

## 815.5 Situations That Initiate Enrollment Process

### 815.5.1 Medicare Only Application

The application initiates manual or computer action to determine the applicant's entitlement to Part A and, when appropriate, to Part B.

### 815.5.2 Annuity Application

The application initiates manual or computer action to determine the applicant's entitlement to an annuity and, when appropriate, to Parts A and B.

### 815.5.3 SS Certifications

RRB assumes Medicare jurisdiction for individuals whose SS benefits are certified to the RRB. The certification includes a determination of the beneficiary's entitlement to Part A and Part B and the effective dates of coverage. Based on this information, the RRB initiates manual or computer action to enroll the beneficiary.

## 815.10 Enrollments During The Initial Enrollment Period (IEP)

### 815.10.1 Automatic Enrollment - Attainments

Individuals who are entitled to a RR annuity, a SS benefit certified to the RRB, or for inclusion in the O/M for at least 6 months before becoming eligible for Medicare are enrolled for coverage automatically. Such enrollments are referred to as "attainments." The chart below indicates the month by which an individual must be on the rolls in order to be enrolled automatically.

<b>If HI Is Effective In</b>	<b>Beneficiary Must Be On The Rolls In The Previous</b>
January	June
February	July
March	August
April	September
May	October
June	November

July	December
August	January
September	February
October	March
November	April
December	May

These individuals will be enrolled for Part A and, if a resident of the U.S., will be automatically enrolled for Part B. Premium deductions are generally done timely and begin with the check paid on the first day of the month Medicare coverage begins. Little or no delay in receipt of the annuity or SS benefit should occur.

### **815.10.2 Accretions**

Individuals who are not on the rolls as annuitants, IPIs, or SS beneficiaries at least 6 months before their Medicare coverage can begin must file a benefit annuity or health insurance application at RRB or SSA. Such enrollments are referred to as accretions. Manual action is generally required in the processing of accretion enrollments; premium deductions will not be initiated until after an annuity is put in payment status. Examiners may deduct SMI premiums from initial SS benefit certifications. Individuals enrolled as accretions will be enrolled for Part A coverage, and if residents of the U.S., Part B coverage, unless SMI was refused on the application.

## **815.15 Enrollments After The Initial Enrollment Period**

### **815.15.1 General Enrollment Period (GEP) Enrollment**

Individuals who have Part A coverage only may enroll for Part B by submitting a statement requesting Part B coverage, a completed Form G-44 or a completed Form G-44b during any GEP.

At the beginning of each year, enrollment kits consisting of a Form G-44, Form RB-20, Form G-860 and a return envelope addressed to P.O. Box 10794 are released to the following U.S. residents:

- A. Beneficiaries who refused Part B coverage in the previous year,
- B. Beneficiaries who withdrew from Part B coverage in the previous year, and
- C. Beneficiaries whose Part B coverage terminated in the previous year for failure to pay premiums.

## 815.15.2 Deemed GEP Enrollment

Part A entitlement will be established for a beneficiary who files a Medicare only, annuity, or O/M application after his/her IEP. If the application establishes Medicare entitlement for the first time, the beneficiary does not have to file an application electing Part B in the next GEP. An application is deemed filed in the next GEP and the beneficiary will be automatically enrolled for Part B unless the person refused Part B on the application.

## 815.20 Medicare Claim Numbers

### 815.20.1 General

A Medicare claim number is the prefix and number established on the Health Insurance Master (HIM) to identify a beneficiary. Once a prefix and claim number is used for a beneficiary, it cannot be used to identify another beneficiary. If a beneficiary's RRB claim number (prefix + number) was previously used as another individual's Medicare claim number, another number, called a pseudo number, must be assigned to the beneficiary for his/her Medicare claim number. Refer to FOM-1-815.20.4 for further information about pseudo numbers.

### 815.20.2 Beneficiary Entitled to Annuity

An annuitant's RRB claim number (RR annuity or SS annuity certified to the RRB) will be used as his/her Medicare claim number as long as a Medicare record was not previously established on the claim number.

If a beneficiary is entitled to benefits under two RRB claim numbers, the primary number, employee or joint and survivor, will be used as his/her Medicare claim number.

### 815.20.3 Beneficiary Not Entitled to Annuity

- A. Medicare Alone - A beneficiary who has filed for Medicare alone will be assigned a Medicare claim number as if he/she is entitled to an annuity.
- B. Included in O/M - Beneficiaries included in the O/M will be assigned a Medicare claim number using the employee's number and a prefix as follows:

Spouse - MA

Child - CA

However, if this number was previously used as another individual's Medicare claim number, a pseudo number must be assigned for Medicare purposes.

## 815.20.4 Pseudo Number - Entitled or Not Entitled to Annuity

The HIM only accepts a prefix and number to identify each individual. In addition, the HIM considers the MA prefix plus a number and the WA prefix plus the same number to be identical Medicare claim numbers. However, RRB records use a prefix, number and payee code to identify each individual; the same prefix and claim number with a separate payee code is used to identify each individual when there is more than one beneficiary in the same category.

Whenever a beneficiary is enrolled for Medicare and his/her RRB claim number (prefix + number) was previously used as a Medicare claim number for another individual, a pseudo claim number must be assigned for Medicare purposes. The situations in which a pseudo number is required include:

- A. A second or later disabled child is enrolled for Medicare,
- B. A second or later wife is enrolled for Medicare,
- C. A widow, if a previous wife was enrolled for Medicare, and
- D. A second dependent parent is enrolled for Medicare.

The Medicare Unit (MU) will assign and process all pseudo numbers. The pseudo number will be the beneficiary's prefix plus his/her own SS number. Prior to December 1, 1974, the beneficiary's prefix plus a six-digit number from 995001 through 999995 was assigned as the pseudo number. MS will advise the beneficiary in a letter that a pseudo number is required, and provide the number that has been assigned.

## 815.25 Basis for Determining Effective Dates Of Coverage

### 815.25.1 Application Filing Date

When an individual files an application for Medicare only, for an annuity, or for inclusion in the O/M and is eligible for Part A coverage in or before the month of filing, the filing date will be used to establish the Part A effective date. If it is during the individual's Part B IEP or GEP, the same filing date will also be used to establish the Part B effective date.

### 815.25.2 Application Deemed Filed

- A. Annuity or O/M application filed prior to Part A enrollment period and prior to Part B IEP - An application for Part A and for an automatic election of Part B is deemed filed during the first 3 months of the Part A and B enrollment periods and is used to establish the earliest possible effective dates for Parts A and B.
- B. Application filed during Part A enrollment period, but after Part B IEP - The application filing date will be used to establish the Part A effective date. If this is

the first time Medicare coverage is established for the individual, an application for Part B coverage will be deemed filed during the next GEP and will be used to establish the Part B effective date. Otherwise, the individual must actually file an election for Part B coverage during a GEP.

### 815.25.3 Date of Birth on First Day of the Month

An individual whose birthday is on the first day of the month attains age 65 on the last day of the previous month and the earliest effective date for Medicare coverage would be the first day of the month prior to the month of his or her birthday. If such an individual files an application in the month of his or her birthday, Part B coverage would not be effective until the first of the second month following the beneficiary's month of birth.

When developing an application, determine if the individual thought he or she had attained age 65 on the actual date of birth, or the day before. If so, and if the applicant wants the earliest Part B effective date, submit a statement from the applicant. MS will review the statement and determine the earliest effective date.

### 815.25.4 Discrepant Date of Birth - Applicant Older Than Originally Thought

An individual who has relied on particular evidence for his or her DOB and subsequently locates better evidence that establishes an earlier DOB, may fail to file an application during the correct IEP, which may have already passed.

- A. Applicant files during IEP based on erroneous younger DOB - A statement should be submitted from the applicant explaining why he or she did not file in the IEP.

