

Ohio Department of Medicaid
INSTRUCTIONS FOR COMPLETING ODM 07102
CHANGES IN MEDICAID HEALTH CARE COVERAGE DATE AND
MEDICARE BUY-IN ELIGIBILITY

IMPORTANT: Medicaid will return forms submitted that do not follow these instructions to the CDJFS for correction. Prior to completing this form, the CDJFS must do the following:

1. Review CRISE IQEL: For a health care backdate request, there must be an open/pass eligibility span which is more current than the backdate request on this form. For example, if IQEL displays the most current open/pass date for MA A as 04/01/2010-04/30/2010 then the earliest backdate for MA A on the ODM 07102 request should be 03/31/2010. For this example, any ODM 07102 request after 04/30/2010 would be sent back to the CDJFS.
2. Review MITS: There must be an active eligibility span that is a more current date than the backdate request on this form.
3. Review CRISE CLRC: CLRC must be annotated with the information that this request has been submitted to Medicaid and why.
4. Only complete the sections that pertain to your request.

Section I

Select this section to update a consumer's health care date.

Item 1:

- a. Enter the appropriate category of medical assistance (e.g. MA L, MA D, MA P).
- b. Select the Med Class for the category of assistance. Not all categories of assistance have a Med Class. View IQEL to verify the Med Class.
- c. Enter the sequence number (e.g. 01, 02, 03).
- d. Enter the begin and end date. The begin date is the date the health care date should be backdated. The eligibility span may be a continuous span or end dated. Both fields are required whether the span is continuous or separate. When a span is continuous, please enter 999999 as an end date.

Item 2: Spenddown

Select this option for spenddown cases only.

- a. Enter the appropriate category of medical assistance (e.g. MA A, MA B, MA D).
- b. Enter the sequence number (e.g., 01, 02, 03).

Indicate each mm/dd/yy that the consumers met their spend down.

Additional Information (Required):

- Indicate if the consumer is eligible for a Medicare Premium Assistance Program (e.g. QMB, SLMB, QI-1, QDWI, N/A) for the specified time period of the backdate request.
- Indicate if the consumer has other health insurance, other than Medicare, for the specified time period of the backdate request. This information should also be reflected in AEFMC.

Section II

Select this section when requesting an update to a consumer's Medicare Buy-In eligibility.

Item: 1

Select the category of medical assistance for which the consumer is eligible for the Medicaid to pay the Medicare Part A and/or B premium. Indicate the month/year Buy-In should be effective. The CDJFS determines the effective start date in accordance with the Ohio Administrative Code.

Item 2:

Select this option when requesting that the consumer be removed from Medicare Buy-In. Indicate the month/year the consumer is no longer eligible for Buy-In. Generally, this option is used when the CDJFS terminate Medicare Buy-In eligibility but the interface from CRISE to the Medicare Buy-In system is not successful and a manual termination by Medicaid is required.

Section III

Select this section when MITS has an erroneous Medicare Part A and/or Part B span. Generally, the span is causing a Medicaid provider's claim to reject or the CDJFS is requesting for Medicaid to use the Medicare information for cost avoidance purposes. Enter the correct Medicare Part A and/or B effective and end date. When a span is continuous, please enter 999999 as an end date.

Section IV

Enter an explanation of why this action is being requested. These notes should reflect CRISE CLRC notes.

Section V

Enter CDJFS case worker and supervisor information (Required). Please include a direct phone number as Medicaid staff may need to contact the CDJFS to ask clarifying questions in order to process the ODM 07102 appropriately.

Please ensure your CDJFS approval process is followed before submission of this form. Only submit this form directly to Medicaid for processing if you have approval from your supervisor or Buy-In coordinator.

Do not use this form to update long-term care eligibility spans.

Distribution:

This form must be submitted to the Medicare Buy-In unit electronically by going to <https://buyinformedicare.ohio.gov/login.jsp>. When the electronic version cannot be submitted, this form may be faxed to the Medicare Buy-In unit at 614.728.0757 or mailed to:

Attn: Medicare Buy-In unit
Ohio Department of Medicaid
P.O. Box 182709
Columbus, Ohio 43218-2709