STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

January 10, 1991
Letter No: 91-02

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: MEDS BUY-IN AND BENDEX INQB SCREEN

This is to provide information on the new MEDS Buy-In and BENDEX Inquiry (INQB) screen. This screen is part of the Buy-In Redesign System, implemented in February 1990; it is intended to assist county staff in determining the Buy-In status of Medi-Cal eligibles. It is also expected to reduce the need to submit Buy-In Complaint Forms (DHS 6166) by making current information available to county staff. The INQB screen displays Buy-In, Title II, and premium payor information on MEDS.

To view the INQB screen, select Inquiry Option "B" from the MEDS Recipient Inquiry Request Menu. Enclosed are the INQB screen format and definitions for the seven (7) fields of the Medicare Buy-In Information segment and fifteen (15) fields of the BENDEX Title II segment.

County staff may view the information listed, but will not be able to input or change information on the INQB screen. When incorrect information is discovered in any of the screen's fields, attach a print out of the INQB screen to a State Buy-In Problem Report (DHS 6166), enter the nature of the error and the correct information in the "Remarks" section of the form and send to the Medicare Buy-In Unit.

Please refer any questions regarding the INQB screen to Jo Helen Lie-Nielsen at (916) 739-3206. For any general MEDS questions, contact your State MEDS Liaisons.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

NEW MEDS BUY-IN AND BENDEX INQUIRY (INQB) SCREEN

DEFINITIONS

1. HIC-NO (Health Insurance Claims Number)

This field will show the current HIC number if it was reported by either the county or federal government (for source, see number 4); otherwise a blank will show. The HIC number shown may not be the correct HIC number.

2. CUR-BUY-STATUS (Current Buy-In Status)

The following is a list of valid Buy-In Status Codes with explanations:

Valid Buy-In Status Codes	Code(s) Explanation
a) State Initiated Accretions 61, 62, 63, 64	Used by the State to accrete an individual to the State's Buy-In program. Expect response from HCFA within one month from the current date
b) State Controlled Accretions 1161, 1164, 1165, 1167	An accretion submitted by the State has been added to the Buy-In program
c) State Initiated Deletions 50, 51, 53, 81	Used by the State to delete an individual from the State's Buy-In program. Expect response from HCFA within one month from current date
d) State Controlled Deletions 1750, 1751, 1753, 1781	A deletion submitted by the State has been dropped from the Buy-In program
e) Federal Controlled Accretions 1180	Informs the State that HCFA has established a Buy-In record on the Third Party Master (TPM) File for an SSI recipient. The accretion was added to the Buy-In program
f) Federal Controlled Deletions 1500, 1600, 1728, 1759, 1787	HCFA informs the State that an SSI recipient was deleted from the Buy-In program
g) Interim/Special 1800, 1900, 3200, 3300, 3662	Informs the State that although there is no evidence of Medicare entitlement, a claim for Medicare is being developed by Social Security Administration

h)	Rejection (Accretion/Deletion) 2100, 2400, 2550, 2560, 2081	Informs the State that the submitted Buy-In Accretion/ Deletion was rejected because of error(s): HIC number, effective date, etc.
i)	Under investigation 3150, 3160	Buy-In Accretion/Deletion is under investigation. Expect a response from HCFA within one month from current date.
j)	DOME 2200	Indicates Prospective Medicare Entitlement (For date of entitlement see number 3 below)
k)	Alien DOME 2290	Indicates prospective Medicare entitlement for Aged Aliens (For date of entitlement see number 3 below)
l)	Blank	Indicates no Current Buy-In Activity

3. DOME-DT (Date of Medicare Entitlement) (MM/YY)

This field indicates the prospective Medicare Entitlement Date unless there is termination of Disability Benefits.

4. HIC-SOURCE

For State Use Only. This field contains an internal code that identifies the county, federal or State system through which the HIC number was last reported.

5. BUY-IN-EFF-DT (Effective Date) (MM/YY)

This field indicates Effective month and year, of current Buy-In Status.

6. LAST-MC-CHG-DT (Medicare Change Date) (MM/DD/YY)

This field indicates the month and year in which Buy-In activity most recently updated the MEDS record. Buy-In updates occur between the 19th and 25th of the month.

7. BUY-IN-ELIG-CD (Eligibility Code)

For State Use Only. This field indicates availability of Federal Financial Participation in the payment of premiums.

BENDEX TITLE II INFORMATION

DEFINITIONS

1. CLAIM-NO

   Claim Number or Social Security Number under which SSA benefit is filed.

2. INITIAL-ENTL-DATE (MM/YY)

   Initial date of entitlement to Title II benefits.

3. OLD-BENEFIT-AMT ($$$.cc)

   Net amount previously certified by SSA for payment.

4. CUR-BENEFIT-AMT ($$$.cc)

   The net amount due the beneficiary under Title II on the third of the next month after the BENDEX record is produced. EXAMPLE: The BENDEX file produced on 4/11/90 contained payment information for the 5/3/90 SSA check. Money amounts are displayed even if the beneficiary was only previously entitled or is in a nonpayment status (see #6 for current pay status). Zeros normally appear if the beneficiary was denied benefits.

