

STATE OF NEW YORK
DEPARTMENT OF HEALTH
THE GOVERNOR NELSON A. ROCKFELLER EMPIRE STATE PLAZA
CORNING TOWER
ALBANY, NEW YORK 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

November 22, 2006

TO: All MBL Liaisons

Re: MBL Transmittal 06-5

Dear MBL Liaisons:

Enclosed is MBL Transmittal 06-5. Again, this year's mass rebudgeting will not include a BENDEX interface. The Social Security amount will be increased by 3.3 %. Reports will be available on the local districts respective BICS queue with the exception of districts "97 and 98".

Special attention must be given to Low Income Family (LIF) budgets.
(Budget types 01, 05, & 09).

- o If the eligible budget has an EID code of 6 and the eligibility standard has changed from the PA standard to the MA standard, the worker should change the EID code from 6 to 1. If the resulting budget (after changing the EID from 6 to 1) remains eligible at the PA standard, leave the EID code of 1 and store. If the resulting budget remains at the MA level, an additional entry is necessary on MBL. The worker should now change the EID code from 1 to 4 (\$30 and 1/3), adjust the EFFECTIVE PERIOD, and store. Print budgets to maintain an audit trail.
- o If the eligible budget has an EID code of 1 and the eligibility standard has changed from the PA standard to the MA standard, the worker should change the EID code of 1 to a 4 (30 and 1/3 disregard), adjust the EFFECTIVE PERIOD and store.
- o If individual is no longer eligible for LIF, at next client contact, individual categorical codes should be changed to reflect the change in category.

- If the eligible budget has Social Security Income which has changed (Effective 01/01/07) and remains at the PA standard, the EID code of 6 should be changed to a 1 at next client contact.

The items presented in this issue are:

ACTION #1: SSA Benefit Increase (COLA), MA Exemption Level Increases, SSI Benefit Level Increases, Minimum Monthly Maintenance Needs Allowance Increase, and Federal Poverty Guideline increases. Mass Rebudgeting effective January 1, 2007

Information #1: MBL Mass Rebudgeting Output Summary.

Information #2: Criteria for MBL Mass Rebudgeting.

Information #3: Description of MBL Mass Rebudgeting Process.

Information #4: SSA Increase and Medicare Part B Summary.

ACTION #2: MBL Mass Rebudgeting – Principal Provider Update Interface.

Information #1: MBL-Principal Provider Update Interface Output Summary.

Information #2: Criteria for MBL-Principal Provider Update.

Information #3: Description of MBL-Principal Provider Update Process.

Appendix A: Reports

Please call the MBL contact listed if you have any questions.

Sincerely,

PB

Patti Buttino
Director, Bureau of Medicaid Support Systems
Office of Medicaid Management
Division of Information Technology

Enclosure

cc: MA Directors

Subject: ACTION #1: SSA Benefit Increase, MA Exemption Level Increase, SSI Benefit Level Increase, Minimum Monthly Maintenance Needs Allowance (MMMNA) and Federal Poverty Guideline Increase (FPL)

Affected Budget Type(s):

All Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. STATEMENT OF TASK:

1. Enactment of 2007 Federal legislation includes a Cost of Living Adjustment (COLA) of 3.3% effective January 1, 2007, for SSA benefits. The following Unearned Income Types are included:

Source Code	Title
42	Social Security Disability Benefit
43	Social Security Survivor's Benefit
44	Social Security Retirement Benefit
46	Social Security Benefit-Dependent

All Medical Assistance cases with one or more of the above income types must be rebudgeted so that the SSA gross income amount reflects the 3.3 % increase.

2. The State Legislature has passed legislation to increase the MA Income and Resource Exemption Levels for one, two, three, four and five person households effective January 1, 2007. All Medicaid cases affected by this increase must be rebudgeted and compared against the new MA Exemption Levels.
3. The Social Security Administration has indicated that the SSI Benefit Levels also will be increased effective January 1, 2007. All Medical Assistance cases affected by this increase must be rebudgeted and compared against the new SSI Benefit Levels.
4. The Federal Poverty Guidelines will be increased effective January 1, 2007. All Medical Assistance cases (BUY-IN, Expanded Eligibility, Family Health Plus) affected by this increase must be rebudgeted and compared against the new Federal Poverty Guidelines.