MS will review the statement and may establish a deemed IEP based on the erroneous younger DOB. The applicant's Part B effective date and premium rate will be based on the deemed IEP.

The Part A effective date will be established based on the actual application filing date and correct DOB.

- B. Applicant files after IEP based on correct DOB - A statement should be submitted from the applicant explaining why he or she did not file in the IEP. MS will review the statement and establish the Part A effective date based on the actual application filing date and correct DOB. Part B will be determined as follows:
1. If the application was filed during a GEP, the applicant is enrolled for Part B in the GEP without a premium increase; or
  2. If the application is not filed during a GEP, the applicant is advised to file during the next GEP or in the deemed IEP (based on the erroneous younger DOB), whichever will result in the earlier effective date.

### **815.25.5 Discrepant Date of Birth - Applicant Younger than Originally Thought**

An individual who has relied on particular evidence for his or her DOB and subsequently locates better evidence which establishes a later DOB may be enrolled for Medicare erroneously. Refer to item D of FOM-1-810.35.2, FOM-I-915.20.1, and FOM-I-915.20.3 for an explanation of how such a situation is handled.

Submit proof of the new alleged DOB to APPLE and image any documentation. Prepare an e-mail to Medicare Unit (MU) and Retirement and Survivor Benefits Division (RSBD) explaining how and when the applicant discovered the new DOB evidence. On the e-mail, advise that the new DOB could affect Medicare coverage.

Refer to FOM-I-845.5.6 for additional information about date of birth discrepancies.

### **815.30 Establishing a Medicare Record**

Action to establish a Medicare record for an individual involves the Railroad Retirement Board, the Social Security Administration and the Centers for Medicare & Medicaid Services (CMS).

#### **815.30.1 Eligibility Determination**

A determination of Medicare eligibility can be made mechanically or manually. At the RRB, the eligibility determination for most retirement applications, Medicare only applications, and attainments are made mechanically using retirement and research computer programs. These determinations are subsequently passed to the Medicare computer programs. Eligibility determinations for survivor applications, accretions, some retirement applications, some Medicare only applications, and some attainments are made by examiners. The examiner completes an input form and enters the information into the Medicare computer programs.

#### **815.30.2 RRB Initial Computer Processing**

Information about eligible aged and disabled Medicare beneficiaries is entered into the Medicare computer system MIRTEL - Medicare Information Recorded, Transmitted, Edited and Logged. MIRTEL edits the information, sets up a pending record for the beneficiary, and transmits the information to the Master Benefit Record (MBR) at SSA. The purpose of this action is to see if SSA has already established a Medicare record or has conflicting information. We are, in other words, getting clearance from SSA that there is no conflict.

#### **815.30.3 SSA Computer Processing**

The MBR is the computer system at SSA that contains information about all beneficiaries entitled to SS benefits. The MBR is also earmarked when we transmit information from MIRTEL as indicated in FOM-1-815.30.2 to show that RRB has jurisdiction of Medicare. If SMI premiums are being collected by SSA, SSA will stop

deducting premiums and transfer jurisdiction to RRB. The information from MIRTEL is updated with any Medicare information from the MBR. The MBR then transmits a record to the Health Insurance Master record (HIM) and, at the same time, a reply to the RRB's MIRTEL system.

#### **815.30.4 Health Insurance Master (HIM) Record Processing**

Although the RRB establishes entitlement, enrolls, collects premiums and maintains a record for all QRRBs and deemed QRRBs, SSA in Baltimore maintains the HIM that permits and records payment of HI-SMI benefits. The information transmitted from the MBR is edited and a record is established on the RR portion of the HIM. If a record was previously established on the SS portion of the HIM, it is cross-referenced to the RR number.

If a problem is encountered during the editing or cross-referencing process, or in establishing the HIM record, a reject will be transmitted to the RRB and a HIM record will not be established.

