

The following additions and changes are being made to CNS notices effective with the 2009.2 migration:

**Note: The auto enrollment messages addressed in the 2009.1 migration letter will be moved to Production with this 2009.2 migration.**

**Section 1 – New Reason Code**

C37/Y0064 – Opening notice sent by the County B district when a recipient has moved to that district

**Section 2 – Notice language/CNS screen changes regarding the following:**

- Medical Assistance changed to Medicaid
- State Standard changed to Medicaid Standard
- Medical Assistance Resource Limit changed to Medicaid Resource Limit
- USCIS changed to Federal Immigration Agency

S39/Y0025, S57/Y0014, S58/Y0015, S66/Y0041, S78/Y0057, S95/Y0075, U35/D0115, U64/D0157, U73/D0065, X46/D0124, U03/C0133, U16/C0144, U57/C0183, X17/P0005, C66/U0175, U25/P0011, U86/U0082, V77/U0140, V87/U0135, V88/U0132, X34/U0192

**Section 3 – CBIC and Managed Care insert language changes:**

E0024, E0025, E0027, N0016

**Section 4 – Transitional Medical Assistance (TMA) changes/deletions**

E08/U0030, S01/C0036, C01/C0039, C03/C0044

**Section 5 – Notice Deletions due to discontinuance of AFIS requirements**

F21/D0095/C0145, U84/D0102



U57/C0183 – Disc. MA Excess Income/Resources, Ineligible for FHP, FPBP Excess Income or Declined, S/CC

X17/P0005 – Disc MA, Excess Income and/or Resources, PP, No Infant, S/CC

**Undercare**

C66/U0175 – FHP to MA, Incarcerated Individual Released (Upstate)

U25/P0011 – MA to FHP after 60 Days Post-Partum, No Infant, S/CC

U86/U0082 – MA to FHP, Chose a Plan, S/CC

V77/U0140 – MA to FPBP, S/CC

V87/U0135 – FPBP to FHP, S/CC, Selected a Plan

V88/U0132 – FPBP to MA, S/CC

X34/U0192 – FHP-PAP to MA, S/CC

**Section 3 – CBIC and Managed Care insert language changes**

E0024 - Explanation of CBIC (Discontinuances)

Now reads: A NYS Common Benefit Identification card was mailed to you. Even though you are no longer eligible for benefits, keep your card in a safe place. The same card will be used again if you become eligible for benefits in the future.

E0025 - Explanation of CBIC (Acceptances)

If you are a new recipient, a New York State Benefit Identification card has been mailed to you. If you received benefits in the past and were sent a card, a new card may not automatically be mailed to you. Please keep your card in a safe place and let us know immediately if your card does not work, is lost or stolen. Keep this card even if you stop receiving benefits. The same card may be used again if you become eligible again in the future.

E0027 - Explanation of CBIC (Acceptances) CT 24

If you are a new Medicaid, Family Health Plus, or Family Health Plus-Premium Assistance Program recipient, a New York State Benefit Identification card has been mailed to you. If you received benefits in the past, and were sent a card, a new card may not automatically be mailed to you. Please keep your card in a safe place, and let us know immediately if your card does not work, is lost, or stolen. Keep this card even if you stop receiving benefits. The same card may be used again if you become eligible again in the future.

If you are a Family Health Plus recipient, in addition to the New York State Benefit Identification card, you will also receive a benefit card from your Family Health Plus health plan. You must use your Benefit Identification card for all covered pharmacy benefits, and you will use your health plan card for plan covered services. Please refer to your health plan handbook for what services are covered. If you are in a plan that does not cover Family Planning, you will also use your Benefit Identification Card for those services.

If you are a Family Health Plus Premium Assistance Program recipient, you will use the New York State Benefit Identification card to get services which are not covered by your employer's health insurance plan, but are covered by Family Health Plus.

N0016 - MA-Only Managed Care Closing Insert

Managed Care: If you are enrolled in a Medicaid/Family Health Plus health plan and the effective date of your discontinuance is the first day of the month, your health plan benefits will also be discontinued on that date.

If you are enrolled in Medicaid, and your discontinuance effective date is any other date, then you can use your health plan card to get health plan services until the end of the month in which your Medicaid is discontinued.

If you are enrolled in Family Health Plus, and your discontinuance effective date is any other date, you can use your health plan card to get health plan services, and your New York State Benefit Identification card to get pharmacy services, until the end of the month in which your Family Health Plus is discontinued.

#### **Section 4 – Transitional Medical Assistance language changes/deletions**

E08/U0030 – MA to TMA, 1<sup>st</sup> 6 Months

The language for this paragraph has been changed to give the recipient 12 full months of TMA coverage. Reference to quarterly reports has been removed as well as the statement “your earned income remains below certain levels”.

Notice Deletions due to changes in TMA requirements:

S01/C0036 – Discontinue TMA, Failed to Return Quarterly Report (Upstate)

C01/C0039 – Discontinue TMA, Failed to Send Required Information

C03/C0044 – Discontinue TMA, Income Over 185% (Upstate)

#### **Section 5 – Notice Deletions due to discontinuance of AFIS requirements**

Denial/Discontinuance

F21/D0095/C0145 – Failure to Comply with Finger Imaging Requirements

Denial

U84/D0102 – Concurrent Benefits, AFIS-Match, Intra-State