

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

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

Dennis P. Whalen
Executive Deputy Commissioner

August 21, 2001

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements scheduled to be operational on the Production System on September 4, 2001. These changes are a result of a new program, Family Health Plus, established by The Health Care Reform Act of 2000 (HCRA) to address the needs of uninsured adults who have income and/or resources above the current Medicaid levels. The CNS changes will come in multiple sets, the first set of notice changes will be available on the Production environment on September 4, 2001. As the other notices become available, we will notify local districts via WMS/CNS Coordinator Letters.

For questions regarding the attached changes, please contact the following individuals:

Attachment I: Dennis DiMuria @ (518) 402-6667
(pages 1-3)

Attachment II: Cindy Krueger-Farley @ (518) 402-6663.
(pages 4-19)

- Section 1.
- Reason Codes Opened to CT 24 and have Medical Assistance/Family Health Plus Language
 - Reason Codes that Remain CT 20 Only but have FHP Language Added
 - Change For Reason Code F20
 - Change in Reason Code Definitions
 - Reason Code Deletions
 - New Reason Codes
 - Processing the New Codes through WMS

Sincerely,



Dennis DiMuria
Manager, Upstate Eligibility Systems
Office of Medicaid Management
Division of Information Technology

Attachments

cc: Commissioners
MA Directors
IM Directors

Attachment I

WMS has been revised to support a new Case Type (24-Family Health Plus) for the Family Health Plus (FHP) program. Changes to Case Type 20 (MA-Only) have also been implemented to support Pregnant Women who are FHP eligible and who elect to remain in the FHP program.

A. The following edits apply to Case Type 24:

- o Add new Case Type 24 only Individual Categorical Codes
 - 56 FHP Singles & Childless Couples/19-20 Not Living with Parents
 - 57 FHP Parents/19-20 Living with ParentsThese codes are necessary for Federal/State/Local claiming purposes.
- o Add new Recipient Medicaid Coverage Codes on Screen 5
 - 34 FHP
 - 36 FHP GuaranteeEven though FHP is Managed Care Coverage Only, and therefore, the services covered by both Coverage Codes are identical, it is important for reporting purposes to differentiate "regular" FHP from FHP Guarantee.
 - The only valid Recipient Medicaid Coverage Codes for Case Type 24 are the FHP Coverage Codes (34 & 36), and Provisional Coverage (06). It is possible for the individual to be eligible with excess income until FHP enrollment begins. This Coverage Code will also "pend" the individual until FHP coverage begins. If the individual becomes MA eligible, the Case Type must be changed to 20.
 - If the Recipient's Medicaid Coverage Code is 34 or 36, their Individual Categorical Code must be 56 or 57.
- o The Case Authorization TO Date (Screen 1) must not be greater than 15 months after the FROM Date. This edit will allow up to 3 months of Provisional Medicaid Coverage followed by 12 months of FHP.
- o Whenever a Prepaid Capitation Plan (PCP) record is opened for a FHP individual with 06 Coverage, the Medicaid Coverage Code will be set to 34 and the MA Coverage FROM Date will be set equal to the Enrollment Date on PCP. The MA Coverage TO Date will be set equal to the last day of the month, plus 11 months. However, if the Closing Reason Code is U10 (Failure to Comply with Recertification Procedures), the MA Coverage Code is 34, and the MA Coverage TO Date is less than 12 months from the MA Coverage FROM Date, the system will generate the MA Coverage TO Date equal to the last day of the FROM Date Month, plus 11 months.
- o On Screen 5, if the Coverage Code is 34 or 36, the Card Code must be equal to "X". Since FHP is Managed Care Only and no fee for service Medicaid claims will be paid, an MA ID Card is not necessary. If the recipient has an active card from another program (such as, Food Stamps) the "X" will not adversely affect the card. Entry of a Card Code of "N" or "P" is allowed if the Coverage Code is 06.
- o On Screen 2, the Sex Code must be "M" (Male) or "F" (Female). Unborns are not allowed on Case Type 24.
- o On Screen 3, State/Federal Charge Codes are not allowed.

