

## OPENING REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
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### MAGI

SS1	Y0117	Accept FPBP, MA ineligible due to excess income, # ** Reason code can only be used at the individual level when case count is >1	20	A
*H2W	Y0136	Opening/Renewal Letter, Individual Referred from New York State of Health (NYSoH) ** Includes the renewal questions ** ** Automated/Manual NOT required ** ** AFA entry in screen 4 not allowed **	20	A
*H3W	Y0102	Opening/Renewal letter, Authorize Medicaid coverage for immediate referral from NYSoH ** Includes the renewal questions ** ** Automated/Manual NOT required ** ** AFA entry in screen 4 not allowed **	20	A

### Eligible determination for individual in Presumptive Eligibility period

*D09	U0224	Pregnant woman in PE period to MA eligible at or below 223% FPL, # ** TT = 05 or 06 only	20	A
D12	U0232	Individual in FPBP PE period to FPBP eligible, # (Case Type 21 to 20) ** TT = 05 or 06 only	20, 21	A

### Other – Referred to LDSS from New York State of Health – Application

TT1	S0034	Information letter with Access NY application (DOH-4220) - referred to LDSS by NYSH Marketplace (Application)  <b><u>Informational notice – CNS only transaction (No WMS entry allowed)</u></b> Transaction type = 00 and reason code can only be used at the case level **Remember to “Authorize and Release” Notice ID (WMS/Client notices sub-system menu selection “07”)	20	
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### Medicaid (MA) Family Planning Benefit Program (FPBP)

#### Full Coverage

*C50	Y0001	Accepted MA application for all covered care and services, #	20	A
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\* = No fill code

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### Retro Coverage

S80	Y0059	Accept MA application for retro coverage only and denied ongoing MA coverage due to excess income and/or resources, FP, #	20	A
S81	Y0060	Accept MA application for ongoing coverage, but denied request for retro MA coverage due to income was over income limit, FP, #	20	A

### MA with a Spenddown – Excess income and/or resources

S20/AA	X0001	Accept application for MA with a spenddown due to excess income, spenddown met for at least 1 month, #	20	A
S20/AB	X0006	Accept application for MA with a spenddown due to excess income, provisional coverage till medical bills/pay-in for excess income amount received, Adult only, #	20	A
S20/AC	X0002	Accept application for MA with a spenddown due to excess income, 6-month spenddown met, #	20	A
S20/AD	X0003	Accept application for MA with a spenddown due to excess resources, spenddown met for least 1 month, #	20	A
S20/AE	X0004	Accept application for MA with a spenddown due to excess income and resources, spenddown met for both for at least 1 month, #	20	A
S20/AF	X0007	Accept application for MA with a spenddown due to excess income and resources, spenddown met for excess resources only, provisional coverage till medical bills/pay-in for excess income amount received, #	20	A
S20/AG	X0005	Accept application for MA with a spenddown due to excess income and resources, 6-month spenddown met for both, #	20	A

### Prenatal

*C42	Y0054	Accept Pregnancy 100%, #	20	A
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### Refugee Medical Assistance (RMA)

S89	X0093	Accept application for RMA with a spenddown due to excess income, S/CC, #	20	A
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### Accept FPBP

*C43	Y0026	Accept application for FPBP, waived right to MA, #	20	A
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### MBI-WPD

S32	Y0013	Accept application for MBI-WPD due to income below the MBI-WPD income limit, no premium payment	20	A
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### Community Coverage

#### Community Coverage with or without LTC

*C24	Y0055	Accept MA application for community coverage with community-based LTC	20	A
*C30	Y0007	Accept MA application for community coverage without LTC due to home equity interest exceeds the home equity limit and an undue hardship does not exist, no spenddown	20	A
S82	Y0056	Accept MA application for community coverage without LTC due to requested no LTC or proof of resources not provided	20	A
S83	Y0044	Accept MA application for ancillary service only with a spenddown due to excess income and failed to provide proof of resources for the transfer of assets look-back period (up to 60 months), spenddown not met, #	20	A
S84	Y0034	Accept MA application for ancillary service only without a spenddown requirement due to failed to provide proof of resources for the transfer of assets look-back period (up to 60 months), no excess	20	A
S91	Y0037	Accept MA application for community coverage without LTC and with a spenddown requirement due to home equity interest exceeds the home equity limit and an undue hardship does not exist and excess income, spenddown met for at least 1 month, #	20	A
X91	Y0033	Accept MA application for community coverage without LTC and with a spenddown requirement due to home equity interest exceeds the home equity limit and an undue hardship does not exist and excess income and/or resources, 6-month spenddown met for both or just income, #	20	A

