DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
10. BOX 942732
ACRAMENTO, CA 94234-7320



March 20, 1992

Letter No.: 92-20

TO: All County Welfare Directors

All County Administrative Officers

All County Program Specialists/Liaison

SUBJECT: QMB Outreach

REFERENCE: 91-09, 91-62, 91-118, 91-120

This is to inform you of various outreach programs to provide low income disabled and seniors with information about the Qualified Medicare Beneficiary (QMB) program as a result of June 1991 report, "The Secret Benefits: The Failure to Provide the Medicare Buy-in to Poor Seniors" released by Families, USA.

We were informed in February that on January 3, 1992, the Social Security Administration (SSA) sent a stuffer to SSA recipients with their SSA checks providing information about the Qualified Medicare Beneficiary (QMB) program. This stuffer instructed the recipient to contact the State or local medical assistance, social service office, or welfare office.

In February, the State Department of Health Services (DHS) sent a QMB mailer to approximately 100,000 SSI/SSP recipients who have no Medicare Part A or who purchase it. A copy of this notice was enclosed in All County Welfare Director's Letter No. 91-118.

SSA recently sent DHS a tape containing 17,500 potential QMBS who have enrolled in "conditional" Medicare Part A. Most of these individuals are California SSI/SSP recipients who have not contacted the counties for a QMB determination. We are considering sending them a mailer informing them to contact their local county welfare department.

In late March, the Health Care Financing Administration (HCFA) plans to distribute a QMB brochure (see enclosed) through organizations serving senior citizens. This brochure is intended to reach all 30 million elderly Medicare beneficiaries nationwide who may be entitled to benefits. The 1992 General Enrollment Period deadline is March 31, 1992; therefore, those individuals not already enrolled in Medicare Part A may not benefit from the outreach campaign.

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The brochure will contain a national 800 phone number for these potential QMBS to call for initial information. The potential QMB then will be referred to a state or local number. Counties were previously requested to provide a name, address, and phone number of a contact person for this QMB brochure. Please review the enclosed list for accuracy.

If you have any corrections or questions, please contact Marge Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosures

QUALIFIED MEDICARE BENEFICIARY (QMB) CONTACT LIST

- Ol ALAMEDA COUNTY
 Social Services Agency
 Don Sandri
 401 Broadway-3rd Floor
 Oakland, CA 94607
 (510) 670-6261
- O2 ALPINE COUNTY
 Dept. of Social Services
 Lorraine Lake
 14810 Highway 89, P. O. Box 277
 Markleeville, CA 96120
 (916) 694-2235
- 03 AMADOR COUNTY
 Dept. of Social Services
 Emily Daniel
 125 Academy Drive
 Sutter Creek, CA 95685
 (209) 223-6550
- O4 BUTTE COUNTY
 Dept. of Social Welfare
 Brenda Pilgram
 42 County Center Drive
 P.O. Box 1649
 Oroville, CA 95965
 (916) 538-2071
- O5 CALAVERAS COUNTY
 Welfare Department
 Carol Allen
 Govt. Center, Mtn. Ranch Rd.
 San Andreas, CA 95249
 (209) 754-6444
- O6 COLUSA COUNTY
 Dept. of Social Welfare
 Nancy Montgomery
 251 E. Webster
 P. O. Box 370
 Colusa, CA 95932
 (916) 458-4985
- O7 CONTRA COSTA
 Social Services Dept.
 Arlene James
 40 Douglas Drive
 Martinez, CA 94553
 (510) 313-1547
- O8 DEL NORTE COUNTY
 Welfare Department
 Teri Husberg
 981 H Street
 Crescent City, CA 95531
 (707) 464-3191

