



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

Wendy E. Saunders
Executive Deputy Commissioner

November 25, 2008

TO: All MBL Liaisons

Re: MBL Transmittal 08-4

Dear MBL Liaisons:

Enclosed is MBL Transmittal 08-4, which details this year's MBL Mass Rebudgeting scheduled for November 27, 2008. Again, this year's mass rebudgeting will not include a BENDEX interface. The Social Security amount will be increased by 5.8 % for Budget Types 07-Chronic Care, 08-Chronic Care/SSI Related, 09-Chronic Care and LIF/ADC-Related, and 10-Chronic Care and S/CC **ONLY**. Reports will be available on the local districts respective BICS queue with the exception of districts "97 and 98".

The items presented in this issue are:

ACTION #1: SSA Benefit Increase (COLA). Mass Rebudgeting effective January 1, 2009

- 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,

PRB

Patti Buttino
Director, Upstate Eligibility & Support Systems
Division of Systems
Office of Health Insurance Programs

Enclosure

cc: MA Directors

MBL TRANSMITTAL

Date: November 25, 2008

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Subject: ACTION #1: SSA Benefit Increase

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
518-408-0002 or 402-6667

A. STATEMENT OF TASK:

1. Enactment of 2008 Federal legislation includes a Cost of Living Adjustment (COLA) of 5.8% effective January 1, 2009, 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

For Medical Assistance cases with Budget Types 07-Chronic Care, 08-Chronic Care/SSI Related, 09-Chronic Care and LIF/ADC-Related, and 10-Chronic Care and S/CC, one or more of the above income types must be rebudgeted so that the SSA gross income amount reflects the 5.8 % increase.

B. SUPPORTING SYSTEM CHANGES:

1. MBL - Mass Rebudgeting

For Budget Types 07-Chronic Care, 08-Chronic Care/SSI Related, 09-Chronic Care and LIF/ADC-Related, and 10-Chronic Care and S/CC meeting the selection criteria for the MRB will be mass rebudgeted using the percentage methodology.

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Subject: INFORMATION #1: MBL Mass Rebudgeting Output Summary

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

518-408-0002 or 402-6667

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, and Budget Type .
- 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):

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

518-408-0002 or 402-6667

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), and up to three (3) 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.

Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting

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
518-408-0002 or 402-6667

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 01/01/09	The authorization must extend into January 2009 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 01/01/09, and the TO Date greater than 12/31/08.

Subject: INFORMATION #2: Criteria for MBL Mass Rebudgeting (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
518-408-0002 or 402-6667

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, 2009, 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, 2009.

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

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518-408-0002 or 402-6667

Exception Reasons

Explanation

(6) EXPIRED MA-BUDGET

The MBL budget Effective TO Date is less than January 1, 2009, 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 Exemption Code = 21, but the Exemption Amount was less than \$96.40.

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

518-408-0002 or 402-6667

D. Alerts

Eligible cases may include up to three 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:

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.

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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

518-408-0002 or 402-6667

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 remains \$96.40. 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, 2009, 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 01/01/09.
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' status will overlay a 'BC' status for the budget if one has been determined, thus when reviewing the budget for the BUY- IN eligibility change, a worker should also review the budget for changes to MA eligibility.

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

518-408-0002 or 402-6667

A. System Process (Continued)

8. New budgets will be updated to the MBL file, thus over-laying the old budget. Elements changed include Transaction Code = 05, From Date = 01/01/09, Version Number and Date stored.

9. The Exceptions Report and the Eligibles Report will be available for the districts via BICS with the exception of districts 97 and 98.

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Subject: INFORMATION #4: SSA Increase Summary

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

518-408-0002 or 402-6667

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 5.8 % 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 remain \$96.40. When the Exemption Amount currently on file is less than \$96.40, the case will be flagged as an exception and will be listed on the Exception Report.
2. When the Exemption Code is 01 and the exemption amount is not equal to \$96.40, or there are no occurrences of Exemption Code 21, Alert 211 (No Medicare Part B) will appear on the Eligible Report.

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
518-408-0002 or 402-6667

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).

Subject: INFORMATION #1: MBL Mass Rebudgeting - Principal Provider Update Interface
(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
518-408-0002 or 402-6667

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 will be similar to 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.

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

518-408-0002 or 402-6667

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*MNA500PFL121) 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), "21" 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

518-408-0002 or 402-6667

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.

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
518-408-0002 or 402-6667

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 Provider Entry on Screen 5	Case must have only one individual coded in a Principal Provider situation. Valid PP codes are 01-07, 10 and 12.

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
518-408-0002 or 402-6667

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 Screen 5 as being in a Principal Provider situation. (The MBL budget logic does not carry NAMI information for more than one individual).

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
518-408-0002 or 402-6667

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 01/01/09.

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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
518-408-0002 or 402-6667

D. ALERTS

Eligible cases/recipients may include the following alert condition:

ND1 to ND9* - The eligible Principal Provider record had future NAMI amounts (effective 01/01/09 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 01/01/09 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 01/01/09, or greater, includes new or increased resources manual revision will be required.

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
518-408-0002 or 402-6667

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 INFORMATION #2 - Criteria for MBL-Principal Provider.

Subject: INFORMATION #3: Description of MBL - Principal Provider Update Process
(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
518-408-0002 or 402-6667

A. SYSTEM PROCESS (continued)

5. Those cases with a valid PP entry will then be tested to determine whether the DOS FROM Date and NAMI Effective Date are equal to or greater than 01/01/09. If no valid entry exists, the case/individual will be flagged as an exception and appear on the Exceptions Report. Refer to INFORMATION #2 - Criteria for MBL-Principal Provider.
6. Those cases with a valid PP entry will then be tested to determine whether a valid NAMI entry exists. If no valid entry exists, the case/individual will be flagged as an exception and appear on the Exceptions Report. Refer to INFORMATION #2 - Criteria for MBL-Principal Provider.
7. Those cases meeting all selection criteria outlined above will then have the new NAMI amount(s) posted on the associated Principal Provider record.
8. During the posting process, the Principal Provider record will be tested to determine whether future NAMI Amounts (Effective FROM Date of 01/01/09 or later) exist on the record. These old NAMI Amounts will be deleted and replaced by new NAMI Amounts calculated from the MBL Mass Rebudgeting process. An Alert condition will appear on the Eligibles Report. Refer to INFORMATION #2 – Criteria for MBL-Principal Provider Update.
9. Those cases/individuals successfully completing this process will appear on the Eligibles Report. Refer to INFORMATION #1 MBL-Principal Provider Update Interface Output.