



# Office of Temporary and Disability Assistance

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## WMS – CNS Coordinator Guidance

### Release 23.2 – Explanation of WMS/CNS Enhancements Effective June 18, 2023

#### Section 1

<b>To:</b>	WMS and CNS Coordinators
<b>Date:</b>	June 13, 2023
<b>Issuing Division/Office:</b>	Upstate Systems Bureau (USB) Center for Employment and Income Supports (EISP)
<b>Effective Date:</b>	June 18, 2023
<b>Suggested Distribution:</b>	Commissioners, TA and SNAP Directors, HEAP Coordinators, and MA Directors
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#### Section 2 – Purpose

The purpose of this guidance is to provide local social services districts (districts) with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on June 18, 2023, unless otherwise noted.

#### Section 3 – New Payment Types for Replacement of Skimmed Benefits

The following Payment Type Codes have been created for use in replacing Electronic Benefit Transfer payments that were stolen (skimmed) from card holders.

PAYMENT TYPE CODE	DEFINITION	MNEMONIC
N9	Replacement of Skimmed Electronic Benefit-PA	RpSkEBT
Q7	Replacement of SNAP benefits stolen through skimming	FS-SKIM

Payment Type N9 may be issued on any of the following Case Types:

- 11 Family Assistance (FA)
- 12 Safety Net Non-Cash Assistance (SN-FP)
- 16 Safety Net Cash Assistance (SN-CSH)
- 17 Safety Net Non-Cash Assistance (SN-FNP)
- 19 Emergency Assistance to Families (EAF)

Payment Type N9 may be used with any of the following Transaction Types:

- 02 Opening
- 05 Change
- 06 Recertification/Reauthorization
- 07 Closing
- 08 Recertification/Closing
- 09 Open/Close
- 10 Reopening
- 11 Reactivation
- 14 Closed Case Maintenance

Pay Type Q7 may be issued on any of the following Case Types:

- 11 Family Assistance (FA)
- 12 Safety Net Non-Cash Assistance (SN-FP)
- 16 Safety Net Cash Assistance (SN-CSH)
- 17 Safety Net Non-Cash Assistance (SN-FNP)
- 31 Non-Public Assistance Food Stamps (NPA-FS)
- 32 Public Assistance and Non-Public Assistance Mixed Household (FS-MIX)

Pay Type Q7 may be used with any of the following Transaction Types:

- 02 Opening
- 05 Change
- 06 Recertification/Reauthorization
- 07 Closing
- 08 Recertification/Closing
- 09 Open/Close
- 10 Reopening
- 11 Reactivation
- 14 Closed Case Maintenance

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## **Section 4 – Edits Associated with New Payment Types for Replacement of Skimmed Benefits**

New WMS Edits - the following WMS edits have been created to support systems functions related to new payment types for replacement of skimmed benefits

### **1290- PAYMENT AMOUNT MUST EXCEED ZERO**

If pay type is N9 or Q7 the payment amount must be numeric and greater than zero. (F,E,U)

### **1291-PAYMENT FROM DATE MUST BE 10/01 OF THE CURRENT FEDERAL FISCAL YEAR (FFY) (F,E,U)**

If pay type is Q7 the payment from date must be equal to October 1st of the FFY. (F,E,U)

### **1292-PAYMENT TO DATE MUST BE 9/30 OF THE CURRENT FEDERAL FISCAL YEAR (FFY)**

If pay type is Q7 the payment to date must be equal to September 30th of the FFY. (F,E,U)

### **1293- PAY SCHEDULE MUST BE BLANK WHEN PAY TYPE IS N9, T8, OR Q7**

If pay type is N9, T8, or Q7, then the pay schedule must be blank

### **1294- INVALID PAYMENT AMOUNT**

If pay type is Q7, payment amount cannot be greater than \$5000.00 and may not contain cents.

### **1295-INVALID PAYMENT FROM DATE**

If pay type is N9 or T8 the PAYMENT FROM date must be either 1/1/2022 or 10/1 of the current FFY. (F,E,U)

### **1296-INVALID PAYMENT TO DATE**

If pay type is N9 or T8 and payment From date is 1/1/22, then payment To date must be equal to 9/30/22.

