## How Buy-In Works

# ONE and Medicare Buy-In Coding Instructions for Cases Managed in ONE

Updated September 2020

# How Buy-In Works

- Individuals who are receiving Title II benefits (SSB) will be automatically enrolled in Medicare Part A and Part B when they turn 65
   ➤They can opt out of Part B, but not Part A
- Individuals who have been receiving SSDI for 24 months will be automatically enrolled in Part A and Part B, unless they turn 65 first
   ➢They can opt out of Part B, but not Part A
- When an individual is auto-enrolled in Medicare and will maintain eligibility for Medicaid (either OHP Plus, MSP-only, or a combo), Part B buy-in will be initiated without the EW's intervention
- Most everyone else must enroll in Medicare when they turn 65, including SSI/SSIR recipients.

They can actually begin the enrollment process 3 months before their 65<sup>th</sup> birthday

The state will pay the Part B premium for anyone receiving OHP Plus, even if they are not also eligible for QMBP or SLMB

# How Buy-In Works (continued)

- It may take SSA a month or so to stop withholding the Part B premium from SSB/SSDI benefits after Medicaid benefits are authorized, but the client will be reimbursed by SSA for months they qualified for Medicaid
- Individuals who are eligible to enroll in but are not receiving either part of Medicare must enroll at the SSA office (if not auto-enrolled)
- If it is needed, sending the <u>1460B</u> to the client/applicant is the responsibility of the eligibility worker (EW), as is making a Case Note and taking action when the Buy-In Unit emails instructions
- Only those who qualify for QMBP can receive Part A buy-in
- If an individual is not entitled to free Part A, he/she must agree to pay for Part A when they enroll in order to qualify for SLMB or QSMF
- If an OHP Plus recipient is not entitled to free Part A and is over income for QMBP, they will not be required to pursue Medicare unless they are LTCSERV and the entire Part A premium can be deducted from their client liability

# Client Buy-In (CBI)

- The state does not pay for Part B premiums for LTCSERV recipients who have a client liability larger than the premium, they should be coded with CBI in ONE
- In order to get the Part B established for someone who is eligible to eligible to enroll but not receiving it, do not code with CBI right away – wait for the Part B buy-in and enrollment to be completed (check MMIS), then add the CBI coding
  - SSA will start deducting the premium again, so make sure to explain this to the client as it might be confusing!
  - >It might help to email the Buy-In Unit also to let them know what's happening
  - Contact <u>APD.MedicaidPolicy@dhsoha.state.or.us</u> for instructions when you learn that an individual is paying more than the normal Part B premium amount

# Scenarios – Free Part A

- Eligible for any Medicare-compatible OHP Plus TOA/Receives Part A/QMBPeligible
- Eligible for any Medicare-compatible OHP Plus TOA /Receives Part A/SLMBeligible or SBI
- Eligible for LTCSERV/Receives Part A and Part B/Not MSP-eligible/Client liability
  Part B Premium
- Eligible for LTCSERV/Receives Part A, no Part B/Not MSP-eligible/Client liability
  Part B premium

# Scenarios – No Free Part A (Uninsured)

- Eligible for SSIR or PACA/age 65 or older/Not receiving Medicare
- Age 65 or older/Eligible for OSIPM1619B, OMSW, PTCC, PTDC, OSIPMOAA, OSIPMAB/Not Receiving Medicare
- Eligible for OSIPM TOA (not SSIR)/No Part A/Has Part B
- Eligible for LTCSERV, client liability < Part A premium/Eligible to enroll in Part A/No Part A or Part B/Not otherwise QMBP-eligible
- Eligible for LTCSERV, client liability > Part A premium/Eligible to enroll in Part A/No Part A or Part B/Not otherwise QMBP-eligible

# Scenario – <u>Eligible for Stand-Alone QMBP, SLMB or</u> <u>QSMF (No OHP Plus)</u>

## <u>Process – Eligible for any Medicare-compatible OHP Plus TOA/Receives</u> <u>Part A/QMBP-eligible</u>

- 1. Enter the Medicare information on the Medicare Details screen
- 2. Complete Data Collection and clear RFIs per normal process
- 3. Run eligibility and authorize benefits
- 4. Notice the QMBP start date will be the first of the following month, do not override the effective date
- The state will pay the Part B premium for the first month because the individual was receiving OHP Plus
- ➢If the individual is not receiving Part B, they will be automatically enrolled by the Buy-In Unit, no action is needed by the EW or the applicant

