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January 13, 2010

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-04  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: LOW INCOME SUBSIDY DATA EXCHANGE UPDATE

The purpose of this letter is to inform counties about a data exchange between the Social Security Administration (SSA) and Department of Health Care Services (DHCS) and to provide instructions to counties for processing this information. This data exchange started on a daily basis beginning January 1, 2010.

### **Background**

On July 15, 2008, Congress enacted the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA). One of the outreach provisions under MIPPA requires SSA to refer Medicare Low Income Subsidy (LIS), Part D, applicants to the state Medicaid agency for Medicare Savings Programs (MSP) determinations with their consent. Additionally, California will be determining eligibility for full Medi-Cal benefits as well as MSP eligibility.

### **SSA/LIS Application Information**

Based on past statewide data, SSA estimates 5,800 California individuals receive a LIS determination each month. SSA will exclude LIS application data for initial and non-duplicate applications where the applicant has marked that they do not want their information sent to the state for an MSP determination. Additionally, SSA will exclude LIS application information for individuals who are already deemed LIS (That is, SSA knows that they have Medi-Cal and/or MSP eligibility.) The number of applications forwarded to DHCS for an MSP/Medi-Cal determination is expected to be less than the

total number of LIS applications SSA processes. LIS Application information will be sent to states daily on federal business days.

### **LIS Application Data Processing**

Counties will receive two types of applications from SSA. The first will be LIS Extra Help applications where SSA has completed a determination of whether the individual is eligible for LIS Extra Help. These applications will contain the information SSA used to complete the LIS determination and the information will be verified by SSA, either through electronic matches with other federal data sources, such as the Internal Revenue Service or through verification provided by the applicant. The information from SSA will also include a denial reason if SSA denied the LIS Extra Help application (See Enclosure 1 for more information about the reasons for these denials.) These applications will have an "N" or blank fields in the "LIS Application Completed" field of the LIS 1 screen. (See Enclosure 1 for screens displaying information from the LIS application-Inquiry LIS (ILIS) screens.)

The second are applications where the applicant self-assesses that they are apparently over the resource limit for LIS and they wish to have their information sent to the state to determine whether they are eligible for an MSP.

- SSA will not complete a LIS Extra Help determination on this group. This group of applications will contain less information than the applications SSA has processed, and the information on the application will not have been verified by SSA.
- These applications will have a "Y" in the "LIS Application Completed" field of the LIS 1 screen. (See Enclosure 1.)
- These cases will not receive separate alerts at this time. (See the separate sections below entitled "Evaluating and Requesting Information Needed to Complete the Medi-Cal and/or MSP Determination" and "Future Changes.")

### **LIS Application Processing**

All LIS application data will be matched against the Med-Cal Eligibility Data System (MEDS) data base to check for existing MSP and Medi-Cal eligibility. The following groups will be identified in the data match:

- Individuals with no existing Medi-Cal, Qualified Medi-Cal Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB) or Qualifying Individual (Q1) eligibility on MEDS.

- Individuals with both current Medi-Cal and QMB, SLMB or QI 1 eligibility on MEDS.
- Individuals with current QMB, SLMB or QI 1 eligibility on MEDS.
- Individuals with current Medi-Cal eligibility on MEDS.
- Individuals known to MEDS with past eligibility but no current eligibility.

Once the information is matched, an Alert will be produced identifying whether the individual has Medi-Cal information on MEDS. The alerts associated with these groups and the appropriate action the county should take is listed below. These alerts are classified as “Urgent” and require action:

- 9055: MIPPA LIS Application--Client Not Found on MEDS: This alert is for individuals who have no information on MEDS. Action: Evaluate the applicant for Medi-Cal and MSP eligibility unless the applicant indicates that he/she does not want to be evaluated for Medi-Cal and/or an MSP. (See below.)
- 9056: MIPPA LIS--Current Medi-Cal and MSP eligibility: This alert is for individuals who currently have both Medi-Cal and MSP eligibility. Action: Evaluate the Medi-Cal and/or MSP application date. Deny the application as a duplicate application if the MIPPA LIS application date is later than the Medi-Cal and/or MSP application date. Evaluate the beneficiary for Medi-Cal and MSP eligibility in the month(s) prior to their current eligibility if the LIS application date is prior to the Medi-Cal and/or MSP application date. (See “NOTE” below regarding QMB application date processing.)
- 9057: MIPPA LIS--Current MSP eligibility, but No Current Medi-Cal Eligibility: This alert is for individuals who have current MSP eligibility. Action: Evaluate for Medi-Cal eligibility, unless the applicant indicates that he/she does not want to be evaluated for Medi-Cal. (See below.)
- 9058: MIPPA LIS--No Current MSP Eligibility, but Current Medi-Cal Eligibility: This alert is for individuals who have current Medi-Cal eligibility. Action: Evaluate for MSP eligibility.
- 9059: MIPPA LIS--No Current MSP or Medi-Cal Eligibility: This alert is for individuals who have no current Medi-Cal or MSP eligibility on MEDS. Action: Evaluate the applicant for Medi-Cal and MSP eligibility unless the applicant indicates that he/she does not want to be evaluated for Medi-Cal and/or an MSP. (See below.)

