

**Excerpt - from Complete Guide  
Contains Medicaid section only**



**Office of Temporary  
and Disability Assistance**



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

## **Welfare Management System Worker's Guide to Codes**

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As of August 29, 2012, any reference to the Food Stamp Program in this manual shall mean the Supplemental Nutrition Assistance Program (SNAP) and any reference to Food Stamp benefits or Food Stamps (FS) shall mean SNAP benefits.

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**CHAPTER 4 -  
MEDICAL ASSISTANCE PROGRAM**

**TURNAROUND DOCUMENT - DSS 3517**

**SECTION 10 - MA CASE (SUFFIX) LEVEL CODES**

**MA RESPONSIBILITY AREA INDICATOR (MA RESP) - 219**

AG State Investigative Agency - State AG cases  
AN Acute Long Term Hospital Care Case  
AS Acute Long Term Hospital Care Surplus Case  
BH Bridges to Health Foster Care Case  
CC Community Care Case  
CM Child Health Plus (CHP) to Medicaid  
CS Community Care Surplus Case  
DN Dialysis Case  
DS Dialysis Surplus Case  
FA Enrolled in FIDA Plan  
FD Foster Discharge  
FH Fair Hearing - Aid to Continue Case  
GP Protective Services -Guardian Pending  
HC Hospital Care Catastrophic Case (**External Use Only**)  
HN Hospital Care Case  
HP HARP from NYSoH to WMS  
HS Hospital Care Surplus Case  
IC Medicaid Suspension (**Valid 4/01/08**)  
IG State Investigative Agency - State IG cases  
LB Luberto Vs Novello  
LM Lombardi Care Case LCLong Term Care  
LR Long Term Regular Chronic Care Case  
LT I.S. High Risk Case  
MC CED/Managed Long Term Care  
MP Qualified Individual (**QI1**)  
MS Special Low Income Medicare Beneficiaries (**SLIMB**)  
NA Home Health Aid Case  
OB OTB Retirees (Center 534)  
OF Assisted Living Program  
OM Office of Mental Retardation  
PA Home Attendant Care Case  
PC Presumptive Eligibility for Children  
PD Home Care-Working Person with Disability Case  
PE Presumptive Eligibility Family Planning Benefits Program  
PK Housekeeper Care Case  
PM Homemaker Care Case  
PR Pre-release clients  
PS Protective Services  
PT Pooled Trust Case  
PU Undefined Home Care Program Case  
QM Qualified Medicare Beneficiaries (**QMB**)  
SA Home Health Aid Surplus Case  
SH Shelter Case  
SC Special Services For Children (SC) Case  
WD Working Disabled  
WS Waiver Services Case

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**SECTION 10 - MA CASE (SUFFIX) LEVEL CODES (CONT'D)**

**APPLICATION SOURCE CODE (MA: STAT) - 062**

C	Telephone application from F24
E	Application registered through My Benefits (NYS system)
K	ACCESS NYC from F24
N	Application registered through ACCESS NYC
P	Application is to be sent to the Asset Verification System (AVS)
Q	Telephone Application for F43
U	ACCESS NYC from F43
X	Cases transferred from the Health Exchange to WMS
Y	ACCESS NYC from F11
Z	ACCESS NYC from F11

**RECERTIFICATION SOURCE (RCRT SRC) - 063**

P	WMS Transactions to be sent to the Asset Verification System (AVS)
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**MA STATUS CODES (MA: STAT) - 240**

AC	Active
AP	Applying
CL	Closed
IC	Medicaid Suspension
NA	Not Applying
RJ	Denial

**RESOURCE VERIFICATION INDICATOR (RVI) - 282**

1:	Resources verified for 36 months
2:	Resources verified only for current month
3:	Resources not verified
4:	Transfer of resources
5:	System generated transfer from NYSoH (Only valid with Case Opening codes 613, 614, 615, 616 and 621)
6:	Transfer from NYSoH (Only valid with Case Opening codes 613, 614, 615, 616 and 621)
9:	System generated exempt from resource verification

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06/18/2012

**MA CASE REASON CODES**

**OPENING CODES - MA (MA: REAS - 241)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
A03	MA	<b>Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1</b> Inmate of a New York State or local correctional facility. <b>18NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</b>
A08	MA	<b>Authorized Medicaid Coverage, CHP to Medicaid (NYC)</b> We have accepted your Medicaid application date _____ for all Medicaid covered care and services effective ____ for: Please review the Medical Assistance Utilization Threshold Information, found in the Medical Assistance section of the booklet, "LDSS-8B: If you submitted paid medical bills for direct reimbursement, you will be notified separately of our decision.
A09	MA	<b>Regulations 18NYCRR 360-4.1,360-4.2,360-4.3,360-4.4, 360-4.5, 360-4.6 and y 360-4.7</b> <b>Notice of Intent to Change Medical Coverage Enrolled in MLTC NYC</b> <b>(Housing Disregard)</b> We will reduce your Medicaid coverage from all covered care and services to community coverage with community-based long-term care effective _____ for: This reduction is because you are no longer receiving nursing facility services. You have enrolled in a Managed Long Term Care health plan, which provides services for individuals who are chronically ill and/or who have disabilities. Because you have been discharged from a nursing home facility and have enrolled in a MLTC plan, a housing allowance of \$ _____ is used to determine you Medicaid eligibility. We have enclosed a budget worksheet so you can see how we determined your eligibility. If you need assistance, please contact your social serves district.
A24	MA	<b>Regulation 18 NYCRR 360-2.3, 360-4.7, 360-4.8, Section 366-a(2) and 366.14 of SSL</b> <b>Reinstate MA, Incarcerated Individual Released (NYC)</b> We will reinstate Medical Assistance coverage, subject to any limitations. This is because you are no longer an inmate in a NYS or local correctional Facility. <b>Regulation 18NYCRR 360 and Section 366(1-a) of SSL</b>
A26	MA	<b>Reinstate FHP to MA, Incarcerated Individual Released (NYC)</b> We will reinstate Medical Assistance coverage, subject to any limitations. This is because you had coverage under FHP prior to incarceration. <b>Regulation 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</b>
A27	MA	<b>Reinstate FPBP, Incarcerated Individual Released (NYC)</b> We will reinstate Medical Assistance coverage. This is because had coverage under the Family Planning Benefit Program prior to incarceration. <b>Regulation 18NYCRR 360-3.4(a)(1) and Section 366(1)(a)(1) and 366(1-a) of SSL</b>
A28	MA/FHP	<b>Reinstate MA, Individual Discharged from a Psychiatric Center (NYC)</b> We will reinstate Medicaid coverage effective _____ This is because you have been discharged from a psychiatric center. I you start receiving nursing facility services on a permanent basis, notify your social services district immediately. <b>Regulations 18NYCRR 360-2.2, 360-2.3, 360-3.4 (a)(1) and Sections 366(1)(c) &amp; (d)and 366a(5)(d) of SSL.</b>

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**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
A29	MA/FHP	<b>FHP to MA, Individual Discharged from a Psychiatric Center (NYC)</b> We will reinstate Medical Assistance coverage to all Medicaid covered care and services effective _____. This is because you had coverage under Family Health Plus prior to admission to a psychiatric facility and have been discharged. <b>Regulation 18NYCRR 360-2.2, 360-2.3, 360-3.4(a)(1) and Sections 366 1 (c) &amp; (d) and 366a(5)(d) and 369(ee) of SSL.</b>
A41	MA/FHP	<b>Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC)</b> We will suspend Medicaid/Family Health Plus/family Health P plus Premium Assistance Program/Family Planning Benefit Program coverage effective: _____. Your Medicaid benefits will be reinstated when you are discharged. <b>Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL</b>
A44	FPBP	<b>Reinstate FPBP, Individual Discharged from a Psychiatric Center (NYC)</b> We will reinstate your Family Planning Benefit Program coverage effective _____. This is because you had coverage under Family Planning Benefit Program prior to admission to a psychiatric facility and have been discharged. <b>Regulation 18 NYCRR 360-3.4(a)(1) and Sections 366 (1)(a)(1) and 366 (1) (c) and (d) of the SSL.</b>
A62	MA	<b>Accept MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility</b> We have accepted your application dated _____ for Medicaid but, due to your immigration status, only for coverage for the treatment of inpatient emergency medical conditions. The coverage is effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you received while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated, <b>Regulation 18NYCRR 360-3.2(j), 360-3.4(a)(1), 366(1-a), 366(1)(a)(1) and Section 122 of the SSL.</b>
A64	MA	<b>Suspend MA Coverage for Treatment of Inpatient Emergency Medical conditions, Inmate of a Correctional Facility</b> We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. <b>This decision is based on Sections 122 and 366((1)(e)(1) of the SSL.</b>
A67	MA	<b>Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility</b> We will reinstate Medicaid coverage for care an services necessary for the treatment of an emergency medical condition effective _____ for: This is because you are no longer an inmate of a correctional facility. You are eligible for Medicaid coverage only for care and services necessary for the treatment of an emergency medical condition. <b>This decision is based on Sections 122 and 366(1)(e)(1) of the SSL.</b>

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06/21/2015

**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
D21	MA	<p><b>Open MA Case Discharged from Foster Care - True Chafee</b>                      The following individual will receive Medicaid under the Client Identification Number noted below, effective _____:                      This is because you were discharged from foster care and are between the ages of 18 and 21.                      Regulation 18 NYCRR 360-3.2(j) and SSL 366(3-a).</p>
D22	MA	<p><b>Open MA Case Discharged from Foster Care - Chafee</b>                      Regulation 18NYCRR 360-3.2(j) and SSL 366(3-a).</p>
D23	MA	<p><b>Foster Care IV-E KinGap</b>                      Regulation Section 458-d of Social Services Law</p>
D24	MA	<p><b>Foster Care Non IV-E KinGap</b>                      Regulation Section 458-d of Social Services Law</p>
D25	MA	<p><b>Foster Care Non NYS or Out of State IV-E KinGap</b>                      Regulation section 458-d of Social Services Law</p>
D92	MA/SSI	<p><b>SSI recipient not yet appearing on SDX determined eligible for MA-SSI</b>                      Regulation 360-3</p>
D95	FHP/PAP	<p><b>Premium Assistance Program-Parents at Case Level</b>                      MA 369-ee</p>
H21	MA	<p><b>Notice of Intent to Change Medicaid Coverage Disenrolled in MLTC NYC (Housing Disregard)</b>                      Regulation 18 NYCRR 360-2.3, 360-4.1, 360-4.1, 360-4.4, 360-4.5, 360-4.7 360-4.8, and sections 366-a(2) and 366.14 of SSL</p>
H28	MA	<p><b>Medical Assistance/Family Planning Benefits Program</b>                      For FPBP eligible at or below 200% of FPL. At the case and individual level for Category codes 68 or 69 only.</p>
H43	MA	<p><b>MAGI-Like Consumers (NYC) (System Generated)</b>                      Section 366(1)(b) of the Social Services Law</p>
H60	MA	<p><b>Accept Medicaid Application for Retroactive Period Only, All Covered Care and Services, Ongoing Coverage through the New York State of Health</b>                      Your health care coverage is authorized through the New York State of Health. You requested for coverage for medical bills in the three month period prior to your application to the New York State of Health. We have made a decision concerning your request.                      This decision is based on Social Services Law section 364-i(7)</p>
H62	MA	<p><b>Accept Medicaid Application for Retroactive Period Only, Excess Income (1 Month Spend Down Met), Ongoing Coverage through the New York State of Health</b>                      We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective: ____.                      Your Medicaid benefits will be reinstated when you are discharged.                      Regulation based on section 364-i(7) of the SSL</p>
H64	MA	<p><b>Override Opening Code for Nursing Home and MLTC cases (Manual Notice Required)</b></p>

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06/21/2015

**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
H65	MA-MPE	<p><b>Ongoing Coverage through the New York State of Health</b>                      Your health care coverage is authorized through the New York State of Health. You requested coverage under the Family Planning Benefit Program prior to your application to the New York State of Health.                      We have accepted your application date _____ for Family Planning Benefit Program effective for the period _____ to _____ for:                      If you submitted paid medical bills for direct reimbursement, you will be notified separately of our decisions.  <b>This decision is based on SSL section 366(1)(b)(6)</b></p>
H66	MA	<p><b>MAGI-Like Consumers (NYC)</b>  <b>Section 366(1)(b) of the Social Services Law</b></p>
H67	FHP	<p><b>Eligible single/childless couples (can only be used on FHP cases).</b>  <b>MA: 369-ee</b></p>
H68	FHP	<p><b>Parents at the case level (can only be used on FHP cases)</b>  <b>MA: 369-ee</b></p>
H69	FHP	<p><b>Pregnant women on MA case.</b>  <b>MA: 369-ee</b></p>
H70	MBI-DBG	<p><b>Medicaid Buy - In (Disabled Basic Group) Eligible at or below 150%</b>  <b>Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</b></p>
H71	MBI-MI	<p><b>Medicaid Buy - In (Medically Improved) Eligible at or below 250% but greater than 150%</b>  <b>Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</b></p>
H72	MA	<p><b>Pay-In Excess Income</b>  <b>Regulation 360-4.8 (c)</b></p>
H73	QI1	<p><b>Qualified Individual</b>                      Opening code for Qualified Individuals - QI1</p>
H74	FHP	<p><b>Parents and Expanded Eligibility Children</b>  <b>Regulation</b></p>
H76	MA	<p><b>Excess Income, Managed Long Term Care</b>  <b>Section 366-a(2) of the Social Services Law.</b></p>
H77	MA- SSI Related	<p><b>Blind and disabled individuals who lose eligibility for SSI payments;</b>                      As a result of becoming entitled to Title II child's insurance benefits as a disabled adult child (DAC) or because of an increase in such benefits. Note: MBL budget type 04 (SSI Related), or 05 (SSI-FA) or 06 (SSI- SNCA) must be used  <b>Regulation 360-3:3 (c)</b></p>
H78	MA	<p><b>Not Eligible for MA- Eligible for Health Insurance Premium Payment Only.</b>  <b>Regulation 360-7.5 (H)</b></p>
H79	MA	<p><b>Household Member Eligible for MA and Eligible for COBRA Health</b>  <b>Insurance Continuation Payments.</b>  <b>Regulation 360-3, 360-7.5 (H)</b></p>
H81	FHP-PAP	<p><b>FHPlus-Premium Assistance Program with Combo Coverage</b>                      We have accepted your application dated _____ for Family Health Plus/Family Health Plus_Premium Assistance Program.  <b>Regulation 18 NYCRR 360-2.2(d)(2) and Sections 366(1)(a)(1) and 369-ee of the SSL.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

<b>CODE</b>	<b>CATEGORY</b>	<b>REASON</b>
H82	FHP-PAP	<b>FHP-PAP with Combo Coverage (S/CC)</b> We have accepted your application dated ____ for Family Health Plus/Family Health Plus-Premium Assistance Program. <b>Regulation 18 NYCRR 360-2.2(d)(2) and Sections 366(1)(a)(1) and 369-ee of the SSL.</b>
H83	MA	<b>Institutionalized Spouse (Manual Notice Required)</b> Expected to remain in medical institution for 30 consecutive days- Chronic Care Budgeting used. <b>Regulation 360.14 (c)</b>
H84	MA	<b>Inpatient Hospital bills equal to or greater than excess resources combined; with excess income (if applicable).</b> <b>Regulation 360-3</b>
H85	MA-SSI Related	<b>Medicare Premium, Co-Insurance and Deductible Only. (SLIMB/QMB)</b> <b>Regulation 360-3.</b>
H88	All	<b>Disabled child/children receiving medical/nursing care at home.</b> <b>Regulation 360-3</b>
H91	FA/SNFP SSI Related	<b>Medical bills equal to or greater than excess income.</b> <b>Regulation 360-4.8 (c)</b>
H94	All	<b>Medical need – no recent change in financial circumstances.</b> <b>Regulation 360-3</b>
H96	All	<b>Determined MA Eligible using Expanded Eligibility Criteria</b> Case contains excess resources, excess income or both (replaced 039) <b>Regulation 360-3</b>
H98	FHP-PAP	<b>Premium Assistance Program-Parents and Expanded Eligibility Children</b> <b>MA 369-ee</b>
H99	MA	<b>Administrative Renewal for Aged, Blind and Disabled Coverage Unchanged (NYC)</b> <b>Regulation 18 NYCRR 360-2.3 and Section 366-a of SSL.</b>
P47	MA	<b>Reinstate MA Coverage (30 Days Prior to Release)</b> We will reinstate Medicaid coverage when the following individual is released to the community correctional facility: Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community
Y27	FPBP-PE	<b>Presumptive Eligibility Family FPBP - Case Type 21 (No Notice Required)</b>
Y56	MPE	<b>Presumptive Eligibility</b>
Y57	MPE	<b>Based on your need for home care services, you have been determined presumptively eligible for a maximum period of 60 days.</b> <b>Regulation 360-3</b>
Y58	MPE	<b>Based on your pregnancy, you have been determined presumptively eligible for Medical Assistance for a maximum period of 45 days.</b> <b>Regulation 360-3</b>
Y59	MPE	<b>Presumptive Eligibility for Children (Manual Notice)</b> <b>Regulation SSL 364-I (4) (a-e)</b>
Y67	MA	<b>Other</b>
Y68	MA	<b>RVI Fair Hearing Opening Code in Undercare</b>
Y69	All	<b>Administrative</b> <b>Regulation 360-3</b>

