

 **STATE OF NEW YORK
DEPARTMENT OF HEALTH**

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

September 18, 2007

Dear MBL Liaison:

MBL Mass Rebudgeting has been scheduled for the weekend of November 24-25, 2007. All budgets meeting the selection criteria for Mass Rebudgeting will be rebudgeted using the percentage increase for the SSA Benefit (COLA), MA Levels, SSI Benefit Levels, Minimum Monthly Maintenance Needs Allowance (MMMNA), and the Federal Poverty Levels. The Medicare Part B Premium will be calculated by reviewing last year's premium amount.

In addition, a MBL Principal Provider Subsystem Interface capability will again be available in order to automatically update the new NAMI amount(s) budgeted by MBL Mass Rebudgeting.

The following selections for this year's Mass Rebudgeting process are:

- Local Districts selecting the Principal Provider Update option may 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). This automated COLA notice is Reason Code 946 and is similar to Reason Code V11, which is currently in Production. Automated Client Notices will also be generated for Budget Types 08 (Chronic Care/SSI-Related), 09 (Chronic Care and LIF/ADC Related) and 10 (Chronic Care and S/CC). These Budget Types will have Reason Code 947. This Reason Code is similar to Reason Code V12, which is currently in Production. These options are explained on the attached MBL Mass Rebudgeting Selection Form (See Attachment I).
- Mass Rebudgeting case output reports will NOT be mailed. These MRB reports, will be sent via the BICS queue for retrieval by the local districts except for OMH & OMRDD.

The MBL Unit frequently mails reports and transmittals. In an effort to insure that these mailings are sent to the appropriate person, it is necessary to update the MBL mailing list. Please complete the MBL Contact Information (See Attachment I). If both Transmittals and Reports are to be sent to the same individual, enter that person's identifying information in only the "MBL Transmittals" column.

Attachment I -The Principal Provider Option selection and the updated MBL Transmittal/Reports contact information should be mailed or faxed to us by October 31,2007.

Thank you for your cooperation. Any questions/comments please contact Charles Moore at (518) 402-6791 or email cxm16@health.state.ny.us.

Sincerely,

PB
Patti Buttino
Director, Bureau of Medicaid Support Systems
Office of Health Insurance Programs/Systems

Enclosures

**Attachment I MBL-MASS REBUDGETING OPTION SELECTION - 2007
PRINCIPAL PROVIDER AND AUTOMATED CNS NOTICE UPDATE OPTION**

Please Check One Box

- OPTION I DISTRICT DOES NOT WISH TO PARTICIPATE
IN THE MBL PRINCIPAL PROVIDER UPDATE
INTERFACE**
- 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**
- OPTION III DISTRICT DOES WISH TO PARTICIPATE IN THE
MBL PRINCIPAL PROVIDER UPDATE INTERFACE
AND THE AUTOMATED CNS NOTICE UPDATE
OPTION**

**MBL CONTACT INFORMATION - 2007
MBL TRANSMITTALS and MBL REPORTS**

	MBL Transmittals	MBL Reports
District	_____	_____
Contact Person	_____	_____
Address	_____	_____
City, Zip	_____	_____
Phone	_____	_____
E-Mail Address	_____	_____

Mail/Email

or Fax To: New York State Department of Health
Office of Health Insurance Programs
800 North Pearl Street - 2nd floor
Albany, New York 12204
Email: cxm16@health.state.ny.us
Attn: Charles Moore
Fax: (518) 402-7394

Commissioner's Signature

PLEASE RETURN BY OCT 31, 2007 FOR PROPER SELECTION PROCESSING