



George E. Pataki
Governor

New York State
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

Robert Doar
Commissioner

February 28, 2005

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on March 21, 2005.

For questions regarding the attached changes, please contact the following individuals at 1-800-343-8859, unless the entire phone number is listed, in which case you must dial that number:

Attachment I	Section	Attachment II	Section
Patty Hanson @ ext. 4-8753	All	Bob Markham @ 4-2166	1
Tully Lenihan @ ext. 4-8749	All	Mike Zostant @ 4-7239	2
		Pat Shoemaker @ 3-3706	3
Attachment III	Section	Attachment IV	Section
Karen Thompson @ 518-408-0001	I, II	Cindy Krueger-Farley @ 518-402-6663	All
Michele Leonard @ 518-473-4040	III	Mark Russell @ 518-402-6847	All
Gary Feigenbaum @ 518-408-0104	IV		
Ken Merkelbach @ 518-474-5693	V, VI		

Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Temporary Assistance/WMS

Dennis DiMuria

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

cc: Commissioner
TA & FS Director
MA Director

Section

1. A new one-character field, “LFLN” (Lifeline Indicator) has been added to WMS Screen 1. This field is reserved for future use. Complete details will be provided in a future correspondence.

2. In order to prevent payment line errors, the following edits have been modified for CT 19 (EAF):

If CT = 19, with all transaction types, the Payment Period FROM Date CAN NOT be greater than the Authorization Period TO Date. The edit error applied is ‘#0674 – PAYMENT PERIOD FROM DATE CANNOT BE GREATER THAN AUTH TO DATE’;

If CT = 19, with all transaction types, the Payment Period TO Date CAN NOT be greater than the Authorization Period TO Date. Therefore, the following edits have been revised to include this case type: ‘#0679 – PAYMENT PERIOD TO DATE CANNOT BE GREATER THAN AUTH TO DATE’ and ‘#0688 – PAYMENT PERIOD TO DATE MO/YR CANNOT EXCEED AUTH PERIOD TO DATE MO/YR’.

3. In order to avoid the issuance of incorrect payments, the following new edit has been created for cash grant amounts less than \$25.00:

If the Payment Type = 05 (Case Recurring Grant) and the Payment Schedule = M (Monthly) and the Payment Amount is less than \$25.00, the Payment Period From Date Day must be the 1st day of any month and the Payment Period To Date Day must be the last day of any month. The edit error applied is ‘#1615 – PAY SCHEDULE M REQUIRES FULL MONTH PAY PERIOD’.

4. In order to prohibit the authorization of duplicate recurring payment lines, the following new edit has been created:

Two payment lines with issuance code = 1 (Recurring), with the same payment types, with equal or overlapping authorization payment periods, will be prohibited, unless one or both payment lines have a Special Claim Code = N (Non-reimbursable). The edit error applied is ‘#1616 – DUPLICATE PAYLINES PROHIBITED’.

5. In order to assure that required federal reporting data is complete for all cases, Race/Ethnic edits were revised to include Transaction Type ‘05 – Change’.

CNS TA/FS

1. A new TA Case Reason Code 'F34 – Excess Income –Section 8 – Lower Standard of Need' has been created to be used to close (TT = 07 or 08) TA cases (CT = 11, 12, 16 or 17) that have a surplus budget resulting from new budgeting methodology using Shelter Type '40 – Section 8 Voucher (30% Limit)'. This code will continue MA unchanged for the remainder of the 12 months since the household was (re)determined eligible. The edit error applied is '#1178 – SURPLUS PA BGT WITH SHELTER TY 40 REQUIRED FOR F34 REASON CODE'.
2. **FS R/C B21: New Budget Authorized; Certification Period Lengthened**
Formerly used only for FS case types, the B21 reason code may now also be used for TA case types during Change (05) transactions. This will allow for an explanation of an extended FS authorization period when a TA case, opened in order to issue expedited food stamps, is subsequently approved for TA. Food Stamp reason code B21 details the new FS authorization period and any budgetary changes.
3. **CNS Affidavit**
When a client claims that he or she did not receive a Client Notices System (CNS) notice, the Fair Hearing officer will request proof of mailing of the notice. As evidence to establish the mailing of CNS notices in general, an affidavit has been prepared to certify the procedures followed for these notices. This affidavit can be obtained by contacting:

Ms. Pat Shoemaker (DOH & CNS System Support)
Office of Temporary and Disability Assistance (OTDA)
Division of Information Technology
(518) 473-3706

patricia.shoemaker@dfa.state.ny.us.

