

DEPARTMENT OF HEALTH SERVICES

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TO: All County Welfare Directors
All County Administrative Officers

December 29, 1989
Letter No.: 89-116

SUBJECT: SYSTEMS REQUIREMENTS FOR THE QUALIFIED MEDICARE BENEFICIARY (QMB)
PROGRAM

The purpose of this letter is to discuss MEDS systems requirements necessary for reporting eligibility information on Medicare Catastrophic Coverage Act (MCCA) Qualified Medicare Beneficiaries (QMBs). This letter contains the information presented at the QMB training sessions plus answers to questions raised during the training.

The eligibility requirements for the QMB program have been discussed in ACWDL 89-80.

New Aid Code

The Department has established aid code 80 as the new aid code to identify QMBs.

MEDS Processing/Storage

Since recipients eligible under the QMB program may also be part of an MC177 share of cost (SOC) case, MEDS will treat this new aid code as a Special Program aid code. MEDS stores special program eligibility information in one of two special program segments. These segments are currently used for Dialysis, Postpartum and 185% program eligibility. The special program data identifier for a QMB segment will be "QMB".

New Reporting Procedures

There will be two distinct groups of QMB recipients that will need to be reported to MEDS: 1) those people who already have confirmation of current Part A entitlement when they apply for aid in the counties and, 2) those people who need to make an application for Medicare Part A entitlement with the Social Security Administration (SSA) or those who have confirmation of Part A entitlement with a future effective date.

1) Group 1: Counties will report recipients with current Part A entitlement (either free or with a premium) using the regular ESACs of 1,2,3, or 6,7, and 8. These cases should not be reported to MEDS with a

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"pending Part A" ESAC because these recipients will have proof of current entitlement for Medicare Part A.

2) Group 2: Counties requested a system that could be used to report QMBs to MEDS before their entitlement to Medicare Part A has been confirmed by SSA. Counties will now be able to perform income and resource determinations and add these cases to MEDS in a "pending Part A entitlement" status until the beneficiary applies for, and/or we receive confirmation of, Part A Medicare from SSA. These cases will be referred to as "pre-approved" QMB cases.

MEDS will accept transactions with the ESAC of F, and place the recipients in eligibility status 899 (pending Part A confirmation). MEDS will not issue Medi-Cal cards to the recipients in this status. We plan to revise Renewal so that, if we have received confirmation of Part A entitlement from SSA, the recipient will be changed to an eligible status and a worker alert will be sent to the county confirming eligibility. We are waiting for more information from SSA as to the final month that we will receive Part A entitlement data on BENDEX and how that information will interact with MEDS. We will inform you as soon as we receive more information.

County Reporting to MEDS

On December 11, 1989, counties were informed that they could begin reporting QMBs to MEDS (Group 1 and Group 2 inclusive).

Transactions:

The QMB aid code (80) will be accepted or rejected on the same transactions as other special program aid codes. The following transactions will accept aid code 80: 1) EW16 - Immediate Need Card; 2) EW20 - Add New Recipient; 3) EW30 - Modify Individual Case; 4) EW40 - Termination/Hold Status Change for Individual Record; 5) EW10 - MEDS ID Number Change, and 6) EW11 - MEDS-ID Number Consolidation transaction. The EW16 and EW11 are online transactions only. All other transactions may be submitted either batch or online. As a reminder, when special program aid codes are entered on an EW30, all aid codes on the EW30 must be the same.

Effective Dates:

For all QMB recipients, the effective date should be the month following the month in which the county makes the determination of QMB eligibility, but no sooner than January 1, 1990.

Edits:

1. No Share-of-Cost (SOC) is allowed for the QMB aid code. Dual-eligibles may have a SOC amount for a SOC aid code, but no SOC amount will apply to, or be entered with, QMB eligibility data.

As with other special programs, beneficiaries may have regular Medi-Cal eligibility in addition to the QMB eligibility. These beneficiaries are referred to as "dual-eligibles". If these beneficiaries receive a full scope card, they will only receive one card which will cover their QMB benefits. As with other special programs, a QMB-only special program card will be generated, if the SOC has not been met and a full scope card for that month has not been issued.

