

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



April 7, 1993

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

Letter No.: 93-24

SUBJECT: FEBRUARY 1993 QMB MAILER

ACWDL : 93-13

This purpose of this letter is to inform you that the Health Care Financing Administration (HCFA) will extend to April 30, 1993, the deadline for the filing of the special form attached to HCFA's Qualified Medicare program information mailer. (See ACWDL 93-13). Enclosed is an updated draft copy of this mailer. The usual Social Security Administration (SSA) deadline for the Medicare general enrollment period is March 31st.

Since this extension applies only to those Supplemental Security Income (SSI) recipients who receive this mailer, counties should also allow this applicant to file a QMB application up to April 30, 1993 rather than requesting them to reapply next January. NOTE: Persons turning 65 and certain other individuals need not wait until the general enrollment period to apply for Medicare.

Please remember that the new federal poverty level is effective April 1, 1993; therefore, any SSI recipient who received this mailer and who was denied QMB eligibility prior to that date due to excess income, may be eligible and should be reevaluated.

Those applicants who received a mailer and who are currently reported as pending on the Medi-Cal Eligibility Data System (MEDS) without a "2" in both the Medicare Part A and B fields should be informed to mail in the special form to SSA in Chicago again this year, because we have not been successful in purchasing Part A benefits for them.

If you have any questions, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

## AN IMPORTANT MESSAGE FROM MEDICARE ABOUT THE QMB PROGRAM

Dear Medicare Beneficiary:

You may be eligible for additional Medicaid benefits. This letter explains why, and what you need to do to find out whether you qualify.

Our records show that your Part B Medicare premiums are paid by your State Medicaid agency. Even if you are already receiving Medicaid, you may be eligible for additional Medicaid benefits under the **qualified Medicare beneficiary** program which is known as QMB. Being classified as a QMB by your State could provide additional benefits which are not covered by Medicaid.

To become a QMB, you must meet two requirements:

- 1) You must have limited income and resources; and
- 2) You must sign up for Part A Medicare benefits.

Because you get **Supplemental Security Income**, we believe you probably meet the first requirement. But you must sign up for Part A Medicare benefits to qualify for the QMB program. If you want this benefit you need to:

- 1) Sign the enclosed form and return it to the:

Social Security Administration  
P.O. Box 5740  
Chicago, Illinois 60680

**YOU MUST MAIL THIS FORM BEFORE APRIL 30, 1993; AND**

- 2) Contact your local office of the **ALABAMA COMMISSION ON AGING** and explain that you want information about the qualified Medicare beneficiary program. If you cannot find a local office telephone number, you may call the Medicare Hotline at 1-800-638-6833 for the number.

If the Medicaid office decides you qualify for the QMB benefit, the Social Security Administration will process your Part A Medicare application and send you information about your coverage.

If you have any questions about this letter or want to know more about Part A Medicare, call the Social Security Administration's toll-free number, 1-800-772-1213. The hours of operation during business days are from 7 a.m. to 7 p.m.

## PART A MEDICARE (HOSPITAL INSURANCE) CONDITIONAL ENROLLMENT FORM

Sign and date this form and return it to the address on the opposite side **BEFORE APRIL 30, 1993.**

After you are enrolled as a Qualified Medicare Beneficiary (QMB) at the local Medicaid office, your State will pay the Part A Medicare premium. You will not be billed for the monthly premium for as long as you qualify as a QMB. If you have any hospital bills after you become a QMB, the State will also pay the hospital deductibles and coinsurance for you.

- I wish to enroll for Part A Medicare (Hospital Insurance) on a monthly premium basis **ONLY IF** I am eligible as a QMB and the State will pay the premium, deductible and coinsurance.
- I want my Part A Medicare coverage to begin the same month I become eligible as a QMB.
- I understand that if I qualify as a QMB, the State will pay my Part A Medicare premium in addition to the Part B Medicare premium which the State now pays.
- If the State notifies me that I am no longer a QMB, I can keep my Part A coverage if I pay the Part A premium or I can ask that the Part A Medicare coverage be stopped.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Medicare Claim Number: