

Handouts

New York State Health Insurance Cost
Effectiveness Determination
Application

➤ Installation Instructions:

To install this application simply insert the CD in the CD/DVD drive. The CD will automatically begin the installation process.

1. The first step of the installation process is to select the operating system for which your machine is running. (**Note if you do not know which Microsoft Operating System you are running, click the Start Button and Read what it says Vertically on the left of the menu. (For Example “Windows 2000” or “Windows NT”, etc.) Specifying Home Editions or Professional Editions is not needed) (Figure 1 shows below the Setup Wizard)



Figure

2. Next the installation application checks your Microsoft System Files.
3. If your computer's system files are not up-to-date, this installation application will update them and then ask you to restart your computer. If this does not occur proceed on to number 7.
4. Click yes and allow your computer to restart.
5. After your computer restarts, the installation process will start again automatically.
6. If it does not, eject the CD and re-insert it. Once again select your Operating System.
7. During the installation process you will be asked where to install the application. Select the location (Default Location C:\Program Files\NY_Medicaid_Cost_Estimation) and continue.

8. If during this installation process you run into complications, contact your Network Administrator or see below for contact information.

➤ **Running the Application:**

- ❖ Once the application is installed, it is ready to use.
- ❖ To start the application click on the Start Button, which is located at the bottom left hand corner of your screen. Go to Programs and then locate the folder (the default name is NYS Medicaid Cost Estimation Application) that you named in the installation process that contains the NYS Medicaid Cost Estimation Application and click it.

*(To create a desktop shortcut right click on this file, click Send To and choose desktop).

- ❖ Once the program begins, a screen displaying empty boxes will appear. (See Figure 2 below)

Figure 2

The screenshot shows a window titled "NYS HICED" with the following sections:

- Client Information:** Includes text boxes for Case Name, CIN, and Case Number. It also has dropdown menus for Aid Category, County, and Gender. The Date of Birth (DOB) is split into mm, dd, and yyyy boxes, along with a box for the number of family members.
- Today's Date:** Three boxes for mm, dd, and yyyy, with the example date 06/26/2003.
- Policy Cost:** A text box for Policy Cost with a dollar sign and a dropdown menu for Payment Type.
- Service Categories:** A grid of checkboxes for various services: Clinic, Dental, DME, Drugs, Emergency Room, Home Health, Inpatient, Laboratories, Nursing Home, Optical, Other, Physician Services, Psychiatric Inpatient, Psychiatric Outpatient, SA Inpatient, SA Outpatient, and Transportation. Below this grid are buttons for "Select All", "Unselect All", and "Major Med".

At the bottom of the window, the title "NYS Health Ins Cost Effectiveness Determination App" is centered, with "Reset", "OK", and "Exit" buttons below it.

First Screen

- ❖ Fill out the appropriate information for each case and hit OK to proceed.

*Aid category Cash TANF = Family Assistance
 Aid category Cash Safety Net = Safety net
 Aid category Cash SSI = SSI cash case
 Aid category Non-cash TANF = Low Income Families (LIF), ADC-related, TMA
 Aid category Non-cash Safety Net = Single/Childless Couples (S/CC)
 Aid category Non-cash SSI = SSI-related

- ❖ Use the Reset button to clear the form so you can start over.
- ❖ Once you hit OK, the application will process the information you have entered. If you have entered something improperly, an error message will display and ask you to enter the correct information.

- ❖ If you have entered more than one family member, a second screen will appear that will ask you to enter information for the other family members.
(See Figure 3 below)

Figure 3

Enter details of other household members covered by the policy

Name	DOB	Gender	CIN	Aid Category
John Doe	12/25/1980	Male	jd12345p	Cash SSI
<input type="text"/>				

OK Cancel

Second Screen

- ❖ The cancel button allows the user to return to the main screen from the Family member screen.
- ❖ After filling family member information click ok to proceed to the final screen.
(See Figure 4 below)

Information

Name: John Doe
 Age: 23
 Gender: Male
 ID: jd12345p
 Aid Category: Cash SSI
 Case Number: 123456789
 County: Albany
 Today's Date: 06/26/2003

	Estimated Medicaid Cost	Premium Cost
Individual Total	\$5097.92	\$5876.00
Family Total	\$8920.96	\$11752.00

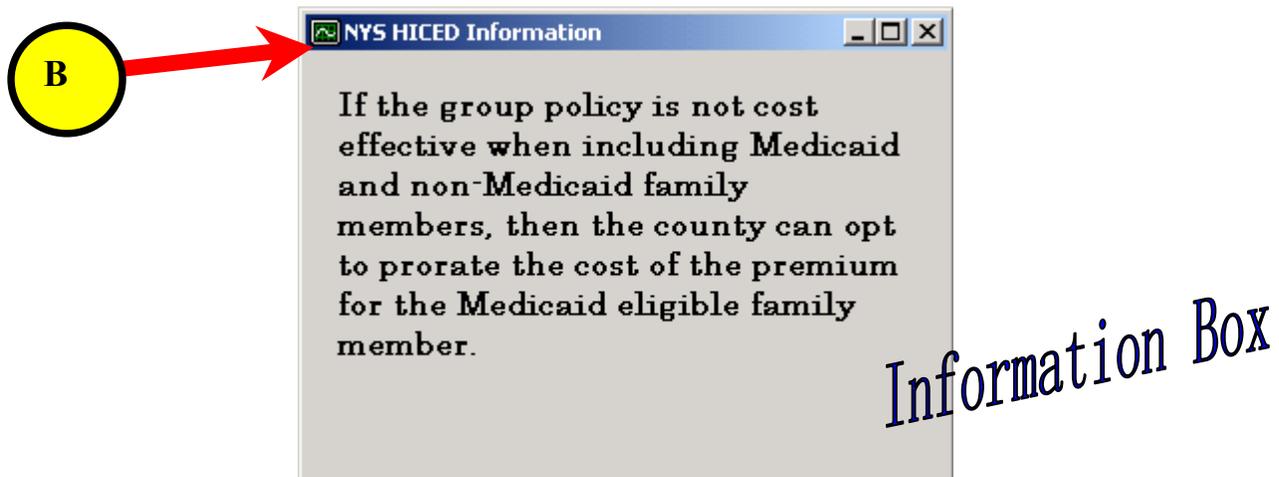
Not Cost Effective

Print OK

Figure 4

Final Screen

- ❖ The final screen will display the final Medicaid Cost information for the client. If there are multiple family members, a white box containing a drop down menu contain family members names will appear in the right hand corner. This box allows you to toggle between the client's and family member's information. (*Represented by Letter A in Figure 4 above)
- ❖ To print, simply click the Print button on the final screen. If there are multiple family members, multiple pages will be printed out.
- ❖ The information box on the final screen in the upper left hand corner provides the user with information about Medicaid Cost Effectiveness. (*Represented by Letter B in Figure 4 and also shown below)



This Program should **NOT be used to determine cost-effectiveness in the following situations:

- Payment of Medicare premiums
- Recipient is over 65 years of age
- Recipient is under 65 years of age and has Medicare coverage
- Recipient has an active insurance policy and the cost benefit of paying the premium on a second policy is trying to be determined
- Recipient has a pre-existing condition that is not covered by the policy in question
- Recipient is a high utilizer of medical services

Contact information:

- * For Help with installation instructions Contact John Paul Franco at (518) 474-5178 or by email at gxf02@health.state.ny.us
- * For Help with questions regarding cost effective determination policy, contact Robin Johnson at (518) 474-9193 or by email at rij01@health.state.ny.us

Handout 2

Medicare Savings Program

New York State Department of Health

Office of Medicaid Management

2003

THE FOLLOWING PROGRAMS ADMINISTERED BY LOCAL DEPARTMENTS OF SOCIAL SERVICES AND THE HUMAN RESOURCES ADMINISTRATION IN NEW YORK CITY CAN ASSIST INDIVIDUALS/COUPLES IN PAYING FOR THEIR MEDICARE PREMIUMS.

The income below, except for full Medicaid, is prior to a \$20 exemption.

Full Medicaid: This program pays for a wide range of medical care, services and supplies as well as the coinsurance and deductible payments for Medicare beneficiaries. The 2003 income and resource requirements for those applicants who are aged, or certified blind or disabled are:

	Income Below	Resources Below
Single:	\$642 per month	\$3,850
Couple	\$934 per month	\$5,600

Qualified Medicare Beneficiary Program (QMB): This program can pay for either the Medicare Part A or Part B premium. For payment of the Medicare Part A premium, applicants must conditionally enroll in Medicare Part A at their local Social Security Office. This program also pays for the Medicare Parts A and B coinsurance and deductibles. The 2003 income and resource requirements for this program are:

	Income Below	Resources Below
Single	\$ 769 per month	\$4,000
Couple	\$1,030 per month	\$6,000

Specified Low Income Medicare Beneficiary Program (SLIMB): This program pays for Medicare Part B premium only. The applicant must have Medicare Part A in order to be eligible for the program. The 2003 income and resource requirement for this program are:

	Income Below	Resources Below
Single	\$ 918 per month	\$4,000
Couple	\$1,232 per month	\$6,000

Qualified Individual-1 (QI-1): This program pays for the Medicare Part B premium only. The applicant must have Medicare Part A. States are allotted money for this program on a yearly basis. There is no resource test for this program. The 2003 income requirement for this program is:

	Income Below
Single	\$1,031 per month
Couple	\$1,384 per month

Qualified Disabled and Working Individual (QDWI): This program pays for Medicare Part A premium **only**, not Part B. The applicant must be a disabled worker under age 65 who lost Part A benefits because of return to work. The 2003 income and resource requirement for this program are:

	Income Below	Resources Below
Single	\$1,517 per month	\$4,000
Couple	\$2,040 per month	\$6,000

Handout 3

Age and Disability are the two ways a person becomes eligible for Medicare.

- Age 65 and over
- On Social Security Disability (SSD) 24 months
- End Stage Renal Disease (Dialysis 3 months)
- ALS diagnosis (Lou Gehrigs Disease)

Medicare

Part A – Hospital Insurance (**Inpatient**)
For most people it's free,
there could be a premium

Part B – Medical Insurance (**Outpatient**)
Monthly Premium

There are four Medicare Savings Programs:

- Qualified Medicare Beneficiary (**QMB**)
- Specified Low Income Medicare Beneficiary (**SLIMB**)
- Qualified Individual 1 (**QI-1**)
- Qualified Disabled Working Individual (**QDWI**)

All Programs Require

The Applicant:

- **Have Medicare Part A**
- **Be a NYS resident or legal alien**
- **Have a face-to-face initial interview**
- **Provide required verification**

Qualified Medicare Beneficiary (QMB)

The Applicant:

- Have Part A or must apply for conditional enrollment at SSA
- Income at or below 100% of the current FPL
- Resources no more than twice SSI resource level
- Must use LDSS 2921

QMB

The Local District:

- Complete SSI related budget with an "A" in the Buy-in indicator.
- Coverage Code **01** (full Medicaid) or Code **09** (QMB only)
- If **09** coverage may spenddown for MA coverage
- **Eligibility Prospective** (month which follows the month of determination)

Specified Low Income Medicare Beneficiary (SLIMB)

The Applicant:

- Completes either the common application (LDSS 2921) or
- The shortened application (LDSS 4592)
- Income between 100% FPL and 120% FPL
- Resources not more than twice the SSI level

SLIMB

The Local District:

- Completes the SSI related budget with an "S" in the Buy-in indicator
- Coverage code 06
- May spenddown if full application completed
- Eligibility can be retroactive (3 months)

SLIMB pays the Part B premium only

Third Party Update

- On WMS Menu, enter selection 25
- Enter "T" in subsystem
- Enter "I" in function field
- Screen WTPMNI, enter CIN in WTPCAS

Third Party Subsystem

- On WTPCS2 screen place “x” in SEL column
- Enter “M” in Transaction field
- The WTPMCI screen is returned
- This screen allows entries for Medicare, QMB or SLIMB

Key Entries in WPTMCI

- HIC Number
- Medicare A -Begin DT
- Medicare B – Begin DT
- Buy-in – Begin DT

BUY-IN

- Begin DT
- Trans Code 61
- Trans Code 51
- Buy-in eligibility Code
 - IND P for QMB
 - IND L for SLIMB
- Begin DT

Qualified Individual - 1

The Applicant:

- Complete the shortened application (LDSS 4592)
- Income between 120% to 135% of FPL

Qualified Individual -1

The Local District:

- Complete the SSI related budget with an "S" in the Buy-in indicator
- If eligible, deny case but enter on third party screen
- Eligibility can be retroactive (3 months)
- Cannot be retroactive to previous calendar year

QI-1 pays the Medicare Part B premium only.