#### **815.30.5 RRB Final Processing**

When MIRTEL receives the reply from SSA, it assumes a record will be established on the HIM. The pending record on MIRTEL is cleared and updated with any information from the MBR, a Medicare identification card is released and collection of SMI premiums is initiated.

#### **815.35 Medicare Identification Card**

Medicare cards are produced from two separate data processing programs. One of the programs processes replacement Medicare card requests entered using the MEDCOR Activity 62 (Duplicate Medicare Card Request) screen. The other program, which is part of the MIRTEL processing, generates (1) Medicare cards for individuals on the rolls who attain Medicare eligibility, (2) initial Medicare cards for new enrollments during an Initial Enrollment Period (IEP), and (3) revised replacement cards for individuals whose coverage changes, e.g. the beneficiary declines Part B coverage, Part B coverage is terminated due to non-payment of premiums, jurisdiction for Medicare is transferred from SSA to RRB, the beneficiary enrolls in Part B during a General Enrollment Period or Special Enrollment Period, or whose Health Insurance Claim Number changes, e.g. spouse-to-widow conversions.

In October 2007, we began revising the two data processing programs to allow printing of all Medicare cards on tear and water resistant paper affixed to the bottom, center of a full page (8½ x 11) document. A Form RL-860 series letter is printed above the peel-off Medicare card. The revised forms are printed using a digital imaging system, rather than an impact printer. The revised format improves the print quality on the cards, safeguards personally identifiable information displayed on the cards, and streamlines the mailing process. The form number for all Medicare cards issued using the revised programs is Form G-41, with a 12-2006 version date.

### 815.35.1 Initial ID Card

A Medicare identification card is automatically released to the beneficiary after MIRTEL's pending record is cleared. The card serves as a notice to the beneficiary of his or her coverage and the identifying information established on the HIM. A Booklet RB-12, *Welcome to Medicare*, is mailed with the initial Medicare card to beneficiaries residing in the United States. A *Medicare and You* handbook is also mailed to the beneficiary separately by CMS.

Medicare ID card Form G-41 (version 04-1973) is released to beneficiaries enrolled for Part B under the automatic enrollment (attainment) provisions. The back of the card can be used by the beneficiary to decline Part B coverage. (**Note:** Changes to the program to print initial Medicare ID cards in attainment cases are targeted for completion in late 2008. When completed, the program changes will enable printing of the ID cards on the 12/2006 version of Form G-41.)

### 815.35.2 Temporary Notice of HI Eligibility

A. General - An applicant for Medicare will normally receive an HI card within 30 to 60 days after filing. If the applicant will need medical care before receipt of the HI card, the D/O may issue a temporary notice of HI eligibility (Form Letter RL-345) if all of the following criteria are met:

1. An application has been filed. (It may be filed at the time the notice is issued.)
2. The applicant's eligibility as a QRRB is apparent or has been determined.
3. Health insurance services are needed immediately or will be needed before an HI card can be issued in normal operations.
4. MS has been notified of the D/O's intention to issue the notice or the D/O has been authorized by MS to do so.

Since the applicant will make early use of the temporary notice, MS must immediately establish the HI record so that it is available when an intermediary queries SSA for eligibility information. To do this, MS will initiate clearance with SSA based on data provided by the D/O or, if clearance has already been initiated but is pending, take any action needed to expedite or force clearance.

B. Action by D/O to determine eligibility - Before issuing a temporary notice, the following information should be considered.

1. Need for temporary notice - The applicant must be able to give reasonable assurance that he or she will be using covered services in the immediate future and before he or she could normally receive the HI card.

