



New Mexico Human Services Department
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INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 04-02

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MAILED ELECTRONICALLY

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
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BY: ABRAN GALLEGOS, CLIENT SERVICES BUREAU

SUBJECT: MEDICARE SAVING PROGRAMS

The following is important information for caseworkers when they register and recertify QMB/SLIMB/QI-1 cases. These are procedures that will be helpful in preventing common problems that cause applicants/recipients to fall off the Buy-In or not be put on Buy-In.

Included in this GI are steps to complete the one-month Medicaid Extension process.

QMB/SLIMB/QI-1

- When couples apply for QMB/SLIMB/QI-1, each spouse needs to complete an application. Therefore, each spouse is registered as a separate case. Enter the applicant on the MACL screen with an HHBG of "M", and use relationship code "A". Enter the applicant's/recipient's income on the UEI1 screen so that ISD2 can determine the correct eligibility category. The only exception for not entering income is for people on renal dialysis. These individuals may not have income but may qualify for Medicare due to renal dialysis.
- If the spouse has inadvertently been added to the MACL screen, T-575 the spouse from the MACL screen of the applicant/recipient's case and proceed as follows:

- Enter the spouse on the MADM screen with a code “1” for type of deemer. Enter the spouse’s income and resources on the MADM screen.

Note: In a case with a spouse, the resource limit on the MAEL screen will show \$6000 when ISD2 is deeming correctly.

- When there are dependent children in a case, and they have income, enter their income on the MADM screen under Deemer Dependent Inc., only if there is a spouse in the case. This will ensure the correct calculation of income from the spouse to the children. If there is no spouse, the children’s income is not entered on any screen.
- When there are dependent children and a spouse in a case, and they have no income, enter eight asterisks (*****) for each child in the Deemer Dependent Inc. field. Again, this will ensure the correct calculation of income from the spouse to the children.
- Attached is a chart for QMB/SLIMB(QI-1)/QD that will be helpful in processing Dual Eligible categories.

MEDICARE BUY-IN

- When recipients fail to complete the periodic review and the case closes, the Buy-In terminates, regardless of how soon after the closure a reinstatement occurs. To resubmit the recipient for Buy-In, caseworkers should complete MAD-061 “Buy-In Notification” and send it to the Medical Assistance Division (MAD). Please note that MAD processes the MAD-061’s only from the first through the tenth of each month. If you need to send a MAD-061 and the deadline of the tenth is imminent, you may fax the form to MAD/Client Services Bureau at (505) 476-6825.

The following points will help to eliminate Buy-In problems.

- Social Security numbers that end with the alpha code HA or DI (888888888HA or 999999999DI) **are not** Medicare claim numbers. These numbers appear on the Social Security award letters and are not the individual’s Medicare claim number. It is important to always use the applicant/recipient’s Medicare card to verify a Medicare claim number.
- The Medicare claim number should always match on both the UE11 and FMM1 screens.
- The FMM1 screen must have the field “Part A” entered with one of these three numbers: 1 = free Part A; 2 = Purchasing/enrolled in Medicare Part A (Conditional Part A); or 3 = Ineligible for/not enrolled in Medicare Part A. (To see “Valid Values” for Part A, press F2 on the FMM1 screen.)
- Most applicants/recipients who are eligible for Institutional Care, Home and Community Based Waivers, Medicaid Extension, or WDI have Medicare. Medicaid pays for their

Medicare premiums, as indicated on the attached chart. In order for “Buy-In” to take effect timely, be sure to properly complete the ISD2, FMM1 screen “BUY-IN DATA” field, as noted.

- In order for ISD2 to correctly calculate the Medical Care Credit (MCC) for Institutional Care cases, workers enter the Medicare premium amount on the “MEDICAL EXPENSE” field on the MAO1 screen. When the Buy-In takes effect for these cases, an action item “RE EVAL MED CARE CREDIT. – BUY-IN RETURN” appears on the ACTI screen. Based on the action item, workers need to remove the premium amount from the MAO1 screen. The ISD2 will adjust the MCC accordingly for the ongoing months.
- When the Buy-In takes effect, the Social Security Administration will refund a check labeled “Soc Sec for Ins” to the applicant/recipient. The Medicaid office sends the applicant/recipient a letter advising that the refund checks needs to be taken to the ISD Office. When ISD receives the checks, please send them to the Medical Assistance Division, Attention: Buy-In Coordinator.
- Individuals who receive both Social Security and SSI benefits receive automatic State Buy-In. Therefore, it is not necessary to open a QMB case for these individuals. These individual’s eligibility will reflect on the SDX.
- When an individual who receives SSI only, reaches age 65, the state will pay for Medicare Part A and Part B if they qualify for QMB. (Conditional Part A).

