	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Qualified Medicare Beneficiary Healthy Horizons Program	**BY** Sherry Knowlton Acting Deputy Secretary for Medical Assistance Programs
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PURPOSE:

To secure the aid of the Medical Assistance Program providers in encouraging elderly, blind, and disabled patients to apply for the Qualified Medicare Beneficiary (QMB)/Healthy Horizons (HH) Program.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND:

The Medicare Catastrophic Coverage Act of 1988 established the QMB Program which required Medicaid to pay (buy-in) Medicare premiums, deductibles, and coinsurances for individuals and couples with income below the poverty level and resources not exceeding twice the Supplemental Security Income (SSI) limits.

The Medicare Program is made up of two components. Medicare Part A covers expenses related to inpatient hospital care/nursing home care, while Medicare Part B provides insurance for physicians services outside the hospital. Medicare Part A does not normally require a monthly premium, but Medicare Part B presently costs $31.80 per month for an individual and $62.60 for a couple. Each component requires annual deductible and coinsurance payments prior to any payments under Medicare. These expenses are the ones paid through the QMB/HH Programs.

Effective January 1989, the Pennsylvania Department of Public Welfare (PDPW) implemented the HH Program to carry out the mandated QMB Program. At the same time, HH included Categorically Needy Medical Assistance for persons whose resources are at or below the SSI resource level. These individuals are eligible for a blue Medical Assistance card as well as buy-in, although they may choose to only receive buy-in. The blue card entitles the individual to all covered Medical Assistance Program benefits.

Many organizations, including DPW and the Department of Aging, are concerned that only approximately 50 percent of all eligible Pennsylvanians are enrolled in the program. Indications suggest that many persons are either not aware of the program or fail to understand how they may benefit from it. As a result, a number of outreach efforts are under way to increase participation through public education and one-on-one contacts.

A client message describing the QMB/HH Program was mailed to elderly, blind, and disabled Medical Assistance clients in late 1991. In addition, the Social Security Administration is planning to send a brochure to all Medicare recipients nationwide to encourage additional applications.

DISCUSSION:

The medical profession is in a unique position to identify individuals not enrolled in the program, to explain in practical terms how an individual could benefit financially from participation, and to recommend that their patients apply and learn for themselves whether or not they qualify for help. We do not expect providers to determine patient eligibility. However, when a Medicare patient does not present a blue Medical Assistance card coded PS 70/PS 90 or PA 80/PJ 80, a pink Medicaid card coded B 80 or an orange Medicaid card marked "Medicare cost-sharing only" for payment of medical treatment, this should alert the provider or his/her staff that the person is probably not enrolled in the QMB/HH Program.

Patients who would be potentially eligible should be encouraged to apply for QMB or HH benefits. These programs may not only increase monthly income by paying Medicare premiums, but will provide assistance in paying Medicare deductible and coinsurance expenses and, depending on income and resources, may provide coverage of medical services not covered by Medicare.

The eligibility limits shown in the attached brochure are in effect now and are valid at least until February or March 1993 at which time the income limits normally increase. This bulletin will remain in effect until rescinded or revised with new financial

information. No programmatic changes are anticipated at this time.

Please refer any individual or couple interested in more information, or in making application, to either the local county assistance office (CAO) or to the local Area Agency on Aging office. Either office is authorized to accept an application for the QMB/HH Program. If you would like more information, you may call the appropriate telephone number for your provider type or the local CAO. Please mention that you are inquiring about the HH Program.

PROCEDURE:

The following steps should make it possible to provide the requested services without major disruption of your daily routine.

1. Familiarize your staff with the contents of this bulletin and the attached brochure.

2. Determine whether a Medicare patient also presents a blue Medicaid card coded PS 70/PS 90 or PA 80/PJ 80, a pink Medicaid card coded B 80, or an orange Medicaid card marked "Medicare cost-sharing only" for payment of any Medicare deductibles or coinsurances.

3. Briefly explain the QMB/HH Program and its benefits to potentially eligible clients.

4. Recommend the patient apply for program benefits if any interest is expressed.

Your assistance in helping to identify individuals who may qualify for these additional health insurance benefits is appreciated.

Attachment

- Healthy Horizons Brochure

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.