2. Proofs - The applicant must submit acceptable proof of age and other proofs required to substantiate the claim.
  3. 120 months of RR service, or 60 months of service after 1995 (employee/spouse applicant) - The employee must have 120 railroad service months, or at least 60 months of service after 1995. Verify that the employee has sufficient service months from his or her Form BA-6, or by checking EDMA.
  4. Insured status (survivor applicant) - The D/O will make an insured status determination of whether RRB has jurisdiction of the survivor claim.
  5. Jurisdiction - SSA has a similar procedure to provide temporary notices of HI eligibility. Therefore, refer the applicant to SSA if:
    - a. SSA has jurisdiction of survivor benefits, or
    - b. The employee has less than 120 months of RR service, or fewer than 60 months of RR service after 1995.
- C. Telephone notice to MS - When it is determined that an apparently eligible applicant needs a temporary notice of HI eligibility, call MS and furnish the data required as follows:
1. RRB claim number, symbol, and prefix - Check EDMA to determine that no 6-digit claim number was previously established; furnish the employee's SS number with the appropriate symbol and prefix. If there is a known prior claim number, furnish it.
  2. Date of birth
  3. Beneficiary SS number - If the applicant is other than an employee, his or her own SS number is required.
  4. Employee's SS number - This is required for any type of beneficiary.
  5. Status of annuity - Furnish the type of application filed, i.e., Form AA-1, AA-6, AA-17, etc. If the applicant is a survivor, indicate if annuity payments cannot be made because of work deductions.
  6. SMI effective date - Furnish this date only if a timely election is made. Do not provide a date if the applicant is not in an enrollment period.
  7. HI effective date - The earliest date the applicant became a QRRB, or 6 months prior to the filing date of an HI or annuity application, whichever is later. The effective date for the divorced spouse of a disabled employee may be 12 months before the HI or annuity application filing date.

- D. Temporary notice of HI eligibility - Issue Form Letter RL-345 to an employee, spouse or widow applicant as evidence of entitlement to health insurance benefits. Forward a copy of the notice to MS.

### 815.35.3 Replacement Medicare ID Cards

Field offices may generate a replacement Medicare card for release to a beneficiary who reports his or her card lost, stolen, misplaced or destroyed. Field offices should prepare a MEDCOR Activity 62 to generate the replacement Medicare card. The card will be printed with Form RL-865. Access the MEDCOR Duplicate Medicare Card Request screen by entering 62 in the Activity Input field on the main MEDCOR MENU screen. Here are step-by-step instructions.

Step	Action										
1	Select MEDCOR (27) from the RRAPID Main Menu.										
2	<p>Complete the following fields on the MEDCOR Menu screen:</p> <table border="1" data-bbox="418 972 1362 1577"> <tbody> <tr> <td data-bbox="418 972 711 1045">Unit</td> <td data-bbox="711 972 1362 1045">Enter "BFS"</td> </tr> <tr> <td data-bbox="418 1045 711 1150">Claim Number</td> <td data-bbox="711 1045 1362 1150">Enter the beneficiary's RRB claim number, including symbol and prefix.</td> </tr> <tr> <td data-bbox="418 1150 711 1329">Ben SSA Number</td> <td data-bbox="711 1150 1362 1329"><b>If the beneficiary is other than an employee and does <u>not</u> have a pseudo number</b>, enter the beneficiary's SS number. Otherwise, leave blank.</td> </tr> <tr> <td data-bbox="418 1329 711 1507">Pseudo Number</td> <td data-bbox="711 1329 1362 1507"><b>If the beneficiary is other than an employee and has a pseudo number</b>, enter the beneficiary's pseudo number. Otherwise, leave blank.</td> </tr> <tr> <td data-bbox="418 1507 711 1577">Activity Input</td> <td data-bbox="711 1507 1362 1577">Enter "62"</td> </tr> </tbody> </table> <p>Press Enter.</p>	Unit	Enter "BFS"	Claim Number	Enter the beneficiary's RRB claim number, including symbol and prefix.	Ben SSA Number	<b>If the beneficiary is other than an employee and does <u>not</u> have a pseudo number</b> , enter the beneficiary's SS number. Otherwise, leave blank.	Pseudo Number	<b>If the beneficiary is other than an employee and has a pseudo number</b> , enter the beneficiary's pseudo number. Otherwise, leave blank.	Activity Input	Enter "62"
Unit	Enter "BFS"										
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Pseudo Number	<b>If the beneficiary is other than an employee and has a pseudo number</b> , enter the beneficiary's pseudo number. Otherwise, leave blank.										
Activity Input	Enter "62"										
3	Review the information on the Activity 62, Duplicate Medicare Card Request screen, to ensure it is correct. If okay, press PF2. The message "To Add, Press PF2 Again" will appear. Press PF2 again to complete the request.										

