

DEPARTMENT OF HEALTH SERVICES

14 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

(916) 657- 2941



March 7, 1995

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

Letter No.: 95-15

STATE BUY-IN PROBLEM REPORT E-MAIL SCREEN

The purpose of this letter is to announce that the State Buy-In Problem Report (DHS 6166 form) is now available on the Electronic Mail Communication Center (EMC2 or E-Mail). This report is available to the county for the purpose of reporting complaints and problems regarding state payment of Medicare Part A and Part B premiums for state resolution. Use of the electronic form should result in faster responses to your questions.

Counties may access the State Buy-In Problem Report by selecting the Bulletin Board List from the EMC2 Mail Menu. A listing of E-Mail forms will be displayed under the Forms option. Select the State Buy-In Problem Report form.

Please complete Sections A, B, and C on the State Buy-In Problems Report and send to the appropriate E-Mail address listed on the top of the form. A copy of the E-Mail State Buy-In Problem Report is enclosed.

In order to avoid sending in complaints for problems that can be resolved at the county level, please refer to All County Welfare Directors Letter No. 91-02, dated January 10, 1991, for procedures on how to interpret the MEDS QB screen.

If you have any questions on how to use the form, please call Ms. Vicki Partington at (916) 323-9539.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Date: Friday, 23 December 1994 15:17 PT

To: HS.BUYIN, HS.BUYIN@DHSEMC2

From: HS.BUYIN

Subject: STATE BUY-IN PROBLEM REPORT (Medicare Part A and B)

To resolve complaints or problems regarding the State Payment of Medicare premiums, please complete the following form and then press PF4 to mail it to the Buy-In unit. The mail addresses are as follows; counties 1-10=HS.BUYIN10, counties 11-20=HS.BUYIN20, counties 21-30=HS.BUYIN30, counties 31-40=HS.BUYIN40, counties 41-50=HS.BUYIN50, counties 51-58=HS.BUYIN60. (Note: The county sections of this form are 3 screens long)

A. COUNTY REPRESENTATIVE INFORMATION

| | | | |
|----------|--------------------------|----------------|---|
| E/W Name | County District | Phone () | - |
| E/W # | Response Requested (Y/N) | | |

B. BENEFICIARY IDENTIFICATION

| | | | | |
|----------------------|---|---|-----------|---------------------------------|
| Name (Include AKA's) | | | | |
| Date of Birth | / | / | Sex (M/F) | Social Security # - - |

PF 1=Help 2=Exit 3=Return 4=Query 5=Action 7=Backward 8=Forward EMCC0000

Medicare/Railroad Claim (HIC) # - - Alien Resident (Y/N)
Date of Entry to USA / /

C. PROGRAM ELIGIBILITY/CASE IDENTIFICATION

| County | Aid | 7 Digit Serial # | FBU | Person # | Date of Eligibility | Approval Date |
|----------|-----|---------------------|-----|-------------|------------------------|------------------|
| Medi-Cal | .. | .. | .. | .. | / / | / / |
| QMB | .. | .. | .. | .. | / / | / / |
| SLMB | .. | .. | .. | .. | / / | / / |
| QDWI | .. | .. | .. | .. | / / | / / |

Remarks-Explain Buy-In Problem

D. STATE USE ONLY

This complaint is being returned for the reason(s) checked below:

PF 1=Help 2=Exit 3=Return 4=Query 5=Action 7=Backward 8=Forward

EMCC0000

1. Unable to process until the following information is provided for this recipient.
 - A. Valid Social Security number
 - B. Date of entry into United States of America
 - C. Health Insurance Claim Number
 - D. Railroad Board Number
 - E. Other:
2. Please allow the system 2-4 months from the month you input current or retro eligibility to accrete for the QMB Part A and the State Buy-In Part B.
3. Please input HIC number to MEDS and allow 2-4 months for the system to process an accretion. Refer to All County Welfare Directors' Letter number 91-02, dated January 10, 1991, to interpret the QB screen.
4. Please check the MEDS, QB screen to confirm Buy-In status before sending a State Buy-In Problem Report. Refer to All County Welfare Directors' Letter, number 91-02, dated January 10, 1991, to interpret the QB screen.
5. Please do not send a State Buy-In Problem Report to request updates to the MEDS, INS (Immigration and Naturalization Service) field or the DOME (Date of Medicare Entitlement) field. Refer to the All County Welfare Directors' Letter, number 91-02, dated August 12, 1991, for

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EMCC0000

procedures on correcting these types of problems. All of the above alien coding problems are to be corrected at the county level.

- 6 This is an aged alien who has met the five year residency requirement. Instruct the recipient to apply for Medicare Part B and/or Part A, QMB benefits at the Social Security Administration District office.
7. The State of California is paying the monthly Medicare Part B premium, effective / / and continuous. Please have your client contact their Social Security Administration District office if premiums are still being deducted from their Social Security benefits check .
8. Action has been initiated to accrete State Buy-In effective / / and continuous. The beneficiary should be notified in writing from the Social Security Administration within 90-120 days once the Buy-In is confirmed. Please check the MEDS, QB screen, to confirm Buy-In. Refer to the All County Welfare Directors' Letter, number 91-02, dated January 10, 1991, to interpret the QB screen.
9. Medi-Cal and/or QMB eligibility has been terminated effective / / . If this is an erroneous termination date, update MEDS and return the State Buy-In Problem Report for processing.
10. It is not necessary to notify us if the recipient is under the age 65 and not Medicare eligible.
11. There is no current Medi-Cal and/or QMB eligibility being reported under

the information you have provided.

12. Action has been taken to accrete for State Buy-In for a limited period of coverage from / / to / / .
Please have the SSI/SSP beneficiary contact their local Social Security office to correct any Buy-In problems.
14. Please check the Medicare line on MEDS before sending a complaint. This file has been correctly coded since / / .
15. Please do not submit a State Buy-In Problem Report for beneficiaries with a 58 aid code, as they are not Buy-In eligible. Medicare entitled beneficiaries should be redetermined to a full scope Medi-Cal status aid category.
16. Other _____

----- (end of letter) -----

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EMCC0000