

## **SECTION I: SLIMB Recert**

There is a new recert code, Z46, for SLIMB individuals to recertify. The new recertification letter will ask recipients to complete and return an enclosed Medicare Premium Payment Program Application (LDSS-4592) with requested documentation.

To send the SLIMB recertification letter:

From CNS Screen:

- Enter menu selection 08 (Batch Notice Entry)
- Enter Benefit Category MA and Reason Code Z46
- Enter Case(s) in the Case Number field
- Enter in Variable #1 the Date for returning the recert application
- Enter in Variable #2 the Office Code from the CNS Contact Data which will generate the appropriate mailing address to return the recert application. See your terminal security person if a mailing address needs to be entered or changed.

## SECTION II

### Breast and Cervical Cancer Treatment Program Notices

To support the Breast and Cervical Cancer Treatment Program eleven new reason codes have been developed. This program will be administered by NYS staff but all of the notices corresponding to the program listed below will appear in CNS notice history. The new codes will be available **only** in District 99 and will be used with Case Type 20 or Case Type 21.

The new reason codes are as follows:

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>	<u>Transaction Type</u>	<u>Case Type</u>
<u>DENIALS</u>				
*B70	D0130	Not in Need of Treatment	03	20
*B71	D0131	Not a State Resident	03	20
*B72	D0132	Other Health Insurance	03	20
V81	D0133	Failed to Complete the Eligibility Process, Documentation Needed	03	20

- Worker will be required to check the documentation needed from the check list which is the same as the Failed to Provide Verification (U20) screen.

#### DISCONTINUANCES

*B73	C0216	Client Request	07/08	20/21
*B74	C0217	Failure to Recertify	07/08	20/21
*B75	C0218	Other Health Insurance	07/08	20/21
*B76	C0219	Moved out of State	07/08	20/21
*B77	C0221	Death	07/08	20/21
V82	C0220	Treatment Ended	07/08	20/21

- Worker will enter the date the treatment ended.

**SECTION II (CONT'D)**

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>	<u>Transaction Type</u>	<u>Case Type</u>
		<u>UNDERCARE</u>		
V83	C0223	BCCTP to Regular MA	05/06	20/21

- Worker will choose one of the following messages:

1. Pregnant
2. Blind or Disabled
3. Dependent Child Under 21
4. LIF eligible

- Worker will also enter both of the following:

- County Transferring Case To
- Local District Phone Number

\*No Fill Codes

### SECTION III

#### Incorrect/Fraudulent Social Security Number

In order to accommodate the necessity to send an incorrect/fraudulent Social Security Number notice regarding a child on a Medicaid/Child Health Plus A case to a parent on a Family Health Plus case, the old code for this scenario has been replaced. Reason Code E17, previously a no-fill code, has been deactivated. It is replaced by RC V17 for closing and denials. The worker will now be required to enter either line number(s) or name(s) of people who have supplied an incorrect Social Security Number.

Additionally, once an applicant or recipient has verbally given the worker their Social Security Number, which fails verification/validation, there are two new Reason Codes and associated “informational letters” which advise the applicant/recipient that further clarification is needed regarding the individual(s) SSN. The codes are listed below.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>	<u>Transaction Type</u>	<u>Case Type</u>
T06	S0007	SSN Failed Verification/ Validation (Active Case)	00	20,24
T07	S0009	SSN Failed Verification/ Validation (Application)	00	20,24
V17	C0050	Incorrect/Fraudulent Social Security	03, 05 06, 07, 08	20,24

- Worker will enter the line number or the name of the individual(s) who failed verification or validation.

For Reason Codes T06 and T07 a “00” transaction type is required. The “00” transaction type is a recently developed procedure in Medicaid CNS that does not require a WMS transaction. The notice is released directly from CNS because it is an informational notice that results in no eligibility change for the individual(s) on the case.

#### The process is as follows:

- Create notice as usual, using either the Case Number (T06) or the Registry Number (T07). These reason codes can only be used at the **CASE LEVEL** since the notice is being sent to the case with specific individual(s) listed.

- The worker will be prompted to enter the names of individuals for a registered application (T07) and either the names or line numbers on an open case (T06).
- Once you have generated a notice number, enter CNS menu selection 07, Notice Authorization/Release
- Enter the case number (for T06) or registry number without the version number (for T07) and the notice number, and transmit
- The notice will be sent with no further steps required

#### **SECTION IV**

##### **Change in QI-2 Partial Payment Amount for RC U83**

The QI-2 partial payment amount for denial reason code U83 has been changed to \$3.91.