

NEW YORK STATE

**DEPARTMENT OF SOCIAL SERVICES**

40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE  
Commissioner



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**LOCAL COMMISSIONERS MEMORANDUM**

**Transmittal No:** 92 LCM-69

**Date:** April 23, 1992

**Division:** Medical Assistance

**TO:** Local District Commissioners

**SUBJECT:** Qualified Medicare Beneficiaries (QMBs)

**ATTACHMENTS:** Attachment I - SSI Recipient Letter  
(Available On-Line)  
Attachment II - Acceptance/Declination  
(Available On-Line)  
Attachment III - Medicare Part A Additions  
(Not Available On-Line)  
Attachment IV - Enrollment Period Chart  
(Available On-Line)

The purpose of this LCM is to provide an update for processing certain Qualified Medicare Beneficiary (QMB) applications and to alert districts that an increasing number of individuals may be applying for QMB status under the Medical Assistance (MA) Program.

The Health Care Financing Administration (HCFA), Social Security Administration (SSA), American Public Welfare Association (APWA) and others will soon initiate a public awareness campaign to inform low income senior citizens of their potential eligibility for QMB status. Through a nationwide toll-free number, individuals will be directed to apply for this benefit at their county social services office. The Department has provided HCFA with a listing of social services districts' general phone numbers and addresses.

In accordance with provisions of the Medicare Catastrophic Coverage Act of 1988 as outlined in 89 ADM-7, all applicants/recipients who meet the QMB criteria are entitled to have MA pay their Medicare premiums, deductibles and coinsurance.

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There are three basic groups of QMBs:

1. QMB onlys;
2. QMB dual eligibles (MA and QMB); and
3. QMB conditional enrollees.

Districts should refer to 89 ADM-7 for the treatment of QMB onlys and dual eligibles. Conditional enrollees are individuals age 65 or older who are enrolled in Medicare Part B but do not have enough work quarters to qualify for Medicare Part A. The overwhelming majority are SSI recipients. They may conditionally enroll in Part A at the Social Security Administration (SSA) office during the three-month period before or after their 65th birthday, or subsequently during a General Enrollment Period (GEP). The GEP is limited to January, February and March of each year.

Once the individual conditionally enrolls in Part A at the SSA office, he/she must apply for QMB status at the social services district. The enrollment is conditional because it is dependent on MA payment of the Part A premium as a QMB. Districts can distinguish these applicants from other QMBs since their Medicare card will show non-receipt of Part A. In addition, the Benefit Identification Code (BIC) at the end of their Medicare number will be either M, J3, J4, K3 or K4. The individual must complete an MA application for QMB status and provide documentation from SSA verifying conditional enrollment in Part A. Financial eligibility is determined using the same methodology as for other QMBs. SSI recipients except for those in congregate care facilities will be financially eligible for QMB status.

Since most conditional enrollees are SSI recipients who are fully eligible for MA payment of their medical bills, they may decide to decline QMB status since it is of little, if any, benefit to them. During the interviews, conditional enrollees who are SSI recipients must be given a copy of Attachment I, "Dear SSI Recipient" letter and asked to sign Attachment II, "Acceptance or Declination of MA Payment of the Medicare Premiums, Deductibles and Coinsurance". Districts should keep a copy of the signed declaration (Attachment II) in the case record.

Districts must submit the new form DSS-1044A (Attachment III) to the Department for accretion (addition) to Medicare Part A for conditional enrollees who accept this benefit and are determined eligible for QMB status. This form should be locally reproduced. Districts must follow the same procedures currently used for Part B accretions when submitting Part A accretion forms. However, only five transaction codes may be used: 61 to accrete, 51 to delete, 53 for a death deletion, 99 to correct the sex code or welfare ID and CH to change county of fiscal responsibility. In addition, districts must enter the Part A coverage information into MMIS once the accretion is made.

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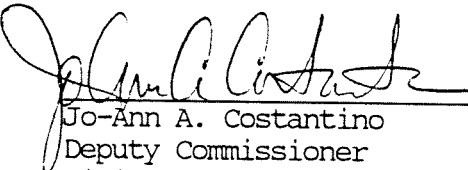
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Once a QMB determination is made for conditional enrollees, districts must send the individual a DSS-4039, "Notice of Action/Benefit for the Medicare Buy-In Program". Districts must refer to the Enrollment Period Chart (Attachment IV) to determine the effective month of QMB coverage. Districts should use the first day of that month as the effective date when completing the DSS-4039 and DSS-1044A. If the individual fails to provide documentation of conditional enrollment, the QMB application must be denied.