## <u>Process – Eligible for any Medicare-compatible OHP Plus TOA/Receives</u> <u>Part A/SLMB-eligible or SBI</u>

- 1. Enter the Medicare information on the Medicare Details screen
- 2. Complete Data Collection and clear RFIs per normal process
- 3. Run eligibility and authorize benefits
- 4. If over income for SLMB, then ONE will send the SBI code to MMIS
- ➢SLMB can be approved retroactively for the 3 mos prior to the DOR (if eligible), so it's always good to encourage Medicare recipients to request retroactive medical benefits at initial application.
- If the individual is not receiving Part B, they will be automatically enrolled by the Buy-In Unit, no action is needed by the EW or the applicant

#### <u>Process – Eligible for LTCSERV/Receives Part A and Part B/Not MSP-</u> <u>eligible/Client liability > Part B premium</u>

- 1. Enter the Medicare information on the **Medicare Details** screen
- 2. Complete Data Collection and clear RFIs per normal process
- 3. Make sure there is a **Medical Expense** listed that represents the premium payment if not, add one
- 4. Run eligibility DO NOT AUTHORIZE
- 5. Open the **Financial Summary** and check the Patient Liability amount, close the **Financial Summary**
- 6. The Patient Liability Manual Update screen should be queued
- 7. If the calculated liability is larger than the current Part B premium, enter a **Begin Date** in the **Client Buy-In** section and select **YES** from the dropdown
- 8. Re-run eligibility and authorize benefits

### <u>Process – Eligible for LTCSERV/Receives Part A, no Part B/Not MSP-</u> <u>eligible/Client liability > Part B premium</u>

- 1. This scenario requires you to authorize the LTCSERV benefits, wait for the Part B enrollment to occur, and then process a change to add the CBI when Part B enrollment is confirmed
- 2. You will need to create some sort of reminder to check MMIS, BENDEX, or SOLQi for the Medicare Part B begin date
- Once you have done that, follow the instructions on <u>slide 12</u> please note that you will probably need to add the Part B premium as a Medical Expense since the individual will be coded as SBI (i.e. not paying the premium yet)
- 4. Be sure to explain to the client that SSA will start withholding the premium from their SSB but their service liability will decrease by that same amount

#### Process – Eligible for SSIR or PACA/age 65 or older/Not receiving Medicare

ONE currently will not automatically pend for pursuit of Medicare in this scenario, this is a manual hard pend for new applicants until further notice

- 1. Complete Data Collection per current process, <u>do not</u> mark **YES** to **Is anyone enrolled in Medicare or entitled to enroll in Medicare?** on the **Household Questions** screen
- 2. Send the applicant a <u>1460B form</u> with a <u>210 form</u> or <u>210A form</u> informing the individual that they must provide the 1460B form to SSA to enroll in Medicare in order to be approved or remain eligible for Medicaid
- 3. Make a case note in ONE that the individual was referred to SSA
  - SSA will contact the Buy-In Unit to confirm eligibility for buy-in and then notify the Buy-In Unit of the conditional enrollment date.
  - The Buy-In Unit will notify the EW via email of the effective date of the conditional enrollment
- 4. Navigate to the Household Questions screen, change the response to Is anyone enrolled in Medicare or entitled to enroll in Medicare? from NO to YES. This should queue up the Medicare Details screen. Select YES to Is this individual receiving Medicare? and enter the conditional enrollment date for Part A and Part B. Run eligibility.
- 5. The ONE system approves QMBP benefits the month following the Part A enrollment/effective date entered. Authorize the benefits.
- 6. SSA actually enrolls the individual in Medicare Part A and Part B the same month the QMBP benefits are approved and authorized (remember conditional enrollment)

#### Process – Age 65 or older/Eligible for OSIPM1619B, OMSW, PTCC, PTDC, OSIPMOAA, OSIPMAB/Not Receiving Medicare

- 1. Remember we do not require those who have to pay out of pocket for Part A to pursue Medicare, so this scenario requires that you first determine if the individual is income-eligible eligible for QMBP so you know whether to hard pend
- 2. Complete Data Collection per normal process
- 3. Run eligibility but do not authorize
- 4. Open the Financial Summary and compare adjusted income to QMBP income limits
- 5. If applicant is income-eligible for QMBP, follow the instructions on Slide 14
- 6. If applicant is over income or QMBP, they are not required to pursue Medicare and you may authorize benefits 13

