

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814



(916) 324-4950

February 10, 1989

Letter: 89-13

ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: ALIEN INFORMATION REPORTING FOR BUY-IN

REFERENCE: ACWDL 88-59, 88-66

The purpose of this letter is to explain the expanded role of the State Buy-In Problem Report (DHS 6166 (6/88), formerly HAS 8, copy enclosed) in reporting "Date of entry to USA" for Aged Alien Medi-Cal beneficiaries. This new method of reporting is necessary because passage of OBRA/IRCA legislation has eliminated the Alien Status Verification (CA 6) process formerly used for reporting date of entry. Form DHS 6166 (6/88) is not a revision of form HAS 8, it is only a renumbering of the form.

BACKGROUND:

Section 1836 of the Social Security Act states that any alien, age 65 or older, who is not entitled to monthly Social Security retirement/disability (Title II) benefits or Railroad Retirement benefits must be a lawful resident of the United States for five continuous years in order to be eligible for Medicare Part B coverage.

As a general rule, Medi-Cal cards and data files of beneficiaries age 65 or older are automatically coded with a "2" to indicate potential Medicare coverage. This is done prior to confirmation of Medicare Buy-In by the Social Security Administration. In the case of an aged alien who has not met the five year residency requirement, the "2" must be suppressed. State staff suppress the code upon receipt of county notification of the alien's date of entry. Previously, the CA 6 was used by counties for this purpose.

NEW COUNTY PROCEDURE

- o Use the Beneficiary Identification portion of the DHS 6166 or HAS 8 (10/84), to report date of entry to the Medicare Buy-In Unit. Please discontinue using form HAS 8, dated 4/81. This form does not contain the data line "Date of Entry to USA".
- o Use of forms DHS 6166 (6/88) and HAS 8 (10/84) for date of entry reporting will be discontinued when the "MEDS Alien Information Reporting" system is implemented. An ACWDL is being drafted to provide you with information on the new system and its implementation date. The forms will continue to be used for reporting Buy-In problems.

All County Welfare Directors  
All County Administrative Officers  
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- o Date of entry for OBRA aliens receiving restricted emergency services only should not be reported.
- o Continue to use Form MC 5 to report SSI/SSP recipient's Medi-Cal card problems.

If you have any questions or require additional information, please contact Dupon Yee at (916) 739-3343.

Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

Expiration Date: February 10, 1990

STATE BUY-IN PROBLEM REPORT  
(Medicare Part B)

See reverse for Privacy State

COUNTY REPRESENTATIVE INFORMATION

Name: Co. District:

Phone: Date Submitted:

County Mailing Address:

Worker No.:

Response requested? Yes ☐ No ☐

BENEFICIARY IDENTIFICATION

Name: ☐ Alien resident — not Medicare elig

DOB: First MI Last Sex: M ☐ F ☐ CA6 attached

Social Security No.: ☐ Date of entry to USA

Medicare/Railroad Claim No. (HIC) ☐ Attachments

CASE IDENTIFICATION

Medi-Cal Effective Date  
(Beginning)

Medi-Cal Effective Date  
(Ending)

Co.	Aid	7-Digit Serial Number	FBU	Pers

Month	Year	Month	Year

REMARKS (use reverse side if more space is needed)

FOR STATE USE ONLY:

- ☐ Medicare claim No. (HIC) being reported is incorrect. The correct number is: \_\_\_\_\_
- ☐ Accretion confirmed on \_\_\_\_\_ / \_\_\_\_\_ Premium Billing Tape Effective: \_\_\_\_\_
- ☐ Deletion confirmed on \_\_\_\_\_ / \_\_\_\_\_ Premium Billing Tape Effective: \_\_\_\_\_
- ☐ Buy-in closed period of coverage. Date forwarded: \_\_\_\_\_ / \_\_\_\_\_ Effective: \_\_\_\_\_ To \_\_\_\_\_
- ☐ Medi-Cal card corrected to: ☐ Reflect positive indicator 2 ☐ Remove indicator 2
- ☐ Accretion not possible due to: \_\_\_\_\_
- ☐ Medi-Cal eligibility not being reported current and continuous
- ☐ Appears beneficiary is not currently enrolled for Part B benefits.
- ☐ Part B benefits terminated effective: \_\_\_\_\_
- ☐ Please allow 120 days for processing

REMARKS:

Buy-In Representative: \_\_\_\_\_  
Phone: (916) 739-3200

Date: \_\_\_\_\_  
Continued on reverse ☐

Buy-In Control No.