



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care
Financing Administration

RECEIVED

FEB 15 1989

4:35 PM

Dir. - Director of
Medical Assistance

Region X
M/S 44
2201 Sixth Avenue
Seattle, WA 98121

FEB 14

Jim Peterson, Assistant Director
Division of Medical Assistance
Department of Social and Health Services
Mail Stop HB-41
Olympia, Washington 98504-0095

Dear Mr. Peterson:

One of the eligibility criteria for becoming a Qualified Medicare Beneficiary (QMB) is that the individual be entitled to Part A of Medicare. As you proceed to meet the requirements of section 3490.5 (Determining QMB Status for Individuals Already Eligible for Medicaid) of the State Medicaid Transmittal 31 of December 1988, you will discover some individuals who meet the QMB income and resource tests, and are already entitled to Part B, but do not currently have the Part A entitlement.

The purpose of this memorandum is to encourage you to assist those individuals in Part A enrollment and to outline an expedited process for that enrollment. We recommend that you mail the preprinted SSA-795's to the following individuals who are already entitled to Medicare Part B under the section 1843 buy-in process but are not currently entitled to Medicare Part A:

Medicaid/SSI eligibles.

Other individuals who are not eligible for cash assistance but are Medicaid eligible and would qualify for QMB status but for Part A enrollment.

SSA-795 ENROLLMENT PROCESS

- 1. A State desiring to assist individuals to enroll in Part A would provide them (face-to-face or by mail) with a copy of the attached modified form SSA-795 and instructions.

State Agencies are encouraged to use a computer-generated simulation of the SSA-795 (copy attached) on which the beneficiary's name and Health Insurance Claim (HIC) number are preprinted.

This preprinting of critical information will prevent legibility and identification problems later in the process.

The form SSA-795 (or computer simulation thereof) allows an abbreviated collection of information on the applicant and saves the applicant from needing to complete the 4-page HCFA-18 form, which is the usual Part A enrollment form.

2. The individual will complete the modified form SSA-795 or computer-generated form and mail it to the Great Lakes Program Service Center, P.O. Box 5740, Chicago, Illinois 60680.
3. The Social Security Administration (SSA) will process the Part A enrollment.

State Agencies will be able to confirm the enrollment when the next BENDEX update is triggered.

As a result of using this process, it will be unnecessary for the Part A applicants to visit or telephone their respective SSA district offices.

Please understand that the Part A enrollment generated as a result of the SSA-795 procedure will result in an automatic enrollment of the individual in Part A buy-in, a subsequent bill to the State for the premium Part A and, if applicable, late enrollment penalties.

Also, please be reminded that the general enrollment period for Part A runs from January 1 to March 31 for purposes of July entitlement. If the March 31 deadline is missed, it will result in a delay to July 1990 for Part A entitlement.

Please call Mal White by February 22, 1989, and tell him whether your State will use this modified Part A enrollment procedure. Thank you for your continued cooperation in the implementation of the QMB benefit package.

Sincerely,

for Paula A. Hill
Bunnee A. Butterfield, Chief
State Medicaid Operations Branch

Attachment

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ATTACHMENTS

- o Modified SSA-795 (BERC)
- o Computer Simulated SSA-795 (BDMS)
- o Suggested Instructions to Beneficiary for Completing the Form (BERC)
- o Potential Questions States May Receive From Beneficiaries and Proposed Answers

QMB-RELATED HI ENROLLMENT
DEPARTMENT OF
HEALTH AND HUMAN SERVICES
SOCIAL SECURITY ADMINISTRATION

ATTACHMENT 1

Form Approved
OMB No. 0900-0048

4 620

EXAMPLE
FOR 1
STATE
ONLY

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON OR BENEFICIARY	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT IF OTHER THAN CLAIMANT, SELF-EMPLOYED PERSON, OR BENEFICIARY	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR BENEFICIARY

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that: "I wish to enroll for Hospital Insurance under Medicare on a monthly premium basis, which is in addition to my current coverage for Medical Insurance.

I understand that the State will pay my premium based on my eligibility to Medicaid (Medical Assistance) as a Qualified Medicare Beneficiary. I also understand that if I am terminated under Medicaid (Medical Assistance) as a Qualified Medicare Beneficiary, I will have to pay my premium in order to keep my Medicare Hospital Insurance."

