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GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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TO: Local District Commissioners and Medical Assistance Supervisors

FROM: Ann Clemency Kohler, Director, Office of Medicaid Management

SUBJECT: Qualified Medicare Beneficiary Program

EFFECTIVE DATE: September 17, 1997

CONTACT PERSON: Fred Perkins

This is to inform you that we have received notification from the Health Care Financing Administration (HCFA) that it will be promoting the Qualified Medicare Beneficiary (QMB) Program by sending letters to 15,000 New York State residents who have recently become eligible for Medicare coverage. In addition to providing the current QMB income and resource levels, the letter encourages the residents to apply for the QMB program at their local department of social services. The letter will be transmitted from HCFA on September 17, 1997. This message will give you advance notification.

The text of the letter has been forwarded to each local department of social services in the ELIB file. A quick summary of ELIB directions for retrieving the letter are: sign on to host, type shift and F1 together, type ELIB, skip forward(+), type GIS, select "OMM 1997 Gis Messages".

The letter is being forwarded for your information. If you have any questions about the QMB program, please contact me at (518) 486-5870.

September 17, 1997

Dear Medicare Beneficiary:

GOOD NEWS! You may be eligible for assistance under the Qualified Medicare Beneficiary (QMB) program offered through your State Medical Assistance office. If you qualify, you will pay less for hospital, physician and other Medicare Services. Whether you qualify will depend on your income and the value of things you own.

If you qualify for the QMB program, the State will pay your Medicare hospital deductible (\$760), your Medicare Part B Medical Insurance premium of \$43.80 per month as well as your \$100 annual Part B deductible. Depending on which doctor you see, the State may also pay your 20 percent coinsurance for Medicare covered services.

WHO QUALIFIES?

To qualify for assistance under the QMB program you must meet the following requirements:

1. Your assets, such as bank accounts, stocks and bonds, savings bonds and other types of savings cannot exceed \$4,000 for an individual or \$6,000 for a couple.
2. In most States, your income cannot be more than \$678 per month for an individual or \$905 per month for a couple. In Alaska, the monthly income limit is \$843 for an individual and \$1,126 for a couple. In Hawaii, the income limit is \$776 per month for an individual and \$1,037 for a couple. Income includes such things as Social Security retirement benefits, veterans benefits, pensions, wages, interest and dividends.

If your monthly income is over \$678 you still may be eligible for a related program known as the Specified Low-income Medicare Beneficiary program.

WHAT TO DO IF YOU THINK YOU QUALIFY!

If you think you qualify, you may file an application for Medicaid at your State, county or local medical assistance office. Check your phone directory for the office nearest you. You can find these offices listed under Medicaid, Social Services, Medical Assistance, Public Assistance, Human Services or Community Services.

Sincerely,

Sally K. Richardson

Director

Center for Medicaid and State Operations