

**NEW YORK**  
state department of  
**HEALTH**

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Commissioner

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Executive Deputy Commissioner

**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL:** 12 OHIP/ADM-4

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Health  
Insurance Programs

**DATE:** 07/11/12

**SUBJECT:** Automated Medicaid Renewal Expansion: Medicare Savings Program  
(MSP) Individuals with Fixed Incomes

**SUGGESTED  
DISTRIBUTION:**

Medicaid Staff  
Fair Hearing Staff  
Staff Development Coordinators

**CONTACT  
PERSON:**

Local District Liaison:  
Upstate - (518)474-8887  
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**ATTACHMENTS:**

Attachment - Upstate CNS Notice, Renewal-Medicare Savings  
Program

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other	Manual Ref.	Misc. Ref.
11 OHIP/ADM-09		360-2.2(e) 360-6.2 360-7.7 360-7.8	366-a 366-a(2)	MRG Pgs. 481-485.1	

**I. PURPOSE**

The purpose of this Office of Health Insurance Programs Administrative Directive (OHIP/ADM) is to advise local departments of social services (LDSS) that administrative, automated renewals for Medicaid recipients will be expanded to include Medicare Savings Program (MSP) recipients who have a fixed income from the Social Security Administration (SSA). This ADM pertains to automated renewal of upstate MSP cases. A document regarding automated renewal of New York City (NYC) MSP cases will be released at a later date.

**II. BACKGROUND**

Medicaid renewals were automated in January 2012 for Aged, Blind and Disabled recipients with fixed incomes only from SSA benefits. To further advance the Medicaid Redesign Team (MRT) effort to lower costs and improve quality in the Medicaid program, implementation of administrative, automated renewals will be expanded to MSP recipients beginning in June 2012. Currently, MSP recipients complete a mail-in renewal form once a year in order to continue to have their Medicare premiums paid. There is no resource test for MSP. With the expansion of administrative, automated renewals, MSP recipients who are single individual or couple households with fixed income only from the SSA, will not be required to mail in a renewal form in order to have MSP benefits continue. The State will automate the review and renewal of the MSP case, saving both time and money for MSP recipients and the Medicaid Program.

**III. PROGRAM IMPLICATIONS**

In June 2012, the first MSP cases will be selected for automated renewal. For MSP Qualified Medicare Beneficiary (QMB) and Specified Low Income Beneficiary (SLIMB), selected cases will be those with an Authorization "To" date of 08/31/12. Qualified Individual (QI) cases will be selected for automated renewal in June each year, beginning with the June 2012 system migration. Automated renewal of QI cases will select from those with an Authorization "From" date that is less than or equal to December first of the previous year. For all MSP categories, the following selection criteria are required for automated renewal.

The first weekend of each month, cases that meet specific criteria from the Welfare Management System (WMS), Medicaid Budget Logic (MBL) and Resource File Integration (RFI) will be selected for automated renewal. Any MSP case not selected will be subject to renewal by the local district following the existing mail renewal process.

Cases selected are those composed of an individual or a married couple, who are eighteen years of age or older, with an Individual Categorical Code (ICC) of Aged (10), Blind (11) or Disabled (12), a Budget Type of 04 (SSI-Related), Social Security income as the only source of income and a Medicaid Coverage code of 09 (Medicare Savings Program Only).

MSP QMB, SLIMB and QI cases that will **not** be selected include any case with: an Auto Renewal Indicator code of 1 (Excluded from Automated Renewal - System Generated at Mass Re-Budgeting) or 2 (Excluded from Automated Renewal - Worker Entered) in the "Recertification Source" field (RCRT SRC) on Screen 1 of WMS (see Systems Implications section V.A.3. of this ADM), a non-citizen or non-qualified alien; an Expanded Eligibility Code (EEC); an Anticipated Future Action code of 110 (Individual Turning 65 Years); or a case in aid continuing status due to a scheduled fair hearing. Additionally, cases with a Resource Verification Indicator (RVI) code of other than 9 (Exempt), will not be selected.

Income contained in the MBL budget will be matched in an automated interface process with RFI. The process will match the information on the renewal file to the "hits" on the RFI database. Cases with RFI information that does not meet certain criteria will not be renewed by the automated process.

Because selected cases have income only from SSA benefits, some MBL budgets will have been updated at the time of Mass Re-Budgeting. The automated renewal will compare the net income to the current year's Federal Poverty Levels (FPL). If the budget recalculation and comparison to the 2012 FPL would result in a change in MSP level, the case will not be renewed automatically and will appear on the district's report (see section III.C. of this ADM) as an exception with an alert for the district to manually process the case.