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**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
605	MA	<b>MLTC Extension Valid for Medicaid (CT 20)</b> The Medicaid case for the following individual has been referred to the Human Resources Administration: This is because you have requested services which can only be accessed through your local department of social services.
609	MA	<b>BHP Transfer Remains in WMS (Manual Opening)</b> We will restore Medicaid coverage effective _____ for the following individual(s): This because you have been identified as an individual who must have their eligibility determined by your local department of social services rather than by New York's health plan marketplace, NY State of Health. <b>18 NYCRR 360-2</b>
616	MA	<b>Authorize Medical Coverage, Referral Received from NYSoH</b> NYSoH Transition (Manual Opening)
621	MA	<b>Authorize Medicaid Coverage, Referral Received from NYSoH</b> This eligibility can only be determined by your local Department of Social Services
622	MA	<b>Enrolled in HARP and transferred from NYSoH to WMS</b>
666	MA	<b>Fair Hearing Opening Code MA 369-ee</b>
667	MA	<b>Graus 2 months extension MA cases awaiting Recert update (System Generated)</b>
669		<b>12-Month Automatic Extension (System Generated)</b> Due to disaster of 09/11/01
806	MA	<b>Reinstate MA, Incarcerated Individual Released (System Generated)</b> Regulation 18NYCRR 360 and Section 366(1-a) of the SSL
812	MA	<b>Recalculation of Contribution Toward Chronic Care Single COLA</b> Regulation 18 NYCRR 360-4.9 and 360-4.3 and section 366
813	MA	<b>Reinstate, Incarcerated Individual Released (System Generated)</b> Regulation 18NYCRR 360-4.4(a)(1) and Section 366(1)(a)(1) and 366(1-a) of SSL
814	MA	<b>Reinstate FHP to MA, Incarcerated Individual Released (System Generated)</b> Regulation 18 NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL
822	MA	<b>Open MA Case Discharged from Foster Care - Chafee (System Generated)</b> Regulation 18NYCRR 360-3.2(j) and SSL 366(3-a).
853	MA	<b>Transition of MA Eligibility, (Upstate to NYC) (System Generated)</b> A Medical Assistance case will be opened. Regulation 18NYCRR Sections 351.2 (g)(1) and 360-4.8 (b) 364-j and 369-ee of SSL
865	MPE	<b>Presumptive Eligibility for Children (System Generated)</b> Regulation SSL 364-l (4) (a-e)
889	MA	<b>Open MA Case Discharged From Foster Care (System Generated)</b> Regulation 18 NYCRR 360-2.6
923	All	<b>This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth or within three (3) months prior to the infant's birth.</b> <b>Establish MA only (System Generated)</b> Regulation 366-g

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**MA CASE REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
P47	MA	<p><b>Reinstate MA Coverage (30 Days Prior to Release)</b>                      We will reinstate Medicaid coverage when the following individual is released to the community correctional facility:                      Prior to release, a common Benefit Identification Card will be mailed to the correctional afacility. This cared will be made available to you uppon release to the community.</p>
093	MA-SSI	<p><b>SSI New Opening on SDX, Determined Eligible for MA-SSI (Case Type 22) Regulation 360-3</b></p>
414	MA	<p><b>Presumptive Eligibility FPBP - Case Type 21 (No Notice Required)</b></p>
415	MA	<p><b>Administrative Renewal for Aged, Blind and Disabled Coverage Unchanged (NYC)</b></p>
602	MA	<p><b>BHP Closed 620 (System Generated)</b></p>
608	MA	<p><b>HX Transfer of BHP Ineligible (System Generated)</b>                      A Medicaid case has been opened for the following individual (s) by the HumanResources Administration:                      We will continue your current coverage while we determine if you remain eligible Medicaid coverage. <b>This eligibility can only be terminated by your local department of social services.</b></p>
613	MA	<p><b>Authorized Medicaid Coverage, Referral Received from NYSoH Age 65 and Over with or without Medicare</b>                      The Medicaid case for the following individual has been referred to the Human Resources Administration. Your eligibility for Medicaid must be determined on a different basis that takes into account both your income and certain deductions that were not applied by the Marketplace.  <b>This eligibility can only be determined by your local Department of Social Services.</b></p>
614	MA	<p><b>Authorized Medicaid Coverage, Referral Received from NYSoH Age 64 or Under in receipt of Medicare</b>                      The Medicaid case for the following individual has been referred to the Human Resources Administration:                      Your eligibility for Medicaid must be determined on a different basis that takes into account both your income and certain deductions that were not applied by the Marketplace. <b>This eligibility can only be determined by your local department of social services.</b></p>
615	MA	<p><b>Authorized Medicaid Coverage, MLTC Referral Received from NYSoH</b>                      The Medicaid case for the following individual has been referred to the Human Resources Administration:                      This is because you have requested services which can only be accessed through your local department of social services.</p>
632	MA	<p><b>Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility (System Generated)</b>                      We will suspend Medicaid coverage effective _____ for:                      Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions.  <b>This decision is based on Sections 122 and 366(1)(e)(1) of the SSL</b></p>
633	MA	<p><b>Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility</b>  <b>This decision is based on Sections 122 and 366(1)(e)(1) of the SSL.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241)**

**ALIEN/CITIZENSHIP STATUS**

**CODE CATEGORY REASON**

<b>EE3</b>	<b>MA</b>	<p><b><u>Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></b></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p>
<b>EE4</b>	<b>MA</b>	<p><b><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL. Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></b></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p>
<b>EE5</b>	<b>MA</b>	<p><b><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL. Deny Medical Emergency and MA due to Excess Income Non-Immigrant/ Undocumented Immigrant Certified Blind/Aged or Certified Disabled</u></b></p> <p>We have denied your application for Medicaid for emergency medical care/ services. This is because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL), you may receive Medicaid coverage only for the treatment of emergency medical conditions, or for medical services provided to pregnant women, if you are otherwise eligible.</p> <p><b><u>Regulation 18 NYCRR 360-4.8 and 360-3.2(j) and Section 122 of the SSL.</u></b></p>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**ALIEN/CITIZENSHIP STATUS (CONT'D)**

**CODE CATEGORY REASON**

**F92 All Deny MA/FHP Failure to Provide Proof of Citizenship, Identity and/or Current Immigration Status (HH=1)**

We have denied your application for Medicaid/Family Health Plus/FHP-PAP. This is because you have failed to provide documentation of citizenship, identity and or current immigration status.

**Regulation 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6 351.8(a092)(ii), 360-1.2,360-2.3 and Section 369-ee of the SSL.**

**F93 All Deny MA/FHP Failed to Complete Declaration of Citizenship/Immigration(HH=1)**

This is because in order to get Assistance, we must have a written declaration for each applying household member stating that the individual is either a US citizen, National, Native American or is in a satisfactory immigration status.

**Regulations 18NYCRR 360-2.3, 360-3.2(j) and Sections 369-ee of the SSL**

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E04	FHP	<p><u>Deny FHP/FHP-PAP, MA Ineligible, Excess Income - SCC, (Including 19-20 Years Old Not Living w/Parents)</u></p> <p><b>Message 1:</b> We have denied your application for Medicaid/Family Health Plus/FHP - PAP program. You are not eligible for Medicaid because your gross income of \$___ is over 185% of the Medicaid Standard of \$___.</p> <p><b>Message 2:</b> You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the Medicaid Standard of \$___.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1) and 369-ee of the SSL</b></p>
E22	FHP	<p><u>Deny FHP/FHP-PAP, Ineligible for Medicaid, Excess Income (Parents, Including 19 -20 Years Old Living with or without parent)</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible for Medicaid because your net income (gross income less medicaid deductions) of \$___ is over the allowable medicaid income limit of \$___.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1) and 369-ee of the SSL.</b></p>
E30	All	<p><u>Deny Medicaid/Family Health Plus/FHP-PAP, Excess Income</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the allowable Medicaid income limit of \$___.</p> <p><b>Regulation 18NYCRR 360-2.3, 360-4.1, 3604.4,360-4.5, 360-4.7 and 360-4.8, Sections 366(1)(a)(11), 366-a(2),366(4)(q)(1) and 369-ee of the SSL.</b></p>
E35	MA	<p><u>Deny Medicaid/Family Health Plus/FHP-PAP Excess Income. (SCC)</u></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP.</p> <p><b>Message 1:</b> You are not eligible for Medicaid because your gross income of \$___ is over the 185% of the Medicaid standard of \$___.</p> <p><b>Message 2:</b> You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$___ is over the Medicaid Standard of \$___.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1), 366(1)(a)(11) and 369ee of the SSL.</b></p>
E59	MA	<p><u>Deny MA Excess Income Pregnant Woman</u></p> <p>We have denied your application for Medicaid. This is because your net income of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit for a pregnant woman.</p> <p><b>Regulation18NYCRR 360-4.1, 360-4.7 and 360-4.8</b></p>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E82	MA	<p><b>Deny Family Planning Services, Excess Income</b> We have denied your application for Family Planning Benefit Program dated ____ for: This is because your net income (gross income less Medicaid deductions) of \$ ____ is over \$ ____ which is the income limit for the Family Planning Benefit Program. To apply for Medicaid with a spenddown, you must meet one of the following requirements: be under age 21, Over age 65, pregnant, certified blind, certified disabled or a parent(s) of a child under 21. <b>Regulation 366(1)(a)(11) and a(11) of the Social Service Law</b></p>
F09	MBI-WPD	<p><b><u>Deny MBI-WPD, Excess Income above 250% of FPL</u></b> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$ ____ is over the MBI-WPD income limit of \$ ____. <b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</b></p>
F26	MBI-WPD	<p><b><u>Deny MBI-WPD, Excess Resources</u></b> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your countable resources of \$ ____ are over the allowable Medicaid resource limit of \$ ____. <b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</b></p>
F28	MBI-WPD	<p><b><u>Deny MBI-WPD, Excess Income and Excess Resources</u></b> We have denied your application for Medicaid coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$ ____ is over the MBI-WPD income limit of \$ ____ . In addition your countable resources of \$ ____ are over the allowable Medicaid resource limit of \$ ____. <b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.4, 360-4.6, 360-4.7, and 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the SSL.</b></p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
FE1	MA	<p><b><u>Deny MA Excess Income, Child Age 6-18 (NYC)</u></b> We have denied your application for Medicaid dated _____ for: This is because your net income of \$____ is more than 133% of the Federal Poverty Level of \$____ which is the income for persons ages six through eighteen years. <b>Regulations 18NYCRR 360-4.1, 360-4.7 and 360-4.8, and Section 366(1)(a)((11) and 366(4)(p)(1) of the Social Services Law</b></p>
G18	FHP	<p><b><u>Deny Medicaid/FHP/FHP-PAP, Excess Income of Parents and Children</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP. You are not eligible because your gross income of \$____ is over the Family Health Plus Income limit. <b>Message 1: Children Up to Age One</b> Your net income (gross income less Medicaid deductions) of \$____ is more than 200% of the Federal Poverty Level\$____. <b>Message 2: Children Ages 1-5</b> Your net income (gross income less Medicaid deductions) of \$____ is more than 133% of the Federal Poverty Level\$____. <b>Message 3: Children Ages 6-19</b> Your net income (gross income less Medicaid deductions) of \$____ is more than 100% of the Federal Poverty Level\$____. <b>Regulation 18 NYCRR 360-2.3, 360-4.1, 360-4.4, 360-4.5, 360-4.17 and 360-4.8, Sections 366(1)(a)(11), 366-a(2), 366(4)(q)(1) and 369-ee of the SSL.</b></p>
G57	MA	<p><b><u>Deny Medicaid, Ineligible, Income Over 138%</u></b> We have denied your application for Medicaid dated _____ for: This is because you are not eligible for Medicaid because your gross income of \$____ is over the allowable Medicaid income limit of \$____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess INcome Program" and "Optional Pay-in Program." If you are interested in receiving Medicaid coverage with a spenddown, call the Unit telephone number listed above within 30 days of the effective date of this notice. <b>Regulation SSL 366(1)(b) and 366-a(2)</b></p>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

H33	MA	<p><b><u>Deny Medicaid, Excess Income, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></b></p> <p>We have denied your application for Medicaid dated _____ for: This is because your net income (gross income less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. The amount over the limit is called excess resources or spenddown. Your monthly excess income amount is \$_____. You are over the limit by \$_____. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. Please look at the enclosed budget calculation to see how we figured your excess income. If you incur medical bills in the amount of your excess income, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program". <b>Regulation 18 NYCRR 360-4.8.</b></p>
H34	MA	<p><b><u>Deny Medicaid, Ineligible, Excess Income</u></b></p> <p>We have denied your application for Medicaid dated _____ for: This is because you are not eligible for Medicaid because your gross of \$_____ is over the allowable Medicaid income limit of \$_____. If your income is too high, you may still be able to get health care coverage. If annual income is greater than 400% of the FPL, health insurance can still be purchased through New York State of Health. <b>Sections 366(1)(b) and 366-a(2) of the Social Services Law</b></p>
H35	MA	<p><b><u>Deny Medicaid, Ineligible, Income Over 223% FPL</u></b></p> <p>We have denied your application for Medicaid dated _____ for: This because is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." <b>Sections 366(1)(b) and 366-a(2) of the Social Services Law.</b></p>
H36	MA	<p><b><u>Deny Medicaid, Ineligible, Income Over 154%</u></b></p> <p>We have denied your application for Medicaid dated _____ for: This because is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." <b>Sections 366(1)(b) and 366-a(2) of the Social Services Law.</b></p>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)  
EXCESS INCOME/RESOURCES (CONT'D)

CODE   CATEGORY   REASON

H37   MA

Deny Medicaid, Ineligible, Income Over 155%

We have denied your application for Medicaid dated \_\_\_\_\_ for:

This because is because you are not eligible for Medicaid because your gross income of \$ \_\_\_\_\_ is over the allowable Medicaid income limit of \$ \_\_\_\_\_.

However, you may be eligible for Medicaid spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

**Sections 366(1)(b) and 366-a(2) of the Social Services Law.**

H25   MA

Deny MA Excess Resources (DAB)

We have denied your application for Medicaid dated \_\_\_\_\_ for:

This because your countable resources \$ \_\_\_\_\_ are over the allowable Medicaid resource limit of \$ \_\_\_\_\_. The amount over the limit is called excess resources or spenddown. Your Excess resource amount is \$ \_\_\_\_\_. Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund. Please look at the budget calculations section to see how we figured your excess resources. If you incur medical bills in the amount of your excess resources in the future or if the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".

**Regulation 18 NYCRR 360-4.8**

H26   MA

Deny Medicaid, Excess Income and Resources (SSI-Related)

We have denied your application for Medicaid dated \_\_\_\_\_ for:

This is because your net income (gross income less Medicaid deductions) of \$ \_\_\_\_\_ is over the allowable Medicaid income limit of \$ \_\_\_\_\_. In addition, your countable resources of \$ \_\_\_\_\_ are over the allowable Medicaid resource limit of \$ \_\_\_\_\_. The amounts over the limits are called excess income and excess resources or spenddown. Your monthly excess income amount is \$ \_\_\_\_\_. Your excess resource amount is \$ \_\_\_\_\_. Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.

Please look at the enclosed budget calculation to see how we figured your excess income and excess resources.

If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or your income resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".

**Regulation 18 NYCRR 360-4.8.**

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E60	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/- Unable to Locate</u></b> We have denied your application for Medicaid. This is because we have been unable to find you. <b>Regulation 18NYCRR 351-8(a), 360-2.2(f),360-2.3 and Sections 366(1)(a)(11) and 369-ee of the SSL</b>
E63	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/- Not a Resident of State</u></b> We have denied your application for Medicaid. This is because you are not a resident of this State. <b>Regulation 18NYCRR 351-2(g)(1), 360-3.5, 360-3.6 and SSL 366(1)(a)(11), 366(1)(b) and 369-ee</b>
E72	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/, Public Institution</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you live in a public institution which provides medical care for you. <b>Regulation 18NYCRR 360-3.4 and Sections 366(1)(a)(11) and 369-ee of the SSL</b>
E73	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/, Foster Care</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP. This is because the individual will receive Medicaid coverage through the Foster Care Program. <b>Regulation 18 NYCRR 360-2.6</b>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**DUPLICATE ASSISTANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
M02	MA	<p><b><u>Deny Application Due to Receipt of Medicaid through New York State of Health (NYC)</u></b></p> <p>We have denied your application for Medicaid dated _____ for:</p> <p>This is because your identity matches that of a person who is already receiving Medicaid coverage through New York State of Health, account number _____.</p> <p>Because the identities match, we have determined that you and that person are the same person.</p>
M13	All	<p><b><u>Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.</u></b></p> <p><b><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Medicaid in Another State</u></b></p> <p>We have denied your application for medicaid/family Health Plus/FHP-PAP/. This is because you already receive Medicaid in the State of ____.</p>
M66	All	<p><b><u>Regulation 18 NYCRR 351.9 and Sections 369-ee and 366(1)(a)(11) of the SSL.</u></b></p> <p><b><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Medicaid on Another Case</u></b></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you are already receiving Medicaid/Family Health Plus/FHP-PAP/ under case name _____.</p>
M67	All	<p><b><u>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</u></b></p> <p><b><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Part of Another MA Application</u></b></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you are part of the application of ____ and you are still a member of that household. We will decide if you can get assistance as a member of that case.</p>
M98	All	<p><b><u>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</u></b></p> <p><b><u>Deny Medicaid/Family Health Plus/FHP-PAP/. Currently in Receipt of Concurrent Benefits</u></b></p> <p>We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because your identity matches that of a person who is already receiving assistance in <u>District Name</u>.</p> <p><b><u>Regulation 18 NYCRR 351.9</u></b></p>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**HEALTH INSURANCE**

**CODE CATEGORY REASON**

<b>G48</b>	<b>FHP</b>	<b><u>Deny FHP-PAP, ESHI Not Cost Effective. Ineligible for FHP Due to Equivalent Health Insurance</u></b> We have denied your application for Family Health Plus/FHP-PAP. This is because it is not cost effective for the Family Health Plus-Premium Assistance Program to pay the premium for your employer sponsored health insurance. <b>Regulation 18 NYCRR 360-2.2(d)(2) and Sections 366(1)(a)(1) and 369-ee of the SSL</b>
<b>V18</b>	<b>All</b>	<b><u>Deny MA/FHP TPHI Resources - Refusal (MANUAL NOTICE REQUIRED)</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP. <b>Message 1:</b> This is because you refused to provide information on employer or other than employer sponsored group health insurance plan. <b>Message 2:</b> This is because you refused to enroll in employer or other than employer sponsored group health insurance plan. <b>Regulation 18 NYCRR 360-3.2(h) and Section 369.ee of the SSL</b>
<b>Y84</b>	<b>FHP</b>	<b><u>Deny FHP, Failure to Provide FHP Plan and Provider Selection Form (MANUAL NOTICE REQUIRED)</u></b> We have denied your application for Family Health Plus dated _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. <b>Regulation 360-4.1, 360-4.8</b>
<b>884</b>	<b>All</b>	<b><u>Deny MSP from LIS Application Failure to Provide Documentation (SYSTEM GENERATED)</u></b> We have denied your application for the Medicare Savings Program. This is because you failed to provide the requested information required to establish your eligibility for MSP. <b>SSL 367-a(3) and Regulation 18 NYCRR 360-7.7</b>

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MA CASE REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 241) (CONT'D)

OTHER ELIGIBILITY REQUIREMENTS

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
BH1 (System Generated)		<b>TA Denial, Transition to NY State of Health, Recipient in the Five Year Ban (BHP)</b>  Because of the immigration status of individuals on your application, eligibility for Medicaid coverage for the following individuals must be determined by New York's health plan marketplace, NY State of Health: <b>This decision is based on Sections 366(1)(g) and 369-gg of the SSL.</b>
F17	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/, Incorrect/Fraudulent Social Security Number (HH=1)</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/. This is because you did not give us the correct Social Security number (s). <b>Regulation 18 NYCRR 360-2.3 (a) and Sections 366(1)(a)(11) and 369-ee of the SSL</b>
F20	All	<b><u>Deny Medicaid, Failure to Provide Social Security Number</u></b> We have denied your application for Medicaid. This is because you did not give us a Social Security number (s) or apply for a Social Security number (s). <b>Regulation 18 NYCRR 351.2(c), 360-2.3(a) and Section 369-ee of SSL</b>
F50	All	<b><u>Deny MA Death before Determination - No Medical Bill in the Retro Period</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/. This is because this individual died before the process was completed and did not have medical bills. <b>Regulation 18 NYCRR 360-2.2 and 360-2.3</b>
F51	All	<b><u>Deny MA Death Before Determination - Insufficient Information to Make Decision</u></b> <b>Deny MA Death before Determination - No Medical Bill in the Retro Period</b> We have denied your application for Medicaid/FHP/FHP-PAP/. This is because our records indicate that this individual is deceased and we have insufficient information to complete the application process. <b>Regulation 18 NYCRR 360-2.2 and 360-2.3</b>
G58	QI1	<b><u>Deny QI-1 Annual Fund Exhausted</u></b> We have denied your application for Medicare Part B premium. The funding provided to New York State by the federal government for this program has been expended for the year. <b>This decision is based on: Subdivision 3 Section 367-a of the SSL</b>
G59	QI1	<b><u>Deny Qualified Individual (QI-1), Over Income</u></b> We have denied your application for Qualified Individuals-(QI-1). This is because your net income (gross income less Medical Assistance deductions) of \$_____ is over the QI-1 income limit \$_____. <b>Subdivision 3 of Section 367-a of the SSL</b>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**OTHER ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
G88	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Client Request (WRITTEN)</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you said that you did not want assistance. <b>Regulation 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369.ee of the SSL</b>
G98	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Client Request (VERBAL)</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you said that you did not want assistance. <b>Regulation 18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369.ee of the SSL</b>
H05	All	<b><u>Duplicate Application (AMP Date Required)</u></b> We have denied your application for Medicaid/Family Health Plus-Premium Assistance Program/Family Planning Benefit Program dated _____ for: This is because you are already have a pending application for Medicaid/Family Health Plus/Family Health Plus-Premium Assistance Program/Family Planning Benefit Program dated _____. <b>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL</b> This decision is based on Section 366(1)(b) of the Social Services Law.
H24	All	<b><u>Deny Retroactive Eligibility (for Payment of Bills Offline)</u></b> <b>(MANUAL NOTICE REQUIRED)</b> Based on a review of your application for retroactive Medical Assistance, we have determined that your application does support a finding of retroactive MA eligibility. Retroactive MA eligibility for the period _____ to _____ has been authorized for you. An authorization letter will be sent to you to verify your eligibility for the retroactive period. <b>Regulation 18 NYCRR 360.16, 360-1.2, Part 350, Part 351</b>
H42	MA	<b><u>Deny Medicaid, Individual Revoked Authorization for AVS</u></b> We have denied your application for Medicaid dated _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouses's resources with financial institutions. <b>This decision is based on 42 U.S.C. 1396w and Section 366-a(2) of the SSL.</b>
HH8	MA	<b><u>HX Applicant Submission (NYC)</u></b> This is to inform you that we will continue Medicaid until _____ for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. <b>This decision is based on Section 366(1)(b) of the Social Services Law.</b>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**OTHER ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
HH9	MA	<b><u>HX Referral (NYC)</u></b> We received your application dated _____ for Medicaid coverage. Your application for the following individuals is being sent to New York's health benefit exchange, New York State of Health:
M25	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failed to Respond to Computer Match Call-In Letter</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because we sent a letter to you asking you to contact us, and you failed to do so. We asked you to contact us with information about <u>computer match</u> . <b>Regulation 18 NYCRR 351.1(b)(2)(ii), 351.22(e) and 360-2.3 and Section 369-ee and 366(1)(a)(11) of the SSL</b>
M32	All	<b><u>Deny, Eligible for Cash Assistance (MANUAL NOTICE REQUIRED)</u></b> We have denied your application for Medical Assistance dated _____. This is because you are already receiving medical assistance coverage under TA case number _____. <b>Regulation 18 NYCRR 360-3.3 and Sections 369.ee and 366(1)(a)(11) of the SSL</b>
*U13	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Failure to Provide Information</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because we must have proof of certain things to decide if you can get Medicaid. These are the documents we told you we need _____. <b>Regulations 18 NYCRR 360-2.0(e), 360-2.2(f) and 360-2.3.</b>

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**MA CASE REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 241) (CONT'D)**

**OTHER ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
U23	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP. Information Non Applying Legally Responsible Relative. Applicant Under 21</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you failed or refused to give us information about income of LLR. <b>Regulations 18 NYCRR 352.23(a), 351.2(e) and 360-2.13 and Section 369-ee of SSL</b>
V13	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP. Failure to Utilize Benefits</u></b> We have denied your application for Medicaid/FHP/FHP-PAP. This is because when a person might be able to get some other benefits which can reduce or end the persons need for assistance, the person must apply for such benefits. <b>Regulation 18 NYCRR 360-2.3 and Section 369-ee of the SSL</b>
Y50	All	<b><u>Deny Medicaid/FHP/FHP-PAP/FPBP. Client Request to Withdraw Application</u></b> We have denied your application for Medicaid/FHP/FHP-PAP/FPBP. This is because you requested to withdraw your application.
Y99	All	<b><u>Deny. Other (MANUAL NOTICE REQUIRED)</u></b> Deny case for which there is no other appropriate reason code. No notice is generated by CNS.
299	MPE	<b><u>No Presumptive Eligibility (MANUAL NOTICE REQUIRED)</u></b> We have determined that your application for Presumptive Medical Assistance for your home care needs does not support a finding of presumptive eligibility. You will be contacted regarding your application for ongoing Medical Assistance. <b>Regulation 18 NYCRR 360-3.7, Part 531</b>
830	All	<b><u>Documentation</u></b> We have denied your application for Medical Assistance dated _____. This is because you failed to provide information/documentation required by this agency to establish your eligibility for Medical Assistance. <b>Regulation 18 NYCRR 352-1.2, 360-2.3, Part 351</b>

\* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

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**MA CASE REASON CODES (CONT'D)**

**IMPORTANT NOTE**

AS OF 2000.1 MIGRATION, THE REQUIREMENT TO LIST THE NAMES AND CINS OF CLIENTS ON MEDICAID CLOSINGS HAS BEEN ELIMINATED. ALL OF THE LANGUAGE FOR MEDICAID CLOSING CODES HAS BEEN MODIFIED TO REFLECT THIS CHANGE.

**CLOSING CODES - MA (MA: REAS - 241)**

**THE FOLLOWING PARAGRAPH MUST BE SENT TO THE CLIENT WHEN ISSUING A MANUAL NOTICE FOR THE CLOSING CODES U16, E12, U13, U20, G13.**

**You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a fair hearing. HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAID TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.**

***NOTICES WHICH ARE SENT TO THE CLIENT UTILIZING CNS ALREADY INCLUDE THIS LANGUAGE***

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES**

**CODE CATEGORY REASON**

<b>E12</b>	<b>MA</b>	<b>Failed to Comply with Recertification - Didn't Return Form (NYC) (Manual)</b> We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return the recertification form by _____. If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued. <b>This decision is based on Section 366-a(5) of the Social Services Law.</b>
<b>G14</b>	<b>MA</b>	<b>Failed to Return MA Recertification/Renewal Form</b> We will discontinue Medicaid/Refugee Medical Assistance effective <u>(Date)</u> . You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a Fair Hearing. We are discontinuing Medicaid/Refugee Medical Assistance because you or your representative failed to return the Medicaid/Refugee Medical Assistance Recertification/Renewal form by <u>(Date)</u> . <b>Decision is based on Section 366-a(5) of the Social Services Law.</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)**

**CODE CATEGORY REASON**

**G56 FPBP**

**Discontinue FPBP Fail to Return Renewal (NYC)**

We will discontinue your Family Planning Benefits coverage effective \_\_\_\_\_. This is because you or your representative has failed to return the family Planning Benefits Recertification/Renewal form by \_\_\_\_\_.

You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing.

However, YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for continuing coverage.

**Regulation 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6)**

**U13 MA**

**Failed to Comply with Recertification - Didn't Return Information NYC**

We will discontinue Medicaid effective \_\_\_\_\_.

We are discontinuing Medicaid because you or your representative did not return all of the information necessary to determine continued eligibility for Medicaid by \_\_\_\_\_.

**This decision is based on 42 U.S.C. 139w, Section 366-a(5)(a) of the SSL and Regulations 18 NYCRR 35.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii) and 373-2.**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)**

**CODE CATEGORY REASON**

\* U20 MA

**Did Not State Unable to Get Information NYC**

We will discontinue Medicaid effective \_\_\_\_\_.

We are discontinuing Medicaid because you did not provide us with certain documents that we must have to decide if you can continue to get Medicaid.

If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued.

These are the documents we told you we need, but you did not give them to us and you did not tell us you could not get them: (List Items)

If you already sent them to us, please call the Unit's office telephone number listed in the box above to make sure that they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance.