Please sign and date this form and return it to: Great Lakes Program Service Center

P.O. Box 5740

Chicago, Illinois 60680

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)

Date (Month, day, year)

SIGN HERE

Telephone Number (Include Area Code)

Mailing Address (Number and street, Apt. No., P.O. Box, Rural Route)

City and State

ZIP Code

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, City, State, and ZIP Code)

Address (Number and street, City, State, and ZIP Code)

(6)

SUGGESTIONS TO STATES REGARDING THE
NOTIFICATION OF BENEFICIARIES TO ENROLL IN PART A
USING THE NOTICE AND ELECTION FORM (SSA-795)

- o Use computer-generated form SSA-795 to preprint the applicant's name, address, and Health Insurance Claim (HIC) number as appropriate for use with a window envelope. The State should also preprint the Part A State agency code (see example on attachments; e.g., S20). If you do not preprint this information, it is likely that many of the SSA-795 submissions will be illegible, thereby making it impossible to enroll or contact the applicant.
- o Your cover letter to the potential applicants should explain the QMB provision under the Social Security Act as amended, and should let the beneficiary know that your State will pay the Part A premium.
- o Enclose a copy of the suggested sample letter to Medicaid recipients, or your own version thereof. On the draft explanatory language, in the section titled "Why Should You Enroll For Hospital Insurance," you may wish to describe the advantages of the Medicare HI program beyond your Medicaid program alone. Individuals should be informed that their regular Medicaid benefits are not affected whether or not they enroll under Part A.
- o Use a State-identified address on the envelope to enable return of undeliverable mail.
- o Modify your payment system to establish a Part A accretion pending file when you send the notices to the potential applicants. This will allow a subsequent match against the BENDEX file after enrollment has taken place.

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1
NAME AND ADDRESS
(6 LINES OF 22 CHARACTERS
FROM STATE'S RECORDS)

REQUEST TO ENROLL FOR HOSPITAL
INSURANCE UNDER MEDICARE

2

XXXXXXXXXXXXXXXXXXXX
NAME OF MEDICARE BENEFICIARY

3
XXXXXXXXXX
MEDICARE CLAIM NUMBER

I WISH TO ENROLL FOR HOSPITAL INSURANCE UNDER MEDICARE ON A MONTHLY PREMIUM BASIS, WHICH IS IN ADDITION TO MY CURRENT COVERAGE FOR MEDICAL INSURANCE. I UNDERSTAND THAT THE STATE WILL PAY MY PREMIUM BASED ON MY ELIGIBILITY TO MEDICAID (MEDICAL ASSISTANCE) AS A QUALIFIED MEDICARE BENEFICIARY. I ALSO UNDERSTAND THAT IF I AM TERMINATED UNDER MEDICAID (MEDICAL ASSISTANCE) AS A QUALIFIED MEDICARE BENEFICIARY I WILL HAVE TO PAY MY PREMIUM IN ORDER TO KEEP MY MEDICARE HOSPITAL INSURANCE.

PLEASE SIGN AND DATE THIS FORM.

SIGNATURE
(FIRST NAME, MIDDLE INITIAL, LAST NAME)

DATE

RETURN THIS FORM TO: GREAT LAKES PROGRAM SERVICE CENTER
P.O. BOX 5740
CHICAGO, IL 60680

SPECIAL
FORM SSA-795 (01-89)

4
(S20)
EXAMPLE

Automated Reproduction of Form SSA-795

1. Address lines for window envelope.
2. Name of beneficiary, (7 positions given name, middle initial and 12 positions surname) obtained from State's RENDEX or SDX record.
3. Beneficiary's Medicare claim number, (9 positions numeric and 2 positions beneficiary identification code (NIC) obtained from RENDEX or SDX record.
4. State's Identification Code (S20)

(7)

Date:

Recipient Name
Street Address
City/State/Zip Code

Claim Number on Medicare Card:

A New Benefit May Be Available To You - Medicare Hospital Insurance

We are writing to tell you there is a new benefit which you may want to have. Under a new law, we may be able to buy Medicare Hospital Insurance for you and pay the premiums, deductibles and coinsurance. We are already paying for your Medicare Medical Insurance, for doctor's services and some other medical items and services. However, before we can pay for your Hospital Insurance, you must be a "Qualified Medicare Beneficiary."

Who Can Become A "Qualified Medicare Beneficiary?"

To become a Qualified Medicare Beneficiary:

1. Your income must be at or below \$_____ per year;
2. Your resources must be at or below \$4000; and
3. You must have Medicare Hospital Insurance.