For all successfully renewed cases, a system-generated notice will be sent to the recipient (see the Attachment to this directive). The notice informs the recipient that MSP coverage is continued unchanged and that the recipient is responsible to report any changes in income, etc., to the district. The recipient should only respond if there is a change that needs reporting. If the local district receives a reported change, the appropriate action(s) must be taken to update the Medicaid case.

**A. QMB/SLIMB**

The automated renewal process will run on a monthly basis for QMB and SLIMB. The same weekend that a case meets all selection criteria from WMS, MBL and RFI, the system will update WMS with the appropriate transaction code, a new system generated reason code (883-MSP QMB/SLIMB Auto Recert) and new authorization and coverage periods that extend out one year from the current end date. An authorization number (9"MMYY"MSP) will be generated for each case. The "MMYY" is the transaction month and year. The LDSS 3209 Authorization Change document will be suppressed; however, it will be available for the district worker to print if a paper copy is needed. These cases will be batched on the Monday night following the first weekend of the month. Districts can identify the automated renewal cases on WMS by data in the Office, Unit and Worker fields. These fields will be set to MSP (office), RECRT (unit) and NYDOH (worker) and a report will be available through BICS (see section III.C. of this ADM).

At the time of automated renewal, the budgets for the selected cases will be automatically updated with a transaction code and the effective dates changed to match the new Authorization "From" date and Authorization "To" date. The current budget version number will

be increased by one (1) and a new store date entered to reflect an updated budget. The automated renewal budgets are differentiated by the Office code of MSP, the Unit code of RECRT and the Worker code of NYDOH.

**B. QI**

The automated renewal process will run annually in June for QI cases. As for QMB/SLIMB automated renewal cases, the same weekend that a case meets all selection criteria from WMS, MBL and RFI, the system will update WMS with the appropriate transaction code, a new system generated reason code (885-MSP QI Auto Recert) and new authorization and coverage periods with open-ended "To" dates. An authorization number (9"MMYY"MQI) will be generated for each case. The LDSS 3209 Authorization Change document will be suppressed; however, it will be available for the district worker to print if a paper copy is needed. These cases will be batched on the Monday night following the first weekend of the month. Districts can identify the automated renewal cases on WMS by data in the Office, Unit and Worker fields. These fields will be set to QI (office), RECRT (unit) and NYDOH (worker) and a report will be available through BICS (see section III.C. of this ADM).

At the time of automated renewal, the budgets for the selected cases will be automatically updated with a transaction code and the effective date changed to match the new Authorization "From" date. The Authorization "To" date will be one year from the Auth "From" date. The current budget version number will be increased by one (1) and a new store date entered to reflect an updated budget. The automated renewal budgets are differentiated by the Office code of QI, the Unit code of RECRT and the Worker code of NYDOH.

**C. Reports**

After the automated renewal process occurs for QMB and SLIMB, WMS will produce a monthly report, WINR4021 "QMB/SLIMB Disposition Report." The June report for QI will be the WINR0040 "QI Auto Recert Disposition Report." Both reports will be sorted so that cases failing the automated renewal process are listed first and the cases successfully renewed are listed last. An alert will also be on the report for cases in which the MSP level changed. Cases that have a transaction that is pending during the automated renewal run will show as a failed update on this report. As is currently the case for failed updates of Aged, Blind and Disabled automated renewal cases, failed updates of QMB, SLIMB and QI cases will require worker action as will those cases that have a MSP level change.

**IV. REQUIRED ACTION**

The LDSS remain responsible for processing any changes reported by recipients whose case has been automatically renewed. The Administrative Renewal notices for MSP QMB/SLIMB (reason code 883) and QI (885) contain a more comprehensive list of changes for a recipient to report than a typical CNS notice. A change in income or health insurance premiums will require an updated budget, while other changes, such as name, address, phone number, etc., will only require an update in WMS. The worker must take appropriate action based on the type of change reported.

Cases listed as an exception on either the WINR4021 or the WINR0040 will require the district worker to make corrections. For cases with a pending transaction (reported as an exception) the worker must wait for the transaction to complete. Once the reason for the exception is addressed, the case may not be returned to the automated renewal process. In this case, the worker must manually renew coverage by updating the MBL budget's effective dates and storing the budget. WMS must be updated with an 06 (renewal) transaction code, a reason code D11 (Administrative Renewal for MSP - Manual) and authorization and coverage dates that extend out one year from the current end date for QMB and SLIMB. QI end dates remain open-ended (12/31/49). Reason code D11 will generate the same CNS notice as reason codes 883 and 885.

Cases in which there is an MSP level change with the automated renewal budget run, e.g., SLIMB to QMB, will be identified on the reports with an alert, "MSP Level Change." The budget will have run with the automated renewal process. District workers must follow the instructions in the above paragraph regarding WMS updates to renew the case. Districts are reminded that the MSP Indicator code must be changed on Screen 3 in WMS to match the budget output. The worker must also end date the current Buy-In span and create a new Buy-In span in eMedNY with a new begin date and new MSP code. The appropriate reason code must be used based on the change in MSP level. In this case, reason code D11 (Administrative Renewal for MSP - Manual) is not used.

District workers must follow usual procedures to process cases that error out and require further information from the recipient. When the information is received and corrections are made, the worker must follow the procedures in the above paragraphs to renew the case.

**V. SYSTEMS IMPLICATIONS**

**A. WMS**

**1. QMB and SLIMB**

All cases automatically renewed will have system-generated:

- transaction code of 06 (renewal);
- reason code 883-MSP QMB/SLIMB Auto Recertification;
- new authorization and coverage periods that extend out one year from the current end date;
- authorization number (9"MMYY"MSP);
- Transaction Office - MSP;
- Unit - RECRT; and
- Worker ID - NYDOH.

**2. QI**

All cases automatically renewed will have system-generated:

- transaction code of 06 (renewal);
- reason code 885-MSP QI Auto Recert (System Generated);
- new authorization "From" date of June 1<sup>st</sup> of the current year and open-ended (12/31/49) "To" date;
- authorization number (9"MMYY"MQI); and

- Transaction Office - QI;
- Unit - RECRT; and
- Worker ID - NYDOH.

**3. Recertification Source Field**

In an effort to avoid having multiple fields on WMS refer to a similar process, the "ARI" field is being merged into a newly created "Recertification Source" (RCRT SRC) field. This new "RCRT SRC" field is located on Screen 1 in WMS to the right of the Auth Period dates. The "ARI" field will go away, and all "1" codes (Exclude from Automated Renewal-system generated at Mass Re-Budgeting) currently in the "ARI" field will transfer to the new "RCRT SRC" field. A new code "2" (Exclude from Automated Renewal-Worker Entered) gives a worker the ability to exclude a case from automated renewal. Code "2" may be used to overlay a previously system-generated "1" or may be entered into a blank RCRT SRC field.

A "1" code (Exclude from Automated Renewal-system generated at Mass Re-Budgeting) in this field will be removed by the system when the worker enters a subsequent 05 (change), 06 (renewal), 07 or 08 (closing) transaction. If a worker enters any of these codes subsequent to MRB, the "1" will be automatically removed from the RCRT SRC field.

A "2" code (Exclude from Automated Renewal-Worker Entered) in this field will **not** be automatically removed by the system. The "2" code is a worker-entered code and must be removed by a worker if it is determined that the case should be made available for selection during automated renewal.

**4. Cooperative Case Numbers Field**

Previously, automated renewal selection excluded any case with a notation in the Cooperative (Co-Op) Case Numbers field on Screen 1 (WINQ19) in WMS. Effective with the June 2012 systems migration, cases with a notation in this field will no longer be excluded from automated renewal.

Districts are reminded to use the "Local Data" field on Screen 1 of WMS to make notes related to a case. The notes will then appear on both Screen 1 of WMS and will print on the APP-TAD and the Authorization Change form (LDSS-3209). This field is located underneath the Co-Op Case Numbers field on WMS, the APP-TAD and LDSS-3209, and is labeled "Local Data." This field has a 13-character limit.

**B. MBL**

Budgets that correspond with automatically renewed cases will have system-generated:

- transaction code 06-renewal;
- effective dates that match the new Authorization "From" date and Authorization "To" date;
- budget version number increased by 1; and
- new budget store date.

The MSP automated renewal budgets are differentiated by the Office code of MSP and QI as appropriate, the Unit code of RECRT and the Worker code of NYDOH.

