RIMENT OF HEALTH SERVICES

5 REET 2732

TO:

TO CA 94234-7320



September 12, 1991

Letter No.: 91-76

All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: MEDICARE BUY-IN UNIT NAME CHANGE

This is to inform you that effective September 1, 1991, the Medicare Buy-In Unit's new name will be changed to the Medicare Premium Payment Unit.

This name change was necessary due to expanded responsibilities of the Unit.

When corresponding with the Unit, please use the new name in the address:

State of California Department of Health Services Medicare Premium Payment Unit P. O. Box 1287 Sacramento, CA 95812-1287

Questions regarding the Unit name change should be directed to Henry L. Placencia at (916) 739-3205. Your cooperation is appreciated.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch