

# MEDICARE PREMIUM BUY-IN PAYMENTS



## PERM RC FAST FACTS

### DATA PROCESSING (DP) REVIEW OF MEDICARE PREMIUM BUY-IN PAYMENTS

The Payment Error Rate Measurement (PERM) Statistical Contractor (SC), The Lewin Group, may include Medicare Premium Buy-In payments in the claims/payments sampled. Under the state buy-in program, states, the District of Columbia (DC), and specified U.S. territories can enter into buy-in agreements that make it easier to enroll certain Medicaid recipients into Medicare Part B and pay the premiums on their behalf. All states, DC, and some of the specified U.S. territories have elected to enter into a Part B buy-in agreement with CMS. See [42 CFR § 407.40](#) for more information. CMS provides the data for these payments to the SC. Therefore, the claim numbers provided in the data are not valid claim numbers. The Review Contractor (RC), Empower AI, needs additional information from the state to conduct the DP review.

The RC's Regional Coordinator contacts the state PERM representative and requests a copy of the claim of financial transaction including the **beneficiary's name, date(s) of service, and the Medicare Premium Buy-in paid amount**. To obtain the above information, please refer to the SC's sampler file. Locate the PERM ID within the sampler file to find the beneficiary's name, date(s) of service, and amount of payment. **Using these details, locate the requested information in the state system(s), e.g., Medicaid Management Information System (MMIS), financial, or eligibility.**

Submit the additional information via Kiteworks, the RC's secure file transfer solution, to the RC mailbox [PERMRC\\_DOCS@empower.ai](mailto:PERMRC_DOCS@empower.ai). Refer to the Fast Facts flyer *RC Secure File Transfer via Kiteworks* for information on using and requesting access to Kiteworks. Be sure to include the related PERM ID on the documentation.

### DP REVIEW – PAYMENT VALIDATION

The DP reviewer validates the beneficiary was eligible for Medicare for the month of the premium. The reviewer also validates the amount paid matches the premium rate for the specified time period, as published on the CMS website.

If the DP reviewer is not able to determine the beneficiary's eligibility for Medicare, the RC asks the state to provide such documentation. The RC places the review on the DP Pending P1 list to request the information from the state, and states have fourteen calendar days to supply the requested documentation. Refer to the Fast Facts flyer *DP Pending P1 List* for more information on the DP documentation request and submission process.