Currently, there is an edit on MEDS which will issue an error message on the online EW16 when the beneficiary shows an unmet MC177 SOC for the requested month. The error message indicates that the aid code is not a SOC aid code but there is a SOC present. Until this problem is corrected, entry of one asterisk in the SOC-AMOUNT field on the EW16 will override the error message and allow the QMB special program ID card to be issued.

2. There is no pre or post eligibility for the QMB aid code. There is no three month retroactive eligibility allowed for the QMB aid code. There is no four or nine month continuing eligibility allowed for the QMB aid code.

Medi-Cal Card Issuance:

Medi-Cal ID card issuance for the QMB program eligibles will be the same as for other special program eligibles.

1. QMB-Only recipients will receive Medi-Cal cards with the restricted message "VALID ONLY FOR MEDICARE DEDUCTIBLES AND COINSURANCE" (see Attachment #1, sample card).

2. Beneficiaries with both Medi-Cal and QMB eligibility (dual-eligibles) will receive Medi-Cal cards with the message or absence of message normal for the regular Medi-Cal aid code and recipient status.

3. If a full scope Medi-Cal card has been issued, an EW16 transaction to request a QMB card will be rejected, since a QMB card is not necessary.

NOTE: This program differs from the 185% (Bergeson) program in that QMB eligibility must be reported to MEDS even if Medi-Cal cards will not be generated for the beneficiary (i.e., dual-eligibles). When there is regular Medi-Cal eligibility already on MEDS, QMB eligibility must be reported via an EW20 or EW30, rather than via an EW16.

Worker Alerts:

The system will send the following worker alerts to counties as modifications are made to existing programs. As these programming changes are made, we will inform you of the worker alert messages and numbers.

1. A worker alert will be generated which will notify the county of confirmation of Part A entitlement from SSA, for pre-approved cases, when the status code changes from 899 to active.
2. A worker alert will be generated which will notify the county of those pre-approved cases who were not confirmed for buy-in status for Part A from SSA. Alerts pertaining to non-eligibility for Part A will begin in approximately August.
3. As with other aid codes, a worker alert will be generated at redetermination month.
4. If the QMB beneficiary is receiving SSI, a worker alert will be generated when the county code on the SSI record changes. This alert will be sent to both the old and new counties of responsibility notifying them that the QMB case must be transferred.

Reconciliation:

As with all other special programs, the QMB special program aid code will not be included in Reconciliation, until sometime in the future. You will be informed well in advance of any plans to include special programs in the Reconciliation. In the meantime, all special program aid codes will be ignored.

Transferring County Of Responsibility

1) QMB Only and Dually Eligible Cases

Use the existing regulations and procedures regarding Inter-County Transfer (ICT) Packets (CCR, Title 22, Section 50136). Include all pertinent QMB forms in your ICT packet.

2) SSI cases with QMB eligibility

A. In the future, when the county code on the SSI record changes, a worker alert will be generated to both the old and new counties of responsibility, using the old county identification number. The old county will then transfer the QMB case via the regular ICT regulations (CAC, Title 22, Section 50136).

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B. The old county must retain responsibility of the QMB case until the new county assumes responsibility. Then, the case can be terminated from the old county and activated by the new county.

State Processing

Medicare Status Codes:

Beginning December 4, 1989, the Medicare Status Codes on MEDS were changed to reflect Part A as well as Part B entitlement. Although these new codes will show on MEDS as a two digit code, Medi-Cal cards will still be coded with a one digit Medicare status code. The new codes on the cards will be: blank for no Medicare entitlement, "1" for Medicare Part A, "2" for Medicare Part B and, "3" for Medicare Part A and Part B. Expanded codes will alert providers to the type of Medicare coverage available to the beneficiary, thus clarifying some current cross-over billing problems. See Attachment #2 for a listing of the new Medicare Status Codes. An ACWDL (89-98) has been sent out from DHS Buy-In Unit which further explains the new Medicare Status Codes.