People who are not entitled to free Medicare Hospital Insurance can have it for a monthly premium. We will pay the premium for you (\$156 per month) if you meet the 3 requirements shown above.

Why Should You Enroll For Hospital Insurance?

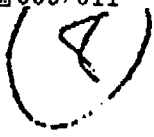
With Medicare Hospital Insurance, you get a full year of inpatient hospitalization every year. There may be other benefits with Medicare coverage over your Medicaid coverage.

What You Should Do To Enroll

If you want to become a Qualified Medicare Beneficiary, the first step is to complete and sign the enclosed form. Mail it by March 31, 1989 to:

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

The Social Security Administration will tell us when you meet the Hospital Insurance requirements.



What Happens If You Enroll In Hospital Insurance?

If you meet all the requirements, we will then make you a qualified medicare beneficiary. We will begin paying your Medicare Hospital Insurance premiums, deductible, and coinsurance for you, beginning the following month.

What Happens If You Don't Enroll On Time?

To enroll this year, you must mail the enclosed form by March 31, 1989.

If you don't, you must wait until January, February or March 1990 for your next chance to enroll in Hospital Insurance.

What Happens If You Are No Longer a Qualified Medicare Beneficiary?

If you are no longer a Qualified Medicare Beneficiary, we will not be able to continue to pay your Hospital Insurance premium. If you want to keep the Medicare Hospital Insurance, you will have to pay the premium yourself.

If You Have Any Questions

If you have any questions, you should call or write this office.

State Official's name /title

Address

Telephone Number

Enclosure:
SSA-795

(9)

**Potential Questions States May Receive
From Beneficiaries and Proposed Answers**

1. Why did I receive this notice from the State?

The State has determined that, if you enroll in Medicare Part A, you will be a Qualified Medicare Beneficiary (QMB). If you become a Qualified Medicare Beneficiary, the State will pay for the Medicare cost-sharing expenses (that is, the premiums, deductibles, and coinsurance) for which Medicare does not pay. The State may require that you pay some nominal (minor) amounts towards those cost-sharing expenses. If you want further details on what the State will pay for, or why it sent the notice, please contact your local welfare office.

2. If I sign the form SSA-795, what obligation am I incurring?

The State will pay your Part A premium for as long as you continue to be eligible as a Qualified Medicare Beneficiary. If your income or resources rise above the levels which are designated by the State, or some other eligibility requirement is no longer met (such as citizenship or residency requirements), you may no longer qualify for Qualified Medicare Beneficiary status. That would affect the continuing payment of the Part A premium by the State and you would become liable for the payments if you wish to keep the Medicare hospital insurance coverage.

3. When will my entitlement to Part A go into effect?

If you have enrolled by March 31, 1989, the Part A entitlement becomes effective July 1, 1989. If you do not enroll by March 31, you must wait until the next open enrollment period (January 1 - March 31, 1990) to enroll and your Part A entitlement and QMB eligibility may not begin until July 1, 1990.

4. Where do I send the completed form?

Great Lakes Program Service Center
Social Security Administration
P.O. Box 5740
Chicago, Illinois 60680

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5. What happens if I do not sign the form SSA-7957

Unless you are already entitled to Part A of Medicare, you will not meet all the criteria for being eligible as a Qualified Medicare Beneficiary. The other benefits that you are entitled to as a Medicaid beneficiary are not affected if you do not become a Qualified Medicare Beneficiary.

6. The State sent me a pre-printed form with my name and Health Insurance Claim number on it. Some of that information is not accurate. What should I do about it?

Please make pen and ink changes and please print. Then proceed to complete and mail in the form.

7. Why would I want to become a Qualified Medicare Beneficiary when I already have Medicaid and Medicare Part B?

By being a Qualified Medicare Beneficiary, you may have a wider choice of hospitals in which to receive care, and your State may pay some extra benefits which are not payable under the routine Medicaid program. Please contact your local welfare office for more details.

8. How does this enrollment relate to Medicare Catastrophic?

By enrolling in Part A, you will receive the same Medicare Catastrophic benefits as other Medicare beneficiaries, plus the additional benefit of having the State help pay for some other costs of medical care if you qualify as a Qualified Medicare Beneficiary.

9. If I enroll in Part A, will I have to pay the supplemental premium that is collected through the income tax?

If the only way you can have Part A is by the State paying the premium for you (or your paying the premium yourself), you do not have to pay the income tax related premium.