STATE OF NEW YORK
DEPARTMENT OF HEALTH

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LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 08 OHIP/LCM-1

Date: April 8, 2008

Division: Office of Health Insurance Programs

TO: Local District Commissioners

SUBJECT: Continued Medicaid Eligibility for Recipients Who Change Residency (Luberto v. Daines)

ATTACHMENTS:
Attachment I - Relocation Referral Form (available on-line)
Attachment II - Managed Care Plans by District (available on-line)
Attachment III - OHIP-0014 Manual County A Notice (available on-line)
Attachment IV - OHIP-0014S Manual County A Notice Spanish (available on-line)
Attachment V - OHIP-0015 Manual County B Notice (available on-line)
Attachment VI - OHIP-0015S Manual County B Notice Spanish (available on-line)
Attachment VII – Verification of New Address Form (available on-line)

I. PURPOSE

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSS) of the settlement agreement reached in the Luberto v. Daines class action lawsuit. This case concerns Medicaid eligibility for recipients who notify their LDSS of a change in residency to another district and have no changes in circumstances material to Medicaid eligibility. This LCM provides interim procedures that must be followed to insure that otherwise eligible individuals who report their move from one district to another within New York State have their Medicaid case transitioned to the new district without the need for a new application or face-to-face interview.

II. BACKGROUND

In December, 2000, the Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, issued a reminder to all states that in a county-administered Medicaid program, when a recipient moves within the State, the State and counties are responsible for transferring the case record to the new county of residence so that Medicaid can continue without interruption. The State was reminded by CMS that it could not require the recipient to reapply for Medicaid or comply with a Medicaid redetermination solely based upon a move to a new county. If there is a change in circumstances (beyond just a move to a new county) that might affect eligibility, the county is to perform an ex parte redetermination to determine whether Medicaid eligibility continues.

General Information System (GIS) message 02 MA/001, dated January 9, 2002, advised local districts of a change to Social Services Law Section 62.5 (a) that required districts to provide coverage to an individual who moves from one district to another for the month in which the move takes place and the following month. This change in law supported the Department's efforts to provide Medicaid coverage without interruption when an otherwise eligible individual moved from one county to another within the State.

In 2005, a class action lawsuit, Luberto v. Daines, Index No. CV-05-5421 (USDC, EDNY) was filed. The lawsuit alleged that New York State was out of compliance with the December, 2000 letter issued by CMS. In settling the lawsuit, the Department agreed to modify existing policies and procedures to provide for the transition of a Medicaid case for an otherwise eligible recipient who moves from one district to another within the State.

III. PROGRAM IMPLICATIONS

Medicaid recipients who report their move from one district to another within the State will be provided coverage for the month in which the move is reported and the following month. Coverage will be established in the new district of residence effective the first day of the second month following the month the move was reported. Eligibility will continue for the duration of the originating county's authorization period, or four months, whichever is greater. If a recipient advises the district of a move, in advance of his or her actual relocation, the district is responsible for providing coverage through the month of actual move and the following month. For example, an individual whose existing Medicaid authorization period is June through May advises his or her current Medicaid district in November that he or she has leased a new apartment in another county beginning in January. Assuming a new address is provided in the new district of residence, coverage must be provided by the originating district through the month of actual move (January) and the following month (February).

The new policies and procedures apply to Medicaid recipients who notify their district of a move to another county on or after December 28, 2007. In order to apply the new procedures, the recipient must notify his or her district of the move and provide the district with his or her new address in writing. If a recipient provides their district with additional information at the time of notification of the move

that may affect the individual's ongoing eligibility, a redetermination of eligibility must be made before the case is transitioned to the new district, barring certain exceptions.

The policy changes in this letter apply to all Medicaid recipients in a Case Type 20 (Medicaid) or 24 (Family Health Plus/FHP), as well as those recipients who receive Medicaid through a Temporary Assistance (TA) Case (Case Types 11, 12, 16 or 17). The new policies do not apply to Medicaid recipients who are institutionalized in a medical facility as defined in Department Regulations at 18 NYCRR, Section 360-1.4 (j). As a result, Medicaid eligibility will not be transitioned for individuals who relocate to another district from a hospital, nursing home, Intermediate Care facility, inpatient psychiatric center or inpatient alcohol treatment facility.

Individuals who report a move but who do not provide an address in the new district of residence must continue to be provided coverage for the month of move and following month, as provided for under existing requirements. Such cases should be closed, but NOT with a Luberto designated Reason Code, as described in this LCM.

System support to transition Medicaid coverage of individuals who move from one Upstate district to another Upstate district is operational for relocations reported on or after December 28, 2007. System support to transition Medicaid coverage of individuals who move into or out of New York City (NYC) is under development. Until such time as system support can be implemented, individuals who report a move are being identified by the Department and cases are being opened manually in the new district of residence.

The court order and stipulation in Luberto v. Daines does not change existing exceptions to the "where found" district of fiscal responsibility (DFR) rule as discussed in OMM/ADM 97-1 and GIS message 02 MA/006. Districts should be certain that a case does not meet one of the DFR exceptions before choosing to transition a case due to a move out of district. Individuals who report a move out of New York State are not subject to the new transition policies. Existing MA closing Reason Code E63 (for both Upstate and NYC) should be used to close cases due to a move out of State. Existing TA closing codes of E66 and M63 (Upstate and NYC) should continue to be used to close the TA case of an individual who moves out of New York State.

When a Supplemental Security Income (SSI) recipient reports a move to another district, it is important that the move be reported to the Department so the State SSI recipient Master File can be changed. Districts should continue to follow the instructions in 95 ADM-5 "SSI Case Correction Procedure: Use of Form SSA-3911" and Medicaid Director letter dated May 22, 2006 concerning the electronic filing of this change form, to report the move of an SSI recipient from one county to another county within the State. If there is a change in the SSI recipient's mailing address, the Social Security Administration (SSA) must also be notified of the change. Eligibility for SSI recipients is determined by the SSA. SSI recipients are not required to file a separate Medicaid application. Districts must coordinate any closing for an SSI recipient with the opening of a case by the new district. This coordination may be required in instances where the district learns of the move prior to the change being made via the State Data Exchange (SDX) system.

For purposes of the remainder of this letter, the term "County A" shall refer to the LDSS from which a recipient changes address. "County B" will be used to describe the LDSS to which a recipient is moving.

IV. PROCEDURES TO BE FOLLOWED WHEN A RECIPIENT MOVES FROM ONE UPSTATE DISTRICT TO ANOTHER UPSTATE DISTRICT

A. County A Required Action

The following actions must be taken when a Medicaid/FHP recipient reports a move to another district and provides his or her district with the address in their new district of residence in writing (documentation of the new address is not required):

1. Initiate a closing transaction, using closing Reason Code C65 (Not A Resident of District-New Address Provided). Use of this Reason Code will generate the Medicaid Coverage "TO" Date as the last day of the month following the month in which the closing transaction is done. Client Notice Subsystem (CNS) notice language, associated with Reason Code C65, will inform the recipient that his or her Medicaid case will be transitioned to the new district of residence effective the first day of the second month following the month in which the closing transaction is made.

2. The Residence Address on screen 1 of WMS must be changed to the newly reported address. Data appearing in the Care Of and/or Mailing Address fields that is not applicable to the move should be deleted.

3. Appropriate changes are required to be made to the Pre-Paid Capitation (PCP) subsystem. If the managed care/FHP plan an individual is currently enrolled in is available in the new district of residence, or if County B has only one FHP plan, no changes to the PCP subsystem are necessary. If the plan is not available in the new district of residence, a disenrollment may need to be processed. For further information regarding managed care/FHP, see Section IV.C., of this LCM.

4. Provide the new district of residence with copies of the following documents from the existing case record:

   (a) proof of Identity, of all relocated individuals;
   (b) proof of date of birth, of all relocated individuals;
   (c) proof of Marital Status, if relevant to establishment of eligibility;
   (d) proof of citizenship or immigration status;
   (e) the most recent LDSS-3209;
   (f) the current LDSS-639, Disability Review Team Certificate, if the eligibility of any case member is based on disability; and
   (g) a copy of the Relocation Referral Form (Attachment I).

   NOTE: Documentation of Income and Resources is not required to be provided to County B.

The documents listed above must be provided to County B so that the new district of residence, in the absence of an application, will have the basic documentation necessary to support eligibility in the event of an audit. The Relocation Referral Form, (Attachment I) is to be used when forwarding the case record documentation to the new district. Documents that are not in County A's possession should be noted on the Relocation Referral Form. Districts may include any additional information that may be important for the new district to be aware of for a particular case. An example of information that should be forwarded to County B would be information concerning any remaining medical bill(s) submitted to County A that can be used to meet the recipient's spenddown liability in County B. Districts should also forward any trust documents that may be applicable to the case, including information regarding any income being placed in an existing Exception trust.

B. County B Required Action

Effective February 29, 2008, a system-generated opening will occur for cases that have been closed using Reason Code C65.

1. The day following County A's closing transaction, a system-generated pending opening transaction, with Reason Code 898 (District Transfer Opening) will be received by County B. The receiving district will be determined through a zip code and address match based on the Residence Address fields, as entered by County A.

   County B will be alerted to this pending transaction via a BICS WINR 4648, "Case Control Transfer Report". The report will be received one business day before the case is set to open in County B. The case will be in FDE/ERR status for the day the report is received, during which the district may modify the system-generated Case Number. Modifications to other system generated fields of Local Office, Unit, Worker and Coverage Code may be made while the case is in FDE/ERR status or subsequent to the opening transaction being processed.

2. The day following the receipt of a pending opening transaction and WINR 4648, a case will be established in the new district of residence. The Authorization and Medicaid Coverage "FROM" Dates of this opening will be the day following County A's Medicaid Coverage "TO" Date. The Authorization and Medicaid Coverage "TO" Dates will be generated to equal the balance of the Authorization period that had been authorized by County A, or four months, whichever is greater. CNS notice language, associated with the system-generated opening, will inform the recipient that his or her case has been transferred to the new district of residence.

   Example: County A does a closing transaction on April 21, 2008, using Reason Code C65. The Medicaid Coverage TO Date will be generated in County A as May 31, 2008. On April 22, 2008, County B will receive the WINR 4648 "Case Control Transfer Report" and the case will appear in FDE/ERR status. County B may change the system generated Case Number, as well as other limited fields on April 22. On April 22, 2008, the case will be established in County B, with an Effective FROM Date of June 1, 2008.

3. The case will be authorized using the same Coverage Code that existed prior to the move, with the following exceptions: individuals who were authorized in County A with Coverage Code 30 (PCP Full Coverage) will be authorized for fee-for-service coverage. The fee-for-service coverage will be based on the Resource Verification Indicator (RVI) Code from the County A case:

Resource Verification Indicator	Fee-For-Service Coverage
1 (Resources Verified for 36 months)	01 (Full coverage)
2 (Resources Verified only for current Month)	19 (CC w/LTC)
3 (Resources Not Verified)	20 (CC w/o LTC)
4 (Transfer of Resources)	10 (Limited coverage)

NOTE: Pregnant women, Expanded eligible children and LIF eligible children authorized in County A with coverage code 30 will not have their coverage converted to fee-for-service based on the RVI. Regardless of the RVI value on the County A case, these individuals will be provided with coverage for all care and services. (see Section IV.C. below for further information regarding managed care/FHP).

FHP individuals (Coverage Code 34) will be authorized with Coverage Code 06 (Provisional Coverage), until enrollment to a FHP plan can be accomplished.

NOTE: Pregnant women who are authorized with Coverage Code 34 on a CT 20 (Individual Categorical codes 58 or 59), will have their coverage converted to Full coverage (01) or Perinatal coverage (15), respectively. In this instance a FHP disenrollment must be processed so that the pregnant woman may access fee-for-service coverage in the new district of residence.

4. In the event that County B does not receive adequate case record documentation from the former district, the documentation is to be requested from the recipient at the time of renewal.

5. Schedule the renewal of transitioned cases, based on the new Authorization period.

C. Managed Care/Family Health Plus Implications

1. Medicaid Managed Care

Medicaid managed care individuals who have moved to a new district should be re-enrolled in the same managed care plan in their new district of residence if the plan is available in the new district. Although the case will transition to the new district with fee-for-service coverage, that coverage should be changed to Managed Care Coverage (Coverage Code 30) if the plan the individual was enrolled in in the former district is available in the new district of residence. This change in Coverage Code, which can be made while the case is in pending opening status, will afford the individual uninterrupted access to plan services. A future enhancement to the WINR 4648 “Case Control Transfer Report”, discussed in Section VI.A of this LCM, will include populating the PCP/FHP Indicator to assist districts

in identifying cases that are transitioned with an active managed care enrollment. If the same plan is available in the new district of residence, the Coverage Code must be changed and re-enrollment to the same managed care plan processed.

If the Medicaid managed care plan that an individual is enrolled in is NOT available in the individual's new district, County A's managed care disenrollment should be coordinated with the last date of coverage in County A (end of the month following the month in which the closing transaction was made). Consideration may be made to disenroll the individual earlier if the individual has moved out of the plan's service area and cannot access services. The disenrollment would enable the individual to receive fee-for-service coverage in order to access services. The decision to disenroll earlier should be made based on a discussion with the individual. Reason Code 97 (Moved Out of Service Plan Area) should be used for the disenrollment. The case will transition to the new district with fee-for-service coverage. Future managed care enrollment should proceed according to local district requirements.

2. Family Health Plus

FHP individuals who have moved to a new district should be re-enrolled in the same FHP plan in their new district of residence if the plan is available in the new district. Although the case will transition to the new district with Provisional Coverage (except pregnant women as noted in section IV.B.3 of this LCM), that coverage should be changed to FHP Coverage (Coverage Code 34) if the same plan operates in the new district of residence. This change in Coverage Code, which can be made while the case is in pending opening status, will afford the individual uninterrupted access to plan services. A future enhancement to the WINR 4648 "Case Control Transfer Report", discussed in Section VI.A of this LCM, will include populating the PCP/FHP Indicator to assist districts in identifying cases that are transitioned with an active FHP enrollment. If the same plan is available in the new district of residence, the Coverage Code must be changed from Provisional Coverage (Coverage Code 06) to FHP Coverage (Coverage Code 34) and re-enrollment to the same FHP plan processed.

Individuals who have moved to a district where only one FHP plan is available must be enrolled in that plan. If the FHP plan is not the same plan the individual was enrolled in when in the former district, County A should not process a disenrollment, which may cause a gap in coverage. County B must make appropriate entries in the PCP subsystem to enroll the individual in the new plan. The coverage code of the individual should be changed to 34 on the day the case is in pending status. In order to limit gaps in access to services, County B must take the necessary steps to insure the enrollment is effective by the first day of the month following the closing in County A. This may include notifying the plan in writing if the enrollment is not processed by pulldown dates.

If the FHP plan that an individual is enrolled in by their former district of residence is not available in the new district of residence and more than one FHP plan exists in the new county of residence, County A must disenroll the individual effective the first day of the month following the second month in which the closing transaction is made. The case will transition to the new district of residence with Provisional Coverage (Coverage Code 06). County B must provide the individual with plan selection information as soon as possible in order to provide the greatest opportunity to have FHP enrollment to the selected plan effective the first day the case becomes the responsibility of County B (the first day of the second month following the month in which the closing transaction was made in County A). If the individual selects a FHP plan in time for County B to enroll, County A will need to delete the disenrollment so that County B may enroll. The PCP subsystem will not support a disenrollment and enrollment line for the same date.

Attachment II of this LCM is a copy of a recent Monthly Medicaid Managed Care Enrollment Report. This report may be used by local district workers to determine whether a particular Medicaid managed care plan or FHP plan does business in another district. The report is sorted by Medicaid managed care, followed by managed long-term care, FHP and Medicaid Advantage. The most recent report may be found on the Department's website at:

http://www.health.state.ny.us/health_care/managed_care/reports/enrollment/monthly/

Managed care/FHP recipients who are receiving Guarantee Coverage (Coverage Codes 31 and 36, respectively) have been determined to be ineligible for Medicaid. If such individual reports a move to another district, the individual should receive the balance of the six month guarantee from County A. A WMS edit will prevent use of closing Reason Code C65 when any individual on the case has Coverage Code 31 or 36.

D. Temporary Assistance Cases

Individuals whose Medicaid is authorized in connection with a Temporary Assistance (TA) cash case are also affected by the settlement agreement reached in Luberto v. Daines. This creates a situation where the DFR Transition Rule for TA and Medicaid will differ when a recipient does not notify his or her district of a move to another county in the same month in which the move actually occurs. Temporary Assistance policy requires the former district of residence to provide cash assistance for the month of the move and following month. Medicaid must be provided for the month the move is reported to the county and the following month.

Due to the differences that can occur with TA and Medicaid policy for county-to-county moves, two TA closing Reason Codes are available to support Medicaid policy. TA closing Reason Code M62 (Moved Out of District) has been modified to generate the Medicaid Coverage "TO" Date on screen 5 of WMS as the last day of the month following the month in which the TA closing transaction is made. Reason Code M62 should be used to close a TA case when the report of move is made timely (either during the month of move or the

following month). The TA closing date and TA notice language associated with M62 has not been changed. The Medicaid language on the notice will inform the individual that his or her Medicaid coverage will be transferred to the new district of residence effective the first day of the second month following the month in which the TA closing transaction is made. As explained in the January 30, 2008 WMS/CNS Coordinator letter, TA workers should use M61 (Moved Out of District-Late Report) to close a TA case that moved out of the district two or more months in the past. The Medicaid Coverage "TO" Date on screen 5 of WMS will be generated as the last day of the month following the month in which the TA closing transaction is done. The Medicaid language associated with Reason Code M61 will inform the individual that Medicaid coverage will be transferred to the new district of residence effective the first day of the second month following the month in which the TA closing transaction was made.

For any transferred cases, the case record documentation, as outlined in Section IV.A.4., must be forwarded to the Medicaid Director in the new district of residence.

E. Third Party/Medicare Implications

When a case opens in the new district of residence, any commercial insurance, Medicare coverage and Medicare Savings Program information that is on eMedNY will automatically be associated with the new district of residence. It is not necessary to end-date the information in County A and re-open the information in County B. County A should only end-date commercial insurance if it knows that the insurance has ended. If the commercial insurance has not ended and County A has been paying the commercial insurance premium, all necessary information regarding the payment of the premium must be forwarded to the new district of residence and annotated on the Relocation Referral Form.

F. Conversion of Cases

On February 29, 2008, closing transactions done in January, 2008 using Reason Code C65 (Case Types 20 and 24) and TA Reason Code M62 (Case Types 11, 12, 16 and 17) were converted to cases in the new district of residence. On February 29, 2008 Upstate districts received the first "Case Control Transfer Report" (WINR 4648) listing cases in FDE/ERR status, pending opening. Cases were in pending status for the day the report was received. Districts could make changes to the system-generated Case Number while in FDE/ERR status. Changes to other system-generated fields of Local Office, Unit, Worker and Coverage Code could also be made while in FDE/ERR status or subsequent to the case becoming active. As a result of this conversion, closing transactions done in January, 2008, had coverage established in the new district of residence with an Authorization and Medicaid coverage "FROM" date of March 1, 2008. This initial WINR 4648 report included case closings that were done throughout the month of January. Therefore, this initial report may contain more cases than future regular installments of the report.

Closing transactions done during February, 2008 were converted on March 21, 2008. Upstate districts received the WINR 4648 on March 24, 2008. As a result of this conversion, closing transactions done in February, 2008 have coverage established in the new district of residence with an Authorization and Medicaid coverage "FROM" date of April 1, 2008. Processing of these cases should proceed as explained in this LCM.

V. MOVES TO OR FROM NEW YORK CITY

System support is being developed to automatically transition the case of an individual who moves from New York City to an Upstate district or from an Upstate district to New York City.

Currently, the closing transaction performed by County A, using the specified Reason Codes noted below, will result in the case appearing on a monthly transfer file. The transfer file will contain certain data from the originating district's WMS record. This data will be used to manually open cases in the new district of residence.

A. New York City to Upstate Moves

1. Medicaid Only/FHP Cases

   When a New York City Medicaid recipient reports a move to an Upstate district, NYC will initiate a closing transaction using Reason Code G61 or G62. Use of these Reason Codes will generate the Medicaid Coverage "TO" Date as the last day of the month following the month in which the closing transaction is made. Cases closed with these Reason Codes will appear on a monthly transfer file. The Residence Address and Zip Code of the newly reported Upstate address will be used to determine the Upstate district where the manual opening is to occur. Use of closing Reason Codes G61 or G62 will require an Amplification Date (date of actual move).

   Individuals enrolled in managed care or FHP in NYC will be automatically disenrolled from the plan at the pulldown date following the month in which eligibility ends. The effective date of the disenrollment will be the day following the last day of eligibility in NYC.

2. Temporary Assistance Cases

   Closing Reason Code G62 should be used to discontinue the TA case of a NYC resident who reports a move to an Upstate county. An Amplification Date is required. The Medicaid coverage associated with the closing TA case will be discontinued effective the last day of the month following the month in the TA closing transaction is made. As described above, cases closed with Reason Code G62 will appear on a monthly transfer file and the case is to be manually opened in the Upstate district based on the new address and zip code.

Individuals enrolled in managed care in NYC will be automatically disenrolled from the plan at the pulldown date following the month in which eligibility ends. The effective date of the disenrollment will be the day following the last day of eligibility in NYC.

To notify Upstate districts of cases that require a manual opening, Upstate districts have been and will continue to be provided with an Excel spreadsheet containing specific case information from the transfer file. This information is being forwarded by the district's Local District Support Liaison. As districts receive this information, a Medicaid case is to be opened as soon as possible and the appropriate manual notice sent (Attachment V or VI). Districts will be notified when the processing of the transfer file is automated.

NYC staff should forward the required documentation to support the new case, as outlined in Section IV.A.4 of this LCM, to the attention of the Medicaid Director in the new Upstate district of residence.

B. Upstate to New York City Moves

1. Medicaid Only/FHP Cases

   When a recipient reports that he or she has moved to NYC, the Upstate district will be responsible for providing coverage for the month of notification and the following month. In closing the Upstate case, districts should follow the instructions for Upstate to Upstate moves, as explained in Section IV.A., with the exception of the PCP changes, which will be automatically ended at the pulldown date following the month eligibility ends. The effective date of the disenrollment will be the day following the last day of eligibility in the Upstate district. The closing transaction, using Reason Code C65 (Moved Out of District- New Address Provided) will result in the case appearing on the monthly transfer file. This monthly transfer file will be used to open a case on NYC WMS with an opening Reason Code of 853 (Case Type 20) or 856 (Case Type 24), effective the first day of the month following the Upstate Medicaid Coverage "TO" Date.

2. Temporary Assistance Cases

   A TA recipient who is also authorized for Medicaid will have his or her Medicaid coverage transferred to NYC by the Upstate district. In closing the Upstate TA case, districts should follow the instructions for Upstate to Upstate moves, as explained in Section IV.D. of this LCM. Managed care enrollment of individuals moving to NYC will automatically be ended at the pulldown date following the month in which eligibility ends. The effective date of the disenrollment will be the day following the last day of eligibility in the Upstate district. The closing transaction, using Reason Code M61 or M62 will result in the case appearing on the monthly transfer file.

Until the monthly transfer file can be automated, NYC staff will process NYC openings for cases identified on the monthly transfer file. The appropriate notice will also be sent to the individual.

NOTE: Upstate districts should be aware of differences in editing on the CARE OF and MAILING ADDRESS fields that exist between Upstate and NYC WMS. The NYC WMS considers the CARE OF and MAILING ADDRESS to be one field. Therefore, when data is entered in either the CARE OF or MAILING ADDRESS field of the Upstate case, both fields must be completely filled. Data appearing in either of these fields that is not applicable to the case once it transfers to NYC should be entirely deleted before closing the case.

Upstate districts should forward the required documentation to support the new case, as outlined in Section IV.A.4. of this LCM, to:

Susan Pelham
330 West 34th Street, Room 922
New York, New York 10001
Telephone Number: (212) 630-1606
Email: pelhams@hra.nyc.gov

C. Transfer File Processing

Once automated, on a monthly basis, cases that are set to close due to a reported move, either from NYC to an Upstate district or from an Upstate district to NYC will become part of the monthly transfer file. Prior to the opening of a case in the new district, as determined by an address and zip code match, a search will be performed to establish whether any members of a relocating case have an active case in the new district of residence or any other district. For any case member found to have an active case in another district, a transitioned case will not be established, and the individual will appear on the new district's Case Control Transfer Report, as explained below.

The transfer file will be created on the first day of each month and will capture all reported cases that have coverage ending the previous day. Cases to be established in NYC will be opened with a system-generated opening Reason Code of 853 (Case Type 20) or 856 (FHP). Other system-generated fields on the NYC opening transaction will be:

MA Center-Local Office: 549
MA Responsible Area Code: LB
Unit Worker: NYSLB

Cases to be established in an Upstate district will appear on the Case Control Transfer Report (WINR 4648) that will be available on the second day of each month (excluding weekends and holidays). The cases will be in FDE/ERR status on the day the report is received, during which the district may modify the system generated Case Number. Modifications to other system-generated fields may be made while the case is in FDE/ERR status or subsequently. The day following the receipt of the report, cases to be established in an Upstate district will be opened with a system generated opening

Reason Code of 898 (District Transfer Opening). Such cases will be identified on the Case Control Transfer Report with the following system generated fields:

CASE NUMBER: NT, Followed by Julian Date and Sequence Number
UNIT: MA
WORKER: NYNTR

A case opening will be system-generated in the new district of residence with coverage beginning the day following the last day of coverage in the former district's case. The Authorization and Medicaid coverage "TO" dates of this opening transaction will be system-generated and will equal the months remaining in the former district's original Authorization period, or four months, whichever is greater.

As part of the automated transition process, the newly opened case will be established with the same Coverage Code that appeared in the former case with the following exceptions: Individuals enrolled in Medicaid managed care (Coverage Code 30) will be opened with fee-for-service Medicaid, based on the RVI Code (see Section IV.B.3 for a chart identifying the Coverage Code associated with each RVI Code). FHP individuals (Coverage Code 34) will be transitioned to the new district of residence with Provisional Coverage, with the exception of pregnant women, as noted in Section IV.B.3. The district receiving the case must take steps to initiate Medicaid managed care or FHP enrollment, as appropriate.

D. Third Party/Medicare Implications

Since individuals moving from an Upstate district to NYC, or from NYC to an Upstate district, will receive a new Client Identification Number (CIN), commercial insurance, Medicare coverage and Medicare Savings Program information that is in eMedNY will not automatically be associated with the new county of residence. Until an automated process can be developed, the Third Party Liability Unit, within the State Office of Health Insurance Programs, will enter commercial insurance, Medicare coverage, and Medicare Savings Program information under the new CIN in eMedNY. If an individual's commercial insurance will be available in the new district and the former district had been paying the commercial insurance premium, all necessary information regarding the payment of the premium must be forwarded to the new district of residence.

VI. CASE CONTROL TRANSFER REPORT

A. Upstate Districts

Each Upstate district will receive a daily "Case Control Transfer Report" (WINR 4648) through BICS that identifies cases that have been transferred (to an Upstate district) as a result of the automated county-to-county move process. Cases that are transferred from NYC to an Upstate district will be included in the WINR 4648 when the transfer file between NYC and Upstate is automated. The WINR 4648 will include the following information:

Section I: Pending Cases – will list cases that are in FDE/ERR status for one day (excluding weekends and holidays) to alert the district that a case is in pending status in the district. This section of the report will contain the system-assigned Case Number, Case Name, Case Type, CIN, former Coverage Code, new Coverage Code, and Restriction/Exception Indicator. Changes to the system generated Case Number may only be made while the case is in FDE/ERR status. Changes to other system generated fields can be made while in FDE/EFF status or subsequent to the case being opened. Districts should use this report to identify FHP cases that will require plan selection information. A future enhancement to this report will include populating the PCP/FHP Indicator to assist districts in identifying cases that are transitioned with an active managed care enrollment.

Section II: Exception Cases – will list cases in which one or more members were found to have an active case in County B or elsewhere. A transitioned case will not be created. Districts should review the cases appearing in this section of the report in order to make decisions regarding the best resolution of the information. This may include contacting other districts to better establish where the individual(s) is actually residing. This section of the report will contain the following information: District, Case Number of existing case found in the clearance process, Existing Case Name, Case Type, Coverage Code and Restriction/Exception Indicator and CIN.

B. New York City

In addition to the regular WMS disposition and error report, a new report identifying the disposition of each case transferred to NYC will be created. The report will include the following information: Case Name, Upstate Case Number, Upstate CIN, NYC Case Number if issued or found, NYC CIN if issued or found, Client Name and DOB, if present. The report will also identify any Errors such as invalid Case Type or Active CIN on NYC. This report will be available when the transfer file between Upstate and NYC is automated.

VII. ADDITIONAL INFORMATION THAT RELATES TO CERTAIN MOVES

A. Report of Changes Affecting Eligibility

In the course of a Medicaid/FHP recipient reporting his or her move, other changes relevant to eligibility may also be reported. If the district is provided with sufficient information to make a redetermination of eligibility based on reported changes, a redetermination is to be completed before transitioning the case to the new district of residence. Changes resulting in ineligibility should be handled in accordance with existing procedures, including the discontinuance or change of coverage, as appropriate. However, districts should NOT delay the transitioning of coverage pending receipt of further information regarding items that may change as a result of the individual’s reported relocation. For example, an individual who informs the district he has moved to take a new job, but does not know his new income, would have his case transitioned. When the change in income is known by the recipient, the recipient

is expected to report the change to the new district. Income information will also be reported to the new district when the case is renewed. Another example of when a case should be transitioned is if a parent reports her child has moved to another district to live with her father. The case should be transitioned to the new district of residence. The new district will evaluate the child's ongoing eligibility at renewal.

It should also be noted that Single Individuals and Childless Couples (S/CCs) are not required to document their new shelter expenses as a condition for transitional coverage. County B will review these changes at renewal.

Individuals who report a move, for whom the district has not yet done a determination of eligibility (i.e. a pregnant woman authorized for Presumptive Eligibility), must have a determination of eligibility completed before the case is transitioned to the new district of residence.

If a case is in the process of being renewed and an individual reports a move to another district, County A must complete the renewal before transitioning the case to the new district of residence.

B. Not All Case Members Are Moving

When a district receives information regarding an existing case in which only some members are relocating, the impact of the move must be assessed on both those who are remaining in County A and those members who have relocated. If those case members who have moved continue to be eligible, County A must provide coverage to those individuals for the month of notification of the move and the following month. However, because applicable closing codes to transition coverage are only case level Reason Codes, when only some case members of a household are relocating, a new case must be established for those individuals moving. The new case is to be subsequently closed with the appropriate Moved Out of District closing Reason Code. This will allow the individuals to be transitioned to the new district. If the result of the redetermination is that the relocating household members are ineligible, they should be deleted from the case and provided with timely and adequate notice based upon the reason for their ineligibility (i.e. not moved out of district).

C. Returned Agency Correspondence

District correspondence, including the Medicaid/FHP renewal, that is returned to the district by the U.S Postal Service with a change of address indicating the individual may have moved out of the district must be forwarded to the new address. In order to get confirmation from the recipient of a move, Attachment VII of this LCM must be included when the returned mail is forwarded to the individual. Individuals who respond to this follow-up correspondence in the time frame provided by the district (minimally 10 days should be given) shall be considered to have reported their relocation and new address. The case is then eligible to be processed under the new transition provisions. Failure to respond to the follow-up correspondence will result in a discontinuance for reasons other

than a move out of district such as failure to renew or comply with a request for additional information.

If a Medicaid/FHP renewal (and Attachment VII) is forwarded based on a change of address identified by the U.S. Postal Service, the renewal and Attachment VII to this LCM must be returned by the recipient and processed by County A before the case is transitioned to County B.

D. Continuous Coverage for Children

Under the provisions of continuous coverage for children, as outlined in 99 OMM/ADM-3, "Implementation of the Medicaid and Title XXI Provisions of the Balanced Budget Act of 1997," children who moved from one district to another and did not have an application filed on their behalf in the new district or were determined ineligible by the new district, remained the responsibility of the former district of residence for the balance of the period of continuous coverage. With the implementation of the Luberto court order, children who move to another district will have their eligibility transitioned to the new district of residence. Continuous coverage for children, as provided by their former district of residence will be limited to children who lose eligibility for reasons other than a move out of district.

E. Individuals Who Notify County B of Their Relocation

When County B is advised of a change in address by an individual who has an active Medicaid case in another district, County B is directed to have the individual put the new address in writing. County B is instructed to send the new address information to County A so that the individual's Medicaid coverage can be transitioned by County A. The individual may choose to file an application in the new district of residence. However, in doing so, all aspects of the application process must be adhered to, including the face-to-face interview and documentation requirements. In order to avoid duplicate coverage in this instance, County B will need to coordinate the closing of the former district's case with their opening.

Although the Medicaid coverage of a TA recipient will be transitioned to the new district of residence when a move is reported, TA rules require that a new application for cash benefits be filed. When the TA applicant also files for Medicaid in the new district, the TA application should be processed according to existing procedures. If a TA and Medicaid determination are made before the Medicaid coverage transitions to the new district of residence, the TA/Medicaid case should be authorized. The transfer file will recognize the active case and not process a Medicaid only case in the new district.

F. Homeless Individuals

Homeless individuals who report a move to another district must have their Medicaid/FHP case transitioned under the procedures outlined in this LCM even though they lack a permanent address. Residency is based on an individual's expression of intent to reside in a particular district, not on any duration of residency or proof of a residential address. See 89 ADM-2 for a list of mailing address options for homeless individuals.

G. Admissions to District 97 (Office of Mental Health) and District 98 (Office of Mental Retardation and Developmental Disabilities) Living Arrangements

An individual who becomes the Medicaid responsibility of the State, as a result of an admission to certain living arrangements under the jurisdiction of the Office of Mental Health (OMH) or the Office of Mental Retardation and Developmental Disabilities (OMRDD) will have State Medicaid eligibility effective with the date of admission. Local districts must close an individual's Medicaid case so that District 97 or 98 may open a case. Local districts will generally learn of the need to close their case in these instances when contacted by the Patient Resource Office (OMH) or the Revenue Support Field Office (OMR). In these circumstances, districts are advised NOT to use closing Reason Codes that will transition the case the month following the month the closing transaction is made. Until such time as a unique closing Reason Code can be created to address this situation, Upstate districts may use closing Reason Code E61 (Not a Resident of District) and NYC may use G77. Districts must use the manual County A notice (OHIP-0014), Attachment III to this LCM, to inform the individual that his or her Medicaid case is being transferred to OMH/OMRDD. The use of these alternate closing Reason Codes will also help to ensure that the case is transitioned to OMH or OMRDD instead of the district where the OMH or OMRDD living arrangement is located.

Systemic support of transitioning cases is not able to accommodate situations where the district to where an individual is moving is not the district of fiscal responsibility, as is often the case with OMH and OMRDD discharges. In such cases, the DFR must be sent the Relocation Referral Form and accompanying documentation, but the case will not be systemically transitioned. The DFR district is required to establish uninterrupted coverage for such cases. When opening such cases, the individual is to be sent the manual County B notice (OHIP-0015), Attachment V to this LCM.

VIII. NOTICE REQUIREMENTS

A. CNS Upstate

Revised language has been developed to be used with closing Reason Codes M61 and M62 (TA cases Upstate) and C65 (MA/FHP Upstate). These notices advise the recipient that Medicaid/FHP coverage will continue through the "TO" Date that will be pulled from the Medicaid Coverage "TO" Date and that the individual's case will be transferred to the new district of residence effective the date following the Medicaid Coverage "TO" Date.

The system generated Opening Reason Code 898 will generate a notice that advises the recipient that his or her case will be opened in the new district of residence and the effective date of the opening.

B. CNS NYC

Appropriate language has been developed for use with NYC closing Reason Codes G61 (MA/FHP) and G62 (TA and MA). These notices will advise the recipient who reports his or her relocation that Medicaid coverage will be provided by NYC through the end of the month following the month in which the closing transaction was made and coverage will transferred to the new district of residence.

System generated opening Reason Codes 853 (Case Type 20) and 856 (FHP) will generate a notice advising the recipient that a case has been established in NYC and the effective date of the opening.

Please contact your Local District Support Liaison at (518) 474-8887 (Upstate) or (212) 417-4500 (New York City) if you have any questions.

Judith Arnold, Director
Division of Coverage and Enrollment
Office of Health Insurance Programs

RELOCATION REFERRAL FORM
(To be completed by Originating District)

Case Name: ______________________________ Originating County: ______________

Date Move Reported: ____________________

Reported New Address: ______________________________

____

____

Contact Phone Number, if known: (   ) ______________________

Names of Those Moving: ______________________________

____

____

Documents Being Forwarded to New County of Residence (Provide the new district of residence with copies of the following documents from the existing case record.) **Please check those items included**.

- ☐ Proof of Identity, of all relocated individuals
- ☐ Proof of Date of Birth, of all relocated individuals
- ☐ Proof of Marital Status, if relevant to establishment of eligibility
- ☐ Proof of Citizenship or immigration status
- ☐ A copy of the most recent Authorization (LDSS-3209)/Turn Around Document (LDSS-3517)
- ☐ A current LDSS-639, Disability Review Team Certificate, if eligibility is based on disability

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If applicable:

- ☐ Spenddown Information/Viable bills
- ☐ Information regarding commercial insurance premiums being paid, if not indicated on LDSS-3209 or LDSS-3517 (NYC)
- ☐ Case is in Transitional Medicaid (TMA) Extension. Last month of County A coverage is month # ________ of possible 12-month extension.
- ☐ Restriction/Exception Code: ____________ (CIN) ____________ (CIN)

If enrolled in a health plan, name of plan:
Medicaid Managed Care ____________________ FHP __________________
Medicaid Advantage ____________________

Additional Information: ____

____

____

Completed by: ________________________ Contact Phone: (   ) ________________
(Please Print)

FAX: (   ) ________________

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Albany	**TOTALS:**	16,060	14,371	1,975	1,565	18,035	15,936	88%	88%	100%	4,147	1,490	22,182	17,426	79%
Mandatory	Capital District Physicians Health Plan		10,474		1,097		11,571	64%				1,154		12,725	57%
Eff. Oct 1997	GHI HMO Select		29		3		32	0%				0		32	0%
	NYS Catholic Health Plan		2,441		283		2,724	15%				177		2,901	13%
	Wellcare Of New York		1,427		182		1,609	9%				159		1,768	8%
Allegany	**TOTALS:**	3,565	2,599	377	271	3,942	2,870	73%	84%	87%	941	145	4,883	3,015	62%
Mandatory	HealthNow/BCBS-WNY/Community Blue		1,611		166		1,777	45%				110		1,887	39%
Eff. Feb 2007	Univera Community Health		988		105		1,093	28%				35		1,128	23%
Broome	**TOTALS:**	13,552	11,743	1,581	1,239	15,133	12,982	86%	86%	100%	3,874	1,405	19,007	14,387	76%
Mandatory	Broome MAX		3,401		227		3,628	24%				740		4,368	23%
Eff. May 1998	Capital District Physicians Health Plan		590		37		627	4%				99		726	4%
	Excellus Health Plan		6,098		753		6,851	45%				399		7,250	38%
	GHI HMO Select		454		50		504	3%				43		547	3%
	NYS Catholic Health Plan		1,200		172		1,372	9%				124		1,496	8%
Cattaraugus	**TOTALS:**	5,305	4,667	496	401	5,801	5,068	87%	87%	100%	1,153	739	6,954	5,807	84%
Mandatory	HealthNow/BCBS-WNY/Community Blue		2,237		172		2,409	42%				567		2,976	43%
Eff. Sept. 2001	NYS Catholic Health Plan		1,622		129		1,751	30%				132		1,883	27%
	Univera Community Health		808		100		908	16%				40		948	14%
Cayuga Voluntary	**TOTALS:**	5,995	0	568	0	6,563	0	0%	84%	0%	1,171	0	7,734	0	0%
Chautauqua	**TOTALS:**	11,128	10,014	1,568	1,316	12,696	11,330	89%	89%	100%	2,532	1,447	15,228	12,777	84%
Mandatory	HealthNow/BCBS-WNY/Community Blue		3,034		411		3,445	27%				575		4,020	26%
Eff. Sept. 2001	NYS Catholic Health Plan		6,802		847		7,649	60%				855		8,504	56%
	Univera Community Health		178		58		236	2%				17		253	2%
Chemung	**TOTALS:**	7,906	4,401	855	339	8,761	4,740	54%	84%	64%	2,030	892	10,791	5,632	52%
Voluntary	(Partial)		3,151		0		3,151	36%				256		3,407	32%
	Southern Tier Priority (Partial)		1,250		339		1,589	18%				636		2,225	21%
Chenango Voluntary	**TOTALS:**	4,472	0	374	0	4,846	0	0%	84%	0%	1,110	0	5,956	0	0%
Clinton Voluntary	**TOTALS:**	6,145	157	696	36	6,841	193	3%	84%	3%	1,675	5	8,516	198	2%
	NYS Catholic Health Plan		157		36		193	3%				5		198	2%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Columbia	**TOTALS:**	2,869	2,309	265	189	3,134	2,498	80%	84%	95%	849	305	3,983	2,803	70%
Mandatory	Capital District Physicians Health Plan		1,607		125		1,732	55%				239		1,971	49%
Eff. Oct 1997	GHI HMO Select		7		1		8	0%				1		9	0%
	NYS Catholic Health Plan		412		46		458	15%				30		488	12%
	Wellcare Of New York		283		17		300	10%				35		335	8%
Cortland	**TOTALS:**	3,826	2,856	364	294	4,190	3,150	75%	84%	89%	720	190	4,910	3,340	68%
Mandatory	NYS Catholic Health Plan		2,256		229		2,485	59%				174		2,659	54%
Eff. May 2007	SCHC Total Care		600		65		665	16%				16		681	14%
Delaware Voluntary	**TOTALS:**	2,807	0	419	0	3,226	0	0%	84%	0%	677	0	3,903	0	0%
Dutchess	**TOTALS:**	9,585	7,759	1,173	824	10,758	8,583	80%	84%	95%	2,987	779	13,745	9,362	68%
Mandatory	GHI HMO Select		636		103		739	7%				57		796	6%
Eff. Apr 2007	Hudson Health Plan		2,470		266		2,736	25%				263		2,999	22%
	MVP Health Plan		2,289		275		2,564	24%				215		2,779	20%
	NYS Catholic Health Plan		323		63		386	4%				16		402	3%
	Wellcare Of New York		2,041		117		2,158	20%				228		2,386	17%
Erie	**TOTALS:**	65,693	55,919	9,489	7,179	75,182	63,098	84%	84%	100%	16,460	9,339	91,642	72,437	79%
Mandatory	HealthNow/BCBS-WNY/Community Blue		10,597		1,138		11,735	16%				1,311		13,046	14%
Eff. May 1998	Independent Health Association		15,483		1,442		16,925	23%				2,463		19,388	21%
	NYS Catholic Health Plan		13,823		885		14,708	20%				1,574		16,282	18%
	Univera Community Health		15,533		2,432		17,965	24%				1,080		19,045	21%
	Total Full Risk		55,436		5,897		61,333	82%				6,428		67,761	74%
	PCMP II-A Special Care (Partial)		483		1,282		1,765	2%				2,911		4,676	5%
	Total Partial Risk		483		1,282		1,765	2%				2,911		4,676	5%
Essex	**TOTALS:**	2,038	213	198	55	2,236	268	12%	84%	14%	577	2	2,813	270	10%
Voluntary	NYS Catholic Health Plan		213		55		268	0%				2		270	0%
Franklin Voluntary	**TOTALS:**	3,493	0	348	0	3,841	0	0%	84%	0%	1,107	0	4,948	0	0%
Fulton	**TOTALS:**	5,220	4,163	537	408	5,757	4,571	79%	84%	95%	1,079	163	6,836	4,734	69%
Mandatory	Capital District Physicians Health Plan		2,291		197		2,488	43%				100		2,588	38%
Eff. Mar. 2007	NYS Catholic Health Plan		1,872		211		2,083	36%				63		2,146	31%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Genesee	**TOTALS:**	3,305	3,043	350	302	3,655	3,345	92%	92%	100%	569	206	4,224	3,551	84%
Mandatory	HealthNow/BCBS-WNY/Community Blue		1,716		158		1,874	51%				84		1,958	46%
Eff. Jan 2004	Rochester Area HMO/Preferred Care		1,327		144		1,471	40%				122		1,593	38%
Greene	**TOTALS:**	2,720	2,428	313	274	3,033	2,702	89%	89%	100%	778	370	3,811	3,072	81%
Mandatory	Capital District Physicians Health Plan		1,278		103		1,381	46%				260		1,641	43%
Eff. Oct 1997	GHI HMO Select		452		59		511	17%				28		539	14%
	NYS Catholic Health Plan		396		82		478	16%				27		505	13%
	Wellcare Of New York		302		30		332	11%				55		387	10%
Hamilton	**TOTALS:**	163	9	26	2	189	11	6%	84%	7%	42	1	231	12	5%
Voluntary	NYS Catholic Health Plan		9		2		11					1		12	5%
Herkimer	**TOTALS:**	4,888	4,367	510	426	5,398	4,793	89%	89%	100%	968	277	6,366	5,070	80%
Mandatory	Excellus Health Plan		774		44		818	15%				74		892	14%
Eff. May 2003	NYS Catholic Health Plan		3,538		376		3,914	73%				196		4,110	65%
	United Healthcare Plan Of NY		55		6		61	1%				7		68	1%
Jefferson Voluntary	**TOTALS:**	7,565	0	618	0	8,183	0	0%	84%	0%	1,844	0	10,027	0	0%
Lewis Voluntary	**TOTALS:**	1,903	0	167	0	2,070	0	0%	84%	0%	413	0	2,483	0	0%
Livingston	**TOTALS:**	2,810	2,368	373	268	3,183	2,636	83%	84%	99%	692	279	3,875	2,915	75%
Mandatory	Excellus Health Plan		1,642		196		1,838	58%				171		2,009	52%
Eff. Apr. 2002	Rochester Area HMO/Preferred Care		726		72		798	25%				108		906	23%
Madison Voluntary	**TOTALS:**	4,106	0	371	0	4,477	0	0%	84%	0%	839	0	5,316	0	0%
Monroe	**TOTALS:**	56,334	49,175	8,303	4,868	64,637	54,043	84%	84%	100%	13,535	5,310	78,172	59,353	76%
Mandatory	Excellus Health Plan		35,228		3,358		38,586	60%				4,023		42,609	55%
Eff. Mar 1998	NYS Catholic Health Plan		784		139		923	1%				17		940	1%
	Rochester Area HMO/Preferred Care		13,163		1,371		14,534	22%				1,270		15,804	20%
Montgomery	**TOTALS:**	4,940	3,994	518	438	5,458	4,432	81%	84%	97%	893	234	6,351	4,666	73%
Mandatory	Capital District Physicians Health Plan		2,438		240		2,678	49%				174		2,852	45%
Eff. Apr 2007	NYS Catholic Health Plan		1,556		198		1,754	32%				60		1,814	29%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Nassau	**TOTALS:**	44,275	36,461	3,294	2,279	47,569	38,740	81%	84%	97%	11,645	4,823	59,214	43,563	74%
Mandatory	Affinity Health Plan		6,685		310		6,995	15%				624		7,619	13%
Eff. June 2001	HealthFirst PHSP		8,858		314		9,172	19%				657		9,829	17%
	HealthPlus		1,785		242		2,027	4%				334		2,361	4%
	Health Insurance Plan of Greater New York		7,212		694		7,906	17%				1,696		9,602	16%
	NYS Catholic Health Plan		6,126		296		6,422	14%				552		6,974	12%
	United Healthcare Plan Of NY		5,795		423		6,218	13%				960		7,178	12%
Niagara	**TOTALS:**	13,473	12,423	2,099	1,773	15,572	14,196	91%	91%	100%	3,334	2,020	18,906	16,216	86%
Mandatory	HealthNow/BCBS-WNY/Community Blue		4,079		590		4,669	30%				615		5,284	28%
Eff. Sept. 1998	Independent Health Association		4,265		593		4,858	31%				939		5,797	31%
	NYS Catholic Health Plan		3,482		494		3,976	26%				433		4,409	23%
	Univera Community Health		597		96		693	4%				33		726	4%
Oneida	**TOTALS:**	17,548	15,416	1,611	1,376	19,159	16,792	88%	88%	100%	5,167	2,389	24,326	19,181	79%
Mandatory	Excellus Health Plan		2,254		211		2,465	13%				241		2,706	11%
Eff. Sept. 2001	NYS Catholic Health Plan		10,705		902		11,607	61%				1,797		13,404	55%
	United Healthcare Plan Of NY		2,457		263		2,720	14%				351		3,071	13%
Onondaga	**TOTALS:**	31,488	25,812	3,005	2,026	34,493	27,838	81%	84%	96%	8,305	3,840	42,798	31,678	74%
Mandatory	Excellus Health Plan		2,703		208		2,911	8%				281		3,192	7%
Eff. Nov. 1998	NYS Catholic Health Plan		6,720		475		7,195	21%				897		8,092	19%
	SCHC Total Care		10,152		976		11,128	32%				1,797		12,925	30%
	United Healthcare Plan Of NY		6,237		367		6,604	19%				865		7,469	22%
Ontario	**TOTALS:**	4,583	4,050	414	277	4,997	4,327	87%	87%	100%	1,120	536	6,117	4,863	79%
Mandatory	Excellus Health Plan		3,523		241		3,764	75%				454		4,218	69%
Eff. Mar 1998	Rochester Area HMO/Preferred Care		527		36		563	11%				82		645	11%
Orange	**TOTALS:**	28,381	24,759	2,100	1,467	30,481	26,226	86%	86%	100%	3,900	1,633	34,381	27,859	81%
Mandatory	Affinity Health Plan		8,007		613		8,620	28%				890		9,510	28%
Eff. Mar. 2007	GHI HMO Select		2,502		214		2,716	9%				107		2,823	8%
	Hudson Health Plan		4,007		392		4,399	14%				391		4,790	14%
	NYS Catholic Health Plan		8,650		141		8,791	29%				65		8,856	26%
	Wellcare Of New York		1,593		107		1,700	6%				180		1,880	5%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

County	Provider	TANF ADC & MA-ADC Eligibles	TANF ADC & MA-ADC Enrolled	SNA HR & MA-HR Eligibles	SNA HR & MA-HR Enrolled	TANF & MA-ADC, SNA & MA-HR Total Eligibles	TANF & MA-ADC, SNA & MA-HR Total Enrolled	TANF & MA-ADC, SNA & MA-HR Percent Enrolled	EXPECTED PENETRATION RATE Expected Target*	EXPECTED PENETRATION RATE % of Target*	SSI & MA-SSI Eligibles	SSI & MA-SSI Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Orleans	**TOTALS:**	2,993	2,693	520	437	3,513	3,130	89%	89%	100%	609	217	4,122	3,347	81%
Mandatory	Excellus Health Plan		1,052		144		1,196	34%				94		1,290	31%
Eff. June 2003	HealthNow/BCBS-WNY/Community Blue		735		125		860	24%				75		935	23%
	NYS Catholic Health Plan		906		168		1,074	31%				48		1,122	27%
Oswego	**TOTALS:**	10,343	9,291	943	790	11,286	10,081	89%	89%	100%	2,187	1,118	13,473	11,199	83%
Mandatory	Excellus Health Plan		172		12		184	2%				25		209	2%
Eff. Apr. 1999	NYS Catholic Health Plan		2,387		180		2,567	23%				229		2,796	21%
	SCHC Total Care		4,339		454		4,793	42%				586		5,379	40%
	United Healthcare Plan Of NY		2,393		144		2,537	22%				278		2,815	21%
Otsego	**TOTALS:**	3,542	2,409	366	253	3,908	2,662	68%	84%	81%	887	38	4,795	2,700	56%
Mandatory	Excellus Health Plan		2,407		251		2,658	68%				38		2,696	56%
Eff. May 2007	NYS Catholic Health Plan		2		2		4	0%				0		4	0%
Putnam	**TOTALS:**	1,507	1,111	194	127	1,701	1,238	73%	84%	87%	589	92	2,290	1,330	58%
Mandatory	Amerigroup		131		12		143	8%				19		162	7%
Eff. Mar. 2007	GHI HMO Select		980		115		1,095	64%				73		1,168	51%
Rensselaer	**TOTALS:**	10,354	9,011	1,365	1,189	11,719	10,200	87%	87%	100%	2,272	896	13,991	11,096	79%
Mandatory	Capital District Physicians Health Plan		7,119		931		8,050	69%				766		8,816	63%
Eff. Oct 1997	GHI HMO Select		14		5		19	0%				0		19	0%
	NYS Catholic Health Plan		1,428		198		1,626	14%				91		1,717	12%
	Wellcare Of New York		450		55		505	4%				39		544	4%
Rockland	**TOTALS:**	29,608	28,574	1,870	1,552	31,478	30,126	96%	96%	100%	2,578	1,106	34,056	31,232	92%
Mandatory	Affinity Health Plan		1,920		368		2,288	7%				294		2,582	8%
Eff. Mar. 2001	GHI HMO Select		1,272		113		1,385	4%				63		1,448	4%
	Hudson Health Plan		3,967		369		4,336	14%				261		4,597	13%
	NYS Catholic Health Plan		19,807		570		20,377	65%				415		20,792	61%
	Wellcare Of New York		1,608		132		1,740	6%				73		1,813	5%
St Lawrence Voluntary	**TOTALS:**	8,895	0	813	0	9,708	0	0%	84%	0%	2,487	0	12,195	0	0%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Saratoga	**TOTALS:**	6,332	5,172	677	470	7,009	5,642	80%	84%	96%	1,805	582	8,814	6,224	71%
Mandatory	Capital District Physicians Health Plan		3,839		380		4,219	60%				481		4,700	53%
Eff. Oct 1997	NYS Catholic Health Plan		1,333		90		1,423	20%				101		1,524	17%
Schenectady	**TOTALS:**	8,666	6,641	769	473	9,435	7,114	75%	84%	90%	3,017	1,053	12,452	8,167	66%
Mandatory	Capital District Physicians Health Plan		3,687		266		3,953	42%				805		4,758	38%
Eff. Apr. 2007	GHI HMO Select		596		59		655	7%				18		673	5%
	NYS Catholic Health Plan		2,358		148		2,506	27%				230		2,736	22%
Schoharie	**TOTALS:**	1,862	132	196	17	2,058	149	7%	84%	9%	394	11	2,452	160	7%
Voluntary	Capital District Physicians Health Plan		132		17		149	7%				11		160	7%
Schuyler	**TOTALS:**	1,255	123	139	26	1,394	149	11%	84%	13%	276	31	1,670	180	11%
Voluntary	Southern Tier Priority (Partial)		123		26		149	11%				31		180	11%
Seneca	**TOTALS:**	1,655	1,457	136	101	1,791	1,558	87%	87%	100%	470	240	2,261	1,798	80%
Mandatory Eff. Jan 2007	Excellus Health Plan		1,457		101		1,558	87%				240		1,798	80%
Steuben	**TOTALS:**	7,221	1,513	725	188	7,946	1,701	21%	84%	25%	2,169	546	10,115	2,247	22%
Voluntary	Southern Tier Pediatrics (Partial)		270		0		270	3%				23		293	3%
	Southern Tier Priority (Partial)		1,243		188		1,431	18%				523		1,954	19%
Suffolk	**TOTALS:**	50,574	43,971	6,861	5,530	57,435	49,501	86%	86%	100%	12,832	5,553	70,267	55,054	78%
Mandatory	Affinity Health Plan		5,539		575		6,114	11%				497		6,611	9%
Eff. June 2001	HealthFirst PHSP		8,249		749		8,998	16%				804		9,802	14%
	Health Insurance Plan of Greater New York		8,619		1,909		10,528	18%				1,432		11,960	17%
	NYS Catholic Health Plan		4,890		612		5,502	10%				461		5,963	8%
	Suffolk Health Plan		9,520		834		10,354	18%				1,296		11,650	17%
	United Healthcare Plan Of NY		7,154		851		8,005	14%				1,063		9,068	13%
Sullivan	**TOTALS:**	5,957	4,977	417	315	6,374	5,292	83%	84%	99%	1,475	583	7,849	5,875	75%
Mandatory	GHI HMO Select		420		40		460	7%				24		484	6%
Eff. Apr. 2007	Hudson Health Plan		4,534		272		4,806	75%				557		5,363	68%
	NYS Catholic Health Plan		23		3		26	0%				2		28	0%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
Tioga	**TOTALS:**	3,424	234	343	36	3,767	270	7%	84%	9%	735	3	4,502	273	6%
Voluntary	Capital District Physicians Health Plan		234		36		270	7%				3		273	6%
Tompkins	**TOTALS:**	4,743	1,301	595	145	5,338	1,446	27%	84%	32%	993	252	6,331	1,698	27%
Voluntary	SCHC Total Care		1,301		145		1,446	27%				252		1,698	27%
Ulster	**TOTALS:**	9,481	7,747	1,141	822	10,622	8,569	81%	84%	96%	2,466	779	13,088	9,348	71%
Mandatory	GHI HMO Select		769		116		885	8%				42		927	7%
Eff. Mar. 2007	Hudson Health Plan		1,878		245		2,123	20%				183		2,306	18%
	MVP Health Plan		2,029		251		2,280	21%				159		2,439	19%
	NYS Catholic Health Plan		271		51		322	3%				9		331	3%
	Wellcare Of New York		2,800		159		2,959	28%				386		3,345	26%
Warren	**TOTALS:**	2,826	581	184	12	3,010	593	20%	84%	23%	937	52	3,947	645	16%
Voluntary	NYS Catholic Health Plan		581		12		593	20%				52		645	16%
Washington	**TOTALS:**	3,865	2,829	239	160	4,104	2,989	73%	84%	87%	1,019	220	5,123	3,209	63%
Mandatory	Capital District Physicians Health Plan		1,251		63		1,314	32%				108		1,422	28%
Eff. Mar. 2007	NYS Catholic Health Plan		1,578		97		1,675	41%				112		1,787	35%
Wayne	**TOTALS:**	4,672	2,010	302	73	4,974	2,083	42%	84%	50%	1,416	312	6,390	2,395	37%
Voluntary	Excellus Health Plan		2,010		73		2,083	42%				312		2,395	37%
Westchester	**TOTALS:**	45,712	38,564	6,640	5,171	52,352	43,735	84%	84%	99%	9,563	5,156	61,915	48,891	79%
Mandatory	Affinity Health Plan		6,697		1,054		7,751	15%				964		8,715	14%
Eff. Oct. 1999	Community Choice Health Plan Of Westchester		12		2		14	0%				0		14	0%
	GHI HMO Select		483		188		671	1%				153		824	1%
	Health Insurance Plan of Greater New York		3,519		1,037		4,556	9%				894		5,450	9%
	Hudson Health Plan		22,546		2,049		24,595	47%				2,402		26,997	44%
	NYS Catholic Health Plan		5,307		841		6,148	12%				743		6,891	11%
Wyoming Voluntary	**TOTALS:**	1,882	0	145	0	2,027	0	0%	84%	0%	427	0	2,454	0	0%
Yates	**TOTALS:**	1,599	1,422	130	117	1,729	1,539	89%	89%	100%	294	147	2,023	1,686	83%
Mandatory Eff. Feb 2007	Excellus Health Plan		1,422		117		1,539	89%				147		1,686	83%
Upstate Total		627,109	477,239	71,065	47,896	698,174	525,135	75%	84%	90%	149,030	57,806	847,204	582,941	69%

RECIPIENTS ELIGIBLE FOR ENROLLMENT IN MANAGED CARE:

ENROLLMENT STATUS BY AID CATEGORY AND COUNTY, AND TOTAL PERCENT ENROLLED BY PROVIDER PLAN

NYS MARCH, 2008

		TANF ADC & MA-ADC		SNA HR & MA-HR		TANF & MA-ADC, SNA & MA-HR			EXPECTED PENETRATION RATE		SSI & MA-SSI				
County	Provider	Eligibles	Enrolled	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled	Expected Target*	% of Target*	Eligibles	Enrolled	Total Eligibles	Total Enrolled	Percent Enrolled
NYC	Affinity Health Plan		77,617		22,055		99,672	6%				13,707		113,379	6%
Mandatory	Americhoice of New York		243		13		256	0%				19		275	0%
Eff. Aug. 1999	Amerigroup		52,094		14,113		66,207	4%				4,962		71,169	4%
	CenterCare		34,262		7,079		41,341	3%				4,147		45,488	2%
	Community Choice Health Plan Of Westchester		3		1		4	0%				1		5	0%
Fully	GHI HMO Select		6,249		2,627		8,876	1%				1,682		10,558	1%
Implemented:	HealthFirst PHSP		195,343		45,014		240,357	15%				30,714		271,071	15%
Sept. 2002	HealthPlus		145,673		30,869		176,542	11%				16,270		192,812	10%
	Health Insurance Plan of Greater New York		116,230		34,119		150,349	9%				20,461		170,810	9%
	MetroPlus Health Plan		184,852		35,392		220,244	14%				23,022		243,266	13%
	MetroPlus Health Plan SN		392		533		925	0%				592		1,517	0%
	Neighborhood Health Providers		52,623		11,207		63,830	4%				8,321		72,151	4%
	NYPS Select Health SN		159		324		483	0%				337		820	0%
	NYS Catholic Health Plan		57,555		13,511		71,066	4%				11,435		82,501	4%
	The New York Presbyterian Community Health Plan		62,485		12,666		75,151	5%				9,894		85,045	5%
	United Healthcare Plan Of NY		84,722		25,370		110,092	7%				12,232		122,324	7%
	VidaCare Inc. SN		30		277		307	0%				234		541	0%
	Wellcare Of New York		36,950		18,051		55,001	3%				5,694		60,695	3%
	NYC Total	1,272,814	1,107,482	336,768	273,221	1,609,582	1,380,703	86%	86%	100%	232,889	163,724	1,842,471	1,544,427	84%
	UPSTATE TOTALS:	627,109	477,239	71,065	47,896	698,174	525,135	75%	84%	90%	149,030	57,806	847,204	582,941	69%
	NEW YORK CITY TOTALS:	1,272,814	1,107,482	336,768	273,221	1,609,582	1,380,703	86%	86%	100%	232,889	163,724	1,842,471	1,544,427	84%
	GRAND TOTALS:	1,899,923	1,584,721	407,833	321,117	2,307,756	1,905,838	83%	86%	96%	381,919	221,530	2,689,675	2,127,368	79%
NYC Boroughs	Bronx	320,176	273,628	66,246	51,484	386,422	325,112	84%			64,397	45,673	450,820	370,786	82%
	Brooklyn	455,666	400,994	126,951	105,606	582,617	506,600	87%			75,605	53,166	658,223	559,766	85%
	Manhattan	168,159	137,882	52,605	39,594	220,764	177,476	80%			43,267	29,317	264,031	206,793	78%
	Queens	290,270	261,014	80,925	68,270	371,195	329,284	89%			41,217	29,705	412,412	358,988	87%
	Staten Island	38,543	33,963	10,040	8,268	48,583	42,231	87%			8,402	5,863	56,985	48,094	84%
	Borough Total	1,272,814	1,107,482	336,768	273,221	1,609,582	1,380,703	86%	86%	100%	232,889	163,724	1,842,471	1,544,427	84%

NOTES:

(1) The Managed Care eligible counts are based upon December, 2007 total eligibles adjusted for excluded populations. The counts include recipients who are exempt from mandatory enrollment. (See about statement for further details)

(2) The source of plan enrollment counts was revised in July, 2003 to be based on the primary and secondary roster reports. The roster reports reflect enrollees as of the first the month. (See about statement for further details)

(3) All percents are rounded to the nearest whole number.

* (4) The expected penetration rate columns reflect an adjustment to total eligibles and the percent enrolled to account for the portion of the exempt population who are expected to choose not to enroll in managed care and for retroactive Medicaid eligibility determinations precluding enrollment for the month being measured. (An exempt recipient is one who will not be mandated to enroll in Medicaid managed care, but is eligible to enroll voluntarily. This would include Medicaid recipients with AIDS, HIV or a serious and persistent mental illness. (See the about statement for further details of this adjustment).

(5) New plans added this month : NYS Catholic Health Plan - Otsego County.

MANAGED LONG TERM CARE ENROLLMENT BY PROVIDER AND COUNTY

NYS MARCH, 2008

PROVIDER	COUNTY	TOTAL ENROLLMENT
AMERIGROUP	NYC	373
	Total	373
CCM SELECT	NYC	671
	WESTCHESTER	13
	Total	684
COMPREHENSIVE CARE MGT	NYC	2,204
	WESTCHESTER	156
	Total	2,360
EDDY SENIORCARE	ALBANY	2
	SCHENECTADY	95
	SCHOHARIE	1
	Total	98
ELANT CHOICE	ORANGE	95
	ROCKLAND	34
	Total	129
GUILDNET	NASSAU	563
	NYC	6,085
	SUFFOLK	151
	Total	6,799
HHH CHOICES	NYC	627
	Total	627
HOMEFIRST	NYC	2,515
	Total	2,515
INDEP CARE SYSTEMS INC	NYC	1,279
	Total	1,279
INDEP LIVING FOR SENIORS	MONROE	256
	Total	256
PACE CNY	ONONDAGA	301
	Total	301
PARTNERS IN COMMUNITY CARE	ORANGE	136
	ROCKLAND	49
	Total	185
SENIOR HEALTH PARTNERS INC	NYC	987
	Total	987
SENIOR NETWORK HEALTH	HERKIMER	28
	ONEIDA	335
	Total	363
TOTAL AGING IN PLACE	ERIE	137
	Total	137
VNS CHOICE	NYC	5,975
	Total	5,975
WELLCARE	NYC	21
	Total	21
	UPSTATE TOTALS:	2,352
	NEW YORK CITY TOTALS:	20,737
	GRAND TOTALS:	23,089

NOTE: The source of enrollment is based on the primary and secondary roster reports.

FAMILY HEALTH PLUS ENROLLMENT BY AID CATEGORY, COUNTY AND PROVIDER

NYS MARCH, 2008

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
Albany	**TOTALS:**	2,141	805	2,946
	Capital District Physicians Health Plan	1,046	371	1,417
	GHI HMO Select	138	46	184
	NYS Catholic Health Plan	719	281	1,000
	Wellcare Of New York	238	107	345
Allegany	**TOTALS:**	663	200	863
	HealthNow/BCBS-WNY/Community Blue	334	106	440
	Univera Community Health Inc	329	94	423
Broome	**TOTALS:**	2,235	812	3,047
	Capital District Physicians Health Plan	174	59	233
	Excellus Health Plan	1,552	581	2,133
	GHI HMO Select	182	63	245
	NYS Catholic Health Plan	327	109	436
Cattaraugus	**TOTALS:**	1,210	373	1,583
	HealthNow/BCBS-WNY/Community Blue	312	110	422
	NYS Catholic Health Plan	555	146	701
	Univera Community Health Inc	343	117	460
Cayuga	**TOTALS:**	626	253	879
	United Healthcare Plan Of NY	626	253	879
Chautauqua	**TOTALS:**	1,659	675	2,334
	HealthNow/BCBS-WNY/Community Blue	391	148	539
	NYS Catholic Health Plan	1,214	489	1,703
	Univera Community Health Inc	54	38	92
Chemung	**TOTALS:**	1,038	338	1,376
	Excellus Health Plan	633	220	853
	GHI	405	118	523
Chenango	**TOTALS:**	670	188	858
	GHI	670	188	858
Clinton	**TOTALS:**	887	311	1,198
	Excellus Health Plan	43	16	59
	NYS Catholic Health Plan	844	295	1,139
Columbia	**TOTALS:**	540	171	711
	Capital District Physicians Health Plan	144	41	185
	GHI HMO Select	52	13	65
	NYS Catholic Health Plan	232	89	321
	Wellcare Of New York	112	28	140
Cortland	**TOTALS:**	759	212	971
	NYS Catholic Health Plan	684	186	870
	SCHC Total Care	75	26	101
Delaware	**TOTALS:**	518	136	654
	GHI HMO Select	518	136	654
Dutchess	**TOTALS:**	1,595	422	2,017
	GHI HMO Select	178	37	215
	Hudson Health Plan	448	107	555
	MVP Health Plan	520	178	698
	NYS Catholic Health Plan	74	18	92
	Wellcare Of New York	375	82	457
Erie	**TOTALS:**	9,659	4,437	14,096
	Univera Community Health Inc	5,640	3,047	8,687
	HealthNow/BCBS-WNY/Community Blue	1,887	626	2,513
	NYS Catholic Health Plan	2,132	764	2,896

FAMILY HEALTH PLUS ENROLLMENT BY AID CATEGORY, COUNTY AND PROVIDER

NYS MARCH, 2008

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
Essex	**TOTALS:**	562	183	745
	Excellus Health Plan	14	4	18
	NYS Catholic Health Plan	548	179	727
Franklin	**TOTALS:**	554	242	796
	Excellus Health Plan	13	8	21
	GHI	541	234	775
Fulton	**TOTALS:**	961	299	1,260
	Capital District Physicians Health Plan	414	149	563
	NYS Catholic Health Plan	547	150	697
Genesee	**TOTALS:**	714	186	900
	HealthNow/BCBS-WNY/Community Blue	714	186	900
Greene	**TOTALS:**	496	133	629
	Capital District Physicians Health Plan	182	35	217
	GHI HMO Select	118	31	149
	NYS Catholic Health Plan	138	47	185
	Wellcare Of New York	58	20	78
Hamilton	**TOTALS:**	48	15	63
	NYS Catholic Health Plan	48	15	63
Herkimer	**TOTALS:**	1,174	281	1,455
	Excellus Health Plan	154	31	185
	NYS Catholic Health Plan	986	244	1,230
	United Healthcare Plan Of NY	34	6	40
Jefferson	**TOTALS:**	1,445	414	1,859
	GHI	1,445	414	1,859
Lewis	**TOTALS:**	375	79	454
	GHI	375	79	454
Livingston	**TOTALS:**	550	153	703
	Excellus Health Plan	550	153	703
Madison	**TOTALS:**	737	220	957
	Excellus Health Plan	230	64	294
	United Healthcare Plan Of NY	507	156	663
Monroe	**TOTALS:**	7,128	1,924	9,052
	Excellus Health Plan	6,735	1,738	8,473
	NYS Catholic Health Plan	393	186	579
Montgomery	**TOTALS:**	822	259	1,081
	Capital District Physicians Health Plan	372	106	478
	GHI HMO Select	35	12	47
	NYS Catholic Health Plan	415	141	556
Nassau	**TOTALS:**	8,938	4,971	13,909
	Affinity Health Plan	1,756	945	2,701
	HealthFirst PHSP	2,428	1,136	3,564
	HealthPlus	211	224	435
	Health Insurance Plan of Greater New York	1,862	1,369	3,231
	NYS Catholic Health Plan	1,225	440	1,665
	United Healthcare Plan Of NY	1,456	857	2,313
Niagara	**TOTALS:**	2,342	765	3,107
	HealthNow/BCBS-WNY/Community Blue	825	274	1,099
	NYS Catholic Health Plan	1,049	313	1,362
	Univera Community Health Inc	468	178	646

FAMILY HEALTH PLUS ENROLLMENT BY AID CATEGORY, COUNTY AND PROVIDER

NYS MARCH, 2008

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
Oneida	**TOTALS:**	3,235	859	4,094
	Excellus Health Plan	338	95	433
	NYS Catholic Health Plan	2,177	553	2,730
	United Healthcare Plan Of NY	720	211	931
Onondaga	**TOTALS:**	4,312	1,752	6,064
	Excellus Health Plan	353	151	504
	NYS Catholic Health Plan	1,256	471	1,727
	SCHC Total Care	1,265	648	1,913
	United Healthcare Plan Of NY	1,438	482	1,920
Ontario	**TOTALS:**	837	259	1,096
	Excellus Health Plan	837	259	1,096
Orange	**TOTALS:**	3,117	754	3,871
	Affinity Health Plan	1,328	320	1,648
	GHI HMO Select	537	123	660
	Hudson Health Plan	591	145	736
	NYS Catholic Health Plan	408	102	510
	Wellcare Of New York	253	64	317
Orleans	**TOTALS:**	638	152	790
	Excellus Health Plan	156	34	190
	HealthNow/BCBS-WNY/Community Blue	158	46	204
	NYS Catholic Health Plan	324	72	396
Oswego	**TOTALS:**	2,141	680	2,821
	Excellus Health Plan	26	14	40
	NYS Catholic Health Plan	541	124	665
	SCHC Total Care	1,028	374	1,402
	United Healthcare Plan Of NY	546	168	714
Otsego	**TOTALS:**	655	182	837
	Excellus Health Plan	353	110	463
	GHI HMO Select	298	72	370
	NYS Catholic Health Plan	4	0	4
Putnam	**TOTALS:**	259	128	387
	GHI HMO Select	259	128	387
Rensselaer	**TOTALS:**	1,111	416	1,527
	Capital District Physicians Health Plan	486	177	663
	GHI HMO Select	74	37	111
	NYS Catholic Health Plan	469	164	633
	Wellcare Of New York	82	38	120
Rockland	**TOTALS:**	4,007	1,021	5,028
	Affinity Health Plan	444	199	643
	GHI HMO Select	168	71	239
	Hudson Health Plan	965	253	1,218
	NYS Catholic Health Plan	2,217	440	2,657
	Wellcare Of New York	213	58	271
St Lawrence	**TOTALS:**	1,252	463	1,715
	Excellus Health Plan	30	17	47
	GHI	1,222	446	1,668

FAMILY HEALTH PLUS ENROLLMENT BY AID CATEGORY, COUNTY AND PROVIDER

NYS MARCH, 2008

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
Saratoga	**TOTALS:**	1,564	395	1,959
	Capital District Physicians Health Plan	624	167	791
	GHI HMO Select	101	25	126
	NYS Catholic Health Plan	839	203	1,042
Schenectady	**TOTALS:**	1,113	242	1,355
	Capital District Physicians Health Plan	432	90	522
	GHI HMO Select	95	20	115
	NYS Catholic Health Plan	586	132	718
Schoharie	**TOTALS:**	359	115	474
	Capital District Physicians Health Plan	359	115	474
Schuyler	**TOTALS:**	270	86	356
	Excellus Health Plan	141	48	189
	GHI	129	38	167
Seneca	**TOTALS:**	398	73	471
	Excellus Health Plan	398	73	471
Steuben	**TOTALS:**	1,076	335	1,411
	GHI	1,076	335	1,411
Suffolk	**TOTALS:**	8,763	2,767	11,530
	Affinity Health Plan	1,276	359	1,635
	HealthFirst PHSP	2,158	682	2,840
	Health Insurance Plan of Greater New York	1,908	828	2,736
	NYS Catholic Health Plan	973	207	1,180
	Suffolk Health Plan	355	133	488
	United Healthcare Plan Of NY	2,093	558	2,651
Sullivan	**TOTALS:**	1,075	242	1,317
	GHI HMO Select	77	37	114
	Hudson Health Plan	992	205	1,197
	NYS Catholic Health Plan	6	0	6
Tioga	**TOTALS:**	521	170	691
	Capital District Physicians Health Plan	521	170	691
Tompkins	**TOTALS:**	573	188	761
	SCHC Total Care	195	53	248
	GHI	378	135	513
Ulster	**TOTALS:**	1,681	635	2,316
	GHI HMO Select	186	86	272
	Hudson Health Plan	370	144	514
	MVP Health Plan	530	224	754
	NYS Catholic Health Plan	49	23	72
	Wellcare Of New York	546	158	704
Warren	**TOTALS:**	593	154	747
	GHI HMO Select	90	22	112
	NYS Catholic Health Plan	503	132	635

FAMILY HEALTH PLUS ENROLLMENT BY AID CATEGORY, COUNTY AND PROVIDER

NYS MARCH, 2008

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
Washington	**TOTALS:**	650	127	777
	Capital District Physicians Health Plan	145	40	185
	GHI HMO Select	41	8	49
	NYS Catholic Health Plan	464	79	543
Wayne	**TOTALS:**	805	148	953
	Excellus Health Plan	805	148	953
Westchester	**TOTALS:**	5,957	2,337	8,294
	Affinity Health Plan	1,030	479	1,509
	Community Choice Health Plan Of Westchester	2	1	3
	GHI HMO Select	114	52	166
	Health Insurance Plan of Greater New York	682	402	1,084
	Hudson Health Plan	3,357	1,070	4,427
	NYS Catholic Health Plan	772	333	1,105
Wyoming	**TOTALS:**	386	103	489
	HealthNow/BCBS-WNY/Community Blue	386	103	489
Yates	**TOTALS:**	440	88	528
	Excellus Health Plan	440	88	528
Upstate Total		98,834	34,328	133,162
NYC	Affinity Health Plan	16,776	16,526	33,302
	Americhoice of New York	0	1	1
	Amerigroup	15,584	12,677	28,261
	CenterCare	5,415	3,869	9,284
	GHI HMO Select	1,240	1,320	2,560
	HealthFirst PHSP	35,429	31,727	67,156
	Health Insurance Plan of Greater New York	25,259	18,236	43,495
	HealthPlus	29,802	17,489	47,291
	MetroPlus Health Plan	28,784	18,407	47,191
	Neighborhood Health Providers	9,760	5,094	14,854
	NYS Catholic Health Plan	10,067	6,611	16,678
	The New York Presbyterian Community Health Plan	10,270	7,113	17,383
	United Healthcare Plan Of NY	19,194	12,352	31,546
	Wellcare Of New York	12,319	13,706	26,025
	NYC Total	219,899	165,128	385,027
	UPSTATE TOTALS:	98,834	34,328	133,162
	NEW YORK CITY TOTALS:	219,899	165,128	385,027
	GRAND TOTALS	318,733	199,456	518,189

County	Provider	ADULTS WITH CHILDREN Enrolled	ADULTS WITHOUT CHILDREN Enrolled	Total Enrolled
NYC				
Borough	Bronx	34,588	21,261	55,849
	Brooklyn	76,925	56,401	133,326
	Manhattan	24,395	28,222	52,617
	Queens	76,408	54,181	130,589
	Staten Island	7,582	5,063	12,645
	Borough Total	219,899	165,128	385,027

NOTES:

(1) The source of plan enrollment counts was revised in July, 2003 to be based on the primary and secondary roster reports which reflect enrollees as of the first of the month.

(2) New plans added this month : None

MEDICAID ADVANTAGE ENROLLMENT REPORT

NYS MARCH, 2008

County	Provider	Total Enrolled
Albany	TOTAL	196
	Fidelis	4
	HealthNow	1
	Senior Whole Health	191
Cattaraugus	TOTAL	2
	HealthNow	2
Chautauqua	TOTAL	1
	HealthNow	1
Dutchess	TOTAL	9
	Fidelis	1
	Senior Whole Health	8
Erie	TOTAL	60
	HealthNow	60
Fulton	TOTAL	1
	HealthNow	1
Greene	TOTAL	3
	Fidelis	1
	HealthNow	2
Herkimer	TOTAL	5
	Fidelis	5
Montgomery	TOTAL	2
	Fidelis	2
Nassau	TOTAL	168
	GHI	14
	Health Insurance Plan of Greater New York	106
	Liberty Health Advantage	48
Niagara	TOTAL	4
	HealthNow	4
Oneida	TOTAL	21
	Fidelis	21
Onondaga	TOTAL	13
	Fidelis	4
	Touchstone/Prestige	9
Orange	TOTAL	2
	GHI	2
Oswego	TOTAL	4
	Fidelis	4
Rensselaer	TOTAL	36
	Fidelis	5
	HealthNow	7
	Senior Whole Health	24
Rockland	TOTAL	42
	GHI	42
Saratoga	TOTAL	4
	HealthNow	3
	Senior Whole Health	1
Schenectady	TOTAL	36
	Fidelis	17
	Senior Whole Health	19
Suffolk	TOTAL	14
	Health Insurance Plan of Greater New York	14
Ulster	TOTAL	91
	Fidelis	2
	Senior Whole Health	89
Warren	TOTAL	3
	HealthNow	3

MEDICAID ADVANTAGE ENROLLMENT REPORT

NYS MARCH, 2008

County	Provider	Total Enrolled
Westchester	TOTAL	53
	GHI	47
	Health Insurance Plan of Greater New York	6
Wyoming	TOTAL	1
	HealthNow	1
Upstate Total:		771
NYC	Affinity	22
	Fidelis	121
	GHI	601
	Health Insurance Plan of Greater New York	1,509
	Liberty Health Advantage	441
	Managed Health	20
	MetroPlus	6
	Neighborhood Health Providers	242
	Touchstone/Prestige	268
	NYC Total	3,230
	UPSTATE TOTAL	771
	NEW YORK CITY TOTAL	3,230
	GRAND TOTAL	4,001

NOTES: (1) The source of plan enrollment counts is the primary and secondary roster reports which reflect enrollees as of the first of the

(2) New plans added this month : None

New York State Department of Health
Office of Health Insurance Programs

ATTACHMENT III

NOTICE OF TRANSITION OF YOUR MEDICAL ASSISTANCE/FAMILY HEALTH PLUS (County A)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	CIN/RID NUMBER	
CASE NAME (and C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP ____________
		OR Agency Conference ____________
		Fair Hearing Information and Assistance ____________
		Record Access ____________
		Legal Assistance Information ____________

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

This is to inform you that we will continue Medical Assistance/Family Health Plus coverage for name(s) ____ through __________________________.

Because you have informed us of your move, your case will be transferred to your new district of residence effective ________________________. You will receive more information about your coverage from your new district.

Important Information for Family Health Plus Enrollees

For enrollees in the Family Health Plus program, you must pick a health plan in your new county. Your new county will send information on available health plan selections. It is important that you choose a plan and return your plan selection as soon as possible. If you have any questions about your health plan enrollment, call the Managed Care unit in your new local social services office.

Important Information for Medicaid Managed Care Enrollees

For enrollees in a Medicaid managed care plan, you should use your New York State Common Benefit Identification Card to access medical services in your new county. If you are required to enroll in a managed care plan, you will be contacted by the Managed Care unit in your new county.

Excess Income (Spenddown) Cases

For individuals whose income is over the allowable Medical Assistance income limit and who participate in the excess income program, beginning __________, you will need to provide proof of paid or unpaid medical expenses to the Medicaid office in your new county. You may also pay your excess income amount to your new county.

The Laws and/or Regulations which allow us to do this are: 18 NYCRR Sections 351.2(g)(1) and 360-4.8(b) and Sections 364-j and 369-ee of the Social Services Law.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

NOTICE OF TRANSFER OF YOUR MEDICAL ASSISTANCE

CONFERENCE AND FAIR HEARING INFORMATION

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the front page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

1) **Telephone:** You may call the state wide toll free number: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL); **OR**

2) **Fax:** Send a copy of this notice to fax no. (518) 473-6735; **OR**

3) **On-Line:** Complete and send the online request form at: **http://www.otda.state.ny.us/oah/forms.asp; OR**

4) **Write:** Send a copy of this notice **completed**, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

☐ I want a fair hearing. The Agency's action is wrong because:____

____

____

Print Name:______________________________ Case Number:______________________

Address:________________________________ Telephone:________________________

Signature of Client:_________________________ Date:___________________________

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the front of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of the front of this notice or write to us at the address printed at the top of the front of this notice.

ATTENTION: Children under 19 years of age who are not eligible for Medicaid or other health insurance may be eligible for the Child Health Plus Insurance Plan (CHPlus). The plan provides health care insurance for children. Call 1-800-522-5006 for information.

AVISO DE TRASLADO DE SU COBERTURA DE ASISTENCIA MÉDICA / FAMILY HEALTH PLUS (Condado A)

FECHA DEL AVISO:		NOMBRE Y DIRECCION DE AGENCIA/CENTRO U OFICINA DE DISTRITO
NÚMERO DE CASO	NÚMERO CIN/RID	
CASO A NOMBRE DE (y nombre de persona a cargo si está presente) Y DOMICILIO		NÚMERO DE TELÉFONO GENERAL PARA PREGUNTAS O AYUDA ________ Conferencia con la Agencia ________ Información sobre Audiencia Imparcial Y Asistencia ________ Acceso a los Archivos ________ Información sobre Asistencia Legal ________

OFICINA №	UNIDAD №	TRABAJADOR SOCIAL №	NOMBRE DE LA UNIDAD O DEL TRABAJADOR SOCIAL	TELÉFONO №

Por la presente le informamos que continuaremos la cobertura de Asistencia Médica / Family Health Plus para la(s) siguiente(s) persona(s) ______________________ hasta el ______________.

Dado que usted nos ha informado de su cambio de domicilio, su caso será trasladado a su nuevo distrito de residencia a partir del ____________________. Su nuevo distrito le enviará más información sobre su cobertura.

Información importante para los afiliados al Programa de Family Health Plus

Los afiliados al Programa de Family Health Plus deben de escoger un plan de salud en el nuevo condado. Su nuevo condado le enviará información sobre los planes de salud disponibles. Es importante que usted elija un plan y regrese la selección del plan lo más pronto posible. Si tiene preguntas sobre su inscripción en el plan de salud, llame a la unidad de cuidados dirigidos de su nueva oficina local de servicios sociales.

Información importante para los afiliados de cuidados dirigidos de Medicaid

Los afiliados del plan de cuidados dirigidos de Medicaid deben de usar la Tarjeta de Identificación de Beneficios en Común del Estado de Nueva York cuando quieran tener acceso a servicios de salud en su nuevo condado. Si a usted se le exige inscribirse en un plan de cuidados dirigidos de salud, un representante de la unidad de cuidados dirigidos de salud de su nuevo condado se comunicará con usted.

Casos de ingresos en exceso (sobrante)

Aquellas personas cuyos ingresos sobrepasen el límite establecido por el programa de Asistencia Médica y que participen en el programa de ingresos excesivos, comenzando el ____________, necesitarán presentar comprobantes de gastos médicos pagos e impagos ante la oficina de Medicaid del nuevo condado. Usted también puede pagar el monto del ingreso en exceso a su nuevo condado.

Las leyes y / o reglamentación que nos permite tomar esta medida son las siguientes: 18 NYCRR Secciones 351.2(g)(1) y 360-4.8(b) y las Secciones 364-j y 369-ee de la Ley de Servicios Sociales.

LAS REGULACIONES VIGENTES EXIGEN QUE USTED NOTIFIQUE INMEDIATAMENTE A ESTE DEPARTAMENTO SOBRE TODO CAMBIO EN NECESIDADES, INGRESOS, RECURSOS, SITUACIÓN DE VIVIENDA O DOMICILIO

USTED TIENE EL DERECHO DE APELAR EN CONTRA DE ESTA DECISIÓN.
ASEGÚRESE DE LEER EL DORSO DE ESTA NOTIFICACIÓN PARA INFORMARSE SOBRE CÓMO APELAR EN CONTRA DE ESTA DECISIÓN

AVISO DE TRASLADO DE SU CASO DE ASISTENCIA MÉDICA

INFORMACIÓN SOBRE CONFERENCIA Y AUDIENCIA IMPARCIAL

DERECHO A UNA CONFERENCIA: usted puede solicitar una conferencia para examinar la decisión tomada. Si desea solicitar una conferencia, hágalo lo más pronto posible. Si en la conferencia nos percatamos que nuestra decisión es incorrecta; o si según la información que usted nos brinde, decidimos modificar la decisión tomada, tomaremos la medida correctiva y le enviaremos una nueva notificación. Puede solicitar una conferencia llamando al número de teléfono que aparece en la primera página de esta notificación o enviándonos una carta a la dirección que aparece en esa misma página. Ese número es solamente para solicitar una conferencia con la agencia. ***y no es la manera de solicitar una audiencia imparcial***. Tiene derecho a una audiencia imparcial aunque solicite una conferencia. Lea la siguiente información sobre audiencias imparciales.

DERECHO A UNA AUDIENCIA IMPARCIAL: si usted cree que la decisión descrita anteriormente es incorrecta, puede solicitar una audiencia estatal imparcial de las siguientes maneras:

1) **Por teléfono:** llame al número de teléfono estatal: 800 -342-3334 (FAVOR DE TENER A MANO ESTA NOTIFICACIÓN CUANDO LLAME)

2) **Por fax:** envíe una copia de esta notificación al (518) 473-6735

3) **Por internet:** rellene una petición electrónica en el siguiente sitio: http://www.otda.state.ny.us/oah/forms.asp

4) **Por escrito:** rellene este aviso en su totalidad y envíe una copia a: *Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201.* Favor de quedarse con una copia.

☐ Deseo una audiencia imparcial. La decisión de la agencia es incorrecta porque:______________________________

____

____

Nombre en letra de imprenta: ______________________________ Caso №:____________

Domicilio: ______________________________ Teléfono: ____________

Firma del cliente: ______________________________ Fecha: ____________

USTED TIENE 60 DÍAS, CONTADOS A PARTIR DE LA FECHA EN ESTA NOTIFICACIÓN, PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el Estado le enviará una notificación informándole dónde y cuándo se llevará a cabo la audiencia. Usted tiene derecho a ser representado por un asesor legal, un pariente, un amigo(a) u otra persona, o de representarse así mismo(a). En la audiencia, usted, su abogado u otro representante tendrán la oportunidad de presentar evidencia escrita y oral que demuestre por qué no se debe tomar la medida, como también la oportunidad de interrogar a toda persona que comparezca a la audiencia. Además, usted tiene el derecho de presentar testigos que avalen su caso. Le sugerimos traer consigo todo documento pertinente, tales como: talonario de cheques de pago, recibos, facturas médicas, facturas de calefacción, comprobantes médicos, cartas, etc.

ASISTENCIA LEGAL: si necesita asesoría legal gratuita, podría obtenerla llamando al número local de la Sociedad de Ayuda Legal u otra asociación de defensa legal. Puede localizar la Sociedad de Ayuda Legal u otra asociación de defensa legal en las Páginas Amarillas del directorio telefónico, bajo *«Lawyers»* (abogados) o llamando al número que aparece en la primera página de esta notificación.

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama o nos escribe, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe, le brindaremos, sin cargo, copias de otros documentos contenidos en su archivo y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al número de teléfono de Acceso a Archivos que aparece en la parte superior de la primera página de esta notificación, o mande una carta a la dirección indicada en esa misma página.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán por correo sólo si usted específicamente los solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en la primera página de este aviso o mande una carta a la dirección que figura en esa misma página.

ATENCIÓN: los menores de 19 años que no reúnan los requisitos de Medicaid o de otro seguro de salud podrían reunir los requisitos del seguro de salud Child Health Plus (CHPlus). El seguro brinda atención y cuidados de salud para niños. Si desea información llame al 1-800-522-5006.

NOTICE OF TRANSITION OF YOUR MEDICAL ASSISTANCE/FAMILY HEALTH PLUS (County B)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	CIN/RID NUMBER	
CASE NAME (and C/O Name if Present) AND ADDRESS		
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP ________
		OR Agency Conference ________ Fair Hearing Information and Assistance ________ Record Access ________ Legal Assistance Information ________

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.

A Medical Assistance/Family Health Plus case will be opened for the following names(s)__________________ ____ effective ________________________.

This is because you are now a resident of ___________________________________.

Important Information for Family Health Plus Enrollees

For enrollees in the Family Health Plus program, you must pick a health plan for your medical services. You will be sent information on available health plan selections. It is important that you choose a plan and return your plan selection as soon as possible. If you have any questions about your health plan enrollment, call the Managed Care unit at the general telephone number listed above.

Important Information for Medicaid Managed Care Enrollees

For enrollees in a Medicaid managed care plan, you should use your New York State Common Benefit Identification Card to access medical services. If you are required to enroll in a managed care plan, you will be contacted by the Managed Care unit.

Excess Income (Spenddown) Cases

For individuals whose income is over the allowable Medical Assistance income limit and who participate in the excess income program, beginning __________, you will need to provide proof of paid or unpaid medical expenses to this agency in order to be eligible for payment of any additional covered outpatient expenses. You may also pay your excess income amount to this agency for any month you need outpatient coverage.

The Laws and/or Regulations which allow us to do this are: 18 NYCRR Sections 351.2(g)(1) and 360-4.8(b) and Sections 364-j and 369-ee of the Social Services Law.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

NOTICE OF TRANSFER OF YOUR MEDICAL ASSISTANCE

CONFERENCE AND FAIR HEARING INFORMATION

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the front page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

1) **Telephone:** You may call the state wide toll free number: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL); **OR**

2) **Fax:** Send a copy of this notice to fax no. (518) 473-6735; **OR**

3) **On-Line:** Complete and send the online request form at: **http://www.otda.state.ny.us/oah/forms.asp; OR**

4) **Write:** Send a copy of this notice **completed**, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

☐ I want a fair hearing. The Agency's action is wrong because:______________________________

____

____

Print Name: ______________________________ Case Number:______________________

Address: ______________________________ Telephone:______________________

Signature of Client: ______________________________ Date: ______________________

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the front of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of the front of this notice or write to us at the address printed at the top of the front of this notice.

ATTENTION: Children under 19 years of age who are not eligible for Medicaid or other health insurance may be eligible for the Child Health Plus Insurance Plan (CHPlus). The plan provides health care insurance for children. Call 1-800-522-5006 for information.

AVISO DE TRASLADO DE SU CASO DE ASISTENCIA MÉDICA / FAMILY HEALTH PLUS (Condado B)

FECHA DEL AVISO:		NOMBRE Y DIRECCIÓN DE AGENCIA/CENTRO U OFICINA DE DISTRITO
NÚMERO DE CASO	NÚMERO CIN/RID	
CASO A NOMBRE DE (y nombre de la persona a cargo si está presente) Y DOMICILIO		NÚMERO DE TELÉFONO GENERAL PARA PREGUNTAS O AYUDA ________ Conferencia con la Agencia ________ Audiencias Imparciales Y Asistencia ________ Acceso a los archivos ________ Información sobre Asistencia Legal ________

OFICINA №	UNIDAD №	TRABAJADOR SOCIAL №	NOMBRE DE LA UNIDAD O DEL TRABAJADOR SOCIAL	№ DE TELÉFONO

Se abrirá un caso de Asistencia Médica / Family Health Plus a nombre de la(s) siguiente(s) persona(s) ______________________________ a partir de ______________________.

Esto se debe a que ahora usted es residente de ______________________.

Información importante para los afiliados al Programa de Family Health Plus

Los afiliados al Programa de Family Health Plus deben de escoger un plan de salud para sus servicios médicos. Usted recibirá información sobre los planes de salud disponibles. Es importante que usted elija un plan y regrese la selección del plan lo más pronto posible. Si tiene preguntas sobre su inscripción en el plan de salud, llame a la unidad de cuidados dirigidos al número de teléfono general indicado arriba.

Información importante para los afiliados de cuidados dirigidos de Medicaid

Los afiliados al plan de cuidados dirigidos de Medicaid deben de usar la Tarjeta de Identificación de Beneficios en Común del Estado de Nueva York cuando quieran tener acceso a servicios de salud. Si a usted se le exige inscribirse en un plan de cuidados dirigidos de salud, un representante de la unidad de cuidados dirigidos de salud se comunicará con usted.

Casos de ingresos en exceso (sobrante)

Aquellas personas cuyos ingresos sobrepasen el límite establecido por el programa de Asistencia Médica y participen en el programa de ingresos excesivos, comenzando el ______________, necesitarán presentar comprobantes de gastos médicos pagos e impagos ante esta agencia para que le podamos pagar todo gasto adicional de paciente externo comprendido dentro del plan. También, puede pagar a esta agencia la cantidad del ingreso excesivo durante un dado mes en el que necesite cobertura de paciente externo.

Las leyes y / o reglamentación que nos permite tomar esta medida son las siguientes: 18 NYCRR Secciones 351.2(g)(1) y 360-4.8(b) y las Secciones 364-j y 369-ee de la Ley de Servicios Sociales.

LAS REGULACIONES VIGENTES EXIGEN QUE USTED NOTIFIQUE INMEDIATAMENTE A ESTE DEPARTAMENTO SOBRE TODO CAMBIO EN NECESIDADES, INGRESOS, RECURSOS, SITUACIÓN DE VIVIENDA O DOMICILIO

USTED TIENE EL DERECHO DE APELAR EN CONTRA DE ESTA DECISIÓN.
ASEGÚRESE DE LEER EL DORSO DE ESTA NOTIFICACIÓN PARA INFORMARSE SOBRE CÓMO APELAR EN CONTRA DE ESTA DECISIÓN

AVISO DE TRASLADO DE SU CASO DE ASISTENCIA MÉDICA

INFORMACIÓN SOBRE CONFERENCIA Y AUDIENCIA IMPARCIAL

DERECHO A UNA CONFERENCIA: usted puede solicitar una conferencia para examinar la decisión tomada. Si desea solicitar una conferencia, hágalo lo más pronto posible. Si en la conferencia nos percatamos que nuestra decisión es incorrecta; o si según la información que usted nos brinde, decidimos modificar la decisión tomada, tomaremos la medida correctiva y le enviaremos una nueva notificación. Puede solicitar una conferencia llamando al número de teléfono que aparece en la primera página de esta notificación o enviándonos una carta a la dirección que aparece en esa misma página. Ese número es solamente para solicitar una conferencia con la agencia. ***y no es la manera de solicitar una audiencia imparcial.*** Tiene derecho a una audiencia imparcial aunque solicite una conferencia. Lea la siguiente información sobre audiencias imparciales.

DERECHO A UNA AUDIENCIA IMPARCIAL: si usted cree que la decisión descrita anteriormente es incorrecta, puede solicitar una audiencia estatal imparcial de las siguientes maneras:

1) **Por teléfono:** llame al número de teléfono estatal: 800 -342-3334 (FAVOR DE TENER A MANO ESTA NOTIFICACIÓN CUANDO LLAME)

2) **Por fax:** envíe una copia de esta notificación al (518) 473-6735

3) **Por internet:** rellene una petición electrónica en el siguiente sitio: **http://www.otda.state.ny.us/oah/forms.asp; OR**

4) **Por escrito:** rellene este aviso en su totalidad y envíe una copia a: *Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201.* Favor de quedarse con una copia.

☐ Deseo una audiencia imparcial. La decisión de la agencia es incorrecta porque:

____

____

Nombre en letra de imprenta: ________________________ № de caso: __________

Domicilio: ______________________________ Teléfono: __________

Firma del cliente: ___________________________ Fecha: __________

USTED TIENE 60 DÍAS, CONTADOS A PARTIR DE LA FECHA EN ESTA NOTIFICACIÓN, PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el Estado le enviará una notificación informándole dónde y cuándo se llevará a cabo la audiencia. Usted tiene derecho a ser representado por un asesor legal, un pariente, un amigo(a) u otra persona, o de representarse así mismo(a). En la audiencia, usted, su abogado u otro representante tendrán la oportunidad de presentar evidencia escrita y oral que demuestre por qué no se debe tomar la medida, como también la oportunidad de interrogar a toda persona que comparezca a la audiencia. Además, usted tiene el derecho de presentar testigos que avalen su caso. Le sugerimos traer consigo todo documento pertinente, tales como: talonario de cheques de pago, recibos, facturas médicas, facturas de calefacción, comprobantes médicos, cartas, etc.

ASISTENCIA LEGAL: si necesita asesoría legal gratuita, podría obtenerla llamando al número local de la Sociedad de Ayuda Legal u otra asociación de defensa legal. Puede localizar la Sociedad de Ayuda Legal u otra asociación de defensa legal en las Páginas Amarillas del directorio telefónico, bajo *«Lawyers»* (abogados) o llamando al número que aparece en la primera página de esta notificación.

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama o nos escribe, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe, le brindaremos, sin cargo, copias de otros documentos contenidos en su archivo y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al número de teléfono de Acceso a Archivos que aparece en la parte superior de la primera página de esta notificación, o mande una carta a la dirección indicada en esa misma página.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán por correo sólo si usted específicamente los solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en la primera página de este aviso o mande una carta a la dirección que figura en esa misma página.

ATENCIÓN: los menores de 19 años que no reúnan los requisitos de Medicaid o de otro seguro de salud podrían reunir los requisitos del seguro de salud Child Health Plus (CHPlus). El seguro brinda atención y cuidados de salud para niños. Si desea información llame al 1-800-522-5006.

To be reproduced on Agency letterhead

Case Name ________________________

Case Number ________________________

VERIFICATION OF NEW ADDRESS

The U.S. Postal Service returned the enclosed mail that we sent you with a forwarding address. You must verify that this is your new address. If you confirm your new address, we can transfer your Medicaid case to your new district.

The Post Office has informed us that your new address is:

____

____

____

To verify your new address, please check the box below and sign and return this letter by ________________. If the address shown above is not correct, please make changes to it.
(Date)

☐ Yes, the address shown above is my new address.

To help us transfer your Medicaid case to your new district, please tell us who moved with you:

____

____

____

If you do not want your Medicaid to continue, please check the box below and sign and return this letter by ____________________.
(Date)

☐ I do not want Medicaid to continue. Please close my case.

____________________________________ (Signature)

____________________________ (Date)