

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Eligibility and Marketplace Integration

SUBJECT: TPL BUY-IN Deletion Report TRMP0067

EFFECTIVE DATE: Immediately

CONTACT PERSON: Third Party Liability Unit (518) 473-5330

The purpose of this General Information System (GIS) message is to remind local departments of social services (LDSS) of the necessity to review the TRMP0067 TPL Buy-In Deletion Report. Routinely working this report will ensure Medicaid dollars are being spent appropriately.

The New York State Office of the State Comptroller (OSC) performed an audit of the Medicare Savings Program (MSP) and concluded there are Medicare premium payments being made for individuals with no active Medicaid eligibility.

In April of 2009, the State Department of Health (SDOH) promoted a system solution to auto-close Medicare Buy-In spans when certain Upstate CNS closing Reason Codes are entered on WMS. This process was later promoted in New York City in March 2011. However, not all closing Reason Codes are included in the auto-close process. If a Medicaid case is closed with a Reason Code not listed for the auto-close process, the local district is required to manually end date the Buy-In span in eMedNY. A list of current CNS closing codes that will auto-close the Buy-In is included in this GIS.

In order for districts to identify cases where the Buy-In span has erroneously remained open after the Medicaid case has been closed, a MOBIUS report was developed. MOBIUS report TRMP0067 TPL Buy-In Deletion Report is an updated monthly report generated for each district. The report is divided into four (4) time periods: 30 days; 60 days; 90 days; and 180+ days. The time periods, in most cases, refer to the amount of time the individual has remained on the Buy-In after the Medicaid authorization has expired.

The TPL Buy-In Deletion Report lists individuals alphabetically by CIN within the four time periods beginning with the 30 day time period and increasing to the 180+ day category. Districts are reminded that the report should be reviewed on a monthly basis. Any case found on this report should be investigated and closed if no longer eligible for premium payments, following proper procedures.

Recipients must receive proper notice when the Buy-In is closed. Manual notice OHIP-0003, "Notice of Medical Assistance Payment of the Medicare Part A and/or Part B Premium" or OHIP-0002, "Notice of Action on Application/Benefit For Medicaid Payment of Medicare Premiums" or CNS notice U80, "Deny Qualified Individual (QI)" (Upstate), or G59, "Deny Qualified Individual (QI) Over Income" (NYC) should be used as specified in the following scenarios.

1. The Medicaid case was correctly closed using a Reason Code that does not auto-close the Buy-In span. A separate determination of eligibility for MSP was made and the individual was not eligible for MSP, but the Buy-In span in eMedNY was not closed.

Action:

- a. Send the OHIP-0002 notice to discontinue payment of Medicare premiums due to ineligibility. Close the Buy-In span in eMedNY.
2. Recipient was no longer eligible for Medicaid. The Medicaid case was correctly closed, but no separate determination was made for MSP, and the information in the case file is current (within the past 12 months).

Action:

- a. Determine MSP eligibility. If eligible, send the OHIP-0003 notice and check, "Continue payment of your Medicare Part A and/or Part B premium" and authorize eligibility for the appropriate Medicare Savings Program in WMS with Coverage Code 09. Ensure that the MSP code in eMedNY and the MSP code in WMS agree with the MSP budget output screen.
 - b. If information in the case file indicates that the individual is not eligible for MSP, close the Buy-In span in eMedNY and send the OHIP-0002 notice to discontinue payment of Medicare premiums due to ineligibility.
3. The Medicaid case was correctly closed and no separate determination was made for MSP, but the information in the case file is not current (older than 12 months).

Action: Send the OHIP-0003 notice and the Medicare Savings Program application. Check "Further Information is Needed" on the notice.

