

OFFICE OF MEDICAID MANAGEMENT  
ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 98 OMM/ADM-4

TO: Commissioners of  
Social Services

DIVISION: Office of  
Medicaid Management

DATE: August 14, 1998

SUBJECT: "Medicare Premium Payment Program" Application (SLIMB, QI-1 &  
QI-2)

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SUGGESTED 3

DISTRIBUTION: 3 Medical Assistance Staff  
3 Staff Development Coordinators  
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3  
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CONTACT 3

PERSON: 3 Frederick M. Perkins Bureau of Third Party Liability  
3 NYSDOH USER ID: FMP02 Phone: (518) 486-5870  
3 DSSP USER ID: 89d210  
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ATTACHMENTS: 3 "How To Fill Out The Medicare Premium Payment Program  
3 Application" (Attachment I)  
3 "Application Guide" (Attachment II)  
3 "Medicare Premium Payment Program" application  
3 (Form LDSS-4592), (Attachment III, not available on-  
3 line)  
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FILING REFERENCES

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Previous	Releases	Dept. Regs.	Soc. Serv.	Manual Ref.	Misc. Ref.
ADMs/INFs	Cancelled		Law & Other		
			Legal Ref.		
93 ADM-30		360-2.2(f)	SSL 367-a		GIS MA/010
		360-7.8			GIS MA/012
					MBL 98-3

DSS-296EL (REV. 9/89)

Date

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I. Purpose

The purpose of this administrative directive (ADM) is to transmit a new application form entitled "Medicare Premium Payment Program Application", (form LDSS-4592) that must be used for individuals applying for any of the Medicare Part B premium payment reimbursement programs. These programs include: the Specified Low-Income Medicare Beneficiary (SLIMB) program and the Qualified Individuals-1 (QI-1) and Qualified Individuals-2 (QI-2) programs only. This application should not be used for the Qualified Medicare Beneficiary (QMB) program or any other Medicaid program.

II. Background

As a result of the passage of the Balanced Budget Act of 1997, states are being given federal funding allotments on a yearly basis from January 1998 through January 2003 to specifically provide full or partial reimbursement for Medicare Part B premiums for two new categories of eligibles referred to as QI-1 and QI-2. GIS MA/010, dated March 19, 1998 and GIS MA/012, dated April 28, 1998 provides additional information on these new programs.

On March 31, 1998, Governor Pataki signed Chapter 33 of the Laws of 1998, which amends Social Services Law (SSL) 367-a to reflect the Medicare Part B premium payment provisions of the Balance Budget Act of 1997. In addition to requiring local departments of social services (LDSSs) to determine eligibility for payment of the appropriate Medicare Part B premium amount, the law requires the use of a simplified application for these programs.

III. Program Implications

The revised, shorter application must be used for individuals/couples who are applying for the SLIMB program and the QI-1 and QI-2 programs only. The shortened application captures only that information necessary to determine eligibility for these premium payment programs (e.g., since prohibitions on transfer of assets do not apply, there are no questions which solicit this information).

This requirement will necessitate that staff who are assigned to answering phones and staff who screen individuals who "walk-in" correctly distribute this application to individuals/couples who are applying for the SLIMB, QI-1, and QI-2 programs.

The amendment to SSL 367-a further requires that the Commissioner of Health in cooperation with the Office For The Aging (OFA) publicize the availability of the Medicare Part B premium reimbursement programs. As a result of this publicity, LDSSs can expect a significant increase in

requests for applications. It will be to the advantage of LDSSs to work with their local OFAs to ensure that accurate income and resource eligibility levels are presented to potential applicants prior to making referrals to the LDSS for application for these programs. Payment for the premiums paid under the QI-1 and QI-2 programs is 100% federally reimbursed.

**IV. Required Action**

LDSS must distribute the attached shortened and revised application, LDSS-4592 (Attachment III) along with the "How To Fill Out The Medicare Premium Payment Program Application" (Attachment I) form and the Voter Registration form to individuals/couples who are applying for the SLIMB program and the QI-1 and QI-2 programs. The "Application Guide" (Attachment II) is provided as suggested wording for transmitting the "Application for: Public Assistance - Medical Assistance - Food Stamps - Services," (DSS-2921) and the LDSS-4592 and any other enclosures normally forwarded to applicants through the mail. A local equivalent form can be requested as a replacement for the "Application Guide". It must be submitted for approval to:

John Brunelle, Director  
Bureau of Third Party Liability  
New York State Department of Health  
1 Commerce Plaza, Room 606  
Albany, New York 12210

Some applicants applying only for assistance with payment of their Medicare Part B premiums may actually be eligible for full Medicaid benefits. For this reason, as the "Application Guide" explains, it may be helpful to send out the DSS-2921 along with the shortened application. All pamphlets and other material that you normally provide with your application should also be included with the distribution of the applications.