#### Application Date

The potential application date for MSP/Medi-Cal is the date on the LIS application that was filed with SSA. This date will be located in the “LIS Application Date” field on the

LIS 1 screen. (See Enclosure 1.) Counties are to use the LIS application date to evaluate the beginning date of Medi-Cal or MSP eligibility. If a Medi-Cal application date already exists for the individual, counties are to determine which application date would be most beneficial to the client, even if the individual has current Medi-Cal and/or MSP eligibility. If counties use the LIS application date as the Medi-Cal and/or MSP application date, counties will report the date to MEDS.

NOTE: QMB application date processing has not changed. QMB eligibility is effective the month following the month in which the county approves QMB eligibility. (See Medi-Cal Procedures Manual Section 5L.)

SSA has stated that only non-duplicate, initial applications for LIS Extra Help will be forwarded to the states, but the ILIS screens have been formatted to accommodate more than one set of application information. DHCS does not anticipate that this situation will occur; however, if it does occur, each application must be evaluated to determine whether one of the application dates is more advantageous to the applicant. The LIS 6 screen will appear with up to eight separate application dates if more than one application date has been received from SSA for the same person. Each date is associated with the information received from SSA for that application. If different income or resource information is contained in the applications, it must be used to help evaluate Medi-Cal and/or MSP eligibility. Otherwise the application dates not used for determining Medi-Cal and/or MSP eligibility must be denied, either as duplicate applications or for not meeting other Medi-Cal and/or MSP eligibility requirements. Counties shall deny multiple application dates on the same Notice-of-Action (NOA) if there is more than one.

Once the application date has been evaluated for cases where there is both Medi-Cal and MSP eligibility (Alert 9045) and the county has determined that the LIS application date provides no benefit in terms of the beginning date of Medi-Cal/MSP eligibility or that the applicant did not meet other Medi-Cal and/or MSP requirements in that month, the county may deny the LIS application and provide a denial NOA. No further processing is required for these applications.

#### County Case Processing Timeline

The processing date for the 45-day case processing timeline for the applications is the date the county receives the alert (normally one business day after DHCS processes the MIPPA LIS data file from SSA). The date DHCS processes the LIS data file from SSA is located in the "County- Referral-Date" on the LIS 1 screen. Counties are to narrate the date the county received the alert as well as the "County-Referral-Date" and the reason for any delays beyond one business day between the

“County-Referral-Date” and the date the county received the alert; for example, the county received the alert on a county holiday which is not a state holiday. These narrations will be taken into consideration by the DHCS Program Review Section.

#### Special Instructions for January 2010

Due to the date this All County Welfare Directors Letter was released, counties should narrate in the case files that their processing for alerts received in the month of January 2010 **only** was delayed until county workers could receive instructions. These narrations will be taken into consideration by the DHCS Program Review Section.

#### **Evaluating and Requesting Information Needed to Complete the Medi-Cal and/or MSP Determination**

When counties receive alerts 9044 and 9048 counties shall send the MIPPA cover letter (Enclosure 2), supplemental questions (Enclosure 3), and a postage paid return envelope to the applicant to provide general information regarding Medi-Cal, MSP programs and Estate Recovery to the address on the LIS 2 or LIS 3 screens (Enclosure 1). This cover letter asks whether the LIS Extra Help applicant wishes to apply for Medi-Cal and/or an MSP program. There are also questions not addressed in the MIPPA LIS information from SSA.

The cover letter and supplemental questions are only available in English and Spanish and are not in the warehouse at this time. DHCS will print and translate into the threshold languages in the near future. Once the threshold language versions are been translated they will be posted on the internet and a Medi-Cal Eligibility Division Information Notice will be sent to the counties when these are available.

