

Today's Agenda:

- Review of new legislation
- Review new simplified form
- Discuss CNS codes used to generate renewal form
- Walk through the screens necessary to generate the new form
- Live audience Q & A

Who Will Use New Form?

- Community Medicaid Recipients
- Child Health Plus A
- Family Health Plus
- Medicare Buy-In (QMB)

Chapter 1 of the Laws of 2002

- Eliminated face-to-face interview
- Required "simplified" renewal form
 - only information necessary to determine continued eligibility
 - or -
 - information subject to change

Who Will Use Existing Forms?

- Chronic Care - LDSS-4411
- SLIMBs - LDSS-4592
- QI-1s - Medicare Savings Program Re-enrollment Form

Effective Dates

- Elimination of face-to-face interview:

April 1, 2003
- New form available through CNS:

March 24, 2003

Renewal Process:

- Use new CNS Reason Codes to generate the form
- Recipient instructed to return form and documentation by deadline
- 15 days later, CNS generates a reminder letter
- Recipient returns form by deadline
- Process per existing procedures

Renewal Process:

- If form is not returned by the deadline, send closing notice
- If the recipient responds prior to the closing date in the notice, extend case if time is needed to review information
- If the recipient responds after the closing date, but within 30 days of closing, the recipient may use the renewal form to reapply

Question #1:(cont.)

- Social Security Number:
 - "On File"
 - or
 - "Not On File"

Pre-Printed Form

- Pre-printed by CNS
- Includes instructions for Completion
- Instructs Recipient when to document

Question #2

- Does everyone listed above still live with you?
- If no, list any person who has left the household

Question #1:

- Name
- Date of Birth
- Program:
 - MA = Medicaid
 - FHP = Family Health Plus
 - CHP A = Children's Medicaid
 - QMB = Medicare Savings Program

Question #3a

- Does anyone listed above have a spouse, parent/step-parent, or child under 21, living in the household who is not listed above?
- If yes, list the person and the relationship

Question #3b

- If yes, does this person want to apply for Medicaid/Family Health Plus or Child Health Plus A?
- If yes, list the following information:
 - Last name
 - First name
 - Date of birth
 - Sex
 - Social Security Number

Question #6

- Have your housing expenses changed since you last applied for/renewed your health care coverage?
- If yes, provide new information

Question #4

- Is anyone listed in number 1 or 3 above, pregnant?
- If yes, provide name and “Expected Date of Delivery”

Question # 7a

- Has the citizenship or immigration status of anyone renewing changed?
- If yes, list the person
- Proof is required

Question #5

- Has your address changed since you last applied for/renewed your health care coverage?
- If yes, provide new address information

Question #7b

- Prints only when a person with an Alien Code(ACI) of “T” is present on WMS
- Pre-printed name and date of birth
- Such person(s) must send proof from the Immigration and Naturalization Service (INS) showing the person’s current citizenship/immigration status

Question # 8

- Income and expenses are pre-printed here, based on information stored in MBL
- Recipient must list current income and expenses

Question #9 a,b

New or Changed Health Insurance:*

- Asks if recipient has lost any health insurance, or if there is new health insurance coverage
- *recipient can check “Does not apply” and go to next question

Question # 8 (cont.'d)

Recipient will list:

- Source of the income
- How often received
- The amount of the income
- Expenses for health insurance
- Any Medicare cost
- Any court-ordered support
- Any child or adult care costs

Question # 10a,b

Parent or Spouse Living Outside the Home: *

- Requests information about a parent or spouse who may have left the household
 - Provides an opportunity to claim “good cause”
- *recipient can check “Does not apply” and go to next question

Instruction for Q# 9,10,and 11

- Complete only if information is new or changed
- Otherwise, check “Does Not Apply”

Question #10a,b (cont.)

- Requests any new information about an absent parent /spouse

Question # 11a,b,c:

Illness, Injury, or Disability:*

- a. Identifies any special work expenses for blind/disabled

*recipient can check "Does not apply" and go to next question

Variation 1

For a CT 20 (Medicaid):

- Previously reported resources are pre-printed here, based on information stored in MBL
- Recipient must list current resources and provide proof

Question# 11a,b,c (cont.)

- b. Requests information about any disabilities, chronic illness or special health care needs
- c. Attempts to identify any potential third party benefits/pending lawsuits.

Variation 1

Recipient will list:

- Resource type
- Value
- Owner
- Bank or Company Name

Question # 12

Resources:

- Three message variations for what will be printed, depending on:
 - Case Type
 - Resource Code

Variation 2

- For recipients in Case Type 24 (Family Health Plus)
- When a Resource Code of 91 (Resources above the MA level /Determine FHP) is present in MBL, the following message will be printed:

Variation 2:(cont.)

- When you last applied/renewed, you stated that the total value of your resources was above the Medicaid resource level for your family size. If the value of your resources has gone down (decreased) and you would like a determination of Medicaid eligibility, contact your worker. In the meantime, if you return this form by the deadline and are found to be otherwise eligible, your coverage will be renewed.

Remainder of Form

- Terms/Rights and Responsibilities
- Signature Lines
- Office Use Only box
- Documentation Checklist

Variation 3:

- For recipients in Case Type 24
- Resource field in MBL contains a code other than 91 or is blank, the following message will be printed:

Included in Mailing:

- Child Teen Health Program pamphlet
- NYS Voter Registration form

Variation 3:(cont.)

- You do not need to provide resource information at this time. We will contact you if we need resource information.

Adding Person to Existing Case

- Face-to-Face not required
- Drug and Alcohol Screening for S/CC
- Family Health Plus plan selection
- MMC family rule

Pregnant/ Post-Partum Women

- Citizenship
- Paternity
- SSN
- If Family Health Plus, provide counseling



New Reason Codes:

- Z61 Community Renewal (general population)
- Z62 SSI-Related Renewal (NOT for chronic care cases)
- Z63 Reminder letter for Z61 and Z62 Renewal notices

For Policy Questions:
Contact Your Upstate Local District Liaison
(518) 474-8216

For Systems Questions:
Contact Cindy Krueger-Farley
(518) 402-6663

