

DOH Contact: Local District Support Unit (518) 474-8887

CNS Changes

- Section I:** Update of CNS Generated HIPPA Privacy Notices: E0029 & E0039
- Section II:** Elimination of 67 CNS RC that are no longer valid
- Section III:** Creation of new opening notice for Incarcerated individuals
- Section IV:** Revision of "Explanation of the MBI-WPD Program" Upstate CNS Paragraph
- Section V:** Revision of "Child-Teen Health Programs Information" and "Health Care Programs for New Yorkers" CNS Paragraphs.
- Section VI:** New CNS reason codes for incarcerated individuals with emergency coverage (07)
- Section VII:** Revision to 13 CNS MAGI-like Eligibility Notices for Upstate
- Section VIII:** New CNS opening/undercare reason code created for cases referred to LDSS by NYSoH

Section I: Update of CNS Generated HIPPA Privacy Notices: E0029 & E0039

The following sentence, "We are required to notify you should a breach of your information occur" was added to the HIPAA Privacy Notice E0029 (attached to all Medicaid & Temporary Assistance acceptance notices). Also the website to get a copy of the HIPAA Privacy Notice found on E0039 (attached to all renewal packets/recert letters) was changed.

Reason Code	Paragraph #	Description
	E0029	HIPAA Privacy Notice (openings)
	E0039	HIPAA Privacy Notice (Recert)

Section II: Elimination of 67 CNS RC that are no longer valid
** These reason codes were eliminated effective 08/08/14

Passage of the Affordable Care Act of 2010 has caused the elimination of the Family Health Plus program effective January 1, 2015 & revised the method by which Medicaid eligibility limits are calculated. These changes have invalidated a large number of Medicaid specific Reason Codes and the notices they generate via the CNS subsystem. These following reason code notices that reflected the pre-ACA rules have been eliminated as well any many other reason codes that are no longer used, but remained in Production.

Reason Code	Paragraph #	Description
<u>Openings:</u>		
S20/CA	X0228	Accept application for MA with a spenddown, child 1-18, due to income greater than 133% of the FPL, spenddown met for at least 1 month
S20/CC	X0231	Accept application for MA with a spenddown, child 1-18, due to income greater than 133% of the FPL, 6 month spenddown met
S20/CE	X0230	Accept application for MA with a spenddown, child 1-18, due to income greater than 133% of the FPL and excess resources, spenddown met for both for at least 1 month

S20/CG	X0229	Accept application for MA with a spenddown, child 1-18, due to income greater than 133% of the FPL and excess resources, 6 month spenddown met for both
S35	Y0008	Accept MA application for limited MA services only for pregnant woman due to income is greater than 100%, but below 200% of the FPL for pregnant woman
S37	Y0028	Accept FHP, MA ineligible due to excess income, ESHI offered, ESHI not cost effective or ESHI not offered, FNP Parent
S38	Y0032	Accept FHP, MA ineligible due to excess income, ESHI offered, ESHI not cost effective or ESHI not offered, FP
S39	Y0025	Accept FHP, MA ineligible due to excess income, ESHI offered, ESHI not cost effective or ESHI not offered, S/CC
S57	Y0014	Accept MA application for retro coverage only and denied ongoing MA coverage due to excess income, FHP ineligible due to excess income, equivalent insurance, federal employee or over 65, S/CC
S58	Y0015	Accept MA application for ongoing coverage, but denied request for retro MA coverage due to income was over income limit, S/CC
S59	Y0016	Accept MA application for retro coverage only and denied ongoing MA coverage due to excess income, FHP ineligible due to excess income, equivalent insurance, federal employee or over 65, FNP Parent
S60	Y0017	Accept MA application for ongoing coverage, but denied request for retro MA coverage due to income was over income limit, FNP Parent
S61	Y0040	Accept application for FPBP, MA ineligible due to excess income and or resources, FHP ineligible due to excess income, equivalent insurance, federal employee or ESHI not cost effective, FP
S66	Y0041	Accept application for FPBP, MA ineligible due to excess income, FHP ineligible due to excess income, equivalent insurance, federal employee or ESHI not cost effective, S/CC
S67	Y0050	Accept application for FPBP, MA ineligible due to excess income, FHP ineligible due to excess income, equivalent insurance, federal employee or ESHI not cost effective, FNP Parents
*S93	Y0073	Accept FHP/FHP-PAP due to cost effective health insurance plan offered by employer. Premium, deductibles, and coinsurance will be reimbursed to recipient, MA ineligible due to excess income, FP
*S94	Y0074	Accept FHP/FHP-PAP due to cost effective health insurance plan offered by employer. Premium, deductibles, and coinsurance will be reimbursed to recipient, MA ineligible due to excess income, FNP
*S95	Y0075	Accept FHP/FHP-PAP due to cost effective health insurance plan offered by employer. Premium, deductibles, and coinsurance will be reimbursed to recipient, MA ineligible due to excess income, S/CC
*S96	Y0065	Accept FHP-PAP Employer Buy-in (EBI), due to cost effective health insurance plan offered by employer. Insurance premiums will be paid directly to employer, MA ineligible due to excess income

