Project #13748
CBMS MA Secondary Aid Code Updates

June 2020
Project Summary:

This CBMS project is a follow up to a previous MA Secondary Aid Code Logic project that was implemented in 2019 (Project #11733).

This project will update current denial/termination notice language for MA Secondary Aid Codes (QMB & SLMB) when the member remains eligible for a primary aid code. The language updates will provide additional information to the member so that they are aware that their Medicare premiums are still covered. These updates should help reduce confusion for the member, thus reducing the number of calls to the county call centers regarding their denial/termination.

In addition, this project will ensure that ongoing MAGI Adult, QDW, and BCCP clients are terminated timely when Medicare eligibility is reported. HCPF users with the ability to update the MA Appeals page will be able to add secondary aid codes to MAGI Adult, QDW, and BCCP if there is an appeal that requires this.

Lastly, this project will include updates to Wrap Up pages to clearly identify secondary aid code eligibility results.
When an individual is Denied or Terminated from the Secondary Aid code of QMB or SLMB, and remains eligible for one of the following Primary Aid Codes that pays for Medicare Part B premiums, EDBC will trigger the Secondary Aid Code (QMB or SLMB) Denial/Termination NOA.

### MA Primary Aid Codes that cover Medicare Part B Premium

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<th>MA Primary Aid Codes</th>
<th>HCBS CES</th>
<th>MAGI Pregnant</th>
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<td>NF/Hospital 300% Institutionalized</td>
<td>HCBS CES</td>
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<td>HCBS CCT</td>
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<td>HCBS EBD</td>
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<td>HCBS CMHS</td>
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<tr>
<td>HCBS CLLI</td>
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<tr>
<td>HCBS BI</td>
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<td>PACE</td>
<td>OAP Med -B</td>
<td>Buy-In CBwD</td>
</tr>
<tr>
<td>HCBS CHCBS</td>
<td>MAGI Children</td>
<td>Refugee</td>
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</table>

August 2020
Version 2
Member Denied for QMB as a secondary aid code and are eligible for a primary aid code that covers the Medicare Part B premium

**English example:**

Harper does **not** qualify for:

- Program for the Payment of Medicare Part A &/or B Monthly Premiums and Co-Pays/Deductibles is denied because you are over the income limit. *Your Health First Colorado (Colorado Medicaid) and Long-Term Services and Supports is still active and your Medicare payments are still covered*. The program you do not qualify for is in addition to your regular Health First Colorado Coverage.
  - Call your county or medical assistance site for help understanding this letter and your Medicare payments: (720) 523-2800
  - This update does not change your coverage. Your Medicare payments are still covered.

**Spanish example:**

Harper **no** reúne las condiciones para:

- Se deniega el programa para Pago de la prima de Medicare Parte A y/o B y Copagos/Deducibles porque usted está por encima del limite de ingresos. *Su Health First Colorado (Colorado Medicaid) y Servicios y asistencia de largo plazo sigue activo y sus pagos de Medicare siguen cubiertos*. El programa para el que no califica es adicional a su cobertura regular de Health First Colorado.
  - Llame a su condado o al sitio de asistencia médica para que le ayuden a entender esta carta y sus pagos de Medicare: (720) 523-2800
  - Esta nueva información no modifica su cobertura. Sus pagos de Medicare siguen estando cubiertos.
Member Denied for SLMB as a secondary aid code and are eligible for a primary aid code that covers the Medicare Part B premium

English example:

Venice does not qualify for:

✗ Program for the Payment of Medicare Part A &/or B Monthly Premiums is denied because you are over the income limit. For most members, this will not change your Health First Colorado (Colorado Medicaid) and Long-Term Services and Supports benefits. Most members’ Medicare payments are still covered by Health First Colorado. Members who are newly eligible for Health First Colorado and Medicare programs in Colorado may have a 2-month waiting period for Health First Colorado to begin payments.