**This decision is based on Sections 366-a(2) and (5) of the SSL.**

\* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
U21	MA	<p><b>Unable to Get Information But Not A Good Reason</b> We will discontinue Medical Assistance beginning _____. This is because we must have proof of certain things to decide if you can continue to get Medical Assistance. You did not give us all the things we need to decide if you can get Medical Assistance. These are the things we told you we needed but that you did not give us: <u>(list items)</u> You told us you could not get these things but you did not have a good reason. <b>Regulation 349.3 (b), 351.1(b) (2) (ii), 351.2 351.5, 351.6, 351.8 (a) (2) (ii), 351.2 (h) and 360-2.3</b></p>
U23	MA	<p><b>Failure to Provide Required Information about Legally Responsible Relatives</b> We will discontinue Medical Assistance beginning _____. This is because you failed or refused to give us information about the income/resources of your legally responsible relative(s). You did not give us the following information about <u>(Names of Relatives)</u>. You did not tell us that you were unable to get this information. We must have proof of the information about the income and resources of non-applying legally responsible relatives, even if those relatives do not live with you. <b>Regulation 352.23(a), 351.2(e), 360-2.3</b></p>
U61	MA/FPBP	<p><b>Didn't Return Information NYC</b> We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You may request a Fair Hearing if you disagree with and decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. However, <b><u>YOU MUST REQUEST A FAIR HEARING BEFORE THE DISCONTINUE EFFECTIVE DATE SHOWN ABOVE IF YOU WANT YOUR MEDICAL ASSISTANCE TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION.</u></b> You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage. <b>Decision is based on Regulations 18 NYRR 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6) of the Social Service Law.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
983	All	<b>Did Not Return Forms For Recertification (System Generated)</b> We will discontinue Medical Assistance/Family Health Plus effective _____. We are discontinuing your Medical Assistance/Family Health Plus because you or your representative has failed to return the Medical Assistance/Family Health Plus Recertification Renewal Notification form by _____. (See G14) <b>Regulation 18 NYCRR 351.22, 360-2.2(e), 360-2.2(f), and 360-2.3</b>
994	MA	<b>Failed to Comply w/Recertification - Didn't Return Form (NYC) (System Generated)</b> We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return the recertification form by _____. If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. <b>This decision is based on Section 366-a(5) of the Social Services Law.</b>
995	All	<b>Failed to Comply with Recertification - Didn't Return Info NYC (System Generated)</b> We will discontinue Medicaid effective _____. We are discontinuing Medicaid because you or your representative did not return all of the information necessary to determine continued eligibility for Medicaid by _____. <b>Decision is based on 42 U.S.C. 1396w, Section 366-a(5)(a) of the SSL and Regulations 18NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii) and 373-2.</b>
997	MA	<b>Pregnant Woman Did Not Return Forms (System Generated)</b> We will discontinue Medical Assistance effective _____. This is because you or your representative did not return the recertification form. If you need a new recertification packet, you can get one by calling or writing to us. If you come to our office in person, bring this notice with you. <b>Regulation 360-2.2 (e), 360-2.2 (f), 360 -2.3</b>
998	MA	<b>Pregnant Woman Did Not Return Information (System Generated)</b> We will discontinue Medical Assistance effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. We need these items which are not in our files or which might have changed since you gave them to us before: (list items). <b>Regulation 360-2.2 (e), 360-2.2 (f), 360-2.3</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E11	MA	<b>Excess Income, End of Second Recertification Period</b> We will discontinue Medical Assistance effective _____. This is because, since your last recertification, you failed to submit paid or unpaid medical bills that were equal to or more than your excess income. If you have or incur medical bills that equal or exceed our excess income amount and you want Medical Assistance, you may reapply. <b>Regulation 360-4.8</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
<b>E30</b>	<b>MA</b>	<p><b>Excess Income</b></p> <p>We will discontinue Medical Assistance beginning _____. This is because your net income is over the allowable Medical Assistance income limit of \$____. You are over the limit by \$____. The amount over the limit is called excess income. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your income is over the limit.</p> <p>Please look at the enclosed budget calculation to see how we figured your excess income. If you incur medical bills in the amount of your excess income in the future, you may reapply.</p> <p>Please read the enclosed "Explanation of the Excess Income Program".</p> <p><b>Regulation 360-4.8</b></p>
<b>E31</b>	<b>MA</b>	<p><b>Excess Income - MA to TMA Eligible Increased Earnings/ New Employment</b></p> <p>We will discontinue Medicaid beginning _____. This is because your income (less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. However, if the increase was due to increased earnings, or new employment, you may be eligible for Transitional Medical Assistance.</p> <p>To be eligible for full coverage 12 month TMA extension the family must have received Medicaid under the LIF category for one of the six previous months, lost Medicaid eligibility because of increased earning or new employment. If you are not eligible for the TMA extension, your Medicaid will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured your excess income.</p> <p><b>Regulation 18 NYCRR 360-4.8</b></p>
<b>E32</b>	<b>MA</b>	<p><b>Excess Income Child/Spousal Support Extension</b></p> <p>We will discontinue Medical Assistance beginning _____. This is because your income (less Medical Assistance deductions) of \$_____ is over the allowable Medical Assistance income limit of \$____.</p> <p>However, if the increase was due to increased spousal or child support, you may be eligible for a four-month extension of you Medical Assistance coverage. Please look at the budget calculation section to see how we figured your excess income.</p> <p><b>Note: Not applicable for S/CC</b></p> <p><b>Regulation 18 NYCRR 360-4.8</b></p>
<b>E33</b>	<b>MA</b>	<p><b>Excess Income MA to TMA Guarantee-Increased Earnings/New Employment</b></p> <p>We will discontinue Medicaid beginning _____. This is because your income (less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$____. However, if the increase was due to increased earnings, or new employment, you may be eligible for Transitional Medical Assistance.</p> <p>To be eligible for full coverage 12 month TMA extension the family must have received Medicaid under the LIF category for one of the six previous months, lost Medicaid eligibility because of increased earning or new employment. If you are not eligible for the TMA extension, your Medicaid will be discontinued on the effective date listed on page one of this notice. Please look at the budget calculation section to see how we figured your excess income.</p> <p><b>Regulation 18 NYCRR 360-4.8</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E36	MA	<b>Excess Income – Child/Spousal Support</b> We will discontinue Medical Assistance beginning _____. This is because you income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____. Also, you do not have unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount. <b>Regulation 18 NYCRR 360-4.8</b>
E89	FPBP	<b>FPBP Excess Income Over 200%</b> We will discontinue Medicaid effective_____for: This because your net income (gross income less Medicaid deductions) of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit. <b>Regulation 18 NYCRR 360-3.7(d), 360-4.1, 360-4.7 and 360-4.8 and Section 364-i of the SSL</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F09	MBI-WPD	<p><b>Ineligible Excess Income above 250% of FPL</b></p> <p>We will discontinue Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$ ____ is over the MBI-WPD income standard of \$ ____.</p> <p>Please look at the budget section to see how we figured you income.</p> <p>Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."</p> <p><b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) and 369ee of the Social Services Law</b></p>
F26	MBI-WPD	<p><b>Excess Resources</b></p> <p>We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective ____.</p> <p>This is because your countable resources of \$ ____ are over the MBI-WPD resource limit.</p> <p>Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance.</p> <p>The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources or if the amount of your resources goes down in the future, you may reapply.</p> <p><b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>
F28	MBI-WPD	<p><b>Excess Income and Resources</b></p> <p>We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective ____.</p> <p>This is because your net income (gross income less Medical Assistance deductions) of \$ ____ is over the MBI-WPD income limit of \$ ____ and your countable resources of \$ ____ are over the MBI-WPD resource limit.</p> <p>You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown.</p> <p>We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

**CODE   CATEGORY   REASON**

**E82   MA**

**Discontinue Family Planning Services, Excess Income**

We will discontinue the Family Planning Benefit Program effective \_\_\_\_, This is because your net income (gross income less Medicaid deductions) of \$\_\_ is over the allowable Medicaid income limit of \$\_\_, which is the income limit for the Family Planning Benefit Program.

To apply for Medicaid with a spenddown, you must meet one of the following requirements: be under age 21, Over age 65, pregnant, certified blind, certified disabled or a parent(s) of a child under 21.

**Regulation 366(1)(a)(11) and a(11) of the Social Service Law**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
G58	QI1	<p><b>Annual Fund Exhausted</b></p> <p>We will discontinue Medical Assistance coverage for the Qualified Individual -1 (QI1) program effective ____.</p> <p>This means that Medical Assistance will no longer pay for your Medicare Part B premium.</p> <p>The funding provided to New York State by the federal government for this program has been expended for the year. There is no additional money available at this time to reimburse individuals for their Medicare Part B premiums. Please apply in January of next year when funding is again available for this program.</p> <p><b>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

<b>G57</b>	<b>MA</b>	<p><b><u>Discontinue Medicaid, Ineligible, Income Over 138%</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." <b>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL.</b></p>
<b>G59</b>	<b>QI1</b>	<p><b><u>Discontinue Qualified Individual (QI-1) Over Income (NYC)</u></b> We will discontinue Medical Assistance Program coverage for the Qualified Individuals -1 (QI-1) Program effective _____. This means that Medical Assistance will no longer pay for your Medicare Part B premium. This is because your net income (gross income less Medical Assistance deductions) of \$_____ is over the QI-1 income limit of \$_____. Please look at the budget calculation section to see how we figure your income. <b>This decision is based on: subdivision 3 of Section 367-a of the Social Services Law</b></p>
<b>H25</b>	<b>MA</b>	<p><b><u>Discontinue Medicaid, Excess Resources (DAB)</u></b> We will discontinue Medicaid effective _____. This is because your net income limit is \$_____. You are over the limit by \$_____. The amount over the limit is called excess resources or spenddown. Also, you do not have paid or unpaid medical bills that are equal to or more than the amount your resources are over the limit. In addition, we told you that you could spend your excess resources on allowable burial expenses. You did not do so in the time period you were allowed. Please look at the enclosed budget calculation to see how we figured your excess resources. If you incur medical bills in the amount of your excess resources in the future or if the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program". <b>Regulation 18 NYCRR 360-4.8.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

H26	MA	<p><b><u>Discontinue Medicaid, Excess Income and Resource, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></b></p> <p>We will discontinue Medicaid effective _____. This is because your net income (gross income less Medicaid deductions) off \$_____ is over the allowable Medicaid income limit of _____. In addition, your countable resources of \$_____ are over the allowable Medicaid resource limit of \$_____. the amounts over the limits are call excess income and excess resources of spendown.</p> <p>Also, we have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund.</p> <p>Please look at the enclosed budget calculation to see how we figured your excess resources.</p> <p>If you incur medical bills in the amount of your excess resources in the future or If the amount of your resources goes down, you may reapply. Please read the enclosed "Explanation of the Excess Resource Program".</p>
<b>Regulation 18 NYCRR 360-4.8.</b>		
H33	MA	<p><b><u>Discontinue Medicaid, Excess Income, Applicant Age 65 and Older, Certified Blind or Certified Disabled</u></b></p> <p>We will discontinue Medicaid effective _____. This is because your net income (gross income less Medicaid deductions) of \$_____ is over the allowable Medicaid income limit of \$_____. The amount over the limit is called excess resources or spendown. Also, you do not have paid or unpaid medical expenses not covered by insurance that are equal to or more than your excess income amount.</p> <p>This applies to Medicaid recipients who are 65 years of age or older, certified blind or certified disabled.</p> <p>If you incur medical bills in the amount of your excess income, you may reapply.</p> <p>Please read the enclosed "Explanation of the Excess Resource Program".</p>
<b>Regulation 18 NYCRR 360-4.8.</b>		
H34	MA	<p><b><u>Discontinue Medicaid, Excess Income</u></b></p> <p>We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.</p> <p>We will discontinue Medicaid effective _____ for:</p> <p>This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____.</p> <p>However, you may be eligible for Medicaid with a spenddown.</p> <p>Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program."</p> <p><b>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

H35	MA	<p><b><u>Discontinue Medicaid, Ineligible, Income Over 223% FPL</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." <b>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</b></p>
H36	MA	<p><b><u>Discontinue Medicaid, Ineligible, Income Over 154%</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." <b>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</b></p>
H37	MA	<p><b><u>Discontinue Medicaid, Ineligible, Income Over 155%</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for: This is because you are not eligible for Medicaid because your gross income of \$_____ is over the allowable Medicaid income limit of \$_____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-IN Program." <b>This decision is based on Sections 366(1)(b) and 366-a(2) of the SSL</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

H44	MA	<p><b><u>Ineligible, FP Exceed the MAGI Limit Due to COLA Increase - 223%</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. Under these rules, we compared your gross income to the Modified Adjusted Gross Income (MAGI) limit. We will discontinue Medicaid effective _____.</p>
H45	MA	<p><b><u>This decision is based on Sections 366(1)(b)(3) and 366(1)(b)(6) of the SSL.</u></b> <b><u>Ineligible, Exceed the MAGI Limit Due to COLA Increase - 155%</u></b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. Under these rules we compared your gross income to the Modified Adjusted Gross Income (MAGI) limit. We will discontinue Medicaid effective _____.</p> <p><b><u>This decision is based on Sections 366(1)(b)(3) and 366(1)(b)(6) of the SSL.</u></b></p>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME AND RESOURCES (CONT'D)**

H46	MA	<b><u>Ineligible. Exceed the MAGI Limit Due to COLA Increase - 138%</u></b>
H47	MA	<b><u>Ineligible. Exceed the MAGI Limit Due to COLA Increase - 100%</u></b>
U54	MA	<b><u>Transfer of Resources Institutionalized Individual. Excess Income (Manual Notice Required)</u></b>

We will discontinue Medical Assistance beginning \_\_\_\_\_. You are not eligible for Medical Assistance coverage for the following services until (date): nursing facility services (Residential Health Care Facilities, Residential Treatment Facilities or Intermediate Care Facilities for the Developmentally Disabled); nursing facility services provided in a hospital; home and community-based wavered services. Please look at the section called "Explanation of the Effect of Transfers of Resources on Medical Assistance Eligibility" for an explanation of what types of transfers prevent you from receiving full Medical Assistance coverage.

**Regulation 360-4.4, 360-4.7, 360-4.8**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA:REAS - 241)**

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
A63	MA	<b>Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility</b> We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated. You are eligible for Medicaid coverage only for the treatment of inpatient emergency medical conditions.
EF2	MA	<b>Based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL.</b> <b>Disc Medicare Savings Program of Inmate of NYS or Local Correctional Facility</b> We will discontinue Medical Assistance payment of the Medicare Part B premium effective_____. <b>This decision is based on Social Service Law 367-a(3)(d)(1)</b>
EF3	MA	<b>Disc MA Payment of Health Insurance Premiums</b> The Medical Assistance program will discontinue paying for your health insurance premiums effective_____.
EF6	All	<b>Disc Medicaid Payment of Health Insurance Premiums for an Individual Admitted to Psychiatric Center (NYC)</b> The Medicaid program will discontinue paying for your health insurance premiums effective_____. This is because we have determined that it is not cost effective.
EF7	MA/FHP	<b>Disc, MA/FHP, Individual Discharged from a Psychiatric Center to custody of United States Immigration and Customs Enforcement (NYC)</b> We will discontinue Medicaid/Family Health Plus effective_____. This is because you are being discharged from a psychiatric center to the custody of the United State Immigration and Customs Enforcement (ICE). <b>Regulation 366(1) (c) and (d) of the SSL.</b>
EF8	MA/FHP	<b>Disc MA/FHP, Individual Discharged from a Psychiatric Center to another State's Law Enforcement (NYC)</b> We will discontinue Medical/Family Health Plus effective_____ for: This is because you are being discharged form a psychiatric center to another state's law enforcement. <b>This decision is based on Sections 366(1) (c) and (d) of the SSL.</b>
EM8	MA/FHP	<b>Disc MA/FHP, Individual Discharged from a Psychiatric Center to the custody of the Federal Bureau of Prisons (NYC)</b> We will discontinue Medicaid/Family Health Plus effective_____. <b>Regulation Sections 366(1) (c) and (d) of the SSL.</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA:REAS - 241) CON'D**

**LIVING ARRANGEMENTS (CONT'D)**

**CODE CATEGORY**

**REASON**

E60 All

**Unable to Locate (NYC)**

We will discontinue Medicaid/Family Planning Benefit Program effective \_\_\_\_\_.

This is because we have been unable to find you.

If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan.

If however, you receive this notice and are still in need of Medicaid/Family Planning Benefit Program, please contact us.

**Regulation 366(1)(d)(1) of the Social Services Law.**

E62\* MA

**Between 21- 65, in a Psychiatric Institution**

We will discontinue Medical Assistance effective \_\_\_\_\_. This is because you are receiving inpatient psychiatric services and are between 21 and 65 years of age.

Persons who are receiving inpatient psychiatric services in an institution for the care of the mentally disabled are only eligible for Medical Assistance if they are under 21 years of age or 65 years of age or older.

**Regulation 360-3.4**

\*adequate

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA:REAS - 241) CON'D

LIVING ARRANGEMENTS (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
E63*	All	<b>Not a State Resident, Adequate (NYC)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because you are not a resident of this State. You are a resident of another state. Medicaid/Family Planning Benefit may only be granted to an eligible resident of New York State, or to a person temporarily in the State who requires immediate medical care that is not otherwise available. <b>Regulation 366(1)(d)(1) of Social Services Law.</b>
E66	All	<b>Not a State Resident, Timely (NYC)</b> (See E63 above for language and citations) This code is used as the equivalent of E63 when the closing will clock-down. <b>Regulation 3366(1)(d)(1) of Social Services Law.</b>
G47	MSSI	<b>Disc MA-SSI Not a Resident of District (NYC)</b> This is to inform you that we will continue your Medicaid until _____. This is because the Social Security Administration notified us that you moved out of New York City. Your Medicaid will be transferred to your new district of residence effective _____. You will continue to be eligible for Medicaid. <b>Regulation 18NYCRR Section 360-2.2(b) and Sections 62(7) and 364-j of SSL</b>
E73	MA	<b>Foster Care</b> We will discontinue Medical Assistance effective _____. This is because the individual is in foster care. However the individual will receive Medical Assistance coverage through the Foster Care Program. <b>Regulation 360-2.6</b>
E79*	All	<b>Not Provided in Current Living Arrangement (NYC)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because you now live in a public institution which provides medical care for you. Individuals who live in certain institutions such as the institution in which you live are not eligible for Medicaid/Family Planning Benefit Program. An example of a public institution not covered by Medicaid/Family Planning Program is Veteran's Administration (VA) hospital. <b>Regulation Sections 366(1)(b)(6) and 366(1)(e)(1) of the Social Services Law</b>
F63	All	<b>In Prison</b> We will suspend Medical Assistance/Family Health Plus effective _____. This is because you are an inmate in a NYS or local correctional facility. Although Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility, your Medical Assistance case is <u>NOT</u> being closed. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. <b>NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</b>

\* Adequate Notice

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**LIVING ARRANGEMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F64	All	<p><b>In Prison outside of NYS (valid 4/1/08)</b> We will discontinue Medical Assistance/Family Health Plus effective <u>Date</u>. This is because you are an inmate of a correctional facility outside of New York State or a federal penitentiary within New York State. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. <b>NYCRR18 360-3.4 and Sections 366 (1-a) and 369-ee of SSL</b></p>
F99	All	<p><b>Incarcerated Individual Released to Custody of US Immig &amp; Customs Enforce</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you are being released tot in custody of the US Immigration and Customs Enforcement (ICE). <b>NYCRR 18 360-3.2(j) and Sections 366(1-a) of the SSL</b></p>
G62	All	<p><b>Not a Resident of District, NYC to Upstate (NYC)</b> This to inform you that we will continue Medicaid/Family Planning Benefit Program and/or Medicare Savings Program until (<u>end of month +1 day</u>). You told us that you moved out of New York City on (<u>AMP date</u>). Because you have informed us of your move, your case will be transferred to you new district of residence effective (<u>end of month +1 day</u>). <b>This decision is based Sections 365(1) and 364-j of the Social Service Law.</b></p>
G77	All	<p><b>Not a Resident of District - (Does Not Inform District of Move)</b> We will discontinue Medical Assistance/Family Health Plus effective <u>See Note</u>. This is because records indicate you are no longer a resident of New York City and did not tell us of your move. We must provide Medical Assistance/ Family Health Plus only to persons who are residents of New York City. If you want your Medical Assistance/Family Health Plus to continue, you must contact the Department of Social Services in the district where you now live. We recommend that you do this as soon as possible. <b>Note: No MA Extension</b> <b>This decision is based on: Regulation 18 NYCRR 311.3, 351.2 (g) (1) and Sections 62.5 and 369-ee of the Social Services Law.</b></p>
M68	All	<p><b>Added to Another Case</b> We will discontinue Medical Assistance effective _____. This is because you were added to another Medical Assistance case. <b>Regulation 360-2.6</b></p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
M05	MA	<p><b>Discontinue MA, Concurrent Benefits, Individual with Coverage on HX</b> We will discontinue Medical Assistance/Family Planning Benefit Program effective _____ for: This is because we believe you are already receiving Medicaid. Your identity matches that of a person who is already receiving Medicaid through New York State of Health account #_____. Because the identities match, we have determined that you and that person are the same person. <b>This decision is based on Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.</b></p>
M97	All	<p><b>Receiving Multiple Benefits - HH=1 (Timely)</b> We will discontinue Medical Assistance effective _____. This is because you fraudulently misrepresented your identity or residence to receive multiple Medical Assistance benefits at the same time. <b>Regulation 18 NYCRR 360-2.2</b></p>
M98*	All	<p><b>Concurrent Benefits Intra-State (Within State)</b> We will discontinue Medical Assistance effective _____. This is because we believe you are already receiving Medical Assistance. Your identity matches that of a person who is already receiving Medical Assistance in (LOCATION). Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance. (Adequate) <b>Regulation 18 NYCRR 351.9</b></p>
N66	All	<p><b>Concurrent Benefits Interstate (Between States) NYC</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because your identity matches that of a person who is already receiving Medical Assistance in <u>State Name</u>. Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medicaid, that person is not eligible for additional Medicaid/Family Planning Benefit Program. <b>Regulation 18 NYCRR 351.9 and sections 365(1)(a) and 366(1)(b)(6) of SSL</b></p>
N67	MA/MPE	<p><b>Concurrent Benefits Interstate (Between States) NYC (System Generated)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because your identity matches that of a person who is already receiving Medical Assistance in <u>State Name</u>. Because the identities match, we have determined that you and that person are the same person. When the identity of any applicant or recipient matches that of a person who is already receiving Medicaid, that person is not eligible for additional Medicaid/Family Planning Benefit Program. <b>Regulation 18 NYCRR 351.9 and sections 365(1)(a) and 366(1)(b)(6) of SSL</b></p>

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MA CASE REASON CODES (CONT'D)

CLOSING CODES - MA (MA: REAS - 241) (CONT'D)

DUPLICATE ASSISTANCE (CONT'D)

<u>CODE</u>	<u>CATEGORY</u>	<u>REASON</u>
576	All	<b>Receiving Medical Assistance on More than One Case</b> You are currently receiving Medical Assistance on more than one Medical Assistance case. Since you are eligible to receive Medical Assistance on only one case, we are closing case#_____. (Timely) <b>Regulation 18 NYCRR 360-2.6</b>

\* Adequate

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F12	All	<b>Failure to Apply for SSI</b> We will discontinue Medicaid effective _____. This is because a person must apply for benefits that can reduce or end the person's need for Medicaid. You appear to be eligible for Social Security benefits, and we told you to apply for them, and you failed to apply for these benefits at the Social Security Office. <b>Regulation 18 NYCRR 360-2.3(c)(1)</b>
F17	All	<b>Incorrect or Fraudulent Social Security Number</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because each person receiving Medicaid/Family Planning Benefit must give the agency their correct Social security number. We have determined that you did not give us your correct Social Security number. <b>Decision is based on Sections 366(1)(b)(6) and(5) of the SSL.</b>
F20	All	<b>Failure to Provide a Social Security Number (HH = 1)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. For each member of the household for whom an application for Medicaid/Family Planning Benefit Program is made, a Social Security number must be provided to the agency or the agency must be provided with proof that an application has been made for a Social Security number for such person. You did not give us the Social Security number or apply for a Social Security number. <b>Decision based on Sections 366(1)(b)(6) and (5) of the SSL.</b>
F40	All	<b>Failure to Enroll in a Group Health Plan</b> We will discontinue Medical Assistance beginning _____. This is because when a group health insurance plan is available for free where you work you must sign up for such health insurance plan. You have refused to sign up for a group health insurance plan where you work, even though it is free. <b>Regulation 18 NYCRR 360-3.2 (d)</b>
H49	All	<b>Agency Affirmed/Defaults/Withdrawals Fair Hearing Actions</b> <b>Code allowed to be used ONLY by Fair Hearings Centers 527, 546. 567 and 588.</b> (For Fair Hearings ONLY, Notice Not Required)

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)**

**CODE CATEGORY REASON**

<b>F92</b>	<b>All</b>	<b>Non-Qualified PRUCOL Alien Ineligible For Full MA</b> We will discontinue Medicaid/Family Health Plus effective _____. This is because you have failed to provide documentation of citizenship, identity and/or current immigration status. <b>Regulation 18 NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii), 360-1.2, 360-2.3 and Section 369-ee of the SSL</b>
<b>G11</b>	<b>All</b>	<b>Failure to Appear for Interview Appointment with Agency</b> We will discontinue Medical Assistance effective _____. This is because you did not keep your appointment for an interview on (Date). You are not eligible for Medical Assistance if either you or a person representing you does not appear for a personal interview to establish continuing eligibility. If you think we did not tell you about the interview appointment or if you have another good reason for not keeping the interview appointment, tell your worker the reason. If you do not have a good reason for not keeping your interview appointment, and you still want Medical Assistance, you will have to reapply. <b>Regulation 18 NYCRR 360-2.2 (f), 351.22</b>
<b>G66</b>	<b>MSP</b>	<b>Failed to Return Renewal (Recertification) Form QI-1/SLIMB (NYC)</b> We will discontinue your participation in the Medicare Savings Program effective (Date). If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State. You or your representative must return the Recertification/Renewal Notification in order for us to determine your eligibility for participation in the Medicare Savings Program. <b>Regulation 18 NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
H19	All	<p><b>Failure to Provide Proof of U.S. Citizenship and Identity - SSA/BVI Match</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. You said you were a U.S citizen/national; however we were unable to verify that this is true. You failed to respond to a request to provide documentation that you are a U.S. citizen/national. The Medicaid program requires proof of identity and U.S. citizenship or satisfactory immigration status. You failed to provide proof of your identity and U.S. citizenship. If you have submitted all of the required documentation, please call the Unit's office number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medicaid after the date of discontinuance.</p>
H48	MA	<p><b>This decision is based on Sections 122, 366-a(2) and (5) of the Social Service Law. Discontinued Medicaid, Individual Revoked Authorization for AVS</b> We will discontinue Medicaid effective _____ for:  This is because in order to get Medicaid, you and your spouse (it married) must provide a signed authorization allowing Medicaid to verify your and your spouse's resources with financial institutions.</p>
M24	All	<p><b>This decision is based on 42 U.S.C. 1396w and Section 36-a(2) of the SSL</b> <b>Failed to Submit Computer Match Information</b> We will discontinue Medical Assistance effective _____. This is because we asked you to bring us information about (computer match) for (name (s)) by (date) and you failed to do so. We need this information to determine your continuing eligibility for Medical Assistance. If you already submitted this information or need help to get it, tell us right away by calling the general information number printed above.</p>
M25	All	<p><b>Regulation 351.1 (b) (2) (ii), 351.22 (e), 360-2.3, 18 NYCRR 360-4.4</b> <b>Failed to Respond To Computer Match Call-In Letter NYC</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because we sent a letter to you asking you to contact us by (date) and you failed to do so. We asked you to contact us with information about (computer match) for (name(s)). We need this information to determine your continuing eligibility for Medicaid/ Family Planning Benefit Program. If you did contact us by (date), tell us right away by calling the general information number printed above. <b>This decision is based on Sections 366(1)(b)(6), 366-a(2) and (5) of the SSL.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**REFUSAL TO COMPLY WITH ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
M89		<b>Medicare Savings Program Failed to Return Required Documentation QI-1/SLIMB</b> We are discontinuing your participation in the Medicare Savings Program because you or your representative did not return all of the information necessary to determine continued participation in the Medicare Savings Program. If your Medicare Savings Program participation is discontinued, your Medicare Premiums will no longer be paid by New York State. <b>This decision is based on Regulation 18NYCRR 360-2.2(e) and Section 367(a) of the Social Service Law.</b>
V13	All	<b>Failure to Utilize Benefits</b> We will discontinue Medicaid effective _____. This is because when a person might be able to get some other benefits or resources that can reduce or end the person's need for Medicaid, the person must apply for and use such benefits. Although we told you to, you failed to apply for or use _____. <b>This decision is based on Regulation 18 NYCRR 360-2.3(c)(1).</b>
Y84	FHP	<b>Failure to Provide Health Plan and Provider Selection Form</b> We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. <b>MA: 360-4.1, 360-4.8</b>
840	All	<b>TMU – Report of Resources and Unearned Income</b> TMU has determined that you have failed to provide documentation relating to a report of resources and unearned income. <b>Regulation 360-1.2, 360-2.2, 360-2.3, PART 351</b>
841	All	<b>TMU – Excess Resources</b> TMU has determined that your resources exceed the level that Medicaid allows for a household of your size. <b>Regulation 360-4.6, 360-4.7, 360-1.2, 360-3.3</b>
842	All	<b>TMU – Transfer of Assets</b> TMU has determined that you transferred assets for the purpose of qualifying for Medical Assistance. You will be ineligible to receive Medical Assistance benefits for a _____ month period. You have the opportunity to submit documentation to rebut this presumption.

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA:REAS - 241)**

**OTHER ELIGIBILITY REQUIREMENTS (CONT'D)**

**CODE    CATEGORY    REASON**

HH8	MA	<b>HX Applicant Submission (NYC)</b> This is to inform you that we will continue Medicaid until _____ for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health: <b>This decision is based on Section 366(1)(b) of the SSL.</b>
HH9	MA	<b>HX Referral (NYC)</b> We received your application dated _____ for Medicaid coverage. Your application for the following individuals is being sent to New York's health benefit exchange, New York State of Health: This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health. <b>Regulation 366(1)(a)(11) and a(11) of the Social Service Law.</b>
606	MA	<b>BHP Fail to Renew NYSoH Coverage</b> We will discontinue Medicaid effective _____ for: You may request may request a Fair Hearing if you disagree with any decision explained in this notice. We are discontinuing your Medicaid because you or your representative have failed to sign in to your account in NY State of Health and renew your coverage by _____. <b>This decision is based on Section 336-a(5) of the Social Services Law.</b>

RESERVED FOR EXPANSION

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SPOUSAL IMPOVERISHMENT**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
H10	All	<p><b>Failure to Provide Resource Information - No Undue Hardship</b> We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resources is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and we have decided that an undue hardship does not exist. <b>Regulation 360-4.10 (c).</b></p>
H11	All	<p><b>Failure to Provide Resource Information - Undue Hardship</b> We will discontinue Medical Assistance effective _____. This is because the amount/value of your spouse's resource is unknown. This information about the resources of your spouse was necessary to determine your continuing eligibility for Medical Assistance and, even though we have decided that an undue hardship exists, you would not sign a form that allows us to seek from your spouse the amount his/her countable resources are over the maximum community spouse allowance, although you are physically and mentally able to sign this form. <b>Regulation 360-4.10 (c)</b></p>
X12	All	<p><b>Failure to Execute an Assignment of Support (Manual Notice Required)</b> We will discontinue Medical Assistance effective _____. This is because you would not sign a form which allows us to seek \$_____ from your spouse (husband/wife), although you are physically and mentally able to sign this form. \$_____ is the amount your spouse's countable resources are over the maximum community spouse resource limit of \$_____. Your spouse refuses to make this amount available to you. Please see the budget page on how we figured the amount your spouse should have made available. <b>Regulation 360-4.10 (c)</b></p>
X13	All	<p><b>Excess Resources for Institutionalized Spouse (Manual Notice Required)</b> We will discontinue Medical Assistance effective _____. This is because you and your spouse (husband/wife) have countable resources that are over the resource limits. You and your spouse's total countable resources are \$_____. Your spouse who lives at home is allowed to keep. <u>\$(max CSRA)</u> The difference is the amount available to you. \$_____. The allowable resource limit is \$_____. You are over the resource limit by \$_____. You also do not have medical bills that are equal to or more than (<u>\$the amount over the resource standard</u>). An applicant is ineligible for Medical Assistance if his or her resources are over the resource limit unless there are incurred medical bills that are equal to or greater than the amount over the resource limit. <b>Regulation 360-4.10 (c)</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**HEALTH INSURANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
X50	MA	<p><b>COBRA Coverage of Group Health Insurance Premiums - Regular (Manual Notice)</b> We will discontinue Medical Assistance Program coverage for your group health insurance premiums under the COBRA Continuation Coverage Program effective _____ for the following person(s): Instruction: Choose one or more of the following messages: <b>Message 1 (No longer entitled to COBRA continuation coverage)</b> This is because you are no longer entitled to COBRA continuation coverage for the following reason _____. <b>Message 2 (Over net income)</b> This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income. <b>Message 3 (Over resources)</b> This is because your household's countable resources \$_____ are over the resource limit of \$_____. Please look at the budget page to see how we figured you resources. <b>Message 4 (Not cost effective)</b> This is because we determined that it is no longer cost effective to pay your health insurance premiums. <b>Message 5 (Employer has less than 75 employees)</b> This is because Medical Assistance payment of COBRA continuation premiums is available when the coverage is through an employer of 75 or more employees. <b>Message 6 (Other)</b> This is because:_____.</p> <p><b>Choose Message A (Use if all members of the household are discontinued).</b> <b>You are responsible for payment of your premiums after the effective date.</b> <b>Regulation 360-7.5</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**HEALTH INSURANCE (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
X51	MA	<p><b>COBRA Coverage of Group Health Insurance Premiums (Manual Notice Required) Prior Conditional Acceptance</b></p> <p>We will discontinue Medical Assistance coverage for group health insurance premiums under the COBRA Continuation Coverage Program effective _____. We had previously accepted the following person(s): (<u>list names</u>) for the COBRA Continuation Coverage Program.</p> <p><b>Message 1</b></p> <p>This is because you are no longer entitled to COBRA continuation coverage for the following reason _____.</p> <p><b>Message 2 (Over net income)</b></p> <p>This is because your household's net income of (\$_____) is over the net income limit of \$_____. Please look at the budget page to see how we figured your income.</p> <p><b>Message 3 (Over resources)</b></p> <p>This is because your household's countable resources of \$_____ are over the resources limit of \$_____. Please look at the budget page to see how we figured your resources.</p> <p><b>Message 4 (Not cost effective)</b></p> <p>This is because we determined that it is no longer cost effective to pay your health insurance premiums.</p> <p><b>Message 5 (Employer has less than 75 employees)</b></p> <p>This is because Medical Assistance payment of COBRA continuation premiums is only available when the coverage is through an employer of 75 or more employees.</p> <p><b>Message 6 (Other)</b></p> <p>This is because: _____.</p> <p><b>Choose Message A (Use if all members of the household are discontinued)</b></p> <p><b>You are responsible for all premium bills we paid for you.</b></p> <p><b>Regulation 360-7.5</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**HEALTH INSURANCE (CONT'D)**