Denials:

*E59	X0041	Denied MA, pregnant woman, due to income exceed 200% FPL, bills do not meet spenddown requirement
*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
U35	D0115	Denied MA due to excess income, FHP ineligible due to excess income, non-ESHI, federal employee, or ESHI not cost effective and FPBP ineligible due to excess income or eligible, but declines, S/CC
U49	D0134	Denied MA due to excess income, FHP ineligible due to excess income, non-ESHI, federal employee, or ESHI not cost effective and FPBP ineligible due to excess income or eligible, but declines, FNP Parent

Undercare:

*C07	U0122	Add person(s) >21 to FHP case
*C45	U0193	Add person(s) to FHP-PAP case
D72	U0239	MA to FPEP, 60 days post-partum, MA/FHP/FPBP ineligible due to income exceeding 200% FPL, also can be FHP ineligible due to equivalent insurance or federal employee, SCC
D73	U0240	MA to FPEP, 60 days post-partum, MA/FHP/FPBP ineligible due to income exceeding 200% FPL, also can be FHP ineligible due to equivalent insurance or federal employee, FNP
D74	U0241	MA to FPEP, 60 days post-partum, MA/FHP/FPBP ineligible due to income exceeding 200% FPL, also can be FHP ineligible due to equivalent insurance or federal employee, FP
*F48	U0074	FPBP to MA, under 19, income below income limit
*F82	U0138	MA to FPBP, child 1-18, MA ineligible due to excess income
S27	X0213	MA to FHP due to excess income, 60days post-partum, chose a plan, staying in the same plan or will be auto-assigned, infant continues
S92	X0084	RMA with a spenddown to FHP due to end of initial eligibility for the RMA program and MA ineligible due to over income, FHP eligible chose a plan, S/CC
U25	P0011	MA to FHP due to excess income, 60days post-partum, chose a plan, staying in the same plan or will be auto-assigned, no infant, S/CC
U26	P0007	MA to FHP due to excess income, 60days post-partum, chose a plan, staying in the same plan or will be auto-assigned, no infant, FP
U37	U0113	FHP to MA, pregnant and MA eligible, chose MA
*U38	U0115	Continue FHP, pregnant, MA eligible, but did not choose MA or FHP

*U39	U0114	Continue FHP, pregnant, MA eligible, but chose FHP
U85	U0081	MA to FHP due to excess income, chose a plan, staying in the same plan or will be auto-assigned, FP
U86	U0082	MA to FHP due to excess income, chose a plan, staying in the same plan or will be auto-assigned, S/CC
U87	U0098	MA with a spenddown to FHP due to excess income, chose a plan or will be auto-assigned
U89	U0106	MA to FHP due to excess income, chose a plan, staying in the same plan or will be auto-assigned, FNP Parent
U90	U0112	MA to FHP, turning 19, excess income, chose a plan, staying in the same plan or will be auto-assigned
V76	U0139	MA to FPBP, over 19, MA ineligible due to excess income, FHP ineligible due to equivalent insurance or federal employee
V77	U0140	MA to FPBP, MA ineligible due to excess income, FHP ineligible due to excess income, equivalent insurance or federal employee, S/CC
V79	U0137	FHP/FHP-PAP to FPBP due to excess income, equivalent insurance, federal employee, non-employer sponsored health insurance or employer sponsored health insurance not cost effective
V80	U0099	FHP to MA with spenddown, under 65, due to over gross income or chose spenddown, spenddown not met
V86	U0133	FPBP to FHP, MA ineligible due to excess income, FHP chose a plan or will be auto-assigned, FP
V87	U0135	FPBP to FHP, MA ineligible due to excess income, FHP chose a plan or will be auto-assigned, S/CC
*V88	U0132	FPBP to MA, income below income limit, S/CC
*V89	U0075	FPBP to MA, income below income limit, FP
V93	U0164	MA to FPBP, MA ineligible due to excess income, FHP ineligible due to excess income, equivalent insurance or federal employee, FNP Parent
V95	U0165	MA to FPBP, MA ineligible due to excess income and/or resources, FHP ineligible due to excess income, equivalent insurance or federal employee, FP or MA-SSI-Related
X33	U0191	FHP-PAP to MA, income below income limit for MA, FP or FNP Parent
X34	U0192	FHP-PAP to MA, income below income limit for MA, S/CC
X80	X0208	Reduce coverage from MA with no spenddown to MA with a spenddown due to excess income, FHP ineligible due to excess income, chose spenddown, equivalent insurance, federal employee, or over 65

X81	X0220	MA to FHP due to COLA, chose a plan or will be auto-assigned
X86	U0080	FHP to MA, income below income limit for MA, S/CC
X88	U0120	FHP to MA, income below income limit for MA, FP or FNP Parent

