



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 6, 2019

TO: All MBL Liaisons

Re: MBL Transmittal 19-5

Dear MBL Liaisons:

Enclosed is MBL Transmittal 19-5. This transmittal includes information regarding this year's mass re-budgeting scheduled for **12/14/2019**. Two Principal Provider exceptions have been added back to page 11 of this transmittal. 'NO PP-INDIVIDUALS' and 'MORE THAN ONE PP-INDIVIDUAL' have been included in previous years and are still being included this year. The full MRB description is provided below for convenience and these two exceptions have been highlighted.

Please e-mail the MBL contacts listed on the transmittal page if you have any questions.

Sincerely,

Amy L. Smith
Amy L. Smith
Upstate Eligibility & Support Systems
Division of Systems
Office of Health Insurance Programs

Enclosure
cc: MA Directors

Subject: ACTION #1 – MRB Effective 01/01/2020

Affected Budget Type(s): All Except 02

Contact Person: Matt.Lapierre@health.ny.gov and Gary.Remarchuk@its.ny.gov

New legislation includes a Cost of Living Adjustment (COLA) of 1.6% effective January 1, 2020, 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 Medicaid cases with one or more of the above income types will be re-budgeted so that the SSA gross income amount reflects the COLA increase.

Changes to the MA Income and Resource Exemption Levels for one and two-person households, the SSI Benefit levels, and the Minimum Monthly Maintenance Needs Allowance (MMMNA) will be effective January 1, 2020. All Medicaid cases affected by these changes will be re-budgeted and compared against the new levels.

The following parameters are used throughout this transmittal and their values are as follows:

- **MRB Effective Date** – 01/01/2020
- **Prior Month End Date** – 12/31/2019
- **Three Months Prior End Date** – 10/31/2019
- **Part B Standard Amount** – \$144.60
- **Maximum Social Security Benefit Amount** – \$3,011.00

Criteria for MRB

Cases must meet each of the following criteria to be eligible for MRB:

- Case Type = 20 (MA)
- Case Status = 10 or 21 (Active)
- Individual Status = 07 (Active)
- Individual Categorical Codes ≠ 70 or 71 (Exclude MBI-WPD)
- Coverage Codes ≠ 25 or 26 (Exclude Prisoners and OMH)
- District Code ≠ 97 or 98 (Exclude OMH and OPWDD)
- WMS Authorization To Date > **Three Months Prior End Date** (Within two months of target date)
- Budget Type = 01, 04, 05, 06, 07, 08, 09 or 10
- Expanded Eligibility Code (EEC) = E (Disabled Adult Child) or Blank or Space

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- MBL Effective To Date > **Three Months Prior End Date** (Within two months of target date)

Budget Types 01, 04, 05 and 06 only must also meet each of the following criteria:

- Buy-In Field = Blank or Spaces
- MSPI = Blank or Spaces
- Coverage Codes ≠ 09

If any one of the following conditions are met, cases will be listed on the Exceptions Report (See MRB Output Summary section below). All cases on the Exceptions Report will not be re-budgeted.

- If the WMS Authorization To Date > **Three Months Prior End Date** and < **MRB Effective Date**
Then the case will be on the Exceptions Report with Exception Reason ‘INVALID AUTH DATE’
- If Full Data Entry has been completed, but case is in pending status as a new application or a reopening
Then the case will be on the Exceptions Report with Exception Reason ‘APPLICATION STATUS’
- If the budget has a value greater than 0 in Months Excess field or other invalid fields/characters
Then the case will be on the Exceptions Report with Exception Reason ‘BUDGET FAILED DATA INPUT EDITS’
- If the case only has a Bottom-Line budget
Then the case will be on the Exceptions Report with Exception Reason ‘BL-BUDGET EXISTS’
- If the case has both a MBL budget and a Bottom-Line budget
Then the case will be on the Exceptions Report with Exception Reason ‘MA AND BL-BUDGETS EXIST’
- If the budget’s Effective From Date is > **Prior Month End Date** and it is not a Budget Type 04 with Office = ABD, Unit = RECRT and Worker = NYDOH
Then the case will be on the Exceptions Report with Exception Reason ‘FUTURE MA-BUDGET’