In addition to the affidavit, the local district should provide for the hearing officer specific evidence from the CNS case record, i.e., a screen print that shows that the notice was processed by CNS. We recommend that local district staff have a copy of this affidavit on hand, and contact Ms. Shoemaker periodically to verify that they have the latest version. Any questions regarding the affidavit may be directed to Ms. Shoemaker.

Section I

REDUCE MA ELIGIBILITY FOR CHILDREN FROM 133% TO 100% FPL

Effective with this migration, WMS will support program changes required by Chapter 7 of the Laws of 2004. These changes require a reduction in the CHPlus A income level allowed for children age 6 through age 18 under the expanded eligibility provisions. The change reduces the eligibility level for these children from 133% of the Federal Poverty Level (FPL) to 100% of the FPL.

The following changes will be implemented:

A new CNS **Case/Individual Reason Closing/Deletion Code “C25” (Child 6-18, Excess Income and/or Resources MA, Now over 100%, referred to CHPlusB)** and associated notice have been developed to identify children whose eligibility is ending due to the reduction in the income level. This code is valid for children age 5 years 10 months through 18 years 9 months who have Individual Categorical Codes of 44, 46, or 60 and a MBL budget showing income greater than 100% FPL. This new Reason Code will create the proper extension and facilitate CHPlusB enrollment. It is valid as of 3/21/05 with budgets effective as of 4/1/05. (See the CNS attachment to this letter, Section 2, for more details regarding the CNS Notice.)

Use of this code will generate a 90 day extension or balance of any remaining continuous coverage period, whichever is greater, for the child. The transaction will create a pending close/deletion for the child. This will keep the child in active status on the WMS case until the end of the appropriate extension period. During the extension period, all activities necessary to enroll the child in the CHPlusB program will be taken by the State Department of Health, using a data base of the children closed/deleted with the new Reason Code. Further details will be provided in a forthcoming Administrative Directive.

Existing Denial, Discontinuance, Opening and Undercare CNS Reason Code definitions and language for the following reason codes B37, B39, E23, E55, E56, F47, F48, F79, F80, F82, F83, S19(FAB), S20(BA), S20(BC), S20(BE), S20(BG), U33, AND U90 will change to reflect these new age requirements. (See CNS attachment for details.)

Categorical Codes 60 and 67 will be disabled effective 4/1/05 for Transaction Types 02 (Openings), 06 (Recertifications), and 10 (Reopenings). A new Error Code ‘**1356**’ will occur “Cat. Cd 60 & 67 not Valid for Transaction Type”.

Error Cd ‘1329’ “Not Compatible with MBL” will no longer be in use for Categorical Code 60.

MBL – The MBL budgets will be affected by this change effective April 1, 2005. The criteria and wording for expanded budget codes ‘B’ and ‘D’ will be updated to reflect the qualifying poverty level change. (See MBL Transmittal 5-1 for details.)

Section II

EDITS BETWEEN FAMILY HEALTH PLUS INDIVIDUAL CATEGORICAL CODES AND MBL BUDGET

As part of the 2004-5 New York State budget changes, the local share for Family Health Plus individuals has been reduced from 25% to 12.5% effective 1/1/05. To help control the improper entry of FHP Categorical Codes, an edit is being supported between the FHP Individual Categorical Codes and the MBL budget. If the Individual Categorical Code on the WMS case is '56' or '57', then the Expanded Eligibility levels on MBL must indicate "FHP Eligible." If the FHP Individual Categorical Code does not correspond with the MBL budget, a new **WMS Error '1352'** is produced and the error message is "**FHP Categorical Code is not Compatible with MBL.**"

Section III

TPHI FLAG

With the completion of eMedNY Phase II, WMS is no longer the file of record for TPHI. To alert Upstate LDSS eligibility workers that there is active Third Party Insurance or Medicare information on file, indication of insurance for each recipient has been added to WMS in two places.

