

Cathy Cooper

Authorized Signature

Number: SPD-AR-10-101
Issue Date: 10/29/2010

Topic: Medical Benefits

Due Date:

Subject: Coding CBI Cases

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Reason for Action:

At the computer end of month for October, cases meeting certain criteria were converted in CMS to reflect the new CBI coding scheme. Because the conversion was only performed on CMS, case workers will still need to update the case descriptor coding in Oregon ACCESS before the next mainframe integration is performed. This action is required in order to prevent any override of the conversion changes that were made directly on the CMS case.

This AR also covers coding that will need to be completed for cases that weren't converted but are appropriate for the change to CBI. As a reminder, any current SBI case with an ongoing paid client liability which is consistently greater than the Medicare Part B premium is a possible candidate for the change from SBI to CBI. For more information on the reason for the SBI to CBI change, as well as the conversion completed by Central Office, please see [AR 10-092](#).

Action Required:

Update Required in Oregon ACCESS for converted SBI cases in community based facilities:

For all converted CBF cases that had the CBI coding added during the conversion on October 26th, the following updates will need to be made in Oregon ACCESS before the next time the client's case is integrated:

- Add a *Client Buy-In* record to the Medical Cost tab in Oregon ACCESS (screen shot of an example below).
 - Required fields: *Client Buy-In Type* selected, *Monthly Amt* = current Medicare Part B Premium amt, *Allowable Med. Deduction* box must be checked

NOTE: DO NOT include the Medicare Part B Premium cost on the Medicare entry in the Health Ins Tab. Per current practice, this field is used to only capture the Medicare Part D premium that the client must pay.

- Since this conversion was performed directly on CMS, these cases will not have the CBI case descriptor on the Medical Assistance tab in OA. As a result, before the OA case is next integrated, the Medical Assistance tab will need to be updated to reflect the new Client Buy-in (CBI) case descriptor (screen shot of an example below). Staff should take the following actions:
 - Remove/delete the SBI case descriptor from the Medical Assistance tab
 - Add the CBI case descriptor to the Medical Assistance tab

NOTE: By adding the Client Buy-In entry in the Medical Cost tab and checking the 'Allowable Med. Deduction' box, Oregon ACCESS will automatically include the amount as a deduction in the 458A and Client Pay-in calculations and reflect the amount on the related forms.

Below, is an example of what needs to be updated in OA for the CBC 512 clients that were converted to CBI:

Oregon Access [Office : Tigard SPD (3415) Profile Type :- Branch DB : access_versioning]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CLIENT TESTING / Case Nbr: MA1443 (Case Branch : Tigard SPD)

Health Ins. Med. Services **Medical Cost** Physical Medical Trans

Medical Expense List			
	Description	Monthly Amt	Verified
1	Client Buy In (CBI)	110.50	No

Medical Expense Detail

Type: **Client Buy In (CBI)** Monthly Amt: 110.50

Medical Expense Paid To

Name: _____
 Address: _____
 Line 2: _____
 City State ZIP: _____ - _____
 Tele Nbr: () - _____ Ext: _____

Spend Down Deduction:
 Allowable Med. Deduction:

Verified:

Person(s) Responsible

Client Name	Involvement
TESTING, CLIENT	Primary Payor

Add Remove

Oregon Access [Office : Tigard SPD (3415) Profile Type :- Branch DB : access_hcw]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CLIENT TESTING / Case Nbr: MA1443 (Case Branch : Tigard SPD)

Case Overview **Medical Assistance** Foodstamps Service General Assistance

Medical Benefit Detail

Inc: COMP Eff Date: 11/01/2010 NRD: Elig Rvw Date: 11/2011 NFM: Med Rvw Date: 00/0000

Program: D4 # Hse: 01 # OHP: 00 Med Prg/#: OSP 01

Spend Down Start Date: 00/00/0000 End Date: 00/00/0000 Spend Down Minus Expenses NA

Case #: MA1443 Reas:

Medical Benefit Applicant(s)

Person: TESTING, CLIENT Prime #: WJA00L5W

Case Status: Approved Case Status Date: 00/00/0000

Med Elig Date: 11/01/2010

Case Descriptors: CBF APD ISI NCP ~~SBI~~ CBI

Admin Rule And Reason for Action:

Remove Insert

FYI: Because the conversion will add the CBI need code to the CMS case, users will receive error messages if they integrate without also adding the CBI case descriptor. The error message reads:

- o CBI N/R requires CBI C/D

Review/Update required in Oregon ACCESS for non-converted SBI cases:

These are CBC cases that were not selected for conversion and all Nursing Facility and in-home cases.