If pay type is N9 or T8 and payment From date is 10/1/22, then payment To date must be equal to 9/30/23.

### **1297-TA PAY TYPE INVALID FOR EAA CASE TYPE:**

If Case Type = 18, then Payment Types N9 and T8 are not allowed. (F,E,U)

### **1298-PAYMENT TO DATE IS INVALID WITH FROM DATE**

If pay type is N9 or T8 and payment From date is 1/1/22, then payment To date must be equal to 9/30/22.

If pay type is N9 or T8 and payment From date is 10/1/22, then payment To date must be equal to 9/30/23.

MODIFIED WMS EDITS – the following WMS Edits have been modified to include new payment types for replacement of skimmed benefits

### **0603 - PAYMENT TYPE IS INVALID**

If entered, Payment Type must be 02-07, 10-14, 16-26, 28, 30-38, 39, 40-60, 62-79, 81-98, A1-A4, A6, A7, C0-C5, C7, C9, D1-D4, D6-D9, E1, E3, E5-E9, F2, F3, F5, F6, G1, G5, G8, H0, H1, H2, H5-H9, HX, J1, J2, J3, J9, K1, K3, L1-L6, M1-M9, N1, **N9**, NX, P1-P9, Q1, Q2, Q4-Q6, **Q7**, R0-R9, T1-T3, , W1. (F, E, U)

### **0607 - PICK-UP CODE IS INVALID**

If there is an entry in Pick-up Code, it must be 1-6. (F, E, U) If payment type is N4, **N9**, **Q7**, or T8. Pick-up Code must be 01 only

### **0630 - AT LEAST ONE PAY TYPE MUST BE OTHER THAN 91, 93-97, F2, F3, Q7**

If Emergency indicator is not equal to X, then:

1. For case types 11, 12, 14, 16, 17, 18 and 19, and transaction type is not 03, then there must be one pay type other than 39, 91, 92, 93-97, F2, F3 or **Q7**. (F, E)
2. For case types 11, 12, 14, 16, 17, 18 and 19, and transaction type is 06, then there must be one pay type other than 39, 91, 92, 93-97, F2, F3 or **Q7**. (U)

### **0631 - NON – ISSUANCE PA-FS CODE INAPPROPRIATE FOR PAY TYPE 39, 91-97, Q7**

If Case Type is not 20, 22, 31, 32 or 60 and PA FS Code = Blank, 02– 06, 70, 80 or 90; Payment cannot = 39, 91–97, **Q7**.

### **0632 - AT LEAST ONE PAYMENT TYPE MUST BE 39, 91-97, Q7**

1. If case type is 31 or 32, or FS-IND is 01 for case types 11-19 and transaction type is 02, 09 or 10, then at least one pay type must be 39, 91-97, **Q7**. (F, E)

2. If case type is 31 or 32, or FS-IND is 01 or 07 for case types 11-19 and transaction type is 06 or 11, then at least one pay type must be 39, 91-97, **Q7** or (F2 and F3 with transaction type 11). (U)

**0640 - PAYMENT TYPE INVALID FOR FS CASES**

Only Payment Types C9, 39, 57, 90-97, F2, F3, T8, and **Q7** allowed for Case Types 31, 32. For Case Type 31 only, Payment Types H0, H1, H2, H5-H9, HX, J1, J2, J3, J9, N2, NX, 04, 16, 17 or Diversion Payments are also allowed. (F, E, U)

**0648 - METHOD OF PAYMENT INVALID FOR PAYMENT TYPE**

If the Case Type is 11-14 or 16-19, and Local Action Code is 2 or 6, and Payment Type is 05 or K1, then the Method of Payment may not be 02-04, 07 or 10. If Payment Type is M1-M9, P1-P9 or L1-L3, then the Method of Payment must be 01-09. If Payment Type is E4, then Method of Payment must be 02, 04, 07 or 09. If Payment Type is E6 or N2, then Method of Payment must be 01, 05, 06, 08 or 09. If Payment Type is E8, then Method of Payment must be 02-07 or 09. If payment type is N4 then method of payment must be 01, 05, 06. If Payment Type is J9 then Method of Payment must be 01, 02, 03, 04, 07 or 09. If Pay Type is HX then method of Payment must be 01, 02, 03, 04, 09 or 11. If Payment Type is H2 or J3 then Method of Payment must be 02 or 04. If Payment Type is G1 Method of Payment must be 01. If payment type is NX then Method of Payment must be 01. **If Payment Type is N9, T8 or Q7 then Method of Payment must be 01.** (F, E, U)

