

DOH Contact
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Section
All

CNS Changes

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Section I: Automate the FPBP Renewal Process (MRT 4648)
Effective production date 05/05/2012
Z48, Z87, Z07, Z59

Currently, FPBP renewals are manually processed by an outside vendor (Center for Disability Services), where FPBP renewal forms are hand-stuffed into envelopes that are then mailed to the recipient. There have been numerous errors using this manual process. The FPBP renewal process will now mirror the regular Medicaid renewal process using a distinct CNS renewal code that generates the correct FPBP renewal forms to the recipient in a timely manner before the end of their authorization period (much like Z05, Z61, and Z62).

Reason Code	Paragraph #	Definition
Z48	R0033	FPBP Renewal
Z87	R9933	FPBP AFA Code for Automated Renewal
Z07	R0047	Enrollment Center Mail-In Automated Renewal
Z59	R0045	Enrollment Center Mail-In/Phone-In Automated Renewal

Section II: Medicare Part D Letter Updated with Zero Copay Information
S0017

Section 3309 of the Affordable Care Act eliminates Part D cost-sharing for full benefit dual eligible individuals receiving home and community-based services effective January 1, 2012. The following sentence was added to the Medicare Part D letter: *If you are enrolled in a Managed Long Term care plan or receive Medicaid services through a Home and Community Based waiver program, you will not have to pay a co-payment.*

Reason Code	Paragraph #	Definition
	S0017	Medicare Part D notice to Recipients

Section III: Remove Reference to Access of Pharmacy Benefits via Medicaid Benefit Card

With the October 2011 implementation of MRT Proposal #11, recipients enrolled in Managed Care health plans now access pharmacy benefits via the health plan card rather than their Common Benefit Identification Card. The three existing Upstate undercare notices listed below still had the message instructing the recipient to use their Common Benefit Identification Card to access pharmacy benefits. That sentence was removed from the language.

Undercare

Reason Code	Paragraph #	Definition
U37	U0113	FHP to MA, Pregnant and MA Eligible, Chose MA
X86	U0080	FHP to MA, S/CC
X88	U0120	FHP to MA, FNP Parent or FP

Section IV: New Informational Notice for Use by Enrollment Center
CC2

Recipients who submit renewal forms and documents to the Enrollment Center for redetermination can remain in a "pending" status for an extended period of time. To prevent lapses in coverage, cases are extended in a batch process via "05" undercare transaction and a new Reason Code is assigned and a notice is generated to inform the recipient that coverage remains unchanged pending final redetermination.

This reason code will only be valid for use by the Enrollment Center.

Undercare

Reason Code	Paragraph #	Definition
CC2	U0183	Continue MA/FHPlus/FPBP Unchanged Pending Decision

Section V: New Administrative Renewal Codes for MSP (QMB & SLIMB)
Effective production date 06/01/2012

This request is to allow Medicare Savings Program QMB and SLIMB individuals with fixed incomes to be automatically renewed based on cost of living increases. This process will begin selecting cases that are due for renewal 09/01/12 – 08/31/13. These cases will need to be pulled before the WINR 4133 Recert Reports are generated for that period.

Reason Code	Paragraph #	Definition
883	U0219	Renewal—MSP / QMB / SLIMB
885	U0219	Renewal—QI
D11	U0219	Manual Renewal—MSP/QMB/SLIMB/QI

Section VI: New and Revised IAF Forms
LDSS-4007, LDSS-4008, LDSS-4271, LDSS-4273, LDSS-4274, DOH-CDPAP-01,
DOH-CDPAP-02

Initially, posting of the Personal Care Services Program Notices of Decision on the IAF was limited. LDSS has requested to add additional notices to the IAF to further streamline the notice process.

The following LDSS and DOH "Personal Care Services Program" and the "Consumer Directed Personal Assistance Program" notices will be available to access on IAF in both English and Spanish.

LDSS 4007 - Notice of Decision of Initial Authorization/Reauthorization/or Denial Personal Care Services

LDSS 4008 - Notice of Intent to Increase, Reduce or Discontinue Personal Care Services

LDSS 4263 - Notice of Decision to Authorize, Reauthorize, Deny or Discontinue Personal Emergency Response Services (PERS)

LDSS 4271 - Notice of Decision to Approve/Deny Personal Care Services Under the Shared Aide Program

LDSS 4273 - Notice of Intent to Discontinue Personal Care Services Under the Shared AIDE Program

LDSS 4274 - Notice of Intent to Continue/Increase/Decrease Personal Care Services Under the Shared AIDE Program

DOH-CDPAP-01 - Notice of Decision of Initial Authorization/Reauthorization/or Denial Consumer Directed Personal Assistance Program Services

DOH-CDPAP-02 - Notice of Intent to Increase, Reduce or Discontinue Consumer Directed Personal Assistance Program Services

Section VII: New Notices for Housing Disregard
 CC3/U0215 and CC4/U0214

Ten new shelter codes are being created to allow nursing home eligible individuals to receive an income disregard to help pay for housing if they join a Managed Long Term Care plan. The dollar amount of this will be adjusted annually based on the HUD Fair Market Rent by county. The disregard will be available to those recipients who have been a resident of a nursing home for at least 30 days.

Undercare

Reason Code	Paragraph #	Definition
CC3	U0215	Notice of Intent to Change Medicaid Coverage (Recipient Disenrolled From a Managed Long Term Care Plan, No Housing Allowance)
CC4	U0214	Notice of Intent to Change Medicaid Coverage (Recipient Discharged From a Skilled Nursing Facility and Enrolled in a Managed Long Term Care Plan)