• Your Health First Colorado (Colorado Medicaid) and Long-Term Services and Supports is still active
• Call your county or medical assistance site for help understanding this letter and your Medicare payments: (720) 523-2800

Spanish example:

Venice no reúne las condiciones para:

✗ El programa para Pago de la prima de Medicare Parte A y/o B porque usted está por encima del límite de ingresos. Para la mayoría de los miembros, esto no modifica sus beneficios de Health First Colorado (Colorado Medicaid) y Servicios y asistencia de largo plazo Los pagos de Medicare de la mayoría de los miembros siguen estado cubiertos por Health First Colorado. Los miembros que recientemente resultaron elegibles para los programas de Health First Colorado y Medicare en Colorado pueden tener un período de espera de 2 meses para que Health First Colorado comience a realizar los pagos.

• Su Health First Colorado (Colorado Medicaid) y Servicios y asistencia de largo plazo sigue activo.
• Llame a su condado o al sitio de asistencia médica para que le ayuden a entender esta carta y sus pagos de Medicare: (720) 523-2800
Member Terminated for QMB as a secondary aid code and remain eligible for a primary aid code that covers the Medicare Part B premium

**English example:**

**Latonya does not qualify for:**

• Program for the Payment of Medicare Part A &/or B Monthly Premiums and Co-Pays/ Deductibles as of May 31, 2020, because you are over the income limit. **Your Health First Colorado Medicaid Buy-In is still active and your Medicare payments are still covered.** The program you do not qualify for is in addition to your regular Health First Colorado Coverage.
  • Call your county or medical assistance site for help understanding this letter and your Medicare payments: (800) 359-1991
  • This update does not change your coverage. Your Medicare payments are still covered.

**Spanish example:**

**Latonya no reúne las condiciones para:**

• El programa para Pago de la prima de Medicare Parte A y/o B y Copagos/Deducibles a partir del 31 de mayo de 2020, porque usted está por encima del límite de ingresos. **Su Health First Colorado Medicaid Buy-In sigue activo y sus pagos de Medicare siguen cubiertos.** El programa para el que no califica es adicional a su cobertura regular de Health First Colorado.
  • Llame a su condado o al sitio de asistencia médica para que le ayuden a entender esta carta y sus pagos de Medicare: (800) 359-1991
  • Esta nueva información no modifica su cobertura. Sus pagos de Medicare siguen estando cubiertos.
Member Terminated for SLMB as a secondary aid code and remain eligible for a primary aid code that covers the Medicare Part B premium

English example:

My does not qualify for:

✗ Program for the Payment of Medicare Part A &/or B Monthly Premiums as of June 30, 2020, because you are over the income limit. For most members, this will not change your Health First Colorado (Colorado Medicaid) and Long-Term Services and Supports benefits. Most members’ Medicare payments are still covered by Health First Colorado.

• Your Health First Colorado (Colorado Medicaid) and Long-Term Services and Supports is still active
• Call your county or medical assistance site for help understanding this letter and your Medicare payments: (719) 583-6900

Spanish example:

My no reúne las condiciones para:

✗ El programa para Pago de la prima de Medicare Parte A y/o B a partir del 30 de junio de 2020, porque usted está por encima del límite de ingresos. Para la mayoría de los miembros, esto no modifica sus beneficios de Health First Colorado (Colorado Medicaid) y Servicios y asistencia de largo plazo Los pagos de Medicare de la mayoría de los miembros siguen estado cubiertos por Health First Colorado.

• Su Health First Colorado (Colorado Medicaid) y Servicios y asistencia de largo plazo sigue activo.
• Llame a su condado o al sitio de asistencia médica para que le ayuden a entender esta carta y sus pagos de Medicare: (719) 583-6900
MAGI Adult, QDW and BCCP do not allow for the member to be Medicare eligible and be approved for or remain on these aid codes. CBMS will terminate members timely that are active/ongoing in one of these aid codes and are now Medicare eligible.

At the time of termination, if the member is “potentially eligible” and pending (ex: AIRP, VCL) for another aid code that is a lower benefit category aid code (ex: QMB) or higher benefit category aid code (ex: HCBS), standard 10-day benefit noticing will apply to terminate eligibility and end date the med span for the aid codes listed above based on when the Medicare Expense record was entered and eligibility determined. The member will be appropriately noticed with new Notice of Action (NOA) MA0289
English example:

Wilburn does not qualify for:

✗ Health First Colorado (Colorado Medicaid). As of May 31, 2020, you don't qualify because you qualify for or are enrolled in Medicare. You may qualify for a different medical assistance program. We will let you know if you qualify for other medical assistance or if we need more information from you.