**0652 - ISSUE CODE MUST BE 2 (ONCE ONLY) FOR PAYMENT TYPE**

If Payment Type is D1, D3, D4, D6, D7, E6, G5, G8, H1, HX, L1 - L3, M2 - M9, N2, N4, N6, **N9**, P1 - P9, **Q7**, T8 or W1, then Payment Issue Code must be 2. (F, E, U)

**0672 - PA/FS CODE MUST BE 01 FOR FS PAYMENT IN OPEN/CLOSE TRANSACTION**

ADD SNAP PAY TYPE If Case Type is 11-14 or 16-19 and Transaction Type is 09 and Payment Type is 39, 91-97, **Q7**, then Food Stamp Code must be 01. (F, E)

**0674 - PAYMENT PERIOD FROM DATE CANNOT BE GREATER THAN AUTH TO DATE**

If Payment Type is not 91, 93-97, D7, **F2, F3, Q7** or Special Claiming Code is not G or H, and Payment Period FROM Date is entered and valid, then:

1. In FDE and EC, if Case Type is 18 or Special Claiming Code is A,  
OR

2. In UM, if Transaction Type is not 07, 08 or 14, and Case Type is 18 or Special Claiming Code is A,  
and Local Action Code is not 5 or 9,  
OR

3. In UM, if Transaction Type is 07, 08 or 14, and Case Type is 11-14 or 16-19, and Local Action Code is not 5 or 9, or Special Claiming Code is not G or H.  
OR

4. If CT=19, with all transaction types, the Payment Period From Date cannot be greater than the Authorization Period TO Date.

THEN

The Payment Period FROM Date cannot be later than Auth Period TO Date. (F, E, U)

**0680 - SPECIAL CLAIMING CODE IS INVALID**

If there is an entry in Special Claiming Code, it must be A, C, D, F, G, H, I (upper case i), J, K, M, N, P, Q, R-V, X-Z. If Payment Type is F2, then Special Claiming Code must be blank, D, J, M or N. (F, E, U)

**If Payment Type is N9, then Special Claiming Code must be blank or F.**

**If Payment Type is Q7, then Special Claiming Code must be blank.**

**0692 - PICK-UP CODE IS INVALID FOR FOOD STAMP BENEFIT**

If Payment Type is 39, 91-97, **Q7** then Pick-Up Code may not be 2 or 4. (F, E, U)

**0693 - PAY ISS CD MUST BE 2 (ONCE ONLY) FOR FS PAY TYPE 91-95,97**

Food Stamp Payment Types = 91-95, 97 and **Q7** require that the Pay Issue Code = 2 (Once Only).

**0697 - LOCAL ACTION CODE IS INVALID FOR FOOD STAMP**

If Payment Type is 39, 91-97, **Q7** then Local Action Code must not be 3 or 4.

**0817 - FS PAY TYPE INVALID FOR EAA CASE TYPE**

If Case Type = 18, then Payment Types 91, 93-97, F2, F3, and **Q7** are not allowed. (F, E, U)

**1917 - PAY TYPE NOT ALLOWED WITH TRANS TYPE**

Payment Type F5 or F6 is allowed with Case Type 11 or 12 with Transaction Type 03 or 09. Payment Type D9 is prohibited with Case Type 11, 12, 16, or 17 with Transaction Type 06 or 14. Payment Type D9, F5 or F6 is allowed only with Case Type = 19 at Transaction Type = 03, 07, or 09. Payment type D9, F5 or F6 is prohibited with Case Type = 20, 22, 24 or 31 at Transaction Type = 03 or 09. Payment Type N2 is prohibited with Transaction Type 02, 10, 06 or 11. Payment Type G5, G8 is prohibited with Case Type 11, 12, 16, or 17 at Transaction Types 02,10,11,14. **Payment type N9, T8, Q7 are allowed with transaction types 02, 05, 06, 07, 08, 09, 10, 11, 14.**

