

**DOH Contact: Local District Support Unit (518) 473-6397**

**WMS Changes**

**Section I - Allow HARP individuals to Transition to NYSoH**

Starting with the February 2019 Renewals, individuals enrolled in HARP and who meet the MAGI/EP-BHP criteria will now be allowed to transition to NYSoH and will no longer remain in WMS to be processed by the LDSS. These consumers will fall into the Transition renewal cycle and appear on the WINR4140 or WINR4150 reports.

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**Upstate CNS Changes**

- Section I: Addition of Trust Language to Excess Income Notices  
 Section II: Reasonable Accommodations, Nondiscrimination and HIPAA Language Added to CNS Notices  
 Section III: Correction to H2W, H3W and Renewal Paragraph 8309  
 Section IV: Change to Dear SSI/SSP Beneficiary Letter forms XL0137 and XL0137C

The following CNS changes will be effective by 2/1/19:

**Section I: Addition of Trust Language to Excess Income Notices**

The following notices will be revised to include new trust language along with a new attachment “Explanation of the Effect of Trusts on Medicaid Eligibility (Paragraph E0012)”. Some of the notices also had other changes as defined below:

**Revise the excess income notices with trust language and revise reason code SS1/Y0117 with the updated FPL’s.**

Reason Code	PARA #	Description
S20/AE	X0004	Accept Exc Inc and Res
S20/AF	X0007	Accept Exc Inc and Res, SD Met
S20/AG	X0005	Accept Exc Inc and Res, 6-Mo SD Met
S72	Y0031	Accept Instit Individ, Limited Coverage Due to Prohib Transfer, Exc Inc and Res, SD Met
S77	Y0051	Accept Nonimmigrant Undoc Immigrant, Emerg Cov Only, Mthly or 6mo Inc Met
S79	Y0058	Accept Nonimmigrant Undoc Immigrant, Emerg Cov Only, Mthly or 6mo Excess Inc and/or Res Met
S80	Y0059	Approve Retro, Deny Ongoing MA, FP
S83	Y0044	Accept Ancill, Fail to Prov Doc of Res, 1 Mo Exc Inc, SD NOT Met
SS1	Y0117	Accept FPBP - MAGI-like
S89	X0093	Accept RMA, Excess Income for Medicaid

**Revise the excess income notices with trust language and remove references to “Family Health Plus/Family Health Plus-Premium Assistance Program”.**

Reason Code	PARA #	Description
S20/AA	X0001	Accept Excess Income, Monthly SD Met
S20/AB	X0006	Accept Provisional Excess Income
S20/AC	X0002	Accept Excess Income, 6 Month SD Met

**Revise the excess income notices with trust language.**

Reason Code	PARA #	Description
U11	U0002	MBI-WPD to MA Exc Inc, SD Not Met, Turning 65
U29	U0003	MBI-WPD to MA Exc Inc, SD Not Met, No Longer Working
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)

CC3	U0215	Notice of Intent to change Medicaid Coverage (Recipient Disenrolled from a Managed Long Term Care Plan, No Housing Allowance)
S07	X0025	Medicaid Level to Excess Income Due to COLA Increase
S10	X0011	Change in Figures Used to Calculate Exc Inc Amount
X75	X0020	Increase in Excess Income Amount
U75	X0021	No Change in Excess Income Amount
X80	X0208	MA to Exc Inc
U12	X0226	MBI-WPD to MA Exc Inc, SD Not Met
U30	U0154	MBI-WPD to SD, Non-Financial Reasons, SD Not Met
X77	X0180	Decrease in Excess Inc Amount Due to COLA, Increase MA Deductible
S08	X0026	Increase in Excess Inc Due to COLA Increase
711	X0108	Increase in Excess Inc Due to COLA – System Generated
X76	X0126	Decrease in Excess Inc Amount
U28	C0249	Disc MBI-WPD, No Longer Working, Exc Inc, SD Not Met
U18	C0188	Disc MBI-WPD, Exc Inc and/or Res
U27	C0092	Disc MBI-WPD, Turning 65, Exc Inc and/or Res for MA
U32	X0022	Disc Excess Inc
U59	X0024	Disc Exc Inc and/or Res., Age 65 and Older
UU4	U0282	MA to FPBP (24 month ext.), 60 Days Post-Partum, MA Ineligible Due to Excess Income
U32	X0008	Deny MA Exc Inc-Age 65 and Older
U59	X0010	Deny MA Exc Inc-Res 65 Years or Older – Chronic Care
U63	X0127	Deny MA Exc Inc and-or Res, Nonimmigrant Undoc Immigrant, FP