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Subject: ACTION #1: SSA Benefit Increase, MA Exemption Level Increase, SSI Benefit Level Increase, Minimum Monthly Maintenance Needs Allowance (MMMNA) and Federal Poverty Guideline Increase (FPL)

Affected Budget Type(s):

All Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

5. The Minimum Monthly Maintenance Needs Allowance (MMMNA) will be increased effective January 1, 2007. All cases affected by this change will be rebudgeted.

B. SUPPORTING SYSTEM CHANGES:

1. MBL

All new levels may be accessed for rebudgeting purposes by the worker taking the following steps:

- a. Enter 05 Transaction Type (Change);
- b. Adjust Effective FROM DATE to 01/01/07;
- c. Make other appropriate changes, i.e. number of excess months to be calculated;
- d. Transmit and store the MA budget.

MBL will be programmed to access the new MA Levels, SSI Benefit Levels, MMMNA and Federal Poverty Guidelines with a FROM DATE of 01/01/07. This logic change will be available on Production Upstate on November 27, 2006.

2. MBL - Mass Rebudgeting

All budgets meeting the selection criteria for the MRB will be mass rebudgeted using the percentage methodology.

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Date: November 22, 2006
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Subject: INFORMATION #1: MBL Mass Rebudgeting Output Summary

Affected Budget Type(s):

All Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. AVAILABLE OUTPUT:

MBL Mass Rebudgeting will only provide output for the Exceptions list and Eligibles list via BICS with the exception of districts "97 and 98". Reports will be available on the local districts respective BICS queue identified by filename. An example would be: (001-XWBB75A-PF-**) This breaks down as "001" number of copies, "X" BICS, "WBB75A-D" filenames (Eligibles and/or Exceptions), "PF" Print File and "**" District Number. In addition, NO COPY OF THE NEW BUDGET WILL BE PRINTED for the case record.

1. EXCEPTIONS REPORT

This report will identify those cases/budgets that did not meet the selection criteria for mass rebudgeting. Thus, they will not be rebudgeted by the system and will require review and/or rebudgeting by the worker. (Refer to INFORMATION #2 - Criteria for MBL Mass Rebudgeting).

- a. This report will include the following data fields:
Case Number, Case Name, Budget Type (when available).
- b. The sort sequence for this report will be as follows:
District, Local Office, Unit, Worker and Case Name from the WMS case record. The report header will include Local Office, Unit and Worker (for identification and distribution) and Page Number.

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Subject: INFORMATION #1: MBL Mass Rebudgeting Output Summary (Continued)

Affected Budget Type(s):

All Budget Types

Contact Person:

Charles Moore at

518-402-6791 or 402-9399

2. ELIGIBLES REPORT

This report will identify those budgets that passed all selection criteria and were mass rebudgeted.

- a. This report will include the following data fields: Case Number, Case Name, Budget Type, Old NAMI Amount and New NAMI Amount when amounts have changed (for Budget Types 07, 08, 09, and 10), Budget Status ('BC' – budget changed, 'NC' - no change, 'BY' - budget changed for BUY-IN eligibility and 'PC' – budget changed for Expanded eligibility will appear) and up to five (5) Alert messages. (An Alert is a specific message that is intended to inform the worker of certain conditions in the budget that may have influenced the mass rebudgeting outcome and which may require additional review by the worker). Refer to INFORMATION #2 - Criteria for MBL Mass Rebudgeting.
- b. The sort sequence for this report will be as follows:
District, Local Office, Unit, Worker and Case Name from the WMS case record. The report header will include Local Office, Unit and Worker (for identification and distribution) and Page Number.

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Date: November 22, 2006
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Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. Description of MBL Mass Rebudgeting Case Selection Criteria

Case selection criteria will result in cases/budgets being put into two categories:

- Eligibles: Case eligible for immediate rebudgeting or rebudgeting guided by an alert message(s).
- Exceptions: Case in possible need of rebudgeting after resolution of the Exception Reason. The category also will include cases that will be excluded from mass rebudgeting because they are not affected by the January 1st changes.

B. Eligible Criteria

Cases to be initially eligible for mass rebudgeting selection must meet each of the following criteria:

Eligible Criteria	Explanation
(1) Case Type = 20 or 24	An MA Case or FHP Case
(2) Case Status = 10 or 21	Case must be active.
(3) Authorization To Date: Greater than 01/01/07	The authorization must extend into January 2007 or beyond.
(4) MBL Budget/No Bottom-Line	An MA case must have a MBL budget with no Bottom-Line budget.
(5) Budget Effective Dates: FROM and TO	The MBL FROM Date must be less than 01/01/07, and the TO Date greater than 12/31/06.

Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting (Continued)

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

B. Eligible Criteria (continued)

Eligible Criteria

Explanation

(6) Case Currently Eligible

For Budget Types equal to 02,
if an excess condition exists
on the current budget, mass
rebudgeting will be performed.

C. Exception Reasons

Cases will be listed as Exceptions for one of the following reasons:

Exception Reasons

Explanation

(1) INVALID AUTH DATE

An active Medicaid case has an
authorization TO Date prior to January 1,
2007, but has not been expired for more than
2 months.

(2) APPLICATION STATUS

An MA case has undergone full data entry,
but is in pending status as either a new
application or reopening.

(3) BL-BUDGET RECORD

An MA case only has a Bottom-Line budget.

(4) MA AND BL-BUDGETS EXIST

An MA case has both a MBL budget and a
Bottom-Line budget.

(5) FUTURE MA-BUDGET

The MBL budget Effective FROM Date is
equal to or greater than January 1, 2007.

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Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting (Continued)

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

Exception Reasons

Explanation

(6) EXPIRED MA-BUDGET

The MBL budget Effective TO Date is less than January 1, 2007, but has not expired for more than 2 months.

(7) BT 07-NEW BUDGET NOT
REQUIRED

An MA case has a MBL budget with a Budget Type = 07 and no SSA Unearned Income. Does not require mass rebudgeting.

(8) PART B PREMIUM INCORRECT

A Medicare Part B Premium was entered as an Unearned Income Exception Code = 21, but the Exemption Amount was less than \$88.50.

(9) BT 02-NEW BUDGET NOT
REQUIRED

An MA case has a MBL budget with a Budget Type = 02 and no SSA Unearned Income or EEC field is blank.

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Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting (Continued)

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

Exception Reasons

Explanation

(10) SSA INCREASE LESS THAN
PART B

MA Case has a MBL budget with SSA
Income and a Part B Premium, where the
SSA COLA increase is less than the increase
in the Part B Premium.

D. Alerts

Eligible cases may include up to five alerts. These alerts inform the worker of certain conditions in the budget that may have influenced the mass rebudgeting results and which may require additional review by the worker. The alerts will be numerical codes:

011 - The eligible budget had the "Months Excess is Available" field entry recomputed by the system before rebudgeting.

111 - The eligible budget had CINTRAK (RFI) data present on the case as a result of an RFI match (lockout). The worker may want to review CINTRAK information as part of associated case maintenance activity.

211 - The eligible budget had SSA Unearned Income but did not have any Medicare Part B Premium exemptions present in the budget. Therefore, the resulting new SSA calculated benefit may be incorrect, or be reflective of a net benefit amount.

311 - The eligible budget had at least one occurrence of Unearned Income Code "48 SSA Benefit - Pickle". Although the associated amount was unchanged during mass rebudgeting, the worker may want to review the budget for any necessary action.

400 - EDC date is prior to the new Budget Effective FROM date (01/01/07)

401 - The eligible budget has an F, N or S in the EEC Field.

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Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting (Continued)

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

D. Alerts (Continued)

711 - The eligible budget has a BUY-IN Code of "S" (SLIMB). The Excess Income amount has changed and the individual is eligible under the SLIMB income criteria. The worker may want to review the budget for any necessary action.

811 - The eligible budget has an Expanded Eligibility Code of E (DAC). DAC cases are not changed during mass rebudgeting. The worker may want to review the budget for necessary action.

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Subject: INFORMATION #3: Description of MBL Mass Rebudgeting Process