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## **Section 5 – Transfer of Modified Adjusted Gross Income (MAGI) eligible consumers from the Welfare Management System (WMS) to the NY State of Health (NYSoH)**

The MAGI transfer process will identify a subset of WMS cases that meet the MAGI criteria outlined in 2016 LCM-01. Cases with Authorization To dates that are greater than or equal to 4 months and up to 12 months in the future will be transferred to NYSoH and closed in WMS. WMS will send a file to NYSoH that contains information from the cases that were closed, and NYSoH will immediately establish coverage for these consumers. The process is scheduled to run monthly. For example, in June 2023, cases with Authorization To dates from October 2023 – June 2024 will be selected for transfer to NYSoH. Cases will receive the following WMS Closing transaction:

- Transaction Code = 07
- Transaction Office /Transaction Unit /Worker = SAD/NYDOH/00000
- Case Reason Code = W5H
- Notice Indicator = A
- Authorization To Date = Current Date
- Individual Status = 20
- MA Coverage To Date = Current Date + 1 month (EOM)
- If payment lines exist and Payment To Period (Characters 7-12) > Transaction Input Date + 1 month (EOM) Set Payment Period = to last day of the month of Transaction Input Date + 1 month (EOM)
- If payment lines exist and Payment From Period (Characters 1-6) > Transaction Input Date + 1 month (EOM) enter another Payment Line as follows:
  - Set Local Action Code = 5
  - Set Payment Type = Value in existing Payment Line
  - Set Method of Payment = Value in existing Payment Line
  - Set Amount of Payment = Value in existing Payment Line
  - Set Issue Code = Value in existing Payment Line

- Set Payment Schedule = Value in existing Payment Line
- Set Pick-Up Code = Value in existing Payment Line
- Set Payment Period = Value in existing Payment Line
- Set Special Claiming Category = Value in existing Payment Line

A new Districts report called “MAGI Transition to NYSOH” (WINR4163) is available via Production Hosting Reports & Enterprise Document (PHRED). The WINR4163 lists cases that were successfully transferred, and cases that failed to transfer due to a pending transaction.

Report Title	Report Number	File Name	Hosted
MAGI Transition to NYSOH	WINR4163	N/A	PHRED
<b>Purpose - Notes</b>			
This report identifies MA cases that were closed and transferred to the NYSoH.			
<b>Sequence</b>		<b>Breaks</b>	
Report Sorted By: <ul style="list-style-type: none"> <li>• District (D.E. 01010)</li> <li>• Local Office (D.E. 01020)</li> <li>• Unit (D.E. 01030)</li> <li>• Worker (D.E. 01040)</li> <li>• Authorization To (D.E. 01100)</li> <li>• Case Name (D.E. 01070)</li> </ul>			
<b>Frequency/ Schedule</b>			
Monthly			
<b>Report Data Element</b>	<b>Definition</b>		
Transaction District (D.E. 01010)	The physical district		
Case Number (D.E. 01050)	The locally assigned number used to identify the case		
Coverage Code (D.E. 21061)	Medicaid Coverage Type		
Case Name (D.E. 01070)	The name from the WMS Case Name Field		
Case Type (D.E. 01060)	The Case Type Code		
Authorization To Date (D.E. 01100)	Case authorization To date		
CIN (D.E. 03010)	The Client Identification Number		
Payment Line	“Y” and if not “N”		
Total Cases	Total cases transferred to NYSoH		

A new Managed Care Plan report called “MC MAGI Transition to NYSOH” is available via the Health Commerce System (HCS). The purpose of the report is to identify individuals in a Managed Care Plan that is transitioning from WMS to NYSoH.