- a. If the individual does not return the MSP application, send the OHIP-0002 notice. Select "Discontinue" and enter "Failure to return the MSP application" as the reason for discontinuance. End date the Buy-In on eMedNY.
 - b. If the MSP application is returned, and the individual is determined ineligible for MSP, deny the application using CNS Reason Code U80, "Deny Qualified Individual (QI)" (Upstate), or G59, "Deny Qualified Individual (QI) Over Income" (NYC). End date the Buy-In on eMedNY.
 - c. If the individual returns the MSP application and is found eligible for MSP, send the OHIP-0002 notice to "Continue" premium payment, authorize the case in WMS with Coverage Code 09. Ensure that the MSP code in eMedNY and the MSP code in WMS agree with the MSP budget output screen.
4. (Upstate only) Agency failed to recertify case. (Example: If case was not properly identified as a QI-1 case in WMS with an MSP code of "U", the automated renewal would not have been generated.)

Action: Send the OHIP-0003 notice and the Medicare Savings Program application. Check "Further Information Needed" on the notice.

- a. If the individual does not return the MSP application, send the OHIP-0002 notice. Select "Discontinue" and enter "Failure to return the MSP application" as the reason for discontinuance. End date the Buy-In on eMedNY.
- b. If the individual returns the MSP application and is found ineligible for MSP, deny the application using CNS Reason Code U80, "Deny Qualified Individual (QI)". End date the Buy-In on eMedNY.
- c. If the individual returns the application and is determined eligible for MSP, send the OHIP-0002 notice to continue premium payment and reauthorize the case in WMS with Coverage Code 09. Ensure that the MSP code in eMedNY and the MSP code in WMS agree with the MSP budget output screen.

Discontinuing Payment of Medicare Premiums

- A. To discontinue payment of Medicare premiums, the following entries should be made in the Medicare/Buy-In Resource screen in eMedNY:
 1. Select the Coverage Type "BB" from the dropdown box
 2. Enter the Buy-In End Date. A 10 day notice must be given and the Buy-In end date must be the last day of the month.
 3. Enter the MSP Code currently on record
 4. Enter County Trans Code-51 for closed or expired cases or Code 53 for deceased individuals. (Use of Code 53 requires a date of death on WMS)
 5. Click the ADD button
 6. Click the SAVE button
- B. To change an MSP code in eMedNY using a Change transaction code "99" in the Medicare/Buy-In Resource screen in eMedNY:
 1. Select the coverage type "BB" from the dropdown box
 2. Enter the first day of the current month
 3. Select the MSP code
 4. Select Change transaction code "99"
 5. Click the Add button
 6. Click the Save button

Contact the NYSDOH Third Party Liability Unit at 518-473-5330 for questions or assistance in using the Buy-In Deletion Report.

The following reason codes will trigger the auto-close Medicare Buy-In span process. This will significantly decrease the number of cases that require separate action by the worker to close the Buy-In. Prior to using one of the reason codes, the worker must ensure that on-going eligibility for MSP has been determined if applicable. If MSP eligibility is re-established after using one of the reason codes, a new Buy-In span must be entered into eMedNY.

Note: A list of Buy-In closing Reason Codes is also available on eMedNY under the tab labeled "Administration". This list is periodically updated. To view this list, under the "Administration" tab, select "Systems List". Under Subsystem, select "Third Party Liability", and click "Find". Then under the "List Number" select 0001 "TPL WMS Reason

Code to Close Buy-In". On the System list search page, click the arrow outlined in red under "Effective Date" to put the list in update mode. A list of reason codes will appear.

NYC Buy-In Closing Reason Codes

- A03- MA- Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1
- A41- MA/FHP Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC)
- C35- Disc FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance
- C90- Disc MA Payment of Health Insurance Premiums for a 21-64 Year Old Individual Admitted to a Psychiatric Center (Upstate)
- D74- Woman at 60 Days Post-Partum to Family Planning Benefit Extension Program (24 months ext.), Ineligible for Medicaid/FHPlus/FPBP Due to Income Exceeding 200% FPL, FP
- E05- Excess Income Due to COLA Increase
- E07- Excess Income Due to COLA Increase and Ineligible Surplus
- E12- Didn't Return Form
- E15- Pregnant Woman Didn't Return Form
- E30- MA Excess Income
- E31- Excess Income- MA to TMA Eligible Increased Earnings/New Employment
- E32- MA Excess Income Child/Spousal Support Extension
- E33- MA Excess Income MA to TMA Guarantee-Increased Earnings/New Employment
- E35- MA Excess Income, Single/Childless Couples
- E36- MA Excess Income- Child/Spousal Support
- E39- MA Excess Income Due to COLA Increase
- E58- Failure to Return PCAP Recertification Renewal Notification
- E60- Unable to Locate
- E62- Between 21-65, in a Psychiatric Institution
- E63- Not a State Resident. Close Case when household no longer resides in NYS
- E66- Not a State Resident. PA discontinued. No separate MA determination
- E72- Institutionalized Public Assistance has been discontinued because the client was admitted or committed to an institution
- E79- MA Not Provided in Current Living Arrangement
- E90- Client Requested Removal from Case
- E95- Death
- EF1- Admitted/Committed to Prison Prior to 4/01/08
- EF2- MA/FHP Disc Medicare Savings Program of Inmate of NYS or Local Correctional Facility
- EF3- Disc MA Payment of Health Insurance Premiums
- EF4- Suspend MA Coverage 21-64 Year Old Admitted to a Psychiatric Center or Local Correctional Facility
- EF5- Disc MSP for an Individual Admitted to a Psychiatric Center (NYC)
- EF6- Disc Medicaid Payment of Health Insurance Premiums for an Individual admitted to a Psychiatric Center (NYC)

- F09- MBI-WPD Ineligible Excess Income above 250% of FPL
- F10- Failed to Keep Appointment for Initial Eligibility Interview (PA cases only)
- F12- Failure to Apply for SSI
- F17- Failure to Validate Incorrect SSN
- F20- Failure to Provide SSN
- F26- Deny MBI-WPD, Excess Resources
- F28- Deny MBI-WPD, Excess Income and Excess Resources
- F63- In Prison

F64- In Prison Outside of NYS
F92- Non-Qualified PRUCOL Alien Ineligible for Full MA
F93- Failure to Report to Child Support Enforcement Unit (IV-D Requirement)
F99- Incarcerated Individual Released to Custody of U.S. Immig & Customs Enforcement
G14- Failed to Return Recertification Renewal Notification Form
G39- Died
G48- Deny FHP-PAP, ESHI Not Cost Effective, Ineligible for FHP Due to Equivalent Health Insurance
G58- Annual Fund Exhausted
G59- Discontinue Qualified Individual (QI-1) Over Income
G60- Unable to Locate - BEV Only
G66- Failed to Return Renewal (Recertification) Form OI-1/SLIMB
G77- Not a Resident of District
G88- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Client Request (written)
G93- Client's Request- Verbal
G95- Died - BEV Only
G98- Client's Request-Verbal (Timely)
H10- Failure to Provide Resource Information- No undue Hardship
H11- Failure to Provide Resource Information-Undue Hardship
H14- Failure to Provide Proof of US Citizenship/Identity SAA/BVI Match
H25- Discontinue Medicaid, Excess Resources (DAB)
H33- Discontinue Medicaid, Excess Income, Applicant Age 65 and Older, Certified Blind or Certified Disabled
M24- Failed to Submit Computer Match Information
M25- Failed to Respond to Computer Match Call in Letter
M89- Medicare Savings Program Failed to Return Required Documentation QI1/SLIMB
M98- Concurrent Benefits- Intrastate (Within State)
N66- Concurrent Benefits Inter-State
N67- Concurrent Benefits Inter-State (System Generated)
U12- MBI-WPD to MA Excess Income, SD Not Met
U13- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Information Non Applying Legally Responsible Relative, Applicant Under 21
U20- Deny MA Fail to Verify did not State Unable to get Summary
U21- Verification Factors Which Affect Eligibility, Unable to get info, Reason Not Good
U23- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Information Non Applying Legally Responsible Relative, Applicant Under 21
U57- Discontinue Medicaid Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, SCC
V13- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failure to Utilize Benefits
V97- Failure to Report Child Support Enforcement Unit (IV-D Requirement)
X13- Deny MA Exc Res Spousal Impov Institutionalized Spouse
X14- No Longer Eligible for MA Payment of AHIP Premiums
X25- Disc MA Payment of Health Insurance Premiums
X50- Disc MA Payment Cobra Continue Group Health Ins. Premiums
X51- Cobra Continue Coverage of Group Health Insurance Premium, Prior Conditional Acceptance
X52- Medicare Buy - In Program QMB
567- Discontinue Qualified Individual (QI), Over Income Due to COLA Increase (System Generated)
816- MA Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1

- 866- Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (System Generated)
- 867- Failed to Return Required Documentation QI-1/SLIMB
- 902- FHP Individuals Who Exceed the FHP Limit due to Cola Increase
- 905- MA/FHP Exceed FHP Limit are Ineligible for Surplus
- 939- In Prison (System Generated)
- 957- No Longer Eligible for SSI
- 958- MA Rosenberg C
- 959- MA Rosenberg C Managed Care
- 962- Excess Income Due to Increase in Social Security Benefit
- 983- Did Not Return Forms for Recertification (System Generated)
- 985- Failure to Comply with Recert Procedure- Didn't Return Information (System Generated)
- 991- Discontinue SSI - Separate MA Determination
- 994- Did Not Return Forms (System Generated)
- 995- Did Not Return Information (System Generated)
- 997- Pregnant Woman Did Not Return Forms (System Generated)

Upstate Buy-In Closing Reason Codes

- C51- Suspend MA Coverage 21-64 Year Old Admitted to a Psychiatric Center, HH>1
- C53- Disc MA/FHP, Incarceration Out-of-State or Federal
- C54- Suspend MA Coverage 21-64 Year Old Admitted to a Psychiatric Center, HH=1
- C55- Suspend MA - Coverage for Inmate of NYS/Local Facility w/AC (Upstate)
- C57-(Opening)Suspend MA Coverage for Inmate of NYS/Local Correctional Facility w/AC (Upstate)
- C58- Disc MA Payment of Health Insurance Premiums of Inmate of NYS or Local Correctional Facility Penitentiary Located Within NYS
- C59- Disc Medicare Savings Program of Inmate of NYS
- C88- Discontinue MA/FHP/FHP-PAP/Family Planning Benefit Program, Failure to Provide Proof of U.S. Citizenship & Identity
- D61- Medicaid to Family Planning Extension Program, Non- Immigrant/ Undocumented Immigrant 60 days Post-Partum
- D64- Woman at 60 Days Post -Partum to Family Planning Extension Program Due to Failure to Provide Documentation
- D70- Woman at 60 days Post -Partum to Family Planning Benefit Program (24 month ext), Ineligible for Medicaid/FHPlus, SCC
- D72- Woman at 60 Days Post- Partum to Family Planning Benefit Extension Program (24 months ext.), Ineligible for Medicaid/FHPlus/FPBP Due to Income Exceeding 200% FPL, SCC
- D73- Woman at 60 Days Post- Partum to Family Planning Benefit Extension Program (24 months ext.), Ineligible for Medicaid/FHPlus/FPBP Due to Income Exceeding 200% FPL, FNP
- D76-Woman at 60 days Post-Partum to Family Planning Benefit Program (24 month ext.) Ineligible for Medicaid/FHPlus, FP

- E15- Loss Eligibility Due to Turning Age 22 in Psychiatric Center or Residential Treatment Center, (OMH Only)
- E60- Unable to Locate
- E62- Deny MA/FHP, Between 21-65, In a Psychiatric Institution
- E63- Not a State Resident
- E79- MA Not Provided in Current Living Arrangement
- E80- Disc Fail to Provide Info about Non- Applying LRR in HH
- E95- Disc MA/FHP Deceased

F10- Discontinue MA/RMA/FHP/FHP-PAP, Failed to Return
Renewal Form

F12- Failure to Apply for SSI

H10- Failure to Provide Resource Information- No undue Hardship

H11- Failure to Provide Resource Information-Undue Hardship

H30- Disc TMA No Dependent Child Under 21

H31- Disc TMA Fraud (Statewide)

S07- Medicaid Level to Excess Income Due to COLA Increase

S63- Discontinue/Failure to Provide Information to Clear up Discrepancy

U03- Disc MBI-WBD, No Longer Meets Medically Improved Group Requirements,
S/CC

U06- Disc MBI-WPD MI Group, Not Working 40 hours or Not Working at Federal
Minimum Wage, FP

U07- Disc MBI-WPD, MI Group Not working 40 Hours or Not working at Federal
Minimum Wage, FNP

U08- Disc MBI-WPD, No Longer Meets Medically Improved Group Requirements, FNP

U09- Disc MBI-WPD, No Longer Meets Medically Improved Group Requirements, FP

U11- MBI-WPD to MA Exc Inc SD Not Met Turning 65

U13- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Information Non Applying
Legally Responsible Relative, Applicant Under 21

U16- Disc MBI-WPD MI Group Not Working 40 Hours or Not Working Federal
Minimum Wage, SCC

U18- Disc-MBI-WPD Exc Inc and/or Res, FHP Ineligible

U20- Deny MA Fail to Verify did not State Unable to get Summary

U21- Verification Factors Which Affect Eligibility, Unable to get info,
Reason Not Good

U27- Disc MBI-WPD Turning 65 Exc Inc and/or Res for MA

U28- Disc MBI-WPD No Longer Working, Exc Inc

U30- MBI-WPD to MA, Exc Inc Non-financial Reasons, SD Not Met

U32- Deny MA Exc Inc. Age 65 & Older

U33- Turning 19, Discontinue Medicaid Due to Excess Income and/or Resources,
FHP Ineligible Due to Excess Income, Equivalent Health Insurance or
Federal Employee, FPBP Ineligible Due to Excess Income or Eligible
Declines

U40- Disc MA Due to Excess Resources, Age 65 & Older

U57- Discontinue Medicaid Due to Excess Income, FHP Ineligible Due to
Excess Income, Equivalent Health Insurance or Federal Employee, FPBP
Ineligible Due to Excess Income or Eligible but Declines, SCC

U58- Discontinue Medicaid Due to Excess Income and/or Resources, FHP
Ineligible Due to Excess Income, Equivalent Health Insurance or Federal
Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines
FP

U59- Disc MA Due to Excess Income and Resources, Age 65 and Older

U72- Disc MA, Excess Income, COLA, SCC

U77- Concurrent Benefits, Intra-state No Aid Continuing

U78- Concurrent Benefits, Inter-State, Aid Continuing

V13- Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failure to Utilize
Benefits

V17- Incorrect or Fraudulent Social Security Number

V30- Disc MA/FHP Failure to Comply with IV-D Requirements

V31- Failure to Provide Social Security Number

V38- Disc MA to Fail To Contact Agency

V76- Over 19, Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to
Equivalent Health Insurance or Federal Employee

V93- Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Excess
Income, Equivalent Health Insurance or Federal Employee, FNP Parent

- V95- Medicaid to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee (FP or MA-SSI Related)
- X13- Deny MA Exc Res Spousal Impov Institutionalized Spouse
- X18- Discontinue Medicare Buy-In Program QI-1
- X23- Disc MA Fail to Provide Amount of Income and/or Resources at Renewal
- X28- End of RMA, Disc MA Excess Income, SCC
- X48- Discontinue Medicaid Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent
- X51- Cobra Continue Coverage of Group Health Insurance Premium, Prior Conditional Acceptance
- X52- Disc Medicare Buy-In Program QMB Only
- X53- Medicare Buy In Program (SLMBs)
- X70- Disc Qualified Individual (QI-1) Over Income
- X80- Medicaid to Spend down Due to Excess Income, FHP Ineligible Due to Excess Income, Chose Spend down, Over 65, Equivalent Insurance or Federal Employee
- 712- Discontinue Qualified Individual (QI), Over Income Due to COLA Increase (System Generated)
- 922- Disc MA, Incarceration Out-of-State (SSI Recipient)
- 941- Not a State Resident (SSI Recipient)
- 942- Death (SSI Recipient)