Provider Notification:

The Department will notify Medi-Cal providers of the new QMB program via a provider bulletin. A draft copy of the provider bulletin is attached (Attachment #3).

State Identification of Potential QMBs

At the present time, our plan to identify existing county eligibles that may be potential QMBs will be as follows:

Data on existing Medi-Cal recipients in selected categories will be sent to counties to assist them in identifying current Medi-Cal recipients who need to be evaluated for potential QMB eligibility. This data was prepared on a one-time basis and mailed on December 19, 1989.

A special mailer will be sent to SSI recipients on approximately December 15, 1989, therefore these individuals will not be included in your listings. Attached (Attachment #4) is an informational copy of the mailer that the SSI beneficiaries will receive.

The State will generate both a summary listing (with control totals) and the necessary recipient forms for beneficiaries in each grouping noted below. These lists will be sorted in the sequence currently used for worker alerts. The basic sort for the QMB lists and forms will be county, district and

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Eligibility Worker (EW). They will be generated so that all forms for beneficiary "A" will be together, all forms for beneficiary "B" will be next, etc.

The chart (Attachment #5) which was included in ACWDL 89-80, will correspond to the following:

Data format will vary with beneficiary category:

- A) Part A free - Current MNs: summary listing and worker alerts.
- B) Part A with Premium - Current MNs and other cash groups: summary listing, worker alert, pre-addressed beneficiary NOA, and Fair Hearing information.
- C) Part B only - Current MNs and other cash groups: summary listing, worker alert, pre-addressed beneficiary NOA, Fair Hearing information, pre-addressed beneficiary SSA 795, and SSA 795 cover letter.
- D) No Part A or B - aged and not identified as an ineligible alien - Current MNs and other cash groups: summary listing, worker alert, pre-addressed beneficiary NOA, and Fair Hearing information.

Questions and Answers:

The following questions were raised in our training sessions, and may be of general interest to all counties.

1. Q: Since the income limit for the QMB program is so low (90% of current Federal Poverty Level), could there ever be the possibility of a dually eligible QMB with a SOC in the regular Medi-Cal program?

A: There may be instances where there are dually eligible QMBs with a SOC in the regular Medi-Cal program. Possible examples would be dually eligible QMB children who have a SOC in the regular Medi-Cal program.
2. Q: If a beneficiary is in pending status (899) and the county receives the Health Insurance Claim Number (HIC#), should they send it to DHS? And if so, how?

A: Yes, the county should send us the HIC#. Use an EW30 with the aid code of 80. We will be trying to buy-in for the beneficiary without a HIC#, which may be very difficult and prevent buy-in

for the individual. So, if you get the HIC # from the beneficiary, send it to us.

3. Q: Will the QMB-only card have Medi labels as well as POE labels? If so, does this mean that a dually-eligible SOC beneficiary who receives a QMB only card, then meets their SOC and receives a full-scope Medi-Cal card will receive extra Medi labels?

A: The QMB only card will have POE labels only. As with any other SOC case, once the beneficiary meets their SOC, they will receive a full scope card, including the Medi labels.

4. Q: If a county wishes to request an immediate need card they need to use an EW16. Does the HIC# have to be on the immediate need card?

A: Yes, the HIC# should be on the immediate need card. If you don't have a HIC# for the beneficiary, you may issue the immediate need QMB-only cards without the HIC#. If you have not already reported the HIC# to MEDS, follow up with an EW30 to report the HIC#.

5. Q: How will the QMB Worker Alerts be different from any other Worker Alerts?

A: The only difference will be the QMB aid code of 80. This is because a QMB can get the same worker alerts as any other beneficiary on Medi-Cal, i.e., birthdate conflict, MEDS ID-CO ID conflict.

6. Q: Some counties have different EWs for IHSS and Medi-Cal cases. If a Worker Alert is generated on the QMB program, will DHS send a Worker Alert to both the IHSS and Medi-Cal worker, when a beneficiary is dually eligible IHSS/QMB?

A: It depends on the Worker Alert. A Worker Alert will only be sent to the Medi-Cal worker if there are any problems with the QMB transactions. Any primary alerts will continue to go to the primary case worker.

7. Q: What should counties do with beneficiaries who are not on buy-in who should be or, vice versa?

A: If you have any Buy-In problems concerning the new Medicare status codes, handle them the same way you currently handle Buy-

In problems. Use the State Buy-In Problem Report Form HAS 8 (old form) or the new form DHS 6166.

8. Q: Since the State is paying only for co-insurance and deductibles, not services, for the QMB beneficiaries, what does the provider do with the QMB stickers?
- A: The provider follows the normal billing procedures for Medicare cross-over claims.
9. Q: What if QMB eligibility is established after renewal?
- A: The provider bills the normal way because the Fiscal Intermediary will show the correct Medicare coding and they will cross-over the claim to Medicare if necessary. If either the beneficiary or the Provider think that a new card with the correct Medicare coding would alleviate billing problems, you should produce a county issue card.
10. Q: Since DHS will be identifying potential QMBs, could these lists and boxes be sent to a specific person in the counties?
- A: Systems Unit sent out an EMC2 message stating that if counties wanted their QMB lists to go to a specific person, they should respond. If no response was received from the county, the listings were sent to the county person designated to receive your Worker Alerts.
11. Q: Will a LTC beneficiary with a SOC receive one or two Medi-Cal cards?
- A: LTC beneficiaries with a SOC will receive only one card which will cover their QMB benefits.
12. Q: What county case number is used for a dually eligible SSI/QMB beneficiary?
- A: The counties have the option of using either a county assigned case number or the SSI federal format for the QMB portion of the SSI/QMB case.
13. Q: If a dually eligible MN/QMB or SSI/QMB has their regular Medi-Cal benefits terminated, will the QMB benefits also be terminated?

- A: No. The county will have to use a separate transaction to terminate the QMB case. Even if MN or SSI eligibility is terminated, the beneficiary could still be eligible for QMB benefits. If a dually eligible beneficiary loses eligibility for one program, the county should always review the other program to make sure eligibility still exists.
14. Q: If a QMB is put on pre-approved status and the county discovers that the beneficiary has confirmation of current Part A entitlement, what transaction should be used to report to MEDS? And, will this transaction change the status of the case or should the county submit a transaction to drop the "pending" status?
- A: The county should send an EW20 or an EW30 with an ESAC of "1", if the beneficiary can show current Part A entitlement while the case is on pending status. This transaction will change the 899 pending status to active status; therefore the county does not need to send a separate transaction to release the pending status.
15. Q: If a beneficiary is put on pre-approved pending status and during the pending period the county discovers the beneficiary is not entitled to Part A Medicare, does the county go back and drop the pending status?
- A: The county could use a retroactive term date, as is done with any other case.
16. Q: Can the counties use the SDX microfiche instead of MEDS to verify grant amounts for SSI beneficiaries?
- A: MEDS is updated daily with SSI information while the SDX microfiche is not. The counties have been trained on how to use the QX page on MEDS to verify income. This is the only income verification method for SSI individuals that is authorized by DHS.
17. Q: Will counties be able to do history transactions, on Batch, with the QMB aid code?
- A: Yes. Although there is no retroactive eligibility for the QMB aid code, MEDS will accept history transactions, i.e., in the event of a Fair Hearing decision.
18. Q: Does DHS currently send Worker Alerts when a SSI beneficiary is

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discontinued?

A: At present, worker alerts are not generated when a beneficiary is discontinued from SSI. We are investigating the possibility of sending Worker Alerts when a SSI/QMB dually eligible beneficiary is discontinued from SSI.