- O9 EL DORADO COUNTY
 Welfare Department
 Mary Peterson
 2929 Grandview St
 P. O. Box 1637
 Placerville, CA 95667
 (916) 621-6376
- 10 FRESNO COUNTY
 Dept. of Social Services
 Johnnie Belford
 (209) 453-4779 or
 Gayle DeLateur
 (209) 453-6469
 4449 E. Kings Canyon
 P.O. Box 1912
 Fresno, CA 93750
- 11 GLENN COUNTY
 Dept. of Social Services
 Patti Blakeman
 135 No. Enright
 P.O. Box 611
 Willows, CA 95988
 (916) 934-6514
- 12 HUMBOLDT COUNTY
 Dept. of Social Services
 Patti Fisher
 929 Koster Street
 Eureka, CA 95501
 (707) 445-6028
- 13 IMPERIAL COUNTY
 Department of Social Services
 Debbie Nolta
 P. O. Box 930
 El Centro, CA 92244
 (619) 353-1400 Ext. 690
- 14 INYO COUNTY
 Dept. of Social Services
 Darlene Landis
 162A Grove Street
 Bishop, CA 93514
 (619) 872-1394
- 15 KERN COUNTY
 Dept. of Human Services
 Karyn Bostick
 100 E. California Ave.
 Bakersfield, CA 93307
 (805) 631-6186
- 16 KINGS COUNTY
 Human Services Agency
 Dena Borba

- 1200 South Drive Hanford, CA 93230 (209) 582-3241 Ext. 2317
- 17 LAKE COUNTY
 Dept. of Social Services
 Sheila Haas
 1220 Martin Street
 P.O. Box 190
 (707) 995-3422
 Lakeport, CA 95453
- 18 LASSEN COUNTY
 Dept. of Social Welfare
 Nellie Guinn
 720 Richmond Road
 P. O. Box 1359
 Susanville, CA 96130
 (916) 257-8311 Ext. 157
- 19 LOS ANGELES COUNTY
 Dept. of Public Social Services
 General Information Number
 P. O. Box 5493
 El Monte, CA 91731
 (818) 572-5851
- 20 MADERA COUNTY
 Dept. of Public Welfare
 Nancy Brice
 629 E. Yosemite
 P. O. Box 569
 Madera, CA 93638
 (209) 675-7841
- 21 MARIN COUNTY
 Dept. of Health & Human Services
 Jenny Santellan
 3501 Civic Center Br.
 P. O. 4160
 San Rafael, CA 94913
 (415) 499-7089
- 22 MARIPOSA COUNTY
 Debbie Smith
 Dept. of Human Services
 Social Services Division
 5186 Highway 49 North
 P. O. Box 7
 Mariposa, CA 95338
 (209) 966-3609
- 23 MENDOCINO COUNTY
 Dept. of Social Services
 Nancy Naumann
 747 South State Street
 P. O. Box 1060
 Ukiah, CA 95482
 (707) 463-2437 Ext. 173

- 24 MERCED COUNTY
 Human Services Agency
 Edith Rodriquez
 P. 0. 112
 Merced, CA 95641
 (209) 385-3000 Ext. 5496
- 25 MODOC COUNTY
 Dept. of Social Services
 Pat Wood
 120 North Main Street
 Alturas, CA 96101
 (916) 233-3939 Ext. 501
- 26 MONO COUNTY
 Dept. of Social Welfare
 Frances Thompson
 Emigrant Street
 Bridgeport, CA 93517
 (619) 932-7291
- 27 MONTEREY COUNTY
 Dept. of Social Services
 General Information Number
 1000 S. Main Street, Suite 208
 Salinas, CA 93901
 (408) 755-8500
- 28 NAPA COUNTY
 Dept. of Social Services
 Beverly Peterson
 2344 Old Sonoma Road
 P. O. Box 329
 Napa, CA 94559-0329
 (707) 253-4379
- 29 NEVADA COUNTY
 Dept. of Public Social Services
 Cynthia Bryan
 950 Maidu Ave
 P. O. Box 1210
 Nevada City, CA 95959
 (916) 265-1340
- ORANGE COUNTY
 Social Services Agency
 Medi-Cal Officer of the Day
 1055 North Main Street. Rm 600
 Santa Ana, CA 92701
 (714) 939-4000
- 31 PLACER COUNTY
 County Welfare Dept.
 General Information Number
 11519 B Avenue
 Auburn, CA 95603
 (916) 889-7610

