

Primary DOH Contact
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Section
CNS

CNS Changes

- Section I:** FPBP CNS worker fill application date D12 D14 D15
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Section I: **FPBP CNS worker fill application date D12 D14 D15**
***This change became effective April 22, 2013*

If a FPBP application only comes in after the PE coverage ends or if an individual comes in again to get pre-screened after the initial PE coverage ended and the worker just changed the authorization period for the new PE period the notice was still printing the original App/Reg date which is invalid because it needs to reflect the re-application date. In order to avoid inappropriate dates on the notices and/or not have to shut down the initial PE case and re-register, etc, Variable #1 Application/Registration date will no longer be system generated and will now be worker fill for these codes. This will allow the worker to enter the application or the re-application date.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
D12	U0232	Individual in FPBP PE period to FPBP eligible
D14	C0329	Individual in FPBP PE period to denied for ongoing FPBP coverage due to income exceeds 200% FPL
D15	C0327/ C0328	Individual in FPBP PE period to denied for ongoing FPBP coverage due failed to provide verification of factors which affect eligibility, did not state unable to get information

Section II: **Generation of the Death Match Unit DMU contact information on Upstate CNS notices**
***This change became effective April 1, 2013*

As a result of Medicaid Redesign Team (MRT) #5003B3, Resolution of State Death Match will be performed by State employees in the newly created "DMU". CNS notices will need to identify the "DMU" as the unit and the contact information for these cases identified with a "DMU" will be;

New York State Department of Health
OHIP DMU - 8th Floor Room 826
99 Washington Avenue
Albany, New York 12260

The general and agency conference will be the same number of (518) 473-6397 and all other contact numbers will remain as listed by each district.

Section III: CNS language revision for AutoClaiming for Inmates and OMH Patients reason codes

With the creating of two new Medicaid Coverage codes (25-Inpatient OMH & 26-Inpatient Prisoner) to facilitate payment of inpatient hospital bills the revision to existing language and the creation of new language was needed. The language will reflect the new coverage codes which allow payment of inpatient hospital claims for recipients incarcerated in a State or Local Correctional Facility or who are residents of a Psychiatric Facility.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
752	I0063	Upstate and NYC Suspend MA Due to Incarceration (System generated)
891	U0172	Suspend MA Coverage for Inmate of NYS/Local Correctional Facility (Upstate) (System generated)
*C51	Y0081	Upstate (Opening) Suspend Coverage for Admission to a Psychiatric Center
*C54	U0205	Upstate Suspend Coverage for Admission to a Psychiatric Center
*C55	U0173	Upstate Suspend Coverage for Inmate of NYS or Local Correctional Facility
*C57	Y0070	Upstate Opening Suspend Coverage for Inmate of NYS or Local Correctional Facility
*C97	U0217	Continue Suspension at Discharge from Psychiatric Center as Inmate of a NYS or Local Correctional Facility (Upstate)

New Code:

*CC8	U0256	Continue Suspension at Release from a NYS or Local Correctional Facility to a Psychiatric Center
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Section IV: Disenrollment from Managed Care due to Medicare

DOH is obligated to expedite disenrollment of recipients with Medicare. Upstate WMS has developed a means of automatic disenrollment from Managed Care of those recipients who become enrolled in Medicare. A new Managed Care information notice has been created to inform the recipients of the disenrollment which will be generated during the monthly process.

New Code:

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
M36	M0007	Disenrollment from Managed Care due to Medicare

Section V: Addition of Informational Language to CNS Denials/Discontinuances Directing Individuals to Reapply through the New York State Health Benefit Exchange

*****This change will become effective July 1, 2013***

Beginning October 1, 2013, the New York State Health Benefit Exchange will provide individuals whose income exceeds the current Medicaid standard with the opportunity to apply for health care coverage. Including informational language on existing CNS generated denial/discontinuance notices directing potential beneficiaries to the Exchange will increase public participation.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
	S0033	Notification to recipients that eligibility may be determined via the Health Exchange

This informational language will **NOT** be included when the following Upstate Denial Reason Codes are used.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
*E18	D0047	Denied MA due to individual died before the eligibility determination was completed and did not have medical bills for covered services in the month of application or in the three months prior to the month of application
*E19	D0048	Denied MA/FHP due to records indicate individual is deceased and insufficient information to complete the eligibility determination
*E63	D0004	Denied MA/FHP – not a resident of this state
*F29	D0018	Denied MA/FHP due to enter the State for the purpose of obtaining medical Care
*H10	D0034	Denied MA - spousal impoverishment, failed to provide resource information, no Undue hardship
*H11	D0038	Denied MA - spousal impoverishment, failed to provide resource information, Undue hardship
X13	D0036	Denied MA - spousal impoverishment, excess resource for Institutionalized Spouse

This informational language will **NOT** be included when the following Upstate Discontinuance Reason Codes are used.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Description</u>
*C53	C0282	Discontinue MA/FHP, individual incarcerated out of state or in a Federal Penitentiary within NYS
*C65	C0197	Discontinue MA/FHP/FHP-PAP/FPBP/MSP – not a resident of District, County to County move
*C69	C0292	Discontinue MA/FHP, incarcerated individual released to the custody of United States Immigration and Customs Enforcement (ICE)

*C85	C0320	Discontinue MA/FHP due to being discharged from a psychiatric center to another state's law enforcement
*C86	C0319	Discontinue MA/FHP due to discharged from a psychiatric center to the custody of the United States Immigration and Customs Enforcement (ICE)
*C87	C0314	Discontinue MA/FHP/FHP-PAP/FPBP due to discharged to an out-of-state Psychiatric center
*C96	C0322	Discontinue MA/FHP due to being discharged from a Psychiatric center to the custody of the Federal Bureau of Prisons
*E63	C0004	Discontinue MA/FHP/FPBP – not a resident of this state
*E99	N0005	Discontinue MA, newborn deceased
*E95	C0027	Discontinue MA/FHP/FPBP – Death
*E13	C0084	Discontinue MA, discharged into the community or an Article 28 or 31 facility
*E14	C0085	Discontinue MA, turning 22, discharged into the community or an Article 28 or 31 facility
*H10	C0051	Discontinue MA - spousal impoverishment, failed to provide resource information, no Undue hardship
*H11	C0052	Discontinue MA - spousal impoverishment, failed to provide resource information, Undue hardship
U78	C0141	Discontinue MA/FHP/FPBP – already receiving benefits in another State (Inter-state), aid continuing
X13	C0054	Discontinue MA - spousal impoverishment, excess resource for Institutionalized spouse