1. A new field named "TPHI" has been added to the existing fields on the Clearance Report, located next to the "R" (Restriction/Exception Indicator). This field displays the following indicators of Medical insurance information passed to the Clearance Report from the Third Party Health Insurance file held by eMedNY upon Phase II implementation. The indicators on Clearance for TPHI are:
 - (A – indicates Medicare Part A)
 - (B – indicates Medicare Part B)
 - (C – indicates both Medicare A & B)
 - (O – indicates other insurance)
 - (X – indicates both Medicare A, OR B AND other insurance)

These values are displayed on CINS of all possible matches returned on the Clearance Report.

2. A new field named "TPHI" has been added to WMS Inquiry Screens: WMS Case Comp Screen 4, located after the Resettlement Agency Code, and Client Identifier (WINQ11) in the Section named "Other Individual Information" following the Individual Status. The values A, B, C, O, or X (as explained in #1 above) will appear, if appropriate, at the individual level for each recipient listed on the case. This field is protected (not data enterable by the LDSS worker) and is system generated from the daily file from eMedNY to WMS with the eMedNY take over of TPHI in March 2005.
3. As of March 11, 2005, the Third Party selection (T) on the Medical Assistance Subsystem Menu (Selection 25 on the WMS Main Menu) will be available for Inquiry (Q) and Audit (A) only. Input (I) capability will be disabled. The Inquiry and Audit functions will be available for a short period of time.

4. When a WMS (D.E.02-010) Transaction Type 05 – (Undercare), or 06 – (Recertification) is attempted, and the recipient has current Recipient Medicaid Coverage (D.E.21-090) equal to either value 34 or 36, or the Recipient Medicaid Coverage is being changed from another coverage to Coverage Code 34 or 36, a WARNING will be generated at wrap-up stating “**COVERAGE CODE MAY BE INCOMPATIBLE WITH TPhi VALUE**” if the TPhi indicator on screen 4 is populated with a value. This warning should prompt the worker to investigate the insurance information on the eMedNY file prior to determine if the recert or change of coverage to FHP is appropriate.
5. A conversion from the eMedNY Third Party file to populate this field will be initiated when eMedNY Phase II is in place starting in March 2005.

Section IV

INDIVIDUAL CATEGORICAL CODE 14 (ESSENTIAL PERSON) INVALID

In the March 8, 2004 Dear WMS/CNS Coordinator Letter you were informed that any Individual Categorical Code 14's (Essential Person) should be removed from WMS. This code has been off of the Code Cards for many years and is no longer appropriate programmatically for MA Cases. For PA Cases, the 14 has been replaced by Relationship Code 12 (Essential Person).

Henceforth, entering an ICC of 14 will result in Error Message **0304 – CATEGORICAL CODE INVALID**. The on-line listing of Edit/Error Messages will be updated to reflect the addition of Code 14 to the edit.

Section V

NEW FIELD ON WMS SCREEN 3 “MEDICARE SAVINGS PROGRAM INDICATOR” (MSP)

A new field, “Medicare Savings Program Indicator (MSP)”, has been added to Screen 3 of WMS to identify the several Medicare payment plans available from CMS. A value must be present to process Medicare Buy-In transactions.

Formerly, only QMB individuals were active WMS cases. With the implementation of eMedNY, two other groups, SLIMB's and QI1's, will also be processed as active cases on WMS using Recipient Medicaid Coverage Code (21090) 09, which has been redefined as “Medicare Savings Program Only”.

1. The valid values for the MSP Indicator are:

“P” identifies Qualified Medicare Beneficiaries (QMB). QMB individuals are eligible for payment of Medicare premiums, deductibles and coinsurance.

“L” identifies Specified Low Income Medicare Beneficiary (SLIMB). SLIMB individuals meet all of the eligibility requirements for QMB status except for income in excess of QMB levels. These individuals are eligible for premium payment only, and may not be eligible for Medicaid.

“U” identifies Qualified Individuals (QI1) who are also eligible for payment of the Medicare premiums, but because of income, not eligible for Medicaid.

2. Edits on the MSP Indicator are as follows:

- a. The MSP Indicator is valid for Case Type MA Only (20) and MA-SSI (22)
The field will be protected against entry for individuals on all other Case Types.
- b. For Indicators “P” and “L” a Medicaid Coverage Code other than 09 may be entered.
- c. If the Indicator is “U” (QI1), the MA Coverage Code must be 09.