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. System Process

1. Active Case Type 20 (MA) or 24 (FHP) cases will be selected and tested for the selection criteria outlined in INFORMATION #2 - Criteria for MBL Mass Rebudgeting. Those cases/budgets not meeting the selection criteria will be flagged as an exception and appear on the Exceptions Report.
2. Those cases/budgets meeting selection criteria will be tested for the presence of SSA Unearned Income in all six occurrences of unearned income. If SSA income is present, the amount will be recomputed, giving a new amount reflecting the COLA increase.
3. Medicare Part B Premium has changed to \$93.50. If Part B Premium Exemptions are not present, an alert message will be issued and appear on the Eligibles Report.
4. Those cases/budgets with an entry in the Months Excess field will have the number of months remaining from January 1, 2007, recalculated and updated in the field. An alert message will be issued and appear on the Eligibles Report.
5. The Effective FROM Date will be changed to 01/01/07, in order to access the new applicable levels/allowances.
6. New budgets will be compared against the old budget with certain areas (fields) being compared to determine if the budget changed. If the budget changed, a 'BC' will appear in the Budget Status column on the Eligibles Report. If the budget did not change a 'NC' will appear in the Budget Status column on the Eligibles Report.
7. Old budgets having BUY-IN eligibility information present will be compared against the new budget to determine if the BUY-IN eligibility changed. If BUY-IN eligibility changed, a 'BY' will appear in the Budget Status column on the Eligibles Report. A 'BY'

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Subject: INFORMATION #4: SSA and Medicare Part B Increase Summary

Affected Budget Type(s):

All MBL Budget Types

Contact Person:

Charles Moore at

518-402-6791 or 402-9399

The following action will occur for all budgets meeting the eligibility criteria.

A. SSA Increase - Percentage Calculation Methodology

For all occurrences of Unearned Income Codes 42, 43, 44, or 46, the SSA COLA increase will be computed using 3.3 % added to the existing SSA Income Amount. The amount(s) will be used when recalculating the budget and will appear on the screens of the rebudgeted cases in the appropriate Unearned Income amount fields.

B. Medicare Part B

1. For budgets which have an occurrence of SSA income and there is an Unearned Income Exemption Code of 21 (Medicare) the Exemption Amount will change to \$93.50. When the Exemption Amount currently on file is less than \$88.50, the case will be flagged as an exception and will be listed on the Exception Report.
2. For Budgets with Part B Premium and a SSA income, a comparison must be made between the 2007 increase in the Part B premium of 93.50 and 3.3 % COLA increase to the current Social Security Income $[(SSA \text{ Income} * .033) - 5.00]$. If the increase in SSA income is less than or equal to \$5.00, those Budgets must be excluded.
3. When the Exemption Code is 01 and the exemption amount is not equal to \$88.50, or there are no occurrences of Exemption Code 21, Alert 211 (No Medicare Part B) will appear on the Eligible Report.

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Subject: ACTION #2: MBL Mass Rebudgeting - Principal Provider Update Interface

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. STATEMENT OF TASK:

Coinciding with the annual mass rebudgeting for the SSA COLA increase, most workers maintaining chronic care cases also have the additional task of posting the new NAMI amount(s) on the Principal Provider Subsystem. This process involves the completion of an input document and submittal to data entry for input into the Principal Provider Subsystem prior to the MMIS pull down for the month the new NAMI takes effect.

B. SUPPORTING SYSTEM CHANGES

A MBL - Principal Provider Subsystem interface capability will be available to update the new NAMI amount(s) on the active recipient's Principal Provider record. This will significantly reduce the volume of data entry.

The following MBL – Principal Provider Interface Options were made available to local districts.

1. OPTION I

DISTRICT DOES NOT WISH TO PARTICIPATE IN THE MBL-PRINCIPAL PROVIDER UPDATE INTERFACE. (Districts selecting this option will have to manually data enter the new NAMI amount(s) on the Principal Provider Subsystem.)

2. OPTION II

DISTRICT DOES WISH TO PARTICIPATE IN THE MBL-PRINCIPAL

PROVIDER UPDATE INTERFACE BUT DOES NOT WISH TO PARTICIPATE IN THE AUTOMATED CNS NOTICE UPDATE OPTION. (the new NAMI amount would be updated on the active recipient's Principal Provider record and no CNS Notice will be generated).

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Subject: INFORMATION #1: MBL Mass Rebudgeting - Principal Provider Update Interface (Continued)

Affected Budget Type(s):	Contact Person:
07-Chronic Care,	Charles Moore at
08-Chronic Care/SSI-Related	518-402-6791 or 402-9399
09-Chronic Care and LIF/ADC Related,	
10-Chronic Care and S/CC	

B. SUPPORTING SYSTEM CHANGES (Continued)

3. OPTION III

DISTRICT DOES WISH TO PARTICIPATE IN THE MBL-PRINCIPAL PROVIDER UPDATE INTERFACE AND THE AUTOMATED CNS NOTICE UPDATE OPTION. (the new NAMI amount would be updated on the active recipient's Principal Provider record and CNS Notices will be generated.)