- 32 PLUMAS COUNTY
 Dept. of Social Services
 Carol Roberts
 270 County Hospital Road
 P. O. Box 360
 Quincy, CA 95971
 (916) 283-6350
- 33 RIVERSIDE COUNTY
 Dept. of Public Social Services
 Gloria Moore
 4060 County Circle Drive
 P. O. Box 7789
 Riverside, CA 92513
 (714) 358-3262
- 34 SACRAMENTO COUNTY
 Dept. of Social Services
 Kathy Seatris- A920
 1725 28th Street
 Sacramento, CA 95816
 (916) 732-9376
- 35 SAN BENITO COUNTY
 Human Services Agency
 Alma Villasana
 380 San Benito Street
 Hollister, CA 95023
 (408) 637-5336
- 36 SAN BERNARDINO COUNTY
 Dept. of Public Social Services
 General Information Number
 468 W. 5th Street, 2nd Floor, #420
 San Bernardino, CA 92401
 Call local Dept. of Social Services
- 37 SAN DIEGO COUNTY
 Dept. of Social Services
 QMB Specialist
 7947 Mission Center Court
 San Diego, CA 92101
 (619) 531-5814
- 38 SAN FRANCISCO COUNTY
 General Information Number
 Dept. of Social Services
 P. O. Box 7988
 San Francisco, CA 94120
 (415) 557-6050
- 39 SAN JOAQUIN COUNTY
 Dept. of Public Assistance
 Linda Calvert

- 333 E. Washington P. O. Box 201056 Stockton, CA 95201 (209) 468-1696
- 40 SAN LUIS OBISPO COUNTY
 Dept. of Social Services
 Holly Feather
 3220 S. Higuera Street
 P. O. Box 8119
 San Luis Obispo, CA 93403-8119
 (805) 549-4166
- 41 SAN MATEO COUNTY
 Dept. of Social Services
 Jamie Buckmaster
 400 Harbor Blvd., Bldg. B
 Belmont, CA 94002
 (415) 595-7566
- 42 SANTA BARBARA COUNTY
 Dept. of Social Services
 Allegra Shiner
 234 Camino Del Remedio
 Santa Barbara, CA 93110
 (805) 346-7103
- 43 SANTA CLARA COUNTY
 Social Services Agency
 Terri Perez
 1670 Los Plumas Ave., Suite H
 San Jose, CA 95110
 (408) 299-7695
- 44 SANTA CRUZ COUNTY
 Human Resources Agency
 Nan Toy
 1020 Emeline St
 P. O. Box 1320
 Santa Cruz, CA 95060
 (408) 425-2521
- 46 SHASTA COUNTY

 Dept: of Social Services
 Karen Boyer
 2460 Breslauer Way
 P. O. Box 6005
 Redding, CA 96049
 (916) 225-5794
- 46 SIERRA COUNTY
 Human Services
 Lori Wright
 195 Front Street
 P. O. Box 1019
 Loyalton, CA 96118
 (916) 993-6720

- 47 SISKIYOU COUNTY
 Welfare Dept.
 Maureen Olson
 Court House, Room #4
 Yreka, CA 96097
 (916) 842-4471
- 48 SOLANO COUNTY
 Public Welfare Dept.
 For Vallejo & Benica:
 355 Tuolumne Street
 Vallejo, CA 94590
 (707) 553-5359
 For all other cities:
 240 Travis Court
 Suisun, Ca 94585
 (707) 421-7700
- 49 SONOMA COUNTY
 Social Services Dept.
 George Alberigi
 2550 Paulin Drive
 P. O. Box 1539
 Santa Rosa, CA 95402
 (707) 527-2139
- 50 STANISLAUS COUNTY
 Dept. of Social Services
 Dan Sandoval
 P. O. Box 42
 Modesto, CA 95353
 (209) 525-6664
- 51 SUTTER COUNTY
 Welfare & Social Services
 Pat Evans
 190 Garden Highway
 P. O. Box 1535
 Yuba City, CA 95992-1535
 (916) 741-7230
- 52 TEHAMA COUNTY
 Dept. of Social Welfare
 Bonnie Davis
 1135 Lincoln
 P. O. Box 1515
 Red Bluff, CA 96080
 (916) 527-1911
- TRINITY COUNTY
 Welfare Dept.
 Terry Wilson
 101 Court Street/Hwy 299
 P. O. Box 218
 Weaverville, CA 96093
 (916) 623-1266

