



NEW MEXICO HUMAN SERVICES DEPARTMENT

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INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 06-02

DATE: June 16, 2006

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
HELEN NELSON, DEPUTY DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROBERT D. BEARDSLEY, BUREAU CHIEF, CLIENT SERVICES BUREAU

BY: LIZ MARTINEZ, CLIENT SERVICES BUREAU

SUBJECT: MEDICARE SAVINGS PROGRAMS FOR BUY-IN

Clients on Medicaid categories QMB, SLIMB, QI1, ICM, HCBW, WDI, and Medicaid Extension are entitled to State Buy-In of their Medicare Part B premium. The Buy-In of Part A is only applicable for Conditional Part A under QMB.

Once the Buy-In is effective, the Social Security Administration sends information to HSD via the BENDEX system. The Buy-In can take up to 90 days to become effective if information is entered correctly on ISD2. This is because of the time it takes for data transmission among Human Services Department (HSD), Social Security Administration (SSA) and Centers for Medicare and Medicaid Services (CMS).

When the Buy-In is effective, the information appears on the FMM1 screen. The FMM1 screen will reflect the effective date. For example:

-- BUY IN DATA ----

STT EFF PREMIUM MEDICARE
MMYY AMOUNT NUMBER

1161 0106 442.50 123456789A

On an Institutional Care Medicaid case, when the Buy-In is effective, a 274 Action Item will appear on the workers Q screen and ACTI screen. When the 274 “Reeval Med Care Cred – Buy-In Return” action item appears, workers need to remove the Part B premium amount from the MA01 screen. The ISD2 system will recalculate the Medical Care Credit.

Sometimes the data that HSD submits to CMS differs from that on their records for Buy-In purposes. An example of different data is as follows:

Applicant submits application under John Doe
Social Security Card reflects John A. Doe
Medicare Card reflects J.A. Doe
ISD worker inadvertently registers and approves case as John Dow
Incorrect Medicare Claim Number
Date of birth and/or gender are incorrect
Applicant does not have Medicare (good practice to enter Medicare Elig Date in the Part A field on the FMM1 screen)

The applicant’s Medicare card is usually the most reliable source of what CMS’s records show. Workers need to register and approve cases based on information on the Medicare card, specifically the name and claim number.

When HSD submits recipient data that does not match, the BENDEX system posts the specific discrepancy on ISD2. This triggers a message on the caseworker’s Q screen and action items post on the case’s ACTI screen as noted below. There are various reject codes that appear on the FMM1 screen. The most common reject code is the 2161 as noted below. If the case information is not fixed, the Buy-In for the Medicare Part B premium will not become effective. This can be for an indefinite period of time or until the client calls to complain.

Examples of Action Items:

255 - SSN/SSA DISCREPANCY - NO MATCH ON NAME
288 - CORR MEDICARE #, NAME, SEX, OR DOB FIELD
279 - EVAL BUYIN AS SSI RECIPIENT
282 – EVAL SSA TERM BUYIN DUE TO DEATCH
Other Action Items are listed on ISD2 Action Item Report HIU60A01 available to supervisors through Dispatch

Example of Reject code 2161:

```
-- BUYIN DATA -- -- PART - A
STT  EFF  PREMIUM  MEDICARE  CUR STA ELIG
      MMY  AMOUNT   NUMBER    XIX TUS DATE

2161                123456789A  N    1
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When clients inquire about Buy-In because Social Security is still deducting the Part B premium from their check, workers need to check the FMM1 screen. IF the FMM1 screen does not show an effective date and/or shows a reject code 2161, (refer to F2 screen for Buy-In codes) workers need to take the following actions:

- Check for Action Items on the ACTI screen and Q screen to determine identified discrepancy;
- Verify all documentation in the case record based on description of action item
- Compare information in case to information on ISD2 based on description of action item
- Correct ISD2 to reflect information on documentation in case record
- For example: The name or Medicare Claim Number used On ISD2 does not match the name on the Medicare card. Correct ISD2 to match the Medicare card.
- Always make sure the case name on the LIST screen and Medicare claim number entered on the UEI1 and FMM1 screens match the client's Medicare card.

It is very important that workers take immediate action on Action Items when these types of action items appear.

On a monthly basis, CMS sends the Medical Assistance Division's Client Services Bureau a list of clients with reject codes. The MAD staff has a very short period to submit responses to CMS regarding the reject codes. Effective with the June 2006 Buy-In report, the Client Services Bureau will send a report with the 2161 rejects codes to all County Directors via E-mail. Workers will need to review the case record(s) and correct the information that is causing the 2161 reject on ISD2. The corrections will require a 48-hour turnaround for Client Services Bureau to meet their deadline. Failure to correct these errors will further delay clients' Buy-In. The attached Example 1 is a sample of the report that MAD will send. The attached Example 2 is a sample of how workers should note corrections that they have made on ISD2, i.e., Medicare Claim Number, Name (first, middle, last), Sex or DOB, note the correction, the correction date and worker number and **fax** the report to Client Services Bureau at 476-6825.

Please direct questions regarding this material to Abran Gallegos at (505) 476-6822 or abran.gallegos@state.nm.us

Attachments