

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



April 24, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
QMB/SLMB/QI County Coordinators

Letter No.: 00-26

**QUALIFYING INDIVIDUAL 1 (QI-1) AND QUALIFYING INDIVIDUAL 2 (QI-2)
PROGRAMS: NEW REPORTS TO COUNTIES**

Ref.: All County Welfare Directors Letter (ACWDL) Nos. 97-45, 98-15, 98-47, 98-60,
99-14, 99-61, 99-43

This letter is to notify the county Qualified Medicare Beneficiary /Specified Low-Income Medicare/Qualifying Individual (QMB/SLMB/QI) Coordinator that the Department of Health Services will be sending him or her two new reports titled "SSA Approval for Benefits (QI-1) Program Notice Type 18" and "Approval for Benefits (QI-2) Notice Type 19." These reports list the QIs-1 and QIs-2 to whom the Department has issued the State generated notices numbers 18 and 19.

Each year, the State receives a federal allocation for the QI-1 and Q I-2 benefits. Because the yearly QI allocation is limited, county approval of eligibility does not guarantee acceptance into the QI program. The State must first review the QI enrollment numbers and verify that there is enough money to cover additional beneficiaries. If funding is available, the State will initiate a Buy-In for the QI-1 or add the QI-2 to the ongoing QI-2 listing to receive reimbursement of a portion of their Medicare Part B premium. The State then issues a Notice 18/19 notifying the beneficiary of acceptance into the QI-1 or QI-2 program.

Note: The State has not yet expended the yearly allocation. All QI beneficiaries have been accepted to the program up to this date.

A description of the notices and reports is listed on the following page:

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
All County Mental Health Directors
QMB/SLMB/QI County Coordinators
Page 2

1. Notice of Action 18

This notifies the QI-1 that the Social Security Administration (SSA) has approved the state payment of the Medicare Part B premiums. The notice includes the QI-1 Buy-In effective date.

2. Notice of Action 19

This notifies the QI-2 that the State has approved his or her QI-2 status and will refund a portion of the Medicare Part B premiums paid for during the previous year.

3. SSA Approval for Benefits (QI-1) Notice Type 18 Report

This monthly report lists QI-1s that have received the Notice 18 and are having the State pay the Medicare Part B premium.

4. Approval for Benefits (QI-2) Notice Type 19 Report

This annual report, issued each April, lists the QI-2s that have received the Notice 19 and will be receiving the reimbursement of a portion of the Medicare Part B premium for months in the previous calendar year.

Both reports include the County Identification Number, social security number, name, address, telephone number, and birth date.

The purpose of these reports is to inform the county QMB/SLMB/QI coordinator of information being sent to the QIs-1 and 2 in the Notices of Action 18 and 19. Both reports were requested by county staff for informational purposes and do not require processing. If you have any questions regarding these notices or reports, please call Ms. Vicki Partington of my staff at (916) 654-5909 or e-mail Vparting@dhs.ca.gov.

Sincerely,

**ORIGINAL SIGNED BY
TOM WELCH**

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

Department of Health Services
Medi-Cal Program

Notice Type 18
October 29, 1999



MEDI-CAL NOTICE

Social Security Number: 600-91-0017
Beneficiary ID Number: 57-8D-6009100-1-72

JANE PUBLIC
112 MAIN ST
ANYTOWN CA 95888

APPROVAL FOR QUALIFYING INDIVIDUAL-1 (QI-1) PROGRAM
Payment of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-1 (QI-1)
Pago de sus Primas de Medicare Parte B

This notice is to let you know that your Qualifying Individual-1 (QI-1), Medicare Part B premium payments have been approved by the Social Security Administration (SSA) and will be paid by the State effective 07/1999.

Esta Noticia es para avisarle que sus pagos del Programa del Individual-1 Calificado (QI-1), Medicare Primas Parte B, han sido aprobados por Seguro Social Administracion (SSA) y van a ser pagado por el Esta do a partir de 07/1999.

THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA, TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

Si usted recibe un cheque de Título II, (SSA) Y está pagando sus primas de Medicare Parte B, usted va a recibir en lo mas pronto un aumento en su SSA Título II cheque que recibe mensualmente. No se olvide que si usted es elegible retroactivamente para el QI-1 programa, es posible que usted recibirá un reembolso de SSA por las Primas de Medicare Parte B que usted ha pagado anteriormente. Va a tomar desde 90 a 120 dias para que SSA process un cheque.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

Si usted aplicó para los beneficios regulares de Medi-Cal, usted va a recibir una noticia separada de ese programa.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

Notice Type 19
October 29, 1999



MEDI-CAL NOTICE

Social Security Number: 600-91-0017
Beneficiary ID Number: 57-8K-6009100-1-72

JOHN Q PUBLIC
C/O JANE PUBLIC
111 MAIN ST
ANYTOWN CA 95888

APPROVAL FOR QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAM
Reimbursement of a Portion of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-2 (QI-2)
Reembolso de Una porción de sus Primas de Medicare Parte B

This notice is to let you know that you have been approved by the State of California as a Qualifying Individual-2 (QI-2). The State will refund to you by check a portion of the Medicare Part B premiums you paid each month last year.

Esta Noticia es para avisarle que usted está aprobado por el Estado de California como un Individual-2 Calificado (QI-2) beneficiario. El Estado le va a reembolsar un cheque que es una porción de las Primas de Medicare Parte B que usted ha pagado cada mes del año pasado.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

PROGRAM: XY1017Q
REPORT: RS-XY1017Q-R001

RUN DATE: 03/01/2000
PAGE: 1

COUNTY OF YOLO

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

SSA APPROVAL FOR BENEFITS (Q1-1 PROGRAM)
NOTICE TYPE 18

ELIGIBILITY MONTH - MARCH 2000

COUNTY-ID	MEDS-ID	NAME, ADDRESS, PHONE	BIRTHDATE	EFFECTIVE DATE
57-8D-6009100-1-72	600-91-0017	JANE PUBLIC 111 MAIN ST ANYTOWN CA 95888 000-000-0000	01/01/1900	12/1999

PROGRAM: XY1017Q
REPORT: RS-XY1017Q-R001

COUNTY OF YOLO

RUN DATE: 03/01/2000
PAGE: 1

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

APPROVAL FOR BENEFITS (Q1-2 PROGRAM)
NOTICE TYPE 19

ELIGIBILITY MONTH - MARCH 2000

COUNTY-ID	MEDS-ID	NAME, ADDRESS,PHONE	BIRTHDATE	EFFECTIVE DATE
57-8K-6009100-1-72	600-91-0017	JOHN PUBLIC 111 MAIN ST ANYTOWN CA 95888 (000) 000-0000	01/01/1900	12/1999