Third Party Update

- On WMS Menu, enter selection 25
- Enter "T" in subsystem
- Enter "I" in function field
- On screen WTPMNI, enter CIN in WTPCAS

Qualified Individuals- WTPCS2

- Enter "X" in SEL field
- Enter "Q" in Transaction TYPE field
- On WTPQIU, Key in :
 - HIC #
 - BUY-In Code
 - Begin Date
 - End Date

Third Party Inquiry

- On WMS Menu screen, enter 25
- Enter "T" in Subsystem
- Enter "Q" in Function field
- On WTPMNQ screen enter CIN in WTPMCQ

Qualified Disabled Working Individual (QDWI)

The Applicant:

- Disabled worker under 65
- Must have lost Part A, due to return to work
- Income up to 200% of the FPL
- Resources not more than twice the SSI levels

Qualified Disabled Working Individual (QDWI)

The Applicant:

- May not spenddown income or resources
- Cannot otherwise be eligible for Medicaid

Qualified Disabled Working Individual

Local District

- Complete SSI related budget – Manual
- All SSI-related income and resource, exceptions and disregards must be applied.
- Allocation and deeming used when appropriate.

Utilization of Third Party Resources

- Utilization of third party resources saves Medicaid dollars.
- Enrollment is condition of eligibility.
- Only pay premiums when cost effective.
- Payment of health insurance may be a deduction from income.
- COBRA and AHIP

Reimbursement of Health Insurance Premiums

- Health Insurance Premium - \$200.00
- Medicaid Level - \$642.00
- Net Available Income - \$500.00
- Reimbursement - \$142.00

Health Insurance Cost Effectiveness Determination (HICED)

- Replaces HICAP
- Aid Categories
 - TANF – ADC/ LIF/TMA
 - Safety Net – Single/childless couples

What to Consider in Payment of Health Insurance Premiums

- History of high utilization of medical services
- Pre-existing condition
- High utilization expected in future
- Maximum benefits of policy
- Family dependents

Policies to Avoid

- Limited Benefits Health Plan
- Income Protection
- Hospital Indemnity
- Disability Income
- Accident Indemnity

Handout 4

Exhibit 1
WMSMNU

WELFARE MANAGEMENT SYSTEM MENU
USE APPROPRIATE SF KEY (1 - 24) OR INDICATE SELECTION NUMBER 25 XMT ^

- | | |
|-----------------------------------|---|
| 01 PA / FS BUDGET CALCULATION | 17 TIME LIMIT TRACKING MENU |
| 02 MA BUDGET CALCULATION | 18 AUTO SDX / WMS MENU |
| 03 STATISTICS | 19 CCRS MENU |
| 04 APPLICATION REGISTRY MENU | 20 |
| 05 DENIAL ENTRY (APP AND SVCS) | 21 W4139R INQUIRY REPORT |
| 06 SIGN OFF | 22 DOMESTICE VIOLENCE MENU |
| 07 N - S DATA ENTRY & DISPOSITION | 23 GIS MENU |
| 08 MAPPER APPLICATIONS | 24 PA / FS & MA QUARTERLY REPORTING |
| 09 SERVICES FULL DATA ENTRY | 25 MEDICAL ASSISTANCE MENU |
| 10 SERVICES UNDERCARE / MAINTENCE | 26 SSA 40 QUARTER MATCHING |
| 11 CLIENT NOTICES MENU | 27 CIBIC MENU |
| 12 WMS CASE & INDIVIDUAL INQUIRY | 28 EMPLOYMENT MENU |
| 13 SCR MENU | 29 IV / A - IV / D RESPONDENT INFORMATION |
| 14 RFI | 30 FAIR HEARING MENU |
| 15 BICS MENU | 31 MMIS INQUIRY MENU |
| 16 WMSMNU (MENU KEY) | 32 IRCS MENU |

Exhibit 2
 WMAMNU DIST DATE

MEDICAL ASSISTANCE SUBSYSTEM MENU

SUBSYSTEM	FUNCTION	CIN	CASE NO.	WORKER	PAY - IN START DATE	XMT
T	I	^^^^^^^^	^^^^^^^^	^^^^	^^^^	^

SUBSYSTEMS :	P - PRINCIPAL PROVIDER	FUNCTIONS:	I - INPUT
	R - RESTRICTION / EXCEPTION		Q - INQUIRY
	C - PREPAID CAPITATION		A - AUDIT
	T - THIRD PARTY		
	X - PAY - IN / EXCESS INCOME		