Discontinuance

*C35	C0177	Discontinue FHP-PAP, no longer cost effective to pay employer sponsored health insurance premium, ineligible for FHP due to equivalent insurance
U33	X0170	Discontinue MA, turning 19, MA ineligible due to excess income and/or resources, FHP ineligible due to excess income, equivalent insurance or federal employee, FPBP ineligible due to excess income or eligible but declines
U57	C0183	Discontinue MA due to excess income, FHP ineligible due to excess income, equivalent insurance or Federal employee, FPBP ineligible due to excess income or FPBP eligible but declines, S/CC
U58	C0184	Discontinue MA due to excess income and/or resources, FHP ineligible due to excess income, equivalent insurance or Federal employee, FPBP ineligible due to excess income or FPBP eligible but declines, FP and SSI-R
*V84	C0190	Discontinue FPBP due to excess income
*V94	C0099	Discontinue FHP/FHP-PAP due to excess income, FPBP ineligible due to excess income or eligible but declines
X48	C0235	Discontinue MA due to excess income, FHP ineligible due to excess income, equivalent insurance or Federal employee, FPBP ineligible due to excess income or FPBP eligible but declines, FNP

Renewal:

Z05	R0047	General population - Mail-in automated renewal
Z07	R0047	FPBP - Mail-in automated renewal

Section III: Creation of new opening notice for Incarcerated individuals

New York State of Health (NYSOH) is in the process of developing the capability to process inmate applications for individuals who are in a Modified Adjusted Gross Income (MAGI) category. Until such time as full systemic support is achieved by NYSOH, applications will be processed by local districts in WMS. A new worker initiated opening/acceptance reason code (XX2) was created to notice the incarcerated individual.

Reason Code	Paragraph #	Description
XX2	Y0130	Accept Medicaid Coverage for Inmate of a DCJS, NYC DOC (Rikers) or NYS DOCCS Facility

Section IV: Revision of "Explanation of the MBI-WPD Program" Upstate CNS Paragraph

CNS Paragraph No: E0030 (Explanation of the MBI-WPD Program) was revised to reflect the income and resource levels for 2014.

Reason Code	Paragraph #	Description
	E0030	Explanation of the MBI-WPD Program

Section V: Revision of "Child-Teen Health Programs Information" and "Health Care Programs for New Yorkers" CNS Paragraphs.

CNS Paragraph No: E0031-"Child-Teen Health Programs Information" was revised to reflect a web address under the Special Supplemental Nutrition Program for Woman, Infants and Children (WIC) for obtaining more information about the program as well as other miscellaneous language changes.

CNS Paragraph No: E0019-"Health Care Programs for New Yorkers" was revised to accurately reflect changes in policy resulting from passage of the ACA of 2010.

Reason Code	Paragraph #	Description
	E0031	Child-Teen Health Programs Information
	E0019	Health Care Programs for New Yorkers

Section VI: New CNS reason codes for incarcerated individuals with emergency coverage (07)

Three new CNS reason codes created to be used with an opening, suspension and reinstatement for individual who have Emergency Coverage only (07).

Reason Code	Paragraph #	Description
XX4	U0283	Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility
XX5	Y0131	Accept MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility
XX6	U0289	Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility

Section VII: Revision to 13 CNS MAGI-like Eligibility Notices for Upstate

Individuals in the Modified Adjusted Gross Income (MAGI) eligibility group have eligibility determined via "MAGI-like" budgeting methodology, available in the Medicaid Budget Logic subsystem of WMS. The individual's gross income is compared to MAGI eligibility income levels. The current notices incorrectly stated that gross income is compared to the Medicaid standard, a level far lower than the MAGI eligibility level. This gives the individual an incorrect excess income amount if they want to participate in the Excess Income Program.

Also to reduce the number of manual notices having to be done when there is a mixed household and only having the capability to store one budget, DD1, DD4, SS1, UU1, and UU3 will become worker fill to allow the worker or HEART to enter the appropriate amounts for the selected individual.

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
D14	C0329	Individual in the FPBP PE Period, Deny Ongoing FPBP Due to Excess Income Over 223% FPL
*D30	C0326	Pregnant woman in PE period to denied for ongoing MA coverage due to income exceeds 223% FPL
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

Section VIII: New CNS opening/undercare reason code created for cases referred to LDSS by NYSoH

Individuals with coverage from the New York State of Health (referred to as HX or NYSoH) can have a “life event” requiring their eligibility to transfer to the WMS system. The transfer to WMS is necessary as the NYSoH is not able to determine ongoing eligibility due to necessary budget calculations. Until this is automated Upstate, districts will handle the opening/renewal or adding individual to existing case using the newly created reason code H2W. This notice will look very similar to the Community and SSI Renewals.

Reason Code	Paragraph #	Description
H2W	Y0136	Opening/Renewal Letter, Individual Referred from New York State of Health (NYSoH)