

DEPARTMENT OF HEALTH SERVICES

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P.O. BOX 942732
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December 14, 1992

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

Letter No.: 92-81

SUBJECT: SLMB AID CODE DELAY, SLMB E-MAIL FORM, AND SLMB 110% INCOME

ACWDL 92-61

The purpose of this letter is to advise the counties that the Specified Low-Income Medicare Beneficiary (SLMB) aid code 8C has been delayed. We will be implementing the SLMB program using the manual Electronic Mail Communication (EMC2) system form, "E-Mail for QDWI/SLMB". Effective January 1, 1993 and until further notice, this EMC2 screen will be operational in lieu of the new Medi-Cal Eligibility Data System (MEDS) aid code for adding or deleting identified beneficiaries from the SLMB program. The new "E-Mail for QDWI/SLMB form will be used to notify the Medicare Premium Payment Unit of QDWI or SLMB eligibles.

Background

Section 4501 of the Omnibus Budget Reconciliation Act (OBRA) 1990, Public Law 101-508 requires states to phase in payment of Medicare Part B premiums for certain specified low-income Medicare beneficiaries beginning January 1, 1993. Unlike the QMB program, states are not required to pay coinsurance or deductibles. SLMBs have three months of retroactive eligibility.

Dual Eligibility

The Department of Health Services (DHS) will pay Medicare Part B premiums from State funds for dually eligible SLMBs (individuals receiving Medi-Cal after meeting their share of cost or without a share of cost) thus allowing coverage of this group. Regular Medi-Cal eligibility is reported through MEDS for dual eligibles; however, SLMB eligibility will be reported through E-Mail until the aid code is operational.

Reporting Eligibility

Counties may report SLMB eligibility via the EMC2 screen at any time. However, because the system is a manual system only the first 25 of those reported eligible by the 17th of the month are allowed by HCFA to be submitted

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for accretion each month. Those reported eligible by counties above the 25 and those reported after the 17th of the month will be submitted to HCFA for accretion during the following month with retroactive eligibility for the reported month.

Counties can grant three months retroactive benefits to eligible individuals according to ACWDL 92-61. SLMB eligibility cannot be reported prior to January 1, 1993 when the program goes into effect. The Medicare Premium Payment Unit will notify the county eligibility worker (EW) through E-Mail when HCFA confirms an accretion/deletion. Counties may contact the Medicare Premium Payment Unit regarding the status of SLMBs or to correct or revise a SLMB record through E-Mail. Use the E-Mail address "Buy-In".

EMC2 Screen

Enclosed is a copy of the "E-Mail for QDWI/SLMB" screen and its instructions. To access the EMC2 screen for QDWIs/SLMBs sign on through MEDS, at the EMC2 User Menu, select option "B" or bulletin board. The QDWI/SLMB form is located under option "Forms". The first screen to appear will be the "E-Mail for QDWI/SLMB" screen. Complete all applicable fields. A second screen provides instructions for accreting or deleting eligibles within the required fields. Counties are to use the EMC2, "E-Mail for QDWI/SLMB" starting January 1, 1993.

Note: The following calculations cover the 110 percent of poverty level income figures for the SLMB program. These figures do not include the \$20 any income disregard. They will be superseded by the 1993 Federal Poverty Level Chart effective 4/1/93.

| <u>PERSONS</u> | <u>110% SLMB INCOME</u> |
|-----------------|-------------------------|
| 1 | \$625 |
| 2 | 843 |
| 2 Adults | 843 |
| 3 | 1,061 |
| 4 | 1,279 |
| 5 | 1,497 |
| 6 | 1,716 |
| 7 | 1,934 |
| 8 | 2,152 |
| 9 | 2,370 |
| 10 | 2,588 |
| Each additional | 219 |

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If you have any questions regarding the SLMB program, please contact Sylvia Finberg of my staff at (916) 657-0080. For questions regarding QDWI/SLMB additions or deletions, please contact Ana Ramirez of the Medicare Premium Payment Unit at (916) 323-9539.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

From: HDABRIN --DHSEMC2
TO: ABRINSEFI--HW1

Date and time 12/11/92 10:43:00

To: BUYIN, HS.MEB.AL.BRINSFIELD@DHSEMC2
From: HS.MEB.AL.BRINSFIELD@DHSEMC2
Subject: "E Mail for QDWI/SLMB"

Subject: QDWI/SLMB Buy-In Action Request Date Dec 11 92 Fri

- 1) QDWI or SLMB
- 2) SSN - - 3) Birthdate - - 4) Sex
- 5) Last Name 6) First Name 7) MI
- 8) HIC Number 9) Eff. Date of Action - -
- 10) Buy-In: Part A or, Part B
- 11) Action (check one) Add Delete Change
- 12) Date of death (if Deceased) - -
- 13) County No. 14) District No. 15) EW No.
- 16) EW Name 17) Phone () - -

Press PF8 to page down to instructions for completing this form.

NOTE: Additions or deletions to the QDWI/SLMB program must be received by the Premium Payment Unit between the 15th and 17th of the month to be effective the first of the following month.

INSTRUCTIONS:

- 1) Check one, QDWI or SLMB
- 2) Nine digit Social Security Number
- 3) Month/Date/Year
- 4) Female=2 Male=1
- 5) First 12 positions
- 6) First 7 positions
- 7) Middle initial
- 8) Health Insurance Claim (HIC) number
- 9) Month/Date/Year
- 10) Buy-In: check Part A, or Part B
- 11) Place an X for add, delete, or change
- 12) Month/Date/Year
- 13) County Number (2-digit numeric)
- 14) County District Number (3-digit alpha/numeric)
- 15) Eligibility Worker's number (4-digit alpha/numeric)
- 16) Eligibility Worker's Name
- 17) Area Code, EW's phone number

Press PF4 to mail your request to Premium Payment Unit and yourself!!