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Section
CNS

CNS Changes

- Section I:** New notice for SCC FHP to Medicaid Managed Care
- Section II:** Revise language for reinstate MA - Incarcerated Individual Released
- Section III:** New Informational Notice to address applicants in need of higher levels of care who have been referred by the New York State Health Benefit Exchange
- Section IV:** New denial notice for application received after January 1, 2014

Section I: New notice for SCC FHP to Medicaid Managed Care

This notice was created to notify S/CC individuals affected by the "flip" to Medicaid Managed Care that the benefit package would change January 1, 2014. There is the possibility that recipients renewed after the January 1st date may be entitled to the same increased benefit package. Due to this possibility, CNS reason code CC7 will be available to the worker to use with a transaction type 05 or 06 after the December 15, 2013 one time systemic conversion is complete.

Reason Code	Paragraph #	Description
CC7	U0253	FHPlus to Medicaid Managed Care, SCC

Section II: Revised language for reinstate MA - Incarcerated Individual Released

Upstate Reason Code C67 currently informs all releasees that coverage will be reinstated with all covered care and services. The specifications of this reason code and language needed to be revised to allow reinstatement language that reflects the appropriate covered services based off the individual's RVI.

Reason Code	Paragraph #	Description
C67	U0178	Reinstate MA, Incarcerated Individual Released (Upstate)

Section III: New Informational Notice

Effective October 1, 2013, individuals without health care coverage will be eligible to enroll through New York's Health Benefit Exchange, New York State of Health. Individuals in need of higher levels of care will be referred back to the local district. The information notice will be generated and released by the local district worker via Notice authorization / release (selection 07 WMS/Client Notice Subsystem Menu). Notice will include attachment sheet directing CDS to manually include the Access NY Application (LDSS-4220) with the CNS notice. Utilizing existing CNS processes to issue the LDSS-4220 will streamline the process and lighten workload of the local district offices.

Reason Code	Paragraph #	Description
TT1	S0034	Important Notice about your application for medical coverage through the New York's Health Benefit Exchange, New York State of Health

Section IV: New denial notice for application received after January 1, 2014
***This code will be available to use after 12/31/13.*

This new denial/rejection code was created due to the possibility that applicants could complete the incorrect application and submit it to the local social services department for an eligibility determination after January 1, 2014. Effective January 1, 2014, the following individuals who could qualify for medical coverage must apply through the New York State Health Benefit Exchange: Individuals and childless couples who are at least 19 years of age, who do not have Medicare coverage, parents, step-parents and caretaker relatives of a dependent child, pregnant women and children and blind and disabled people who don't need nursing home or other residential care.

Reason Code	Paragraph #	Description
DD2	D0221	Deny, Application received after 1/1/2014 – Application forwarded to New York's Health Benefit Exchange, New York State of Health