Spanish example:

Jenell no reúne las condiciones para:

✗ Health First Colorado (Colorado Medicaid). Desde el 30 de junio de 2020, usted no reúne las condiciones porque califica para Medicare o ya está inscrito en este programa. Puede ser que califique para un programa distinto de asistencia médica. Le avisaremos si califica para otro tipo de asistencia médica o si necesitamos que nos proporcione más información.

*note: "Potentially eligible" means that based on information that is currently available, they could be placed in another aid code but we need additional information in order to confirm.
If the member was pending in a lower benefit category aid code and the member is determined eligible for the aid code they were potentially eligible for, the eligibility/med span begin date will go back to the 1st of the month following the end date for MAGI Adult, QDW, and BCCP. They will receive appropriate approval notice.

**Example**

*A member has an ongoing Medical Assistance case and they are active for MAGI Adult.*

The member becomes eligible for Medicare on 03/01/2020. BENDEX did not interface and the CBMS user manually enters the Medicare record with an effective begin date of 03/01/2020 on 03/15/2020. On 03/15/2020 the member is being evaluated for SLMB and the AIRP was triggered.

**Result**

Because the member becomes eligible for Medicare, MAGI Adult will terminate on 3/31/2020. Termination NOA MA0289 will be sent on 3/15/2020.

The Med Span will end on 3/31/2020 for MAGI Adult.

On 3/22/2020 the AIRP is received and no other verification is required. EDBC runs and authorized on the same day. The member is then approved for SLMB. The member will be eligible for SLMB on 4/1/2020 and the NOA MA0100 will be sent. The Med Span will begin on 4/1/2020 for SLMB (Primary).

*For this example, the BENDEX Interface should have posted the Medicare record timely (prior to Medicare effective date) to allow for MAGI Adult to terminate 2/29/2020 and transition to SLMB effective 3/1/2020. If you encounter the issue with the BENDEX interface not posting Medicare records timely (prior to the Medicare effective date) or at all, please submit a CBMS Help Desk Ticket to report the issue.*
If the member is determined ineligible for the lower benefit category aid code they were potentially eligible for, no new med span will be created. They will receive appropriate denial notice.

**Example**

*A member has an ongoing Medical Assistance case and they are active for QDW.*

The member becomes eligible for Medicare on 3/1/2020 and they are being evaluated for QDW. BENDEX posted on 2/15/2020 with an effective begin date of 3/1/2020. EDBC runs on the same date, 2/15/2020. The AIRP packet was triggered on 2/15/2020. The AIRP packet was not received by the due date.

**Result**

Because the member becomes eligible for Medicare, QDW will terminate on 2/29/2020. Termination NOA MA0289 will be sent on 2/15/2020.

The Med Span will end on 2/29/2020 for QDW. The member is denied for QMB as the packet was not received and the member will receive the current denial NOA for failure to provide information.
If the member was pending in a higher benefit category aid code and the member is determined eligible for the aid code they were potentially eligible for, the eligibility/med span begin date will go back to the date the member met all criteria for this aid code. They will receive appropriate approval notice.

**Example**
*A member has an ongoing Medical Assistance case and they are active for MAGI Adult.*

The member becomes eligible for Medicare on 03/01/2020 and being evaluated for HCBS DD. BENDEX posted on 02/15/2020 with an effective begin date of 03/01/2020. EDBC runs same date, 02/15/2020. On 02/15/2020 EDBC runs and the AIRP packet is sent. On 02/25/2020 the AIRP is received and no other verification is required. The member meets all criteria for HCBS DD as of 02/25/2020. EDBC runs and authorized on the same day. Client is approved for HCBS DD.

**Result:**
Because BENDEX posted on 02/15/2020, MAGI Adult will terminate on 02/29/2020 and NOA MA0289 will be sent on 02/15/2020. The Med Span will end on 2/29/2020 for MAGI Adult.