- o Case Type 24 can be changed (05-Undercare Maintenance or 06-Recertification transactions) to Case Types 20 or 22. A Case Type 20 can also be changed to a Case Type 24.
- o Since children are not eligible for Family Health Plus, any individual with an Individual Categorical Code of 56, 58, or 59 must be between 19 and 64 years of age.
- o WMS Force Close procedures apply to this Case Type the same way they apply to a Case Type 20. In other words, if the Case Type hierarchy would close a Case Type 20, it will also close a Case Type 24.
- o Usual RFI procedures apply.
- o There are no Utilization Threshold, Co-pay, or AFIS requirements.

B. Case Type 20 (MA-Only) edits.

The FHP program does not provide eligibility to children. Therefore, if a FHP eligible woman is pregnant, and she chooses to remain in FHP, she should be entered on a Case Type 20 with an Individual Categorical Code of 58 or 59, and MA Coverage Codes of 34 or 36. This will allow the unborn to be present on the same case as the mother. Once the child is born, the mother can stay in the MA Case (Case Type 20) with the newborn if she becomes eligible for Medicaid, or switch to a FHP Case. When there are two associated cases (one FHP and one MA-Only) the Coop Case Number field should be utilized to link the cases. In addition, local districts should consider for FHP parents, when their children are CHPlus A eligible, using the FHP suffix and prefix to identify the FHP case.

- o Add new Individual Categorical Codes to Case Type 20 (MA-Only)
 - 58 FHP Pregnant Woman 100% FPL
 - 59 FHP Pregnant Woman 100-200% FPL
 These codes are allowed with Case Type 20 only.
- o FHP Coverage Codes 34 or 36 are only allowed in a Case Type 20, if the Individual Categorical Codes are 58 or 59.

C. New Recipient Aid Categories are internally produced for FHP. These codes are used primarily for Federal/State/Local share distribution and to devise the proper Managed Care rate. These Codes are visible on the MA Coverage History Inquiry Screen (WINQ 55).

The new Aid Categories are:	<u>Case Type</u>	<u>Cat.Code</u>	<u>Coverage Code</u>
68 FHP Single/Childless Couple	24	56	34,36
69 FHP Parent	24	57	34,36
70 FHP Pregnant Woman 100% FPL	20	58	34,36
72 FHP Pregnant Woman 200% FPL	20	59	34,36

D. The Retroactive Downgrade Matrix has been updated to include these new Coverage Codes. This Matrix does not allow a Coverage Code resembling lesser Coverage than the current Coverage on the database to be entered sooner than today's date plus 10 days. In general terms, the FHP Coverage Code 34 is treated like the 30/32 Coverage Codes and 36 is treated like 31/33. Also, please be advised that it is a downgrade of Coverage to go from full PCP Coverage (30/32) to FHP (34).

E. WMS Reports and on-line statistics are being revised to include Case Type 24 as a distinct category.

- F. Local districts are asked to use the 5-digit Responsible Unit Field on Screen 1 to identify the Facilitated Enroller (FE). The field should begin with "FE" followed by the Code Number for the facilitated enroller. The FE's number will be clearly marked on the top of the application. The number should be used for all MA and FHP applications taken by the FE.
- G. No WMS extensions apply to this Case Type, except for the Managed Care Guarantee. An undercare transaction will need to be completed to change the recipient's coverage Code to 36 and extend the MA TO Date to the end of the guarantee period. The guarantee applies for all clients except for Reason Codes E63, U78, X15, E95, and E79. For these case closing reasons, the guarantee date will have to be shortened on the PCP subsystem prior to closing the case.
- H. All Principal Provider and Restriction/Exception codes will allow enrollment in FHP.
- I. FHP enrollments are to be entered via the PCP subsystem as is currently done for Medicaid Managed Care enrollments. For FHP plans that are also MA Managed Care plans, the same provider information number (and plan code) will be used. Plans that are FHP only will be assigned a new Provider ID. The Benefit Package Code (BP) for all FHP enrollments is "70". Current PCP Enrollment Codes 02, 03, and 04 are allowed for FHP. A new Disenrollment Code (59) "Lost FHP Eligibility" has been added to the PCP subsystem. Also, if the plan is both Medicaid and FHP, the FHP enrollee will be on the same roster the plan now receives. They will be uniquely identified by their BP code (70) (and should, therefore, be at the end of the roster) as well as Coverage Codes of "U" and "W", Aid Categories 68, 69, 70, 72, and rate codes 2232, 2233, and 2234.

Three new edits have been added to the PCP subsystem:

Error 041 - FHP enrollments allowed for FHP Recipients Only (enrollment of MA eligible recipients not allowed in FHP plan).

Error 042 - Benefit Package Code must be "70" for FHP Recipient's Enrollment (enrollment in a Medicaid Managed Care plan not allowed for FHP recipients).

Error 043 - PCP FROM Date May Not Be Earlier than 10/01/01.

- J. Medicaid Budget Logic (MBL) changes to support FHP are detailed in MBL Transmittal 01-02 and 01-03.
- K. Automated Client Notice (CNS) information is detailed in Attachment II.
- L. When a PA Case is closed, with Reason Codes E30 (Excess Income - No TMA) or U40 (Excess Resources), the system checks the ABEL budget to determine if the total household income is less than or equal to 100% of the Federal Poverty Level. If it is, a Medicaid Separate Determination case is generated for one month.
- M. The AutoSDX process will convert any SSI eligible individual in a Case Type 24 to Case Type 22 (MA-SSI). If the individual has an open PCP record, the system will end date it to the last day of the month.

Attachment II

1. REASON CODES OPENED TO CT 20 AND CT 24 AND HAVE MA/FHP LANGUAGE

The following reason codes have been opened up to Case Type 24 and have been modified to have the first sentence read: "We have denied your application for" Or "We will discontinue...." Medical Assistance/Family Health Plus:

R/C	DEFINITION	TRANSACTION TYPE
E06	Non-Qualified Alien-No Emergency	03
E19	Death Before Determination, Insufficient Information to Make a Determination	03
F27	Failure to Complete Interview	03
H15	Client Request	03
U79	Concurrent Benefits, Inter-State, Intra-State	03
V14	Failure to Complete the Declaration of Citizenship/Immigration Status	03
E60	Unable to Locate	03,05,06,07,08
E61	Not a Resident of District	03,05,06,07,08
E62	Between 21-65, In a Psychiatric Institution	03,05,06,07,08
E63	Not a State Resident	03,05,06,07,08
E79	MA Not Provided in Current Living Arrangement	03,05,06,07,08
F12	Failure to Apply for SSA	03,05,06,07,08
U20	Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Information	03,05,06,07,08
U21	Verification of Factors Which Affect Eligibility, Unable to Get Information, But Not a Good Reason	03,05,06,07,08
U66	Currently in Receipt of Assistance	03,05,06,07,08

V10	Failure to Appear for Interview Appointment with Agency	03,05,06,07,08
V30	Failure to Comply with IV-D Requirements	03,05,06,07,08
E17	SSN Failed Validation, Incorrect or Fraudulent SSN	05,06,07,08
E90	Client Request	05,06,07,08
E95	Death	05,06,07,08
U33	Turning 19, Excess Income, Does Not Meet Spenddown	05,06,07,08
U77	Concurrent Benefits, Intra-State, No Aid Continuing	05,06,07,08
U78	Concurrent Benefits, Inter-State, Aid Continuing	05,06,07,08
V38	Failure to Contact Agency	05,06,07,08
C05	Continue Unchanged	05,06

2. REASON CODES THAT REMAIN CT 20 ONLY BUT HAVE FHP LANGUAGE ADDED

The following codes have language added to the body of the notice to say why they would not be eligible for Family Health Plus and they will remain Case Type 20 codes only:

