



George E. Pataki
Governor

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

Robert Doar
Commissioner

July 5, 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 July 18, 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	I
Tully Lenihan @ ext. 4-8749	All	Mike Zostant @ 4-7239	II, III, IV& V
Attachment III	Section	Attachment IV	Section
Kenneth Merkelbach @ 518-474-5693	I	Cindy Krueger-Farley @ 518-402-6879	All
Gary Feigenbaum @ 518-408-0104	II & III	Mark Russell @ 518-402-6847	All
Charles Moore @ 518-402-6791	IV		
Layne Gilpin @ 518-408-0107	V		

Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Employment
and Transitional Supports/WMS

Dennis DiMuria

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

cc: Commissioner
TA & FS Director
MA Director

For questions regarding changes included in Attachment I, please contact the following individuals at 1-800-343-8859:

<u>Contact</u>	<u>Section</u>
<i>Patty Hanson @ ext. 4-8753</i>	<i>All</i>
<i>Tully Lenihan @ ext. 4-8749</i>	<i>All</i>

Section I - Unprotect AFA Fields at Clockdown Closing and Closed Case Maintenance

Local Districts have requested the ability to make or change entries in the three fields associated with Anticipated Future Action when the case is in Clockdown Closing Status or during Closed Case Maintenance. In order to allow changes to the Line Number, AFA Code and Date, these fields will no longer be protected during Undercare Maintenance (Transaction Type 05) for a case that is in Clockdown Closing Status or for a case that is undergoing Closed Case Maintenance (Transaction Type14).

Section II - New Pregnancy/Parenting Indicator Edit

In order to keep entries in the Pregnancy/Parenting Indicator accurate, a new edit has been added at Full Data Entry, Error Correction and Undercare Maintenance. The edit will require that case individuals, referenced by the entry of their Line Number in any Mother's Line Number field, do **NOT** have a Pregnancy/Parenting Indicator of "3-Neither Pregnant Nor Parenting". The Edit will be applied to Case Types 11, 12, 16 and 17. Error #1359: "PREG/PARENT IND 3 INVALID WHEN MOTHERS LN PRESENT" will now be generated.

Section III – Apply CIN Assignment Edits at Error Correction

In order to reduce the number of multiple CIN's that are currently being assigned in error, a new two-part edit has been added at Full Data Entry, Error Correction and Undercare Maintenance. The new edit is as follows:

If identical Social Security Numbers are present on more than one individual line or if the same Last Name, First Name, Middle Initial, Sex and D.O.B. are present on more than one individual line, Error #0296: "DUPLICATE INDIVIDUALS BEING ENTERED-OVERRIDEABLE" will now be generated.

Additionally, existing edits #0297, 0298 and 0299 will now be applied at Full Data Entry Error Correction and Undercare Maintenance Error Correction. These edits are generated when, based on Clearance Match criteria, it appears that the entry of ASSIGN or an APP REG Number in the CIN field on Screen 2 is incorrect, due to the presence of an already existing CIN for that individual. Prior to this change, if any of these errors were encountered (and accepted) during FDE or U/M, the System would, at Error Correction, automatically assign a new CIN for that individual. These errors can be overridden in the rare instance where a new CIN should, in fact, be assigned.

Section IV – Scanning Indicator

Several new field headings have been added to various WMS Inquiry screens in anticipation of the development of a Statewide Imaging/Enterprise Document Repository (Imaging/EDR) Field labels will be present on Inquiry Screens, The Clearance Report and the LDSS-3209. Districts will be informed of details in the future.

Section V – Enable Separate Determination at Change Transaction

To facilitate the opening of an NTA-FS case when an individual, either included in or added to a TA case household, is not TA eligible (i.e. an SSI recipient), the FS Separate Determination process will be enabled if the Case Type is equal to 11, 12, 16, or 17 and the Transaction Type is equal to 05 or 06 and the PA/FS Code in the TA case is changed from 01 to 09. Workers will be able to access the WCLSOP Screen by using SF9 from the WSYSAK Screen of the TA Change/Recert transaction. All applicable information from the TA case will then be transferred to the NTA-FS case being opened for individuals with Individual Status equal to 07, 08, or 10. FS budgets stored under the TA case will be transferred to the NTA-FS case if the FS Separate Determination Indicator, on the FS budget, contains an “X”. When SF9 is used from the WSYSAK Screen, the TA Case Number and TA Authorization Number will be brought forward to the WCLSOP input fields. Additionally, the System will generate a “32”(FS-MIX) in the Case Type field. All other aspects of the existing Separate Determination process will remain unchanged.