New Error: **1549 MSP Code U Requires MA Coverage 09**

New Error: **1550 MA Coverage 09 requires MSPI, P, L, U**

- d. If the MSP is “U”, the Authorization and MA Coverage “To” Date must equal 12/31/49, since these individuals are renewed by a DOH mail out. If the Authorization and MA Coverage To Dates are other than 12/31/49, 12/31/49 will be system generated and a Warning produced.

New Warning Message **1921 “Auth To and MA To Date Generated to 12/31/49”**

3. Reports

A “Buy-In Update Report” will be sent to LDSS for those new “L” or “U” cases since the last billing file.

Section VI

CONVERSION OF BUY-IN RECORDS

The eMedNY system requires an eligibility record to be present on WMS to process Buy-In and the Medicare Savings Program (MSP). Formerly, transactions could be made to the Buy-In Billing File without WMS involvement.

Because of the requirements of eMedNY, a conversion of existing MSP records will occur in March 2005. The conversion will operate as follows:

- A. WMS Buy-In update transactions stop March 11, 2005.
- B. Conversion at Fiscal Agent [Computer Sciences Corporation (CSC)] and WMS begins.

QMB cases with MA Coverage Code 09 are already on WMS. Similar cases will be established for SLIMB and QI1 individuals. The information to establish these cases will be obtained from a combination of data from the Buy-In File and active, closed or denied WMS cases.

1. For SLIMB cases, if the individual is in an active Medicaid case (Case Type 20) with “06” Coverage, it will be changed to “09” and the SLIMB code of “L” will be generated. The Authorization Period will remain unchanged resulting in the case falling into the usual renewal cycle. If a SLIMB individual is on the Buy-In Billing File and not on WMS, an exception will be reported.

2. For QI1 individuals, MA cases will be generated using the most recent WMS information. If the Fiscal District is different from the Buy-In district, an exception report will be sent to the Buy-In district.

Since not all data may be present when generating a case, we will use the defaults (D) to establish a case with the minimum amount of data elements:

Application Date - March 1, 2005 (D)

Unit - NYSDOH (D)

Case Number - Case Number will be re-used from the closed MA case or Application. If a non MA Case Number is found, a unique Case Number will be generated. The format will consist of the first two digits equal to the WMS Fiscal District Code, followed by "MSP" to provide a unique identifier, then a four digit consecutive number. Ex. 01MSP0001

Language - S Spanish, so that text is generated in English and Spanish (D)

RVI Indicator - 1 (D)

Transaction Type - 02 (D)

Case Reason Code - 588 MSP Conversion (MSP-CONV.) (D)

Case Type - 20 MA Only (D)

Notice Indicator - N (D)

Authorization Period - 3/01/05 - 12/31/49

SSN- If blank, 2 - SSN applied for (D)

Relationship Code - 01 (D)

Individual Categorical Code - If less than 65 years of age, set to 12 (Disabled). If greater than 65 years of age, set to 10 (Aged)

MSP - U (D)

Veteran Status - 9 Not a Vet (D)

Race - W White (D)

Citizenship - C Citizen (D)

Individual Disposition Status - 07 Active (D)

MA Coverage Dates - Same as Authorization Period (D)

MA Coverage - 09 (Medicare Savings Program Only)

Card Code - X No Card (D)

Generate MSP of U (D)

3. Reports

After conversion, an Update Report, called "MSP Conversion" will be sent to the LDSS. It will be sorted by those 06 Coverage cases converted to 09 SLIMB cases, and, new QI1 cases generated. The report will include, CIN, Case Number, and Authorization Number.

A second report of exceptions will be sent to NYSDOH. After review, it may be forwarded to the LDSS for necessary action. The exceptions will include, individuals who are on the Buy-In Billing file as SLIMB's but not on WMS, individuals on WMS with the latest Individual Disposition Status of 13 (Deceased), and individuals selected for case action but they are in a Pending status.

