



New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-3103

INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 06-06

DATE: February 7, 2007

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MEDICAL ASSISTANCE DIVISION
FREDRICK SANDOVAL, DIRECTOR, INCOME SUPPORT DIVISION

THROUGH: ROBERT D. BEARDSLEY, BUREAU CHIEF, CLIENT SERVICES BUREAU

BY: LIZ MARTINEZ, CLIENT SERVICES BUREAU

SUBJECT: MEDICARE PART B PREMIUM NOTICE – MAD 065

Clients who are approved for Institutional Care Medicaid (ICM) categories, (081, 083, or 084) may not have previously been eligible under a Medicare Savings Program category (QMB-040 or SLIMB-045 or SSI). So there is no state buy-in of the Medicare Part B premium. When clients are eligible for ICM, they are eligible for the state buy-in of the Medicare Part B premium. Because the Social Security Administration (SSA) is deducting the premium from the clients' SS benefits, clients are allowed a deduction for the Part B premium for computation of the medical care credit (MCC). Workers should enter the information for the deduction on the MAO1 screen. Workers should advise clients/representatives that SSA will issue them a refund for an amount equal to the retroactive months of the state's buy-in. When clients receive the refund, the refund is due to HSD.

The deduction should remain posted on the MAO1 screen until messages appear on worker's Q screens and Action Item 274 REEVAL. MED. CARE CRED. – BUY-IN RETURN appears on the ACTI screen. Once this happens, workers need to remove the premium amount from the MAO1 screen and document the reason/date for doing so and remove the Action Item. The ISD2 will re-compute the MCC, and issue a notice to the client, representative, and the nursing home advising them of a change in the MCC amount.

Failure to follow the above process allows clients to continue receiving a deduction in the MCC even though they are receiving a higher OASDI benefit. If the process is not completed timely, the MCC is incorrect, and it will be necessary for workers to complete a MAD 200 (Notice of Adjustment in Monthly Payment).

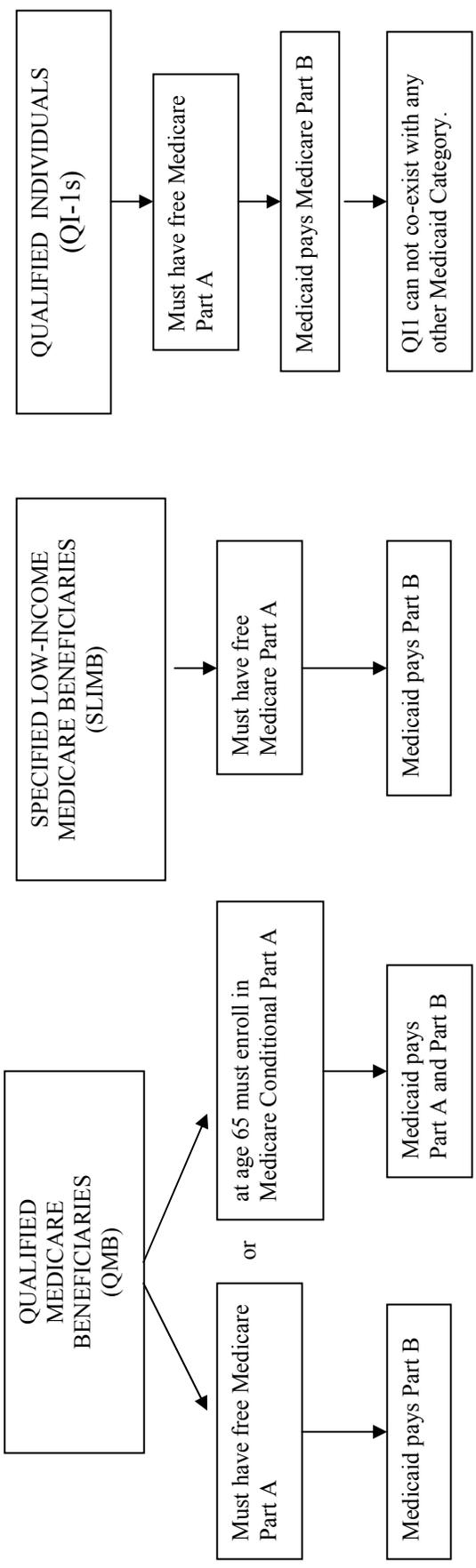
The SSA notifies HSD when refunds are issued to clients due to the state's effective buy-in of the Medicare Part B premium. The department issues clients a notice, MAD 065, Medicare Part B Premium Refund Notice. In the notice we advise clients that their buy-in is in effect, with the effective date, the refund amount they received, and that the refund received is due to the Department. Clients send the refunds to the ISD as directed to do so in the MAD 065. In many cases, clients do not send the money to the Department.

The Medical Assistance Division (MAD) has requested that the MAD 065 be run in duplicate. We will send the duplicate MAD 065s to the attention of ISD County Directors shortly after the 10th of each month with a note to distribute to workers. Medical workers should file the copy of the MAD 065 in the case record. The MAD065 will assist the worker to keep track of which clients refund the money due the Department. Workers should follow up with those clients who do not submit a refund with a Notice to Client.

Clients who are eligible for PACE and not institutionalized are approved under category 081 or 084. The system that issues the MAD 065 cannot distinguish between PACE and actual institutionalized clients. There is an exception clause in the MAD065 for non-institutionalized PACE clients.