Section VI – Suppress 3209 for Address Changes

Case Reason Code “Y35- Suppress Print of LDSS-3209 (Authorization)” was previously established to suppress 3209 printing when any of the following fields are changed: Office/Unit/Worker, Phone Number or Co-op Case Number fields. The ability to suppress 3209 printing, by using Reason Code Y35, has been extended to include changes to the following additional fields: Residence Address, City/Town, State, Zip Code, Care Of Name, Mailing Address, City/Town, State and Zip Code. The Y35 Case Reason Code may be used if the Transaction Type is equal to 05 and the Case Type is equal to 11, 12, 16, 17, 20, 22, 24, 31, or 32.

Section VII - New Durational Assistance Edits

In order to limit Family Assistance payments to 60 months, two new edits have been established. These edits will be applied at Undercare and Undercare Error Correction for Recertification transactions. The edits work as follows:

- If the Case Type is equal to 11 or 12 and the Transaction Type is equal to “06-Recertification” and the State Count is greater than or equal to 48 months, then the TA and/or FS Authorization Period TO Date Months must be less than or equal to the TA and/or FS Authorization Period FROM Date Months plus 5 months.
- If the Case Type is equal to 11 or 12 and the Transaction Type is equal to “06-Recertification” and the State Count is equal to 47 months and the new TA and/or FS Authorization Period FROM Date Months are equal to the Transaction Month/Year plus one month, then the TA and/or FS Authorization Period TO Date Months must be less than or equal to the TA and/or FS FROM Date Months plus 5 months.

If the above stated criteria are not met, Error #1179-RECERT PERIOD LIMITED TO 6 MONTHS or Error # 1180-FS CERT PERIOD LIMITED TO 6 MONTHS, will be received.

For questions regarding changes included in Attachment II – Section I please contact Bob Markham @ 1-800-343-8859 ext. 4-2166.

Section I

An enhancement to the Client Notices System (CNS) has been developed to produce notices of Temporary Assistance Work Requirements Determination, exempt and nonexempt. Manual versions of these notices exist under the form designations LDSS-4005 and LDSS-4005(a), and are available on the Intelligent Auto-Fill Forms System (IAF).

In order to create a pending CNS notice, workers should use TA case reason code **R50** on CNS screen WCN011, with a transaction code of “00” (No other reason codes are allowed). The new CNS TA Work Requirements Determination Data Entry Screen (WCN023) will be presented:

```
TIP on END USER for GLOBAL USERS
File Edit Help
WMS/Client Notice Subsystem Date 05/03/05
WCN023 TA Work Requirements Determination Data Entry Screen Time 09:26:10
CASE NAME MARY SMITH
CASE NO TAWR01
CASE REASON R50 : TAWORKREQDET
Work requirements determination has been made for: _____
Effective date of determination: _____
EXEMPT: NONEXEMPT:
MEDICAL MEDICAL
OTHER THAN MEDICAL * - MEDICAL - WORK LIMITED * -
OTHER THAN MEDICAL * - OTHER THAN MEDICAL * -
* (Complete next screen) Xmit _
ROW= 1 COL= 1
```

Workers must enter the name of the individual for whom the determination has been made and the effective date of the determination. The worker must then select one of the five combinations of determination and reasons presented, as follows:

- Exempt due to medical reasons
- Exempt due to a reason other than medical
- Nonexempt due to medical reasons
- Nonexempt but work limited due to medical reasons
- Nonexempt due to a reason other than medical

If the client has been determined to be either exempt or nonexempt for medical reasons, no further data entry is required. If no additional individuals within the case are to be noticed concerning their work requirements determinations, transmission of the screen with an “N” in the “More individuals to enter? Y/N” field will result in a pending CNS notice/number being created. If additional individuals within the case require notification, transmission of the screen with a “Y” in this field will present another (blank) screen iteration.

Additional data entry is required if the worker selects any of the following combinations of determination and reasons:

- Exempt due to a reason other than medical
- Nonexempt but work limited due to medical reasons
- Nonexempt due to a reason other than medical

The worker will be asked to complete the lower portion of the screen as described below.

