



State of California—Health and Human Services Agency  
Department of Health Care Services



ARNOLD SCHWARZENEGGER  
Governor

October 31, 2008

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 08-48E  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY QMB/SLMB/QI COORDINATORS

SUBJECT: ERRATA TO ALL COUNTY WELFARE DIRECTORS LETTER 08-48  
DISCONTINUANCE OF COST AVOIDANCE MEDICARE PART B  
PREMIUMS FOR BENEFICIARIES WITH A SHARE-OF-COST  
OVER \$500 (Ref: ACWDL 08-48 DATED OCTOBER 30, 2008)

This errata letter is being issued to correct the month that beneficiaries will notice the change in their Social Security checks regarding their Medicare Part B premium. Social Security checks will be affected in December, 2008, for beneficiaries with a share-of-cost (SOC) over \$500. Enclosed is a copy of the letter that will be received by beneficiaries from Social Security showing that they must start paying their Medicare Part B premium beginning December 2008 for the month of November 2008.

In ACWDL 08-48, the Department of Health Care Services (DHCS) notified the counties of the changes that affected Medi-Cal beneficiaries with a SOC over \$500. Counties were reminded to complete Medicare Savings Programs (MSP) eligibility determinations for all Medicare eligible Medi-Cal applicants and beneficiaries with or without a SOC. Another alternative to suggest to beneficiaries is the 250 Percent Working Disabled Program (WDP) which provides full-scope Medi-Cal coverage to working disabled individuals for a monthly premium. See ACWDL 00-16 for detailed information on the program. On average, people in the 250 Percent WDP pay a \$20 monthly premium for full-scope Medi-Cal, which is far less than their SOC.

On October 27, 2008, DHCS sent a short form letter to beneficiaries notifying them that DHCS was no longer going to pay their Medicare Part B premium. This letter inadvertently included beneficiaries who were already MSP eligible. In mid November, DHCS will be sending out a longer form letter, giving beneficiaries detailed information regarding Medicare Part B premiums, Social Security deduction of Part B premium, MSP eligibility, SOC, and the 250 Percent WDP. This longer form letter will be sent to the same group of beneficiaries that the short form letter was sent to.

If you have any further questions, please contact Ms. Tammy Kaylor at (916) 552-9496 or by e-mail at [tammy.kaylor@dhcs.ca.gov](mailto:tammy.kaylor@dhcs.ca.gov).

Original Signed By

Vivian Auble, Chief  
Medi-Cal Eligibility Division

Enclosure

# **Social Security Administration**

## **Retirement, Survivors and Disability Insurance**

### **Important Information**

Western Program Service Center  
P.O. Box 2000  
Richmond, California 94802-1791  
Date: November 3, 2008  
Claim Number:

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The State of California will no longer pay your Medicare medical insurance premiums after November 2008. You must pay the premiums beginning December 2008.

#### **What We Will Pay And When**

- You will receive \$1,437.00 for November 2008 around December 3, 2008.
- After that you will receive \$1,437.00 on or about the third of each month.

#### **To Cancel This Insurance**

If you want to cancel this insurance, please contact the local Social Security office at the telephone number and address shown below. Remember that the date your insurance coverage ends depends on when you cancel it:

- If you cancel it within 30 days from the date of this notice, your coverage will end at the same time the State stopped paying the premiums.
- If you cancel it after 30 days but within six months of when the State stopped paying the premiums, coverage will stop at the end of the same month in which you contact us.
- If you wait more than 6 months to contact us, coverage will stop at the end of the month after the month in which you contact us.

#### **If You Disagree With The Decision**

If you disagree with the change we have made to your monthly payment, you have the right to appeal. We will review your case again and consider any new facts you have. A person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.

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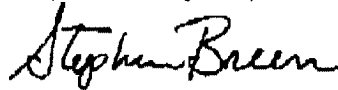
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

**If You Have Any Questions**

If you have any questions about the State Medicaid Program, please contact your State public assistance office.

If you have any questions about Medicare you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-818-365-6516. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.



**Stephen Breen**  
Assistant Regional Commissioner,  
Processing Center Operations