- 54 TULARE COUNTY
 Dept. of Public Social Services
 General Information Numbers
 100 East Center, P. O. Box 671
 Visalia, CA 93279
 (209) 733-6000
 - 75 West Olive Avenue, P.O. Box 1269 Porterville (209) 782-4750
 - 458 East O'Neal Ave., P.O. Box 1375 Tulare, CA 93275 (209) 685-2600
 - 148 South L Street, P.O. Box 985 Dinuba, Ca 93618 (209) 591-5804
 - 900 North Sequoia P.O. Box 670 Lindsay, CA 93247 (209) 562-1377
- 55 TUOLUMNE COUNTY
 County Welfare Dept.
 Robert Maige
 20075 Cedar Road North
 Sonora, CA 95370
 (209) 533-5746
- 56 VENTURA COUNTY
 Public Social Services Agency
 General Information Number
 1400 Vanguard Drive, Second Floor
 Oxnard, CA 93033
 (805) 385-8587
- 57 YOLO COUNTY
 Dept. of Social Services
 Patti Larsen
 922 Sacramento Ave.
 West Sacramento, CA 95691
 (916) 372-2000 Ext. 9708
- 58 YUBA COUNTY
 County Welfare Dept.
 General Information Number
 6000 Lindhurst Ave., #504
 P. O. Box 2320
 Marysville, CA 95901
 (916) 741-6311





Health Care Financing Administration

QUALIFIED MEDICARE BENEFICIARY PROGRAM

The Law

The Qualified Medicare Beneficiary (QMB) Program was enacted as a mandatory program by Congress as part of the Medicare Catastrophic Coverage Act of 1988. Although the Act was later repealed, the QMB Program was retained and is codified in the Social Security Act as Section 1902(a)(10)(E) and Section 1905(p).

Medicare and the QMB Program

The Medicare program is a Federal health insurance program for people 65 or older and certain younger disabled people. It has two parts—Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B). Beneficiaries are responsible for premiums, deductibles and copayments. Under the QMB Program, State Medicaid programs are required to pay these cost-sharing expenses for certain elderly and disabled persons with low-incomes and very limited assets.

Qualifications

Generally, to qualify for the QMB program in 1992 an individual must:

- be entitled to Medicare Hospital Insurance (Part A);
- have an annual income at or below the national poverty guidelines of \$6.810 (\$9.190 for a couple), except in Alaska and Hawaii. The limits for Alaska are \$8.500 for one person and \$11,480 for a couple. The limits for Hawaii are \$7,830 for one person and \$10.570 for a couple. Income includes Social Security benefits, pensions and wages. Interest payments and dividends can also count as income.
- not have resources such as bank accounts, stocks, and bonds, in excess of \$4,000 for one
 person or \$6,000 for a couple. When resources are considered, a personal home, one
 automobile, burial plots, home furnishings, personal jewelry and life insurance usually are not
 counted.

Filing An Application

Individuals who think they qualify for assistance under the QMB program should file an application for Medicaid at a State, county or municipal office—not a Federal office—that serves people on Medicaid. Those who think they might qualify for assistance but do not have Medicare Part A, should also contact a Social Security Administration office and inquire about filing an application for Part A. The respective States make the final determination as to who qualifies and will receive assistance under the QMB program. Applicants who are rejected have a right to appeal and are guaranteed a hearing.