Report Title	Report Number	File Name	Hosted
MC MAGI Transition to NYSOH	N/A	MGMUummy	HCS
<b>Purpose - Notes</b>			
Identify Managed Care Plans for individuals transitioning from WMS to NYSoH.			
<b>Sequence</b>		<b>Breaks</b>	
Report Sorted By:			

• Managed Care Provider ID (21068)	
<b>Frequency/ Schedule</b>	
Monthly	
<b>Report Data Element</b>	<b>Definition</b>
Transaction District (1010)	The physical district
Case Number (01050)	The locally assigned number used to identify the case
CIN (03010)	The Client Identification Number
MA Coverage To Date (21110)	The date the coverage ends

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## Section 6 - Extend MA cases with SNAP Eligibility

Medicaid cases that meet the conditions for renewal based on SNAP eligibility will be systematically extended in WMS. The process will identify a subset of Non-MAGI cases with an MA Authorization To Date approximately 2 months in the future where at least one MA Client is active on a SNAP Case (CT 31 or 32). This process will run on Wednesday prior to the first Saturday of the month, and it will recur monthly. The first run is scheduled for June 28<sup>th</sup> and will extend eligible cases with an Authorization To date of = 09/30/2023

MA cases that meet the conditions will be systematically extended in WMS with 12 months of coverage. The transaction can be identified with the following coding:

- A Unique Authorization = '9----SMA' will be produced
- Transaction Code = 06
- Transaction Office /Transaction Unit/Worker = SMA/NYDOH/00000
- Case Reason Code = 738
- Notice Indicator = A
- Recertification Source Code = S "MA Extension Based on SNAP Eligibility"
- Auth From Date = current Auth To +1 day
- Auth To Date = Auth To +12 months to the end of the month
- MA Coverage From Date = current Coverage To Date + 1 day
- MA Coverage To Date = new Auth To Date

A new report (WINR1774) called "MA Extensions Based on SNAP Eligibility – Eligible Report" will be available in PHRED. The report will list MA cases that received a successful renewal. It will also identify if there is unresolved RFI on any of the renewed cases.

Report Title	Report Number	File Name	Hosted
MA Extensions Based on SNAP Eligibility – Eligible Report	WINR1774	N/A	PHRED

<b>Purpose - Notes</b>	
This report identifies MA cases that received an extension using available SNAP Data.	
<b>Sequence</b>	<b>Breaks</b>
Report Sorted By: <ul style="list-style-type: none"> <li>District (01010)</li> <li>Local Office (01020)</li> <li>Unit (01030)</li> <li>Worker (010404)</li> </ul>	
<b>Frequency/ Schedule</b>	
Monthly/ Wednesday prior to the first Saturday of the month	
<b>Report Data Element</b>	<b>Definition</b>
Transaction District (01010)	The physical district
Case Number (01050)	The locally assigned number used to identify the case
Client Identification Number (03010)	Client's Identification Number
Coverage Code (21061)	Medicaid Coverage Type
Authorization From Date (01100)	Case authorization From date
Authorization To Date (01100)	Case authorization To date
RFI Flag	Identifies that a case has an unresolved RFI flag

A new report (WINR1775) called "MA Extensions Based on SNAP Eligibility – Exception Report" will list cases that were selected for extension but could not be extended because of a pending transaction or clock down.

<b>Report Title</b>	<b>Report Number</b>	<b>File Name</b>	<b>Hosted</b>
MA Extensions Based on SNAP Eligibility – Exception Report	WINR1775	N/A	PHRED
<b>Purpose - Notes</b>			
This report identifies cases that were selected for extension but could not be extended because of a pending transaction or clock down.			
<b>Sequence</b>	<b>Breaks</b>		
Report Sorted By: <ul style="list-style-type: none"> <li>District (01010)</li> <li>Local Office (01020)</li> <li>Unit (01030)</li> <li>Worker (010404)</li> <li>Exceptions</li> </ul>			
<b>Frequency/ Schedule</b>			
Monthly/ Wednesday prior to the first Saturday of the month			
<b>Report Data Element</b>	<b>Definition</b>		

Transaction District (01010)	The physical district
Case Number (01050)	The locally assigned number used to identify the case
Exception Reason	“Pending Transaction” or “Clocking Down”

## Section 7 - DOH-WR10122 Address Mismatch Report

The DOH-WR10122 report will identify address updates on Non-Medicaid cases that occurred after the most recent address update on the Medicaid case. The purpose of the report is to help Local Districts identify Mailing and Residence address changes. This report is compiled by scanning the address modify dates in the COGNOS database. For example, if an address was updated on a Medicaid case on February 10, 2023, and there was an address updated on a Non-MA case on March 20, 2023, the change will be on the report. When a newer address modify date is identified on a Non-Medicaid case, both sets of mailing and residence address information will be provided for both cases. The report will be produced monthly and be available in COGNOS.