Selection of exempt other than medical will present the following version of the WCN023 screen:

```
TIP on END USER for GLOBAL USERS
File Edit Help
WCN023 WMS/Client Notice Subsystem Date 05/03/05
TA Work Requirements Determination Data Entry Screen Time 09:28:08
CASE NAME MARY SMITH
CASE NO TAWR01
CASE REASON R50 : TAWORKREQDET
Work requirements determination has been made for: MARY SMITH
Effective date of determination: 050305
EXEMPT: NONEXEMPT:
MEDICAL MEDICAL
OTHER THAN MEDICAL X MEDICAL - WORK LIMITED
OTHER THAN MEDICAL

EXEMPT OTHER THAN MEDICAL. Indicate (X) reason individual is exempt
_ Pregnant and within 30 days of expected date of delivery
_ Parent or caretaker of child under 3 months of age, personally providing care
for the child and not already exempt for this reason for 12 months
_ 60 years of age or older
_ Under the age of 19 and attending secondary, vocational or technical school
full-time
_ Needed in home to care for medically verified ill, incapacitated or disabled
household member and no other household member is available

More Individuals to enter? Y/N N Xmit _
ROW= 1 COL= 1
```

The worker must select the non-medical reason why the individual has been determined to be exempt from TA work requirements.

Selection of nonexempt but work limited due to medical reasons will present the following version of the WCN023 screen:

```

TIP on END USER for GLOBAL USERS
File Edit Help
WCN023          WMS/Client Notice Subsystem          Date 05/03/05
                TA Work Requirements Determination Data Entry Screen Time 09:29:37
CASE NAME TEST EMPLOMENT
CASE NO R50
CASE REASON R50 : TAWORKREQDET
Work requirements determination has been made for: MARY SMITH
Effective date of determination: 050305
  EXEMPT:                NONEXEMPT:
    MEDICAL                MEDICAL
    OTHER THAN MEDICAL    MEDICAL - WORK LIMITED  X
                        OTHER THAN MEDICAL

NONEXEMPT MEDICAL - WORK LIMITED.
  Individual must participate in work activities within medical limitations.

  Complete the sentence:

  This determination that you are not exempt but work-limited is based on a
  determination by a doctor or other medical professional that...
  _____
  _____
  _____
                                More Individuals to enter? Y/N N      Xmit _

ROW= 1 COL= 1

```

The lower portion of the screen allows the worker to explain the nature of the medical limitations that led to the determination.

Finally, selection of nonexempt due to a reason other than medical will present the following version of the WCN023 screen:

```

TIP on END USER for GLOBAL USERS
File Edit Help
WCN023          WMS/Client Notice Subsystem          Date 05/03/05
                TA Work Requirements Determination Data Entry Screen Time 09:30:53
CASE NAME TEST EMPLOMENT
CASE NO R50
CASE REASON R50 : TAWORKREQDET
Work requirements determination has been made for: MARY SMITH
Effective date of determination: 050305
  EXEMPT:                NONEXEMPT:
    MEDICAL                MEDICAL
    OTHER THAN MEDICAL    MEDICAL - WORK LIMITED
                        OTHER THAN MEDICAL      X

NONEXEMPT OTHER THAN MEDICAL
  Individual must participate in work activities.

  Complete the sentence:

  (Name) has been determined to be NON-EXEMPT from participating in temporary
  assistance work activities and must participate in work activities because...
  _____
  _____
  _____
                                More Individuals to enter? Y/N N      Xmit _

ROW= 1 COL= 1

```

The lower portion of the screen allows the worker to explain the determination and why the individual must participate in work activities.

As mentioned above, more than one individual within a case may be included in the same CNS notice by simply indicating with a “Y” that the worker has more individuals to enter.

Pending notices must be released via function number 07, Notice Authorization/Release on the WMS/Client Notices Subsystem Menu screen, (WCN000).

For questions regarding changes included in Attachment II - Sections II, III, IV & V, please contact Mike Zostant at 1-800-343-8859 ext. 4-7239.

Section II - FS Reason Code A34 Redefined; R/C A35 made Invalid:

Due to a clarification of federal regulations regarding the provision of required proof, FS reason code A34 has been redefined as **FS Approval: Proof provided in the SECOND Thirty Days** and FS reason code **A35** has been made no longer valid.

Formerly used to prorate the first month's benefit when required proof was provided before the sixteenth (in the second thirty days from application), reason code **A34** now provides for a *full month's* benefit for the month in which proof is provided. Due to this change, the corresponding reason code, **A35**, that prorated the first month's benefit when required proof was provided after the fifteenth, is no longer necessary. WMS controlling edits/error messages have also been modified accordingly.

