

Department of Health and Human Services
Division of Medical Assistance
BUY-IN CLERICAL ACTION

Part I. _____
(County Name)

County DSS

*DO NOT SEND THIS FORM UNTIL THE
CLIENT'S MEDICARE ENTITLEMENT
HAS BEEN VERIFIED*

1. Complete all of Part I. Missing information will result in the form not being processed and returned.
2. Action Needed Add to Part B Buy-In Add to Part A Buy-In SSI: Yes
("Q" Class recipients only)
 Delete Correct Eff. Date to _____ No

3. _____ Aid Program _____ Aid Category _____ Classification
_____ Medicaid I.D. Number

4. _____ 5. _____
Last Name First Name MI SS Claim No. Suffix

6. Address

St./Route City State Zip Co.

7. Female Male 8. Date of Birth _____ 9. Date of Termination _____

10. Date of initial eligibility for Medicaid for most recent application _____
Mo./Year

11. Remarks:
Signature _____ Date _____ Phone _____

Part II. SSA Completes

1. Eff. Date of Medicare Part B entitlement _____ 2. Date claim cleared _____

3. Remarks:

Signature _____ Date _____

Part III. Contractor Completes

1. Enrolled Effective _____ 2. Deleted Effective _____

3. Should appear on _____ Buy-In Register

4. Remarks:

Signature _____ Date _____

INSTRUCTIONS FOR USE AND COMPLETION

Part I. Instructions to Income Maintenance Caseworker

1. This form should be completed **only after** the following steps have been taken:
 - a. Ascertain that the applicant/recipient has enrolled in Medicare Part B. If a/r is **not** enrolled in Medicare Part B (but should be), the IMC must contact the local SSA office regarding application for Medicare and complete the process on the a/r 's behalf.
 - b. Make sure that the Social Security Claim Number and Suffix as they appear on the Medicare card are entered in EIS.
 - c. Allow 60-90 days after the correct Social Security claim number has been entered and appears on the case profile to allow time for electronic accretion/deletion.

EXCEPTION: For persons erroneously deleted, submit form immediately with a copy of the deletion notice received from Social Security attached.

2. Complete Part I legibly. Enter name, birth date and Social Security Claim Number as they appear in SSA records.
3. Verify information in Part I by one of the following methods and submit one copy to the Medicaid contractor for processing. The county may wish to keep a copy in its files until the original is returned. Method of verification should be indicated in Remarks Section of Part I.
 - a. Obtain verification from BENDEX, SDX, or SOLQ.
 - b. Verify using SSA-1610 already contained in case record.
 - c. Attach copy of award letter.
 - d. TPQY/SOLQ printout through EIS.
4. If none of the above verifications are available, submit one copy of DMA-5004 to SSA district or branch office serving the county for verification. Upon return of this form, check SSA documentation on the DMA-5004 to be sure that correct data is contained in EIS.

If corrections are needed, submit on DSS-8125 input form and allow 90 days for electronic accretion.

DO Not send DMA-5004 to the claims processing contractor if the client is not enrolled in Medicare Part B. See MA-2410, Medicare Enrollment and Buy-In.

INSTRUCTIONS FOR TRANSMITTAL: Submit DMA-5004 to: Attention: Buy-In Unit, CSC, PO Box 300009, Raleigh, NC 27622-8009

Part II: Instructions to SSA Staff

1. Verify name, birth date, and Social Security claim number. If information is incorrect, please enter correct data in red above the incorrect information and line through incorrect data with a single line.
2. If no record is found, this document should be treated as a **LEAD**. Indicate status of development in "Remarks" and return to county.

Part III: Instructions to Contractor Staff

Complete Part III as indicated and return to DMA, Attention Claims Analysis Supervisor.