DEPARTMENT OF HEALTH SERVICES

714/744 P STREET P.O. BOX 942732 "RAMENTO, CA 94234-7320



October 8, 1991

Letter No.: 91-86

TO: All County Welfare Directors

All County Administrative Officers

All County Medi-Cal Program Specialists/Liaisons

SUBJECT: MEDS BUY-IN AND BENDEX INQB SCREEN MEDICARE PART A SEGMENT

REFERENCE: ACWDL 89-116, 90-02, 91-02, 91-09, 91-62, 91-70

This is to provide updated information on the MEDS Buy-In and BENDEX Inquiry (INQB) screen.

In July 1991, a new Medicare Part A segment was added to this screen to assist county staff in determining the Part A status of Qualified Medicare Beneficiaries (QMBs). The INQB screen was originally implemented in February 1990 to provide Part B Buy-In and BENDEX Title II information to county staff for Medi-Cal and/or QMB eligibles. The INQB screen now displays Part A, Part B, 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 four (4) fields of the new Medicare Part A information segment. For definitions of the seven (7) fields of the Medicare Part B Buy-In Information segment and fifteen (15) fields of the BENDEX Title II segment, refer to ACWDL 91-02.

The Health Insurance Claim Number (HIC-NO) and HIC-Source fields found in the Part B Information segment are the same for Part A; therefore, the information was not duplicated. In addition, a Buy-In Eligibility Code will not be found in the Part A segment because the Part A system does not use Eligibility Codes.

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 printout 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 Premium Payment Unit at:

State of California Department of Health Services Medicare Premium Payment Unit P. O. Box 1287 Sacramento, CA 95812-1287 All County Welfare Directors All County Administrative Officers All County Medi-Cal Program Specialists/Lilisons Page 2

Please refer any questions regarding the Medicare Part A Information Segment of the INQB screen to Jo Monday at (916) 739-3206. For general MEDS questions, contact your State MEDS liaisons.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

Enclosure

g) Under investigation 3150, 3160

QMB Part A Accretion/ Deletion is under investigation. Expect a response from HCFA within one month from current date.

h) DOME 2200

Indicates Prospective Medicare Entitlement (For date of entitlement) see number 2 below)

i) Blank

Indicates no Current Buy-In Activity

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

This field indicates the prospective Medicare Entitlement Data.

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

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

4. LAST-Part-A-CHG (Medicare Change Date) (MM/DD/YY)

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

MEDICARE PART A INFORMATION SEGMENT

DEFINITIONS

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

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

Valid Buy-In Status Codes

State Initiated Accretion a) 61

State Controlled Accretions b) 1161, 1165

- State Initiated Deletions c) **51**, 53
- State Controlled Deletions d) 1751, 1753
- Federal Controlled Deletions 1400, 1500, 1600
- Rejection (Accretion/Deletion) 2100, 2400, 2550, 2560

Code(s) Explanation

Used by the State to accrete an individual to the State's QMB Part A program. Expect response from HCFA within one month from the current date

An accretion submitted by the State has been added to the OMB Part A program.

Used by the State to delete an individual from the State's QMB Part A program. Expect response from HCFA within one month from current date.

A deletion submitted by the State has been confirmed. QMB Part A payment has been discontinued.

HCFA informs the State that recipient was deleted from the QMB Part A program.

Informs the State that the submitted QMB Part A Accretion/Deletion was rejected because of: o error(s), i.e. HIC number, effective date,

- . etc. o non-entitlement to
 - Part A.

-		-
ī.	VX	ıH

** BUY-IN AND BENDEX INFORMATION **

MEDS-ID	NAME		MEDS-CUR-MMYY
HIC-NO	MEDICARE PART "B" HIC-SCURCE		TION ————————————————————————————————————
CUR-BUY-IN-STATUS DOME-DT	BUY-IN-EFF	-DT L	AST-PART-B-CHG
1)CUR-BUY-IN-STATUS 2)DOME-DT	MEDICARE PART "A" 3) BUY-IN-EFF		TION ————————————————————————————————————
	—— BENDEK TITLE	II DEFORMATION	-
CLAIM-NO	RENDEX-PAY		AST-EENDEX-CHG CMMUNICATION-CODE MATCHED
CID-RENEFIT-AMT S	HI-EMIL-DA		MI-ENTL-DATE
CUR-BENEFIT-AMT \$	HI-TEFM-DA		MI-TEFM-DATE
CUAL-EVIL-IND	HI-OPTICN-		MI-CODE Y REMIUM-PAYOR

IN ENTER CA,CF,CH,CM,CO,CP,CX,Q1,Q2,XC,XH,XM,XN * ENTER KEY RETURNS TO LIST