R/C	Definition	Transaction Type
F14	Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program	03
E09	Photo ID Refusal	03,05,06,07,08
F21	Failure to Comply with Finger Imaging Requirements	03,05,06,07,08
U71	Failure to Comply with Alcohol/Substance Abuse Requirements	03,05,06,07,08
U38	Continue Coverage - 4 Month Extension, Increase in Spousal or Child Support	05,06

3. CHANGE IN REASON CODE F20

The following reason code has been changed to be consistent with CNS fill codes beginning with the bottom half of the alphabet. This paragraph is also opened up to CT 24 with MA/FHP language:

OLD CODE	NEW CODE	DEFINITION	TRANSACTION TYPE
F20	V31	Failure to Provide Social Security Number	03,05,06,07,08

4. CHANGE IN REASON CODE DEFINITIONS

Old

E80/D0043 Failure to Provide Required Information About Non-Applying Legally Responsible Relative

New

E80/D0043 Failure to Provide Required Information About Non-Applying Legally Responsible Relative - Income and/or Resources, Age 65 and Older/Chronic Care

Old

U32/X0008 Excess Income
& X0022

New

U32/X0008 Excess Income, Age 65 and Older/Chronic Care
& X0022

Old

U40/X0009 Excess Resources
& X0023

New

U40/X0009 Excess Resources, Age 65 and Older/Chronic Care
& X0023

Old

U59/X0010 Excess Income and Resources
& X0024

New

U59/X0010 Excess Income and Excess Resources, Age 65 and Older/Chronic Care
& X0024

Old

V10/D0012 Failure to Appear for Appointment with Agency

New

V10/D0012 Failure to Appear for Interview Appointment with Agency

Old

U10/C0021 Failure to Comply with Recertification Procedures

New

U10/C0021 Failure to Comply with Recertification Interview

NOTE: NEW REASON CODE (F10) FOR FAILURE TO RETURN RECERTIFICATION FORM.

Old

U33/X0170 Turning 19, Excess Income

New

U33/X0170 Turning 19, Excess Income, Does Not Meet Spenddown

Old

X0014 MA Level to Excess Income & Resources, Spenddown for both met

New

X0014 MA Level to Excess Income & Resources, Both met, 65 years and Older

Old

X0016 MA Level to Excess Income, Spenddown Not Met

New

X0016 MA Level to Excess Income, Spenddown Not Met, 65 years & Older

Old

X0017 MA Level to Excess Income & Resources, Resource Spenddown Met

New

X0017 MA Level to Excess Income & Resources, Resource Spenddown Met, 65 years & Older

Old

X0122 MA Level to Excess Resources, Spenddown Met

New

X0122 MA Level to Excess Resources, Spenddown Met, 65 years & Older

Old

X0019 Continue Excess Resources, Spenddown Met

New

X0019 Continue Excess Resources, Spenddown Met, 65 years & Older

5. REASON CODE DELETIONS

The following MA Denial Reason Codes have been deleted as they are now incorporated into new codes or are no longer needed:

U30/D0017 Over Income and/or Resources, Single/Childless Couple
& C0018

U31/D0020 FNP Parents Living with Children, Over Income and/or Resources
& C0019

U53/D0033 Transfer of Resource(s), Single/Childless Couple

U41/X0171 Turning 19, Excess Resources

U60/X0172 Turning 19, Excess Income and Resources

6. NEW REASON CODES

DENIAL

RC/PARAGRAPH #	DEFINITION
F24/D0122	FAILURE TO PROVIDE REQUIRED INFORMATION ABOUT INCOME OF NON-APPLYING LEGALLY RESPONSIBLE RELATIVE (ADEQUATE) (CT 20,24) (TAD BASED)

Applicant is ineligible for Medical Assistance/Family Health Plus as he/she failed to provide required information about the income of a non-applying legally responsible relative.

U35/D0115	EXCESS INCOME, S/CC OR FNP PARENT (ADEQUATE) (CT 20,24) (FILL)
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Applicant is a S/CC or FNP Parent Living with Child(ren) and is ineligible for Medical Assistance/Family Health Plus due to excess income.

