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Section 1 – New Reason Codes for 2007.2 Migration:

S21/U0077

Section 2 – New Managed Care Informational Letter for 2007.2 Migration:

M28/N0004

Section 3 – Language Changes to FHP Message #5 Public Employee:

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U19/D0152, U28/C0249, U34/D0116, U60/D0154, U62/D0156, U64/D0157, U74/D0162

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Section 6 – Language Changes – Spanish version only:

\*E95/C0027

Section 7 – HCBS Waiver Program Indicator added to Renewals

Section 8 – Language Changes – QI-1 Renewal notice:

Section 9 – Reason Code open to Case Type 24:

\*F40/D0008

Section 10 – Notice Being Eliminated as of 2007.2 Migration:

\*F24/C0198  
V83/C0223

\* No fill code

Section 1 – New Reason Codes for 2007.2 Migration:

S21/U0077

Undercare

Reason Code	Paragraph Number	Description
S21	U0077	Change from QMB to QI-1 Coverage

Section 2 – New Managed Care Informational Letter for 2007.2 Migration:

M28/M0004

(Reason Code must be used with Transaction Type 00 and if reason code is used at the Individual level then Case Reason code must be I90)

Reason Code	Paragraph Number	Description
M28	M0004	Denial of Your Request to Join a Health Plan

Reasons for Denial:

Excess Income (a Spenddown)  
Have full health insurance which costs less than Medicaid Managed Care  
Have Medicare with option to join Medicaid Advantage  
Other

**Note:** Valid for Case Types 20, 22, 24, 11, 12, 16, 17 only.

Section 3 – Language Change: Language Change to the FHP Public Employee Message #5 for the following notices:

U03/C0133, U06/C0142, U07/C0143, U08/C0131, U09/C0132, U16/C0144, U18/C0188, U19/D0152, U28/C0249, U34/D0116, U60/D0154, U62/D0156, U64/D0157, U74/D0162

Discontinuance

Reason Code	Paragraph Number	Description
U03	C0133	Discontinue MBI-WPD, No Longer Meets Requirements of the Medical Improvement Group, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, S/CC#
U06	C0142	Discontinue MBI-WPD, Medical Improvement Group, Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FP #

U07	C0143	Discontinue MBI-WPD, Medical Improvement Group, Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FNP Parent #
U08	C0131	Discontinue MBI-WPD, No Longer Meets Requirements of the Medical Improvement Group, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FNP Parent #
U09	C0132	Discontinue MBI-WPD, No Longer Meets Requirements of the Medical Improvement Group, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FP #
U16	C0144	Discontinue MBI-WPD, Medical Improvement Group, Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, S/CC #
U18	C0188	Discontinue MBI-WPD, Due to Excess Income and/or Resources, MA Ineligible Due to Excess Income and Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee #
U28	C0249	Discontinue MBI-WPD, No Longer Working, MA Ineligible Due to Excess Income and/or Resources, Spenddown Not Met, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee #

**Denial**

Reason Code	Paragraph Number	Description
U19	D0152	MBI-WPD Ineligible, Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources Equivalent Health Insurance or Public Employee #
U34	D0116	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP #
U60	D0154	MBI-WPD Ineligible, Not Currently Working, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources Equivalent Health Insurance or Public Employee #
U62	D0156	MBI-WPD Ineligible, Not Certified Disabled, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee FP #
U64	D0157	MBI-WPD Ineligible, Not Certified Disabled, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee S/CC #

Reason Code	Paragraph Number	Description
U74	D0162	MBI-WPD Ineligible, Not Certified Disabled, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Equivalent Health Insurance or Public Employee, FNP Parent #

Section 4 – Language Change: Removal of Message # 3 (FHP Equivalent Insurance) and Message # 4 (FHP Public Employee) on the following notice:

V80/U0099

Undercare

Reason Code	Paragraph Number	Description (New)
V80	U0099	FHP to MA with Spenddown Due to Over Gross Income or Chose Spenddown, Spenddown Not Met, Under 65 #

Section 5 – Language and Title Change: Title changed and language changed from “denied” to “withdrawn” for the following notices:

\*H15/D0050

Denial

Reason Code	Paragraph Number	Description (New)
*H15	D0050	Deny MA/FHP Voluntary Withdrawal of Application

\* No fill code

Section 6 - Language Changes: Spanish version only on the following notice:

\*E95/C0027

Discontinuances

Reason Code	Paragraph Number	Description
*E95	C0027	Death

**Section 7 – HCBS Waiver Program Indicator Added to Renewals:** The following Home and Community Based Services Waiver Programs have been added to the Renewals Z61 and Z62 and their automated equivalents Z85 and Z86. The Waiver Program will be listed as part of question #1 under the recipients Medicaid eligibility Program area.

<u>HCBS Waiver Program</u>	<u>Indicator on Renewal</u>
OMH Children's Waiver**	OMH
Long Term Home Health Care Program	LTHHCP
OMR Home + Community Based Waiver	OMR HCBS
Nursing Home Transition & Diversion Waiver**	NHTD
Care at Home Waiver	CAH
Traumatic Brain Injury Waiver	TBI

**Section 8 – Language Changes – QI-1 Renewal notice:** The following question regarding citizenship has been added to the QI-1 Renewal notice.

Are you a US citizen? Yes [ ] No [ ]

If you are not a US citizen, you must submit proof of current immigration status. See the enclosed documentation checklist for acceptable forms of proof of your status.

We are updating our records so that we can serve you better.

Do you want to receive notices in: \_\_\_ English Only \_\_\_ Spanish and English

**Section 9 – Reason Code open to Case Type 24:** The following notice has been opened to Case Type 24

\*F40/D0008

**Denial**

Reason Code	Paragraph Number	Description
*F40	D0008	Failure to Enroll in a Group Health Plan Through Employer * No fill code ** Waiver not yet implemented

**Section 10 - Notice Being Eliminated 2007.2 Migration:**

\*F24/C0198, V83/C0223

**Discontinuances**

Reason Code	Paragraph Number	Description
*F24	C0198	Failure to Provide Required Income Information about Non-Applying Legally Responsible relative(s)
V83	C0223	Discontinue, BCCTP to Regular MA

\* No fill code