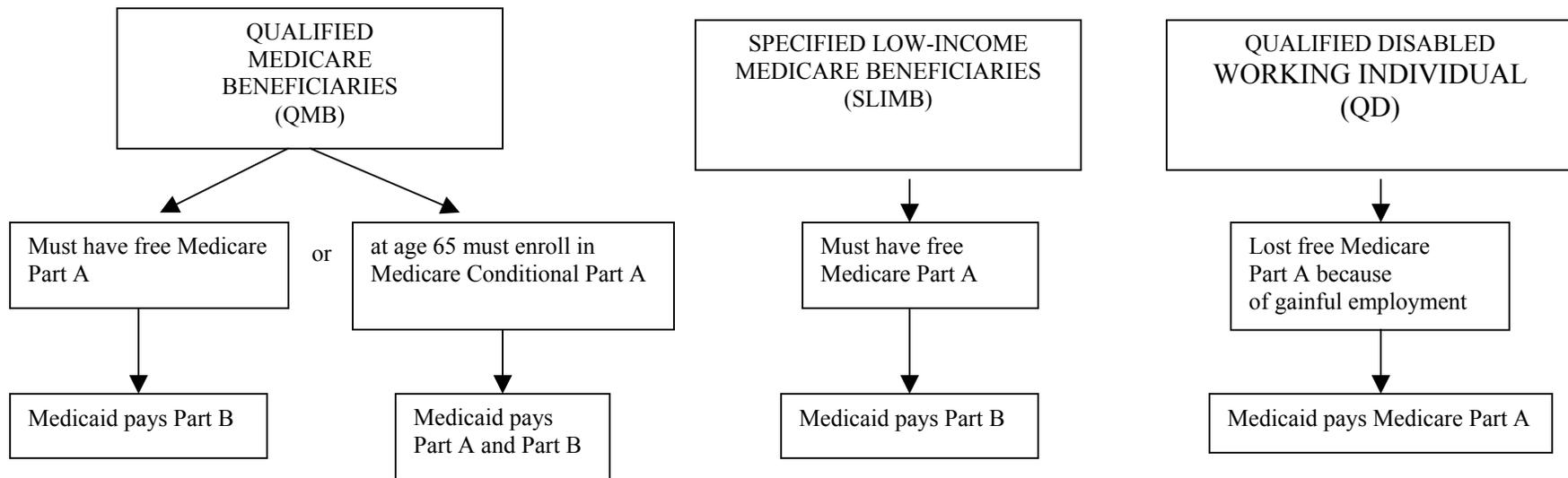
ONE MONTH MEDICAID EXTENSION

- Certain recipients who become ineligible for SSI/Medicaid receive an SSI termination notice, (MAD 324) from HSD/MAD. These denied recipients receive Medicaid extension automatically for one additional month. The additional month is intended to allow recipients enough time to apply for Medicaid under other categories. When recipients apply for other categories, ISD workers should authorize Medicaid coverage for a second month, per Recipient Policies-Medicaid Extension Section 8.201.400.10 G NMAC. The authorization of coverage for the second month can only be processed during a specific time period during the month. This time varies from month to month, but generally the time is beginning on or about the 20th of the month through the end of the month. The second month Medicaid extension is processed on HP99 as follows:
 - Enter HP99.
 - Select 1-SDX and enter the individual’s SSN.
 - The SDX Register will appear with a prompt “PF5 = CARD ISSUANCE”;
 - Enter F5.
 - The “ELIGIBILITY HISTORY” screen will appear with a prompt “PF1 = APPLY EXTENDED ELIGIBILITY”.
 - This process will automatically extend eligibility for the ongoing month.

- PF3 to exit.

If workers receive calls from applicants/recipients regarding Buy-In problems, please check the case record and or ISD2 as appropriate to determine if the problem has occurred at the ISD level, and should be fixed by the worker. Do not refer the applicant/recipient to MAD. Workers should contact MAD for assistance to identify the problem if the problem cannot be resolved at the ISD level. If MAD receives a call from an applicant/recipient and we identify the problem as an ISD2 entry problem, we must contact the worker, because MAD does not have the capability to correct information entered on ISD2.

Please address questions regarding this information to Abran Gallegos at (505) 476-6815, or email at Abran.Gallegos@state.nm.us.



If an individual is eligible for the ICM, Waiver, or WDI categories, and his/her income is less than the QMB/SLIMB standards, it is advantageous for HSD if the individual has dual eligibility with QMB/SLIMB. With dual eligibility, HSD receives the Federal match 3 to 1 of the State money for payment of Medicare Parts A and B.

For an individual who qualifies for the ICM, Waiver, or WDI categories and whose income is more than the QMB/SLIMB standards, the payment of the Medicare premium Part B is paid with all state funds.

Medicare
Part A = Hospital Insurance
Part B = Medical Insurance

If individuals receive Medicare **and** are on SSI/Medicaid, dual eligibility with QMB/SLIMB is **not** necessary.

If individuals 65 and over are **not** eligible for Medicare and are receiving SSI/Medicaid, they may enroll in Medicare “Conditional Part-A” and apply for QMB. This group of SSI individuals **can be** dually eligible with QMB only.

