



George E. Pataki
Governor

New York State
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

Robert Doar
Commissioner

November 2, 2005

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on November 21, 2005.

For questions regarding the attached changes, please contact the following individuals at 1-800-343-8859, unless the entire phone number is listed, in which case you must dial that number:

Attachment I	Section	Attachment II	Section
Tully Lenihan @ ext. 4-8749	I & V	Bob Markham @ 4-2166	I
Todd Britton @ ext. 3-9042	II, IV & VI	Mike Zostant @ 4-7239	II & III
Bud Edwards @ ext. 4-3231	III & VIII		
Patty Hanson @ ext. 4-8753	VII		
Attachment III	Section	Attachment IV	Section
Bambi Murphy @ 518-402-6682	I & II	Cindy Krueger-Farley @ 518-402-6663	All
Gary Feigenbaum @ 518-408-0104	III, IV & VII		
Kenneth Merkelbach @ 518-474-5693	V		
Layne Gilpin @ 518-408-0107	VI		

Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Employment and Transitional
Supports/WMS

Dennis DiMuria

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

cc: Commissioner
TA & FS Director
MA Director
HEAP Liaison

For questions regarding changes included in Attachment I, please contact the following individuals at 1-800-343-8859:

<u>Contact</u>	<u>Section</u>
<i>Tully Lenihan @ ext. 4-8749</i>	<i>I</i>
<i>Todd Britton @ ext. 3-9042</i>	<i>II & IV</i>
<i>Bud Edwards@ ext. 4-3231</i>	<i>III</i>

Section I – Food Assistance Program (FAP) Indicator “X”

Effective 9/30/05, the authority for the Food Assistance Program (FAP) has expired. Therefore, as of 11/21/05, entry of an “X” in the FAP Indicator on Screen 3 will be prohibited for All Transaction Types. Payment Types X1, X3 and X6 will also be prohibited as of that date.

Section II – New Case Type Change WARNING

In order to help ensure proper claiming for federal reimbursement and to ensure proper tracking of time limits, when the Case Type is being changed at Undercare, a new WMS Warning message has been established. The following criteria will apply to the Warning:

1. The Case Type (11,12,16 or 17) is being changed
2. Transaction Type equals 05,06,07 or 08
3. PA Authorization Period FROM Month/Year is less than the Transaction Month/Year

The Warning will be displayed as Warning #1181 and will state: **“VERIFY AUTH PERIOD FROM DATE. CHANGE MAY BE NEEDED”**.

Section III – Require Vendor ID with Methods of Payment 02, 03, 04, 07, 11 and 12

In response to requests from Local Districts, a new WMS Screen 6 edit has been established which will cause workers to error out immediately if a vendor ID is not entered with certain Method of Payment codes. This will avoid having workers error out in BICS on an overnight basis and, thus, facilitate the error correction process. The new edit will be applied as follows:

1. If Method of Payment Code equals 02, 03,04,07,11 or 12 and Local Action Code equals 2 or 8, an entry must be present in the Vendor ID field.
2. The edit will be applied for all Transaction Types at Full Data Entry (FDE), Undercare Maintenance (U/M) and Error Correction (ERR).
3. The edit will be applied to Case Types 11, 12, 16-19, 20, 24, 31, 32 and 60.

If the above stated criteria are not met, **Error #1618-“VENDOR ID REQ'D FOR MOP 02-04,07,11,12”** will be received.

Section IV – Pregnancy/Parenting edits for Individual Status 08

The following edits; **0248-PREG IND 1-5 REQD FOR C TYPE 11-14, 16, 17, 20-22, 24 AT TRAN TYPE 02 or 10** and **0249-PREG IND 1, 2, 3, 4, 5 REQ FOR CASE TYPE 11, 12, 13, 14, 16, 17, 20, 22 AT TRANS 06**, will be bypassed for Case Types 11, 12, 16 and 17 when the Individual Status on Screen 5 (WINQ23) equals 08. Entries in the Pregnancy/Parenting field on Screen 2 will be allowed, but not required.

