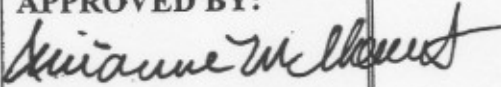|	NUMBER:
Colorado Department of Health Care Policy and Financing **1570 Grant St., Denver, CO 80203-1818**	HCPF 05-001
	CROSS REFERENCE:
DIVISION OR OFFICE: Medical Assistance Office	**DATE:** February 1, 2005
SUBJECT AREA: Medical Assistance	
SUBJECT: Medicare Buy-In Data Requirements **TYPE:** P Procedure	**APPROVED BY:** *Vivianne M. Chaumont* Vivianne M. Chaumont

Purpose:

The purpose of this agency letter is to advise County Departments of Social/Human Services of the data elements and verification required to facilitate state payment of Medicare Part A and/or B premiums on behalf of eligible clients.

Background:

Medicare Buy-In (state payment of Medicare Part A and/or B premiums on behalf of clients) is established via electronic data exchange between the State, the Centers for Medicare and Medicaid Services (CMS), Social Security (SSA), and in some cases, Railroad Retirement Board (RRB) computer systems. In order for a state request to be successfully processed by CMS and SSA, seven (7) data elements must match within all systems. If one or more of these data elements do not match within CMS' matching criteria, buy-in will be rejected until the error is corrected within the applicable system(s). It is the county's responsibility to verify client data and enter it accurately into the eligibility system.

Procedure or Information:

The seven (7) data elements that must meet the match criteria are as follows:

> Last Name, the first six (6) characters
> First Name, the first three (3) characters
> Middle Initial
> Date of Birth
> Sex/Gender code
> Social Security Number (the client's own SSN)
> Medicare Claim Number/Health Insurance Claim Number (HIC#)

Please note that the above data elements must match CMS' data. CMS gets their data from SSA's Title 2 database (for clients receiving Retirement, Survivors, and Disability benefits from Social Security) or from RRB's database (for clients receiving Medicare benefits from the Railroad Retirement Board). This is very important because SSA's various databases (e.g., Title 2, Title 16, Numident) can contain different data for the same client. Title 2 contains the Medicare data; therefore, state data must match SSA Title 2 data.

It is the county worker's responsibility to verify the client's data supplied to the county against SSA's Title 2 data. This can be done via Bendex (Beneficiary Data Exchange) or SVES (State Verification and Exchange System).

If a discrepancy is noted, the error must be corrected in the applicable database(s). If CBMS contains the error, the county worker must correct the error in CBMS. If either SSA or RRB (or both) contain(s) the error, the client or authorized representative must contact SSA and/or RRB to correct the error. In either case, the county worker must notify the Buy-In Officer when the error is corrected. Only then will be Buy-In Officer be able to send a buy-in request to CMS successfully.

Effective Date:

February 1, 2005

Contact Persons:

Sharon Brydon
Medicare Buy-In Officer
(303) 866-5402