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Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

November 17, 2010

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-04E
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 correct the alert numbers and clarify other information that appeared in All County Welfare Directors Letter (ACWDL) 10-04. The purpose of ACWDL 10-04 was 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.

Description of Revisions

Although ACWDL 10-04 did contain the new alert numbers in part of the letter, some of the alert descriptions were transposed, and other parts of the letter contained the wrong alert numbers. These errors have been corrected with the changes underlined.

The following additions, clarifications, and changes have been made:

- The dates in the section describing special instructions for annotating cases for Program Review Section (PRS) consideration are changed to December 2010, to allow counties time to issue instructions or corrections to staff based on this ACWDL.
- The titles and numbers of the new forms referenced in the letter have been added. These forms will be finalized, translated, and released in a separate ACWDL.
- The MC 372 Breast and Cervical Cancer Treatment Program flyer has been added to the list of information counties are to send MIPPA LIS applicants.

- Clarification that the “Important Information on Medi-Cal and Medicare Savings Programs,” (MC 4605--Enclosure 1), and “Supplemental Questions for Medi-Cal/Medicare Savings Program Application,” (MC 4604—Enclosure 2) forms are not required, and counties are allowed flexibility in obtaining the needed information.
- Clarification that two contacts are required for MIPPA LIS applications has been provided.
- The section addressing notices of action (NOAs) has been expanded to allow counties flexibility to issue NOAs for duplicate applications in a manner consistent with how their systems are currently configured, as long as eligibility for Medi-Cal or a Medicare Savings Program is clear.
- Provide information and temporary instructions regarding possible errors in posting earned income from SSA data on the Inquiry LIS (ILIS) screens.

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 the applicant's consent. In addition to MSP eligibility, California will utilize the LIS application to determine eligibility for full Medi-Cal benefits.

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. SSA will exclude LIS application information for individuals who are already deemed LIS (SSA knows 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 that 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, when 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 4 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 3 for screens displaying information from the LIS application-ILIS screens.)

The second will be applications, which the applicant self-assesses that they are apparently over the resource limit for LIS, and wishes 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 3.)
- 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 Medi-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 (QI) eligibility on MEDS.
- Individuals known to MEDS with past eligibility, but no current eligibility.
- Individuals with current QMB, SLMB, or QI 1 eligibility on MEDS.
- Individuals with current Medi-Cal eligibility on MEDS.
- Individuals with both current Medi-Cal and QMB, SLMB, or QI 1 eligibility on MEDS.

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 actions the county should take are 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--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 he/she does not want to be evaluated for Medi-Cal and/or MSP. (See below.)
- 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--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.)

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. (Enclosure 3.) 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 may deny multiple application dates on the same Notice-of-Action (NOA) if there is more than one. (See Notice of Action section.)

Once the application date has been evaluated for cases where there are both Medi-Cal and MSP eligibility (Alert 9059), and the county has determined the LIS application date provides no advantage for the applicant 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 that is not a state holiday. These narrations will be taken into consideration by the DHCS PRS.

Special Instructions for January through December 2010

Due to the dates this ACWDL and the Errata were released, counties should narrate in the case files that their processing for alerts received in the months of January through December 2010, **only** was delayed until county workers could receive instructions. These narrations will be taken into consideration by the DHCS PRS.

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

When counties receive alerts 9055, 9056, or 9057, counties shall send the MIPPA cover letter-- MC 4605, the supplemental questions --MC 4604, 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 3). The MC 4605 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 MC 4605 and MC 4604 are only available in English and Spanish and are not on the DHCS website at this time. DHCS is incorporating county and advocate input to these forms. Once this is complete, DHCS will print and translate into the threshold languages. Once the threshold language versions have been translated they will be posted on the internet, and a Medi-Cal Eligibility Division Information Notice will be sent to the counties when they are available.

Note: Completion of these forms is not required and counties may use other means, such as telephone contact, to determine if the applicant wishes to apply for Medi-Cal and/or an MSP, and to obtain information needed to determine Medi-Cal and/or MSP eligibility. County workers should document in the case file the type of contact attempted and the results. If the applicant wishes to withdraw the Medi-Cal and/or MSP application, the withdrawal must still be in writing.

Counties are reminded to ensure second contact requirements are followed, as these individuals are Medi-Cal applicants.

If the applicant returns the MC 4605 and indicates that they want to be evaluated for the Medi-Cal and/or an MSP program, and answers the extra questions on the MC 4604, counties will first use all available sources of information to complete the determination. This includes:

- Information from SSA available on the ILIS screens on 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 applicant, 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, including the date the verifications are to be returned to the county office.
- 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.”
- MC372—“Breast and Cervical Cancer Treatment Program” Flyer.