For questions regarding changes included in Attachment I, please contact the following individuals at 1-800-343-8859:

<u>Contact</u>	<u>Section</u>
<i>Tully Lenihan @ ext. 4-8749</i>	<i>V</i>
<i>Todd Britton @ ext. 3-9042</i>	<i>VI</i>
<i>Patty Hanson @ ext. 4-8753</i>	<i>VII</i>

Section V – Suppress 3209 for Case Type 60 (HEAP)

Case Reason Code Y35- Suppress Print of LDSS-3209 (Authorization) was previously established to suppress 3209 printing when any of the following fields are changed: Office/Unit/Worker, Phone Number, Co-op Case Number, Residence Address: City/Town, State, Zip Code, Care Of Name, Mailing Address: City/Town, State and Zip Code. The Y35 Case Reason Code can be used if the Transaction Type is equal to 05 and the Case Type is equal to 11, 12, 16, 17, 20, 22, 24, 31, or 32. Effective immediately Case Reason Code Y35 will be accepted as a valid entry in a Case Type 60, as well.

Section VI – NYSNIP 48-Month Auth Period Edit

A new edit has been established that will require a full 48-month authorization period for New York State Nutrition Improvement Program (NYSNIP) cases at worker initiated openings, reopenings and recertifications. The edit will be applied as follows:

- If the Transaction Type is equal to 02 (Opening) or 10 (Reopening) and the Case Reason Code is equal to A39 (FS Approval: NYSNIP) or A46 (FS NYSNIP Approval: Denied First Month, eligible in succeeding months), then the FS Authorization Period TO Date Month/Year must equal the FS Authorization Period FROM Date Month/Year plus 47 months.
- Additionally, if the Transaction Type is equal to 06 (Recertification/Reauthorization) and the Case Reason Code is equal to B36 (Recertification Approval: FS to NYSNIP) or B38 (Recertification Approval: NYSNIP), then the FS Authorization Period TO Date Month/Year must equal the FS Authorization Period FROM Date Month/Year plus 47 months.

If these criteria are not met, **Error #1182: “NYSNIP REQUIRES 48 MONTH CERT PERIOD AT TX’s 02, 06, & 10”** will be received.

Section VII – Citizenship Code Edits

Due to a review of existing Food Stamp policy, **Edits # 0424 – ALIEN NUMBER IS REQUIRED FOR THIS CITIZENSHIP IND** and **# 0425 – DATE OF ENTRY REQUIRED FOR THIS CITIZENSHIP IND** will be bypassed, for all Transaction Types, on Case Types 31 and 32, for individuals who are less than 18 years of age and whose Citizenship Code equals B, G or K.

For questions regarding changes included in Attachment I, please contact the following individuals at 1-800-343-8859:

<u>Contact</u>	<u>Section</u>
<i>Bud Edwards@ ext. 4-3231</i>	<i>VIII</i>

Section VIII – Federal Reporting Edit Modification

The Federal Reporting edit requirements have been modified to ensure that entries in the Educational Status (Ed Stat) and Highest Degree (Degr) fields, of WMS Screen 3, fall within logical parameters. The edit will be applied as follows:

- If the Case Type is 11, 12, 16, 17, 18, 19, 20, 21, 22, 24, 31, 32 or 60 **and** the Transaction Type is 02, 05, 06, or 10 **and** the Educational Status has an entry in the field, the Educational Level table, included below, will apply.

EDUCATIONAL LEVEL

Grade	Minimum Age
00	No age edit
01	4
02	5
03	6
04	7
05	8
06	9
07	10
08	11
09	12
10	13
11	14
12	15

- If the Case Type is 11, 12, 16, 17, 18, 19, 20, 21, 22, 24, 31, 32 or 60 **and** the Transaction Type is 02, 05, 06, or 10 **and** the Highest Degree has an entry in the field, the Highest Degree Obtained table, included below, will apply.

HIGHEST DEGREE OBTAINED

Degree	Minimum Age
0 - No degree	No edit
1- High School diploma of GED	15
2- Associates degree	17
3 – Bachelors degree	19
4 – Masters degree	21
5 – Other credentials	15
6 – Not applicable	No minimum age

Entries in either the Educational Status field or the Highest Degree field that do not conform to the above stated criteria will return **Error #1360 – INDIVIDUAL DOES NOT MEET MINIMUM AGE FOR THIS ENTRY.**

For questions regarding changes included in Attachment II – Section I, please contact Bob Markham @ 1-800-343-8859 ext. 4-2166.

