

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320



September 11, 1995

ACWDL Information Letter No: I-95-18

**TO: All County Welfare Directors
All County Medi-Cal Program Liaisons**

SEPTEMBER 1995 QUALIFIED BENEFICIARY (QMB) AND SPECIFIED LOW-INCOME BENEFICIARY (SLMB) MAILER

The purpose of this letter is to inform you that the Health Care Financing Administration (HCFA) will send another mailer this month to 33,921 persons in California who could potentially be eligible for QMB or SLMB benefits. A copy is enclosed for your information. These persons are Medicare eligible but were not receiving Medi-Cal at the time they were identified.

Counties should be reminded that if the person contacts you and is not receiving Medicare Part A and wishes to apply for QMB benefits, he/she must first apply for "conditional" Part A benefits with Social Security Administration (SSA) during the general enrollment period (January through March) if he/she has not already done so. Persons who apply during this enrollment period will not be entitled to benefits until the following July.

If you have any further questions, please contact Marge Buzdas at (916) 657-0726.

Original signed by

Ricardo Bustamante for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

6325 Security Boulevard
Baltimore, MD 21207

AUG 21 1995

Dear Medicare Beneficiary:

GOOD NEWS! You may be eligible for assistance under the Qualified Medicare Beneficiary (QMB) program offered through your State Medical Assistance office. If you qualify, you will pay less for hospital, physician, and other Medicare Services. Whether you qualify will depend on your income and the value of things you own.

If you qualify for the QMB program, the State will pay your Medicare hospital deductible (\$716), your Medicare Part B Medical Insurance premium of \$46.10 per month as well as your \$100 annual Part B deductible. Depending on which doctor you see, the State may also pay your 20 percent coinsurance for Medicare covered services.

WHO QUALIFIES?

To qualify for assistance under the QMB program, you must meet the following requirements:

1. Your assets, such as bank accounts, stocks and bonds, savings bonds, and other types of savings cannot exceed \$4,000 for an individual or \$6,000 for a couple.
2. In most States, your income cannot be more than \$643 per month for an individual or \$856 per month for a couple. In Alaska, the monthly income limit is \$798 for an individual and \$1,065 for a couple. In Hawaii the income limit is \$738 per month for an individual and \$983 for a couple. Income includes such things as Social Security retirement benefits, veterans benefits, pensions, wages, interest, and dividends.

If your monthly income is over \$643 but not more than \$767, you may be eligible for a related program which pays for your Medicare part B premium only.

WHAT TO DO IF YOU THINK YOU QUALIFY?

If you think you qualify, you may file an application for Medicaid at your State, county or local medical assistance office. Check your phone directory for the office nearest you. You can find these offices listed under Medicaid, Social Services, Medical Assistance, Public Assistance, Human Services or Community Services.

Sincerely,

Sally K. Richardson
Director
Medicaid Bureau