### Incarceration

#### Reopen / Reinstate / (Open) Suspend – Individual not or no longer incarcerated

*C56	U0176	Reopening MA – case closed as incarcerated in error (Upstate)	20	A
*C57	Y0070	(Opening) Suspend MA coverage for inmate of NYS/ Local Correctional Facility w/AC, (Upstate) ( <b>MULTI-PERSON HOUSEHOLD</b> )	20	A
*C66	U0175	Reinstate – FHP to MA, incarcerated individual released (Upstate)	20	A
*XX2	Y0130	Accept Medicaid Coverage for Inmate of a DCJS, NYC DOC (Rikers) or NYS DOCCS Facility	20	A
*XX5	Y0131	Accept MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility	20	A

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### Psychiatric Center

#### (Open) Suspend – Individual admitted to Psychiatric Center

*C51	Y0081	(Opening) Suspend MA coverage for individual 21-64 year old admitted to a Psychiatric Center (Upstate)	20	A
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### FPBP Suspension

#### Manual codes – Does not generate CNS Notice

*XX7	Y0139	(Opening) Suspend FPBP Coverage for Inmate of NYS Correctional Facility	20	A
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### Health Insurance

QI = Qualified Individual Program / QMB = Qualified Medicare Beneficiaries  
/ AHIP = AIDS Health Insurance Program

#### Accept payment for Health Insurance Program

*C21	Y0005	Conditional acceptance for application for MA paying for group health insurance premiums under COBRA Continuation Coverage Program, pending documentation eligibility	20	A
*C28	Y0006	Accepted application for MA paying Medicare Part B premium under the QI program	20	A
*C41	Y0004	Accept application for MA paying for group health insurance premiums under COBRA Continuation Coverage Program, #	20	A
X26	Y0061	Accepted application for MA paying health insurance premiums due to it is cost effective	20	A
X54	Y0003	Accept Medicare Buy-In Program (QMBs), #	20	A

### Other

#### Aliens

*C22	Y0052	Accepted application for MA emergency care and services only due not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL)	20	A
S77	Y0051	Accepted application for MA emergency care and services only with a spenddown requirement due to not a citizen, qualified alien or	20	A

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		permanently residing in the United States under color of law (PRUCOL) and excess income, monthly or 6month spenddown met, #		
S78	Y0057	Accepted application for MA emergency care and services only with a spenddown requirement due to not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL) and excess resources, spenddown met, #	20	A
S79	Y0058	Accepted application for MA emergency care and services only with a spenddown requirement due to not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL) and excess income and resources, monthly spenddown met for both, 6-month spenddown met for both, #	20	A

### Transfers

S68	X0227	Accept application for MA with a spenddown and limited coverage due to transfer of asset(s) for less than it was worth and income over income limit, provisional coverage till medical bills/pay-in for excess income amount received, #	20	A
S69	Y0029	Accept application for MA with limited coverage due to transfer of asset(s) for less than it was worth, no excess, #	20	A
S70	Y0010	Accept application for MA with limited coverage for institutionalized individual due to transfer of asset(s) for less than it was worth, no excess, #	20	A
S71	Y0035	Accept application for MA with a spenddown and limited coverage for institutionalized individual due to transfer of asset(s) for less than it was worth and excess, Spenddown met for at least 1 month, #	20	A
S72	Y0031	Accept application for MA with a spenddown and limited coverage for institutionalized individual due to transfer of asset(s) for less than it was worth and excess income and resources, 6-month Spenddown met for both, #	20	A
S73	X0033	Accept application for MA with a spenddown and limited coverage due to transfer of asset(s) for less than it was worth and excess income, spenddown met for at least 1 month, #	20	A
S74	X0035	Accept application for MA with a spenddown and limited coverage due to transfer of asset(s) for less than it was worth and excess income, 6 month spenddown met, #	20	A
S75	Y0030	Accept application for MA with a spenddown and limited coverage for institutionalized individual due to transfer of asset(s) for less than it was worth and excess resources, spenddown met for at least 1 month, #	20	A
S76	X0034	Accept application for MA with a spenddown and limited coverage due to transfer of asset(s) for less than it was worth and excess resources, spenddown met for at least 1 month, #	20	A

### County to County Move

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*C37	Y0064	Transition of MA/FPBP/MSP Eligibility, County "B" letter (NYC to Upstate, Upstate to Upstate)	20	A
898	Y0067	Transition of MA/FPBP/MSP Eligibility, County "B" letter (NYC to Upstate, Upstate to Upstate) (System Generated)	20	

### Newborn / Unborn

923	N0007	Case Opened for Newborn (System Generated)	20	A
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### Used with individual reason codes

I94		Used as a case reason code in CNS and/or WMS when all case members have an individual reason code	20	A
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### Manual codes – Does not generate CNS Notice

Y99		Other – Manual notice required	20, 22	N
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