

# MEDICARE BUY-IN SUMMARY SCREEN

Follow these steps to locate the Medicare Buy-In Summary Screen in CBMS:

CBMS Home Workforce **1** Search Application Case Benefits Follow Up Activities System Functions Disability Navigator

Inquiry on Individual Appli **2** Medicare Buy-In Summary PEAK Inbox Work Program Hours Case Information Return Mail

Medicare Buy-In Summary

State ID or SSN **3** Medicare Buy-In Summary **5**

SSN  
- -

St	Name	SSN	DOB	Gender
00	ClientLastName, FirstName	000000000	01/01/1940	Male

- 1** Click on the 'Search' tab
- 2** Click on the 'Medicare Buy-In Summary' tab
- 3** Enter a State ID or SSN



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How to Interpret the Medicare Buy-In Summary Screen:

Medicare Buy-In Summary						
Active Medicare...	Inactive Medicar...	RIC	TXN	SUB	Elig	Transaction Start...
#####A		B	41		L	07/01/2021

The 'Elig' column refers to the type of client for Federal Financial Participation (FFP), or, State eligibility for federal matching funds only.

RIC CODES		*TRANSACTION (TXN) CODES	
<b>RIC S</b>	State request sent to CMS. These are a 2-digit code requesting buy-in to start or stop, or to send the information to CMS (e.g., to correct a State ID or Buy-in Eligibility Code)	<b>TXN 61 RIC A</b>	The initial transaction requesting that a client be added to CO's Buy-In rolls
<b>RIC A</b>	Informational RIC from CMS, telling the State that the client's SSI eligibility has either started or stopped	<b>TXN 1161 RIC D</b>	"Yes" response from CMS acknowledging we are "talking" about the same person and agree on eligibility
<b>RIC B</b>	Billing record from CMS, telling the State that they are being billed (debit) for a client's Medicare premium, or credited for a client's premium when Buy-In stops	<b>TXN 41 RIC B</b>	Comes from CMS and is an indicator of Ongoing Buy-In. If someone's main transaction in the buy-in system for a few months has been a 41 and they call in reporting that Part B continues to be deducted from their Social Security payment, the state Buy-In staff should be contacted - a mismatch at Social Security's end may be occurring
<b>RIC C</b>	Informational RIC from CMS, telling the State that the client's HIC# has changed. It will show both the old HIC# and the new (current) HIC#	<b>TXN 1161 RIC B</b>	"Yes" response, but officially a billing response that let's Colorado know how much we will be paying
<b>RIC D</b>	"Yes" reply record from CMS, telling the State that their request to start or stop Buy-In has been accepted, or that CMS has initiated an accretion or deletion. A 'RIC D' is always followed by a 'RIC B' on the next monthly billing file	<b>2161 RIC F Subcode B</b>	"Personal characteristics don't match." Our data doesn't match CMS' data. Name and DOB are usual culprits.
<b>RIC E</b>	Informational RIC from CMS, telling the State that there is a slight discrepancy in personal characteristics (e.g., name, day of birth, or zip code) between State data and CMS data, but not a major enough discrepancy to cause Buy-In to reject	<b>TXN 15</b>	Buy-In stopped because SSA took away client's Medicare. Client can appeal with SSA to get Medicare reinstated.
<b>RIC F</b>	Reject record ("No" reply) from CMS, telling the State that their request to start or stop Buy-In, or to send a State ID or BEC correction to CMS was rejected. The subcode indicates why the request was rejected	<b>TXN 16</b>	Buy-In stopped because SSA thinks the client died
		<b>TXN 1728</b>	CO's Buy-In stopped because another state requested Buy-In

\*For questions about Buy-In Transaction Codes, contact your State Buy-In Official



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## Important Timelines to Consider



## Timeline of Successful Buy-In Transactions:



*RRB & Civil Service get billing file from CMS the first week of the month after we receive the RIC D. Refund usually issued 30-60 days later.*

*If CMS responds with a reject (RIC-F), research & error correction must be made before a new RIC S can be sent.*

*Individuals above the SLMB income limit, who have Medicaid but not an MSP, will be subject to the two month wait period before the State of Colorado begins paying their Part B premiums.*

*Rule of Thumb: If Buy-In does not kick in within a month after the county has approved or reopened a case, something is wrong and someone should contact the state Medicare Buy-In Unit.*

- 2 Days** - Average time for an update in CBMS to go to InterChange/MMIS, HCPF's claims system where buy-in takes place.
- 2 Weeks** - Average time (from initial transaction to a successful response to any refunds being dispersed by SSA to clients who receive a regular SSA payment).

