TO: All County Welfare Directors
    All County Administrative Officers
    All County Medi-Cal Program Specialists/Liaisons

Letter No.: 97-50

REVISED STATE MEDICARE BUY-IN PROBLEM REPORT

This All County Welfare Directors Letter is to inform you that the State Medicare Buy-In Problem Report (DHS 6166) has been revised and is now available for distribution. A copy of the revised DHS 6166 is enclosed. The revised format will be posted on the EMC2 system shortly.

The State Medicare Buy-In Problem Report is used by the county to alert the Department’s Premium Payment Unit of a problem with State payment of Medicare Part A and/or B premiums. For more information about reporting Medicare Buy-In problems, see Section 50773 of the Medi-Cal Eligibility Procedures Manual.

To order a supply of the revised State Medicare Buy-In Problem Report (DHS 6166), complete the Department of Health Services Order Form (DHS 2031) and mail to:

Department of Health Services Warehouse
1037 North Market Boulevard, Suite 9
Sacramento, CA 95834

Counties may exhaust their existing supply of forms before reordering. If you have any questions, please contact Ms. Vicki Partington of the Health Insurance Section at (916) 323-9539.

Sincerely,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure
STATE MEDICARE BUY-IN PROBLEM REPORT

Please check the two-digit MEDS Medicare status line before submitting a State Medicare Buy-in Problem Report. The first digit is a code that indicates the status of Medicare Part A coverage. The second digit is a code which indicates the status of Medicare Part B coverage. The codes and their definitions are as follows:

0 or blank = No coverage 3 = Free 6 = BI reject, presumed eligible
1 = Paid by beneficiary 4 = Paid by other entity 7 = Presumed eligible
2 = Paid by State 5 = BI reject, Bendex eligible 8 = BI reject, not presumed eligible

Note: The State Medicare Buy-in Problem Report is available on the Electronic Mail Communication Center (EMC2 or E-Mail) and may be submitted electronically.

A. COUNTY REPRESENTATIVE INFORMATION

County Mailing Address

Name

County district

Telephone number

Date submitted

E/W number

Response requested

Yes

No

BENEFICIARY INFORMATION

Name (first, middle, last)

Date of birth (mm/dd/yy)

Sex

Male

Female

Social Security number

Medicare Railroad health insurance claim (HIC) number

Special program

SLMB

OMB

County Code

Aid Code

Seven-digit serial number

FBU

Person number

Eligibility date

Approval date

Remarks—Explain buy-in problem

Attachments

STATE USE ONLY

☐ Buy-in confirmed ☐ Part A ☐ Part B Effective date

☐ Deletion confirmed ☐ Part A ☐ Part B Effective date

☐ Closed period confirmed ☐ Part A ☐ Part B Effective date

☐ Part A ☐ Part B Benefits terminated effective

☐ Medicare status code has been corrected

☐ Update MEDS with the correct Health Insurance Claim (HIC) number

☐ Unable to process until the □ is provided or corrected

☐ Beneficiaries with Aid Code 58 are not eligible for Buy-in

☐ Please allow 120 days for processing

Remarks

Medicare Premium Payment Representative

Telephone number

Date

CHS 6166 (597)
INSTRUCTIONS FOR COMPLETION OF DHS 6166 FORM

Please include the following:

A. COUNTY REPRESENTATIVE IDENTIFICATION

- Complete mailing address (response will not be returned without this information)
- Eligibility worker's name
- Area code and telephone number
- Date submitted
- County district number
- Eligibility worker number
- Check to indicate whether a state response is requested for this complaint

B. BENEFICIARY IDENTIFICATION

- Complete name, include any AKAs
- Date of birth using mm/dd/yy format
- Sex
- Social Security number
- Medicare/railroad health insurance claim (HIC) number
- Check appropriate special program
- County code
- Aid code
- Seven-digit serial number
- FBU
- Medi-Cal person number
- Eligibility date (for Medi-Cal including retroactive months of entitlement)
- Approval date (for Buy-in, determination can be no earlier than month of application and may be later).
  For example: 1. Applied for Medi-Cal April 1993
  2. Approval date May 1993
  3. Medi-Cal effective date January 1993
  4. Buy-in effective date July 1993
- Remarks—provide an explanation of the Buy-in problem.
- Check if any documents are attached

C. STATE USE ONLY

- Medicare Premium Payment's response, if requested in A, above.

Mail to: State of California
Department of Health Services
Medicare Premium Payment Unit
P.O. Box 1287
Sacramento, CA 95812-1287