STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
R.O. BOX 942732
SACRAMENTO, CA 94234-7320

December 29, 1989
Letter No.: 89-118

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED MEDICARE BENEFICIARY PROGRAM FORMS AND DRAFT REGULATIONS

Reference: ACWDL 89-80, 89-91, 89-106, 89-107

Enclosed are the Spanish versions of the Qualified Medicare Beneficiary (QMB) Notices of Action, the SSA 795 Cover Letter, and the English version of the QMB Information Notice.

The following forms are included in the enclosure:

1) MC 239J (SP)
2) MC 239K (SP)
3) SSA 795 Cover Sheet (SP)
4) MC Information Notice 008

As stated in ACWDL 89-106, we advise counties who had planned on ordering these forms to reproduce their own using the enclosed until the State Printing Plant has them in stock.

We have also enclosed a draft of the QMB regulations so that counties may enter the appropriate regulation number on the Notices of Action.

If you have any questions, please contact Marge Buzdas at (916) 324-4972.

Sincerely,

Original signed by
Angeline Mrva, for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures:

cc: All County Medi-Cal Liaisons
All County Program Consultants

Expiration Date: December 21, 1990

MEDI-CAL
NOTIFICACION DE ACCION
Aprobación para Beneficios como
Beneficiario Aprobado de Medicare

(County Stamp)

No del Estado:_____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTARA ESOS BENEFICIOS.

Hemos revisado su solicitud para determinar si usted es elegible para un programa nuevo que se llama Beneficiario Aprobado de Medicare (QMB).

Se ha determinado que:

☐ A partir de _____/ _____ / _____, usted es elegible para que el programa de Medi-Cal pague los costos de las porciones A y B de Medicare incluyendo las primas del seguro, el seguro copartícipe y los deducibles. Si usted actualmente está pagando las primas de Medicare, por favor tenga en cuenta que podrán transcurrir de 3 a 4 meses de la fecha en que usted es determinado ser elegible como QMB para que la Administración del Seguro Social (SSA) ya no le descuente el costo de estas primas de su cheque del seguro social. Posiblemente reciba un reembolso si existe un saldo a su favor en los registros de la SSA.

☐ Usted podrá ser elegible para que el programa de Medi-Cal pague por los costos de las porciones A y B del seguro de Medicare incluyendo las primas del seguro, el seguro copartícipe y los deducibles a partir del 1 de julio, _____; sin embargo, usted debe solicitar los beneficios de la porción A de la SSA.

Para solicitar los beneficios de la porción A:

☐ Por favor firme y feche la forma que se adjunta y envíela a la dirección que aparece en las instrucciones de la forma antes del 31 de marzo. Una vez que la SSA verifique su elegibilidad para la porción A, se le notificará.

Por favor vaya a su oficina local de la SSA y solicite beneficios "provisionales"de la porción A antes del 31 de marzo. Una vez que la SSA verifique su elegibilidad para la porción A, se le notificará.

☐ Dado que usted ya solicitó los beneficios provisionales de la porción A de Medicare de la oficina de la SSA, usted será elegible para el programa QMB a partir del 1 de julio, una vez que la SSA verifique su elegibilidad para la porción A. Usted no necesita hacer nada más.

☐ Usted también es elegible para beneficios normales de Medi-Cal a partir de _____ / _____ / _____.

☐ Si usted solicitó beneficios normales de Medi-Cal, recibirá notificación por separado.

Los ordenamientos que requieren esta acción son las secciones _____, del título 22 del Código de Ordenamientos de California.

_____ (Trabajador(a) de elegibilidad)

_____ (Teléfono)

_____ (Fecha)

MC 239 (10/92) (SP)

MEDI-CAL
NOTIFICACION DE ACCION
Negación o Descontinuación de Beneficios como Beneficiario Aprobado de Medicare

(County Stamp)

No del Estado: _____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL ESTO NO AFECTARA ESTOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted es elegible para un programa nuevo que se llama Beneficiario Aprobado de Medicare (QMB).

Se ha determinado que:

☐ Usted no es elegible para el programa QMB.

☐ Su elegibilidad para el programa QMB termina _____ / _____ / _____ .

La razón es la siguiente:

☐ Sus _____ (ingresos/bienes) exceden el límite. Si usted tiene la porción A del seguro de Medicare y si el valor de sus _____ (ingresos/bienes) disminuyen, usted puede volver a solicitar. El límite es de

$ _____ . Si usted no tiene la porción A de Medicare, por favor vuelva a solicitarla en enero. Es posible que el límite de ingreso aumente en los próximos años.