Section I – CNS Reason Code B89 “Removal of SSI Pro-Ration”

04-ADM-05 addressed the proration budgeting methodology, for Temporary Assistance and Non-Temporary Assistance Mixed Households, when the family includes a member in receipt of SSI. The ADM introduced CNS reason code B90 – SSI Proration, which produces proper notice language when used in conjunction with appropriate WMS reason codes. To facilitate the production of proper notice language in instances where the SSI recipient is no longer being considered in the calculation of the household’s standard of need, a new **CNS Reason Code B89 – Removal of SSI Proration** has been established. B89 will generate the following language:

“A person in your family who receives Supplemental Security Income (SSI) and who was being considered when we determined your standard of need is no longer being considered. Your family no longer includes a child or adult in receipt of SSI who is:

- A legally responsible relative (LRR) of a member of your case. An LRR is a spouse, or the natural or adoptive parent of a child under age 21; or
- The natural or adoptive child of a case member; or
- A minor (under age 18) blood related or adoptive sibling of a minor case member.

This decision is based on 18 NYCRR 352.2(a) and (b).”

B89 should be used in a manner similar to that described above for B90. Its entry on the CNS subsystem, in addition to the WMS code(s) appropriate for the transaction, provides further explanation of the agency’s actions within the notice.

For questions regarding changes included in Attachment II – Sections II & III, please contact Mike Zostant @ 1-800-343-8859 ext. 4-7239.

Section II- Two New, First-Month Pro-ration, NYSNIP FS Approval Reason Codes:

Two (2) new, first-month pro-ration, NYSNIP FS approval reason codes have been developed. They are:

A42 (FS Approval – NYSNIP: 1st Month Pro-rated; Applied BEFORE the 16th)

This reason code has been created for NYSNIP-eligible, food stamp applicants that apply *before* the 16th day of a month (other than the first). The first month benefits are pro-rated from the date of application.

A43 (FS Approval – NYSNIP: 1st Month Pro-rated; Applied AFTER the 15th)

This reason code has been created for NYSNIP-eligible, food stamp applicants that apply *after* the 15th day of a month. The first month benefits are pro-rated from the date of application.

ALL NYSNIP budget, special program code and authorization period requirements apply. WMS controlling edits/error messages have been modified to include these new reason codes. A new WMS edit for both reason codes requires that *both* the stored and prior ABEL FS budget Aged/Disabled Indicator = ‘S’ (NYSNIP).

Section III- New NYSNIP FS Approval Reason Code A47 (FS Approval – NYSNIP: Moved to Another District):

As outlined in GIS 05 TA/DC035, when a NYSNIP FS recipient moves from one upstate district to another and the new shelter/utility information is unknown, districts should use reason code **A47** to open the case. The notice generated explains the change in benefits due to the move. It also requests that the new shelter and utility costs be provided so accurate benefits can be calculated.

ALL NYSNIP budget, special program code and authorization period requirements apply. WMS controlling edits/error messages have been modified to include this new reason code. A new WMS edit requires that when using reason code A47, the stored budget Shelter Type = 97.

***Please note** - because the notice explains that the first month’s benefits will become available on the greater of the notice date or Authorization FROM Date, districts are encouraged to write the first month’s benefits as a SINGLE-ISSUE payment line.

I. New MCR Field to Support Medicare Part D

The Medicare Prescription Drug Benefit, also known as Medicare Part D, will be going into effect on January 1, 2006. On that date, Medicare Part D will replace Medicaid as the primary pharmacy coverage for individuals who are in receipt of Medicaid and Medicare (dual eligibles). Recipient information for dual eligibles and the Medicare Savings Program will be sent monthly to CMS (Center for Medicare and Medicaid Services). CMS will compare the recipients' information to their databases and send a return file to DOH. Information from this return file will be captured in the Third Party subsystem of eMedNY. It is planned that the feed from eMedNY to WMS will system generate a new Medicare (MCR) field value in WMS on screen 4. This field will be populated with a "Y" if any active Medicare exists in the TPL system. If none, or no active Medicare exists, the field will be blank.

