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Section
CNS

CNS Changes

- Section I:** Reduction in Benefits Notice 2014 Benchmark plan inserts
- Section II:** Creation of New Denial Notice for application for MAGI Individual received by LDSS after 01/01/14
- Section III:** Revision of the effective date on Upstate CNS Chronic Care Notices and System generated notices due to Mass Re-Budgeting
- Section IV:** Newly created and revised CNS Notices for Upstate WMS to address MAGI-like Eligibility
- Section VI:** Remove Child Health Plus referral language from two denial notices

Section I: Reduction in Benefits Notice 2014 Benchmark plan insert
**Effective January 01, 2014

The Reduction in benefits letter issued to NYC and Upstate recipients (Paragraph Nos: S0017 and S0018) includes a list of Medicare Part D plans available to dual eligibles at no premium cost. This list changes yearly.

Updated list of 2014 Medicare Part D plans included with the Reduction in benefits letter

<p>CIGNA Medicare Rx CIGNA Medicare Rx Plan One (S5617-013) Customer Service (800) 222-6700 Current Members (800) 222-6700 www.cignamedicarerx.com</p>	<p>Wellcare Wellcare Classic (S5967-140) Customer Service (888) 550-5252 Current Members (888) 550-5252 www.wellcarepdp.com</p>
<p>Humana Ins. Co. of NY Preferred Rx Plan (S5552-004) Customer Service (800) 457-4708 Current Members (800) 457-4708 www.humana.com</p>	<p>Cigna-Health Spring Health Spring Prescription Drug Plan-Reg 3 (S5932-004) Customer Service (800) 222-6700 Current Members (800) 222-6700 www.Healthspring.com</p>
<p>Express Scripts Express Scripts Medicare Value (S5983-004) Customer Service (800) 206-4005 Current Members (800) 206-4005 www.express-scripts.com</p>	<p>United Healthcare AARP Saver Plus (S5921-379) Customer Service (866) 255-4835 Current Members (866) 255-4835 www.unitedhealthcare.com</p>

Section II: Creation of New Denial Notice

**Effective January 01, 2014

This denial notice was created for the LDSS to use for applications received after January 1, 2014. This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health. Such individuals include:

- Individuals and childless couples who are at least 19 years of age, who do not have Medicaid coverage
- Parents, step-parents and caretaker relatives of a dependent child
- Pregnant women and children
- Blind and disabled people who don't need nursing home or other residential care.

This new CNS Notice advises A/R that their Application will be forwarded to NYS's Health Benefit Exchange, "New York State of Health" and they will receive a notice from them once their eligibility is determined.

Reason Code	Paragraph #	Description
*DD2	D0221	Application Received After 1/1/2014 for Categorically MAGI Individuals

Section III: Revision to CNS Chronic Care Notices/System generated notices due to Mass Re-Budgeting

**Effective November 28, 2013

The MRB for 2013 was delayed and due to the hardcoded "January 1" date, notices incorrectly informed recipients of a retroactive increase to cost of care. The following CNS notices have been revised to have the effective date populate based on transaction month (V11 & V12) or MBL budget "From" date (946 & 947). Also the notice language was revised to clearly state why this increase is happening or happened depending on when the Transaction was processed.

Reason Code	Paragraph #	Description
V11	U0147	Recalc of contrib toward Chronic Care, COLA, Individual
V12	U0148	Recalc of contrib toward Chronic Care, COLA Spousal
946	U0163	Recalc of contrib toward Chronic Care, COLA, Individual (System generated)
947	U0170	Recalc of contrib toward Chronic Care, COLA, Spousal (System Generated)

Section IV: Newly created and revised CNS Notices for Upstate WMS to address MAGI-like Eligibility

**For renewals processed on or after February 18, 2014, with a "From" date of April 1, 2014, or later, that include an individual in a MAGI eligibility group.

With the passage of the Affordable Care Act of 2010 a system of record by which non-SSI related individuals can have their eligibility determined was created called the New York State of Health Marketplace. The transitioning of renewals into the Marketplace for WMS MAGI population will take several months. During this delay, MABEL will calculate eligibility through MAGI-like budgets for individuals in the new MAGI categories. The following eleven new notices have been created to address individuals whose ongoing eligibility has been determined through the MAGI-like budget.

Reason Code	Paragraph #	Description
DD1	D0129	Deny MA due to excess income, FPBP ineligible due to excess income or FPBP eligible, but declined
DD4	C0362	Discontinue MA due to excess income, FPBP ineligible due to excess income or FPBP eligible, but declined
DD5	C0361	Discontinue FHP/FHP-PAP due to excess income, FPBP ineligible due to excess income or FPBP eligible, but declined
*DD6	C0378	Discontinue FPBP due to excess income
SS1	Y0117	Accept FPBP, MA ineligible due to excess income
UU1	U0266	Woman at 60day Post-Partum to FPEP (24mo ext.), MA and FPBP ineligible due to income exceeds 223% FPL
*UU2	U0265	FPBP (Post-Partum ext.) to FPEP due to income exceeds 223% FPL
UU3	U0264	MA to FPBP due to excess income
UU5	U0262	FHP/FHP-PAP to FPBP due to excess income
UU7	U0260	FHP-PAP to MA
UU8	U0258	FHP to MA

The following two notices have been revised to address individuals whose ongoing eligibility has been determined through the MAGI-like budget.

Reason Code	Paragraph #	Description
D14	C0329	Individual in the FPBP PE Period, Deny Ongoing FPBP Due

to Excess Income Over 223% FPL

*V85 D0138 Deny Family Planning No App for MA

Section VI: Remove Child Health Plus referral language from tow denial notices
**Effective December 09, 2013

Medicaid applicants with children under 19 years and who are financially ineligible for coverage are notified that the application will be forwarded to a participating Child Health Plus plan for processing. Effective 11/20/2013, plans no longer accept the applications and refer applicants to NYS's Health Benefit Exchange, "New York State of Health". Due to this change the following two CNS denial notices required the referral language to be removed.

Reason Code	Paragraph #	Description
S88	D0158	Denied MA, child/SSI-R child 1-18, due to excess income and/or resources, FPBP ineligible due to excess income or FPBP eligible, but declines
*E67	X0076	Denied MA, child Up to Age 1, (mother did not receive MA in any month of her pregnancy), due to income exceed 200% FPL, bills do not meet spenddown requirement.