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- If the budget's Effective To Date > **Three Months Prior End Date** and < **MRB Effective Date**
Then the case will be on the Exceptions Report with Exception Reason 'EXPIRED MA-BUDGET'
- If the Budget Type is 07 and no SSA Unearned Income Source Codes = 42, 43, 44 or 46
Then the case will be on the Exceptions Report with Exception Reason 'BT 07 – NEW BUDGET NOT REQUIRED'
- If the case is in pending status or error status other than '00'
Then the case will be on the Exceptions Report with Exception Reason 'PENDING DATA STATUS NOT EQUAL "00"'
- If the case is clocking down
Then the case will be on the Exceptions Report with Exception Reason 'CLOCKDOWN STATUS CODE EQUAL "C"'
- If the budget has an EDC < **MRB Effective Date** and the Effective To Date is > **Prior Month End Date**
Then the case will be on the Exceptions Report with Exception Reason 'FAILED MBL EDC DATE EDIT'
- If the case has no budget record stored for the client
Then the case will be on the Exceptions Report with Exception Reason 'SYSTEM ERROR, MISSING MA-BDGT'
- If the Budget Type is 04-06 and all Categorical Indicators = 06, 07 or 08
Then the case will be on the Exceptions Report with Exception Reason 'CHILD ONLY BUDGET'.

Description of MRB

1. Eligible cases/budgets with any Unearned Income Source Codes = 42, 43, 44 or 46 will have each occurrence recalculated to include the 1.6% COLA increase.

Example: Old Income = \$550.00

New Income = $(\$550.00 \times 0.016) + \$550.00 = \$558.80$

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If there are any Unearned Income Exemption Codes of 21 (Medicare Part B Premium) associated with an Unearned Income Source Code, each Exemption Amount will be compared as follows:

- If the old Part B amount is greater than **Part B Standard Amount**, this amount will not be increased and the case will be listed on the Exception Report with the reason ‘PART B PREMIUM INCORRECT’.
- Otherwise, the Part B amount will be recalculated based on the COLA increase.
Example: Old Part B + (\$550.00 x 0.016) = New Part B
The new Part B amount will be compared as follows:
 - If the new Part B amount is less than **Part B Standard Amount**, the case will be listed on the Exceptions Report with the reason ‘SSA INCREASE LESS THAN PART B’
 - If the new Part B amount is greater than or equal to **Part B Standard Amount**, the Unearned Income Exemption Code 21 Amount on the new budget will be set to **Part B Standard Amount**.

Example 1 (Exception):

Prior to MRB SSA Income = \$500 and Part B premium = \$135.50. Apply COLA, $\$500 \times .016 = \8.00 . Add the increase of \$8.00 to Part B amount of \$135.50 = \$143.50. \$143.50 is less than **Part B Standard Amount** so the Part B will not be updated and the case will appear on the Exceptions Report.

Example 2 (Eligible):

Prior to MRB SSA Income = \$800 and Part B premium = \$135.50. Apply COLA, $\$800 \times .016 = \12.80 . Add the increase of \$12.80 to Part B amount of \$135.50 = \$148.30. \$148.30 is greater than **Part B Standard Amount** so the Part B will be changed to **Part B Standard Amount** and the case will continue MRB processing.

The new Unearned Income Source Code amount will then be rounded down to the nearest whole dollar.

Example:

(COLA Applied) Prior SSA Income \$550.00; New 1.6% COLA Applied ($\$550 \times 1.6\% = \558.80 - Round to \$558.00)

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The following steps will also occur for any updated Unearned Income Source Code (42, 43, 44 or 46) amount with an associated Unearned Income Exemption Code of 21 (Medicare Part B Premium):

1. Subtract the **Part B Standard Amount** from the rounded Unearned Income Source Code amount
2. Round the resulting amount down to the nearest whole dollar
3. Add the **Part B Standard Amount** to this new rounded amount

The resulting amount will be entered in MBL as the Unearned Income Source Code amount.

Example:

$\$603.00 - \$144.60 = \$458.40$

Round down = \$458.00

$\$458.00 + \$144.60 = \$602.60$

All occurrences of Unearned Income Source Codes 42, 43, 44 or 46 on a case will be added together and the total sum will be compared to the **Maximum Social Security Benefit Amount**. If it is greater than the maximum amount, the case will be placed on the Exceptions Report with Exception reason 'INCORRECT SSA AMOUNT'.

