

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



November 18, 1997

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,

ORIGINAL SIGNED BY

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	9 = Alien
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	Telephone number ()	Date submitted
County district	E/W number	Response requested <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY INFORMATION

Name (first, middle, last)				Date of birth (mm/dd/yy)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security number				Medicare/railroad health insurance claim (HIC) number		Special program <input type="checkbox"/> SLMB <input type="checkbox"/> QMB	
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 _____ through _____
☐ 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
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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