For successful buy-in of Medicare Part B premiums on ICM cases, please be sure the Medicare Claim Numbers on the UEI1 and FMM1 screens are correct as shown on the clients' Medicare card. QMB/SLIMB cases should only be dually eligible with ICM cases as shown on the attached chart.

Please direct questions regarding this material to liz.martinez@state.nm.us or jill.bowles@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.

If individuals receive Medicare **and** Social Security or Rail Road Retirement, and are also on SSI/Medicaid, dual eligibility with QMB/SLIMB is **not** necessary.

If individuals 65 and over are **not** eligible for Social Security, Rail Road Retirement or Medicare Part A and are receiving SSI/Medicaid, they may enroll in Medicare "Conditional Part-A". Once enrolled in "Conditional Part-A", they can apply for QMB. This group of SSI individuals **should be** dually eligible with QMB if they meet all other eligibility requirements. The SDX will show their Medicare claim number ends with M.

Medicare
 Part A = Hospital Insurance
 Part B = Medical Insurance

El programa de Medicaid de Nuevo Mexico le dio crédito a usted por el pago mensual al refugio de ancianos por la cantidad de la prima de la Parte B de Medicare. A partir del _____, el programa de Medicaid comenzará a pagar la prima de Medicare. El cheque del Seguro Social que usted recibió en el que decía "SOC SEC FOR INS" era el reembolso de las primas que usted pagó a Medicare. Debido a que usted ya recibió crédito por esa cantidad, usted tendrá que devolver la cantidad de _____ al Departamento de Servicios Humanos. Favor de enviar su cheque o giro postal por la cantidad de _____ a la dirección indicada más arriba antes de _____. Si usted está recibiendo los servicios bajo el programa de PACE y no está en un refugio de ancianos, no hacer caso a este aviso. Usted puede dirigir sus preguntas al personal de la oficina del Departamento de Servicios Humanos, al número _____. Por favor identifíquese con el caso número _____.

The New Mexico Medicaid program has been allowing you a credit on your monthly payment to the nursing home for the Medicare Part B premium amount. Effective _____ the Medicaid program will start paying the Medicare premium. The Social Security check you received labeled "SOC SEC FOR INS", was a refund of your Medicare premiums. Since you have already been allowed a credit on this amount, the _____ must be returned to the Human Services Department. Please send your check or money order for _____ to the Income Support Division (ISD) office at the address listed above by _____. If you are receiving services under the PACE program and are not in a nursing home, please disregard this notice. You may address questions to the ISD office at _____. Please identify yourself with case # _____.

Fold Line

SAMPLE

**MEDICARE PART B PREMIUM
REFUND NOTICE**



DATE: _____

	Signature
	Date

I do not agree with what the Human Services Department told me in this Notice because.

I DO NOT want to continue receiving the benefits I now receive.

I want to continue receiving the benefits I now receive.

I am asking for a hearing; and (Check one of the boxes below only if you are asking for a hearing).

IF YOU WANT TO ASK FOR A HEARING, PLEASE FILL IN THE SECTION BELOW AND RETURN IT TO YOUR LOCAL INCOME SUPPORT OFFICE OR TO THE HEARING BUREAU.

After you ask for a hearing, the Department will send you a letter telling you the date, time and place where your hearing will be held. The hearing is usually at the HSD county office. The hearing will be conducted by a hearing officer from the HSD Hearing Bureau. You or your representative can look at your case record and any proof we used to decide your case. You will tell why you believe HSD's action was wrong. You may bring witnesses and present proof. You may question the county office about the action taken and proof presented. You may represent yourself. You may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-800-340-9771. After the hearing, the hearing officer will make a report. The HSD Division Director will decide whether the action was right or wrong. After the Director has decided your case, you will be sent a letter telling you of the decision and why the decision was made. (4/2/03)

THE HEARING PROCESS

You have 90 days from the date of this notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any benefits you received while the Department decided your case. (9/24/02)

TIME LIMIT FOR ASKING FOR A HEARING

You can ask for a hearing if you do not agree with the information in this notice. A hearing will give you a chance to explain why you do not agree. You can ask for a hearing by:
* Completing and returning the bottom of this letter; or
* Writing or calling your local HSD office; or
* Writing the department's Hearings Bureau at Human Services Department, PO BOX 2348, Santa Fe, NM 87504-2348, or by calling 1-800-432-6217 or (505) 827-8164.

YOUR RIGHT TO A HEARING

 If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in any HSD public hearing, program, or services, please contact the NM Human Services Department toll-free at 1-800-432-6217, or TDD 1-800-609-4TDD or through the New Mexico Relay System TDD at 1-800-659-8331. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (10/02/02)

Si Ud. es una persona que tiene discapacidad y Ud. requiere esta información en un formato alternativo o requiere una acomodación especial para poder participar en cualquier audiencia pública, programa o servicio, comuníquese con el personal del Departamento de Servicios Humanos de NM y llame gratis al número 1-800-432-6217, o 1-800-609-4TDD, o a través del sistema de relés de Nuevo México en 1-800-659-8331. El departamento solicita la comunicación previa por lo menos de 10 días por anticipado para poder proporcionar los formatos alternativos y acomodaciones que Ud. solicite. (10/02/02)

SPECIAL NEEDS INFORMATION

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, sex, age, religion, political beliefs, or disability, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the Food Stamp program may be filed with the USDA Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave. S.W., Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). (12/31/03)

NOTICE OF RIGHTS

CIVIL RIGHTS STATEMENT