Section III - New FS NYSNIP Approval Reason Code A46:

In response to district requests, a new FS reason code **A46 (FS Approval – NYSNIP; DENIED 1st Month, Eligible in Succeeding Months)** has been developed. This reason code operates similarly to existing r/c A36...a Notice Number entry is required that also contains a DENIAL reason code entry. ALL other NYSNIP requirements apply. WMS controlling edits/error messages have been modified to include this new reason code.

Section IV - Food Stamp Compromise/Repayment Agreement Request:

The FS Repayment Agreement has been renamed to the above title. The text has been modified to now include "claim compromise" language for reason codes **R27 (Agency Error) and R28 (Inadvertent Household Error)**. A claim compromise is NOT allowed for R29 (IPV) claims. A first month payment amount is now included for ALL claims types.

In order to provide the first month payment amount data, the CNS FS Claim Data Collection screen (WCN013) has been modified. At the bottom-right of the screen, just above the XMIT position, a new field (**1st MO PAY AMT**) has been designated to collect this information. Entry in this new field IS REQUIRED.

Section V - New FS Reason Code R39: Food Stamp Claim Compromise/Repayment Agreement Acknowledgement:

The R39 reason code was developed to create a CNS district response to clients' claims requests. As outlined in a forthcoming ADM, this response is mandatory.

The particulars:

- Reason code R39 is allowed for both **NTA/FS and TA/FS case types**.
- Entry is allowed only for **CLOSED** cases using **TRANSACTION TYPE 00**.
- A new FS Claim Compromise/Repayment Agreement Acknowledgement screen (**WCN112**) has been developed to collect the necessary information for this notice. A sample screen and entry requirements are provided below.

-WCN112	WMS/Client Notice Subsystem	Date 06/15/05
FS Claim Compromise - Repayment Agreement Acknowledgment Time 14:16:29		
CASE NAME 24CNS		
CASE NO 24CNS		
CASE REASON R39: FS CLM ACKN		
COMPROMISE REQUEST: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED <input type="checkbox"/> MODIFIED as follows:		
Compromise Comments:		

REPAYMENT AGREEMENT REQUEST: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> DENIED <input type="checkbox"/> MODIFIED as follows:		
Repayment Agreement Comments:		

Repayment Amount \$ _____		Xmit <input type="checkbox"/>

WCN112 Entry Requirements:

- An 'X' entry is required in the Compromise or Repayment Agreement ACCEPTED, DENIED or MODIFIED field. An entry in BOTH Compromise Request and Repayment Agreement categories is allowed.
- Only one (1) of each category's three selection types may = 'X'.
- If the MODIFIED selection is chosen, an entry in the corresponding COMMENTS section is required.
- The REPAYMENT AMOUNT field is a required entry.

Section I - ALLOW INITIAL INPUT OF/CHANGE TO MSPI VALUE "U" FOR UNDERCARE TRANSACTIONS (TRANSACTION TYPES 05 AND 06).

In the February 28, 2005 WMS/CNS Coordinator Letter, you were informed that a new field, "Medicare Savings Program Indicator" (MSPI), had been added to WMS Screen 3 to identify the several Medicare payment plans available from CMS for Medicare Buy-In transactions.

Although MSPI codes for QMB's (P) and SLIMB's (L) could be input on Case Type 20 (MA-Only) cases at undercare (Transaction Types 05 – Change and 06 – Recertification/ Reauthorization), entry of the code for QII's (U) was not permitted. When a change or input of a "U" was needed the case, or individual, had to be closed and a new case opened.

Undercare transactions will now allow entry or change to the Medicare Savings Program Indicator of "U".

All previously implemented edits concerning the MSPI value of "U" continue to be in effect.

Section II - IMPLEMENTATION OF CONTINUOUS SAVE DATE (CSD) CLEAN UP/ CORRECTION PHASE 1 (TRANSACTION TYPES 05 AND 06)

We have become aware of some erroneous CSD's created by WMS.

Effective with this implementation, all existing CSD's on the database will be analyzed at every Undercare (Transaction Types 05 & 06) transaction performed on cases for children where CSD's were previously calculated and stored. Prior to the application of the already existing CSD calculation logic, internal tests will be performed to review and correct already existing CSD's. This corrective action will:

1. Shorten the CSD to the last day of the month of the child's nineteenth birthday if that birthday falls between the FROM and TO Dates associated with the transaction.
2. For children NOT turning 19 during the authorization period the CSD will be re-calculated.
3. At WMS Batch Update, an additional analysis will be performed to space out the CSD of any children who have already turned 19.