The Third Party Health Insurance (TPHI) field, also on screen 4 and system generated, is being modified to be populated with a "Y" if any other active third party health insurance (excluding Medicare) exists in the TPL subsystem. If none, or no active other third party health insurance exists, the field will be blank.

Both fields can be viewed when doing case inquiry and will be displayed on the Clearance Report on CINS of all possible or actual matches. Also, no data entry will be allowed for both the MCR and TPHI fields.

The new MCR field and modified TPHI fields are not supported at this time. You will be informed when they are populated.

II. Modifications to Warning #1922

Warning #1922 "Warning-Coverage code may be incompatible with TPHI value" will be modified to occur for Transaction Types 02, 05, 06, 10 or 11 if the recipient has a current MA Coverage Code of 30, 31, 34 or 36 or is being changed to one of these coverage's and there is a value of "Y" in the TPHI and/or new MCR field. The warning will now show as "Warning-Coverage code may be incompatible with TPHI AND/OR MCR value". When this warning occurs the worker should review the Third Party subsystem of eMedNY to determine if the coverage of FHP or Managed Care is appropriate. This new edit will be effective when the TPHI and MCR fields are populated.

III. Continuous Save Date (CSD)

The following revisions to Continuous Save Date (CSD) processing are supported with this migration.

1. New Closing/Deletion Code: **Y90**: "DISCONTINUE-AGENCY/CLIENT ERROR"
Use this value to close/delete a case or individual who was opened erroneously, due to either local district or client error. "T + 10" rules apply. No calculation or generation of continuous coverage will result when entering the "Y90". This code requires a manual notice.
2. Individual Categorical Codes 15, 43 and 48 no longer causes the calculation or re-calculation of Continuous Save Dates.
3. Newly created CSDs will never be a date which is other than the last day of a month.
4. Newly created CSDs will never be more than 12 months from the MA Coverage From Date.

IV. Changes to Medicaid Buy-In for Working Persons with Disabilities (MBIWPD) Editing

Edits are now in place to limit this population to receipt of coverages 01, 10, 11, 19, 20, 30 & 31 ONLY. In order to systemically support this decision, a new edit (**1563**) has been created to cross-edit these Coverage Code values against Individual Categorical Codes 70 & 71.

“1563 CATEGORICAL CODES 70 & 71 MUST HAVE COVERAGE 01, 10, 11, 19, 20, 30, 31 ONLY”

V. Add RVI 9 for QI1's (MSP of "U")

Qualified Individuals (QI) for the Medicare Savings Program (MSP) have a Medicare Savings Program Indicator (MSPI) of "U". When the MSPI indicator was implemented in February 2005, these individuals were given a Resource Verification Code "1- Resources Verified for 36 Months" for purposes of conversion.

This code is not programmatically correct, as Qualified Individuals are exempt from resource verification.

A correction has been made, so that "9- Exempt from Resource Verification" can be entered in DE 01043 Resource Verification Indicator with "U" (QI) in the Medicare Savings Program Indicator (MSPI) field. To accommodate existing conversion cases, an RVI of "1" is also allowed. Values 2, 3, & 4 are not correct for Qualified Individuals, and are not allowed.

Entry of the "9" in the RVI field will produce a warning "WARN- AUTH TO AND MA TO DATES GENERATED TO 123149" at completion of the transaction if these dates were left blank.

VI. Family Planning Edit Change

Error 01538 states, “For Cat Code 69 MA Coverage Must Equal 18” Transaction Types 02 and 10 will no longer produce Error 01538 when an individual with Individual Category Code (ICC) 69 (Family Planning Only - FNP) is being Denied during an Opening/Re-Opening (02 or 10) transaction. Individuals with ICC 69 may now be given Individual Status Code 11 (Denied) without incurring error 01538. The system will generate Coverage Code 04 without an error.

