




**OFFICE OF POLICY, PROCEDURES, AND TRAINING**

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**POLICY BULLETIN 16-29-SYS**

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

<p><b>Date:</b> March 21, 2016</p>	<p><b>Subtopic(s):</b> Medicaid</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Refer to <a href="#">PB 16-14-SYS</a></p>	<p>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).</p> <p>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.</p> <p>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 (<b>FIA-1164</b>) 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.</p> <p>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.</p> <p>A new system-generated MA Rejection Code <b>BH1</b> (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:</p>

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

- 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**.

The screenshot shows the 'Income Tax Questions for BHP' application window. It includes the following elements:

- Instructions:** A message stating: "This system has determined BHP eligible household member(s) based on the information obtained during the interview. Make sure to add the BHP eligible individual(s) because it is important to have them. Please add every individual from the BHP!"
- BHP Eligible Case Member(s):** A table with columns: Relationship (dropdown), Adm Code (dropdown), DOB (text field), Gender (dropdown).
- Do you plan to file a Federal Income Tax return NEXT YEAR (2017)?** Radio buttons for YES and NO.
- Will you file jointly with House/Chery?** Radio buttons for YES and NO.
- Will you claim any dependents on your tax return?** Radio buttons for YES and NO, with dropdown menus for BHP Member and Non BHP Member, and a dropdown for Relation to the Tax filer.
- Comments:** A text area for user input.
- Select BHP Member's Dependents:** A smaller window with a table for adding dependents. The table has columns: BHP Member (dropdown), Non BHP Member (dropdown), Relation to the Tax filer (dropdown). The first row shows 'House/Chery' in the BHP Member column.

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:**

- FIA-1164 (E)** Basic Health Plan (BHP) Response Summary
- FIA-1164 (S)** Basic Health Plan (BHP) Response Summary (Spanish)
- Attachment A** Income Tax Questions for BHP Windows

 Please use Print on Demand to obtain copies of forms.

### 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: \_\_\_\_\_ File Date: \_\_\_\_\_

Questions	YES	NO	Who	Relation to Tax Filer
<b>Do you plan to file a federal income tax return NEXT YEAR?</b> You can apply for coverage even if you don't file for a federal income tax return.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>a. Will you file jointly with _____?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. Will you claim any dependents on your tax return?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>c. Will you be claimed as a dependent on someone's tax return?</b>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Do you plan to file a federal income tax return NEXT YEAR?</b> You can apply for coverage even if you don't file for a federal income tax return.	<input type="checkbox"/>	<input type="checkbox"/>		
<b>a. Will you file jointly with _____?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. Will you claim any dependents on your tax return?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>c. Will you be claimed as a dependent on someone's tax return?</b>	<input type="checkbox"/>	<input type="checkbox"/>		

**Comments:** \_\_\_\_\_

### 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.

Nombre del Caso: \_\_\_\_\_ Número del Caso: \_\_\_\_\_ Fecha de Presentación: \_\_\_\_\_

Preguntas	SÍ	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.	<input type="checkbox"/>	<input type="checkbox"/>		
a. ¿Declarará usted impuestos conjuntamente con _____?	<input type="checkbox"/>	<input type="checkbox"/>		
b. ¿Reclamará usted dependientes en su declaración tributaria?	<input type="checkbox"/>	<input type="checkbox"/>		
c. ¿Alguien le relamará a usted como dependiente al declarar impuestos?	<input type="checkbox"/>	<input type="checkbox"/>		

¿Tiene usted pensado declarar impuestos el PRÓXIMO AÑO? Puede solicitar cobertura aun si no declara impuestos.	<input type="checkbox"/>	<input type="checkbox"/>		
a. ¿Declarará usted impuestos conjuntamente con _____?	<input type="checkbox"/>	<input type="checkbox"/>		
b. ¿Reclamará usted dependientes en su declaración tributaria?	<input type="checkbox"/>	<input type="checkbox"/>		
c. ¿Alguien le relamará a usted como dependiente al declarar impuestos?	<input type="checkbox"/>	<input type="checkbox"/>		

**Comentarios:** \_\_\_\_\_

# Attachment A – Income Tax Questions for BHP Windows

## Income Tax Questions for BHP (first window)

**Income Tax Questions for BHP**

**Instructions**

The system has determined BHP eligible household member(s) based on the information obtained during the interview. Make sure to ask the BHP eligible individual(s) Income Tax questions shown below. Please ask every individual from the list!

BHP Eligible Case Member(s)	Relationship	Alien Code	DOB	Gender
	Casehead		1/29/1983	M

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 federal income tax return.)

YES  NO

Will you file jointly with **Flora Cheng**?  YES  NO

Will you (file any dependents) on your tax return?

YES  NO

BHP Member... Non BHP Member... Relation to the Tax filer

**Comments:**

Done Cancel

**Select BHP Member's Dependents**

BHP Member	Non BHP Member	Relation to the Tax filer
Flora Cheng		Spouse

OK Cancel

## Income Tax Questions for BHP (second window)

# Attachment A – Income Tax Questions for BHP Windows

**Income Tax Questions for BHP**

**Instructions:**

The system has determined BHP eligible household member(s), based on the information obtained during the interview. Make sure to ask the BHP eligible individual(s), Income Tax questions shown below. Please ask every individual from the list!

BHP Eligible Case Member(s)	Relationship	Alien Code	DOB	Gender
[Dropdown]	Spouse	[Dropdown]	12/25/1988	M

**Do you plan to file a Federal Income Tax return NEXT YEAR? 2017?**  
(Question asks for coverage even if you don't file for a federal income tax return.)

YES  NO

**Will you file jointly with**  **Spouse**  **Other**

**Will you be claimed as a dependent on someone's tax return?**  YES  NO

**Comments:**

[Text Area]