Exhibit 3
WTPMNI

THIRD PARTY HEALTH INSURANCE DATA
UPDATE MENU

```

          **** INSURANCE / MEDICARE / BUY IN UPDATE ****
          CIN          - OR -    CASE NUMBER          XMT
WTPCAS  -----
          **** EMPLOYER DATA UPDATE ****
          EMPLOYER ID          BENEFIT PLAN          ADD
WTPEMI  -----
          **** CLAIMING ADDRESS UPDATE ****
          INSURER CODE          ZIP CODE          ADD
WTPCLI  -----
          **** DISTRICT COMM / WRKR UPDATE ****
          DISTRICT          COMM / TPR
GCOMTP  -----
```

Exhibit 4
WTPMNI

THIRD PARTY HEALTH INSURANCE DATA
UPDATE MENU

```

          **** INSURANCE / MEDICARE / BUY IN UPDATE ****
          CIN          - OR -    CASE NUMBER          XMT
WTPCAS  AB12345A          -----
          **** EMPLOYER DATA UPDATE ****
          EMPLOYER ID          BENEFIT PLAN          ADD
WTPEMI  -----
          **** CLAIMING ADDRESS UPDATE ****
          INSURER CODE          ZIP CODE          ADD
WTPCLI  -----
          **** DISTRICT COMM / WRKR UPDATE ****
          DISTRICT          COMM / TPR
GCOMTP  -----
```

Exhibit 5

WTPCS2

THIRD PARTY HEALTH INSURANCE DATA
THIRD PARTY CASE

DATE
TIME
PAGE

CASE NO M54321

COUNTY 01

CASE TYPE MA

STATUS 10

SEL	CIN	REL TO	APP - PY	NAME	
	AB12345A	01		SMITH	JOHN

TRANSACTION TYPE: ____ I = INSURANCE M = MEDICARE / BUY IN R = RETRIGGER Q = QI 1 / QI 2

NEGATE / CLOSE INS CD: ____ NEGATE / CLOSE BEGIN DT: ____

END CASE MEMBERS

XMIT ____

Exhibit 6

WTPCS2

THIRD PARTY HEALTH INSURANCE DATA
THIRD PARTY CASE

DATE
TIME
PAGE

CASE NO M54321

COUNTY 01

CASE TYPE MA

STATUS 10

SEL	CIN	REL TO	APP - PY	NAME	
X	AB12345A	01		SMITH	JOHN

TRANSACTION TYPE: M I = INSURANCE M = MEDICARE / BUY IN R = RETRIGGER Q = QI 1 / QI 2

NEGATE / CLOSE INS CD: ____ NEGATE / CLOSE BEGIN DT: ____

END CASE MEMBERS

XMIT ____

Exhibit 7

WTPMCI

THIRD PARTY HEALTH INSURANCE DATA

DATE

MEDICARE / BUY - IN UPDATE

TIME

CASE NO MA54321

COUNTY 01 ALBANY

CIN AB12345A

NAME SMITH JOHN

HIC NUMBER

EFFECTIVE DATE : _____ (MMCCYY, FOR NEW HIC # ONLY)

PART A

MEDICARE A	BUY - IN	BUY - IN	BUY - IN	OMH / DDSO
BEGIN DT	END DT	BEGIN DT	END DT	TRANS CODE
_____	_____	_____	_____	_____

PART B

MEDICARE B	BUY - IN	BUY - IN	BUY - IN	OMH / DDSO
BEGIN DT	END DT	BEGIN DT	END DT	TRANS CODE
_____	_____	_____	_____	_____

BUY - IN	ELIGIBILITY CODE
IND	BEGIN DT
_____	_____

Exhibit 8

WTPMCI

THIRD PARTY HEALTH INSURANCE DATA

DATE

MEDICARE / BUY - IN UPDATE

TIME

CASE NO MA54321

COUNTY 01 ALBANY

CIN AB12345A

NAME SMITH JOHN

HIC NUMBER **123456789A**

EFFECTIVE DATE : _____ (MMCCYY, FOR NEW HIC # ONLY)

PART A

MEDICARE A	BUY - IN	BUY - IN	BUY - IN	OMH / DDSO
BEGIN DT	END DT	BEGIN DT	END DT	TRANS CODE
01 01 1998	_____	_____	_____	_____

PART B

MEDICARE B	BUY - IN	BUY - IN	BUY - IN	OMH / DDSO
BEGIN DT	END DT	BEGIN DT	END DT	TRANS CODE
01 01 1998	_____	05 2003	_____	61

