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Section
All

CNS Changes

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Section I: New York Health Care Proxy - new attachment for opening and denials (effective November 22, 2011)
E0037

Chapter 512 of the Laws of 2011 provide that every person making application for Medicaid, and every person on whose behalf an application is made, shall, if interested, be given the New York State Department of Health Model Health care Proxy Form by the person taking the application. The language on the CNS notice will instruct interested applicants to find the form on the New York State Department of Health web site (http://www.health.state.ny.us/professionals/patients/health_care_proxy/) or to call the Medicaid Help Line (1-800-541-2831) for a copy of the form.

This new attachment will be added to CNS acceptance and denial notices for all Medicaid applicants over 18 years of age.

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|-------------------------------|
| | E0037 | Health Care Proxy Information |

Section II: New “Y” code to be used for removing “Unborn” off the case (effective December 19, 2011)
Y70

When an unborn is removed from a case, no notice should be sent regarding the removal. Currently HEART/LDSS must do this in a 2 step process. They first have to remove the unborn using a reason code with an "N" for the notice indicator and then they go back in and perform the undercare transaction on the rest of the case and send a notice for that transaction. To alleviate processing issues and the additional day delay in completing the renewal for the case, HEART requested this additional code. It was determined that this code would also be useful to the districts when they ran into these situations. Examples of when an unborn would need to be removed from a case:

- If a Post Partum woman continuing with no newborn reported on the case
- If there is no response to the renewal notice and unborn has not been converted to newborn

- Newborn added instead of converting the unborn
- If there was no live birth

Y70 is to be used only for deleting an Unborn off the case (Sex code = U). There is no language attached to this code and no notice will be created for this individual.

Section III: Updated Part D Benchmark plans for 2012 (effective January 1, 2012)
S0017(XL187 E/F)

The reduction in benefits letter (S0017) includes a statewide electronic form (XL187), which is a list of Medicare Part D plans available to dual eligibles at no premium cost. The Reduction in Benefits letters beginning January 2012 should include the 2012 list of plans. The form is in both English and Spanish, changes yearly.

Section IV: Revision to Explanation of the Excess Resource Program Paragraph
E0003

The “Explanation of the Excess Resource Program” form was revised for distribution with Administrative Directive 11OHIP-ADM 4: Treatment of Irrevocable Pre-Need Funeral Agreements. This language is available to applicants/recipients as a manual notice (LDSS-4321) and as a CNS attachment (E0003). The E0003 paragraph was revised to make it more consistent with the manual version.

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|--|
| | E0003 | Explanation of the Excess Resource Program |

Section V: Revision of MA to FPBP notices to include Managed Care language
F82/U0138, V76/U0139, V77/U0140, V78/U0141, F83/U0142, V93/U0164, V95/U0165

Individuals moving to the Family Planning Benefit Program (FPBP) from Medicaid Managed Care due to the receipt of excess income are not informed that FPBP benefits must be accessed through Medicaid providers instead of the health plan. This leads to confusion for the recipient and increases calls to the help-line. The following Upstate Notices will be revised to Include Managed Care Language.

Undercare

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|--|
| *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 |
| V76 | U0139 | Over 19, Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Equivalent Health Insurance or Federal Employee |
| V77 | U0140 | Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, S/CC |
| V78 | U0141 | Over 19, Medicaid to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, 60 Days Post-Partum, Infant Continues |
| V93 | U0164 | Medicaid to FPBP Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FNP Parent |
| V95 | U0165 | Medicaid to FPBP Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Federal Employee, FP |

Section VI: Revision of the Language and Order of Questions Generated in the Upstate Renewals
8303, 8306, 8308, 8309

Renewal processing staff reported that a large number of renewals are being returned with the Housing Expense question # 9 unanswered. Additionally, language generated by Paragraph No: 8303(Household) and 8309(Health Insurance) is vague. Recipients' failure to answer questions forces follow-up contact from the Enrollment Center and increases processing time. Moving the Housing Expense question (Paragraph No: 8306) to a more prominent position (now question # 8) and revising language will eliminate the need for follow-up contact.

- Question 3 - (Household) (**Language revised for clarity**)- Paragraph # 8303
- Question 5 - (Health Insurance) (**Language revised for clarity**) – Paragraph # 8309
- Question 8 - (Income) (**Was question 9**) – Paragraph # 8308
- Question 9 - (Housing Expense (**Was question 8 and language revised for clarity**)) – Paragraph # 8306

Section VII: New CNS notices for presumptively eligible pregnant woman being accepted or denied
D09/U0224, D10/U0225, D30/C0326, V98/C0324-C0325

Trained prenatal care providers perform preliminary assessments of a pregnant woman's Medicaid eligibility to determine if she is presumptively eligible for all Medicaid services or a limited array of medical services. The assessment is sent to the appropriate LDSS to authorize PE coverage until the date that a full Medicaid eligibility determination is made. Currently, if the LDSS determines the pregnant woman to be eligible/or ineligible for services beyond the presumptive period, a manual notice must be

issued to inform the recipient of the upgrade in coverage and a list of covered services must be provided or the reason for the denial of continued coverage. Four new worker generated reason codes were created to produce undercare /discontinuance notices to be used when coverage for a previously “presumptively eligible” pregnant woman is changed or closed.

Undercare

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|---|
| *D09 | U0224 | Pregnant Woman PE to Medicaid Eligible at 100% FPL |
| *D10 | U0225 | Pregnant Woman PE to Medicaid Eligible between 100 and 200% FPL |

Discontinuance

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|--|
| *D30 | C0326 | Pregnant Woman in PE Period, Deny Medicaid Due to Excess Income Over 200% FPL, Bills Do Not Meet Spenddown |
| V98 | C0324/C0325 | Pregnant Woman in PE Period, Deny Medicaid Due Failure to Document (Intro and closing) |

Section VIII: QMB opening reason code going from no-fill to fill
X54/Y0003

In April of 2011 CNS made reason code X54 (Accept Medicare Buy-In Program (QMB’s) a no-fill code. The QMB coverage effective date on the notice was being filled from the MA Coverage “From” Date from screen 5 of WMS. After receiving many calls from the districts that the effective date could be current month or 1st of the month following the date of application, it has been determined that making this code a worker fill code would be more appropriate. There is no way for CNS to code inconsistent dates. This will allow the worker to enter the appropriate effective coverage start dates.

Opening

| Reason Code | Paragraph # | Definition |
|--------------------|--------------------|-------------------------------------|
| X54 | Y0003 | Accept Medicare Buy-In Program, QMB |