State Medicaid Office Telephone Numbers

Persons who need the telephone number for their State Medicaid office can call 1-800-638-6833. This is a hotline maintained by the Health Care Financing Administration (HCFA) to provide the public with information about the Medicare program. HCFA administers the Medicare program and the Federal portion of the Medicaid program.

Medicare Expenses Covered by the QMB Program

Beneficiaries who qualify for the QMB program do not have to pay the following Medicare expenses:

- The Medicare Hospital Insurance (Part A) monthly premium if one is required. The monthly premium is \$192 per month in 1992. Most people are entitled to Part A based on their or their spouse's employment and do not have to pay the premium. Individuals must pay for Part A if they or their spouse did not work in Medicare-covered employment or did not work long enough (generally 10 years) to get premium-free benefits. Among other things, Part A pays for care in a hospital and skilled nursing facility. It does not pay doctor bills.
- The Part A deductible, which is \$652 per benefit period in 1992. The deductible is an amount a beneficiary must pay before Medicare starts paying. Medicare pays all other hospital costs for the first 60 days of each benefit period.
- The Part A daily coinsurance amount for hospital stays lasting more than 60 days.
 The daily coinsurance amount in 1992 is \$163 for days 61 through 90 and \$326 for each of the 60 lifetime reserve days a beneficiary uses when more than 90 days of hospital care are needed in a benefit period.
- The Part A daily coinsurance amount for covered care in a skilled nursing facility. The daily coinsurance amount in 1992 is \$81.50 for days 21 through 100 in each benefit period. The first 20 days of covered care in each benefit period are fully covered by Medicare.
- The Medicare Medical Insurance (Part B) monthly premium of \$31.80 in 1992.
 Part B helps pay for the services of doctors, other health care providers, and various medical services and supplies not covered by Part A.
- The Part B annual deductible of \$100.
- The Part B coinsurance for all physician and other Part B charges above the \$100 annual deductible. Coinsurance is the share of doctor and other medical bills that Medicare beneficiaries are required to pay. It is usually 20% of the Medicare approved amount for a service.

c' ictible. The deductible, \$652 per la fit period in 1992, is an amount Medicare beneficiaries must pay before Medicare starts paying. Medicare pays all other hospital costs for the first 60 days of each benefit period.

- You will not have to pay the Part A daily coinsurance amount for hospital stays lasting more than 60 days. The daily coinsurance amount in 1992 is \$163 for days 61 through 90 and \$326 for each of your 60 lifetime reserve days you use when more than 90 days of hospital care are needed in a benefit period.
- You will not have to pay the Part A
 daily coinsurance amount for covered
 care in a skilled nursing facility. The
 daily coinsurance amount in 1992 is
 \$81.50 for days 21 through 100 in each
 benefit period. The first 20 days of
 covered care in each benefit period are
 fully covered by Medicare.
- You will not have to pay the Medicare Medical Insurance (Part B) monthly premium. The premium is \$31.80 per month in 1992. Part B helps pay for the services of doctors, other health care providers, and various medical services and supplies not covered by Part A.
- You will not have to pay the Part B annual deductible of \$100.
- You will not have to pay the Part B
 coinsurance for all physician and other
 Part B charges above the \$100 annual
 deductible. Coinsurance is the share of
 doctor and other medical bills that
 Medicare beneficiaries are required to
 pay. It is usually 20% of the Medicare
 approved amount for a service.