BUY - IN	ELIGIBILITY CODE
IND	BEGIN DT
P	05 2003

Exhibit 9
WMSMNU

WELFARE MANAGEMENT SYSTEM MENU
USE APPROPRIATE SF KEY (1 - 24) OR INDICATE SELECTION NUMBER 25 XMT ^

- | | |
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| 15 BICS MENU | 31 MMIS INQUIRY MENU |
| 16 WMSMNU (MENU KEY) | 32 IRCS MENU |

Exhibit 10
 WMAMNU DIST DATE

MEDICAL ASSISTANCE SUBSYSTEM MENU

SUBSYSTEM	FUNCTION	CIN	CASE NO.	WORKER	PAY - IN START DATE	XMT
T	Q	^^^^^^^^	^^^^^^^^	^^^^	^^^^	^

SUBSYSTEMS :	P - PRINCIPAL PROVIDER	FUNCTIONS:	I - INPUT
	R - RESTRICTION / EXCEPTION		Q - INQUIRY
	C - PREPAID CAPITATION		A - AUDIT
	T - THIRD PARTY		
	X - PAY - IN / EXCESS INCOME		

Exhibit 13
WMSMNU

WELFARE MANAGEMENT SYSTEM MENU
USE APPROPRIATE SF KEY (1 - 24) OR INDICATE SELECTION NUMBER 25 XMT ^

- | | |
|-----------------------------------|---|
| 01 PA / FS BUDGET CALCULATION | 17 TIME LIMIT TRACKING MENU |
| 02 MA BUDGET CALCULATION | 18 AUTO SDX / WMS MENU |
| 03 STATISTICS | 19 CCRS MENU |
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| 06 SIGN OFF | 22 DOMESTICE VIOLENCE MENU |
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| 14 RFI | 30 FAIR HEARING MENU |
| 15 BICS MENU | 31 MMIS INQUIRY MENU |
| 16 WMSMNU (MENU KEY) | 32 IRCS MENU |

Exhibit 14
 WMAMNU DIST DATE

MEDICAL ASSISTANCE SUBSYSTEM MENU

SUBSYSTEM	FUNCTION	CIN	CASE NO.	WORKER	PAY - IN START DATE	XMT
T	I	^^^^^^^^	^^^^^^^^	^^^^	^^^^	^

SUBSYSTEMS :	P - PRINCIPAL PROVIDER	FUNCTIONS:	I - INPUT
	R - RESTRICTION / EXCEPTION		Q - INQUIRY
	C - PREPAID CAPITATION		A - AUDIT
	T - THIRD PARTY		
	X - PAY - IN / EXCESS INCOME		

Exhibit 15

WTPCS2

THIRD PARTY HEALTH INSURANCE DATA
THIRD PARTY CASE

DATE
TIME
PAGE

CASE NO M54321

CASE TYPE MA

COUNTY 01

STATUS 10

SEL	CIN	REL TO	APP - PY	NAME	
X	AB12345A	01		SMITH	JOHN

TRANSACTION TYPE: Q I = INSURANCE M = MEDICARE / BUY IN R = RETRIGGER Q = QI 1 / QI 2

NEGATE / CLOSE INS CD: _____ NEGATE / CLOSE BEGIN DT: _____

END CASE MEMBERS

XMIT _____

Exhibit 16

WTPQIU

THIRD PARTY HEALTH INSURANCE DATA
THIRD PARTY QI 1 QI 2
UPDATE

DATE
TIME
PAGE

NAME JOHN SMITH

DOB 01/01/1919

CIN	HIC NUMBER	BUY IN CODE	QI CODE	CNTY CODE	FAC CODE	BEGIN DATE MM / CCYY	END DATE MM / CCYY
AB12345A	_____	61	U	_____	_____	_____	_____

____XMIT

NEW QI 1 / QI 2 CODE FOR THIS CIN

Exhibit 21

WTPMCQ
PAGE 1

THIRD PARTY HEALTH INSURANCE DATA
BUY - IN / MEDICARE TRANSACTIONS

DATE 10/22/03
TIME 15:00:49

CLIENT NAME **SMITH** **JOHN** CIN : **AB12345A** DOB: **01 / 03 / 59**

SEL	CDE	HIC #	BEGIN DT	END DT	CNTY TRAN	HCFA TRAN	TAPE DATE	TRANS DT	CNT CDE
__	B - B		05/01/2003	12/31/9999		1161	08/03	07/21/03	01
__	B - B		05/01/2003	12/31/2003	61			05/29/03	01