



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower      The Governor Nelson A. Rockefeller Empire State Plaza      Albany, New York 12237

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<b>ADMINISTRATIVE DIRECTIVE</b>
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**TRANSMITTAL:** 02 OMM/ADM-5

**TO:**            **Commissioners of  
Social Services**

**DIVISION:** Office of Medicaid  
Management

**DATE:** July 25, 2002

**SUBJECT:** Recertification (Renewal) Procedures for the Family Health  
Plus Program

<b>SUGGESTED DISTRIBUTION:</b>	Medicaid Staff Fair Hearing Staff Staff Development Coordinators
<b>CONTACT PERSON:</b>	Bureau of Local District Support Upstate: (518) 474-8216 NYC: (212) 268-6855  Systems:
<b>ATTACHMENTS:</b>	Renewal Alert Letter (Attachment A) Renewal Reminder Letter (Attachment B)

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6			369-ee		

**I. PURPOSE**

This administrative directive advises social services districts of the procedures to be followed for annual eligibility reviews of adults in receipt of Family Health Plus. This directive also implements Section 52 of Part A of Chapter 1 of the Laws of 2002, with respect to the children of Family Health Plus adults, who are in receipt of Child Health Plus A. Section 52 eliminates the requirement for a personal interview as part of a recipient's periodic redetermination of eligibility.

**II. BACKGROUND**

The Family Health Plus program, established by the Health Care Reform Act of 2000, provides Medicaid coverage to uninsured adults who have income below specified levels, and who are not financially eligible for Medicaid. Eligible individuals receive a comprehensive benefit package similar in scope to the state's Child Health Plus B program, provided through managed care plans. The legislation provides that renewal (recertification) will take place on no more than an annual basis and will not require a personal interview.

Chapter 1 of the Laws of 2002 contained provisions that eliminated the requirement for a personal interview as part of a Medicaid recipient's periodic redetermination of eligibility. The Department is in the process of implementing these provisions by the statutory deadline of April 2003. As a first step, the Department will no longer require a personal interview for children receiving Child Health Plus A and residing with their parent(s) receiving Family Health Plus. The parent(s)' renewal of Family Health Plus eligibility through the process described in this directive will serve as a renewal for their Child Health Plus A eligible children residing in the same household.

**III. PROGRAM IMPLICATIONS**

Each month, districts produce reports of cases due for renewal, generally at least 60 days prior to the date coverage expires. The renewal process for Family Health Plus cases will begin for some districts in August, 2002, and later in other districts, depending on the date the Family Health Plus plans received approval to begin accepting enrollments. The procedure described below should be followed for Family Health Plus cases appearing on the districts' renewal reports.

**IV. REQUIRED ACTION**

A. Local District Responsibilities

Each month, the local district must examine their renewal report and identify any Family Health Plus cases due for renewal. A new CNS Medicaid Recertification Batch Reason Code has been developed for Family Health Plus cases. When this code is used, CNS will generate a renewal packet consisting of:

1. A Renewal Alert Letter that advises the family of the need to renew Family Health Plus coverage and provides instructions about what to do. (Attachment A)

2. A DOH-4220: the "Access NY Health Care" application  
(Note: In the future, a simplified form for all Medicaid renewals will be developed. In the meantime, the DOH-4220 will be used.)
3. The State Board of Elections NYS Agency-Based Voter Registration Form.

The Renewal Alert Letter will advise a family of the requirement to complete the renewal process. The letter explains that the family must complete the DOH-4220 and submit certain documentation to the local district, in order to continue their coverage. The district will enter the date by which the process must be completed, based on the date the Family Health Plus authorization ends. Districts should use a date that is at least 30 days prior to the expiration of coverage, in order to ensure managed care pull down dates are met and appropriate rosters generated, so that gaps in coverage do not occur. The letter also requires a return address, which will be pulled from the CNS Contact Data. Multiple addresses for different locations can be entered into the CNS Contact Data.

The letter further informs the family that, if they have children in the household receiving Child Health Plus A, the children will be renewed at the same time. Districts must use the information provided by the parent to renew the children's eligibility and, if eligibility is to continue, must provide the children an authorization period that coincides with the parents' Family Health Plus authorization.

The letter also provides the Department of Health Hotline numbers for families to call to find out about organizations in the community that can assist families in completing the DOH-4220 and gathering the necessary documentation for renewal. However, it remains the family's responsibility to ensure the form and documentation is returned to the local district by the date specified in the Alert Letter.

If the Family Health Plus recipient fails to complete the renewal process, and has children on Child Health Plus A, both cases can be closed with a timely notice. However, any children under the age of 19 will be entitled to any remaining period of continuous coverage.

If the Family Health Plus recipient has a new person in the household who wishes to have eligibility determined, e.g. a spouse who has returned to the household, the person or a representative must have a personal interview with the local social services worker or at a facilitated enrollment site.

B. CNS Responsibilities

CNS will send the family the above renewal packet when the appropriate code, Z44, is entered in the CNS Subsystem. In addition, fifteen days after the date the renewal packet is generated by the district, CNS will automatically produce and mail a Renewal Reminder Letter (Attachment B) to these families. This letter will remind the family

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of the importance of completing the renewal process before coverage expires. The Reminder Letter is also available in Notice History with Reason Code Z45.

**V. SYSTEMS IMPLICATIONS**

A. Upstate:

CNS will support the renewal process for Family Health Plus by use of a new batch recertification code Z44. The worker will enter the date by which the family must return the form and documents. The telephone number listed at the top left of the notice is the Medicaid recertification number or the general Medicaid default number from the CNS contact data.

The new reason code will be processed through the regular CNS Batch Notice entry screen, which is selection 08 on the CNS menu.

Attachment B, Renewal Reminder Letter, will automatically be produced and mailed 15 days after the Alert Letter is sent. This letter will remind the family of the importance of completing the renewal process before the coverage expires.

B. New York City:

New York City does not use CNS to schedule renewals at this time. Processes for Family Health Plus renewal in New York City are under development.

**VI. EFFECTIVE DATE**

This directive is effective in mid-August, 2002, the date that the CNS renewal code described above will be available on the WMS Production database. If districts need to renew eligibility for any FHP recipients prior to this date, Attachments A and B may be reproduced on local letterhead, and used manually to initiate the renewal process described above.

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Kathryn Kuhmerker, Deputy Commissioner  
Office of Medicaid Management