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Section I: Revision of Upstate Transitional Medical Assistance (TMA) CNS notices
764/I0014, E08/U0030

The passage of the American Recovery and Reinvestment Act (ARRA) of 2008 eliminated employment as a requirement for the TMA program. CNS language needed to be changed to reflect this policy.

Undercare

Reason Code	Paragraph Number	Description
764	I0014	Combined PA/MA, MA to TMA (Upstate) (Automated)
E08	U0030	MA to TMA

Section II: Transfer Pharmacy coverage to Managed Care Plans for Plan Enrollees Language Change
E0024, E0025, N0016

In support of MRT Proposal #11, enrolled recipients will receive pharmacy benefits through Medicaid Managed Care and Family Health Plus plans, effective October 1, 2011. There is a revision of language for Paragraph Numbers: E0025, E0027 and N0016 (CBIC mailings). The language was updated in 2 phases.

Phase 1 went the weekend of July notifying of impending changes.

Phase 2 went first weekend of September. Language changed on paragraph numbers E0025 and E0027, with the notifying of impending changing paragraph removed and some miscellaneous language changes.

Opening

Reason Code	Paragraph Number	Description
	E0025	Explanation of CBIC Card (Acceptances)
	E0024	Explanation of CBIC Card (Acceptances) CT 24

Managed Care – Closing Insert

Reason Code	Paragraph Number	Description
	N0016	MA-Only Managed Care Closing Insert

Section III: Revision of Language of the Explanation of the Excess Income Program Attachment E0002

Explanatory Paragraph No: E0002 is attached to a number of Upstate and NYC CNS notices where income is a factor in the applicant/recipient's eligibility. The language also exists in hardcopy form, OHIP-0026, which has been revised for clarity and is currently available to districts via the Department's web site. The CNS version of the language is not consistent with the hardcopy version so this update was required.

Reason Code	Paragraph Number	Description
	E0002	Explanation Excess Income Program

Section IV: Expanded Levels for Children Ages 1-18 Changing to 133% - Notices to be Updated with Revised Language F82/U0138, F83/U0142, S20CA/X0228, S20CC/X0231, S20CE/X0230, S20CG/X0229, S88/D0158, U33/X0170, U90/U0112, U91/C0226, E0019

Also due to this change the following codes are now completely fill and can be used for budget type 04 S20-CG/X0229, S20-CE/C0230, S88/D0158, and U91/C0226

Undercare

Reason Code	Paragraph Number	Description
*F82	U0138	Child 10-18, Medicaid to FPBP Due to Excess Income
*F83	U0142	Child 10-18, Medicaid to FPBP Due to Excess Income, 60 Days Post-Partum
U90	U0112	Turning 19, Medicaid to FHP Due to Excess Income, Chose a Plan, Staying in Same Plan or will be Auto-Assigned

Opening

Reason Code	Paragraph Number	Description
S20/CA	X0228	Accept Child 1-18 over 133%, Excess Income, 1 month Spenddown Met
S20/CC	X0231	Accept Child 1-18 Over 133%, Excess Income, 6 Month Spenddown Met
S20/CE	X0230	Accept MA-SSI Related Child 1-18 over 133%, Excess Income and Resources, 1 month excess Income and resource Spenddown met
S20/CG	X0229	Accept MA-SSI Related Child 1-18 over 133%, Excess Income and Resources, 6 month excess Income and resource Spenddown met

Discontinuance

Reason Code	Paragraph Number	Description
U33	X0170	Turning 19, Discontinue Medicaid Due to Excess Income and/or Resources, FHP Ineligible due to Excess Income, Equivalent Health Insurance or Federal Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines.
U91	C0226	SSI-R / non-SSI-R Child 1-18, Discontinue Medicaid Due To Excess Income or Income and Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible

Denial

Reason Code	Paragraph Number	Description
S88	D0158	SSI-R / non-SSI-R Child 1-18, Deny MA Due to Excess Income or Income and Resources, FPBP Ineligible Due to Excess Income, Eligible but Declines or Age Ineligible

Section V: Revision of Luberto Notice to Address FPBP
C65/C0197, C37/Y0064, 898/Y0067

Existing CNS notices which address the transfer of coverage between counties as a result of the Luberto process do not address the Family Planning Benefit Program. Existing language for the following Paragraph Nos/Reason Codes will be revised to include reference to the Family Planning Benefit Program.

Opening

Reason Code	Paragraph Number	Description
*C37	Y0064	Transition of MA/FHP/FHP-PAP/FPBP/MSP Eligibility, County "B" letter (NYC to Upstate, Upstate to Upstate)
898	Y0067	Transition of MA/FHP/FHP-PAP/FPBP/MSP Eligibility, County "B" letter (NYC to Upstate, Upstate to Upstate) (System Generated)

Discontinuance

Reason Code	Paragraph Number	Description
*C65	C0197	Discontinue MA/FHP/FHP-PAP/FPBP/MSP, Not a Resident of District, County to County Move

Section VI: Revision to the Medicare Part D Notice
S0017

As the result of a change in policy, Medicaid will no longer cover the following drugs for recipients eligible for Medicaid and Medicare Part D: antidepressants, atypical antipsychotics, antiretrovirals used in the treatment of HIV/AIDS and anti-rejection drugs used for the treatment of organ and tissue transplants. The language of the informational notice must be revised to reflect the change in policy.

