OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Human Resources Administration Department of

Social Services

POLICY BULLETIN 16-29-SYS

MEDICAID SEPARATE DETERMINATION (MSD) REFERRALS FOR THE BASIC HEALTH PLAN (BHP)

Date:	Subtopic(s):					
March 21, 2016	Medicaid					
☐ This procedure can now be accessed on the FIAweb.	The purpose of this policy bulletin is to inform Family Independence Administration (FIA) Job Center staff of an interim procedure to be used in conjunction with Medicaid Separate Determination (MSD) Referrals for the Basic Health Plan (BHP).					
Refer to PB 16-14-SYS	As noted in the Paperless Office System (POS) release notes Version 20.1 dated February 22, 2016, applicants who apply for Cash Assistance (CA) and are rejected for reason codes that do not reject the applicant for Medicaid (MA) are referred to the MSD unit to be evaluated for MA eligibility. This applies to Family Assistance (FA), Safety-Net Cash Assistance (SNCA), Safety-Net Non-Cash Assistance (SNNC) and Safety-Net Federally-Participating (SNFP) applicants.					
	Due to the immigration status of some individuals on the CA application, the MSD must be completed by the New York State of Health (NYSOH). The Basic Health Plan (BHP) Response Summary (FIA-1164) form contains the additional tax questions that are utilized to determine an applicant's tax status. This is needed to create a NYSOH account and perform a Modified Adjusted Gross Income (MAGI) determination.					
	If the case is rejected for CA and the applicant meets the BHP criteria (described on page 2), the application and supporting documents are transferred from POS/EDITS to New York State of Health (NYSOH) via the Maximus Move It system, where they will be evaluated for MA eligibility.					
	A new system-generated MA Rejection Code BH1 (BHP referral to HX) was added in the Welfare Management System (WMS) for individuals/lines rejected with a CA reason code that entitles them to be evaluated separately for Medicaid and meet all of the following criteria:					

HAVE QUESTIONS ABOUT THIS PROCEDURE? Call 718-557-1313 then press 3 at the prompt followed by 1 or send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

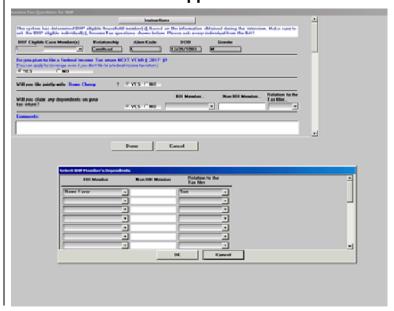
Distribution: X

- Individuals who have a state/federal charge code of 60, 67,
 or 68 and not within 90 days of the end of the 5 year ban.
- Individuals/lines that have state/federal charge code 60, 67, or 68 and are between the ages of 21 and 64 years and 9 months.
- Individuals/lines whose R/E code is not B7.
- Individuals/lines whose SSI Indicator is not 1.
- Individuals/lines with SSN validation code 8, 7, N, 1, 2, or space.
- Category code 09 (Children in Intact Household, No FA/SNFP Deprivation; or Single Person Safety-Net/Adult-Only Households), 14 (Essential Person) or 26 (Parent in an Intact Household).
- If a case has an individual belonging to this group with ACI code O or T (state/federal charge code 67) the entire case will be transferred to HX, unless they are aged or have a category code that excludes them. There is no date of entry requirement for this code. The singular exception is if a case member is receiving SSI or has an R/E code of 7.

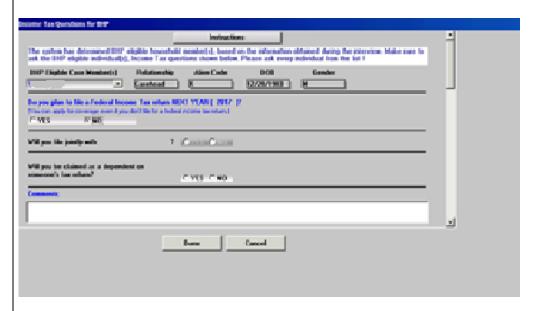
Note: Applicants rejected for CA that do not meet the BHP criteria will follow the existing MSD case processing rules.

New POS Questions for BHP Referrals

POS has created two windows both named **Income Tax Questions for BHP**. The first window (see **Attachment A**) appears after the TAD window in the **CA Application Interview**.



When at least one individual on the CA case meets the criteria for a MSD referral to the BHP/NYSOH, the second window (see **Attachment A**) appears.



