

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

BOX 942732

SACRAMENTO, CA 94234-7320



DECEMBER 24, 1992

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons

Letter No.: 92-79

SUBJECT: NEW QUALIFIED MEDICARE BENEFICIARY (QMB) REFERRAL FORM REFERENCE:
ACWDL 91-09

The purpose of this letter is to inform you that we are changing the Medicare Part A enrollment process for QMB applicants beginning January 1, 1993. In the past, counties provided the SSA 795 referral form with a notice of action to persons who met QMB eligibility criteria except for Part A enrollment. QMB applicants filled out this form and mailed it to the Great Lakes Program Service Center before the end of the General Enrollment Period (March 31st). If they were accepted as being eligible for Medicare Part A by the Social Security Administration (SSA), we were notified after July and we began payment of the Part A premium.

BACKGROUND

A QMB is required to meet certain eligibility criteria according to Title 22, California Code of Regulations Section 50258. One requirement is eligibility for Medicare Part A (hospital insurance benefits). In many situations, counties determine that an applicant meets all the criteria except for Medicare Part A eligibility and therefore puts the person in a pending (899) QMB MEDS status. The applicant either enrolls in conditional Part A at the local SSA office or is given an SSA 795 form to complete and mail in prior to March 31. Counties then wait for SSA to confirm Part A eligibility. If so, the counties then change the pending QMB status to active.

REPLACEMENT OF THE SSA 795 FORM

Because the SSA 795 forms process has had many difficulties in the past, e.g., many forms were returned by SSA due to the lack of a Medicare HIC number or other missing information and SSA prefers to use the "conditional" enrollment process at their local district office, we have designed a new two part form (MC 176 QMB-3) to be used by both SSA and the county. We have enclosed a camera ready copy for your convenience. This form will be available from the warehouse as of December 15, 1992. Counties may distribute this form to a potential QMB along with a notice of action for the January through March General Enrollment Period or at any time of the year for those who meet the Initial Enrollment Criteria (e.g., recently turned age 65 etc.). Persons

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should be reported to MEDS in pending status until the form is returned. If persons are eligible for Part A as indicated on the MC 176 QMB-3 (Box 1 or 2 of Part II), counties may then update MEDS to active status using the Medicare Part A effective date indicated by SSA or the month following the date of application, whichever is later. If persons are ineligible for Part A as indicated on the MC 176 QMB-3 (Box 3 or 4 of Part II), the QMB application should be denied, a notice of action sent, and the QMB record should be terminated. These instructions are applicable until we have an automated system in place.

NEW SYSTEM

We are currently working on changes to MEDS that will automatically set a QMB recipient's eligibility status to pending until we receive confirmation of Part A and Part B entitlement from SSA. Once confirmation is received, MEDS will automatically change the recipient's status to eligible without additional action needed by county staff. We anticipate implementation of those changes in early 1993, at which time the only follow up action county staff need take will be to send a notice of action and terminate eligibility if SSA indicates that the person is ineligible.

If you have any policy questions or comments on the form, please contact Margie Buzdas at (916) 657-0726. For QMB Medicare Part A or B questions, please contact Ana Ramirez at 323-9539.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

QUALIFIED MEDICARE BENEFICIARY (QMB) REFERRAL

APPLICANT NAME:			ADDRESS:
SSN:	DOB:	SEX:	
MEDICARE HIC#			
PHONE			

The person named above is an applicant for the Qualified Medicare Beneficiary (QMB) Program. Medicare eligibility status must be confirmed before the State can begin paying his/her Medicare premiums, deductibles and coinsurance.

INSTRUCTIONS: COUNTY WELFARE DEPT. - Please complete Part I.

SSA - Please enroll applicant in Medicare and complete Part II. Have the applicant return this form to the county.

PART I COMPLETED BY COUNTY DEPARTMENT OF SOCIAL SERVICES/WELFARE.

- ☐ Currently eligible for Part B; however, must apply for conditional Part A.
- ☐ Not currently enrolled in either Medicare Part A or Part B. Please enroll the applicant in conditional Part A and Part B (if eligible).
- ☐ Medicare status unknown.

COUNTY WELFARE ADDRESS:	EW NAME/EW#:	PHONE:	DATE:
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PART II COMPLETED BY SOCIAL SECURITY ADMINISTRATION

- ☐ Eligible for conditional Medicare Part A effective _____.
Please evaluate for QMB eligibility.
- ☐ Currently receiving Medicare Part A.
- ☐ Must reapply during the general enrollment period.
- ☐ Not eligible for Part A or B because:

SSA SIGNATURE:	TITLE:	PHONE:	DATE:
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