VII. Family Health Plus Edit Wording Change

The wording of Edit 1336 has been corrected, eliminating reference to Individual Categorical Code 37. The edit now reads: “CASE TYPE 24 REQUIRES AT LEAST ONE CAT CODE BE 56 or 57”

Note: The edit has been functioning appropriately. This is only a change to the text message.

CNS Language Changes for 2005.3 Migration

Section 1 – New Automated Chronic Care Reason Code: 947

Section 2 – Language Changes Due to the Addition of “Medicaid Managed Care Recipients” Paragraph: S64, S86

Section 3 - Change to *ALL* Opening Reason Codes Due to the Addition of Medicare Part D Language

Section 4 – Language Change to Insert E0019 “Health Care Programs for New Yorkers”

Section 5 – Reason Codes Affected by the Removal of CBIC Language: C21, C28, C41, C44, E81, X14, X50, X51, X53, X70

Section 6 – Reason Codes Affected by a Change to the Public Employee Message: S57, S59, S61, S66, S67, S80, V32, V33, V34, V35, V36, V37, V39, V76

Section 7 – Change to Documentation Checklist for General and FPBP Renewal Forms (R9001 & R0034)

Section 1 – New Automated Chronic Care Reason Code: 947

Reason Code	Paragraph Number	Description
947	U0170	Recalculation of Contribution Toward Chronic Care Spousal, COLA (Upstate Only)

**Note: This is a fully automated Upstate notice only used at Mass Rebudgeting (MRB)*

As with reason code 946 (released November 04 migration), reason code 947 gives the Local Districts the option to participate in a MBL Principal Provider Subsystem Interface capability. The system will automatically update the NAMI amounts budgeted by the MBL Mass Rebudget. Local Districts selecting the MRB Principal Provider Update function will have an additional option to have Client Notices automatically generated for budget types 08,09,10 (Chronic Care) due to changes in their NAMI amounts from the MRB process. The new automated COLA notice (947) will be applicable to spousal budgeting, and will function similar to reason code V12 which is currently on production as a worker fill notice. However, if there is more than one person on the case no notice will automatically generate. The case will still go through MBL Mass Rebudgeting, but the worker will have to create a notice themselves. The worker should use reason code V12 in this situation.

Section 2 – Language Changes Due to the Addition of “Medicaid Managed Care Recipients” Paragraph: S64, S86

This paragraph reads as follows:

MEDICAID MANAGED CARE RECIPIENTS:

If you are in Medicaid managed care, you will continue to receive coverage for all care and services under your managed care plan as well as the other services, such as pharmacy, you get using your Medicaid benefit card.

This paragraph is now included with the following reason codes:

Undercare:

Reason Code	Paragraph Number	Description
S64	U0150	All Covered Care and Services to Community Care with No LTC Due to Failure to Provide Documentation of Resources, No Spenddown
S86	U0160	Community Coverage with Community-Based LTC to Community LTC to Community Coverage with No LTC Failed to Provide Documentation of Resources at Renewal, No Spenddown

Section 3 - Change to ALL Opening Reason Codes Due to the Addition of Medicare**Part D Language:**

Under the Services and Other Information section of the notices a new insert will be included. The insert is titled "Important Information for Individuals Who are Entitled to Medicare". This informs Recipients that if they are entitled to Medicare benefits they must use this service, instead of Medicaid, to receive their prescription drug plan. Medicaid will still pay for all other covered medical services.

The insert reads as follows:

IMPORTANT INFORMATION FOR INDIVIDUALS WHO ARE ENTITLED TO MEDICARE

If you are entitled to Medicare benefits, your prescription benefits will be provided by the Medicare program instead of the Medicaid program. You will need to pay only a small co-payment for each prescription under Medicare. (If you reside in a medical facility, you may not have to pay any co-payment.) Medicaid will still pay for your other health care costs. Medicaid will pay for your prescription drugs until you are enrolled in a Medicare prescription drug plan.

You will be receiving more information from the Centers for Medicare and Medicaid Services (CMS) about what you need to do to join the Medicare prescription drug program, how Medicare will pay for your drug costs, and what other steps you will need to take. It is very important that you keep this information, and read it carefully.