Questions regarding these MEDS changes should be directed to your State MEDS Liaison.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: December 29, 1990

VALID: JAN 90 03/04/1922 F LASTNAME FIR41
 HIC# 123456789A 3 1234567895F 80
 VALID ONLY FOR MEDICARE 30190M22N
 COINSURANCE & DEDUCTIBLES LASTNAME FIR41
 41-80-9234567-8-90 **900 1234567895F 80
 FIRSTNAME I LASTNAME 30190M22N
 ADDRESS LINE 1 LASTNAME FIR41
 ADDRESS LINE 2 1234567895F 80
 CITY, STATE 94118 30190P22N
 MEDSID 123456789 1234567895F 80
 *001 0002 30190P22N
 LASTNAME FIR41
 SOC: 0000 O/C=N 1234567895F 80
 L427 30190P22N

IF PERSON AWARDED THIS CARD, WILL TO RECEIVE BENEFITS UNDER MEDICAL BENEFIT PROGRAM. PROVIDERS SHALL INDICATE AWARENESS OF BENEFIT PROGRAMS BEFORE MEDICAL CAN BE BILLED. PROVIDERS WILL BE REQUIRED TO BILL ALL OTHER HEALTH COVERAGE COORDINATING.

NEW MEDI-CAL CARD & MEDS MEDICARE CODING

ENCLOSURE #2

MEDS CODES (2 digits)

MEDI-CAL CARD CODES (1 digit)

First Digit = Part A (Hospital Coverage)

Second Digit = Part B (Medical Coverage)

Blank — Not Entitled

Blank/0 No Medicare Part A

Blank/0 No Medicare Part B

1 Paid by Beneficiary

1 Paid by Beneficiary

2 Paid by State

2 Paid by State

3 Free

3 Not Applicable

4 Not Applicable

4 Paid by Other Entity

5 BI Reject, Bendex Eligible

5 BI Reject, Bendex Eligible

6 BI Reject, Presumed Eligible

6 BI Reject, Presumed Eligible

7 Presumed Eligible

7 Presumed Eligible

8 BI Reject, Not Presumed Eligible

8 BI Reject, Not Presumed Eligible

9 Alien

9 Alien

1 Part A only

2 Part B only

3 Part A and Part B

BI Reject — Buy-In accretion rejected.

Bendex Eligible — Bendex File indicates Medicare entitlement.

MEDS/Medi-Cal Card Cross-Reference Chart

Medi-Cal Card Codes		MEDS: Medicare Part B (second digit)								
		0	1	2	4	5	6	7	8	9
MEDS: Medicare Part A (first digit)	0	—	2	2	2	2	2	2	—	—
	1	1	3	3	3	3	3	3	1	—
	2	1	3	3	3	3	3	3	1	—
	3	1	3	3	3	3	3	3	1	—
	5	1	3	3	3	3	3	3	1	—
	6	1	3	3	3	3	3	3	1	—
	7	1	3	3	3	3	3	3	1	—
	8	—	2	2	2	2	2	2	—	—
	9	—	—	—	—	—	—	—	—	—

A dash indicates a blank on the Medi-Cal card.

**Qualified Medicare
Beneficiary (QMB)
Program**

Effective January 1, 1990, a new Medi-Cal program will begin for certain Medicare beneficiaries who have limited income and resources. Under this program, Medi-Cal will pay for Medicare Part A and Part B premiums. Medi-Cal payments for Medicare deductibles and coinsurance (i.e., Medicare cost sharing expenses) will be made within Medi-Cal guidelines.

Aid Code 80

Aid code 80 identifies QMBs. The Medi-Cal I.D. cards (as shown below) will cover only restricted services and contain the message "VALID ONLY FOR MEDICARE COINSURANCE & DEDUCTIBLE".

MEDI-CAL IDENTIFICATION CARD	
PLEASE SIGN AND DATE THE BACK OF THIS CARD	
VALID: JAN 90 03/04/1922	F
HIC# 123456789A	3
VALID FOR MEDICARE COINSURANCE & DEDUCTIBLES 41-80-9234567-8-90	
FIRSTNAME I LASTNAME ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE	94118
MEDSID 123456789 001 0002	
SOC: 0000 O/C:N L427	
LASTNAME	FIR41
1234567895F	80
30190M22N	
LASTNAME	FIR41
1234567895F	80
30190M22N	
LASTNAME	FIR41
1234567895F	80
30190P22N	
LASTNAME	FIR41
1234567895F	80
30190P22N	

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDICAL. THE PROGRAM REQUIRES THAT PROVIDERS BILL MEDICARE, CHAMPUS, KAISER AND ROSS-LOOS BEFORE MEDICAL CAN BE BILLED. PROVIDERS ARE ENCOURAGED TO BILL ALL OTHER HEALTH COVERAGE CARRIERS DIRECTLY.