## Process - Eligible for OSIPM TOA (not SSIR)/No Part A/Has Part B

- Complete Data Collection per normal process
- On the Household Questions screen, make sure to mark Is anyone enrolled in Medicare or entitled to enroll in Medicare? as YES
- This should queue up the Medicare Details screen. Select YES to Is this individual receiving Medicare? and enter the Part B enrollment date Part B
- >Enter the beginning of the month that contains the DOR as the Part A start date
- ≻Run eligibility, <u>do not authorize yet</u>
- If ONE approved QMBP TOA, authorize benefits and make a case note that Part A record was entered to trigger QMBP approval
- The Buy-In Unit will complete the Part A enrollment and buy-in without further action needed from the EW or applicant
- If ONE did <u>not</u> approve QMBP (SLMB or no MSP TOA), navigate back to **Medicare Details** screen, delete Part A record, rerun eligibility, and authorize

Process - Eligible for OSIPM TOA (not SSIR)/No Part A/Has Part B/Not QMBP-eligible

- Complete Data Collection per normal process
- >On the Household Questions screen, make sure to mark Is anyone enrolled in Medicare or entitled to enroll in Medicare? as YES.
- > This should queue up the **Medicare Details** screen. Select **YES** to **Is this individual receiving Medicare?** and enter the Part B enrollment date Part B
- Enter the beginning of the month that contains the DOR as the Part A start date
- ➢Run eligibility, <u>do not authorize yet</u>
- > If ONE approved QMBP TOA, authorize benefits and make a Case Note that Part A record was entered to trigger QMBP approval
- The Buy-In Unit will complete the Part A enrollment and buy-in without further action needed from the EW or applicant
- If ONE did not approve QMBP (SLMB or no MSP), navigate back to Medicare Details screen, delete Part A record, and rerun eligibility 15

Process – Eligible for LTCSERV, client liability < Part A premium/Eligible to enroll in Part A/No Part A or Part B/Not otherwise QMBP-eligible

Complete Data Collection per normal process

On the Household Questions screen, make sure to mark Is anyone enrolled in Medicare or entitled to enroll in Medicare? as NO

➢Run eligibility, <u>do not authorize yet</u>

➢Open Financial Summary and look at calculated liability

If liability amount is less than <u>current Part A premium</u>, continue to process case and authorize benefits

Process – Eligible for LTCSERV, client liability > Part A premium/Eligible to enroll in Part A/No Part A or Part B/Not otherwise QMBP-eligible

- 1. Complete Data Collection per normal process
- 2. On the Household Questions screen, make sure to mark Is anyone enrolled in Medicare or entitled to enroll in Medicare? as NO
- 3. Run eligibility, do not authorize yet
- 4. Open Financial Summary and look at calculated liability
- 5. If liability amount is larger than current Part A premium, send 210 form for applicant to enroll in Medicare – they will need to notify SSA that they will be paying the Part A premium
- 6. Make a case note explaining that applicant was required to pursue Part A because liability exceeded premium
- 7. Once the applicant verifies that they have completed the enrollment process, follow the instructions on slide 20 17

## Process – Continued from Slide 17

- Navigate to the Household Questions screen, make sure to change Is anyone enrolled in Medicare or entitled to enroll in Medicare? from NO to YES
- 2. Enter the Medicare information on the Medicare Details screen
- 3. Make sure there is a **Medical Expense** listed that represents the Part A premium payment if not, add one (remember the state will pay the Part B premium)
- 4. Re-run eligibility and authorize benefits

## How Buy-In Works – MSP Only

## Process – New Applicant Eligible for QMBP, SLMB, QSMF

- 1. Complete Data Collection per normal process
- 2. Select retroactive benefits for 3 months prior to DOR
- 3. Run eligibility and authorize benefits
- 4. If QMBP-eligible, remember effective date should be the first of the next month (ONE will not approve retroactive months)
- 5. If eligible for SLMB or QSMF, ONE will approve current, ongoing, and retroactive months if eligible
  - Part B buy-in will be initiated automatically without further action from EW or applicant
  - > QMBP recipients will receive a Medicaid ID card