The LDSS-4592 application form should only be used for the SLIMB, QI-1 and QI-2 programs. The DSS-2921 must be used for the QMB program and any other Medicaid program.

The LDSS-4592 must be obtained through the normal forms ordering process. Should you need to provide the LDSS-4592 before you receive your supply through the normal process, you can photocopy the form provided here as Attachment III.

Instructions concerning the recertification of individuals found eligible for QI-1 or QI-2 coverage will be forthcoming under separate cover.

**V. Systems Implications**

All applications should be registered on WMS for all Qualified Individuals. Until the Medicaid Automated Budget and Eligibility Logic

(MBL) is revised to calculate eligibility for the QI-1 and QI-2 program, LDSSs must follow the instructions in MBL Transmittal 98-3. Once the application attached to this ADM is used, the instruction in item 5 on the second page of the MBL Transmittal changes. If "calc Buy-In" is displayed and the shortened application has been used, the applicant will be required to complete the DSS-2921.

VI. **Effective Date**

The provisions of this administrative directive are effective immediately.

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Ann Clemency Kohler, Deputy Commissioner  
Office of Medicaid Management



**HOW TO FILL OUT THE "MEDICARE PREMIUM PAYMENT PROGRAM APPLICATION"**

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION  
EXCEPT FOR THE SHADED AREAS ON THE REVERSE

1. Print your full name and phone number (including the area code) and your address.
2. List your full name and the name of your spouse if you have one. Also list any children under 18 years of age who live with you. If you have more than one child under 18, you may use a separate sheet of paper to list them. To find your Race/Ethnic code, look in the section called "Race/Ethnic Affiliation Codes".
3. Answer the following six "Yes" or "No" questions.

Indicate if you and/or your spouse are United States citizens or qualified aliens and sign the appropriate lines. A Qualified Alien includes the following: lawful permanent residents; refugees (including Amerasian immigrants); Cuban and Haitian entrants; persons with deportation withheld; conditional entrants; parolees for at least one year; and aliens who have been battered or subjected to extreme cruelty in the U.S.

You may request reimbursement for your part B premiums for the three months prior to the month of application. This three month period can be no earlier than January 1, of the current calendar year.

4. List all of the resources that are available to you and your spouse. Put the amount of cash on hand, and the balances in your checking, savings, and other bank accounts in the appropriate boxes.
5. Answer each of the four "Yes" or "No" questions.
6. List all income which you, your spouse, or your child under age 18 receives or expects to receive. Include all kinds of income, including salary, wages, pension, social security, severance pay, rental, or business income, etc. List employers, the gross amount of income before taxes (for business income, use net), and how often you, your spouse or child under age 18 is paid.
7. Check the box to show whether you want to receive a notice of decision on your application in English only, or Spanish and English.
8. Turn the application over and carefully read all the information on the reverse side, then sign and date the application.

ATTACHMENT II

**APPLICATION GUIDE**

Enclosed are two applications to apply for benefits including payment of your Medicare part B premium. Please review the explanation of the population and service(s) for each application to determine which should be used. Complete only one of the applications.

1.) **New York State Department of Health "Medicare Premium Payment Program Application" (Form LDSS-4592).**

Use this application to apply for payment of all or part of your monthly Medicare Part B premium only. This application should not be used for full Medicaid eligibility or for Medicaid payment of Medicare co-insurance and deductibles. To be eligible, you can have no more than \$4,000 in countable resources for a single person or \$6,000 for a couple. Resources include cash on hand, bank accounts, trusts, etc. In addition, your income must be within the following income levels;

**Single Individual:**

Monthly income must be greater than 100% of the federal poverty level (\$671 for 1998) and less than 175% of the federal poverty level (\$1,174 for 1998).

**Couple:**

Monthly income must be greater than 100% of the federal poverty level (\$905 for 1998) and less than 175% of the federal poverty level (\$1,583 for 1998).

\*These amounts do not take into account a \$20 per month income disregard.

2.) **"Application for Public Assistance - Medical Assistance - Food Stamps - Services" (Form DSS-2921).**

Use this application if you wish to apply for all available benefits under the Medicaid program including Medicaid payment of Medicare premiums, coinsurance and deductibles under the Qualified Medicare Beneficiary Program. Eligibility for all Medicaid benefits depends on your income and resources.

NOTE: If you are using either application and also wish to register to vote, you may fill out and sign the Voter Registration Form and return it with your application to your local Medicaid office.