If the applicant returns the MIPPA cover letter and indicates that they want to be evaluated for Medi-Cal and/or an MSP program, and answers the extra questions, counties will first use all available sources of information to complete the determination. This includes:

- Information from SSA available on the ILIS screens in MEDS.
- Denied applications screens if an application was processed for Supplemental Security Income/State Supplementary Payment.
- Information from MEDS.
- Information from the Income Eligibility Verification System.
- Information from county systems or hard copy cases.

Counties will also mail the following information to the client along with a request for any information the county needs to complete the Medi-Cal and/or MSP determination. This is the same information sent with all new application packets. This includes:

- An MC 219--"Important Information for Persons Requesting Medi-Cal."
- An MC13--"Statement of Citizenship, Alienage, and Immigration Status" for each member applying for Medi-Cal benefits.
- An MC 007--"Medi-Cal General Property Limitations."
- A postage paid pre-addressed return envelope.
- A list of verifications that the applicant will need to submit for the approval of Medi-Cal benefits, with the date the verifications are to be returned to the county office included.
- A Child Health Disability Prevention Information Publication.
- A "Medi-Cal What It Means To You" Brochure (Pub 68).
- An MC 003 -- Early and Periodic Screening, Diagnosis and Treatment Brochure.
- A DHS 7077-- Notice Regarding Standards for Medi-Cal Eligibility.
- A DHS 7077-- Notice Regarding Transfer of a Home for Both a Married and an Unmarried Applicant/Beneficiary.
- A Women Infants and Children Programs Brochure.
- A DHCS 0001--"U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity."

NOTE: Counties may use appropriate pages from existing applications (e.g., the MC 210 and MC 210 supplemental forms) to request information; however, applicants are not required to sign a new application.

When counties receive alerts 9046 and 9047, counties shall first review the existing case to see whether the applicant has been evaluated for Medi-Cal or an MSP. If the client has already received a determination for Medi-Cal or MSP and the information from the ILIS screens does not show a change in circumstances, counties may deny the application as a duplicate and send a denial NOA.

If the applicant has not received a Medi-Cal or MSP determination, counties shall follow the procedures as stated above, but do not need to send the information listed above for new application packets. Counties will ask the applicant to provide additional information necessary to complete the Medi-Cal or MSP determination if the information is not available from the above sources and/or the information in the county file is different from the information on the ILIS screens in MEDS.

If the applicant returns the MIPPA cover letter and marks that they do not want either Medi-Cal or an MSP, counties will treat this information as a written withdrawal for either Medi-Cal or MSP and deny the Medi-Cal or MSP case. If the applicant marks that they

do not want both Medi-Cal and MSP, deny both applications (counties can use one NOA for both).

When the Medi-Cal and/or MSP eligibility determination is complete, the county will notify the applicant of the outcome by sending the appropriate NOA.

### **Retroactive Coverage**

The LIS Extra Help application does not ask if the applicant received medical care or wants Medicare Part B premiums paid in the three months prior to the month of application. This question is on the MIPPA cover letter.

As usual, to request retroactive coverage for any of the three months immediately preceding the month of application, individuals have to have medical expenses for the month requested. Medicare Part B premiums are considered medical expenses for retroactive coverage. They then have up to one year from the month in which they had medical expense(s) to make their request for coverage for that retroactive month. Counties should inquire with the applicant about any need for retroactive Medi-Cal in any of those three months and process for retroactive coverage accordingly.

### **Differences in Information needed for LIS and Medi-Cal/MSP Determinations**

#### **Vehicles and Household Composition**

The following areas are different for LIS and Medi-Cal/MSP determinations.

- Vehicles are not included in the resources assessment for LIS Extra Help, but are included for Medi-Cal/MSP determinations.
- SSA determines household size differently for LIS Extra Help than the Medi-Cal/MSP. Besides spouses, SSA counts any relative related by blood, marriage or adoption who receives at least one-half of their financial support and lives in the applicant's household as family members. This is different than the Medi-Cal/MSP definition of family member.

Questions addressing these issues have been added to the MIPPA cover letter.

#### **Special Treatment of Unearned Income**

In those cases where the applicant has a spouse, the unearned income amounts for both spouses may be combined. Where the separate amounts can be easily distinguished, such as Social Security income, there is no need to ask the applicant for

that information. However, if the county is unable to distinguish each spouse's unearned income, the county must ask the applicant for that information.