The existing CSD logic remains in place, however further enhancements to the CSD process are anticipated later this year.

Section III - ALLOW DENIAL OF INDIVIDUAL FAMILY PLANNING BENEFIT PROGRAM APPLICANTS

Previously WMS edit 1534 (IF CAT CODE = 68 COV CODE MUST BE 18 OR 02) did not allow the denial of an individual because denials generate a Coverage Code of 04.

Effective with this migration, Transaction Types 02 (Opening) and 10 (Reopening) will no longer produce error 1534 when an applicant with an Individual Categorical Code of 68 is being denied. Individuals with a Cat Cd 68 may now be given an Individual Status Code of 11 (Denied) without incurring error 1534. WMS will now generate Coverage Code 04, without this error being produced.

Section IV - RESOURCE TEST FOR FAMILY HEALTH PLUS (FHP)

A MBL system change is being implemented to support a 2004-2005 legislative budget initiative which proposes to introduce a resource test for Case Type 24 (FHP) applicants/recipients. This initiative will make it mandatory for FHP applicants/recipients on Case Type 24, with Individual Categorical Codes 56 and/or 57 to declare their resources in order to qualify for FHP. A resource test will now be required for FHP applicants/recipients for MBL Budget Types 01, 02, 04, 05, and 06 with an Expanded Eligibility Code (EEC) of B, F, S, or N and a MBL Effective FROM Date of 7/1/05 or greater. The total countable resources must be equal to or less than three (3) times the 2005 MA Resource Standard and three (3) times each subsequent year's MA Resource standard.

Further details, including the actual resource amounts associated with this change, will be in MBL Transmittal 05-4.

Section V - CHANGE TO EDIT/ERRORS 0438 AND 0439

Edit/Errors 0438 and 0439 have been revised to include the Medicaid Buy-In for the Working Disabled (MBI-WD) Individual Categorical Codes. The Edit/Errors now read: 0438- CAT CODE OF 10, 11, 12, **70, OR 71** REQUIRED FOR ALL INDIVS; AND 0439- CAT CODE OF 10, 11, 12, **70, OR 71** REQUIRED FOR THIS INDIVIDUAL.

Client Notice System Language Changes for 2005.2 Migration

Section 1 – New Reason Codes: V39/C0206, V93/U0164, V95/U0165

Section 2 – Enhancements to Language Due to New State Mandates for Family Health Plus Eligibility

- A. “FHP Over Resource” and “FHP Over Income and Resource” Message Choices Added: S25, U33, U34, U35, U49, U57, U58, U85, V77, V78, V79, V94, X15, X17, X48
- B. “Public Employee” Message Choice Added: S57, S59, V32, V33, V34, V35, V36, V37, V76
- C. “FHP Over Resource”, “FHP Over Income and Resource” and “Public Employee” Message Choices Added: S61, S66, S67, S80
- D. Language Added Referring to FHP Resource Limit: S10, U25, U26, U95, X83, X84, X85
- E. Language Removed “no cost for FHP” or “FHP has no resource limit” S27, T03, T04, T05, T09, T10
- F. Language Removed “your resources will not be counted for FHP” and language added Regarding Possible Eligibility of 19 and 20 Year Olds: E0019 (Health Care Programs for New Yorkers)
- G. FHP Resource language added and Fair Hearing contact updated: R9004 (How Medicaid Helps You and Your Family)

Section 3 – Addition of a New Message Choice “FPBP Eligible but Declines”:
S25, S88, U33, U34, U35, U49, U57, U58, U91, V94, X48

Section 4 – Opening Reason Codes (originally “Fill” Codes) Changed to “No Fill” Codes: S36, S40, S41, S56, S62

Section 5 – Enhancements to Language to Include Multiple Programs: S63, U20, U21

Section 6 – Minor Language Changes

- A. Removal of Language “medical expenses equal to or greater than excess income amount”: E49, E55, E56, E68, F83, U32, U40, U59
- B. Changed “recertification” to “renewal”: C01, C02, C03, C04, F10, F13, H30, S01

- C.** Changed “recertification” to “renewal” and added bold header with clear warnings concerning loss of coverage if form is not returned and footer with instructions to answer all questions, sign and return form and also a statement that no interview is required: Z39
- D.** Added “countable resource amount” to: U86, U89, U90, V86, V87, X17, X42, X43, X44, X45, X46, X47
- E.** Removal of Paragraph Referring to “gross FHP income” and “FHP limit” and addition of “countable resource amount”: S37, S38, S39
- F.** Removal of word “allowable”: V80
- G.** Change to Title Only: X80
- H.** Removed “Immigration and Naturalization Services (INS)” and replaced with “United States Citizenship and Immigration Services (USCIS)”: R0034 (Documentation Checklist for FPBP Renewal)