5. DUAL-ENTL-IND

   Indicates whether the beneficiary is or was entitled to SSA Title II benefits under more that one claim number.

Blank	No dual entitlement
1	Beneficiary is entitled on more than one claim number and all records are active.
2	Indicates the beneficiary has been entitled on more than one claim number and one of the records is now inactive

6. BENDEX-PAY-STATUS

   The BENDEX payment status code indicates whether the benefit amount in the CUR-BENEFIT-AMT is payable or the reason it is not payable; a CP in this field indicates that the benefit is payable. Other codes have the following meanings:

   A one or two-position code reflecting the SSA payment status for this beneficiary.

Adjustment:	AA	Withdrawal to split payments
	AC	Correction in benefit rate
	AD	Adjusted for dual-entitlement
	AE	Withdrawn for recomputation
	AJ	Worker's compensation offset
	AM	Withdrawal from HI-only status; monthly benefits being awarded
	AR	Withdrawal from S or T status to place in CP status
	AW	Worker's compensation offset
	A&	Withdrawn from nonpayment status to place in CP status
	A-	Withdrawn from CP status to be placed in nonpayment status
	A0,A1,A2, A3,A4,A5 A6,A7,A8	Rate reduction is being figured
	A9	Miscellaneous adjustment not separately defined
Abatement:	B	Claimant died prior to entitlement
Current Payment:	CP	Current Payment Status
Deferred:	DP	Receipt of public assistance
	DW	Receipt of worker's compensation
	D1	Engaging in foreign work
	D2	Beneficiary overpaid because of work
	D3	Auxiliary's benefits withheld because of D2 status for primary beneficiary
	D4	Failure to have child in care.
	D5	Auxiliary's benefits withheld because of a D1 status for for primary beneficiary
	D6	Deferred to recover overpayment for reason not attributable to earnings
	D9	Miscellaneous deferment
Denied:	N	Disallowed claim
	ND	Disability claim denied for non-medical reason
Delayed:	K	Advanced filing for deferred payment
	L	Advanced filing
	P	Adjudication pending
	PB	Benefits due but not paid
	PT	Claim terminated from delayed status
	PF,PH,PJ, PK,PL,PM, PP,PW,PO, P1,P2,P3, P4,P5,P6, P7,P8,P9	The beneficiary is to be placed in S payment status upon final adjudication. The low order position has the same meaning as the corresponding low order of payment status S.

Suspended:	SO	Determination of continuing disability is pending
	S1	Beneficiary engaged in work outside the U.S.
	S2	Beneficiary is working in the U.S. and expects to earn in excess of annual allowable limit
	S3	Auxiliary's benefits withheld because of S2 status of primary beneficiary
	S4	Failure to have child in care
	S5	Auxiliary's benefits withheld due to S1 status for primary beneficiary
	S6	Check was returned - correct address being developed
	S7	Disabled beneficiary suspended due to refusal of vocational rehabilitation; imprisoned; extended trial work period
	S8	Suspended while payee is being determined
	S9	Suspended for reason not separately defined
	SD	Technical entitlement only. Beneficiary is entitled on another claim
	SF	Special age 72 beneficiary fails to meet residency requirement
	SH	Special age 72 beneficiary is receiving a government pension
	SJ	Alien suspension
	SK	Beneficiary has been deported
	SL	Beneficiary resides in a country to which checks cannot be sent
	SM	Beneficiary refused cash benefits (entitled to HI-SMI only).
	SP	Special age 72 beneficiary suspended due to receiving public assistance
	SS	Post secondary student summer suspension
	SW	Suspended because of worker's compensation
Terminated:	TA	Terminated prior to entitlement
	TB	Mother, father terminated because beneficiary is entitled to disabled widow(er)'s benefits
	TC	Disabled widow attained age 62 and is not entitled as an aged widow
	TJ	Advanced filed claim terminated after maturity
	TL	Termination of post secondary student
	TP	Terminated because of change in type of benefit or post entitlement action
	T&	The claim was withdrawn
	T-	Converted from disability benefits to retirement benefits upon reaching age 65
	TO	Benefits are payable by some other agency
	T1	Terminated due to death of the beneficiary
	T2	Auxiliary terminated due to death of the primary
	T3	Terminated due to divorce marriage or remarriage of the beneficiary

	T4	Child attained age 18 or 22 and is not disabled; mother/father terminated because last child attained age 18
	T5	Beneficiary entitled to other benefit
	T6	Child is no longer a student or disabled; or the last entitled child died or married
	T7	Child beneficiary was adopted; mother/father terminated as last child adopted
	T8	Primary beneficiary no longer disabled; or the last disabled child no longer disabled
	T9	Terminated for reason not separately defined
Uninsured:	U	Beneficiary is entitled only to HI or SMI
Withdrawal:	W	Withdrawal before entitlement
Other Adjustment or termination status:	XO	Claim transferred to RRB
	X1	Beneficiary died
	X5	Entitled to other benefits
	X7	HIB/SMIB terminated
	X8	Payee is being developed
	X9	Terminated for reason not separately defined
	XD	Withdrawn for adjustment
	XF	Entitlement transferred to another PSC
	XK	Beneficiary deported
	XR	Withdrawn from SMIB