Worker chooses one of the following messages and enters:

Message #1: **S/CC - Over 185% and FHP Limit**

- Gross Income
- FHP Income Limit (100%FPL)
- 185% State Standard

Message #2: **S/CC - Over PA Standard and FHP Limit**

- Gross Income
- FHP Income Limit
- Net Income
- PA Standard

Message #3: **FNP Parent - Over MA and FHP Limits**

- Gross Income
- FHP Income Limit
- Net Income
- MA Income Limit

U34/D0116

**EXCESS INCOME, PARENTS/DISABLED SINGLES/19 AND 20 YEAR
OLD LIVING ON THEIR OWN**

Applicant is a Parent, Disabled Individual under 65, or a 19 or 20 year old (FP) living on their own and is ineligible for MA/FHP due to excess income.

Worker must enter:

- Gross Income
- FHP Income Limit (100% or 133%)
- Net Income
- MA Income Limit
- Monthly Excess Income Amount

U36/D0117

APPLICANT HAS EQUIVALENT HEALTH INSURANCE

Applicant is ineligible for FHP because he/she has equivalent health insurance. He/she is also financially ineligible for MA.

Worker chooses one of the following messages and enters:

Message #1: **Over Net Income**

- Net Income
- MA Income Limit

Message #2: **Over Resources**

- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income
- MA Income Limit
- MA Resource Limit

DISCONTINUANCE/UNDERCARE

RC/PARAGRAPH #

DEFINITION

U57/C0183

**MEDICAL ASSISTANCE/FAMILY HEALTH PLUS DISCONTINUANCE,
EXCESS INCOME, S/CC, FNP PARENT (TIMELY) (CT 20,24) (FILL)**

Recipient(s) is a Single/Childless Couple or FNP Parent residing with child(ren) and is ineligible due to excess income.

Worker chooses one of the following messages and enters:

Message #1: **S/CC - Over 185% and FHP Limit**

- Gross Income
- FHP Income Limit
- 185% State Standard

Message #2: **S/CC - Over PA Standard and FHP Limit**
Standard of Need
- Gross Income
- FHP Income Limit
- Net Income
- PA Standard

Message #3: **FNP Parent - Over MA and FHP Limits**
- Gross Income
- FHP Income Limit
- Net Income
- MA Income Limit

**U58/C0184 MEDICAL ASSISTANCE/FAMILY HEALTH PLUS DISCONTINUANCE,
EXCESS INCOME, PARENTS, 19 AND 20 YEAR OLD
(TIMELY) (CT 20,24) (FILL)**

Recipient is a Parent, Disabled Single or 19 or 20 year old and is ineligible for MA/FHP due to excess income.

Worker must enter:

- Gross Income
- FHP Income Limit (100% or 133%)
- Net Income
- MA Income Limit
- Excess Income Amount

**X40/C0185 FHP DISCONTINUANCE, EQUIVALENT HEALTH INSURANCE, NOT MA
ELIGIBLE (TIMELY) (CT 24) (FILL)**

Recipient has equivalent health insurance and is no longer FHP eligible. He/she is also financially ineligible for MA.

Worker chooses one of the following messages and enters:

Message #1: **Over Net Income**
- Net Income Amount
- MA Income Limit

Message #2: **Over Resources**
- MA Resource Limit

Message #3: **Over Income and Resources**
- Net Income Amount
- MA Income Limit
- MA Resource Limit

F10/C0195

FAILURE TO RETURN RECERTIFICATION FORM
(TIMELY) (CT 20,24) (TAD BASED)

Recipient failed to return the recertification form.

NOTE: THIS IS CURRENTLY PART OF REASON CODE U10.

F24/C0198

FAILURE TO PROVIDE REQUIRED INFORMATION ABOUT INCOME OF
NON-APPLYING LEGALLY RESPONSIBLE RELATIVE IN HOUSEHOLD
(TIMELY) (CT 20,24) (TAD BASED)

Recipient is ineligible for MA/FHP as he/she failed to provide required information about the income of a non-applying legally responsible relative.

