Buy-In Process (“Relay Race”)

**County**

**CBMS**

**CMS**

**Baltimore**

**(federal)**

**SSA,**

**RRB,**

**PERA**

Stops or starts deduction & Issues ssues ece"ess ("s nual, Chapter 5, for detailed explanations.losed period of buy-in characteristics, not significant enough to Refund

**State**

**MMIS**

|  |
| --- |
| **Schedule** |
| Buy-In Accretion to create state requests (RIC S): | Sunday night |
| Send RIC S transactions to CMS Baltimore: | Monday morning |
| CMS Responses to State, SSA, RRB, PERA: | Monday-Friday |
| Post CMS Responses to MMIS tables: | Thursday night |
| View CMS Responses in MMIS: | Friday |
| Send transactions from MMIS Buy-In to CBMS: | Friday |
| CBMS posts Buy-In transactions for viewing: | Saturday |
| View Buy-In transactions in CBMS: | Monday |

**Medicare Buy-In Overview**

1) Part A = Hospital Insurance (HI)

Part B = Supplementary Medical Insurance (SMI)

2) ~99% of Medicare Beneficiaries get Part A free.

~1% of Medicare Beneficiaries do not get Part A free because they have not contributed 40 quarters during their working life. These are the “M bennies” identified by a BIC (Beneficiary Identification Code) of M.

3) Beneficiaries can refuse or withdraw from Part B.

4) CO will pay Part B premiums (Buy-In) for ANY client on ANY MEDICAID program (either regular Medicaid or Medicare Savings Program). CO will NOT pay the Part B premiums for any client on a Non-Medicaid Medical Assistance program (OAP-State Only, CICP, CHP+).

5) CO will only pay Part A premiums for “M bennies” who meet the income & resource criteria for QMB (Qualified Medicare Beneficiary) AND who have either ACTIVE or CONDITIONAL Part A enrollment in place.

6) If a client has free Part A, CO Part B buy-in will override the client’s refusal or withdrawal from Part B, and trigger new Part B entitlement beginning the first month of buy-in. This does not work for Part A (“M bennies”).

**Part A Buy-In**

1) Part A Status must be either Active or Conditional, per SOLQ-I. If not, client must apply for conditional Part A at Social Security Administration during General Enrollment (Jan 1-Mar 31 each year).

 If Part A has terminated, Buy-In begin date must be prior to Part A termination date.

2) Client must qualify for QMB, shown in the CBMS med spans. Apply at the county department of social/human services or a medical assistance (MA) site.

 Enter Part A approval date into M’Care Expense Detail screen, add MSP to the case & run EDBC. CBMS med spans should show QMB (TPL 11-25) the next day.

3) Contact Buy-In Officer to send Part A Buy-In request to CMS Baltimore.

**Match Criteria**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Middle Initial | DOB | Sex |
| First 6 charactersReplace hyphens or special characters with a space. | First 3 charactersIf you see the full middle name separated from the first initial by a space, enter what you see into the first name field in CBMS Case Summary & Individual Demographics | SOLQ will only display the middle initial, never the full middle name. | Month & YearDay of Birth alone, or middle initial alone will not cause buy-in to reject, but both together will cause a reject. | MOrF |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Payer Code | Option Code | Buy-InStart Date | Buy-InStop Date | PremiumStart Date | PremiumStop Date |
| Z99 = ConditionalS01-S99 = State PaymentBlank = Self Pay if Option Code = Y,  | Y = Premium is payableE = Free Part ABlank = not enrolled | Populated if state has started buy-in (1st of the month); zeroes if no buy-in. | Populated if buy-in has stopped (end of the month); zeroes if buy-in is ongoing or never started. | First month of entitlement; zeroes if not enrolled | First month of non-entitlement; zeroes if entitlement ongoing or never enrolled. |

**How to Read CBMS Med Spans**

**TPL** Code indicates presence or absence of other resources (other payers) such as Medicare and/or other health insurance.

**Grant** Code and **SISC** Code combination indicates SLMB or QI-1.

We only do **Part A Buy-In for QMB**, either QMB-Only or QMB-Dual.

|  |  |
| --- | --- |
|  | TPL CODE AND DESCRIPTION |
| MEDICAREANDMEDICAID | 01 | Medicare Part A |
| 02 | Medicare Part B |
| 03 | Medicare Part A and B |
| 04 | Medicare Part A & B + Other Ins. |
| 05 | Medicare Part A + Other Ins. |
| 06 | Medicare Part B + Other Ins. |
| **QMB ONLY** | 11 | Medicare Part A, QMB |
| 13 | Medicare Part A and B, QMB |
| 14 | Medicare Part A & B + Other Ins, QMB |
| 15 | Medicare Part A + Other Ins, QMB |
| 16 | Medicare Part B + Other Ins, QMB |
| **QMB DUAL** | 21 | Medicaid, Medicare A, QMB |
| 23 | Medicaid, Medicare A & B, QMB |
| 24 | Medicaid, Medicare A & B + Other Ins, QMB |
| 25 | Medicaid, Medicare A + Other Ins, QMB |
| SLMB | GRANT=2, TPL=01,03,04 or 05; SISC = CS |
| QI-1 | GRANT=2, TPL=01,03,04 or 05; SISC = CT |

|  |
| --- |
| Medicare Buy-In Med Span Patterns (valid patterns) |
| *\*Buy-In Eligibility Code. FYI: MMIS puts the BEC on the buy-in file based on the Grant, TPL, POC, & SISC.* |
| **Eligibility Type** | *\*BEC* | **Grant** | **TPL** | **Med Flag** | **POC** | **SISC** |
| **QMB-Only** | *P* | **1 or 3** | **11-15** | **A** | **XX or YX** | **B** |
| **QMB-Dual** | *P* | **1 or 3** | **21-25** | **B** | **Anything** | **B** |
| **Categorically Eligible**, but not QMB | *Z* | **1 or 3** | **01-06** | **2 or blank** | **2nd character = S, U or X** | **B** |
| **Medical Assistance Only**, not categorically eligible, not QMB (300%-er) | *M* | **3** | **01-06** | **2** | **2nd character = T or W** | **A** |
| **SLMB** | *L* | **2** | **00** | **Blank** | **YX** | **CS** |
| **QI-1** | *U* | **2** | **00** | **Blank** | **YX** | **CT** |



**Match Criteria — Compound Name**



Note spaces in last name. Enter name in CBMS Case Summary and Individual Demographics WITH SPACES

**Match Criteria — Space in Last Name**



Note small space where an apostrophe would be. Be sure to put the space in the name in CBMS.

**Match Criteria — Hyphen in Last Name**



Note hyphen in last name.