



[CA-286433] One-time Data Change for Medi-Cal Beneficiaries with Medicare Part B but no Part A

Issue Type:	SCR	Team Responsible:	Medi-Cal/CalHEERS	Assignee:	Chad Quan
Fix Version/s:	[25.02]	Designer Contact:	Tisha Mutreja	Change Type (SCR):	Policy
Minor Version:	25.02.27	Expedite Changes:	Production Deployment	App Team Estimate Total:	60
Reporter:	Elisa Miller	Regulation Reference:	ACWDL 24-20	Created:	01/03/2025 04:58 PM
Status:	Approved	Impact Analysis:	[N/A]	Outreach Required:	Yes
Policy/Design Consortium Contact:	Elisa Miller	Training Impacted:	[N/A]	App Funding Source:	CalSAWS M&E
Project Phase (SCR):	Production	County Action:	[Review List]	App Funding Source ID:	
Other Agency Cross Reference:		Counties Impacted:	[All]		

Current Design: Currently, in order for the system Medi-Cal EDBC Rules to evaluate an individual for a QMB eligibility determination, the individual must have both Medicare Part A and Part B enrollment entered on the Medicare Detail page.

Request: Per ACWDL 24-20, on October 10, 2023, Senate Bill (SB) 311 was signed by Governor Newsom, which amended California Welfare and Institutions Code §14005.11. The bill required DHCS to enter into a Medicare Part A buy-in agreement for qualified Medicare members with CMS through a state plan amendment no later than January 1, 2025. The Medicare Part A buy-in agreement with CMS allows DHCS to directly enroll eligible QMB members in Medicare Part A and pay their Part A premiums. This means California, as a buy-in state, can auto-enroll eligible full-scope Medi-Cal members into Medicare Part A and pay their Medicare Part A premium if:

- They are enrolled in Medicare Part B as reported by the Social Security Administration (SSA) and
- They qualify for the QMB program.

Until the system Medi-Cal EDBC rules are updated to eliminate the Medicare Part A requirement for evaluating QMB, update the Medicare record for Medi-Cal beneficiaries who are under 100% FPL who have Part B, but no Part A listed.

Provide the counties a list with individuals who have Part B, but no Part A that could not be updated in the one-time Data Change. CEWs should follow the instructions per CIT 0002-25 Medicare Part A Buy-in.

Recommendation:

1. Identify individuals who meet the following criteria:
 - a. The Individual is an Active MEM on a Medi-Cal program, and
 - b. The individual has a high-dated Medicare record with data entered in the 'Part B Payment Method' and 'Part B Payment Amount' fields, and either 'Part A Payment Method' and/or 'Part A Payment Amount' is Null, and
 - c. the individual has a high-dated Customer option record for 'Full Medi-Cal Hierarchy' = Yes. and
 - d. the individual's QMB Income Test is Passing regardless of MSP Budget Pass/Fail

Technical Note: QMB_TEST_RESULT under MC_BUDGET= 'PS'
2. For the Identified individuals in Recommendation 1, perform a one-time data change to update the existing high-dated Medicare record as follows:
 - New Change Reason: Participant - Verbal
 - New Reported Date: System Date of DCR
 - Part A Payment Method: State
 - Part A Payment Amount: 0.00
3. For the Identified individuals updated with Recommendation 2, create a journal with the following language:
 - Journal Category: All
 - Journal Type: Activity
 - Short Description: Medicare Part A Updated
 - Long Description: At least one individual on the case had their Medicare record updated to indicate State-Paid Part A per ACWDL 24-20.

Assumption: No impacts to MEDS

4. Create a one-time list for worker follow up of individuals who meets the below criteria:

- a. The Individual is an Active MEM on a Medi-Cal program, and
- b. The individual has a high-dated Medicare record with data entered in the 'Part B Payment Method' and 'Part B Payment Amount' fields, and either 'Part A Payment Method' and/or 'Part A Payment Amount' is Null
- c. the individual has a high-dated Customer option record for 'Full Medi-Cal Hierarchy' = 'No' or No Full Medi-Cal Hierarchy record exists

List Name: Medicare Part A record not updated

Standard Columns:

- Case Name
- Case Number
- County
- Unit
- Unit Name
- Office Name
- Worker ID

Additional Column(s):

- Person Name (First Last)
- DOB
- CIN

Frequency: One-time

The list will be posted to the following location: CalSAWS Web Portal>System Changes>SCR and SIR Lists>2025>CA-286433

County Action: The worker must update the following two data elements on the Medicare Detail page, as if the individual already has a Part A enrollment:

1. Part A Payment Method = State
2. Part A Payment Amount = 0.00

Once the Medicare Detail page has been updated, the worker must run an Eligibility Determination and Benefit Calculation (EDBC) to obtain a QMB eligibility determination and approve/deny QMB, as appropriate

Outreach

Description:

Posted list

Operational Impact:

Release Note

Yes

Required:

Release Note Status:

**Release Note -
Previous Design/
Problem:**

In order for Medi-Cal EDBC Rules to evaluate an individual for a Qualified Medicare Beneficiary (QMB) eligibility determination, the individual must have both Medicare Part A and Part B enrollment entered on the Medicare Detail page.

Release Note - Now:

Medicare Part A is no longer an eligibility requirement to be eligible for QMB. Per Department of Health Care Services (DHCS) direction, a Medicare Part A record was created for individuals with a Medicare Part B record, a high-dated Customer Options record for 'Full Medi-Cal Hierarchy' = Yes. and who have income at or under 100% Federal Poverty Level (FPL). Until the Medicare Part A requirement for a QMB eligibility determination is updated in the system, the addition of the Medicare Part A record will allow an individual to be evaluated for QMB and if eligible, enrolled by the state into Medicare Part A buy-in.

**Release Note
- Additional
Information:**

A list of Medicare Part A records that were not able to be updated by the DCR will be provided.

**Release Note -
Functional Area:**

Eligibility

**Release Note - Page/
Forms/Reports
Impacted:**