

Suspending/Reinstating Coverage for Inmates of a New York State or Local Correctional Facility

If Coverage Code at Incarceration is:	Program	Coverage Code at Release Shall Be:
01	Full Coverage	01
02	Outpatient Coverage	02
06 on Case Type 20	Provisional Eligibility	02, 21, 22, 23 (based on RVI)
06 on Case Type 24 (Upstate Only)	Provisional Eligibility – Not Yet Enrolled in Plan	20 on Case Type 20: Use Categorical Code 09 unless still pregnant; then use Categorical Code 42
34 on Case Type 24	Family Health Plus	20 on Case Type 20: Use Categorical Code 09 unless still pregnant; then use Categorical Code 42
20 on Case Type 24	Family Health Plus Premium Assistance Program	20 on Case Type 20: Use Categorical Code 09 unless still pregnant; then use Categorical Code 42
10	Ancillary Coverage Due to Prohibited Transfer	Call your Local District Liaison
11	Legal Alien/Full Coverage	11
15	Perinatal Coverage	01: Use Category Code 21 UNLESS still pregnant; then use Categorical Code 42
18	Family Planning Services Only	18
19	Community Coverage With Community-Based Long-Term Care	19
20	Community Coverage Without Long-Term Care	20
24 (NYC Only)	Community Coverage Without Long-Term Care, Legal Alien During Five-Year Ban	24
21	Outpatient Coverage With Community-Based Long-Term Care	21
22	Outpatient Coverage Without Long-Term Care	22
23	Limited Coverage Due to Prohibited Transfer	Call your Local District Liaison
30	PCP Full Coverage	01, 11, 19, 20/24 (based on RVI and ACI)
XX	MBI-WPD	Same Coverage as at Incarceration

Exceptions to Suspension of MA Coverage	Program	Exceptions to Reinstatement of MA Coverage at Release (Discontinuance)
07	Emergency	Deceased
09	Medicare Savings Program	Released to Immigration (U.S. Immigration and Customs Enforcement)
17	Health Insurance Continuation Program	Released to Federal Government
31	Managed Care Guarantee	Released to Other State Law Enforcement
36	Family Health Plus Guarantee	