**Revise the excess income notices with trust language and modify FPLs.**

Reason Code	PARA #	Description
D30	C0326	Pregnant Woman in PE Period, Deny Medicaid Due to Excess Income Over 223% FPL

**Revise for the new Trust Language and Modify Preamble.**

Reason Code	PARA #	Description
UU3	U0264	MA to FPBP due to Excess Income (MAGI-like)

**Revise the excess income notices with trust language, revise the Federal Poverty Levels and the home equity values.**

Reason Code	PARA #	Description
S29	U0070	Continue MA Unchanged Home Equity Int Exceeds Max No Undue Hardship 6 Mo Excess Inc and Res Met
S91	Y0037	Accept Community Coverage Without LTC, Home Equity Int Exceeds Limit, Exc Inc, SD Met
X91	Y0033	Accept CC Without LTC, Home Equity Int Exceeds Limit, 6 Mo Exc Inc and res met

**Revise the excess income notices with trust language and revise Medical Assistance to Medicaid.**

Reason Code	PARA #	Description
S68	X0227	Accept Limited Cover, Transfer Indiv In Comm, Exc Inc, SD NOT Met
S71	Y0035	Accept Instit Indiv, Limited Coverage Due to Prohibited Trans, 1 Mo Exc Inc, SD Met
S73	X0033	Accept Limited Coverage Due to Transfer Indiv in Comm, Exc Inc, SD Met
S74	X0035	Accept Limited Coverage Due to Trans Indiv in Comm, 6 Mo Exc Inc, SD Met
S81	Y0060	Approve ongoing, deny retro period, FP
X10	X0086	Deny MA, does not meet 6 month excess
E22	X0088	Disc Fail to Meet Excess Inc for 3 months
S09	X0036	Reduce MA to Limited Coverage, Excess Income, SD Met
S12	U0121	All Covered Care and Svcs To Comm Cov W CBLTC, Exc Inc, SD Not Met

**Section II: Reasonable Accommodations, Nondiscrimination and HIPAA Language Added to CNS Notices**

Two new paragraph attachments will be created:

**"Consumer Rights Informational Language Explanation (Paragraph E0040)"** has been created for use with discontinuances and Upstate undercare transactions.

- This paragraph includes Reasonable Accommodations, Nondiscrimination and HIPAA language.
- This new paragraph will be issued with Upstate notices generated on case type 20 for Transaction Types: 05 (Change), 07 (Closing) and 08 (Closing-Failure to Renew).

**"Consumer Rights Informational Language Explanation (Excludes HIPAA) (Paragraph E0041)"** has been created for use with Upstate openings and renewals, which currently include HIPAA language.

- This paragraph includes Reasonable Accommodations and Nondiscrimination language.
- This new paragraph will be issued with Upstate notices on case type 20 for Transaction Types: 02 (Opening), 06 (Renewal) and 10 (Reopening).

**Section III: Correction to H2W, H3W and Renewal Paragraph 8309**

The following notices will be revised due to needed corrections in the Spanish versions that reference Medicare instead of Medicaid:

Reason Code	PARA #	Description
H2W		Important instructions Renewal Questions - (elixir) Spanish - Question number 4(a)
H3W		Important instructions Renewal Questions - (elixir) Spanish - Question number 4(a)
Zxx	R8309	Health Insurance (Renewal Question 5b)

**Section IV: Change to Dear SSI/SSP Beneficiary Letter forms XL0137 and XL0137C**

The **"Dear SSI/SSP Beneficiary letter (XL0137-English and XL0137C-Spanish)"** will be updated to replace the State Seal with the NYS Department of Health's logo. This letter is issued when New York State is notified through the State Data Exchange (SDX) that an individual has been approved for SSI and when an individual who has been denied SSI has been approved for the State Supplement Program (SSP). The managed care language will also be updated to replace the first sentence under **Managed Care Could Be a Choice for You** from "In New York City and in most counties, you must get health care services by joining a Medicaid Managed Care Health Plan" to "Most Medicaid recipients are required to join a Medicaid Managed Care Health Plan."