### **Other Provisions of MIPPA that Affect MSP/Medi-Cal Determinations**

#### **Changes in LIS Extra Help Income and Resource Requirements**

Effective January 1, 2010, LIS Extra Help eligibility requirements are changing. The cash surrender value of life insurance policies and in-kind support and maintenance income will no longer be counted in the income determinations. These changes will not affect the current Medi-Cal or MSP eligibility determination methodology, but may require that counties request more information from these applicants. Questions addressing these issues have been added to the MIPPA cover letter.

#### **Changes in MSP Resource Limits**

Effective January 1, 2010, MSP property limits are changing to match the LIS property limits. The amounts are \$6,600 for an individual and \$9,910 for a couple. These amounts do not include the \$1,500 per person exemption for burial expenses. For more on this change, see All County Welfare Directors Letter 09-52.

### **Notices of Action (NOA)**

No new NOAs or NOA language has been developed for use with these applications. All Medi-Cal and/or MSP determinations can be notified using existing NOAs.

### **Allocations**

DHCS included funding for processing these new cases as part of the county administrative allocations for fiscal year 2009-2010.

### **Future Changes**

DHCS is clarifying whether application information sent for applicants where SSA has not determined LIS eligibility are referrals or applications. DHCS will also request a separate alert for these applications. When these issues have been clarified and/or systems updated to produce the new alerts, DHCS will notify counties.

DHCS will rename the "Application Completed" field on the LIS 1 (Enclosure 1) and will evaluate whether aging reports are needed. Counties will be included in the



development of the aging reports and will be advised of any changes to the processing of these applications via All County Welfare Director's Letter.

If you have questions regarding this letter, please contact Ms. Debra J. Hader at (916) 449-5280 or by email at [debra.hader@dhcs.ca.gov](mailto:debra.hader@dhcs.ca.gov).

Original Signed By:

René Mollow, MSN, RN, Chief  
Medi-Cal Eligibility Division

Enclosures

## LIS Client Inquiry Screens

```
ILIS          **   LIS CLIENT INQUIRY REQUEST   **          OPR - 06/03/09
                                                    11:02:33
```

CLIENT IDENTIFICATION:

---

PLEASE ENTER SOCIAL SECURITY NUMBER AND PRESS <ENTER>.

```
LIS1          ** LIS INQUIRY - CLIENT DATA **          OPR - mm/dd/yy
                                                    hh:mm:ss
```

```
MEDS-ID xxx-xx-xxxx  NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx xxxxxxxx
CIN xxxxxxxxxxx x    BIRTHDATE mm-dd-yyyy          DOB-VER x      SSN-VER x
HIC-NO xxxxxxxxxxxx  BIC-ISSUE xx-xx-xxxx          PAPER-ISSUE xx-xx-xxxx
```

```
APPLICATION-DATE  xx-xx-xxxx          APPLICATION-COMPLETED x
```

```
COUNTY-REFERAL-DATE  xx-xx-xxxx          HOUSEHOLD-SIZE  xx
```

```
SPOUSE-SSN xxx-xx-xxxx          SPOUSE-HIC-NO xxxxxxxxxxxx
SPOUSE-NAME xxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxx xxxxx
SPOUSE-BIRTHDATE  xx-xx-xxxx
```

```
BURIAL/FUNERAL-EXPENSES  xxxx          SPOUSE-BURIAL/FUNERAL-EXPENSES  xxxx
```

OPTION \_\_\_\_ F8=FORWARD; ENTER=RETURN

```
OPR - mm/dd/yy
      hh:mm:ss
```

OPTION \_\_\_\_ F7=BACK; F8=FORWARD; ENTER=ILIS

OPR - mm/dd/yy  
hh:mm:ss

OPTION \_\_\_\_ F7=BACK; F8=FORWARD; ENTER=ILIS

HOME (xxx) xxx-xxxx  
WORK (xxx) xxx-xxxx  
OTHR (xxx) xxx-xxxx

```

LIS4          ** LIS INQUIRY - CLIENT INCOME/RESOURCES **          OPR - mm/dd/yy
                                                hh:mm:ss

MEDS-ID xxx-xx-xxxx    NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxx

----- EARNED-INCOME -----
WAGES                NET EARNINGS-SE                NET LOSS-SE
xxxxx.xx             xxxxx.xx             xxxxx.xx

----- INCOME NOT FROM WORK -----
SOCIAL SECURITY BENEFITS    VETERANS AFFAIRS BENEFITS    PENSIONS or ANNUITIES    RAILROAD BENEFITS    OTHER INCOME
xxxxx.xx             xxxxx.xx             xxxxx.xx             xxxxx.xx             xxxxx.xx

----- RESOURCES -----
BANK ACCOUNTS    STOCKS, BONDS, CASH    VALUE OF REAL ESTATE OTHER
                OTHER INVESTMENTS    THAN BENE'S HOME
xxxxx.xx             xxxxx.xx             xxxxx.xx             xxxxx.xx

OPTION __ F7=BACK; F8=FORWARD; ENTER=ILIS