**CODE CATEGORY REASON**

<b>X52</b>	<b>MA</b>	<p><b>Medicare Buy – In Program QMB - (Manual Notice Required)</b> We will discontinue Medicare Buy – In coverage effective _____. This means that Medical Assistance can no longer pay your Medicare premiums, deductible and coinsurance. <b>Choose one or More Messages:</b> This is because your household's net income is \$_____. The allowable income limit is <u>(100% of poverty)</u>. You are over the allowable limit. Please look at the budget page to see how we figured your income. This is because your household's countable resources are \$_____. The allowable limit is <u>(twice the SSI resource level)</u>. You are over the allowable limit. Please look at the budget page to see how we figured your resources. This is because your household's net income and countable resources are over the income and resource limits. Your net income is \$_____. The allowable income limit is <u>(100% of poverty)</u>. Your countable resources are \$_____. The allowable resource limit is <u>(twice the SSI resource level)</u>. Please look at the budget page to see how we figured your income and resources. This is because you are not <u>(enrolled in/eligible for)</u> Medicare Part A from the Federal Social Security Administration. This is because _____.</p>
<b>631</b>	<b>MA</b>	<p><b>Regulation 360-7.7 (Use for all)</b> <b>Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility (System Generated)</b> We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. All other Medicaid coverage will be suspended while you are incarcerated. You are eligible for Medicaid coverage only for the treatment of inpatient emergency medical conditions. <b>This decision is based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL.</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**OTHER**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
D00	MA	<b>Deceased</b> (This code operates the same as E95 and G39 but will have a clocking down period)
E95*	All	<b>Deceased (NYC)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because records indicate that this person is deceased. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. <b>Regulation 366-a(5)(a) and 366(1)(b)(6) of the SSL.</b>
G39	MA	<b>Deceased (NYC)(System Generated)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because records indicate that this person is deceased. If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan. <b>Regulation 366-a(5)(a) and 366(1)(b)(6) of the SSL.</b>
G88*	All	<b>Client's Request - Written Request (NYC)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: This is because you said that you did not want Medicaid/Family Planning Benefit Program. <b>This decision is based on Sections 366(1)(b)(g) and 366-a(5)(a) of the SSL.</b>
H61	MA	<b>Closing Code used to Close H60 Only Retroactive Cases (System Generated)</b>

\*Adequate

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**OTHER (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
G98	All	<b>Client's Request Verbal, NYC (Timely)</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____. This is because on _____ you said that you did not want Medicaid/Family Planning Benefit Program. <b>This decision is based on Sections 366(1)(b)(6) and 366-a(5)(a) of the SSL.</b>
Y02	MA	<b>Special Immigrant Visa Closing - Used for Iraqi and Afghan Immigrants ACI=R (Manual Notice Required)</b> We are sending you this notice to tell you that the Medical Assistance Program will discontinue your public health insurance coverage effective _____. You have reached the end of your initial period of Medicaid eligibility as an Afghan or Iraqi Special Immigrant. <b>Section 525 of Title V of Division G of Public Law 110-181 and Section 1244(g) of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181 and Section 1059 of the National Defense Authorization Act of 2006, Public Law 109-163</b>
Y03	MA	<b>One Time Auto-Close for Homeless Lapsed Cases (No notice generated, immediate closing)</b>
Y25	All	<b>Client's Request - Medicaid (MA) - Eligibility Mail Out (Manual Closing)</b> Medicaid has been discontinued because on the returned Eligibility Mail Out form, the client asked that the MA portion of the case be closed. <b>Regulation 360-2.6</b>
Y26	All	<b>Client's Request - Medicaid (MA) and FS - Eligibility Mail Out</b> Medicaid has been discontinued because on the returned Eligibility Mail Out form, the client asked that the MA and FS portions of the case be closed. <b>Regulation 360-2.6</b>
Y30	FPBP/PE	<b>Ineligible for FPBP Excess Income (Manual notice required)</b>
Y31	FPBP/PE	<b>Failed to Return Documents (Manual notice required)</b>
Y99	All	<b>Other (Manual Notice Required)</b> Close cases for which there is no other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice. We will discontinue Medical Assistance effective _____. This is because you failed to ( <u>worker fill in</u> ). <b>Regulation for Social Service Department (<u>worker fill in</u>)</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**MISCELLANEOUS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
178	MPE	<b>Emergency Medical Condition</b> We will discontinue your Medical Assistance coverage effective ____ because: <b>Message 1</b> You were granted Medical Assistance solely for the treatment of an emergency medical condition, this time limited coverage has now expired. <b>Regulation 18 NYCRR 360-3.2(j)(2)(ii)</b> <b>Message 2</b> You were granted Medical Assistance solely for the treatment of an emergency medical condition, but you are now an inmate in a New York State or local correctional facility. Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility. <b>Regulation 18 NYCRR 360-3.4(a)(1)</b>
194	MSSI	<b>Ineligible for MA-SSI</b> You are no longer eligible for SSI and have been determined ineligible for MA-SSI. <b>Regulation 18 NYCRR 360-2.6, 360-3.3</b>
740	All	<b>Forced Closing.</b>
991	MSSI	<b>Discontinue SSI – Separate MA Determination</b> Your eligibility for SSI has been discontinued or suspended. A separate determination of your continuing eligibility for MA will be made. <b>Regulation 18 NYCRR 360- 2.2 (Stenson). Adequate Notice</b>
198	All	<b>60 Day Presumptive Eligibility Period Ended/Ineligible for MA</b> Based on your need for ____, you were determined presumptively eligible for Medical assistance for a maximum period of 60 days. After a review of your application you have been determined ineligible for ongoing Medical Assistance. <b>Regulation 18 NYCRR 360-3.7, 358-3.3, Part 531</b>

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**MA CASE REASON CODES (CONT'D)**

**RESERVED FOR EXPANSION**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**DISASTER RELIEF**

**CODE    CATEGORY    REASON**

**322**    **MPE**    **Other (Adequate Notice)**

This decision is based on (Worker Fill).

**323**    **MPE**    **Excess Income/Non-Resident/Non-Qualified Alien (timely)**

Under the Disaster Relief program, you have been receiving time-limited health care coverage, which will end on the effective date of this notice. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. Your application for Medicaid/Family Health Plus is denied because:

***Choose one of the following for the Manual Notice***

1. Your gross income is over the Family Health Plus of \$\_\_\_\_\_ and your net income (gross income less Medicaid Assistance deductions) is over the Public Assistance Standard of need of \$\_\_\_\_\_. Persons who are 21 through 64 years of age and are not pregnant, certified blind or disable, or caring for their related children under the age of 21 must meet the requirements of the Public Assistance Program in order to be eligible for Medical Assistance. Please look at the attached budget explanation (MAP-2060) to see how we figure your income.

**Regulation 366(1)(a)(1) and 396-ee**

2. Your gross income of \$\_\_\_\_\_ is over the Family Health Plus income limit of \$\_\_\_\_\_ and your net income (gross income less Medical Assistance deductions) of \$\_\_\_\_\_ is over the Medical Assistance income limit of \$\_\_\_\_\_. Please see the attach budget explanation of the (MAP-2060) for details on how we calculate your income.

**Regulation 366, 369-ee, and 18 NYCRR 360-4.8**

3. You have excess income in the amount of \$\_\_\_\_\_ per month. The enclosed information explains how an individual may become eligible for Medical Assistance under the Excess Income/Optional Pay-in-Program. (See attach forms MAP-931-Explanation of the Excess Income Program, and MAP-931A, Explanation of the Pay-in-Program.)

**Regulation**

4. You are not a resident of New York City.

**Regulation 62 and 18 NYCRR 360-2.2**

5. You are not a citizen, qualified alien, or person permanently residing in the United States under Color of Law (PRUCOL). Persons who are not citizens, qualified aliens, or PRUCOL may receive Medical Assistance coverage only for the treatment of emergency medical conditions or for medical services provide to pregnant women, if they are otherwise eligible. (See attached form MAP-2020A. Definition of Qualified Aliens and PRUCOL.)

**Regulation Section 122 of Social Services Law and GIS 01MA026**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**DISASTER RELIEF (CONT'D)**

**CODE CATEGORY REASON**

**972 MPE**

**Failure to Provide Documentation**

Under the Disaster Relief Medicaid/Family Health Plus program you have been receiving time-limited health care coverage, which will end effective \_\_\_\_\_. You applied for Medicaid/Family Health Plus to have your health care coverage continue after the end of Disaster Relief. We have denied your application for Medicaid/Family Health Plus.

This is because you or your representative did not return all of the information necessary to determine if you can get Medicaid/Family Health Plus. We need the following documents. These are the documents we told you we needed, but you did not give them to us and did not tell us you could not get them: \_\_\_\_\_.

If you have not submitted the documents, you need to bring them to us at the above address before the effective date above.

If you have submitted all of the required information, please call the unit's office telephone number listed in the box above to make sure the documents have been received and processed.

**Regulation18 NYCRR 360-2, 369-ee**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**PCAP CASES**

**CODE CATEGORY**

**REASON**

**E58**

**Failure to Return PCAP Recertification Renewal Form (NYC)**

We will discontinue Medicaid effective \_\_\_\_\_.

We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by \_\_\_\_\_.

We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by \_\_\_\_\_.

**This decision is based on Section 366-a(5) of the Social Services Law.**

**E83\* MA**

**Client's Request - Written (Infant Extension)**

We will discontinue Medical Assistance effective \_\_\_\_\_. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (processing date).

Regulation 360-2.6

The following infant (s) born on (date of birth) will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (list names and CINS of infant)

**Regulation (s) 360-3.3 (c)**

\* Adequate

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**PCAP CASES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E88*	MA	<b>Client's Request - Written PCAP Clients</b> We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed. You wrote that on your recertification letter processed in this office on (processing date). <b>Regulation 360-2.6</b>
E93*	MA	<b>Client's Request - Written, PCAP Clients (Infant Extension)</b> We will discontinue Medical Assistance effective _____. This is because you wrote to us that you wanted your case closed, you wrote that on your recertification letter processed in this office on (processing date). <b>Regulation 360-2.6</b> The following infant (s) born on <u>(date of birth)</u> will continue to receive Medical Assistance until the end of the month in which the infant(s) becomes age one (List names and CINS of infant[s]) <b>Regulation 360-3.3 (c)</b>
G83	MA	<b>Client's Request - Verbal (Infant Extension)</b> We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. The following infant (s) born _____ will continue to receive Medical Assistance until the end of the month in which the infant (s) becomes age one <u>(List names and CINS)</u> <b>Regulation 360-3.3 (c)</b>
G93	MA	<b>Client's Request - Verbal</b> We will discontinue Medical Assistance effective _____. This is because on _____ you asked us to close your case. <b>Regulation 360-2.6</b>

\* Adequate

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**PCAP CASES (CONT'D)**

**CODE CATEGORY REASON**

\* U15 MA

**Failure to Comply With Recert Procedure – Didn't Return Information**

We will discontinue Medical Assistance effective \_\_\_\_\_.

We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary determine continued eligibility for Medical Assistance.

If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued.

We need these documents which are not in our files or which might have changed since you gave them to us before might have. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them.

If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance.

**Regulations 60-2.2(e), 360-2.3**

The following infant(s) born on \_\_\_\_\_ will continue to receive Medical Assistance until the end of the month in which the infant(s) become age one:

**Regulations 360-3.3(c)**

\* Use MRT Codes on pages 4.1-72 through 4.1-74 to list items.

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**PCAP CASES (CONT'D)**

**CODE CATEGORY**

**REASON**

980

**Failure to Comply With Recert Procedure – Didn't Return Information (System Generated)**

We will discontinue Medical Assistance effective \_\_\_\_\_  
We are discontinuing Medical Assistance because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance.

If your Medical Assistance is discontinued, all your Medical Assistance services, including your home care services, will be discontinued.

We need these documents which are not in our files or which might have changed since you gave them to us before. These are the documents we told you we need but you did not give them to us and did not tell us you could not get them.

If you have submitted all of the required documents, please call the Unit's office telephone number listed in the box above to make sure they have been received and processed. If we have not processed them yet, you must request a Fair Hearing before the effective date above to continue receiving Medical Assistance after the date of discontinuance.

**Regulations 360-2.2(e), 360-2.3The following infant(s) born on \_\_\_\_\_ will continue to receive Medical**

Assistance until the end of the month in which the infant(s) become age one  
**Regulations 360-3.3(c)**

985

**Failure to Return PCAP Recertification Renewal Form (NYC) (System Generated)**

We will discontinue Medicaid effective \_\_\_\_\_.

We are discontinuing your Medicaid because you or your representative failed to return the Medicaid Recertification/Renewal Notification form by \_\_\_\_\_.

If your Medicaid is discontinued, all your Medicaid Services including, your home care services, will be discontinued. You or your representative must return the Recertification/Renewal Notification form in order for us to determine your eligibility for Medicaid

**This decision is based on Section 366-a(5) of the Social Services Law.**

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10/23/2016

**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES**

**CODE CATEGORY REASON**

(Viewable only on CNS)

166	All	<p><b>Authorization Lapsed More Than 90-Days</b>                  This case has been closed automatically because its authorization has lapsed more than 90 days. (System generated output code).                  No citation required.</p>
416	FPBP	<p><b>FPBP Remainder 12 Month Extension (With Transportation) (Manual Entry Only)</b>                  Your Family Planning Benefit Program case has been renewed.                  We will continue Family Planning Benefit Program coverage unchanged until _____ for:  <b>Regulation Section 366 (1)(b)(6) of the SSL.</b></p>
417	FPBP/FPEP	<p><b>FPBP/FPEP Remainder 12 Month Extension (Without Transportation)</b>                  We will change your coverage from Family Planning Benefit Program coverage to the Family Planning Extension Program effective _____. We will continue Family Planning Benefit Extension coverage until _____ for:                  You have already received 12 months of family planning services coverage. To complete the balance of the 24 months of family planning services coverage, we must change your coverage to the Family Planning Extension Program for 12 months.  <b>Regulation Sections 364-j, 366(1)(b) and 366(1)(b)(6) of the SSL</b></p>
450	MA/FHP	<p><b>Medicaid/FHP Ineligible, Income Over 223% FPL (System Generated)</b>                  We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection &amp; Affordable Care Act of 2010. Under these rules, we compared your gross income to the Medicaid eligibility income levels.                  We will discontinue Medicaid/Family Health Plus effective _____ for:                  This is because you are not eligible for Medicaid because your gross income of \$ _____ is over the allowable Medicaid income limit of \$ _____.  <b>Regulation 18NYCRR 366(1)(b) and 366-a(2) of the SSL.</b></p>
567	MA	<p><b>Disc - Excess Income Due to COLA for QI-1 Individuals (NYC)</b>                  We will discontinue Medical Assistance effective _____ for: _____                  This is because your household's net income of \$ _____ is more than the Medical Assistance income limit of \$ _____ for your household size.                  Please look at the enclosed budget calculation to see how we figured your income.  <b>Regulation 366(1)(a)(1) and subdivision 3 of Section 367-a of the SSL</b></p>
603	MA	<p><b>Continuous Eligibility for MA Recipients (NYC)</b>                  Even though the individual(s) listed below are no longer eligible for medicaid, we will continue/extend Medicaid coverage until _____ for:  <b>This decision is based on Social Services Law 366(4)(c)</b></p>
620	MA	<p><b>Transition Medicaid to NY State of Health-Recipients in the Five Year Ban</b>                  Because of the immigration status of individuals on your Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health:  <b>This decision is based on Section 369-gg of the SSL.</b></p>

