



STATE OF MARYLAND  
**DHMH**

Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

Office of Operations & Eligibility  
Medical Care Programs

Joseph E. Davis  
Executive Director

**TO:** Senior Health Insurance Program (SHIP) Coordinators

**FROM:** Barbara A. Washington  
Program Administrator

**DATE:** November 14, 2003

**RE:** Maryland Pharmacy Discount Program and Expedited QMB/SLMB  
Determinations

The Maryland Pharmacy Discount Program was implemented on July 1, 2003. As Michelle Holzer discussed at the SHIP Coordinator meeting on October 28, 2003, approximately 100 pharmacy discount clients were erroneously added to the Medicare Buy-In Program. Their eligibility began as early as July 1, 2003 and the Medicare Buy-In Program paid premiums for July through December. As a result, these beneficiaries may have received from \$58.70 to \$176.10 as a reimbursement from the Social Security Administration. This customer reimbursement was for Medicare premiums simultaneously paid by the customers and the Buy-In Program. Because this group was added to the Program in error, \$176.10 will be deducted from their December Social Security benefit amount to recoup the State's premium payments for October through December. The Maryland Medical Assistance Program **will not** recover premium payments made for July, August and September.

We regret that this happened; however, we were able to detect and correct the problem before thousands of other customers were affected. Some of these customers may be eligible for the Specified Low-Income Medicare Beneficiary (SLMB) Program but will need to submit a Department of Health and Mental Hygiene "Application for Medicare Beneficiaries Only," the application for the Qualified Medicare Beneficiary (QMB)/SLMB Program. The attached letter and the QMB/SLMB application will be sent to each person on November 17, 2003.

Since SHIP coordinators have successfully partnered with us over the past few years to assist customers with completion of applications, we request your assistance in providing special outreach to this population. Attached are screen prints from our Medicaid Management Information System (MMIS II) for each person in your jurisdiction. These screen prints provide the addresses and phone numbers for the affected customers. A list of people, specific to your jurisdiction, is also attached. It has been divided into three categories:

- (1) Customers who appear to qualify for the SLMB Program, based on income and resource information verified by the pharmacy program;
- (2) Customers whose incomes were verified by the pharmacy program, but resource information could not be verified; and
- (3) Customers who appear to be over scale for QMB/SLMB.

We would like to expeditiously enroll appropriate customers into the SLMB Program. To enlist support for expedited handling of the applications, a memorandum will be forwarded to the local departments of social services (LDSS) managers and your LDSS contact persons. If you have not already done so, upon receipt of this memo, please e-mail the names of your contact persons to me at the following e-mail address:

[WashingtonB@dhmh.state.md.us](mailto:WashingtonB@dhmh.state.md.us).

**Listed below are the steps for implementation of this process:**

- SHIP coordinators should call their customers who fall within categories 1 and 2 to follow-up and assist them with completion of the application. We are not asking you to contact category 3 customers. **For this special outreach project, the face-to-face requirement for the QMB/SLMB Program is not required.** However, to quickly assist with the completion of applications, you or your staff may elect to make home visits.
- Category 1 customers will only be required to complete and sign the application. Additional documentation is not needed, even when the customer applies for retroactive SLMB benefits.
- Category 2 customers will be required to submit documentation to support their resource amounts listed on their QMB/SLMB application for the current review period and the retroactive period.
- If Category 3 customers call, please explain the income and resource requirement and assist them in applying for the program, if they request. For these customers, please verify the income and resources.

- **If home visits are not made**, please ask the customers to mail completed applications to your office.
- Copies of a green memorandum, directed to the local department of social services, are included with this memorandum. Please write your name and county in the “From” section of the memo and include the date. Also, to identify and expedite eligibility determinations for these applicants, please insert the applicant’s name, check the appropriate LDSS instruction box, and staple a green memo to each application before submitting it to the LDSS.

We realize that your schedules are already busy; however, we appreciate your willingness to reach out to these individuals, and we thank you for all that you have done and continue to do to assist the QMB/SLMB population. If you have questions about this communication, please call me at (410) 767-1480.

Enclosures (4)

cc: Mr. Joseph E. Davis  
Ms. Christine Gerhardt  
Local Departments of Social Services