```

```

LIS5          ** LIS INQUIRY - CLIENT STATUS DATA **          OPR - mm/dd/yy
                                                hh:mm:ss

MEDS-ID xxx-xx-xxxx    NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxx

SUBSIDY-APPROVED x                SUBSIDY-APPROVAL/DISAPPROVAL-DATE xx-xx-xxxx

SUBSIDY-EFFECTIVE-DATE xx-xx-xxxx    LEVEL-OF-RESOURCES xxxxxxxxxxxxxxxxxxxx

INCOME-USED-FOR-DETERMINATION xxx                INCOME-AS-PERCENTAGE-OF-FPL xxx

PREMIUM-SUBSIDY-PERCENTAGE-OF-AWARD xxx
DENIAL-REASON-CODE-1 xxx    DESCRIPTION xxxxxxxxxxxxxxxxxxxxxxxxxxxx
DENIAL-REASON-CODE-2 xxx    DESCRIPTION xxxxxxxxxxxxxxxxxxxxxxxxxxxx
DENIAL-REASON-CODE-3 xxx    DESCRIPTION xxxxxxxxxxxxxxxxxxxxxxxxxxxx
DENIAL-REASON-CODE-4 xxx    DESCRIPTION xxxxxxxxxxxxxxxxxxxxxxxxxxxx

OPTION __ F7=BACK; F8=FORWARD; ENTER=ILIS

```

**Note:** See Enclosure 4 for a list of codes and descriptions for the Denial-Reason-Code.

LIS6

\*\* LIS INQUIRY - MULTIPLE APPLICATIONS \*\*

OPR - mm/dd/yy  
hh:mm:ss

MEDS-ID xxx-xx-xxxx NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx

LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx
LIS-APPLICATION-DATE	xx-xx-xxxx	COUNTY-NAME	xx

OPTION \_\_\_\_ F7=BACK; F8=FORWARD; ENTER=ILIS

LIS7

\*\* LIS INQUIRY - CLIENT DATA FROM MEDS \*\*

OPR - mm/dd/yy  
hh:mm:ss

MEDS-ID xxx-xx-xxxx NAME xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx  
CIN xxxxxxxxxx x BIRTHDATE mm-dd-yyyy DOB-VER x SSN-VER x  
HIC-NO xxxxxxxxxxxxxx BIC-ISSUE xx-xx-xxxx PAPER-ISSUE xx-xx-xxxx

DEATH-DATE mm-dd-yyyy DEATH-SOURCE x DEATH-POSTED mm-dd-yyyy  
SSI-LAST-RECEIVED xx-xxxx PICKLE-TICKLER xx LAST-PICKLE-CHG mm-dd-yyyy

SSN-VER-BIRTHDATE mm-dd-yyyy LANG: SPOKEN x WRITTEN x ETHNIC x  
CITIZENSHIP-DOC: TYPE xx NUMBER xxxxxxxxxxxxxxxxxxxx SOURCE xx DATE mm-dd-yyyy  
IDENTITY-DOC: TYPE xx NUMBER xxxxxxxxxxxxxxxxxxxx SOURCE xx DATE mm-dd-yyyy  
BIRTHPLACE xx:xx:xx INS-ENTRY-DATE mm-yyyy COUNTRY-OF-ORIGIN xx  
CITIZEN/ALIEN-IND x ALIEN-ELIG x ALIEN-SPONSOR-STAT x ALIEN-NO xxxxxxxxxx

CURRENT xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxx  
AUTHORIZED xx  
REPRESENTATIVE: xx  
xxx FLAG A

TITLE-II-CLAIM-NUMBERS: xxxxxxxxxxxxxx xxxxxxxxxxxxxx xxxxxxxxxxxxxx

OPTION \_\_\_\_ F8=FORWARD; ENTER=RETURN

## IMPORTANT INFORMATION ON MEDI-CAL AND MEDICARE SAVINGS PROGRAMS

The Social Security Administration sent information from your application for Extra Help with prescription drug costs (Low Income Subsidy-LIS-for Part D drug coverage) to the county to see if you are eligible for a Medicare Savings Program (MSP). The MSP programs are intended to assist low-income Medicare beneficiaries with out-of-pocket Medicare expenses such as premiums and sometimes co-payments and deductibles.