Section 7 – The Three Following Reason Codes are Being Eliminated and Replaced with One New Reason Code; V39/C0206, Discontinue FHP Due to Equivalent Insurance or Public Employee: V27, V28, V29

Section 8 – Reason Codes Being Eliminated: B37, B39, F47, F79, F80, S19 BAB, S36, S40, S41, S56, S62, V91, V92

Section 1 – New Reason Codes: V39, V93, V95

Reason Code	Paragraph Number	Description
V39	C0206	Discontinue FHP Due to Equivalent Insurance or Public Employee
V93	U0164	MA to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FNP Parent
V95	U0165	MA to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FP

Section 2 – Enhancements to Language Due to New State Mandates for Family Health Plus Eligibility:

Part A. “FHP Over Resource” and “FHP Over Income and Resource” Message Choices Added: S25, U33, U34, U35, U49, U57, U58, U85, V77, V78, V79, V94, X15, X17, X48

Denials

U34	D0116	Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP
U35	D0115	Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC
U49	D0134	Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent

Discontinuances

U33	X0170	Turning 19, Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines
U57	C0183	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC
U58	C0184	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP
V94	C0099	Discontinue FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, or Eligible but Declines, FP

Reason Code	Paragraph Number	Description
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Discontinuances cont.

X15	P0003	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, FP
X17	P0005	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, S/CC
X48	C0235	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent

Undercare

S25	X0210	Discontinue Mother, Continue Infant, 60 days Post-Partum, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, or Eligible but Declines
U85	U0081	MA to FHP Due to Excess Income and/or Resources, Chose a Plan, FP
V77	U0140	MA to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, S/CC
V78	U0141	Over 19, MA to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, 60 Days Post-Partum, Infant Continues
V79	U0137	FHP to FPBP Due to Excess Income and/or Resources, or Equivalent Insurance

Part B. “Public Employee” Message Choice Added: S57, S59, V32, V33, V34, V35, V36, V37, V76

Openings

S57	Y0014	Approve Retro, Deny Ongoing MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, S/CC
S59	Y0016	Approve Retro, Deny Ongoing MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, FNP Parent

Reason Code	Paragraph Number	Description
<u>Denials</u>		
V32	D0126	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
V33	D0127	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V34	D0117	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP

Discontinuances

V35	C0213	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FNP Parent
V36	C0214	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, S/CC
V37	C0211	Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Equivalent Insurance or Public Employee, FP

Undercare

V76	U0139	Over 19, MA to FPBP Due to Excess Income, FHP Ineligible Due to Equivalent Insurance or Public Employee
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Part C. “FHP Over Resource”, “FHP Over Income and Resource” and “Public Employee”
Message Choices Added: S61, S66, S67, S80

Openings

S61	Y0040	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, FP
S66	Y0041	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, S/CC
S67	Y0050	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, FNP Parent

Reason Code	Paragraph Number	Description
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Openings cont.

S80	Y0059	Approve Retro, Deny Ongoing, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Insurance, Public Employee or Over 65, FP
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Part D. Language Added Referring to FHP Resource Limit: S10, U25, U26, U95, X83, X84, X85

Discontinuances

X83	X0205	Discontinue FHP Turning 65, MA Ineligible Due to Excess Income
X84	X0206	Discontinue FHP Turning 65, MA Ineligible Due to Excess Resources
X85	X0207	Discontinue FHP Turning 65, MA Ineligible Due to Excess Income and Resources

Undercare

S10	X0011	Change in Figures Used to Calculate Excess Income Amount
U25	P0011	MA to FHP Due to Excess Income and/or Resources, 60 Days Post-Partum, No Infant, Chose a Plan, S/CC
U26	P0007	MA to FHP Due to Excess Income and/or Resources, 60 Days Post-Partum, No Infant, Chose a Plan, FP
U95	X0202	Turning 65, FHP to MA with Excess Income, Spenddown Not Met

Part E. Language Removed “no cost for FHP” or “FHP has no resource level” or “your resources will not be counted for FHP”: S27, T03, T04, T05, T09, T10, E0019

Undercare

S27	X0213	MA to FHP Due to Excess Income and/or Resources, 60 Days Post-Partum Continue Infant, Chose a Plan
T03	U0108	MA to FHP, Must Choose a Plan, FNP Parent
T04	U0107	MA to FHP, Spenddown Eligible, Must Choose a Plan, FP
T05	U0128	MA to FHP, Spenddown Eligible, 60 Days Post-Partum, Must Choose a Plan

Reason Code	Paragraph Number	Description
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Undercare cont.