Local Districts selecting this option will have Client Notices automatically generated for their Budget Type 07 (Chronic Care) population, due to changes in their NAMI amounts from the MRB Process via the Client Notice System (CNS). The new automated COLA notice will have Reason Code 946 and will be similar to Reason Code V11, "Recalculation of Contribution Toward Chronic Care, Single, COLA", which is currently in Production.

Local Districts will also have notices generated for Budget Types 08, 09 and 10. All three of these budget types, which have cases where the NAMI amount is changing due to the MRB Process will have a new notice, Reason Code 947. This notice mirrors Reason Code V12, "Recalculation of Contribution Toward Chronic Care Due to COLA, Spousal".

Note: NO automated notices will be sent if Case Count in WMS is greater than 1 for budget types 07, 08, 09 and 10.

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Subject: INFORMATION #1: MBL - Principal Provider Update Interface Output

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI-Related
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. AVAILABLE OUTPUT:

MBL Mass Rebudgeting will only provide output for the Exceptions list and Eligibles list via BICS except for districts "97 and 98". Reports will be available on the local districts respective BICS queue identified by filename. An example would be: (001-X*MNA500PFL1##) This breaks down as "001" number of copies, "X" BICS, "MNA500" run names, "PF" Print File, "L or X" Eligibles or Exceptions,"1" 1-5 (There are 5 Eligible Reports and 5 Exception Reports), "##" District Number.

1. EXCEPTIONS REPORT

This report will identify those cases that did not meet the selection criteria for this version of the interface update. Thus, the new NAMI amount(s) will not be updated to the active recipient's Principal Provider record and will require correction and updating by the worker.

- a. This report will include the following data fields:
Case Number, Case Name, CIN, Client Name, Principal Provider Code and Exception Message. (For certain exception conditions, the CIN, Client Name and Principal Provider Code will not be available on the report.)
- b. The sort sequence for this report will be as follows:
District, Local Office, Unit, Worker and Case Name from the WMS case record. The report header will include Local Office, Unit, Worker ID (for identification and distribution) and Page Number.

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Subject: INFORMATION #1: MBL - Principal Provider Update Interface Output
(Continued)

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI-Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

2. ELIGIBLES REPORT

This report will identify those cases that passed all selection criteria and had new NAMI amounts successfully updated.

- a. This report will include the following data fields:
Case Number, Case Name, CIN, Client Name, Principal Provider Code, Updated NAMI Amount(s), Effective Date(s) and Alert Messages. An Alert message is a specific warning that directs the worker to a certain area of the updated Principal Provider record which may require additional review by the worker. (Refer to INFORMATION #2 - Criteria for MBL-Principal Provider Update.)
- b. The sort sequence for this report will be as follows:
District, Local Office, Unit, Worker and Case Name from the WMS case record. The report header will include Local Office, Unit, Worker ID (for identification and distribution) and Page Number.
- c. At the end of this report, District totals will be printed for the number of recipient Principal Provider records updated.

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Subject: INFORMATION #2: Criteria for MBL - Principal Provider Update (Continued)

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI-Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. DESCRIPTION OF MBL-PRINCIPAL PROVIDER UPDATE SELECTION CRITERIA

Case selection criteria will result in cases/recipients being put into two categories:

Eligibles: Cases/recipients eligible for automated MBL-Principal Provider updating or updating guided by an alert message.

Exceptions: Cases/recipients where Principal Provider updating will be required after resolution of the Exception Reason.

B. ELIGIBLE CRITERIA

Cases/recipients to be eligible for Principal Provider updating must meet each of the following criteria:

Eligible Criteria	Explanation
(1) Successfully Mass Rebudgeted	A new MBL budget was produced as a result of mass rebudgeting. Case appeared on the Eligibles Report and a change in the NAMI resulted.
(2) MBL Budget Type = 07, 08, 09 or 10	MBL budget must be Chronic Care. (All current Hospital Excess Budgets (PP Code 08) should be manually reviewed).
(3) Valid Principal	Case must have only one individual coded in a

Provider Entry on Screen 5 Principal Provider situation. Valid PP codes are 01-07, 10 and 12.

