



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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TRANSMITTAL: 09 OHIP/ADM-2

TO: Commissioners of
Social Services

DIVISION: Office of Health
Insurance Programs

DATE: June 16, 2009

SUBJECT: Family Health Plus Auto-Assignment

SUGGESTED DISTRIBUTION:	Local District Commissioners Medical Assistance Staff Public Assistance Staff Staff Development Coordinators
CONTACT PERSON:	Local District Liaison: Upstate: (518)474-8887 New York City: (212)417-4500
ATTACHMENTS:	None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6 04 OMM/ADM-6			369-ee 62.5(a) (a-1)		GIS 02 MA/017 GIS 08 MA/033

I. PURPOSE

The purpose of this Office of Health Insurance Programs Administrative Directive (OHIP/ADM) is to advise local departments of social services of the implementation of a change to the Family Health Plus (FHPlus) Program required by Chapter 58 of the Laws of 2008, and of an enhancement to the processing of FHPlus cases under the Luberto stipulation, to permit auto-enrollment of individuals in FHPlus under certain circumstances.

II. BACKGROUND

It has been, and remains, a requirement of the FHPlus Program that an applicant must select a health plan before eligibility can be established. However, since the inception of FHPlus, there have been situations in which gaps or delays in FHPlus coverage could occur.

For example, Chapter 58 of the Laws of 2007 enacted attestation of income and residence at renewal for certain Medicaid recipients (and all FHPlus recipients), which could result in a change of coverage from Medicaid to FHPlus. In order to avoid a gap in their coverage, the Department will now be able to auto-assign such recipients to a FHPlus plan.

Under the Luberto v. Daines settlement, FHPlus recipients who report their move to another district have sometimes experienced a gap in coverage because their enrollment in the new district has lagged behind the transition of eligibility. Auto-assignment will reduce or eliminate this delay.

III. PROGRAM IMPLICATIONS

Currently, there is a daily benefit-package flip process in place in twenty-six upstate districts and in New York City which operates in the following manner: for any transaction that changes a recipient's eligibility from Medicaid Managed Care (MA/MC) to FHPlus (change of coverage code from "30" to "34") or FHPlus to MA/MC (change of coverage code from "34" to "30"), the system will post an enrollment on the Prepaid Capitation Plan (PCP) Subsystem of the Welfare Management System (WMS) in the same plan with the new Benefit Package Code, as long as the plan in which the recipient is enrolled participates in both programs and the district of residence remains the same. The enrollment will be posted the day after the eligibility transaction, and the effective date of enrollment will be based upon the primary pull-down schedule. The enrollment is rejected if the Medicaid plan in which the recipient is enrolled does not participate in FHPlus as well. Those recipients will then become part of the auto-assignment process described below. Daily reports of the enrollments and rejections are produced and available on both the Health Provider Network (HPN) and the Benefit Issuance Control System (BICS).

This auto-enrollment legislative change allows the Department to expand the benefit-package flip process to all districts statewide, and to auto-assign recipients to a FHPlus plan when the plan does not participate in both Medicaid Managed Care and FHPlus.

IV. REQUIRED ACTION:

Every month, on the Monday prior to the monthly primary pulldown, the system will identify those current recipients with "06" or "34" coverage codes and FHPlus categorical codes of "56" or "57", and no FHPlus plan enrollment on the Prepaid Capitation Plan (PCP)file for the following month. These recipients will be reported to the districts on a Potential FHP Auto Assignment Report that day. Then, on the Wednesday prior to the monthly pulldown, the system will auto-assign those recipients to a FHPlus plan for the first of the following month.

Auto-assignment will be done based upon the following criteria:

- if recipient has a history of enrollment within the past year with a Medicaid Managed Care or FHPlus quality plan, the system will assign to that plan;
- if only one FHPlus plan operates in the district, the system will assign to that plan;
- if more than one FHPlus plan operates in the district, the system will divide the assignments first among the quality plans in that district (utilizing the table of quality plans used in the Auto-assignment Algorithm for Medicaid Managed Care);
- if no quality FHPlus plans operate in the district, the system will divide assignments among all FHPlus plans in the district that are open to auto-assignment for Medicaid Managed Care.

The auto-assignment process will include eligibility changes from Medicaid fee-for-service, the Family Health Plus Premium Assistance Program (FHP-PAP), and the Family Planning Benefit Program (FPBP) to FHPlus. This process is NOT for those cases establishing initial eligibility.

Auto-assignment will be done in all upstate districts. In New York City, Maximus will be responsible for running auto-assignment in the same manner and timing as WMS, and will assign a plan for FHPlus recipients with no enrollment, including those who move from upstate to NYC. Reports of those assigned and enrolled in a plan and those rejected will be available the next morning (Thursday) on both the HPN and BICS.

In order to avoid a gap in coverage, and to ensure that individuals transitioning from one of the programs mentioned above to FHPlus are included in the auto-assignment process, districts must make sure that the necessary changes in categorical and coverage codes are made before the Monday prior to the monthly primary pulldown, effective the first of the following month. For example, a worker needs to transition an individual from Medicaid to FHPlus effective August 1, 2009. Primary managed care pulldown occurs on July 18. Before Monday, July 13, the worker must change the case type to "24", the categorical code to "56" or "57" and the coverage code to "06" or "34", effective August 1.

For moves from one upstate district to another upstate district (Luberto), on the Monday prior to pulldown, the system will identify those recipients with FHPlus enrollment in one district (the former district of residence), and "06" or "34" coverage codes and FHPlus categorical codes of "56" or "57" in another district (the new district of residence). On the Wednesday of pulldown week, the individual will be enrolled into the same plan as in the former district of residence, if it is available in the new district. If the former plan does not operate in the new district, assignment will be made based upon the criteria described above. This will eliminate the need for the new district of residence to contact the FHPlus recipient regarding FHPlus plan selection. A separate report of these enrollments and rejections will be available on both the HPN and BICS the following morning (Thursday).

For New York City to upstate moves, the auto-assignment process will access the monthly transfer file of those recipients closed in New York City and opened in an upstate district, identify the FHPlus recipients as described above, and enroll them in the same FHPlus plan as the New York City enrollment, if that plan operates in the new district. If the plan does not operate in the new district, assignment will be made based upon the criteria described above. As this monthly transfer (Luberto) file is available the first week of each month, the effective date of the auto-assignment will be the first day of the following month.

Maximus will be responsible for FHPlus auto-assignment for upstate to New York City moves.

NOTE: While this process will reduce or eliminate lapses in coverage, there is a possibility that a new FHPlus recipient who, as required, has chosen a plan but whose enrollment has not yet been entered into the PCP Subsystem by the monthly pulldown will be auto-assigned to a plan other than the one s/he has chosen. As long as it is before the first of the enrollment month, the worker can delete the auto-enrollment and enroll the individual in the plan of choice. Both plans must be notified of this action.

This possibility reinforces the need for the shortest possible timeframe between the entry of "06" coverage on WMS and the entry of the FHPlus recipient's plan selection on the PCP subsystem. See Section VI, Systems Implications, for further information.

V. NOTICE REQUIREMENTS:

Several CNS notices were modified to add a message which reads, "Under Family Health Plus, you must enroll in a health plan to receive your medical services. We have chosen a health plan for you. The health plan will notify you of the date that you can start using the medical services provided by the plan. You will have 90 days from this date to change your plan for any reason. You can only change plans if there is another health plan available in your area. After 90 days,

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you will not be able to change your health plan for the next 9 months, unless you have a good reason. If you have any questions about your health plan enrollment, call the managed care unit at your local social services office."

The notices that will have this message option are:

P0007, "MA to FHP, After PP, No Infant, Chose Plan";
P0011, "MA to FHP, After PP, SCC, No Infant, Chose Plan";
U0081, "MA to FHP, Spenddown Eligible";
U0082, "MA to FHP, Choose Plan, SCC";
U0098, "MA Spenddown to FHP, Chose A Plan";
U0106, "MA to FHP, FNP Parent";
U0112, "MA to FHP, Turning 19, Chose a Plan";
U0133, "FPBP to FHP, Chose a Plan";
U0135, "FPBP to FHP, SCC, Chose a Plan";
U0190, "FHP-PAP to FHP";
X0025, "MA Level to Excess Income Due to COLA Increase";
X0213, "MA to FHP, PP, Continue Infant, Chose a Plan";
X0220, "MA to FHP, COLA Increase, Chose a Plan".

The sentence underlined below has been added to the following Luberto notices:

"Important Information for Family Health Plus Enrollees: You will continue to be a member of your current FHP plan until the effective date above. You will be enrolled in the same plan if this plan is offered in your new county. If your current plan is not available in your new county, you will be assigned a new health plan. If you have any questions about your health plan enrollment, call the managed care unit in your new local social services district."

C0135, Disc MA/FHP Not A Resident of District (NYC);
C0197, Disc MA/FHP/ FHP-PAP/MSP Not A Resident of District (Upstate);
Y0067, Transition of MA/FHP/FHP-PAP/MSP Eligibility (Upstate).

The following notices have been eliminated:

C0207, "Disc MA, Failed to Choose an FHP Plan, FP";
C0208, "Disc MA, Failed to Choose an FHP Plan, SCC";
C0209, "Disc MA, Failed to Choose an FHP Plan, FNP";
C0230, "Disc FPBP, Failed to Choose an FHP Plan";
U0107, "MA to FHP, Spenddown Eligible, Must Choose Plan, FP";
U0108, "MA to FHP, Spenddown Eligible, Must Choose Plan, SCC/FNP";
U0128, "MA to FHP, Spenddown Eligible, Post-Partum, Must Choose Plan";
U0134, "FPBP to FHP, FP, Must Choose Plan";
U0136, "FPBP to FHP, SCC, Must Choose Plan".

VI. SYSTEMS IMPLICATIONS:

On the PCP Subsystem, enrollment reason code "02" and worker ID NYBPF will continue to be generated for benefit package (BP) flips, i.e., enrollments in the same plan but different BP; "70" is the BP for FHPlus. The HPN file name for these daily reports is bpucMMDD.txt (MMDD being month and day of report) and CSPROD*MPCAL1A-RPT99 (99 being the district code) for BICS.


On the PCP Subsystem, enrollment reason code "02" and worker ID NYFHP will be used for enrollments into the same plan as the plan the recipient was enrolled in a former district (county to county transfers). The HPN file name for these monthly reports is fhpuammYY.txt (MMYY being month and year of report) and 001-X-99*FHP260-MMYY for BICS.

On the PCP Subsystem, enrollment reason code "05" and worker ID NYFHP will be generated for all other FHP auto-assignments. The HPN file name for these monthly reports is fhpnammYY.txt and 001-X-66*FHP160-MMYY for BICS.

The HPN file name for the Potential FHP AA Report is fhpaammYY.txt and 001-X-99*FHP050-MMYY for BICS. These reports will be available monthly on the Monday of pulldown week, identifying all those who fit the selection criteria, and who will, therefore, be auto-assigned the Wednesday of that week.

VII. EFFECTIVE DATE:

The effective date of this directive is July 1, 2009, which is the first effective enrollment date for FHPlus recipients impacted by this process. However, the local social services districts will receive their first report on June 15, 2009 (the Potential FHP Auto-assignment Report) and on June 17, 2009, the first auto-assignments will take place.


Deborah Bachrach
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Office of Health Insurance Programs