CNS Language Changes for 2005.1 Migration

- Section 1** – Individual Denial Codes Available for Opening/Reopening Transactions
- Section 2** – New Reason Code, Child 6-18 Formerly Eligible at 133% Transferring to Child Health Plus B: C25
- Section 3** – New Reason Codes: C12, C20, C26, C27, E20, E44, E45, S20/CA, S20/CC, S20/CE, S20/CG, S65, S86, S87 and X23
- Section 4** – New Reason Codes for QI-1: C28, E81, U80, X70 and Deletion of a Reason Code for QI-1: U82
- Section 5** – Title and Language Changes to Reason Codes Previously Titled Children 1-19, Now 1-5: E23, E55, E56, S19/FAB, S20/BA, S20/BC, S20/BE, S20/BG
- Section 6** – Codes Being Brought Back to Cover Children 6-18 at 100% of FPL: E44, E45, S19/FDB, S19/GAB
- Section 7** – Title and Language Changes to the Following Reason Codes to Reflect the New Eligibility Level of 100% rather than 133% FPL: B37, B39, F47, F48, F79, F80, F82, F83, U90
- Section 8** – Language changes to the Following Reason Codes Due to New Worker Fill Inputs: S07, S08, U11, U29, X15, X77
- Section 9** – New Message #2 Added to the Following Reason Code: U33
- Section 10** – The Following Reason Codes have Language Changes: E22, E49, E59, E67, E68, F40, S61, S64, U32, U40, U47, U59, U66 and X13
- Section 11** – The Following Reason Codes have New Regulation Sections: F40, S64, U66

Section 1 – Individual Denial Codes Available to Opening Transactions

At the request of several districts, our individual denial codes will now be available for use with Opening (02) and Reopening (10) transaction types. This will allow workers to use CNS reason codes to produce notices that deny some applicants and open others from the same application. If everybody that is being authorized coverage has the same opening code, a worker can still use that code at the case level and they would put the code for the Applicant(s) being denied at the individual level. The Individual Status of 11 (Denied) will prevent the denied recipient from being included in the opening language, however the denial language for the denied recipient will appear after the opening language. If there are separate codes being used to open applicants, I94 will be used at the case level and everyone on the case will get an individual reason code. The individual status indicator of “11” (Denied) will drive the system generated coverage code of “04” (No Coverage – Ineligible), which may also be worker entered.

Section 2 – New Reason Code, Child 6-18 Formerly Eligible at 133% Transferring to Child Health Plus B: C25

This new reason code will be used at the case or individual level and as a closing/deletion code for children who are no longer Medicaid eligible and are being referred to CHP B. It is valid only for children ages 5 years 10 months through 18 years 9 months. MBL must reflect a budget showing this income greater than 100% of FPL. CNS language will reflect the proper extension date. (See the WMS attachment to this letter, Section I, for more details)

Reason Code	Paragraph Number	Description
*C25	C0243	Discontinue MA Child 6-19 Over 100%, Eligible for CHP B

Section 3 – New Reason Codes: C12, C20, C26, C27, E20, E44, E45, S20/CA, S20/CC, S20/CE, S20/CG, S65, S86, S87 and X23

Openings

Reason Code	Paragraph Number	Description
S20/CA	X0228	Child 6-18, Over 100% Excess Income, Spenddown Met
S20/CC	X0231	Child 6-18, Over 100% Excess Income and Resources, 6-Month Spenddown Met
S20/CE	X0230	Child 6-18, Over 100% Excess Income and Resources, Both Met
S20/CG	X0229	Child 6-18, Over 100% Excess Income and Resources, 6-Month Spenddown Met

Denial

Reason Code	Paragraph Number	Description
X23	D0160	Deny MA, Fail to Provide Resources at Application

Discontinuances

Reason Code	Paragraph Number	Description
*E44	X0064	Child Turning 6, Excess Income
*E45	X0065	Child Turning 6, Excess Income and Resources
X23	C0265	Failed to Provide Resources at Renewal

Undercare

Reason Code	Paragraph Number	Description
*C12	U0156	Add FPBP Person(s) to Medicaid Case
*C20	U0157	Add Person(s) to FPBP Case
*C26	U0161	Community Coverage w/o LTC to Community Coverage w/ Community Based LTC
*C27	U0162	Community Coverage w/ Community Based LTC to All Covered Care and Services
*E20	X0124	Child 6-18, Spenddown to Medicaid with No Spenddown
S65	U0152	Continue MA Unchanged (Limited Benefit Package Due to Resource Documentation)
S86	U0160	Community Coverage w/ Community Based LTC to Community Coverage w/ No LTC, Failed to Provide Documentation of Resources at Renewal
S87	U0061	Continue MA Unchanged (Attester or Current Documenter Failed to Verify)