An Administrative Directive with additional instructions regarding QMB eligibility will be issued in the near future.

Policy questions should be directed to Susan Thuillez and accretion/systems questions to Ann Clearwater at 1-800-342-3715, extensions 3-5535 and 3-5336 or Userid OMA050 respectively.



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Jo-Ann A. Costantino  
Deputy Commissioner  
Division of Medical Assistance

**SSI Recipient Letter  
(Conditional Part A Enrollees)**

Dear SSI Recipient:

You have recently been informed that you may be eligible to have the Medical Assistance Program pay for your Medicare premiums, deductibles and coinsurance as a Qualified Medicare Beneficiary (QMB).

Since you are a Supplemental Security Income (SSI) recipient, Medical Assistance is already paying your medical bills. However, as a Qualified Medicare Beneficiary, Medical Assistance (MA) may also pay toward the Medicare deductibles and coinsurance for Medicare approved chiropractic and clinical social worker services which are not covered under the regular Medical Assistance Program.

If you want to apply for QMB benefits, you must:

1. Conditionally enroll in Medicare Part A at your local Social Security Administration office. Please note that you have two time periods in which you may apply for and enroll in Medicare Part A coverage:
  - o The month of your 65th birthday and the three months before or after your 65th birthday; or
  - o January, February or March of any year after your 65th birthday.
2. Complete an MA application for QMB Benefits;
3. Provide proof of your conditional enrollment in Medicare Part A to your county department of social services; and
4. Meet the income and resource requirements.

We would like you to sign the attached form telling us whether or not you want Medical Assistance to pay for your Medicare premiums, deductibles and coinsurance as a QMB. Regardless of your decision, you will continue to receive regular Medical Assistance, including Medicare Part B coverage as long as you remain an SSI recipient. If you decide to apply for QMB benefits, we will notify you by mail of our decision.

Statement of Acceptance or Declination for Medical Assistance Payment of Medicare Premiums, Deductibles and Coinsurance as a Qualified Medicare Beneficiary.

I have read the attached explanation of my benefits as a Qualified Medicare Beneficiary, and

**Acceptance**

I want Medical Assistance payment of my Medicare premiums, deductibles, and coinsurance as a Qualified Medicare Beneficiary (QMB). I understand that as long as I am an SSI recipient, I will continue to be eligible for regular Medical Assistance, including Medicare Part B coverage.

**Declination**

I do not want Medical Assistance payment of my Medicare premiums, deductibles, and coinsurance as a Qualified Medicare Beneficiary (QMB). I understand that as long as I am an SSI recipient, I will continue to be eligible for regular Medical Assistance, including Medicare Part B coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Medicare PART A Additions

New York State

Department Of Social Services

AGENCY	ADDIT. CODE (60-61)	AGENCY CODE (40-41)
PREPARED BY	PAGE	MONTH

1	2	3	4	5	6	7	8	9
Medicare Claim Number (1-12)	Last Name (13-24)	First Name (25-31)	M.I. (32)	Sex Code (33)	Date of Birth (34-39)	Effective Addition Date (64-67)	Category (68-70)	CIN (71-79)

\*SEX CODES  
1 - Male     2 - Female

## ENROLLMENT PERIOD CHART

A. INITIAL ENROLLMENT PERIOD (IEP)

The IEP is a 7-month period during which an individual can enroll in Medicare Part A. It consists of the month of an individual's 65th birthday plus the three months before and after:

3 Months Retroactive	+	Month of 65th Birthday	+	3 Months Prospective
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**Month of Conditional  
Enrollment**

3 months before age 65  
 2 months before age 65  
 1 month before age 65  
 Month of 65th birthday  
 1st month following 65th birthday  
 2nd month following 65th birthday  
 3rd month following 65th birthday

**First Month of  
QMB Coverage**

Month of 65th Birthday  
 Month of 65th Birthday  
 Month of 65th Birthday  
 1st month following 65th birthday  
 3rd month following 65th birthday  
 5th month following 65th birthday  
 6th month following 65th birthday

B. GENERAL ENROLLMENT PERIOD (GEP)

The GEP is January, February and March of any year after the 65th birthday with QMB coverage effective July 1 of that year.