State-Issued Restricted Services Medi-Cal Identification Card

Providers must first bill Medicare in order for Medi-Cal to determine appropriate deductible and coinsurance payments. As with current crossover claims, the amount due from Medi-Cal will be based on the Medi-Cal allowed amount, not the Medicare allowable. Any residual amounts may not be collected from the QMB patient. Claims submitted for services other than these will be denied.

NEW MEDI-CAL PROGRAM FOR CERTAIN LOW-INCOME MEDICARE BENEFICIARIES

This bulletin is for your information and requires NO ACTION ON YOUR PART unless you wish to apply for the following program. If you are eligible but you do not wish to enroll in the program, there will be no change in your regular Medi-Cal benefits.

Beginning January 1, 1990, there is a new federal program for certain low-income Medicare beneficiaries. If you qualify, you will be eligible to have the Medi-Cal program pay your Medicare Part A hospital premiums, coinsurance, and deductibles.

If you are paying a monthly premium for Part A Medicare benefits, or you do not receive Part A benefits because you cannot afford to pay this premium, you may be eligible for this program if your SSI/SSP grant is \$153 or MORE.

Although Medi-Cal and Medicare cover similar services (benefits), Medicare Part A benefits may provide a slightly wider choice of hospitals and other health care facilities (nursing homes, etc.) depending on where you live.

For more information about the Qualified Medicare Beneficiary Program, please contact your local department of social services or call this toll free number for information: 1-800-292-8919.

NOTE: Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

SI USTED NECESITA QUE UN INTERPRETE LE EXPLIQUE ESTA NOTIFICACION
LLAME ESTE NUMERO: 1-800-292-8919.

QMB INITIAL PROCESSING

10/24/89

<u>General Public</u>	<u>County Contact</u>	<u>Verification</u>	<u>Action</u>
Part A with or without premium + Part B	Individual will contact after receiving Medicare newsletter	Medicare card or award letter, IEVS inquiry	County determines if QMB eligible Send NOA County reports QMB aid code 80 on MEDS if eligible for QMB-only or reports regular and QMB aid code if dually eligible.
Part A only without premium	Individual will contact after receiving Medicare newsletter	Medicare card or award letter, IEVS inquiry	County determines QMB eligibility Send NOA County reports QMB aid code on MEDS if eligible for QMB-only or reports regular and QMB aid code if dually eligible.
Part B only	Individual will contact	Medicare card or award letter, IEVS inquiry	County determines QMB eligibility except for Part A requirement. Send NOA. If eligible, request beneficiary to contact SSA for "conditional"* eligibility. Report preapproved QMB status to MEDS using the QMB aid code and the ESAC of F. If dually eligible, also report regular aid code. When Part A eligibility is established, MEDS will be changed to active status. Send NOA.

No Medicare benefits

Individual will contact

None

If age 65 or older including aged aliens with 5 year residency, county determines QMB eligibility. Send NOA.

If eligible, refer individual to SSA for "conditional" eligibility. Report preapproved QMB status to MEDS using QMB aid code and ESAC of F. If dually eligible, also report regular aid code.

When Part A eligibility is established, MEDS will show active status code. Send NOA.

Refer other individuals to SSA for verification of Medicare eligibility. When Part A eligibility is verified, (receipt for conditional Part A), county determines eligibility and reports preapproved QMB status to MEDS using QMB aid code and ESAC of F. Send NOA.

When Part A eligibility is established, MEDS will show active status code. Send NOA.

* A conditional individual has been approved for Part A by SSA but will not be responsible for the premium. SSA will verify those individuals who have been approved for conditional Part A benefits.