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 9057 or 9058, counties shall first review the existing case to see whether the applicant has been evaluated for Medi-Cal or 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 on MEDS.

If the applicant returns the MC 4605, and marks that they do not want either Medi-Cal or 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 programs).

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.

Temporary Error in Posting Earned Income on the ILIS Screens

Due to a programming error, the information posted to MEDS from SSA did not include earned income. There were two separate posting errors with this data. The first error was

that earned income, income from self employment and deductions from self employment were not posted to the applicant fields on the ILIS screens (ILIS 3). This error has been corrected as of the date of this ACWDL. The second error is that no fields were included for the spouse's earned income, income from self-employment and deductions from self employment. This error will be corrected in the near future and an ACWDL will be released when this has been corrected.

In the interim, counties are to ask applicants directly for information about spouse earned income, self-employment income and deductions from self-employment income for couple cases. Counties may use pages from current applications to get this information and the information must be verified, but cannot require a full Medi-Cal application.

Counties will not be held responsible for either error by DHCS PRS until the next annual redetermination date for those cases added on or before December 31, 2010.

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 MC 4604.

To request retroactive coverage for any of the three months immediately preceding the month of application, applicants must have medical expenses for the month(s) requested. Medicare Part B premiums are considered medical expenses for retroactive coverage. Applicants 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 for 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 MC 4604

Special Treatment of Unearned Income

In 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. 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 have changed. 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 MC 4604.

Changes in MSP Resource Limits

Effective January 1, 2010, MSP property limits have changed 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.

At this time, DHCS is allowing counties to handle the NOAs for the MIPPA LIS applications in a manner consistent with how their systems are currently set up for one or more NOAs. It is currently acceptable to include all actions on one NOA, or to send several separate NOAs, when there are multiple application dates, until receipt of further instructions from DHCS. For example, a county may include one approval and two denials on one NOA, or a county could be sending three separate NOAs, depending on their eligibility system. All NOA language can be taken from a county's existing system to explain the reason for the application being denied in the instance of an earlier application being filed. The NOA must include language that makes it clear whether eligibility exists for either Medi-Cal and/or MSP.

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, which SSA has not determined LIS eligibility, are referrals or applications. DHCS will 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 3), 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 by an ACWDL.

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.

Original signed by:

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

Enclosures

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 payments. Each of the programs under 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 MSP programs, 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

- | |
|--|
| <input type="checkbox"/> I DO NOT want the county to see if I am eligible for Medi-Cal |
| <input type="checkbox"/> I DO NOT want the county to see if I am eligible for any of the MSP programs |

Signature

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.

- | |
|---|
| <p><input type="checkbox"/> YO NO QUIERO que el condado verifique si soy elegible para Medi-Cal</p> <p><input type="checkbox"/> YO NO QUIERO que el condado verifique si soy elegible para los programas de MSP</p> |
|---|

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.

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?
 - 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 escríbalos 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:
 - a. ¿quién?
 - b. ¿Cantidad?
 - c. ¿Cuántas veces (semanal, mensual, dos veces al mes)?

Incluya la prueba de

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 xxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx
CIN xxxxxxxxxxx x    BIRTHDATE mm-dd-yyyy          DOB-VER x      SSN-VER x
HIC-NO xxxxxxxxxxxxxx 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 xxxxxxxxxxxxxx
SPOUSE-NAME xxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
SPOUSE-BIRTHDATE  xx-xx-xxxx

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

OPTION  __  F8=FORWARD; ENTER=RETURN

```



```

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

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

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

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

----- RESOURCES -----
BANK ACCOUNTS       STOCKS, BONDS,        CASH                VALUE OF REAL ESTATE OTHER
                    OTHER INVESTMENTS
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 xxxxxxxxxxxx

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, xxxxxxxxxxxxxxxxxxx xxxxxxxxxxx

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

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, xxxxxxxxxxxxxxxxxxx xxxxxxxxxxx
CIN xxxxxxxxxxx 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 xxxxxxxxxxx

CURRENT    xxxxxxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxxxxx xxxxxxxxxxx
AUTHORIZED    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
REPRESENTATIVE: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx    FLAG A

TITLE-II-CLAIM-NUMBERS: xxxxxxxxxxxxxxx    xxxxxxxxxxxxxxx    xxxxxxxxxxxxxxx

OPTION  _   F8=FORWARD; ENTER=RETURN

```

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

Denial Reason Code	Description	Further Explanation
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