	<p>If the address on record is incorrect or the annuitant requests that the duplicate Medicare card be mailed to a temporary address, you can replace the prefilled address with the new or temporary address before pressing PF2 twice to complete the transaction. Keep in mind that this only changes the address for purposes of mailing the card. If a permanent address change is needed, you must complete a FAST-COA and/or MEDCOR Activity 22L.</p>
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Note: Do **not** enter 62L in the Activity Input field; enter 62. The L refers to the type of 62 activity. All activity screens that are accessed directly from the main MEDCOR Menu are “long” form versions. If you enter an “11” in the Activity Input field on the main MEDCOR MENU screen, you access the MEDCOR Miscellaneous Input Screen. This screen is referred to as the “short” form version. Various activities can be created using the MEDCOR Miscellaneous Input Screen. If you request a 62 activity from the MEDCOR Miscellaneous Input Screen, the system generates a 62S, or the “short” form version. The Pending Activities List screen and the Completed Activities List screen on MEDCOR will show either a 62L or 62S depending on which screen was added to generate the duplicate Medicare card. Requests for Medicare cards using the activity 62L are generated daily. Instructions for using the MEDCOR Pending Activities List Screen (Screen MCMU017) can be found in RCM 3.13.19. Instructions for using the MEDCOR Completed Activities List screen (Screen MCMI018) can be found in RCM 3.13.20.

Field offices should use the MEDCOR Duplicate Medicare Card Request screen to process all requests for replacement Medicare cards, except in cases involving emergency situations. In emergency situations, the field office may generate a replacement Medicare card using RRAILS Form RL-865-F. See FOM-I-1745, Form RL-865 for complete instructions on preparing replacement Medicare cards in emergency situations.

#### **815.35.4 Automated Internet Requests for Replacement Medicare ID Cards -**

Requests for replacement Medicare cards received from beneficiaries using the Benefit Online Services and from customer service representatives using the Palmetto GBA application are sent to MEDCOR each night via the Automated Internet Request (AIR) application.

The transactions will be shown as ‘completed’ in their respective database, once the transaction has been processed for handling. If a transaction does not pass one or more edits, a referral will be generated to USTAR.

Field offices have responsibility for handling the referrals and therefore, will need to access USTAR each business day in order to review all requests for Medicare cards that rejected from the AIR processing.

The chart below provides a list of the AIR referral codes, a description of each referral code, and the action needed to resolve the referral.

<b>Record Status Code</b>	<b>Referral Code</b>	<b>Referral Description</b>	<b>Action Needed</b>
	M00	No record found under this SSN.	Contact beneficiary for correct number
01	M01	Annuity APPL filed, screening reply pending.	Contact the Medicare Unit for status.
02	M02	No ANN APPL filed, screening reply pending.	Contact the Medicare Unit for status.
03	M03	ANN in SUSP	Contact the Medicare Unit for status.
04	M04	ANN in SUSP	Contact the Medicare Unit for status.
05	M05	Attainment, screening reply pending.	Contact the Medicare Unit for status.
	M09	Dual Annuitant	Release Medicare card under correct claim number.
90	M90	Cessation of Disability – No longer entitled to Medicare	Contact the beneficiary.
98	M98	No longer QRRB	Contact the beneficiary.
99	M99	BENE deceased	No card should be released. Contact requestor.
	M10	Zip Code reported does not match Zip code on record.	Contact the beneficiary for correct zip code.
	M11	Transaction not allowed. A MEDCOR transaction is	Only one transaction allowed per day.

		already pending for this claim number.	Check to see what is pending, if different transaction, enter request next day.
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