For clients currently coded SBI and not in a protected eligibility group (i.e. Pickles, DACs, etc.) or EPD, the next time the client's financial eligibility/CM case is updated, the following eligibility review/update is required:

- Review client's paid liability/pay-in
 - If the liability/pay-in are consistently greater than the client's current Medicare Part B Premium, the client should be switched from SBI eligible to CBI eligible by doing the following in Oregon ACCESS:
 - Add a *Client Buy-In* record to the Medical Cost tab in Oregon ACCESS (screen shot of an example below).
 - o Required fields: *Client Buy-In* type selected, *Monthly Amt* = current Medicare Part B Premium amt, *Allowable Med. Deduction* box must be checked
- Please Note: **DO NOT** include the Medicare B Premium cost on the Medicare entry in the Health Ins Tab. Per current practice, this field is used only to capture the Medicare Part D premium that the client must pay.

- Remove the SBI case descriptor
- Insert the CBI case descriptor
- Select and drop down the CBI need resource from the Needs/Resource List in Oregon ACCESS (screen shot of an example below):
- Integrate to CMS

NOTE: By adding the Client Buy-In entry in the Medical Cost tab and checking the 'Allowable Med. Deduction' box, Oregon ACCESS will automatically include the amount as a deduction in the 458A and Client Pay-in calculations and reflect the amount on the related forms.

Below, is an example of what needs to be updated in OA for the non-converted clients who are eligible for CBI:

Oregon Access [Office : Tigard SPD (3415) Profile Type :- Branch DB : access_versioning]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CLIENT TESTING / Case Nbr: MA1443 (Case Branch : Tigard SPD)

Health Ins. Med. Services **Medical Cost** Physical Medical Trans

Medical Expense List

Description	Monthly Amt	Verified
1 Client Buy In (CBI)	110.50	No

Medical Expense Detail

Type: Client Buy In (CBI) Monthly Amt: 110.50

Medical Expense Paid To:

Name: Address: Line 2: City State ZIP: Tele Nbr: () - Ext:

Spend Down Deduction: Allowable Med. Deduction:

Verified:

Person(s) Responsible

Client Name	Involvement
TESTING, CLIENT	Primary Payor

Add Remove

Oregon Access [Office : Tigard SPD (3415) Profile Type :- Branch DB : access_versioning]

File Edit Select Status Transfer View Mainframe Windows Help

Case for CLIENT TESTING / Case Nmbr: MA1443 (Case Branch : Tigard SPD)

Case Overview **Medical Assistance** Foodstamps Service General Assistance

Medical Benefit Detail

Inc: COMP Eff Date: 11/01/2010 NRD: Elig Rvw Date: 11/2011 NFM: Med Rvw Date: 00/0000

Program: D4 # Hse: 01 # OHP: 00 Med Prg/#: OSP 01

Spend Down Start Date: 00/00/0000 End Date: 00/00/0000 Spend Down Minus Expenses NA

Case #: MA1443 Reas:

Medical Benefit Applicant(s)

Person: TESTING, CLIENT Prime #: WJA00L5W

Case Status: Approved Case Status Date: 00/00/0000

Med Elig Date: 11/01/2010

Case Descriptors: IHC APD FS2 NCP ~~SA~~ CBI

Admin Rule And Reason for Action:

ACCESS Need/Resource List

N/R Description	Amount	Prov/Ben	N/R Code
Medicare Part A & B & D	0.00		
Client Buy In (CBI)	110.50		CBI
In-Home Care (CEP)	0	000000000	
Social Security Benefits	2000.00	541111111DI	SSB

Select Client Buy In (CBI) and select the Drop Down

▼

CMS Need/Resource List

Seq	N/R	Type	Amount	Prov/Ben	End Date	
	R	SSB	2,000.00	541111111DI	C	<input checked="" type="checkbox"/> Continuous
	N	HK	.00	000000000	C	<input checked="" type="checkbox"/> Continuous
	N	CBI	110.50		C	<input checked="" type="checkbox"/> Continuous

Insert

Delete

Cancel

OK

Client Notification:

Since the clients will be losing their State paid Medicare buy-in they should receive some type of communication concerning the change in their income amount and liability. Branches may use the letter attached to the earlier AR-10-092 linked above or create one of their own. Once again, because of timing it is likely the first month the client will receive a full SSDI/SSB check and a lowered liability, but the second month it will balance out.

Ending of the State's payments for the Medicare Part B premiums (buy-in) may be delayed. It is prudent to mention to clients to save the extra income they will have from a delayed buy-in as SSA will subsequently take two or three months of Medicare premiums from their check all at once.

SNAP Benefits:

Clients with companion SNAP benefits qualify for a medical deduction when they start paying their buy-in. Add the amount to the MED deduction on FSMIS the 1st of the month after verifying that the client is paying the cost.

Field/Stakeholder review: Yes No

If yes, reviewed by: OPS

If you have any questions about this action request, contact:

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