

# CBMS MA SECONDARY AID CODES

This document is an overview of the denial/termination notice language for MA Secondary Aid Codes (QMB & SLMB) when the member remains eligible for a primary aid code. It includes information beneficial to the member so that they are aware that their Medicare premiums are still covered.

Ongoing MAGI Adult, QDW, and BCCP clients are terminated timely when Medicare eligibility is reported. HCPF users have the ability to update the MA Appeals page and add secondary aid codes to MAGI Adult, QDW, and BCCP if there is an appeal that requires this.

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

NF/Hospital 300% Institutionalized	OAP Med -A	Trans Med
HCBS	OAP Med -B	4 month extended
PACE	MAGI Children	Buy-In WAWD
SSI Mandatory	MAGI Pregnant	Buy-In CBWD
Former Foster Care	Psych <21	Refugee
Pickle	Legal Immigrant Prenatal	
DAC	Eligible Needy Newborn	
OAP-A Med > 65 Psych	MAGI Parent/Caretakers	



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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), a 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 Notice of Action (NOA) MA0289.

## EXAMPLES:

**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. BENDEX did not interface and the CBMS user manually enters the Medicare record with an effective begin date of 03/01 on 03/15. On 03/15 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. Termination NOA MA0289 will be sent on 3/15. The Med Span will end on 3/31 for MAGI Adult. On 3/22 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 and the NOA MA0100 will be sent. The Med Span will begin on 4/1 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 and transition to SLMB effective 3/1. 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.



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

## RESULT:

*Because the member becomes eligible for Medicare, QDW will terminate on 2/29. Termination NOA MA0289 will be sent on 2/15. The Med Span will end on 2/29 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 and being evaluated for HCBS. BENDEX posted on 02/15 with an effective begin date of 03/01. EDBC runs same date, 02/15. On 02/15 EDBC runs and the AIRP packet is sent. On 02/25 the AIRP is received and no other verification is required. The member meets all criteria for HCBS as of 02/25. EDBC runs and authorized on the same day. Client is approved for HCBS.*

## RESULT:

*Because BENDEX posted on 02/15, MAGI Adult will terminate on 02/29 and NOA MA0289 will be sent on 02/15. The Med Span will end on 2/29 for MAGI Adult. The member will be eligible for HCBS on 02/25. NOA MA0100 will be sent on 02/25. Med Span will begin on 02/25 for HCBS.*



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

## RESULT:

*Because the member becomes eligible for Medicare, QDW will terminate on 2/29. Termination NOA MA0289 will be sent on 2/15. The Med Span will end on 2/29 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.*



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

## RESULT:

*Because the member becomes eligible for Medicare effective 03/01, MAGI Adult will terminate on 02/29. Termination NOA MA0272 will be sent on 02/15. Med Span will end 02/29 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. BENDEX posted on 06/15 with an effective begin date of 07/01. EDBC runs on 06/15. 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, MAGI Adult will terminate on 06/30. Termination NOA MA0272 will be sent on 06/15. Med Span will end 06/30 for MAGI Adult. The member will be eligible for QMB on 07/01. NOA MA0100 will be sent on 06/15. Med Span will begin on 07/01 for QMB (Primary).*



# CBMS MA SECONDARY AID CODES

HCPF users with the ability to update the MA Appeals page can add secondary aid codes to MAGI Adult, QDW, and BCCP in the event that there is an appeal that requires this.

The screenshot shows the 'Medical Assistance Appeals' form. The 'Detail' section contains several fields: 'Begin Date', 'End Date', 'Appeal #', 'Appeal File Date', 'Hearing Date', 'Appeal Reason', 'Benefit Type', 'Approval/Denial/Termination NOA Sent Date', 'Termination Date', 'Primary Category', 'Secondary Category', 'Initial Ruling Date', 'Dismissed Date', 'Final Ruling Date', 'Level of Care Type', 'Client Favorable Final Decision', 'POI Indicator', and 'Limited to EMS/RHCS Indicator'. The 'Appeal #' field is highlighted with a yellow box.

Reminder - HCPF users with the ability to update the MA Override page are 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. Please reference the desk aid for Project 14101 for more information.

The screenshot shows the 'Medical Assistance Eligibility Determination Override' form. The 'Detail' section contains several fields: 'Begin Date', 'End Date', 'Reason for Override', 'Help Desk Ticket #', 'HPLG', 'Primary Category', 'Secondary Category', 'Change Order #', 'CHP+ Enrollment Fee', 'Buy-In Premium Payment', 'Level of Care Type', 'POI Indicator', and 'Limited to EMS/RHCS Indicator'. There is also a 'Comments' field at the bottom.