☐ La Administración del Seguro Social (SSA) no confirmó que usted es elegible para la porción A del seguro de Medicare. Para mayor información comuníquese con su oficina local de la SSA.

☐ Usted no tiene cobertura de la porción A y/o de la porción B. Para solicitarla, comuníquese con su oficina local de la SSA. Una vez que usted reciba la verificación de Medicare, comuníquese con nuestra oficina nuevamente.

☐ Otras razones. . . . .

☐ Usted no es elegible para recibir beneficios normales del programa de Medi-Cal porque:

☐ Si también solicitó beneficios normales de Medi-Cal, recibirá notificación sobre este programa por separado.

Los ordenamientos que requieren esta acción son las secciones _____ del título 22 del Código de Ordenamientos de California.

_____ (Trabajador(a) de elegibilidad)

_____ (Teléfono)

_____ (Fecha)

PAGINA PRELIMINAR DE LA FORMA SSA 795 PARA INSCRIBIRSE EN EL PROGRAMA DE SEGURO DE HOSPITALIZACION DE MEDICARE

ES POSIBLE QUE UN NUEVO BENEFICIO ESTE A LA DISPOSICION PARA USTED - *SEGURO DE HOSPITALIZACION* DE MEDICARE

Hay un nuevo beneficio que se ofrece bajo el programa de Medicare que posiblemente usted quiera tener. De acuerdo a un nuevo ordenamiento, si usted quiere tener *Seguro de Hospitalización* (Porción A), es posible que nosotros podamos comprarlo por usted y pagar las primas del seguro, los deducibles, y el seguro copartícipe. Ya estamos pagando su Seguro de Hospitalización de Medicare (Porción B), que cubre servicios que usted reciba de doctores, y otros artículos y servicios médicos. Sin embargo, antes de que podamos pagar la Porción A de su *Seguro de Hospitalización*, usted tendrá que ser un "Beneficiario Aprobado de Medicare".

¿POR QUE DEBE INSCRIBIRSE EN EL SEGURO DE HOSPITALIZACION?

Al tener *Seguro de Hospitalización*, usted posiblemente pueda tener una mayor selección de hospitales donde usted pueda recibir cuidado médico dependiendo del área donde viva. El *Seguro de Hospitalización* de Medicare posiblemente le proporcione beneficios un poco diferentes que los ofrecidos por el programa de Medi-Cal.

¿QUE SUCEDE SI USTED NO QUIERE SER UN BENEFICIARIO APROBADO DE MEDICARE?

Si usted no quiere inscribirse, continuaremos pagando la Porción B del *Seguro de Hospitalización* de Medicare, seguro copartícipe y deducible y los beneficios normales de Medi-Cal continuarán a menos que usted ya no llene los requisitos de elegibilidad del programa de Medi-Cal. Aún seguirá teniendo cobertura para do el cuidado médico necesario incluyendo nospitalización total.

¿QUIEN PUEDE SER UN "BENEFICIARIO APROBADO DE MEDICARE"?

Para poder ser un Beneficiario Aprobado de Medicare:

1. Sus ingresos deben estar, o ser menos que el límite federal el cual es un porcentaje del nivel de pobreza de acuerdo al gobierno federal,

2. Sus bienes deben estar al nivel, o ser menos que el valor doble del límite de propiedad de Medi-Cal,

3. Debe llenar otros requisitos normales del programa de Medi-Cal tal como residencia legal,

4. Debe tener la Porción A del *Seguro de Hospitalización* de Medicare.

Si usted no tiene derecho a recibir *Seguro de Hospitalización* de Medicare gratuitamente, y debe pagar una prima mensual, nosotros pagaremos la prima por usted si llena los cuatro (4) requisitos que se describen arriba.

LO QUE DEBE HACER PARA INSCRIBIRSE

Ya se ha determinado que usted es elegible para el primero, segundo y tercer requisitos porque sus ingresos y bienes están al nivel, o bajo el límite federal y usted llena otros requisitos para el programa de Medi-Cal. Si usted quiere ser un Beneficiario Aprobado de Medicare, el último paso necesario que usted tiene que hacer es firmar la forma SSA 795 que se adjunta y enviarla a más tardar el 31 de marzo:

Great Lakes Program Service Center
P. O. BOX 5740
Chicago, Illinois 60680

La Administración del Seguro Social nos informará cuando usted llene los requisitos para el *Seguro de Hospitalización.*

¿QUE SUCEDE SI USTED SE INSCRIBE EN EL *SEGURO DE HOSPITALIZACION* ?

Si llena todos los requisitos será considerado como un Beneficiario Aprobado de Medicare y comenzaremos a pagar las primas, los deducibles y el seguro copartícipe del *Seguro de Hospitalización* de usted en julio. Usted recibirá los mismos beneficios Catastróficos de Medicare como los otros beneficiarios de Medicare, más la ventaja de que el programa de Medi-Cal pagará otros gastos de cobertura de la Porción A. Continuaremos pagando las primas, los deducibles y el seguro copartícipe de la Porción B del seguro médico de Medicare.

¿QUE SUCEDE SI USTED NO SE INSCRIBE A TIEMPO?

Para inscribirse este año, debe enviar la forma que se adjunta a más tardar el 31 de marzo. Si no lo hace, debe esperar hasta enero, febrero o marzo del siguiente año cuando tendrá otra oportunidad de inscribirse en el *Seguro de Hospitalización.*

¿QUE SUCEDE SI USTED YA NO ES CONSIDERADO UN BENEFICIARIO APROBADO DE MEDICARE?.

Si usted ya no es considerado un Beneficiario Aprobado de Medicare porque sus ingresos o bienes han aumentado, o no llena los otros requisitos de Medi-Cal, no podremos continuar pagando sus primas del *Seguro de Hospitalización.* Si desea conservar el *Seguro de Hospitalización* de Medicare, usted tendrá que pagar las primas por su cuenta.

¿QUE DEBE HACER SI LA INFORMACION CONTENIDA EN LA FORMA ESTA INCORRECTA?

Si su nombre, o el número de su reclamo del seguro de hospitalización que aparecen en la forma entán incorrectos, por favor haga los cambios con tinta en letra de imprenta y proceda a completar la forma y enviarla.

RECUPERACION DE FONDOS POR MEDI-CAL PROVENIENTES DE UN CAUDAL HEREDITARIO

El estado puede recuperar pagos hechos por el programa de Medi-Cal por los beneficios que haya recibido un beneficiario después de cumplir 65 años de edad bajo ciertas condiciones después de la muerte de esta persona. La recuperación de fondos posiblemente pueda provenir del caudal hereditario o del heredero del beneficiaro de Medi-Cal si esta persona, al morir, no tiene esposo(a), hijos menores de edad, o un hijo(a) totalmente incapacitado.

SI TIENE PREGUNTAS

Si usted tiene preguntas, debe comunicarse o escribirle a su trabajador(a) de elegibilidad a su oficina local de bienestar para obtener más información.

QUALIFIED MEDICARE BENEFICIARY PROGRAM

INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Program. People eligible for this program will have their Medicare expenses for Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a qualified Medicare beneficiary *(QMB)*.

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have income which is equal to or less than $469 if he/she is a single person or $622 if he/she is married and living with a spouse.
3. A *QMB* must have property which is less than or equal to $4000 if he/she is single or $6000 if he/she is married and living with a spouse.
4. A *QMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *QMB* requirements.

REQUIREMENT 1 A *QMB* must be eligible for Medicare Part A.

- ☐ I already have Part A Medicare Hospital Insurance.
- ☐ I do not have Part A Hospital Insurance but I understand I must apply for Part A at the Social Security Administration before March 31, 1990. I understand that I can make a "conditional application" for Part A so that I will only receive it if the premium is paid by the Medi-Cal program.
  - ☐ I have already applied for Part A.
  - ☐ I will apply before March 31, 1990.

REQUIREMENT 2 A *QMB* who is not married or not living with a spouse must have countable income at or under $469. A *QMB* living with a spouse must have countable income at or under $622. These amounts are expected to increase sometime in March.

The following are examples of some types of income that count towards the *QMB* income limit. When a person applies to be a *QMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

I. Fill in the *MONTHLY* amounts for the person who wants to be *QMB*

1.	Social Security check	$
2.	VA benefits	$
3	Interest from bank accounts or certificates of deposits	$
4.	Retirement Income	$
5.	Any other Income	$
6.	Total - Add lines 1 through 5.	$

II. If you are married and living with your spouse, complete the following *MONTHLY* amounts for your spouse even if this spouse also wants to be a *QMB*.

7.	Social Security check	$
8.	VA benefits	$
9.	Interest from bank accounts or certificates of deposit	$
10.	Any other Income	$
11.	Retirement Income	$
12.	Total - Add lines 7 through 11.	$

III. Fill in the *MONTHLY* amounts for the person in I, and if married, the spouse in II.

13.	Gross earnings for the person who wants to be *QMB*	$
14.	Gross earnings for the Spouse	$
15.	Total - Add lines 13 and 14	$
16.	Subtract $65	-$65
17.	Remainder	$
18.	Divide by 2	$
19.	Total - Add lines 6, 12, and 18	$

If you are not married, this amount cannot exceed $469. If you are married and living with your spouse, this total cannot exceed $622. However, if you have children or your spouse has low income this total may be higher.

REQUIREMENT 3 A *QMB* who is not married or not living with his/her spouse must have countable property which is or under $4000. A *QMB* who is married and living with his/her spouse must have countable property at or under $6000.

The following gives examples of property which counts. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *QMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *QMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1.	Checking accounts	$
2.	Savings accounts	$
3.	Certificates of Deposit	$
4.	Stocks	$
5.	Bonds	$
6.	A second car (value minus amounts owed)	$
7.	A second home (value minus amounts owed)	$
8.	The cash surrender value of life insurance policies if the face value of all policies combined exceeds $1500. (Do not include "term" insurance policies)	$
9.	Total - Add lines 1 - 8.	$

This amount cannot exceed $4000 for a single person or $6000 for a couple.

REQUIREMENT 4 A *QMB* must meet certain other Medi-Cal conditions. For example, 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.

Additional Information

For more information or if you wish to apply as a *QMB*, please call the number of your local department of social services, or call : 1-(800) 292-8919.

Adopt Section 50045.1, Title 22, CCR

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Section 50045.1 Impairment Related Work Expenses (IRWE)

"Impairment Related Work Expenses" (IRWE) means those expenses of a working disabled Qualified Medicare Beneficiary Program applicant/beneficiary which are necessary to become or remain employed. Such expenses include but are not limited to expenses which are:

(a) Required to control a disabling condition, thereby enabling the individual to work;

(b) Essential to meet the physical and/or mental demands of a job, e.g., wheelchairs, respirators, prosthesis;

(c) Necessary in preparing for work, in traveling to and from work, or assistance needed immediately upon returning from work (e.g., attendant care services, transportation costs, exterior ramps, and railing or pathways modified to the exterior of the applicant's beneficiary's residence).

NOTE: Authority: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Sections 1382 and 1396, Title 42, United States Code; and Section 14005.11 of the Welfare and Institutions Code.

Adopt Section 50079.6, Title 22, CCR

Section 50079.6 Qualified Medicare Beneficiary. (a) "Qualified Medicare Beneficiary" means an individual who meets the eligibility for the Qualified Medicare Beneficiary Program specified in Section 50258.

NOTE: Authority: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Section 1396, Title 42, United States Code; and 14005.11 of the Welfare and Institutions Code.

Adopt Section 50258, Title 22, CCR

Section 50258. Qualified Medicare Beneficiary Program.

(a) Eligibility criteria:

To receive Medi-Cal benefits under the Qualified Medicare Beneficiary Program an individual must:

(1) Be entitled to Part A Medicare hospital insurance benefits.

(2) Have nonexempt income as defined in Section 50570 which does not exceed 90% of the official poverty level in 1990, 95% of the official poverty level in 1991, and 100% of the official poverty level in 1992 and thereafter, as defined by the Federal Office of Management and Budget, and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981. The share of cost process for incurred medical expenses under Article 12 is not applicable under this program.

(3) Have resources which do not exceed twice the Medi-Cal resource limit as specified in Section 50421.

(4) Meet all other requirements for Medi-Cal eligibility.

(b) Period of Eligibility:

Notwithstanding Sections 50701, 50703, and 50710, eligibility for the Qualified Medicare Beneficiary Program shall begin the first of the month following the month of approval.

(c) Benefits:

The Department shall pay: Medicare premiums, coinsurance, and deductibles for qualified Medicare beneficiaries as defined in Section 50079.6

NOTE: Authority: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Sections 1396(a) and 1396(d), Title 42, United States Code; and Section 14005.11, Welfare and Institutions Code.

Adopt Section 50421, Title 22, CCR

Section 50421 Property Limit for the Qualified Medicare Beneficiary

(a) The net nonexempt property of a Qualified Medicare Beneficiary (QMB) applicant/beneficiary as determined under Section 50421(b) cannot exceed twice the Medi-Cal property limit as specified in Section 50420. net nonexempt property shall be determined in accordance with Article 9 of this Chapter.

(b) If the QMB applicant/beneficiary meets the standard Medi-Cal property limits specified in Section 50420, the QMB property requirement is met.

(c) Methodology for Determining Net Nonexempt Property.

(1) Adult

Only the property of the QMB applicant or beneficiary and his/her spouse, if living in the home, shall be considered in determining net nonexempt property. Such property shall be determined in accordance with Article 9 and shall be compared to twice the Medi-Cal property limit for one person (or two persons, if the spouse is living in the home) as specified in Section 50420.

A QMB applicant/beneficiary who is married or is 28 years of age or older shall be considered an adult for purposes of this section.

(2) Child

Net nonexempt property shall be determined in accordance with Article 9. Only the property of the QMB child and his/her parent(s) and/or stepparent shall be considered in determining net nonexempt property. For purposes of this subsection, the parent(s) includes a stepparent. A QMB applicant/beneficiary who is unmarried and younger than 18 years of age shall be considered a child for purposes of this section.

(a) The parent(s)'s net nonexempt property shall be compared to the Medi-Cal property limit for one or two persons (depending upon the number of parents in the home). If the parent(s)'s net nonexempt property does not exceed this property limit, only the QMB applicant/beneficiary's property shall be considered. If the parent(s)'s net nonexempt property exceeds the Medi-Cal property limit, the excess amount over the Medi-Cal property limit shall be added to the QMB child's own net nonexempt property. The QMB child's total net nonexempt property shall be compared to twice the medi-Cal property limit for one person.

(B) If there are two or more QMB applicant/beneficiary children in the home, the parent(s)'s net nonexempt property shall be equally divided among the QMB children. A QMB child shall no longer receive his/her parental allocation of net nonexempt property when:

(1) the parental allocation of net nonexempt property when added to the QMB child's own net nonexempt property exceeds twice the medi-Cal property limit for one person, or

(2) the QMB child is found ineligible as a QMB for any other reason. The parent(s)'s net nonexempt property shall then be redivided equally among the remaining QMB children in the home.

NOTE: Authority: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Section 416.1202 and 416.1205, Title 20, Code of Federal Regulations, Section 1396, Title 42, United states Code, and 14005.11 of the Welfare and Institutions Code.

DRAFT

Adopt Section 50570, Title 22, CCR

Section 50570 Income Determination for the Qualified Medicare Beneficiary.

(a) Net nonexempt income shall first be determined in accordance with all the applicable provisions of article 8 and Article 10, except that the health insurance premiums as specified under Section 50555.2 are not allowed and the deduction for IRWE as defined in Section 50445.1 is allowed.

(b) If ineligibility results, the net nonexempt income then will be determined following the SSI income methodology specified in Title XVI of the federal Social Security Act, Section 1612.

(c) The income amount established under (a) or (b) shall be the percent provided under (d) of the official poverty level as defined by the Office of Management and Budget and revised annually in accordance with Section 673(2) of the Omnibus Budget Reconciliation Act of 1981.

(d) The percent provided under this program with respect to eligibility for the QMB Program on or after:

(1) January 1, 1990 is 90 percent

(2) January 1, 1991 is 95 percent

(3) January 1, 1992, and thereafter is 100 percent

(e) In determine the eligibility of an adult, couple, or child for the QMB program, the net nonexempt income shall not exceed the income level as established in (c) above.

NOTE: Authority: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Section 1396, Title 42, United States Code; and Sections 14005.11 of the Welfare and Institutions Code.

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Amend Section 50773(b)(3), Title 22, CCR

Section 50773. Medicare Buy-In.

(a) No Change.

(b) State payment of Part B premiums under the Buy-In provision shall become effective the:

(1) Third month of Medi-Cal eligibility for MN persons who were not eligible for a federally covered Medi-Cal program in the month before their first month of MN eligibility.

(2) First month of eligibility for PA and Other PA recipients and MN persons not specified in (1).

(3) Month after the month of eligibility for qualified Medicare beneficiaries in accordance with Section 50258.

NOTE: Authority cited: Section 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14005.1 and 14050.1 and 14005.11, Welfare and Institutions Code; and Section 1396, Title 42, United States Code.

DRAFT

Amend Section 50777(c), Title 22, CCR

Section 50777. Requirement to Apply for Medicare.

(a) No Change.

(b) No Change.

(c) The persons specified in (a) and (b) shall submit verification to the county department of the approval or denial of their Medicare eligibility within 60 days of the date they are notified of the requirement to apply or within 10 days of the notification of approval or denial if their eligibility for Medicare is not determined within 60 days. Persons who would only be eligible for Medicare Part A if they paid a premium shall not be required to accept Part A benefits except those applying under Section 50079.6

NOTE: Authority cited: Section 10725 and 14124.5 of the Welfare and Institutions Code. Reference: Section 14005 and 14109, Welfare and Institutions Code; and , Sections 426(b) and , 426-1, 1396, Title 42, United States Code; and Sections 405.210(b)(1)(iv), 408.5, 408.12, 408.13 and 435.603, Title 42, Code of Federal Regulations.