Section 4 – New Reason Codes for QI-1: C28, E81, U80, X70 and Deletion of a Reason Code for QI-1: U82

Opening

Reason Code	Paragraph Number	Description
*C28	Y0006	Accept Qualified Individual (QI-1)

Denial

Reason Code	Paragraph Number	Description
U80	D0072	Deny Qualified Individual (QI-1) Excess Income

Discontinuances

Reason Code	Paragraph Number	Description
*E81	C0101	Discontinue QI-1, Annual Fund Exhausted
X70	C0102	Discontinue QI-1, Excess Income

Reason Code to be deleted

Reason Code	Paragraph Number	Description
U82	D0075	Accept QI-1, Medicare Part B Payment

Section 5 – Title and Language Changes to Reason Codes Previously Titled Children 1-19, Now 1-5: E23, E55, E56, S19/FAB, S20/BA, S20/BC, S20/BE, S20/BG

Openings

Reason Code	Paragraph Number	Description
S20/BA	X0149	Child 1-5 at 133%, Excess Income – Spenddown Met
S20/BC	X0157	Child 1-5 at 133%, Excess Income – 6-Month Spenddown Met
S20/BE	X0154	Child 1-5 at 133%, Excess Income and Resources – Both Met
S20/BG	X0151	Child 1-5 at 133%, Excess Income and Resources – 6-Month Spenddown Met

Denials

Reason Code	Paragraph Number	Description
*E55	X0077	Child 1-5, Excess Income
*E56	X0078	Child 1-5, Excess Income and Resources

Discontinuances

Reason Code	Paragraph Number	Description
*E55	X0060	Child 1-5, Excess Income
*E56	X0061	Child 1-5, Excess Income and Resources

Undercare

Reason Code	Paragraph Number	Description
*E23	X0123	Child 1-19, Spenddown to Full Coverage

NOTE: This code remains for Children 1-19, there is no reference to the FPL% in the language.

S19/FAB	X0070	Child 1-5, At 133%, Excess Income – Spenddown Not Met
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Section 6 – Codes Being Brought Back to Cover Children 6-18 at 100% of FPL: E44, E45, S19/FDB, S19/GAB

Discontinuances

Reason Code	Paragraph Number	Description
*E44	X0064	Discontinue Child Turning 6, Excess Income
*E45	X0065	Discontinue Child Turning 6, Excess Income and Resources

Undercare

Reason Code	Paragraph Number	Description
S19/FDB	X0094	Child Turning 6, Medicaid to Spenddown, Excess Income, Spenddown Not Met
S19/GAB	X0072	Child 6-18, Medicaid to Spenddown, Excess Income, Spenddown Not Met

Section 7 – Title and Language Changes to the Following Reason Codes to Reflect the New Eligibility Level of 100% Rather than 133% FPL: B37, B39, F47, F48, F79, F80, F82, F83 and U90

Denials

Reason Code	Paragraph Number	Description
*B37	C0263	Child 6-18, Excess Income and Resources, Income Ineligible or Age Ineligible for FPBP
*B39	D0158	Child 6-18, Excess Income and Resources for MA, Income Ineligible or Age Ineligible for FPBP
*F47	D0145	Child 10-18, Excess Income for MA, Income Eligible for FPBP but Declines
*F79	D0141	Child 6-18, Excess Income for MA, Income Ineligible or Age Ineligible for FPBP

Undercare

Reason Code	Paragraph Number	Description
*F48	U0074	Child 10-18, FPBP to MA, Income Now Below 100% FPL
*F82	U0138	Child 10-18, MA to FPBP
*F83	U0142	Child 10-18, MA to FPBP, 60 Days Post-partum
U90	U0112	Child Turning 19, MA to FHP, Ineligible for MA due to Excess Income and/or Resources, Chose a Plan or Staying in Same Plan

Discontinuance

Reason Code	Paragraph Number	Description
*F80	C0226	Child 6-18, Income Ineligible for MA, Income Ineligible or Age Ineligible for FPBP

Section 8 – The Following Reason Codes have Language Changes Due to New Worker Fill Inputs: S07, S08, U11, U29, X15, X77

The following reason codes are being affected by the addition of new worker fill entries of Net Income Amount and MA Income Limit Amount.