The member will be eligible for HCBS DD on 02/25/2020. NOA MA0100 will be sent on 02/25/2020. Med Span will begin on 02/25/2020 for HCBS DD (Primary).
If the member is determined ineligible for the higher benefit category aid code they were potentially eligible for, no new med span will be created. They will receive appropriate denial notice.

**Example**

*A member has an ongoing Medical Assistance case and they are active for QDW.*

The member becomes eligible for Medicare on 3/1/2020 and they are being evaluated for PACE. BENDEX posted on 2/15/2020 with an effective begin date of 3/1/2020. EDBC runs on the same date, 2/15/2020. The AIRP was triggered on 2/15/2020. The AIRP packed was not received by the due date.

**Result**

Because the member becomes eligible for Medicare, QDW will terminate on 2/29/2020. Termination NOA MA0289 will be sent on 2/15/2020. The Med Span will end on 2/29/2020 for QDW. Client is denied for PACE as the packet was not received and the member will be sent the current denial NOA for failure to provide information.
At the time of termination, if the member is "not potentially eligible" for another aid code, standard 10-day benefit notice will apply to terminate eligibility and end date the med span for MAGI Adult, QDW and BCCP based on when the Medicare Expense record was entered and eligibility determined. The member will be appropriately noticed with the existing Notice of Action (NOA) MA0272.

**English example:**

Sam does not qualify for:

- Health First Colorado (Colorado Medicaid). As of June 30, 2020, you don't qualify because you qualify for or are enrolled in Medicare.

**Spanish example:**

Johnna no reúne las condiciones para:

- Health First Colorado (Colorado Medicaid). Desde el 30 de junio de 2020, usted no reúne las condiciones porque califica para Medicare o ya está inscrito en este programa.

*note: "Not potentially eligible" means that based on information that is currently available, they either qualify for another aid code in the same run without pending for additional information OR they do not qualify at all for another aid code.*
Example
A member has an ongoing Medical Assistance case and they are active for MAGI Adult.

The member becomes eligible for Medicare on 03/01/2020, BENDEX posted on 02/15/2020 with an effective begin date of 03/01/2020. EDBC runs on 02/15/2020.
The member is NOT potentially eligible for another aid code because they do not meet all financial/non-financial criteria.

Result
Because the member becomes eligible for Medicare effective 03/01/2020, MAGI Adult will terminate on 02/29/2020. Termination NOA MA0272 will be sent on 02/15/2020.
Med Span will end 02/29/2020 for MAGI Adult.

Example
A member has an ongoing Medical Assistance case and they are active for MAGI Adult.

The member becomes eligible for Medicare on 07/01/2020. BENDEX posted on 06/15/2020 with an effective begin date of 07/01/2020. EDBC runs on 06/15/2020.
The member is "not potentially eligible" for another aid code, they are "eligible" to roll to another aid code that is in a lower benefit category at the same time they are terminated from MAGI Adult.

Result
Because the member becomes eligible for Medicare effective 07/01/2020, MAGI Adult will terminate on 06/30/2020. Termination NOA MA0272 will be sent on 06/15/2020.
Med Span will end 06/30/2020 for MAGI Adult.

The member will be eligible for QMB on 07/01/2020.
NOA MA0100 will be sent on 06/15/2020.
Med Span will begin on 07/01/2020 for QMB (Primary).
HCPF users with the ability to update the MA Appeals page will be able to add secondary aid codes to MAGI Adult, QDW, and BCCP in the event that there is an appeal that requires this.

Reminder - HCPF users with the ability to update the MA Override page will be able to add secondary aid codes to MAGI Adult, QDW, and BCCP in the event that the Medicare eligibility was not reported/entered timely by an interface, user or the member. If this action is needed, the user will need to submit a HDT to request. This was implemented with Project 14101 - COVID-19 Changes (May 2020). Please reference the desk aid for Project 14101 for more information.
Updates have been make to the MA Individual Eligibility tab in Wrap-up to clearly display the eligibility results for both Primary and Secondary aid codes including related list Reasons.

The following screenshot shows what the eligibility worker can expect to see in Wrap Up after this project is implemented: