

STATE OF NEW YORK
DEPARTMENT OF HEALTH
THE GOVERNOR NELSON A. ROCKEFELLER EMPIRE STATE PLAZA
CORNING TOWER
ALBANY, NEW YORK 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 30, 2001

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of CNS enhancements to notices in support of the Family Health Plus program. These notice changes will be available on the Production environment on December 3, 2001. This is the fourth set of notice changes regarding Family Health Plus. We expect to have additional codes available for worker use and will notify local districts via WMS/CNS Coordinator Letter.

- Section 1. Change in Reason Codes U33and C17
2. New Discontinuance Codes
 3. New Undercare Codes

For questions regarding Family Health Plus notices and their implications, or any other inquiry related to CNS, please contact Cindy Krueger-Farley @ (518)402-6663.

Sincerely,



Dennis DiMuria
Manager, Upstate Eligibility Systems
Office of Medicaid Management
Division of Information Technology

Enclosure
cc: Commissioner
MA Director

1. CHANGE IN REASON CODE U33

RC/PARAGRAPH #

DEFINITION

U33/X0170

TURNING 19, DISCONTINUANCE DUE TO EXCESS
INCOME - NOT FHP ELIGIBLE
(Timely) (Fill) (CT 20)

The title and language for Reason Code U33 has been changed to incorporate the recipient's ineligibility for FHP. The worker will now make the following entries:

- Net Income Amount
- Medical Assistance Income Limit
- Monthly Excess Income Amount
- Gross Income Amount
- Family Health Plus Income Limit

CHANGE IN REASON CODE C17

C17/U0035

CONTINUANCE COVERAGE FOR CHILDREN

The language for this reason code has been changed to make it clearer for the recipient.

Old Language:

We will continue Medical Assistance unchanged until _____ for:

This is because children up to the age of nineteen years old who are determined eligible for Medical Assistance are covered for one year of continuous Medical Assistance eligibility.

This decision is based on Social Services Law 366(4)(q).

New Language:

Even though the individual(s) listed below are no longer eligible for Medical Assistance as explained in this notice, we will continue/extend the Medical Assistance until _____ for:

This is because certain children up to age nineteen who have been determined eligible for Medical Assistance remain eligible for benefits for twelve continuous months from the date that they were determined eligible or until they reach the age of nineteen, whichever is earlier. Before the date that continuous Medical Assistance will end, you will receive a letter telling you how to recertify for Medical Assistance for the child(ren).

This decision is based on Social Services Law 366(4)(s).

2. NEW DISCONTINUANCE REASON CODES

<u>RC/PARAGRAPH #</u>	<u>DEFINITION</u>
X83/X0205	TURNING 65, FHP DISCONTINUANCE, NOT MA ELIGIBLE DUE TO EXCESS INCOME (Timely) (Fill) (CT 24)

Recipient is no longer eligible for Family Health Plus since they are turning 65, and they are not eligible for Medical Assistance due to excess income.

Worker must enter:

- Monthly Excess Income Amount

X84/X0206	TURNING 65, FHP DISCONTINUANCE, NOT MA ELIGIBLE DUE TO EXCESS RESOURCES (Timely) (Fill) (CT 24)
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Recipient is no longer eligible for Family Health Plus since they are turning 65, and they are not eligible for Medical Assistance due to excess resources.

Worker must enter:

- Excess Resource Amount

X85/X0207	TURNING 65, FHP DISCONTINUANCE, NOT MA ELIGIBLE DUE TO EXCESS INCOME AND RESOURCES (Timely) (Fill) (CT 24)
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Recipient is no longer eligible for Family Health Plus since they are turning 65, and they are not eligible for Medical Assistance due to excess income and excess resources.

Worker must enter:

- Monthly Excess Income Amount
- Excess Resource Amount

3. NEW UNDERCARE REASON CODES

S31/X0201	200% AFTER 60 DAY POST PARTUM, LIMITED SERVICE PACKAGE TO SPENDDOWN, NOT FAMILY HEALTH PLUS ELIGIBLE (Timely) (Fill) (CT 20)
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Recipient's Medical Assistance changed from a limited service package to Medical Assistance with a spenddown. The recipient is also not Family Health Plus eligible.

Worker must enter:

- Monthly Excess Income Amount

Worker must then choose one of the following messages and make entries if needed:

Message 1: Family Health Plus, Over Income

- Gross Income Amount
- Family Health Plus Income Limit

Message 2: Family Health Plus, Failed to Choose a Plan

Message 3: Family Health Plus, Chose Spenddown of Income

X82/X0221

MA LEVEL TO FAMILY HEALTH PLUS DUE TO COLA
INCREASE, MUST CHOOSE A PLAN
(Timely) (Fill) (CT 20)

Recipient's coverage is changing from MA to Family Health Plus due to a COLA Increase. The recipient must now choose a health plan for Family Health Plus.

Worker must enter:

- Net Income Amount
- Medical Assistance Income Limit
- Gross Income Amount
- Family Health Plus Income Limit

X86/U0080

FHP TO MA, MA Eligible, S/CC
(Timely) (Fill) (CT 20)

Recipient is a Single, Childless Couple and their coverage is changing from Family Health Plus to full Medical Assistance. Recipient is now MA eligible because their net income is below the Public Assistance Limit.

Worker must enter:

- Net Income Amount
- Public Assistance Income Limit

Worker must then choose one of the following messages and make entries if needed:

Message 1: Staying in the Same Plan

- Health Plan Name

Message 2: Mandatory Managed Care District Where Current Plan is not a Medical Assistance Plan

Message 3: Fee-for-Service

Message 4: Voluntarily Selected a New Plan

- Plan Currently Enrolled In
- New Plan Selected

X87/U0102

FHP TO MA, MA Eligible, FP
(Timely) (Fill) (CT 20)

Recipient is an FP individual and their coverage is changing from Family Health Plus to full Medical Assistance coverage. Their net income is now under the Medical Assistance income limit.

Worker must enter:

- Net Income Amount
- Medical Assistance Income Limit

Worker must then choose one of the following messages and make entries if needed:

Message 1: Staying in the Same Plan

- Health Plan Name

Message 2: Mandatory Managed Care District Where Current Plan is not a Medical Assistance Plan

Message 3: Fee-for-Service

Message 4: Voluntarily Selected a New Plan

- Plan Currently Enrolled In
- New Plan Selected

X88/U0120

FHP TO MA, MA Eligible, FNP PARENT
(Timely) (Fill) (CT 20)

Recipient is an FNP Parent, and their coverage is changing from Family Health Plus to full Medical Assistance due to the fact that their net income is now under the Medical Assistance income limit.

Worker must enter:

- Net Income Amount
- Medical Assistance Income Limit

Worker must then choose one of the following messages and make entries if needed:

Message 1: Staying in the Same Plan

- Health Plan Name

Message 2: Mandatory Managed Care District Where Current Plan is not a Medical Assistance Plan

Message 3: Fee-for-Service

Message 4: Voluntarily Selected a New Plan

- Plan Currently Enrolled In
- New Plan Selected

U37/U0113

PREGNANT-FHP TO MA, MA ELIGIBLE
(Timely)(Fill)(CT 20, CT 24)

Recipient is Pregnant and has chosen to go from Family Health Plus coverage to Medical Assistance coverage.

Worker must enter:

- Net Income Amount
- Medical Assistance Income Limit

Worker must then choose one of the following messages and make entries if needed:

Message 1: Staying in the Same Plan

- Health Plan Name

Message 2: Mandatory Managed Care District Where Current Plan is not a Medical Assistance Plan

Message 3: Fee-for-Service

Message 4: Voluntarily Selected a New Plan

- Plan Currently Enrolled In
- New Plan Selected