Report Title	Report Number	File Name	Hosted
Address Mismatch	DOH-WR10122	N/A	COGNOS
Purpose - Notes			
This report identifies address updates on Non-Medicaid cases that occurred after the most recent Medicaid case address update. The purpose of the report is to help Local Districts identify Mailing and Residence address changes.			
Sequence	Breaks		
Frequency/ Schedule			
Monthly			
Report Data Element	Definition		
District Code	The physical district		
MA Case Number	The locally assigned number used to identify the Medicaid case		
FPS CIN	The common Client Identification Number		
FPS Case Number	The locally assigned number used to identify the Non-Medicaid case		
FPS Modify Date	The system date when the record was last modified		
MA Modify Date	The system date when the record was last modified		
MA Address	Street, City, State, Zip on the Medicaid case		
MA Phone	Phone Number on the Medicaid case		
MA Address Type Code	The type of address. This table identifies both the current and historical addresses (mailing and residential ) of a welfare case.		
FPS Address	Street, City, State, Zip on the Non-Medicaid case		
FPS Phone	Phone Number on the Non-Medicaid case		
FPS Address Type Code	The type of address. This table identifies both the current and historical addresses (mailing and residential) of a welfare case.		

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## Section 8– Discontinue COVID Extension Process and Resume AVS Application Batch

The Consolidated Appropriations Act, 2023, requires all states to comply with federal renewal rules for MAGI and non-MAGI Medicaid cases. As a result, the following changes have been made in WMS:

- The Medicaid COVID Extension process was discontinued March 24, 2023. This resulted in the resumption of the normal WMS renewal processes beginning in April 2023.
- The daily AVS application batch will resume effective July 1, 2023.

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## Section 9 - Updates to the Automatic Processes for Enrolling in Medicare at Age 65

As part of the New York State budget for 2022, the level for the Specified Low-Income Medicare Beneficiary (SLMB) program was not changed and results in the SLMB program being subsumed by the Qualified Medicare Beneficiary (QMB) Program. As a result of this change, the "Enroll in Medicare at Age 65" processes (established in Section I of 17.3 WMS Coordinator Letter, modified in Section II of 18.2 WMS Coordinator Letter) have been updated.

The following new AFA Code is being created:

237 – Income Over QMB Level

When this new AFA Code is entered for a specific Line Number, a corresponding AFA Date will also be required. The AFA Date must equal the Authorization To Date for the case. This AFA Code will be added to the criteria for the WINR4137 report.

Individuals with this AFA Code and a corresponding AFA Date in the future will be excluded from both the Automated Notification Process and the Automated Medicaid Closing. All individuals who are not Parents and Caretaker Relatives (Individual Cat Code = 13, 26, 92 or 94) will be excluded from the Automated Notification Process if the gross income of the stored household budget is above the QMB level.

The following Error Codes are being updated for this new AFA Code:

### **0126 - ANTICIPATED FUTURE ACTION CODE IS INVALID**

If entered, AFA Code must equal 102-106, 108-115, 126, 201-203, 207, 209-210, 212- 213, 215-219, 231-232, 234, 237, 249-252, 253, 275, 301-314, 316-319, 323, 324, 326-330, 335, 350, 351, 401-415, 432, 434, 437, 500-508, 520, 521, 600, 900-906, 908-912 or 999. (F, E, U)

### **0341 – ANTICIPATED FUTURE ACTION DATE MUST BE EQUAL TO END OF AUTH PERIOD**

The AFA Date entered for AFA Codes 231, 232, 234 or 237 must be equal to the Authorization To Date. (F,E,U)

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## Section 10 - Revised "60 days" to 12 months post-partum

Pregnant consumers are entitled to 12 months of full Medicaid coverage after the end of their pregnancy. To accommodate this change, language for the following CNS notices was revised effective February 2023.