The MSP programs include: Qualified Medicare Beneficiary (QMB); Specified Low Income Beneficiary (SLMB); and Qualified Individual 1 (QI1). The resource limits for the MSP programs are the same as the resource limits for the LIS Extra Help program. If you are eligible for an MSP, you can get assistance with some out-of-pocket expenses not covered by Medicare. These expenses include all or some of your Medicare premiums, and in certain cases, deductibles or co-insurance amounts. Each of the programs under the MSP has a different level of coverage for benefits, Medicare premiums and/or co-insurance payments.

In addition to seeing if you are eligible for any of the MSPs, the county will also see if you are eligible for Medi-Cal (the Medicaid program in California). Medi-Cal pays for medical expenses for low-income individuals.

If you want the county to see if you are eligible for Medi-Cal or an MSP, please complete the attached supplemental questions and return the form to the county.

If you do **not** want the county to check if you are eligible for Medi-Cal or the MSP programs, please check one or both of the boxes below and return it to your local county Social Services office.

### **NOTE:**

If the county is unable to determine your eligibility using the information available from Social Security, the county will contact you to let you know what information is needed to see if you are eligible. Once the county sees if you are eligible for Medi-Cal and/or an MSP, the county will send a notice to you.

If you have any questions about:

- Medi-Cal - call your local county Social Services office.
- Medicare - call 1-800-MEDICARE

- ☐ I **DO NOT** want the county to see if I am eligible for Medi-Cal
  - ☐ I **DO NOT** want the county to see if I am eligible for any of the MSP programs

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**Signature**

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**Date**

### **ESTATE RECOVERY**

If you are 55 or older or in a skilled nursing facility the State may recover from your estate the cost of Medi-Cal services provided to you. Effective January 1, 2010, there are new estate recovery rules for individuals that are found eligible for MSP only or eligible for Medi-Cal and MSP.

In general, effective January 1, 2010, many services paid by Medi-Cal and Medicare will continue to be exempt from estate recovery. There is no estate recovery for Medicare Part A or Part B premium payments and/or co-insurance and deductible amounts paid because someone is eligible for an MSP. However, some Medi-Cal services will continue to be subject to estate recovery rules, such as:

- Long term care (after any Medicare paid days are exhausted);
- Non-emergency medical transportation; and
- Services with specified coverage limitations that exceed the amount Medicare will pay.

If you have had any of the services listed above, **you may not** be exempt from estate recovery.

## **INFORMACIÓN IMPORTANTE SOBRE MEDI-CAL Y EL PROGRAMA DE AHORROS DE MEDICARE**

La administración de Seguro Social (Social Security Administration) envió información de su solicitud para la Ayuda Adicional con los gastos de medicamentos recetados (Low Income Subsidy-LIS for Part D drug coverage) al condado para verificar si usted es elegible para el Programa de Ahorros de Medicare (Medicare Savings Program -MSP). Los programas de MSP son para asistir a los beneficiarios de Medicare con un ingreso bajo y con gastos de Medicare tales como primas y a veces co-pagos y deducibles.

Los programas de MSP incluyen: El Programa para Beneficiarios con Derecho a Medicare (Qualified Medicare Beneficiary-QMB); Beneficiarios Específicos de Bajos Ingresos de Medicare (Specified Low Income Beneficiary-SLMB); e Individuos que Reúnen los Requisitos 1 (Qualified Individual 1-QI1). Los límites de recursos para los programas de MSP son iguales que los límites de recursos para el programa LIS de Ayuda Adicional. Si usted es elegible para un MSP, usted puede obtener ayuda con algunos gastos de Medicare. Estos gastos incluyen todos o algunas de sus primas de Medicare, y en ciertos casos, deducibles o las cantidades de un co-seguro. Cada uno de los programas bajo el MSP tiene un nivel diferente de cobertura para los beneficios, las primas de Medicare y/o los pagos del co-seguro.

Además si usted es elegible para uno de los MSP, el condado también verificará si usted es elegible para Medi-Cal (el programa de Medicaid en California). Medi-Cal paga los gastos médicos de personas con ingresos bajos.

Si usted quiere que el condado verifique si usted es elegible para Medi-Cal o un MSP, por favor llene las preguntas suplementales en la página adjunta y devuélvala al condado.