2. All eligible cases/budgets will have a new budget calculated and stored to the MBL database. The following fields will be changed:
 - Transaction Code = 05
 - Effective From Date = **MRB Effective Date**, if current Effective From Date < **MRB Effective Date**. Otherwise, this value remains the same.
 - Unearned Income Source Codes 42, 43, 44, or 46 will be set to the New COLA amounts
 - Unearned Income Exemption Code 21 will be set to the New Part B Premium amounts
3. Cases on the Eligibles Report may have up to five alert messages informing the worker that additional review may be required. The following alert codes may be listed on the report:
 - If the case has unresolved CINTRAK (RFI) data present because of an RFI match
Then Alert Message 111 will be on the Eligibles Report
 - If all Unearned Income Source Codes of 42, 43, 44 and 46 do not have any Unearned Exemption Codes = 21; or
If any Unearned Exemption Code = 01 and the Exemption Amount is not **Part B Standard Amount**
Then Alert Message 211 will be on the Eligibles Report

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- If the budget has any occurrence of Unearned Income Source Code = 48 (SSA Benefit – Pickle)
Then Alert Message 311 will be on the Eligibles Report
 - If the budget has any occurrence of Unearned Income Source Code = 47 (SSA Benefit – DAC)
Then Alert Message 811 will be on the Eligibles Report
 - If the budget has an Additional Allowance Code of 23 (Family Member Allowance)
Then Alert Message 949 will be on the Eligibles Report
4. New budgets will be compared against the old budgets and one of the following Budget Statuses will be displayed in the Budget Status column on the Eligibles Report or the Auto Notice Report:

Code	Description
NC	No change
BC	Budget changed
For Budget Type 04:	
SD	Spend down decrease
SS	NO Spend down to spend down
SI	Spend down increase
For Budget Types 07-10:	
NM	COLA complete/MSP pending

- If the budget did not have a COLA applied
Then the Budget Status will be ‘NC’ on the Eligibles Report
- If the budget did have a COLA applied
Then the Budget Status will be ‘BC’ on the Eligibles Report
- For cases meeting the following criteria:
 - Budget Type = 04
 - Buy-In Indicator = Blank or Space
 - Categorical Indicator ≠ 06, 07 or 08
 - Coverage Code ≠ 09
 - If the spenddown amount on the budget has increased

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Then the Budget Status will be ‘SI’ and the case will be on the Auto Notice Report

These cases will have the following transaction created in WMS:

- Case Authorization Number = 920P1MMB (Unique for Mass Re-budgeting)
- Case Transaction Type = 05
- Case Reason Code = 711 - Increase in Excess Income Due to COLA - System Generated
- Case Notice Indicator = T
- Case Transaction Office = NYS
- Case Transaction Unit = MBL
- Case Transaction Wrkr = NYDOH

All other fields will remain the same for this transaction.

- If the spenddown amount on the budget has decreased
Then the Budget Status will be ‘SD’ on the Eligibles Report and the Recert Source Indicator will be set to ‘1’.
 - If there was no spenddown on the old budget and there is a spenddown on the new budget
Then the Budget Status will be ‘SS’ on the Eligibles Report and the Recert Source Indicator will be set to ‘1’.
 - If the Budget Type is 07-10, a Buy-In indicator is present, and the budget has changed
Then the Budget Status will be ‘NM’ on the Eligibles Report
5. All Budget Type 04 cases on the Exception Report will have the Recert Source Indicator value set to ‘1’, except for cases with a value of ‘2’ or ‘D’. Cases with a value of ‘2’ or ‘D’ will not have this indicator changed.

MRB Output Summary

MRB will produce three reports that will be sent to the local district’s respective COGNOS queue: Eligibles, Exceptions, and Auto Notice. They can be found at the following path in COGNOS: Public Folders > Global Reports > DOH > MABEL MRB Reports > Upstate. The latest version of COGNOS can be found at the following link:

<https://biservice.otda.ny.gov/ibmcognos/bi/?perspective=home>

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Eligibles Report

This report will contain all cases/budgets that passed all selection criteria and were successfully re-budgeted. It will include the following data fields:

Case Number
Case Name
Case Type
Budget Type
Expanded Eligibility Code
Old NAMI Amount
New NAMI Amount
Total Net Income
Budget Status
Alert Messages (Up to 5)

Exceptions Report

This report will contain all cases/budgets that met the initial criteria for MRB, but they were not systematically re-budgeted and require worker review. It will include the following data fields:

Case Number
Case Name
Case Type
Budget Type
Exception Reason

Auto Notice Report

This report will contain all cases/budgets that met both the MRB selection criteria and the Auto Notice selection criteria. Cases on this report will not appear on the Eligibles report. This report will include the following data fields:

Case Number
Case Name
Old Surplus
New Surplus
Total Net Income
MA Level
QII Level

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Budget Status (SI)

Alert Messages

All three reports will be sorted by the following:

District

Local Office

Unit

Worker

Case Name

The Auto Notice report will be further sorted by:

Old Surplus

New Surplus

Total Net Income

Budget Status (SI)

All report headers will include the Local Office, Unit, Worker and Page Number.