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02/21/2016

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
666		Fair Hearing (System Generated)
701		<b>Combined PA MA Disc for Same Reason Incarcerated Prior to April 1, 2008</b> We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. However, you will no longer be enrolled in you health plan. <b>Regulation 18NYCRR 360-3.4 and Section 366(1)(c) of the SSL</b>
702	All	<b>Disc PA/MA, Continue MA, Chafee Eligible</b> We will continue Medicaid coverage. This is because you were discharged from foster care and are age 18, 19 or 20. <b>Regulation SSL 366 (3-a)</b>
703	All	<b>Disc MA, Incarceration Out-of-State or Federal Penitentiary Located Within NYS</b> We will discontinue Medicaid effective _____. This is for the same reason as your Public Assistance is being discontinued. <b>This decision is based on Regulation 18NYCRR 360-3.4 and Section 366(1-a) of the Social Services Law.</b>
706		<b>PA MA Disc for Same Reason, Discontinue MSP</b> We will discontinue Medicaid effective ____ for. This is for the same reason as your Public Assistance is being discontinued. <b>Regulation 18NYCRR 351.9, 351.2 (g)(1), 360-2.3, 360-2.3, 360-3.4, 360-3.5 and SSL 366(1)(b).</b>
714		<b>MA Case Discharged from Foster Care - True Chafee (System generated when Chafee Indicator 'T' is present)</b>
718		<b>FPBP/FPEP 24 Month Extension (NYC)</b> We will discontinue your Medicaid effective _____: Even though the individual(s) listed are no longer eligible for Medicaid as explained in this notice, we will continue Family Planning Benefit Program Extenuation coverage until _____. Because you received Medicaid when you were pregnant, you are eligible for an additional 24 months of family planning services coverage, regardless of the outcome of the pregnancy. <b>Regulation 18NYC 364-j, 366(1)(a)(11) and 369-ee of the SSL</b>
719		<b>FPBP Initial 12 Month Extension (NYC)</b> We will discontinue your Medicaid effective _____ for: Even though the individual(s) listed are no longer eligible for Medicaid as explained in this notice, we will continue Family Planning Benefit Program cover until _____. You will receive this coverage under the Family Planning Benefit Program for 12 months at a time. <b>Regulations 18 NYCRR 360-3.2(j), Section 122 of SSL</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

**CODE CATEGORY REASON**

(Viewable only on CNS)

721	MA	<p><b>Transition Medicaid Coverage to NY State of Health, Recipient in the Five Year Ban</b> (Similar language used for Rosenberg B notices - BHP related) Because of the immigration status of individuals on you Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health: <b>This decision is based on Sections 366(1)(g) and 369-gg of the SSL.</b></p>
730		<p><b>PA Denied/ MA Application Under Review NYC</b> We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance. <b>Regulation 18 NYCRR 360-2.2(a)(2)</b></p>
731		<p><b>PA Denied/MA Application Under Review</b> We are reviewing your application to see if the following person(s) may be eligible for Medical Assistance. We may write to you asking for additional information we need to determine your eligibility for Medical Assistance. <b>Regulation 18 NYCRR 360-2.2(a)(2)</b></p>
732		<p><b>Combined PA/MA Denial</b> We have denied your Medical Assistance application. This is for the same reason as your Public Assistance application was denied.</p>
736		<p><b>MA Extension for CHP Transition</b> Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice we will continue/extend the Medical Assistance coverage until ___for___: Name ___Client ID #___. this is to give use time to enroll the child(ren) in the Child Health Plus B Program.</p>
739		<p><b>Combined PA/MA Application Under Review</b> A decision about the following individual's application for Medical Assistance/ Family Health Plus has not yet been made. When a decision is made, you will receive a notice explaining it. <b>Regulation 18 NYCRR 360-2.5</b></p>
741		<p><b>Combined PA/MA Discontinuance</b> We will discontinue Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. Regulations 360-3.6 Note: Medical Assistance benefits will stop the same day as PA.</p>

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**MA CASE REASON CODES (CONT'D)**

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**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**  
**SYSTEM GENERATED MA CODES (CONT'D)**

**CODE CATEGORY REASON**

(Viewable only on CNS)

750

**Discontinue PA/MA Death**

We will discontinue Medical Assistance effective \_\_\_\_\_ for: \_\_\_\_\_.

This is for the same reason that Public Assistance was discontinued for the above individual as explained in the Public Assistance section of this notice

**Regulation 360-2.6**

756

**PA/MA Continue Unchange- Full Coverage**

These persons will continue to be entitled to full services under Medical Assistance Program.

**Regulation 360-2.6**

759

**Continue MA until FHP Determination**

We will continue your Medical coverage for two months until \_\_\_\_\_. This is because recipients whose income is less than 100% of poverty may be eligible for the Family Health Plus Program. We will write you soon asking for the information we need to determine your eligibility for Family Health Plus. If you do not respond, your Medical Assistance case may be closed at that time.

**Regulation 360-2.6**

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
761		<b>Combined PA MA Discontinuance</b> We will discontinue your Medical Assistance effective _____ for This is for the same reason as your Public Assistance is being discontinued. Managed Care: If you are enrolled in a Medical Assistance managed care health plan, you can use your Health Plan Card to get health plan services until the end of the month in which your Medical Assistance is discontinued. <b>Regulation cite is dependent on the PA Reason Code.</b>
763		<b>MA Support Extension</b> We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Medical Assistance case closed due to receipt of or increase in child or spousal support are eligible for an additional four months of Medical Assistance coverage. <b>Regulation 360-3.3(c)</b>
770		<b>Failure to Participate in a Drug/Alcohol Program (Client under 21 years old)</b> While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged for: _____. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. <b>Regulation 360-2.6, 360-2.2 (d), 370.2</b> <b>This code is generated by CNS codes GX1, GX2 and Gx3</b>
772		<b>Pregnant Woman/Postpartum Extension</b> Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue Medical Assistance coverage until _____ for: _____. This is because a pregnant woman who is eligible for Medical Assistance at any time during her pregnancy continues to be eligible for Medical Assistance until the end of the month following the 60th day after her pregnancy ends. When the child is born he/she will be eligible for Medical Assistance until age one. <b>Regulation 360-4.1, 360-4.7, 360-4.8</b>
773		<b>Combined PA/MA Continue of Newborn</b> Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in this notice, we will continue/extend the Medical Assistance for the following infant(s) born on _____ until the end of the month in which the infant(s) becomes age one: If you have any questions, call the general information number printed on page one of the Notice. <b>Regulation 360-3.3(c).</b>
774		<b>Disc PA, Continue MA, District to District Move</b> The following Individuals will continue to receive Medicaid _____. Because you have informed us of your move, your coverage will be transferred to your new district of residence, effective _____. You will receive more information about your coverage from your new district. <b>Regulation cited is dependent on the PA Reason Code.</b> <b>This code is generated for failure to recertify (PA code G10) or coverage code 30</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
775		<p><b>Combined PA/MA Continued Unchanged – Pending Decision</b> While we determine if you are still eligible for Medical Assistance, we will continue Medical Assistance coverage unchanged. We will soon write to you asking for information we need to determine your continuing eligibility for Medical Assistance. If you do not respond when we write, your Medical Assistance case may be closed at that time. <b>Regulation cited is dependent on the PA Reason Code.</b></p>
776		<p><b>Foster Care</b> The following individual will continue to receive Medical Assistance coverage through the Foster Care Program effective (<u>date</u>). <b>Regulation 360-2.6 This code is generated by PA code E73</b></p>
777		<p><b>Managed Care – Guaranteed Eligibility</b> We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However, the following individual(s) are enrolled in a managed care program and are eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. <b>Regulation 360-10.5</b></p>
778		<p><b>Combined PA/MA Transitional Medical Assistance (TMA) Acceptance (12-Months).</b> Your Medical Assistance will continue for 12 months until _____ for the following persons as long as you have a dependent child under age 21 living with you: (<u>list name</u>). This is because your income (less Medicaid deductions including child support costs) is over the Low Income Family income limit due to increased earnings, new employment or loss of earned income disregards. You will continue to receive Transitional Medical Assistance for the entire 12 months as long as: you remain employed; and a dependant child under age 21 continues to live with you. <b>Regulation 360-3.3 (c)</b> <b>This code is generated by CNS codes E31 or E33</b></p>
780		<p><b>Combined PA/MA Support Extension</b> We will continue Medical Assistance coverage for four months until _____. This is because recipients in a Family Assistance (FA) case closed due to receipt of or increase in child or spouse support are eligible for an additional four months of Medical Assistance coverage. <b>Regulation 360- 3.3 (c)</b> <b>PA Code E32 generates this code</b></p>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
781		<b>Failure to Participate in Drug/Alcohol Program (Ages 21- 65)</b> We will discontinue your Medical Assistance effective _____. This is for the same reason as your Public Assistance is being discontinued. However, if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance at any time. <b>Regulation 360-2.2 (d), 370.2</b> <b>This code is generated by PA codes PX1, PX2 and PX3</b>
782		<b>Added to Another Case</b> We will discontinue your Medical Assistance effective _____. This is because you will be part of the Public Assistance case of ( <u>case name</u> ). Your Medical Assistance will be provided in that case. <b>Regulation 352.1</b>
783		<b>Continuous Eligibility for Children (NYC Only)</b> Even though the individual(s) listed are no longer eligible for Medical Assistance as explained in the notice, we will continue Medical Assistance until _____ for: _____. This is because children up to age nineteen years of age who are determined Eligible for Medical Assistance remain eligible for benefits for twelve continuous months or until they reach the age of nineteen, whichever is earlier. <b>Regulation 366(4)(q).</b>
784		<b>Discontinue PA/MA Immediate (NYC ONLY)</b> We will discontinue your Medical Assistance effective _____ for _____. This is for the same reason as your Public Assistance is being discontinued <b>Regulation cite is dependent on the PA Reason Code</b>
785		<b>Failed to Participate in Drug/Alcohol Rehabilitation Program</b> We will discontinue your Medical Assistance effective ( <u>date</u> ). This for the same reason as your Public Assistance case is being discontinued. However, if you take part in a drug/or alcohol treatment program, you may reapply for Medical Assistance at any time. <b>Regulation 360-2.2 (d) and 370-2</b> <b>This code is generated for MA coverage code 30</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
786		<p><b>Failure to Participate in Drug/Alcohol PCP (Guarantee) (NYC Only)</b> Instruction: An automated notice should be generated for PA and MA closing when a recipient is enrolled in managed care program (coverage code 31 or 33) and eligible for guaranteed eligibility. We will discontinue your Medical Assistance effective _____. This is for the same reason your Public Assistance is being discontinued. However if you take part in a drug and/or alcohol treatment program, you may reapply for Medical Assistance any time. The following individual is enrolled in a managed care program and is eligible to receive the medical services available through the managed care program until _____. Coverage is limited to the services authorized by your managed care provider, and Medical Assistance/Family Planning services. Please check your member handbook for a list of these services. If you have any questions, call the general information number printed on page one of this notice. Regulation 360-2.2 (d), 370.2 and 18 NYCRR 360-10.5 This code is generated by PA codes PX1, PX2 and PX3.</p>
787		<p><b>Reinstate PA/ MA PA Sanction Ended (NYC Only)</b> We will reinstate Medical Assistance effective ____ for ____. This is because your Medical Assistance was stopped for a reason that applied to both Public Assistance and Medical Assistance. This reason no longer exists, so you are eligible for Medical Assistance as well as Public Assistance. Regulation 360-3.3</p>
799		<p><b>Combined PA MA FS Non Sanction MA PA (NYC Only)</b> <u>Name</u>) cannot be included in your Medical Assistance case for the same reason that individual cannot be included in your Public case. (<u>Name</u>) must comply with this requirement in order to be included in the Medical Assistance case. The Medical Assistance regulation cited is dependent on the reason for sanction.</p>
808	MA	<p><b>Disc MA, Deceased (NYC) (System Generated)</b> We will discontinue Medicaid for the above individuals effective: ____. This is because we have been informed by the Social Security Administration that this person is deceased. Regulation 18 NYCRR 360-2</p>
816	MA	<p><b>Suspended Coverage at Incarceration of Inmate of NYS or Local Facility HH=1</b> Inmate of a New York State or local correctional facility. 18NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</p>

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02/21/2016

**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
846	FPBP	<b>Discontinue FPBP Fail to Return Renewal (NYC)</b> We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative has failed to return the Family Planning Benefits Recertification/Renewal form by _____. You may request a Fair Hearing if you disagree with any decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. <b>Regulations 18 NYCRR 360-2.2(e) and 360-2.3 and 366(1)(b)(6) of the SSL.</b>
847	FPBP	<b>Didn't Return Information NYC</b> We will discontinue your Family Planning Benefits coverage effective _____. This is because you or your representative did not return all of the information necessary to determine continued eligibility for Medical Assistance. You may request a Fair Hearing if you disagree with and decision explained in this Notice. You have 60 days from the date of this notice to request a Fair Hearing. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing. If your Family Planning Benefits coverage is discontinued, all of your Family Planning Benefits services will become unavailable to you. You or your representative must submit these documents in order for us to determine your eligibility for continuing coverage. <b>This decision is based on Regulations 18 NYCRR 360-2.2(e) and 360-2.3 and Section 366(1)(b)(6) of the Social Services Law.</b>
850	MA	<b>TMA Transitional Benefits (Truncation)</b> Client no longer meets statutory requirements. MA case closing at the end of transaction month. Reason and citation must be specified by worker. <b>18 NYCRR 360-3.3</b>
857	ALL	<b>Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC)</b> We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective <b>(T+14)</b> . Your Medicaid benefits will be reinstated when you are discharged. <b>Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL</b>
866	MA/MSP	<b>Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (NYC)</b> We will discontinue your participation in the Medicare Savings Program effective <b>(Date)</b> . <b>Regulation 18NYCRR 360-2.2(e) and Section 367(a)</b>
867	MA/MSP	<b>Failed to Return Renewal (Recertification) Form for QI-1/SLIMB (NYC)</b> We are discontinuing your participation in the MSP because you or your representative did not return all of the information necessary determine continued participation in the Medicare Savings Program. <b>Regulation 18NYCRR 360-2.2(e) and Section 367(a)</b>

**MA CASE REASON CODES (CONT'D)**

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**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**  
**SYSTEM GENERATED MA CODES (CONT'D)**

<b>CODE</b>	<b>CATEGORY</b>	<b>REASON</b>
905	MA/FHP	<b>Exceed FHP Limit and are Ineligible for Surplus</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because on January 1, your household income (will increase/increased) due to a cost-of-living adjustment (Cola) in a Social Security benefit. This increase in income must be used to figure your Medical Assistance/Family Health Plus eligibility. <b>Regulation 18NYCRR 360-4.1,360-4.8 Section 369-ee and 366 (1)(a)(1)</b>
911	MSSI	<b>Medical Assistance Case Opened In Error</b> Your Medical Assistance case was opened in error. Due to a computer Problem, we thought that you were in receipt of Supplemental Security Income (SSI) benefits which would make you automatically eligible for Medical Assistance. Since you were not in receipt of SSI, you must have a face to face interview so that we can determine if you can still get Medical Assistance. <b>Regulation 18NYCRR 360-2.6 and 360-3.3</b>
939	MA/FHP	<b>In Prison (HH=1) (Valid 4/1/08)</b> We will suspended Medical Assistance/Family Health Plus coverage effective _____. This is because you are an inmate in a New York State or local correctional facility. Your Medical Assistance case is <b><u>NOT</u></b> being closed. <b>18NYCRR 360-3.4(a)(1) and Section 366(1-a) of the SSL</b>

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**MA CASE REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 241) (CONT'D)**

**SYSTEM GENERATED MA CODES (CONT'D)**

- 957 MSSI No Longer Eligible For SSI**  
You were granted Medical Assistance because you were eligible for SSI. We have been informed by the Social Security Administration that you are no longer eligible for SSI because you are not in the United States. Medicaid may only be granted to an eligible resident of New York State, or to a person temporarily in the State who requires immediate medical care that is not otherwise available.  
**Regulation 18NYCRR 360-2.6 and 360-3.2, 360-3.3, 360-3.5**
- 958 MA Rosenberg C**  
You did not complete and return information requested in an earlier notice.  
**18 NYCRR 360-2.2(e), 360-2.2(f) and 360-2.3**
- 959 MA Rosenberg C - Managed Care**  
You did not complete and return information requested in an earlier notice.  
**18 NYCRR 360-2.2(e), 360-2.2(f) and 360-2.3**
- 962 MA Excess Income due to Increase in Social Security Benefit**  
You will be receiving increased Social Security Benefits as of \_\_\_\_\_. Your Social Security amount will be \_\_\_\_\_. Due to this increase we have determined that as of \_\_\_\_\_ you are no longer eligible for full Medicaid coverage because you have more income than Medicaid allows for a household of your size.  
**Regulation 18 NYCRR 360-1.2, 360-3.3, 360-4.6, 360-4.7, 360-4.8**
- 966 Spenddown Increase due to COLA Increase**  
We will increase the amount of your excess income from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ a month effective: \_\_\_\_ for: \_\_\_\_.  
This is because your income has increased due to an increase in Social Security Benefits on January 1, \_\_\_\_\_.  
Because of this, your income (less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$ \_\_\_\_\_.  
Please look at the budget calculation section to see how we figured your excess income.  
**Regulations 18 NYCRR 360-4.1 and 360-4.8.**
- R99 All Separate Determination**  
Referred to MAP for Separate Determination (Output Only).  
**Regulation 360-2.2, 360-2.4**

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**MA CASE REASON CODES (CONT'D)**

**RECERTIFICATION BUDGET NOTICE CODES - MA (MA: REAS - 241)**  
**SYSTEM GENERATED**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
B02		Recertification Budget Notice (viewable only on CNS) Continue MA/FHP/FPBP Unchanged, No A/C (NYC).
B03		Spenddown to MA Level, No A/C (NYC).
B04		No Change in Excess Income Amount No A/C (NYC).
B05		Increase in Excess Income Spenddown Amount (NYC).
B06		Decrease in Excess Income Spenddown Amount, No A/C.
B07		Chronic Care - Excess Income Unchanged No A/C
B08		Chronic Care - Excess Income Change Individual
B41		Continue MA Unchanged, (Timely)
B48		Spenddown to MA Level, (Timely)
B49		No Change in Excess Income Amount, (Timely)
B54		Decrease in Excess Income Spenddown Amount, (Timely)
B55		Continue Payment of Medicare QMB, (Adequate)
B56		Continue Payment of Medicare Part B, SLIMB (Adequate)
B57		Continue Payment of Health Insurance Premiums (Adequate)
B58		Continue Payment of Medicare QMB, Timely (NYC)
B59		Continue Payment of Medicare Part B, SLIMB, Timely
B63		Continue MA Payment of Health Insurance Premiums Timely (NYC)
B68		FHPlus to FHPlus-PAP (Timely) No A/C (NYC)
B69		FHPlus to FHPplus-PAP (Timely) No A/C (NYC) - S/CC
B87		Continue MA/FPBP (NON-SSI Related Individuals)
B88		FHP Ending, Continue MA/FPBP (NON-SSI Related) NYC

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**MA CASE REASON CODES (CONT'D)**

**CONFIRMATION CODES - MA (MA: REAS - 241)**

**SYSTEM GENERATED**

**CODE CATEGORY REASON**

**MC1**

**Confirmation of Managed Care Plan Selection (MA)**

Thank-you for choosing a Medicaid health plan. We want to confirm the choice you made. \_\_\_\_\_ is the health plan choice made for the following individual: \_\_\_\_\_. You must begin to use your health plan on \_\_\_\_\_ (effective date), as long as you are still eligible for Medicaid. If you need health care before this date, use your Medicaid card at any doctor's office or clinic that takes Medicaid. If you find any mistakes, call the New York Medicaid CHOICE HelpLine 1-800-505-5678, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m to 6:00p.m.