UNDERCARE

X80/X0208

FULL MA COVERAGE TO EXCESS INCOME, FHP INFORMATION

Recipient is going from full MA coverage to excess income and is not eligible for FHP.

Worker must enter:

- Monthly Excess Income Amount

Worker chooses one of the following messages and enters:

Message #1: **Over Income**

- Gross Income Amount
- FHP Income Limit

Message #2: **Failed to Choose a Managed Care Plan**

Message #3: **Chose Spenddown of Income**

U87/U0098

SPENDDOWN TO FAMILY HEALTH PLUS, CHOSE A PLAN
(TIMELY) (CT 20,24) (FILL)

Recipient is going from spenddown to FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Still Under 100% or 133% FPL**

Message #2: **Now Under 100% or 133%**

- Gross Income Amount
- FHP Income Limit

For both messages:

- Health Plan Name

U85/U0081

MA TO FHP, FP, CHOSE A PLAN (TIMELY) (CT 20,24) (FILL)

Recipient is an FP who is going from MA to FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**

- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**

- Health Plan Name

Message #2: **Staying in Same Plan**

- Health Plan Name

U86/U0082

MA TO FHP, S/CC, CHOSE A PLAN (TIMELY) (CT 20,24) (FILL)

Recipient is a S/CC who is going from MA to FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over 185% State Standard**

- Gross Income
- State Standard
- FHP Income Limit

Message #2: **Over PA Standard and FHP Limit**

- Net Income Amount
- PA Standard
- FHP Income Limit

Message #3: **Over Resources**

- PA Resource Limit

Message #4: **Over PA Income/Resource Standard and FHP Limit**

- Net Income Amount
- PA Standard
- Gross Income Amount
- FHP Income Limit
- PA Resource Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**

- Health Plan Name

Message #2: **Staying in Same Plan**

- Health Plan Name

U89/U0106

MA TO FHP, FNP PARENT, CHOSE A PLAN
(TIMELY) (CT 20,24) (FILL)

Recipient is a FNP Parent who is going from MA to FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**

- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**

- Health Plan Name

Message #2: **Staying in Same Plan**

- Health Plan Name

U91/U0107 MA TO FHP, FP, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)

Recipient is an FP who is no longer eligible for MA. He/she is eligible for FHP and has 30 days to choose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**

- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

U93/U0108 MA TO FHP, S/CC, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)

Recipient is a S/CC who is no longer eligible for MA. He/she is eligible for FHP and has 30 days to choose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over 185% State Standard**

- Gross Income Amount
- 185% State Standard
- FHP Income Limit

Message #2: **PA Standard and FHP Limit**

- Net Income Amount
- PA Standard
- Gross Income Amount
- FHP Income Limit

Message #3: **Over Resources**

- PA Resource Limit

Message #4: **Over PA Income/Resource Standard and FHP Limit**

- Net Income Amount
- PA Standard
- Gross Income Amount
- FHP Income Limit
- PA Resource Limit

U92/U0109 MA TO FHP, FNP PARENT, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)

Recipient is an FNP Parent who is no longer MA eligible but is FHP eligible and has 30 days to choose a plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**

- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

U88/U0100 TURNING 19, MA TO FHP, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)

Recipient is turning 19, is no longer eligible for MA but is FHP eligible and has 30 days to choose a plan.

Worker must enter:

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

U90/U0112 TURNING 19, MA TO FHP, CHOSE A PLAN
(TIMELY) (CT 20,24) (FILL)

Recipient is turning 19, is no longer eligible for MA but is eligible for FHP and chose a health plan.

Worker must enter:

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**
- Name of Health Plan

Message #2: **Staying in Same Plan**
- Name of Health Plan

**U24/P0010 S/CC, MA TO FHP, POST-PARTUM, NO INFANT, MUST CHOOSE A PLAN
(TIMELY) (CT 20,24) (FILL)**

Recipient is 60 days post-partum, and there is no infant. She is going from MA to FHP and has 30 days to choose a plan.

