. Total - Sume los renglones del 7 al 11. $

III. Anote las cantidades *MENSUALES* de la persona en el número I, y las del esposo(a) en el número II, si es casado(a).

13. Ingresos brutos de la persona que quiere ser *QMB*: $
14. Ingresos brutos del esposo(a) $
15. Total - Sume los renglones del 13 y 14. $
16. Reste $65 –$65
17. Cantidad restante $
18. Divida entre 2 $
19. Total - Sume los renglones 6, 12, y 18. $

Si usted no es casado(a), esta cantidad no puede exceder de $491. Si usted es casado(a) y vive con su esposo(a), esta cantidad no puede exceder de $652. Sin embargo, si usted tiene niños o si su esposo(a) tiene bajos ingresos, es posible que este total sea más alto.

REQUISITO 3 Un *QMB* que no es casado o que no viva con su esposa(o), tiene que tener bienes contables que sean de $4000 o menores. Un *QMB* que es casado y que viva con su esposa(o) tiene que tener bienes contables de $6000 o menores.

Los siguientes, son ejemplos de bienes que se consideran. Importante: La casa donde usted y/o su esposo(a) viva no cuenta. El carro que se use para transportación no cuenta. Si usted presenta una solicitud en el departamento de bienestar del condado como *QMB*, es posible que el condado considere la propiedad anotada en esta forma de manera diferente. Hay otras clases de bienes que también serán considerados por el departmento de bienestar del condado. Estos otros bienes pueden contar o no contar hacia el límite de bienes para *QMB*.

Anote el valor de los siguientes bienes que le pertenecen ya sea a usted, a su esposo(a), o a ambos.

1.	Cuentas de cheques	$
2.	Cuentas de ahorros	$
3.	Certificados de depósito	$
4.	Acciones	$
5.	Bonos	$
6.	Un segundo carro (valor, menos la cantidad que debe)	$
7.	Una segunda casa (valor, menos la cantidad que debe)	$
8.	El valor redimible en efectivo de pólizas de seguro de vida, si el valor nominal de todas las pólizas combinadas excede $1500. (No incluya pólizas de seguro a término fijo).	$
9.	Total - Sume los renglones del 1 al 8.	$

Esta cantidad no puede exceder de $4000 para una persona, o $6000 para una pareja.

REQUISITO 4 Un *QMB* tiene que llenar ciertos otros requisitos de Medi-Cal. Por ejemplo, el estado puede recuperar los beneficios que haya recibido un beneficiario después de cumplir 65 años de edad bajo ciertas circunstancias después de la muerte de esta persona. Es posible que la recuperación de fondos pueda provenir del caudal hereditario o del heredero del benficiario de Medi-Cal si esta persona, al morir, no tiene esposo(a), hijos menores de edad, o un hijo(a) totalmente incapacitado.

Información adicional

Para mayor información o si usted quiere presentar una solicitud como *QMB*, por favor llame al número de teléfono local del departmento de bienestar del condado.