Subject: ACTION #2 - Principal Provider Update Interface for MRB

Affected Budget Type(s): 07-10

Contact Person: Matt.Lapierre@health.ny.gov and Gary.Remarchuk@its.ny.gov

Criteria for Principal Provider Update

Cases from districts that chose to participate in the Principal Provider update process must meet each of the following criteria to be eligible:

- Successfully rebudgeted through the MRB process
- Budget Type = 07, 08, 09 or 10
- 1st of Month of date of institutionalization is \geq **MRB Effective Date** AND new NAMI Month of Institutionalization (MOI) amount \neq old NAMI MOI amount
OR
New NAMI Chronic Care amount \neq old NAMI Chronic Care amount

If any one of the following conditions are met, cases will be listed on the Exceptions Report (See MBL Principal Provider Update Interface Output Summary). All cases on the Exceptions Report will not have Principal Provider information updated.

- If no Principal Provider Code exists on screen 5
Then the case will be on the Exceptions Report with Exception Reason 'NO PP-INDIVIDUALS'
- If more than one individual has a Principal Provider Code on screen 5
Then the case will be on the Exceptions Report with Exception Reason 'MORE THAN ONE PP-INDIVIDUAL'
- If no Principal Provider or NAMI records exist in the Principal Provider subsystem
Then the case will be on the Exceptions Report with Exception Reason 'NO PP RECORD'
- If there is not an active Principal Provider record on the subsystem with Principal Provider Code = 01-07, 10 or 12
Then the case will be on the Exceptions Report with Exception Reason 'NO VALID PP SITUATION'
- If the Principal Provider record does not have a subsequent NAMI only entry following the original placement line
Then the case will be on the Exceptions Report with Exception Reason 'NO VALID NAMI'
- If a data manipulation language command fails when accessing the database

Subject: ACTION #2 - Principal Provider Update Interface for MRB

Affected Budget Type(s): 07-10

Contact Person: Matt.Lapierre@health.ny.gov and Gary.Remarchuk@its.ny.gov

Then the case will be on the Exceptions Report with Exception Reason ‘DATABASE ERROR’

- If the top record in the Principal Provider stack has a Date of Service From Date > **Prior Month End Date**
Then the case will be on the Exceptions Report with Exception Reason ‘FUTURE PP SITUATION’

Description of Principal Provider Update Process

1. Before having NAMI amounts updated, eligible Principal Provider records will be tested to determine if there are future NAMI amounts with an Effective From Date greater than **Prior Month End Date**. Any future amounts will be deleted and replaced by new amounts determined during MRB. An alert of ND1 to ND9 will appear on the Eligibles Report for cases that have amounts deleted. ND stands for NAMI deleted and the number 1-9 indicates the number of future NAMI amounts that were deleted. Eligible cases will only have one alert.

Example:

A case with four future NAMI amounts will have an alert of ND4.

2. Eligible cases meeting all selection criteria above will then have new NAMI amounts posted on the associated Principal Provider record. Eligible cases will also be listed on the Eligibles Report.
3. If the new NAMI Chronic Care amount is greater than the old NAMI Chronic Care amount and the case is from a district that chose to participate in the Principal Provider update with CNS, a Client Notice will be sent due to the change in NAMI amount. CNS Reason Code 946 will be used if the Budget Type is 07. CNS Reason Code 947 will be used if the Budget Type is 08-10.

MBL Principal Provider Update Interface Output Summary

The Principal Provider Update process will produce two reports sent to the local district’s respective BICS queue: Eligibles and Exceptions. These will be identified by file names with the following format:

001-X*MNA300PFL121

- 001 – number of copies
- X – BICS

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- MNA300 – Run Names
- PF – Print File
- ‘L’ or ‘X’ – Eligibles or Exceptions
- 1 – Number of report produced
- 21 – District Number

Eligibles Report

This report will contain all cases that passed the selection criteria and had new NAMI amounts successfully updated. This report will include the following data fields:

Case Number
Case Name
CIN
Client Name
Principal Provider Code
Updated NAMI Amount
Effective Date
Alert Message

At the end of this report, district totals will be printed for the number of recipient Principal Provider records updated.

Exceptions Report

This report will contain all cases that met the initial criteria for the Principal Provider Update, but NAMI amounts will not be systematically updated and require worker review. This report will include the following data fields:

Case Number
Case Name
CIN
Client Name
Principal Provider Code
Exception Message

Both reports will be sorted by the following:

MBL TRANSMITTAL

Date: December 6, 2019

Transmittal No.: 19-5

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Affected Budget Type(s): 07-10

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District

Local Office

Unit

Worker

Case Name

Both report headers will include the Local Office, Unit, Worker and Page Number.