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Subject: INFORMATION #2: Criteria for MBL - Principal Provider Update (Continued)

Affected Budget Type(s): Contact Person:
07-Chronic Care, Charles Moore at
08-Chronic Care/SSI-Related, 518-402-6791 or 402-9399
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

B. ELIGIBLE CRITERIA (Continued)

Eligible Criteria	Explanation
(4) Recipient Principal Provider Record Must Be Available	A Principal Provider record must exist for identified PP individual.
(5) Valid Principal Provider Situation Exist	The Principal Provider record must contain a valid PP situation. (i.e. PP code = 01 thru 07, 10 or 12.)
(6) Valid NAMI Record	The Principal Provider record must contain at least one NAMI record with a valid date.

C. EXCEPTION REASONS

Cases/recipients will be listed as Exceptions for one of the following reasons:

Exception Reason	Explanation
(1) NO PP INDIVIDUAL	No individual in the case is coded on Screen 5, as being in a Principal Provider situation.
(2) MORE THAN ONE PP INDIVIDUAL	More than one individual in the case is coded on on Screen 5 as being in a Principal Provider situation. (The MBL budget logic does not carry

NAMI information for more than one individual).

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MBL TRANSMITTAL

Subject: INFORMATION #2: Criteria for MBL - Principal Provider Update

Affected Budget Type(s):
07-Chronic Care,
08-Chronic Care/SSI-Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:
Charles Moore at
518-402-6791 or 402-9399

C. EXCEPTION REASONS (Continued)

Exception Reason	Explanation
(3) NO PP RECORD	The individual identified as being in a Principal Provider situation does not have a record in the Principal Provider subsystem.
(4) NO VALID PP SITUATION	The Principal Provider Record does not contain a valid PP entry that identifies a chronic care situation (i.e. PP Code = 01 thru 07, 10 or 12).
(5) NO VALID NAMI AMOUNT	The Principal Provider Record does not contain at least one valid NAMI entry. This would include a valid NAMI Effective FROM Date.
(6) DATABASE ERROR	This is a contingency Exception Condition that will appear only if the Principal Provider record is unavailable from the database.
(7) FUTURE PP SITUATION	The current Principal Provider record has a DOS FROM Date equal to or greater than 01/01/07.

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Subject: INFORMATION #2: Criteria for MBL - Principal Provider Update

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI-Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

D. ALERTS

Eligible cases/recipients may include the following alert condition:

ND1 to ND9* - The eligible Principal Provider record had future NAMI amounts (effective 01/01/07 or later) that were deleted prior to updating.

* The actual alert code is comprised of two parts: ND – which denotes NAMI deleted, and a number from 1 to 9 which indicates the number of future NAMIs deleted before updating.

An eligible case may have only one alert. This alert directs the worker's attention to the fact that future NAMIs were deleted and replaced by new NAMI amounts. The worker may want to review this update.

N.B. For those Districts that have posted future NAMIs (effective 01/01/07 or greater) Principal Provider Update will delete the NAMI and replace it with the NAMI amount from the Mass Rebudgeting. If the District posted NAMI for 01/01/07, or greater, includes new or increased resources manual revision will be required.

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Subject: INFORMATION #3: Description of MBL - Principal Provider Update Process

Affected Budget Type(s):

07-Chronic Care,
08-Chronic Care/SSI-Related,
09-Chronic Care and LIF/ADC-Related,
10-Chronic Care and S/CC

Contact Person:

Charles Moore at
518-402-6791 or 402-9399

A. SYSTEM PROCESS

For the Districts selecting OPTION II or OPTION III, the following system process will be used for Principal Provider updating:

1. After the MBL budget has been successfully mass rebudgeted, MBL budgets with Budget Type equal to 07, 08, 09 and 10 will be selected for MBL-Principal Provider update processing.
2. The case/client record will be tested to determine which individual is in a valid Principal Provider situation. For this update process, only one individual per case may be in a Principal Provider situation. If more than one individual is identified, the case will be flagged as an exception and appear on the Exception Report. Refer to INFORMATION #2 - Criteria for MBL-Principal Provider Update.
3. Those cases meeting the selection criteria thus far will be tested for the presence of a Principal Provider record for the individual identified in the Principal Provider situation. Cases/individuals without a Principal Provider record will be flagged as an exception and appear on the Exception Report. Refer to INFORMATION #2 - Criteria for MBL-Principal Provider Update.
4. The Principal Provider record will then be tested to determine whether a valid PP entry exists identifying a chronic care situation (PP Code = 01 thru 07, 10 and 12). If no valid entry exists, or if the entry had been deleted, the case/individual will be flagged as an exception and appear on the Exceptions Report. Refer to