Si usted no quiere que el condado verifique si usted es elegible para Medi-Cal o para los programas de MSP, por favor marque una o ambas casillas debajo y devuélvala a la oficina local de Servicios Sociales de su condado.



- ☐ **YO NO QUIERO** que el condado verifique si soy elegible para Medi-Cal
- ☐ **YO NO QUIERO** que el condado verifique si soy elegible para los programas de MSP

---

Firma

---

Fiche

**NOTA:**

Si el condado no puede determinar su elegibilidad usando la información disponible del Seguro Social, el condado le contactará para dejarle saber qué información es necesaria para verificar si usted es elegible. Una vez que el condado verifique si usted es elegible para Medi-Cal y/o para MSP, el condado le enviará una notificación.

Si usted tiene cualquier pregunta tocante ha:

- Medi-Cal- llame a la oficina local de Servicios Sociales de su condado.
- Medicare- llame al 1-800-MEDICARE.

**RECUPERACIÓN DEL PATRIMONIO SUCESORIO**

Si usted tiene 55 años de edad o más o se encuentra en un establecimiento de cuidado médico continuo no intenso es posible que el Estado pueda recuperar los gastos de los servicios de Medi-Cal proporcionados a usted. Comenzando el 1 de enero de 2010, hay nuevas reglas de la recuperación del patrimonio sucesorio para los individuos que son elegibles para MSP solamente o elegibles para Medi-Cal y MSP.

Generalmente, comenzando el 1 de enero de 2010, muchos de los servicios pagados por Medi-Cal y Medicare continuarán estando exentos a la recuperación del patrimonio sucesorio. No hay recuperación del patrimonio sucesorio para los pagos de primas Part A o Part B y/o co-seguro y de las cantidades de los deducibles pagados por alguien elegible para MSP. Sin embargo, algunos servicios de Medi-Cal continuarán sujetos a reglas de la recuperación del patrimonio sucesorio, por ejemplo:

- Cuidado de largo plazo (después de que se terminen cualquiera de los días pagados por Medicare);
- Transportación médica de no-emergencia; y
- Los servicios con las limitaciones especificadas de la cobertura que exceden la cantidad que Medicare pagará.

Si usted ha tenido cualquiera de los servicios mencionados arriba, es posible que **usted no pueda estar** exento a la recuperación del patrimonio sucesorio.

State of California Health &amp; Human Services Agency

Department of Health Care Services

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

### SUPPLEMENTAL QUESTIONS FOR MEDI-CAL/MEDICARE SAVINGS PROGRAM APPLICATION

If you want the county to see if you are eligible for a Medicare Savings Program such as Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or Qualifying Individual 1 (QI 1), answer the questions in the first part. If you want the county to see if you can get regular Medi-Cal answer all the questions. After you are done, return this form to the county in the pre-addressed, postage paid envelope provided or to the address on your letter.

1. Did you have medical expenses in the three months before you applied for Low Income Subsidy/Extra Help with the Social Security Administration that you want Medi-Cal/SLMB/QI 1 coverage for (medical expenses include payment of Medicare premiums-there is no retroactive coverage for QMB)? ☐ Yes ☐ No

List the months for which you want coverage. Months:

2. List all persons other than your spouse living in your household. If you have more than three persons living with you, you may list them on a separate page.

Name	Date of Birth	Relationship to You

3. Do you have a second car? ☐ Yes ☐ No

Provide an estimate of value from a reliable source: \$

What is the amount you owe on the car: \$

One car **does not** count. If you own more than a second vehicle list them on a separate page.

4. What is the cash surrender value of life insurance policies if the face value of **all** policies combined exceeds \$1,500 (Do not include "term" insurance policies) \$

5. Do you or a family member pay anything for:

Rent ☐ Yes ☐ No; Utilities ☐ Yes ☐ No; Food ☐ Yes ☐ No; Clothing ☐ Yes ☐ No

a. If no, who?

- b. What was free?  
c. Was the free rent, utilities, food, or clothing received in exchange for work done?  
☐ Yes ☐ No

If you want Medi-Cal answer the following questions.

1. Does anyone in the home get inpatient care in a nursing facility or medical institution?  
☐ Yes ☐ No If yes, who?
2. Is anyone in the home pregnant? ☐ Yes ☐ No  
a. If yes, who? b. Number of babies?  
b. c. Expected date of delivery:
3. Do you or any family member have health, dental, vision, or Medicare coverage or insurance? ☐ Yes ☐ No  
a. If yes, who? b. Which type of coverage/insurance?
4. Do you or any family member in the home pay health insurance or Medicare premiums? ☐ Yes ☐ No  
a. If yes, who? b. Amount? c. How often (weekly, monthly, twice a month)?