To get your new prescription coverage under Medicare, you must select one of the prescription drug plans which will be providing this service. If you do not pick a plan, you will be assigned to a plan. Once you are enrolled in a plan, you will receive a new Medicare prescription drug card, which you must use at the pharmacy to get your prescriptions.

The prescription drug plan you will be enrolled in will cover a wide variety of drugs. If the plan does not cover your prescription drug, you must call the plan, or ask your pharmacist to call the plan to get special permission (called anexception) from the plan to get that particular drug. If the plan still will not cover that medication, you may sometimes be able to use your Medicaid card for that drug.

Remember you must always use your new Medicare prescription drug card when you go to the pharmacy for prescription drugs.

If you are entitled to receive your drug coverage through a prescription drug plan and refuse to enroll in a plan, you will lose all of your Medicaid benefits.

If you have any questions about enrolling in the Medicare Prescription Drug Program please call 1-800-Medicare (1-800-633-4227).

Section 4 – Language Change to Insert E0019 “Health Care Programs for New Yorkers”

At the end of the section titled “Programs for Adults” a new paragraph is added that explains the availability of breast, cervical, and colorectal cancer screenings.

This paragraph reads as follows:

The New York State Department of Health Cancer Services Program provides breast, cervical, and colorectal cancer screening at no cost to eligible women and men who are uninsured or cannot pay for these services. Screening services are available in every county/borough in NYS. For more information call 1-800-422-6237.

Section 5 – Reason Codes Affected by the Removal of CBIC Language: C21, C28, C41, C44, E81, X14, X50, X51, X53, X70

This change is being made because these individuals do not receive a Medicaid Card.

Discontinuances:

Reason Code	Paragraph Number	Description
E81	C0101	Discontinue QI-1 Coverage, Annual Fund Exhausted
X14	C0098	No Longer Eligible for MA Payment of AHIP Premiums
X50	C0031	Discontinue Payment of COBRA Group Health Insurance Premiums
X51	C0032	Discontinue Payment COBRA Group Health Insurance Premiums, Prior Conditional Acceptance
X53	C0071	Medicare Buy-In Program, SLIMB
X70	C0102	QI-1 Over Income

Openings:

Reason Code	Paragraph Number	Description
C21	Y0005	Conditional Acceptance, COBRA Continuation
C28	Y0006	Accept Qualified Individual (QI-1)
C41	Y0004	Accept COBRA Continuation
C44	Y0009	Accept SLIMB

Section 6 – Reason Codes Affected by a Change to the Public Employee Message: S57, S59, S61, S66, S67, S80, V32, V33, V34, V35, V36, V37, V39, V76

The sentence that has been changed now reads as follows:

A person who is eligible for health care coverage through a federal, state, county, municipal or school district benefit plan is not eligible for Family Health Plus.

Undercare:

Reason Code	Paragraph Number	Description
V76	U0139	Over 19, MA to FPBP Due to Excess Income, FHP Ineligible Due to Equivalent Insurance or Public Employee

Discontinuances:

Reason Code	Paragraph Number	Description
V35	C0213	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP parent
V36	C0214	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V37	C0211	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP
V39	C0206	Discontinue FHP Due to Equivalent Insurance or Public Employee

Denials:

Reason Code	Paragraph Number	Description
V32	D0126	Deny MA Due to Excess Income and/or Resources, FHP FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
V33	D0127	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V34	D0117	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP

Openings:

Reason Code	Paragraph Number	Description
S57	Y0014	Approve Retro, Deny Ongoing MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, S/CC
S59	Y0016	Approve Retro, Deny Ongoing MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, FP
S61	Y0040	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, FP
S66	Y0041	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, S/CC
S67	Y0050	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, FNP Parent
S80	Y0059	Approve Retro, Deny Ongoing MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee, or Over 65, FP

Section 7 – Change to Documentation Checklist for General and FPBP Renewal Forms (R9001 & R0034)

The Documentation Checklist for the General Renewal (R9001) and the FPBP Renewal have had a new acceptable proof of income added.

It reads:

Employment Based Sick Pay/Disability Income

Award letter certificate, benefit check stub, correspondence from source of income