REASON CODE	PARAGRAPH NUMBER	DEFINITION
C42	Y0054	Accept Pregnancy 100%
D09	U0224	PE Pregnant Individual to Medicaid, Income at or Below 223%FPL
UU1	U0266	Post-Partum to Family Planning Benefit Extension Program (24 months ext.), Ineligible for Medicaid/FPBP Due to Income Exceeding 223% FPL
UU4	U0282	MA to FPBP (24 month ext.), MA Ineligible Due to Excess Income
771	I0021	Pregnant Individual Post-Partum Extension (Upstate)

## Section 11- Revised S17 CNS fill screen and language

CNS subsystem fill screen prompt for Upstate reason code S17 was updated to remove % amount. The language was updated to replace the term “Medical Assistance” with “Medicaid,” and all letters in the term “Medicare” were capitalized.

Current CNS Subsystem screen prompt: QMB INC LIMIT (100% FPL)

New CNS Subsystem screen prompt: QMB INCOME LIMIT

## Section 12 - New Upstate CNS reason code W5H for end of PHE NYSOH transition

New system generated only reason code created to support the monthly file transfer of MAGI cases to NYSOH. First transfers completed in April 2023.

W5H

C0414

PHE Transition to NYSOH

## Section 13 - Update Resource amounts and Federal Poverty Levels on notices

Language has been updated to reflect the 2023 Resource Levels and FPLs on CNS notices that are mailed to consumers.

REASON CODE	PARAGRAPH NUMBER	DEFINITION
796	U0218	Administrative Renewal for Aged, Blind and Disabled, Coverage Unchanged (System Generated)
C29	U0218	Administrative Renewal for Aged, Blind and Disabled, Coverage Unchanged (Worker entered)
	S0033	Notice that eligibility may be determine by Health Exchange (insert)
	E0019	Health Care Programs for New Yorkers (insert)

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## Section 14 - Revise Home Equity Limits on 5 Upstate CNS Notice

The following CNS Reason Codes home equity limit for Medicaid coverage of nursing facility services and community-based long-term care were revised to reflect the 2023 limit of \$1,033,000.

REASON CODE	PARAGRAPH NUMBER	DEFINITION
C30	Y0007	Community Coverage without Long Term Care, Home Equity Interest Exceeds Limit, No Undue Hardship, No Spenddown
C31	U0069	Continue MA Unchanged, Home Equity Interest Exceeds Limit, No Undue Hardship, No spenddown
S29	U0070	Continue MA Unchanged, Home Equity Interest Exceeds Limit, No Undue Hardship, 6-Mo Exc Inc and Res SD Met
S91	Y0037	CC no LTC, HE Int Exc Lmt, No Undue Hardship, 1mo SD met
X91	Y0033	CC no LTC, HE Int Exc Lmt, No Undue Hardship, 6mo SD met

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## Section 15 - New Notice for the Medicaid Cancer Treatment Program

Individuals who are in receipt of Medicare will now be transferred from district 99 to the local district. This new Upstate closing notice tells the individual that the MCTP case is closing, but a new case will be opened in the district.

BB2                      C0415                      Discontinue MCTP, In Receipt of MEDICARE

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## Section 16 - New CNS notices for MA Extensions Based on SNAP Eligibility

New notices & informational attachment were created to support the new monthly process to systematically extend WMS MA case eligibility using available SNAP Data.

REASON CODE	PARAGRAPH NUMBER	DEFINITION
738	U0307	MA Extensions Notice Based on SNAP Eligibility-System generated (Upstate)
	E0044	SNAP Income Disregard during the PHE Unwind (insert)

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## Section 17 - New Renewal Notice Insert

To advise Medicaid covered individuals that the renewal rules have been reinstated and stressing that the renewal MUST be completed and returned by the date listed on the renewal, a newly created paragraph will be included with the Upstate renewals.

E0042

End of Public Health Emergency, Reminder to Renew (insert)