- | | | |
|-----|-------|---|
| T09 | U0134 | FPBP to FHP, Must Choose a Plan, FP |
| T10 | U0136 | FPBP to FHP, Must Choose a Plan, S/CC or FNP Parent |

Part F. Language has been removed “your resources will not be counted for FHP” and language has been added regarding possible eligibility of 19 and 20 year olds on the E0019 Insert titled “Health Care Programs for New Yorkers” that is sent out with all case openings and undercare notices.

Part G. FHP Resource eligibility language has been added and the Fair Hearing contact information has been updated to now include the 1-800 phone number, the fax phone number and the website on the R9004 Insert titled “How Medicaid Helps You and Your Family” that is sent out with renewal notices.

Section 3 – Addition of a New Message Choice “FPBP Eligible but Declines” on the Following:
S25, S88, U33, U34, U35, U49, U57, U58, U91, V94, X48

Denials

- | | | |
|-------------------------|-------|--|
| S88
(previously B39) | D0158 | Child 6-18, Deny MA Due to Excess Income or Excess Income and Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible |
| U34 | D0116 | Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP |
| U35 | D0115 | Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC |
| U49 | D0134 | Deny MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent |

Discontinuances

- | | | |
|-----|-------|--|
| S25 | X0210 | Discontinue Mother, Continue Infant, 60 Days Post-Partum, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible But Declines |
| U33 | X0170 | Turning 19, Discontinue MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines |

Reason Code	Paragraph Number	Description
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Discontinuances cont.

U57	C0183	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC
U58	C0184	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP
U91 (previously F80)	C0226	Child 6-18, Discontinue MA Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible
V94	C0099	Discontinue FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines
X48	C0235	Discontinue MA/FHP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent

Section 4 – Opening Reason Codes (originally “Fill” Codes) Changed to “No Fill” Codes: S36, S40, S41, S56, S62

Former Reason Code	New Reason Code	Paragraph Number	Description
S36	C42	Y0054	Accept Pregnancy, 100%
S40	C40	Y0003	Accept QMB
S41	C41	Y0004	Accept COBRA Continuation
S56	C44	Y0009	Accept SLIMB
S62	C43	Y0026	Accept FPBP, Waived Right to MA/FHP

Section 5 – Enhancements to Language to Include Multiple Programs: S63, U20, U21**Discontinuances**

S63	C0248	Discontinue MA/FHP Failure to Provide Information to Clear Up Discrepancy
U20	C0064/65	Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Info

Reason Code	Paragraph Number	Description
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Discontinuances cont.

U21	C0063/66	Discontinue MA/FHP/FPBP Due to Verification of Factors Which Affect Eligibility, Unable to Get Info, Not a Good Reason
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Section 6 – Minor Language Changes:

Part A. Removed the Phrase “medical expenses equal to or greater than excess income amount” on the following: E49, E55, E56, E68, F83, U32, U40, U59

Discontinuances

E49	X0066	Child Turning 1, Discontinue MA Due to Excess Income, Spenddown Not Met
E55	X0060	Child 1-5, Discontinue MA Due to Excess Income
E56	X0061	Child 1-5, Discontinue MA Due to Excess Income and Resources
E68	X0067	Child Turning 1, Discontinue MA Due to Excess Income and Resources, Spenddown Not Met
U32	X0022	Excess Income
U40	X0023	Excess Resources
U59	X0024	Excess Income and Resources

Undercare

F83	U0142	Child 10-18, MA to FPBP Due to Excess Income, 60 Days Post-Partum
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Part B. Changed the word “recertification” to “renewal” on the following: C01, C02, C03, C04, F10, F13, H30, S01

Undercare

C01	C0039	Discontinue TMA, Failed to Send Required Information
C02	C0042	Discontinue TMA, No Earnings in 1 or More of Last 3 Months (Upstate)
C03	C0044	Discontinue TMA, Income Over 185% (Upstate)

Reason Code	Paragraph Number	Description
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Undercare cont.