C. CNS

1. MSP QMB/SLIMB

Two new reason codes were developed for the MSP QMB/SLIMB automated renewal process:

- 883 MSP QMB/SLIMB Auto Recert (System-Generated)
- D11 Renewal - Medicare Savings Program (Worker-Manual)

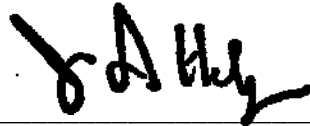
2. QI

Two new reason codes were developed for the MSP QI automated renewal process:

- 885 MSP QI - Auto Recert (System-Generated)
- D11 Renewal - Medicare Savings Program (Worker-Manual)

VI. EFFECTIVE DATE

The provisions of this Administrative Directive are effective June 2, 2012.



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Jason A. Helgerson  
Medicaid Director  
Deputy Commissioner  
Office of Health Insurance Programs

**CNS Paragraph Form**

Date: 06.15.11

**Program Area**            **03**            **(01=PA, 02=FS, 03=MA, 04=HP)**  
**Paragraph Number**   **U0219**  
**Version Number**        **00001**  
**Effective Date**         **2011**  
**Title**                        **Renewal—Medicare Savings Program**  
**Comment**  
**Reason Code**            **D11 / 883 / 885**

**\*\* Note:** 883 will be used for the MSP/QMB/SLIMB Auto renewal  
885 will be used for the annual QI Renewal  
D11 will be used if a manual notice is required  
They all will be using this paragraph #

Every year we must review your case to see if you can continue to get help from the Medicare Savings Program to pay your monthly Medicare premium. We have reviewed your case and benefits under the Medicare Savings Program will continue for:

Name:	Client I.D. #
Name:	Client I.D. #

If your income has changed or you have any other changes to report (see the following list of changes), contact your local Department of Social Services by phone, mail or in person by \_(10 days from notice date)\_\_. The agency phone number and address are listed at the top of this page.

Please look at the budget calculation section to see how we figured your income.

**If you do not let us know that your income has changed, you may have to pay money back to Medicaid.**

This decision is based on Regulations 18 NYCRR 360-2.3, 360-7.7 and Sections 366-a and 367-a (3)(d)(1) of Social Services Law.



**Report changes in income, health insurance or other changes for:**

- Any person receiving the Medicare Savings Program
- Spouse

**Income changes we must know about:**

- Any change in pay from retirement, pensions, annuities or Veterans benefits;
- Any new income

**Health Insurance changes we need to know about:**

- If you have a new health insurance, including Medicare supplements
- Any changes in premium that you pay for health insurance
- Any health insurance that has been cancelled

**Other changes that need to be reported:**

- name
- marital status
- pregnancy
- immigration status
- home address, mailing address or phone number

To report any changes or if you have any questions, call your local Department of Social Services.

~S/

Cada año debemos hacer una revisión de su caso para determinar si usted puede continuar recibiendo ayuda del Programa de Ahorros de Medicare para pagar las primas mensuales de Medicare. Hemos llevado a cabo una revisión de su caso y de los beneficios asociados con el Programa de Ahorros de Medicare, y hemos determinado que las siguientes personas lo continuarán recibiendo:

Nombre:	No. de ID del cliente:
Nombre:	No. de ID del cliente:

Si ha habido un cambio en sus ingresos o tiene otros cambios que informar (vea la siguiente lista de cambios), comuníquese con el departamento local de servicios sociales por teléfono, por correo o en persona para el (10 días contados a partir de la fecha de la notificación). El número de teléfono de la agencia y dirección están indicados en la parte superior de esta página.

Consulte la sección de cálculo de presupuesto para entender la manera en que calculamos sus ingresos.

**Si usted no nos informa que su ingreso ha sido modificado, probablemente tenga que reembolsarle dinero al programa de Medicaid.**

Esta decisión se basa en Reglamentación 18 NYCRR 360-2.3, 360-7.7 y las Secciones 366-a y 367-a (3)(d)(1) de la Ley de Servicios Sociales.

**Informe de todo cambio en ingresos, seguro de salud, y demás cambios en cuanto a:**

- Toda persona que reciba beneficios del Programa de Ahorros de Medicare
- El conyugue

**Cambios en ingresos que usted debe informar:**

- Toda cambio en pagos que se reciben de jubilación, pensiones, anualidades o beneficios a veteranos.
- Un nuevo ingreso

**Cambio en seguro de salud que debe informar:**

- Si usted tiene un nuevo seguro de salud, inclusive un suplemento de Medicare
- Todo cambio en pagos de primas por seguro médico
- Toda cobertura de seguro de salud que haya sido cancelada

**Otros cambios de debe informar:**

- nombre
- estado civil
- embarazo
- estado migratorio
- domicilio, direccion de correo y numero de telefono

Si desea informar cambios o si tiene preguntas, llame el departamento local de servicios sociales.