For each individual meeting the BHP criteria, the following questions appear:

- Do you plan to file a federal income tax return NEXT YEAR (2017)? You can apply for coverage even if you don't file for a file a federal income tax return.
- Will you file jointly with (head of household or spouse of head of household)?
- Will you claim any dependents on your tax return?
 - Household member / Relation to the tax filer
 - Non-household member / Relation to the tax filer
- Will you be claimed as a dependent on someone's tax return?
 - Household member / Relation to the tax filer
 - Non-household member / Relation to the tax filer
- Comment

In order to capture this information for submission to the NYSOH as supporting documentation, POS will populate the **FIA-1164** with the responses to these questions. As an interim measure until POS is programmed to automatically fill in the form and file it in the HRA One Viewer, staff must print the **FIA-1164** form, scan and index it as document type "Medicaid".

Document type	Document Description
Medicaid	FIA-1164 Basic Health Plan (BPS) Response
	Summary

Effective: March 21, 2016

Reference:

16 OHIP/ADM-01

Related Item:

PB# 16-14-SYS

Attachments:

 □ Please use Print on Demand to obtain copies of forms. **FIA-1164 (E)** Basic Health Plan (BHP) Response Summary Basic Health Plan (BHP) Response Summary

(Spanish)

Attachment A Income Tax Questions for BHP Windows



Basic Health Plan (BHP) Response Summary

This form is a summary of some of the answers that you gave to us during your interview. This form cannot be updated and has no impact on your Medicaid benefits. You should keep this form for future reference. Thank you.

Case Name: Case Number:	Case Number: File Date:						
Questions	YES	NO	Who	Relation to Tax Filer			
Do you plan to file a federal income tax return NEXT YEAR? You can apply for coverage even if you don't file for a file a federal income tax return. a. Will you file jointly with b. Will you claim any dependents on your tax return?							
c. Will you be claimed as a dependent on someone's tax return?							
Do you plan to file a federal income tax return NEXT YEAR? You can apply for coverage even if you don't file for a federal income tax return.							
a. Will you file jointly with?							
b. Will you claim any dependents on your tax return?							
c. Will you be claimed as a dependent on someone's tax return?							
Comments:							

Comentarios:



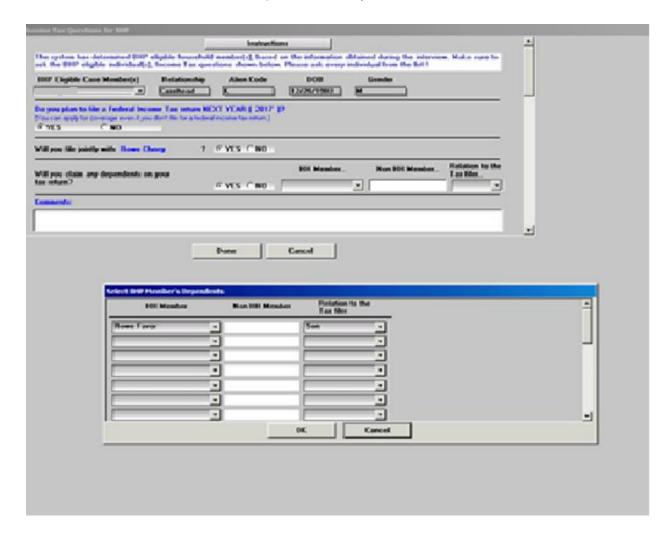
Sumario de Respuesta del Plan Básico de Salud (BHP)

Por el presente se resumen algunas de las respuestas que usted nos ha proveído durante su entrevista. Este formulario no se puede actualizar, y no afecta sus beneficios de Medicaid. Usted debería guardar este formulario para consulta futura. Gracias.

lombre del Caso: Número del Caso:			Fecha de Presentación:			
Preguntas	SÏ	NO	Quién	Relación con el declarante de impuestos		
¿Tiene usted pensado declarar impuestos el PRÓXIMO AÑO? Puede solicitar cobertura aun si no declara impuestos federales. a. ¿Declarará usted impuestos conjuntamente con b. ¿Reclamará usted dependientes en su declaración tributaria?						
c. ¿Alguien le relamará a usted como dependiente al declarar impuestos?						
¿Tiene usted pensado declarar impuestos el PRÓXIMO AÑO? Puede solicitar cobertura aun si no declara impuestos.						
a. ¿Declarará usted impuestos conjuntamente con?						
b. ¿Reclamará usted dependientes en su declaración tributaria?						
c. ¿Alguien le relamará a usted como dependiente al declarar impuestos?						

Attachment A – Income Tax Questions for BHP Windows

Income Tax Questions for BHP (first window)



Attachment A - Income Tax Questions for BHP Windows