C04	C0046	Discontinue TMA, End of 12 Months
F13	C0199	Discontinue Mother, MA/FHP Failed to Return Renewal Form, 60 Days Post-Partum, Infant Continues
H30	C0033	Discontinue TMA, No Dependent Child Under 21
S01	C0036	Discontinue TMA, Failed to Return Quarterly Report (Upstate)

Discontinuances

F10	C0195	Discontinue MA/FHP, Failed to Return Renewal Form
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Part C. Changed “recertification” to “renewal” and added bold header with clear warnings concerning loss of coverage if form is not returned and footer with instructions to answer all questions, sign and return form and a statement that no interview is required on Z39/R0008 Chronic Care Renewal.

Part D. Added Phrase “countable resource amount” to the Following: U86, U89, U90, V86, V87, X17, X42, X43, X44, X45, X46, X47

Denials

X45	D0123	Deny MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP
X46	D0124	Deny MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, S/CC
X47	D0125	Deny MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent

Discontinuances

X17	P0005	Disc MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income, 60 Days Post-Partum, No Infant, S/CC
X42	C0207	Discontinue MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP

Reason Code	Paragraph Number	Description
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Discontinuances cont.

X43	C0208	Discontinue MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, S/CC
X44	C0209	Discontinue MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent

Undercare

U86	U0082	MA to FHP Due to Excess Income and/or Resources, Chose a Plan, S/CC
U89	U0106	MA to FHP Due to Excess Income and/or Resources, Chose a Plan, FNP Parent
U90	U0112	Turning 19, MA to FHP Due to Excess Income and/or Resources, Chose a Plan
V86	U0133	FPBP to FHP Due to Excess Income and/or Resources, Chose a Plan, FP
V87	U0135	FPBP to FHP Due to Excess Income and/or Resources, Chose a Plan, S/CC

Part E. Removal of Paragraph Referring to “gross FHP income” and “FHP limit” and addition of “countable resource amount”: S37, S38, S39

S37	Y0028	Accept FHP, MA Ineligible Due to Excess Income and/or Resources, FNP Parent
S38	Y0032	Accept FHP, MA Ineligible Due to Excess Income and/or Resources, FP
S39	Y0025	Accept FHP, MA Ineligible Due to Excess Income and/or Resources, S/CC

Part F. Removal of word “allowable”: V80

V80	U0099	FHP to MA With Spenddown, Over Gross Income, Chose Spenddown, or Equivalent Insurance, Spenddown Not Met, Under 65
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Part G. Change to Title Only: X80

X80	X0208	MA to Spenddown Due to Excess Income, FHP Ineligible Due to Excess Income, Chose Spenddown, or Over 65
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Part H. Removed “Immigration and Naturalization Services (INS)” and replaced with “United States Citizenship and Immigration Services (USCIS)” on R0034 Insert “Documentation Checklist for FPBP Renewal”.

Reason Code	Paragraph Number	Description
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Section 7 – The Three Following Reason Codes are Being Eliminated and Replaced with One New Reason Code; V39/C0206, Disc FHP Due to Equivalent Insurance or Public Employee: V27, V28, V29

V27	C0212	FHP Ineligible Due to Equivalent Insurance, FNP Parent
V28	C0215	FHP Ineligible Due to Equivalent Insurance, S/CC
V29	C0210	FHP Ineligible Due to Equivalent Insurance, FP

Section 8 – Reason Codes Being Eliminated: B37, B39, F47, F79, F80, S19BAB, S36, S40, S41, S56, S62, V91, V92

Openings

S36	Y0054	Accept Pregnancy 100% FPL
S40	Y0003	Accept Medicare Buy-In Program (QMB)
S41	Y0004	Accept COBRA Continuation
S56	Y0009	Accept SLIMB
S62	Y0026	Accept FPBP Waived Right to MA/FHP

Denials

B39	D0158	Deny MA Due to Excess Income and Resources, Child 6-18
F47	D0145	Child 10-18, Ineligible for MA Due to Excess Income Over 100% of FPL Eligible for FPBP but Declines
F79	D0141	Child 6-18, Deny MA/FPBP Excess Income
V91	D0144	MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, FPBP Eligible but Declines, FP
V92	D0143	MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, FPBP Eligible but Declines, S/CC

Reason Code	Paragraph Number	Description
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Discontinuances

B37	C0263	Child 6-18, MA Ineligible Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Age
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F80	C0226	Discontinue MA Due to Excess Income, Child 6-18
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Undercare

S19 BAB	X0016	MA Level to Excess Income, Spenddown Not Met
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