

**DEPARTMENT OF HEALTH SERVICES**

714/744 P Street  
P.O. Box 942732  
Sacramento, CA 94234-7320  
(916) 657-0258



February 6, 2001

**Medi-Cal Eligibility Branch Information Letter No: I 01-02**

TO: All County Welfare Directors  
All County Medi-Cal Program Specialists/Liaisons

**INFORMATION ABOUT ORDERING THE STATE PREMIUM PAYMENT HANDBOOK**

The State Premium Payment Handbook is now available for order. Enclosed you will find a copy of the State Premium Payment Handbook as well as the order form. This handbook was prepared to provide direction and guidance to county eligibility workers to facilitate the Medicare Premium Payment Program (formerly called Buy-In).

To place an order, please fill out the enclosed order form. Please coordinate your orders through your County Welfare Director. You must specify where you want the handbook sent as well as the quantity of books desired. If no quantity is specified, only one copy will be sent. Handbooks will be sent to the location designated by the County Welfare Director. It will be the responsibility of the county to distribute the handbooks to the various offices within the counties. Please send the completed form to:

Department of Health Services  
Premium Payment Unit  
P.O. Box 1287  
Sacramento, CA 95812

If you have any questions regarding this handbook, please contact Ms. Becky Pike of the Health Insurance Section at (916) 322-7843.

Sincerely,

ORIGINAL SIGNED BY

Glenda A. Arellano  
Acting Chief  
Medi-Cal Eligibility Branch

Enclosures

# STATE PREMIUM PAYMENT HANDBOOK

## ORDER FORM

COUNTY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

Please return this order form to:

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