Attach proof of the amount of the premiums you pay.

Nombre del caso: \_\_\_\_\_

Número del caso: \_\_\_\_\_

**PREGUNTAS SUPLEMENTALES PARA LA SOLICITUD DEL  
PROGRAMA DE AHORROS DE MEDI-CAL/MEDICARE**

Si usted quiere que el condado verifique si usted es elegible para el Programa de Ahorros de Medicare (Medicare Savings Program) tal como el Programa para Beneficiarios con Derecho a Medicare (Qualified Medicare Beneficiary-QMB); Beneficiarios Específicos de Bajos Ingresos de Medicare (Specified Low Income Beneficiary-SLMB); o Individuos que Reúnen los Requisitos 1 (Qualified Individual1-QI1) conteste las preguntas en la primera parte. Si usted quiere que el condado verifique si usted puede obtener Medi-Cal regular, conteste todas las preguntas. Después de llenar la forma, devuélvala al condado en el sobre con en domicilio incluido, franqueo proporcionado o a la dirección que aparece en la carta que recibió.

1. ¿Usted tiene gastos médicos en los tres meses antes de que usted solicitó para el Subsidio de Bajo Ingreso/Ayuda Adicional con la Administración del Seguro Social (Social Security Administration) para la cual usted desea la cobertura de Medi-Cal/SLMB/QI 1 (gastos médicos incluyen el pago de las primas de Medicare-no hay ninguna cobertura retroactiva para QMB)?

Escriba los meses para los cuales usted quiere cobertura. Meses:

2. Escriba los nombres de todas las personas con excepción de su esposo/a que vive en su hogar. Si usted tiene más de tres personas viviendo con usted, usted puede escribir los nombres en una página separada.

Nombre	Fecha de Nacimiento	Parentesco con Usted

3. ¿Usted tiene un segundo coche? ☐ Sí ☐ No

Sobre una fuente fiable proporcione una estimación del valor: \$

¿Cuál es la cantidad que usted debe en el coche?: \$

Un solo coche **no cuenta**. Si usted tiene más que un segundo coche  
escribalos en una página separada.

4. ¿Cuál es el valor de entrega en efectivo de la póliza de seguro de vida  
si el valor nominal de **todas** las pólizas combinadas excede \$1.500? (no  
incluya las pólizas de seguro con “plazo”) \$

5. ¿Usted o un miembro de la familia pagan por cualesquiera de lo  
siguiente?:

☐ Alquiler ☐ Utilidades ☐ Alimento ☐ Ropa ☐ Sí ☐ No

a. Si no, ¿quien? b. ¿Que fue gratis?

c. ¿El alquiler, las utilidades, el alimento, o la ropa fueron recibidas a  
cambio de trabajo?

☐ Sí ☐ No

Si usted quiere Medi-Cal conteste las siguientes preguntas:

1. ¿Cualquier persona en el hogar recibe cuidado hospitalizado en un  
establecimiento de cuidado médico continuo no intenso?

☐ Si ☐ No Si contesto sí, ¿Quién?

2. ¿Cualquier persona en el hogar está embarazada? ☐ Si ☐ No

a. Si contesto sí, ¿Quién? b. ¿Cuántos bebés? c. Fecha de parto:

3. ¿Usted o un miembro de la familia tiene cobertura de salud, dental,  
visión, o Medicare o un seguro?

☐ Sí ☐ No

a. Si contesto sí, ¿Quién? b. ¿Qué tipo de cobertura/de seguro?

4. ¿Usted o un miembro de la familia en el hogar paga seguro médico  
o primas de Medicare?

☐ Sí ☐ No

Si contesto sí, ¿quién? b. ¿Cantidad? c. ¿Cuantas veces (semanal,  
mensual, dos veces al mes)?

Incluya la prueba de

**Basis for Medicare Part D Subsidy Denial (Reason and Description)  
Four Entries Possible**

<b>Denial Reason Code</b>	<b>Description</b>	<b>Further Explanation</b>
NAB	Not a A/B Medicare Bene	Beneficiary not eligible for either Medicare Parts A or B.
FTC	Failure to Cooperate	N/A
RES	Resources	N/A
INC	Income	N/A