Informational Notice

Reason Code	Paragraph Number	Description
	S0017	Medicare Part D Notice to Recipients (Automated Informational Notice)

Section VII: New Automated Notices (and Sister Manual Notice) for the Aged, Blind and Disabled Renewal (Coverage Unchanged)
796-C29/U0218

The Medicaid Redesign Team calls for an administrative yearly renewal of Medicaid for aged, blind and disabled individuals on a fixed income (e.g., Social Security benefits). This automated renewal would allow the State to calculate income annually based on any cost of living increase and renew the case for Medicaid coverage. Otherwise eligible Medicaid recipients with fixed incomes would no longer be required to mail-in a renewal form in order to maintain their

health care coverage. This would apply to adults (over age 18) in an individual or couple household with a fixed income and where resources are below 85% of the Medicaid resource limit at application or last renewal, whichever is later. In the event the case errors a manual sister notice has been created for districts to manually process these cases.

Renewal

Reason Code	Paragraph Number	Description
796	U0218	Administrative Renewal for Aged, Blind and Disabled, Coverage Unchanged (System Generated)
C29	U0218	Administrative Renewal for Aged, Blind and Disabled, Coverage Unchanged (Manual)

Section VIII: New Automated Notices for the Aged, Blind and Disabled that have Change in Excess Income due to COLA 711/X0108, 715/C0203

In support of the MBL Mass Rebudgeting Process and the new Administrative Renewal Process for Aged, Blind & Disabled, It was determined two new system generated reason codes were needed. When the excess income amount changes as a result of MRB a file will be sent to CNS/WMS to generate the notice and WMS Transaction.

Undercare

Reason Code	Paragraph Number	Description
711	X0108	Increase In Excess Income Due To COLA – System Generated

Discontinuance

Reason Code	Paragraph Number	Description
712	C0203	Discontinue Qualified Individual (QI-1), Over Income Due to COLA Increase – System Generated

Section IX: Elimination of Reason Codes

C02/C0042, E44/X0064, E45/X0065, E55/X0077, E55/X0060, E56/X0078, E56/X0061, S20BA/X0149, S20BG/X0151, S20BE/X0154, S20BC/X0157

Undercare

Reason Code	Paragraph Number	Description
*C02	C0042	Discontinue TMA, No Earnings in 1 or More of the Last 3 Months (Upstate)

Discontinuance

Reason Code	Paragraph Number	Description
*E44	X0064	Child Turning 6, Excess Income, Spenddown Not Met
*E45	X0065	Child Turning 6, Excess Income and Resources, Spenddown Not Met
*E55	X0060	Child 1-5, Excess Income, Spenddown Not Met
*E56	X0061	Child 1-5, Excess Income and Resources, Spenddown Not Met

Denial

Reason Code	Paragraph Number	Description
*E55	X0077	Child 1-5, Excess Income, Spenddown Not Met
*E56	X0078	SSI-Related Child 1-5, Excess Income and Resources, Spenddown Not Met

Opening

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	MA-SSI Related Child 1-5 at 133%, Excess Income and Resources, Both Met
S20/BG	X0151	MA-SSI Related Child 1-5 at 133%, Excess Income and Resources, Resources and 6 Month Spenddown Met

Section X: MBI-WPD Resource Level Changes in notices and attachments and notices going from fill to no-fill or partial fill

B44/D0149, S32/Y0013, U05/U0124, U18/C0188, U19/D0152, U50/U0127, U60/ D0154, U62/ D0156, U64/D0157, U70/D0155, U74/D0162, E0030

Resource amounts for MBI-WPD will be raised for the MBI-WPD program from \$13,800 to \$20,000 for a household of one and from \$20,100 to \$30,000 for a household of two. In addition, Individual Retirement Accounts will also be disregarded in determining eligibility for MBI-WPD. Many MBI-WPD notices will now be either partial fill or no-fill.

No Fill

Denial

Reason Code	Paragraph Number	Description
B44	D0149	Deny MBI-WPD, Failed to Provide a Medical Statement
U19	D0152	Deny MBI-WPD, Excess Income and/or Resources

Partial Fill

Opening

Reason Code	Paragraph Number	Description
S32	Y0013	Accept MBI-WPD, No Premium Payment

Denial

Reason Code	Paragraph Number	Description
U60	D0154	Deny MBI-WPD Not Currently Working, MA/FHP Ineligible
U62	D0156	Deny MBI-WPD Not Certified Disabled, MA/FHP Ineligible, FP

U64	D0157	Deny MBI-WPD Not Certified Disabled, MA/FHP Ineligible, SCC
U70	D0155	Deny MBI-WPD Failure to Submit Proof of Work, MA/FHP Ineligible
U74	D0162	Deny MBI-WPD, Not Certified Disabled, MA/FHP Ineligible, FNP

Undercare

Reason Code	Paragraph Number	Description
U05	U0124	Medically Improved With a Severe impairment, Continue MBI-WPD
U50	U0127	MA to MBI-WPD, Client Request

Discontinuance

Reason Code	Paragraph Number	Description
U18	C0188	Discontinue MBI-WPD Excess Income and/or resources, FHP Ineligible

Updated resource information has been added to attachment E0030.

Reason Code	Paragraph Number	Description
	E0030	Explanation of the MBI-WPD Program