Worker chooses one of the following messages and enters:

Message #1: **Over 185% State Standard**
- Gross Income Amount
- 185% State Standard
- FHP Income Limit

Message #2: **Over PA Standard and FHP Limit**
- Net Income Amount
- PA Standard
- Gross Income Amount
- FHP Income Limit

Message #3: **Over Resources**
- PA Resource Limit

Message #4: **Over PA Income/Resource Standard and FHP Limit**
- Net Income Amount
- PA Standard
- Gross Income Amount
- FHP Income Limit
- PA Resource Limit

**U25/P0011 S/CC, MA TO FHP, POST-PARTUM, NO INFANT, CHOSE A PLAN
(TIMELY) (CT 20,24) (FILL)**

Recipient is 60 days post-partum and there is no infant. She is going from MA to FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over 185% State Standard**
- Gross Income Amount
- 185% State Standard
- FHP Income Limit

Message #2: **Over Net Income**
- Net Income Amount
- State Standard of Need
- Gross Income Amount
- FHP Income Limit

Message #3: **Over Resources**
- PA Resource Limit

Message #4: **Over Net Income and Resources**
- Net Income Amount
- State Standard of Need
- Gross Income Amount
- FHP Income Limit
- PA Resource Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**
- Health Plan Name

Message #2: **Staying in Same Plan**
- Health Plan Name

S25/X0210 100% POST-PARTUM TO EXCESS INCOME, DISCONTINUE MOTHER,
CONTINUE CHILD (TIMELY) (CT 20) (FILL)

Recipient is 60 days post-partum, is no longer MA eligible and is not eligible for FHP. The infant will continue.

Worker must enter:

- Net Income Amount
- MA Income Limit
- Monthly Exc Inc Amount
- Gross Income Amount
- FHP Income Limit

S26/X0211 PERINATAL MA TO FHP, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)

Recipient is going from perinatal MA to FHP but must choose a health plan in 30 days.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**
- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**
- MA Resource Limit

Message #3: **Over Income and Resources**
- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

**S28/X0212 POST-PARTUM, 100% MA TO FHP, MUST CHOOSE A PLAN
(TIMELY) (CT 20) (FILL)**

Recipient was eligible at 100% until the end of her post-partum period.
She is going from MA to FHP and has 30 days to choose a plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**
- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**
- MA Resource Limit

Message #3: **Over Income and Resources**
- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

**S27/X0213 PERINATAL MA TO FHP, CHOSE A PLAN
(TIMELY) (CT 20,24) (FILL)**

Recipient was eligible for perinatal MA services until the end of her
post-partum period. She is now eligible for FHP and chose a health plan.

Worker chooses one of the following messages and enters:

Message #1: **Over Income**
- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit

Message #2: **Over Resources**
- MA Resource Limit

Message #3: **Over Income and Resources**

- Net Income Amount
- MA Income Limit
- Gross Income Amount
- FHP Income Limit
- MA Resource Limit

Worker chooses one of the following messages and enters:

Message #1: **Chose a New Plan**

- Health Plan Name

Message #2: **Staying in Same Plan**

- Health Plan Name

7. System Implications

When a recipient's eligibility changes from MA to FHP, the following procedures should take place based on the case composition:

To ensure that there are no gaps in coverage for MA recipients, when **deleting** individuals from a CT 20 to open them up in a CT 24 workers would use either Transaction Type 05 or 06. Workers should make sure that if they are using Transaction Type 05, that a double pass is done with the MA Coverage TO Date going to the end of the month prior to the enrollment in the health plan month (the first pass through only gives 10 days). If using an 06 Transaction Type, the system will automatically generate the end of the current authorization period so the worker needs to make sure that is the end of the month prior to the month of the enrollment in the health plan.

REMINDER: When deleting individuals, worker must change the Individual Status to 15 on Screen 5.