The QMB aid code is 80

<u>Current MNs</u>	<u>County Contact</u>	<u>Verification</u>	<u>Action</u>
Part A free +Part B	DHS will identify by county, district, and EW.	MEDS, IEVS, Medicare card, or DHS list	County will review all cases for income If eligible, county reports QMB aid code to MEDS
Part A with premium +Part B	DHS will identify by county, district, and EW and provide 3 copies of NOA.	MEDS, IEVS, Medicare card, DHS list	County will review all cases for income Send NOA
Part B only; currently on Buy-In*	DHS will identify by county, district, and EW with preprinted SSA 795 and preprinted 3 copies of NOA.	MEDS, IEVS, Medicare card, DHS list	If eligible, county reports QMB aid code to MEDS County will review all cases for income Send NOA and if eligible, request beneficiary complete SSA 795. Report preapproved QMB status to MEDS using QMB aid code and the ESAC of F. When Part A eligibility is established, MEDS will be changed to active status. Send NOA.
No Part A or B; aged and not identified as ineligible alien	DHS will identify by county, district, and EW and provide 3 copies of NOA.	MEDS, IEVS, DHS list	County will review all cases for income. If eligible, send to SSA. Send NOA. Report preapproved QMB status to MEDS using QMB aid code and the ESAC of F. When Part A eligibility is established, MEDS will be changed to active status. Send NOA.

*If not on Buy-In do not use SSA 795, follow procedures for General Public with Part B only.

<u>SSI Recipients</u>	<u>County Contact</u>	<u>Verification</u>	<u>Action</u>
Part A free +Part B	None	MEDS, IEVS, Medicare card	No action unless beneficiary requests QMB status. Then county reviews income and reports QMB aid code to MEDS if eligible.
Part A with premium +Part B	Beneficiary will contact county	MEDS, IEVS, Medicare card, DHS mailer	If contacted, county reviews income. Send NOA.
Part B only and currently on Buy-In*	Beneficiary will contact county	MEDS, IEVS, Medicare card, DHS mailer	If eligible, county reports QMB aid code on MEDS. Send NOA. If contacted, county reviews income. Send NOA. If eligible, request beneficiary to complete SSA 795 unless a "conditional" person. Report preapproved QMB status to MEDS using the QMB aid code and the ESAC of F.
No Part A or B	None	MEDS, IEVS	When Part A eligibility is established, MEDS will be changed to active status. Send NOA.
			No Action (aliens)
* If not on Buy-In do not use SSA 795, follow procedures for General Public with Part B only.			

Other Cash Groups (AFDC/IHHS)

County Contact

Verification

Action

Part A free
+Part B

None

MEDS, IEVS,
Medicaid card

No action unless
beneficiary requests
QMB status. County
will review case for
income and report QMB
aid code to MEDS if
eligible.

Part A with premium
+Part B

DHS will identify
by county, district,
and EW and provide
3 copies of NOA.

MEDS, IEVS,
Medicaid card,
DHS list

County will review all
cases for income.

Send NOA

If eligible, county
reports QMB aid code
to MEDS.

Part B only and
currently on Buy-In*

DHS will identify
by county and EW
with pre-printed
SSA 795 and 3 copies
of NOA.

MEDS, IEVS,
Medicaid card,
DHS list

County will review all
cases for income.

Send NOA. If eligible,
request beneficiary
complete SSA 795. Report
preapproved QMB status to MEDS
using QMB aid code and
the ESAC code of F.

When Part A eligibility is
established, MEDS will be changed
to active status. Send NOA.

No Part A or B;
aged and not
identified as
ineligible alien.

DHS will identify
by county, district,
and EW and provide
3 copies of NOA.

MEDS, IEVS,
DHS list

County will review all
cases for income. If
eligible, send to SSA.
Send NOA. Report QMB aid code
to MEDS using ESAC of F.
When Part A eligibility is
established, MEDS will be
changed to active status.
Send NOA.

*If not on Buy-In do not use SSA 795, follow procedures for General Public with Part B only.