Reason Code	Paragraph Number	Description
S07	X0025	MA Level to Excess Income Due to COLA
S08	X0026	Increase in Excess Income Due to COLA
U11	U0002	MBI-WPD to Excess Income, Spenddown Not Met, Turning 65
U29	U0003	MBI-WPD to Excess Income, Spenddown Not Met, No Longer Working
X15	P0003	Discontinue, Excess Income or Income and Resources, Post-Partum, No Infant, FP
X77	X0180	Decrease in Excess Income Amount Due to COLA

Section 9 – New Message #2 Added to the Following Reason Code: U33

Reason Code	Paragraph Number	Description
U33	X0170	Child Turning 19, Income and/or Resource Ineligible for MA, Income Ineligible for FHP or FPBP

The messages now read as follows:

Message #1 (Over Income)

Message #2 (Over Resources)

Message #3 (Over Income and Resources)

Section 10 – The Following Reason Codes have Language Changes: E22, E49, E59, E67, E68, F40, S61, S64, U32, U40, U47, U59, U66, and X13

Opening

Reason Code	Paragraph Number	Description
S61	Y0040	Accept 200% FPL, FPBP, FP

Denials

Reason Code	Paragraph Number	Description
*E59	X0041	Deny MA, Excess Income Does Not Meet Spenddown, Pregnant Woman
*E67	X0076	Child Up to Age 1, Excess Income, Spenddown Not Met
*F40	D0008	Deny MA/FHP, Failure to Enroll in a Group Health Plan Through Employer

Reason Code	Paragraph Number	Description
U32	X0008	Deny MA, Excess Income, 65 and Older
U40	X0009	Deny MA, Excess Resources 65 and Older –
U47	D0153	Deny MBI-WPD Less than 16 or 65 Years or over
X13	D0036	Deny MA, Excess Resources, Spousal Impoverishment Institutionalized Spouse

Discontinuances

Reason Code	Paragraph Number	Description
*E22	X0088	Failed to Meet Excess Income for 3 Months
*E49	X0066	Child Turning One, Excess Income
*E68	X0067	Child Turning One, Excess Income and Resources
U32	X0022	Discontinue, MA Excess Income, 65 or Older
U40	X0023	Discontinue, MA Excess Resources, 65 or Older
U59	X0024	Discontinue, Excess Income/Resources Over 65 – Chronic Care
U66	C0070	MA/FHP/FPBP Discontinue, Currently in Receipt of Assistance
X13	C0054	Discontinue MA, Excess Resources Spousal Impoverishment Institutionalized Spouse

Undercare

Reason Code	Paragraph Number	Description
S64	U0150	All Covered Care and Services to Community Coverage With No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown

Section 11– The Following Reason Codes have a New Regulation Section: F40, S64, U66

Reason Code	Paragraph Number	Description
*F40	C0009	Discontinue MA/FHP, Failure to Enroll in a Group Health Plan Through Employer The State Regulation paragraph now reads: <i>“This decision is based on Regulation 18 NYCRR 360-3.2(h).”</i>
*F40	D0008	Deny MA/FHP, Failure to Enroll in a Group Health Plan Through Employer The State Regulation paragraph now reads: <i>“This decision is based on Regulation 18 NYCRR 360-3.2(h) and Section 369-ee of the Social Services Law.”</i>

Reason Code	Paragraph Number	Description
S64	U0150	All Covered Care and Services to Community Coverage with No LTC, Failed to Provide Documentation of Resources at Renewal, No Spenddown The State Regulation paragraph now reads: <i>“This decision is based on Regulations 18 NYCRR 360-2.3 and Social Services Law 366-a(2)(a).”</i>

Reason Code	Paragraph Number	Description
U66	C0070	Discontinue MA/FHP/FPBP Currently in Receipt of Assistance The State Regulation paragraph now reads: <i>“This decision is based on Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the Social Services Law”</i>

***Note:** Reason Code U66 also contains a language change associated with the change in State Regulations to reflect the addition of FHP and FPBP language to the document.