7. HI-ENTL-DATE (MM/YY)

This field will show the current date of entitlement to Hospital Insurance (HI) Part A benefits

8. HI-TERM-DATE (MM/YY)

This field will show the most recent termination date from HI benefits

9. HI-OPTION-CD

This field will show the current HI status code

C No (cessation of disability)
D No (denied)
E Yes (automatic entitlement, no premium necessary)
F No (terminated for invalid enrollment or enrollment voided).
G Yes (good cause)
H No (not eligible for free health insurance benefits (Part A)).
P Railroad jurisdiction --
R No (refused free Part A)
S No (no longer under renal disease provision)
T No (terminated for non payment of premiums)
W No (withdrawal from premium Part A)
X No (Part A terminated because of title II termination (Section 226B)). Supplemental insurance medical benefits (Part B) unchanged.
Y Yes (premium is payable)

10. LAST-BENDEX-CHG (MM/DD/YY)

The last date, month, day and year, BENDEX updated MEDS.

11. COMMUNICATION-CODE

This information is supplied by SSA to help the State analyze records returned in response to State direct input, records being accreted through the Buy-In System, and records previously established as BENDEX which are undergoing change.

Alpha Numeric	Codes derived by the BENDEX system to help the State interpret the data received.
Codes for fully processed <u>records</u>	
WASbXXXb	BENDEX exchange is transferred to your agency: Agency XXX will no longer receive BENDEX exchange. See CFbXXXbb below. below.
MATCHEDb	Current data was extracted from the Master Beneficiary Record (MBR)
REPbPAYE	This is a fully processed record with current data extracted from the MBR. The check is payable to someone other than the beneficiary.

FINbMMYY	The benefits for this beneficiary terminated for the month indicated. If earnings data was requested, it will be sent.
XREFbNUM	Beneficiary is terminated on this record; there is no cross reference MBR or other entitlement.
UTLbXREF	Pertinent data was extracted on this claim number. No MBR has been located however, for a cross-reference number.
CFbXXXbb	Record is in conflict with another agency, XXX. This record represents the last automated data for the receiving agency. Since BENDEX receives input from most States, as well as other SSA systems, a priority of processing has been established to follow in the event multiple actions are received in a month for an individual.

12. SMI-ENTL DATE (MM/YY)

This field will show the current date of entitlement to Supplemental Medical Insurance (SMI) Part B benefits.

13. SMI-TERM-DATE (MM/YY)

This field will show the most recent termination date from SMI benefits.

14. SMI-CODE

This field will show the current SMI status code:

C No (disability ceased).

D No (denied)

F No (terminated for invalid enrollment)

G Yes (good cause, enrolled in SMIB)

N No (dual technically entitled beneficiary not entitled to SMI)

P Railroad has jurisdiction and collects the premium

R No (refused)

S No (no longer under renal disease provision)

T No (terminated for nonpayment of premiums)

W No (withdrawal)

Y Yes (enrolled in SMIB)

15. PREMIUM-PAYOR

Indicates the Entity making the Supplemental Medical Insurance (Part B) Premium Payment. The following is an explanation of legends/codes:

- o CIVIL - Civil Service is billed for SMI premium payments
- o PRITP - Private Third Party is billed for SMI premiums
- o RRB - Railroad Board has Jurisdiction
- o SELF - The beneficiary is responsible for the SMI premium
- o 010 to 650- Indicates the State is paying the Part B premium. California's State Code for Buy-In Beneficiaries is 050.

INQB - Buy-In and BENDEX Information

This recipient inquiry response displays Medicare Buy-In eligibility information and Title II eligibility and payment information reported via BENDEX.

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INQB            ** BUY-IN AND BENDEX INFORMATION **          XXX - MM/DD/YY

MEDS-ID ___-__-____   NAME _______________, __________ _   MEDS-CUR-MMYY __-__

================================ MEDICARE BUY-IN INFORMATION ================================
1) HIC-NO _____          4) HIC-SOURCE _          6) LAST-MC-CHG-DT __-__-__
2) CUR-BUY-STATUS ____   5) BUY-IN-EFF-DT __-__   7) BUY-IN-ELIG-CD _
3) DOME-DT __-__

================================ BENDEX TITLE II INFORMATION ================================
1) CLAIM-NO _____                                 10) LAST-BENDEX-CHG __-__-__
2) INITIAL-ENTL-DATE __-__   6) BENDEX-PAY-STATUS __   11) COMMUNICATION-CODE _____
3) OLD-BENEFIT-AMT $___.__   7) HI-ENTL-DATE __-__   12) SMI-ENTL-DATE __-__
4) CUR-BENEFIT-AMT $___.__   8) HI-TERM-DATE __-__   13) SMI-TERM-DATE __-__
5) DUAL-ENTL-IND _           9) HI-OPTION-CD _       14) SMI-CODE _
                                                     15) PREMIUM-PAYOR ____

IN __   ENTER QA,QF,QM,QP,QX,XC,XH,XM,XN  OR  PRESS ENTER TO RETURN TO LIST
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