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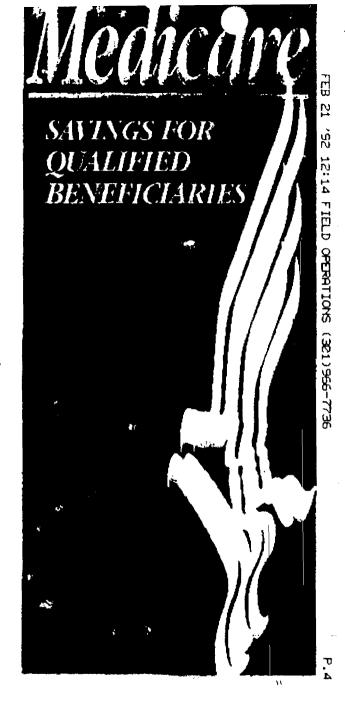
If you apply for assistance under the QMB program and are turned down, you have a right to appeal and are guaranteed a hearing. You file an appeal at the place you first applied. If you need assistance or advice, you may want to contact your State Agency on Aging. Assistance also may be available from the Legal Aid or Legal Services office in your State. These offices serve people below the poverty line who need legal help. The service is free to those who qualify. The telephone numbers for all State offices can be found in the telephone directory under "State Government." Again, if you need the telephone number for your State Medicaid office, call:

1-800-638-6833

For further information

For more information about the Medicare program, please refer to *The Medicare Handbook*. Free copies are available from any Social Security office.





If you are elderly and poor or disabled and poor, the State might pay some or all of your Medicare expenses.

Federal law requires that State Medicaid programs pay Medicare costs for certain elderly and disabled persons with low-incomes and very limited assets. You might qualify for this assistance even if you did not work long enough to be covered by Medicare.

What this means is that you may not have to pay any money out of your own pocket for Medicare's premiums, deductibles and coinsurance. You could save hundreds, if not thousands, of dollars each year.

How do I qualify?

The rules for this financial assistance may vary from State to State but, in general terms, you must meet the following requirements to qualify:

- You must be entitled to Medicare Hospital Insurance (Part A).
- Your annual income must be at or below the national poverty guidelines of \$6,810 for one person or \$9,190 for a couple (except for Alaska and Hawaii). This is an average of \$567.50 per month for one person or \$765.84 per month for a couple. If you live in Alaska, the limits are \$8,500 for one person and \$11,480 for a couple. The limits for Hawaii are \$7,830 for one person and \$10,570 for a couple. Income includes Social Security benefits, pensions and wages. Interest payments and dividends can also count as income.

Your resoure such as bank accounts, stocks, and has, cannot exceed \$4,000 for one person or \$6,000 for a couple. Some things—like the home you live in, one automobile, burial plots, home furnishings, personal jewelry and life insurance—usually don't count as resources.

Where should I apply?

If you think you qualify for this assistance, you should file an application for Medicaid at a State or local office—not a Federal office—that serves people on Medicaid. If you need the telephone number for your State Medicaid office, call 1-800-638-6833. Give the operator the name of your State and explain that you want the Medicaid telephone number so you can get information about the "Qualified Medicare Beneficiary" program. That office or any other office closer to your home that takes Medicaid applications can help you. If you think you qualify for this assistance but do not have Medicare Part A, you should also contact a Social Security Administration office. You may need to file an application for Part A.

What do I ask for?

When you contact the State or local Medicaid office, ask about the Qualified Medicare Beneficiary program or the "Medicare Buy-In" program. It is also sometimes called the "QMB" program for short. Explain that you think you qualify for help in paying your Medicare costs and you want to know when and where you can file a Medicaid application.

What should I bring wit a

When you file an application with a State or local Medicaid office, be prepared to answer questions about your income and property holdings. After filing the application, you may be required to go through a face-to-face interview with a Medicaid caseworker. At that time, you will be asked questions about your application. You will be expected to have copies of documents like bank statements, property deeds, and insurance policies that show the value of the resources you own. Verification of your income and assets will be important in determining your eligibility for the QMB program.

Medicare costs you will not have to pay

If you qualify for the QMB program, all of your Medicare expenses will be covered. This means:

You will not have to pay the Medicare Hospital Insurance (Part A) monthly premium if one is required. The Part A monthly premium in 1992 is \$192. Most people are entitled to Part A based on their or their spouse's employment and do not have to pay the premium. You must pay for Part A if you or your spouse did not work in Medicare-covered employment or did not work long enough (generally 10 years) to get premium-free benefits. Among other things, Part A pays for care in a hospital and skilled nursing facility. It does not pay doctor bills,

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