



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: -
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MEDS LIAISONS

SUBJECT: NOTICES OF ACTION SNIPPETS FOR THE MEDICARE SAVINGS PROGRAMS

The purpose of this letter is to provide county welfare departments with new notice snippets for the Statewide Automated Welfare Systems (SAWS) to use when issuing Notices of Action (NOAs) for the Medicare Savings Programs (MSPs). This letter provides the following notice snippets:

1. Header for all notices
This snippet should be included in all notices sent regarding the MSPs.
2. Qualified Medicare Beneficiary (QMB) Approval
SAWS will generate a NOA with the appropriate translated snippet when an individual is determined to be eligible for the QMB program.
3. Specified Low-Income Medicare Beneficiary (SLMB) Approval
SAWS will generate a NOA with the appropriate translated snippet when an individual is determined to be eligible for the SLMB program.
4. Qualifying Individual (QI) Approval
SAWS will generate a NOA with the appropriate translated snippet when an individual is determined to be eligible for the QI program.
5. All MSP – Denial/Discontinuance for over income
SAWS will generate a NOA with the appropriate translated snippet when the county denies or discontinues an individual for being over income for any of the MSPs.
6. All MSP – Denial/Discontinuance for over property
SAWS will generate a NOA with the appropriate translated snippet when the county denies or discontinues an individual for being over property for any of the MSPs.

7. All MSP – Denial/Discontinuance for no Medicare
SAWS will generate a NOA with the appropriate translated snippet when the county denies or discontinues an individual for any of the MSPs when they are not entitled to Medicare Part A and/or Part B.
8. All MSP – Denial/Discontinuance for other reason
SAWS will generate a NOA with the appropriate translated snippet when the county denies or discontinues an individual for an MSP for any other appropriate reason.

The Department of Health Care Services (DHCS) has developed these snippets to align the notice language with current SAWS functionality and to update, align, and clarify the notice language with current policy. The following highlights some of the key changes made to the notice language:

- Converted old notices to snippets
- Simplified notice language
- Clarified the reasons for a denial or discontinuance
- Added information to make the decision and loss of benefits more clear to the beneficiary
- Updated notice language to reflect current policy

Implementation

The SAWS shall make programming changes to automate these notice snippets during the next available SAWS release. The SAWS may alter the format of the notices to better align with their system capabilities but the SAWS shall not make any changes to the language or content of the notice snippets.

If you have any questions regarding this letter, please contact Derek Soiu at (916) 345-8193 or by email at Derek.Soiu@dhcs.ca.gov or Minel Tobertga at (916) 345-8070 or by email at Minel.Tobertga@dhcs.ca.gov.

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division

Enclosure

Notice of Action Snippets

Notice Type	English Text Snippets
Header for All Notices	<p>IF YOU ARE ALREADY RECEIVING REGULAR MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.</p>
QMB Approval	<p>We determined that beginning <dd/mm/yyyy>, <applicant> is eligible for the QMB program.</p> <p>Federal law requires that your eligibility for QMB begin the month following the month of application.</p> <p>The QMB program pays for Medicare Part A and Part B premiums, co-insurance, and deductibles. If you pay for Medicare Part A and/or Part B premiums, allow 3 - 4 months after the QMB approval for the premiums to no longer be deducted from your monthly Social Security benefits. Any questions about a premium reimbursement should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, sections 50179 and 50258.</p>
SLMB Approval	<p>We determined that beginning <dd/mm/yyyy>, <applicant> is eligible for the SLMB program.</p> <p>The SLMB program pays for Medicare Part B premiums. If you pay for Medicare Part B premiums, allow 3 - 4 months after the SLMB approval for the premiums to no longer be deducted from your monthly Social Security benefits. Any questions about a premium reimbursement should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, section 50179 and 50258.1.</p>

Notice of Action Snippets

Notice Type	English Text Snippets
<p>QI Approval</p>	<p>We determined that beginning <dd/mm/yyyy>, <applicant> is eligible for the QI program.</p> <p>The QI program pays for Medicare Part B premiums. If you pay for Medicare Part B premiums, allow 3 - 4 months after the QI approval for the premiums to no longer be deducted from your monthly Social Security benefits. Any questions about a premium reimbursement should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, section 50179 and United States Code, Title 42, section 1396(a)(10)(E)(iv).</p>
<p>All MSP – Denial/Discontinuance for over income</p>	<p>We have determined that your monthly countable income of \$<countable income> is above the limit for the <MSP> program. The monthly limit is \$<income limit>.</p> <p>Income and property limits may change annually. If you have Medicare Part A and/or Part B and you experience a decrease in income or property, you may reapply. If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.</p> <p>If you were discontinued from the QMB program and do not already receive Medicare Part A for free the state will no longer pay for your Medicare Part A premium. The state may no longer pay for your Medicare Part B premiums. Any questions about these premiums should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, sections 50179 and 50570.</p>

Notice of Action Snippets

Notice Type	English Text Snippets
<p>All MSP – Denial/Discontinuance for over property</p>	<p>We have determined that your countable property of \$<countable property> is above the limit for the <MSP> program. The limit is \$<property limit>.</p> <p>Income and property limits may change annually. If you have Medicare Part A and/or Part B and you experience a decrease in income or property, you may reapply. If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.</p> <p>If you were discontinued from the QMB program and do not already receive Medicare Part A for free the state will no longer pay for your Medicare Part A premium. The state may no longer pay for your Medicare Part B premiums. Any questions about these premiums should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, sections 50179 and 50421.</p>
<p>All MSP – Denial/Discontinuance for no Medicare</p>	<p>You do not have Medicare Part A and/or Part B. You must contact your local Social Security Administration office to apply. When you receive verification of Medicare, please contact the office listed at the top of this notice.</p> <p>Income and property limits may change annually. If you have Medicare Part A and/or Part B and you experience a decrease in income or property, you may reapply. If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.</p> <p>If you were discontinued from the QMB program and do not already receive Medicare Part A for free the state will no longer pay for your Medicare Part A premium. The state may no longer pay for your Medicare Part B premiums. Any questions about these premiums should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p>The regulations that require this action are California Code of Regulations, Title 22, sections 50179, 50775, and 50777.</p>

Notice of Action Snippets

Notice Type	English Text Snippets
All MSP – Denial/Discontinuance for other reason	<p data-bbox="516 215 743 245"><Other reason></p> <p data-bbox="516 285 1969 391">Income and property limits may change annually. If you have Medicare Part A and/or Part B and you experience a decrease in income or property, you may reapply. If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.</p> <p data-bbox="516 431 1982 574">If you were discontinued from the QMB program and do not already receive Medicare Part A for free the state will no longer pay for your Medicare Part A premium. The state may no longer pay for your Medicare Part B premiums. Any questions about these premiums should be directed to your local Social Security Office and not the office listed at the top of this notice.</p> <p data-bbox="516 615 1976 678">The regulations that require this action are California Code of Regulations, Title 22, sections 50175 and 50179.</p>