For people with hearing problems, please call the TT/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card and Medicaid card in a safe place; you'll need both. If you don't like the health plan you chose you have 90 days from \_\_\_\_\_ (the effective date) to change health plans.

If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

**MC2**

**Confirmation of Managed Care Plan Selection (FHP)**

Thank-you for choosing a Family Health Plus health plan. We want to confirm the choice you made. Plan is the health plan choice made for the following individual: \_\_\_\_\_.

You may begin to use your health plan on (effective date). If you find any mistakes, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678. You can call the call the HelpLine, Monday through Friday 8:30 a.m. to 8:00 p.m. and Saturdays, from 10:00 a.m. to 6:00p.m.

For people with hearing problems, please call the TTY/TDD number, which is 1-888-329-1541. The call is free. Your new health plan card will come in the mail. Keep your health plan card in a safe place.

If you don't like the health plan you chose you have 90 days from (effective date) to change health plans. If you do not change your plan in 90 days, you must stay in the plan for 9 more months, unless you have a good reason to leave it. To change health plans, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678.

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**MA CASE REASON CODES (CONT'D)**

**CNS MRT DEFERRAL DOCUMENT CODES**

This is a list of Medicaid Recertification Tracking System (MRT) Document Codes that are used when MA Case Closing Code U13 (or 995 are used) is entered in CNS. A prompt shall appear on the screen requiring the entry of the appropriate MRT Code.

**CODE REASON**

- A01 Prior agency photo identification card
- A02 Social security card for each family member
- A03 Birth or baptismal certificate for each family member
- A04 Letter from agency you are known to
- A05 Driver's license
- A06 Military discharge papers
- A07 Marriage certificate or divorce or separation papers
- A08 Death certificate
- A09 Certification of Naturalization
- A10 Alien registration card or other USCIS document
- A11 Passport and/or visa
- A12 Guardianship papers
- A13 Individual/Spouse Failed to Submit Signed authorization for AVS
- A16 Spouse's Signature Requested (AVS)
- A17 Missing Signature or Spouse on Authorization to Verify Resources (AVS)
- B01 Rent receipt and lease
- B02 Statement from landlord indication who lives with you
- B03 Utility bills
- B04 Mortgage statements: property and school tax bills
- B05 School records and/or latest report card for children
- B06 Statement from family doctor or clinic that children live with you
- B07 Letter from person (s) you live with verifying that they supply room and board
- C01 Pay stubs for previous four (4) weeks or statement from employer showing all deductions
- C02 Unemployment insurance book
- C03 Statement of rental and/or room and board income

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**MA CASE REASON CODES (CONT'D)**

**MRT DEFERRAL CODES (CONT'D)**

**CODE REASON**

- C04 Support payments – divorce or separation papers
- C05 Statement about childcare expenses
- C06 Documentation of additional income, which allows you to meet your rent and other household expenses. The income reported to us is less than your reported rent and other household expenses
- C07 Completed form "Request for Information on Income Producing Property" Include a copy of the Annual Mortgage Statement and the current Escrow Analysis. If there is no mortgage, submit copies of the current Real Estate Tax Bill, Water/Waiver Bill and Fire Insurance Statement.
- C08 Award letter for Social Security – Call 1- 800- 772-1213 to get an award letter.
- C09 Award letter for Military or Veterans' benefits.
- C10 Award letter for pensions
- C11 Award letter for Railroad Retirement
- C12 Award letter for Insurance endowments.
- C13 Award letter for New York State Disability.
- C14 Award letter for Worker's Compensation
- C15 If self employed: business records Schedule C /Schedule E and Form 1040
- C16 Income tax returns
- D07 Life insurance policies and current cash surrender value statement from the company.
- D08 Stocks, bonds, certificates of deposit and money market fund accounts
- D09 Real estate deeds.
- D10 Credit union account statements
- D13 Information about any pending lawsuit.
- D14 Closing papers on property sale.
- D15 Information about inheritance.
- D16 Information about lottery and other gambling winnings.
- D17 Current bank records, Current credit union records, Current retirement records (IRA and Keogh).
- D18 Bank, credit union and retirement records (IRA and Keogh) for the last 60 months including closed accounts.
- D19 Statement from Financial Institution Documenting
- D20 Statement Explaining Reasons for Large Withdrawal
- D21 Copy of Pre-need Burial Agreement and Signed Medicaid Disclosure.

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**MA CASE REASON CODES (CONT'D)**

**MRT DEFERRAL CODES (CONT'D)**

**CODE REASON**

- D22 Statement from Nursing Facility Verifying Private Payment, amount of Private Payment, Period Covered by Private Payment, Nursing Facility's Daily Rate.
- D23 Trust Agreement with Schedule 'A'.
- E01 If anyone is pregnant, a doctor's statement giving the expected date of delivery
- E02 Medical Form LDSS-486, Medical Report for Determination of Disability
- E03 Disability Interview, Form DSS – 1151
- E04 Dialysis Treatment Letter
- E05 Additional Medical Documentation
- F01 Explanation of Past Maintenance
- F02 Explanation of Current Maintenance
- F03 Completed Absent Parent Questionnaire.
- G01 Failure to Provide Completed Application and/or Documentation
- H01 Sign DAB Renewal Notification Where Indicated.
- H02 Completed DAB Renewal Notification.
- K01 Verification on Medicare Card
- K02 Verification of Medicare Premiums
- K03 Verification of Medicare Supplemental Insurance
- K04 Verification of Health Insurance and Coverage
- K05 Verification of Health Insurance Premiums
- K06 Verification of Accident Insurance
- K07 Verification of Accident Insurance Premiums

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**RESERVED FOR EXPANSION**

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TURNAROUND DOCUMENT - DSS 3517

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA CATEGORICAL CODES (CAT) – 372

- 01 LIF Child Death of a Parent (Deprivation)
- 02 LIF Child Incapacity Parent (Deprivation)
- 03 LIF Child Imprisonment Parent (Deprivation)
- 05 LIF Child divorce, Annulment, or Legally Separated Parent
- 06 LIF Child Abandonment/Desertion by Parent
- 08 LIF Child Unemployment Principal Wage Earner Formerly ADC-U
- 09 LIF Child No Deprivation or Single or Childless Couple (S/CC)
- 10 Aged (OAA)
- 11 Blind (AB)
- 12 Disabled (AD)
- 13 LIF Dependent Relative (Deprivation)
- 14 Essential person (PA Only)
- 15 Pregnant Women No Deprivation (Use for Intact Households)
- 20 IVE Adoption Subsidy (MA Cases Only for Children)
- 21 ADC-Related Adult (deprivation) (Case Type 20)
- 22 ADC-Related Child (deprivation)(Case Type 20)
- 25 ADC-Related Adult (no deprivation) (Case Type 20)
- 26 LIF Adult Intact Family (No Deprivation)
- 32 Non-NYS IV-E Foster Care (MA or MA-SSI)
- 33 Non-IV-E Adoption Special Needs (MA or MA-SSI)
- 34 Non-NYS IV-E Adoption (MA or MA-SSI)
- 35 Presumptive Eligibility Home Care Nursing/Hospice (MPE only)
- 36 Presumptive Eligibility Pregnant Women (MPE only)
- 39 FNP Parent Living with his/her Child (ren) Above the PA Standard (MA Only)
- 42 ADC-Related Pregnant Women (MA Level) (Case Type 20)
- 43 Expanded MA Levels. Pregnant Women (Case Type 20)
- 44 Expanded Coverage, Child Less Than 1, But Eligible at 100% of Poverty
- 46 Expanded Coverage, Child From 1 to 5 Under 133% FPL
- 47 Expanded Coverage, Child From 6 to 19, Under 100% FPL
- 48 LIF Pregnant Women (Deprivation)
- 50 Special Supplement (s) Client-FNP for Medicaid (NYC only).
- 51 Expanded Coverage Infant Less Than 1, Eligibility at 200% FPL
- 56 FHP Single and Childless Couples. Individuals 19-20 not living with parents
- 57 FHP Parents living with minor children. Individuals 19-20 living with parents
- 58 FHP Pregnant women eligible at 100% of the Federal poverty level (valid only on case type 20)
- 59 FHP Pregnant women between 100% and 200% of FPL (Valid only on case type 20)
- 65 Presumptive Eligibility Children
- 66 Disaster Relief, System Generated for MPE cases for Special Disaster Relief load to case Type 21
- 68 Family Planning Coverage (FP)
- 69 Family Planning Coverage (FNP)
- 70 Medicaid Buy-In - Disabled Basic Group
- 71 Medicaid Buy-In - Medically Improved
- 73 Woman in Postpartum period
- 84 Expanded Coverage, Child From 6 to 19, Income Level > 100% FPL and < or equal to 133% FPL
- 85 IV-E KinGap Foster Care
- 86 Non-IV-E KinGap Foster Care
- 87 Non-NYS IV-E KinGap Foster Care

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TURNAROUND DOCUMENT - DSS 3517 (CONT'D)

SECTION 15 - MA INDIVIDUAL LEVEL CODES

MA CATEGORICAL CODES (CAT) – 372

- 90 Child 6 - 19 with 100% - 133% FPL
- 91 ADC/LIF Related Child
- 92 Pregnant Women with a FPL ≤ 223% (Aid Category code P7)
- 93 Single & Childless Couples & 19 < 21 living alone with a FPL > 100% ≤ 138% (Aid Category code H0)
- 94 Parents & Caretaker Relatives with a FPL ≤ 138% (Aid Category code H1)
- 95 19 < 21 living with Parents with a FPL > 138% ≤ 155% (Aid Category code H1)
- 96 19 < 21 living with Parents with a FPL ≤ 138% (Aid Category code 90)
- 97 Individual not a parent or caretaker relative. Income =< 100% FPL (Only valid with MA Opening codes 613, 614, 615, and 616. Only valid for Case Type 20)
- 98 Individual not a parent or caretaker relative. Income >100% = < 138% FPL. (Only valid for MA Case Type 20)

CHAFEE INDICATOR (NOT ON TAD) – 349

- T True Chafee ID not valid on individuals over 21 (Manual Process)
- 1 Guarantee (Auto Process Only) - Chafee child 18-21 years old
- 7 Guarantee (Manual Openings, valid only at Centers 5A7, 580, and specified supercenters)

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### **MA STATUS CODES (MA: STAT) – 340**

AC	Active
AP	Applying
CL	Closed
IC	Medicaid Suspension
NA	Not Applying
RJ	Denied
SN	Sanctioned
DD	Dead

### **MA COVERAGE CODES (MA: COV CD) – 343**

01	Full Coverage
02	Outpatient Coverage Only
04	No Coverage-PA Cases Only
06	Provisional Coverage (FHP)
07	Emergency Medical Coverage
08	Presumptive Eligibility – Home Care Nursing/Hospice (MPE only)
09	Medicare Premium, Co-insurance and Deductible Only
10	Eligibility for All Services except Long Term Care
11	Full Coverage-FNP Except Emergency Medical Care (Legal Alien during 5 year ban)
13	Presumptive Eligibility – Prenatal Care A (MPE only)
14	Presumptive Eligibility – Prenatal Care B (MPE only)
15	Pre natal Care
17	Eligibility for Payment of Health Insurance Premium Only
18	Family Planning Only Eligible at or Below 200% of FPL
19	Community Coverage with community based Long Term Care - <b>(Case Type 20)</b>
20	Community Coverage without Long Term Care <b>(Case Type 20 &amp; 24 Only)</b>
21	Outpatient Coverage with comm based long term care - <b>(Case Type 20)</b>
22	Outpatient Coverage without Long Term Care <b>(Case Type 20 Only)</b>
23	Outpatient Coverage with no Nursing Facility Services <b>(Case Type 20 Only)</b>
24	Community Coverage without Long Term Care (Legal Alien during 5 year ban) <b>(Case Type 20 Only)</b>
25	I/P Hospital Only - FNP for Individuals Age 21-64 Admitted to Psychiatric Facilities <b>(Case Types 20 &amp; 24)</b>
26	I/P Hospital Only - FP for Incarcerated Individuals <b>(Case Types 20 &amp; 24)</b>
27	Family Planning Extension Program (without transportation)
30	PCP – Full Coverage
31	PCP – Guarantee - <b>(System Generated)</b>
34	Family Health Plus Coverage
36	Family Health Plus Guarantee - <b>(System Generated)</b>

### **MEDICARE SAVINGS PROGRAM (MSP) - 345**

P	Qualified Medicare Beneficiary (QMB)
L	Specified Low Income Medicare Beneficiary (SLIMB)
U	Qualified Individual 1 (QI1)
X	New Value for QDWI - Has not been defined by DOH

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10/20/2013

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**SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)**

**AD EX INDICATOR - 365**

The Aged/Disabled field must be entered in a (MMDDYY) date format.

Note: Required with employment code (74) only.

**MA EMPLOYABILITY CODES (EMP) - 375**

**INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>DEFINITION</u></b>
17	All	Teen parent age 16-19 without HS Diploma.
20	FA/SNCA	Employable.
24	All	Pregnancy.
27	All	Employed.
30	All	Child less than 18 years old.
31	All	Caretaker of child under 3 years of age on same MA case.
32	All	Advanced age - 65 years and older.
33	FA	Caretaker with other adult on same MA case in employment compliance.
34	All	Caretaker of child under 3 not on same MA case.
35	All	Child 18 expected to graduate by 19th birthday.
36	All	Incapacitated 30 days to 1 year.
38	All	Needed in home full time to care for incapacitated/disabled family member-Exempt
40	All	Needed in home part time to care for an incapacitated/disabled family member- Non Exempt
41	All	Temporary illness - 3-month exemption.
42	All	Temporary incapacity - 6-month exemption
43	All	Incapacitated - SSI application filed.
44	All	In receipt of SSI and/or SSI Disability.
53	All	Person 18 -21 not employed.
60	SNCA	55 years or older - not employed in the last 5 years.
63	All	Substance abuser - in rehabilitation.
64	All	Substance abuser - waiting for rehabilitation.

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**SECTION 15 - MA INDIVIDUAL LEVEL CODES (CONT'D)**

**MA EMPLOYABILITY CODE (EMP) - 375 (CONT'D)**

**INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS**

**CODE CATEGORY    DEFINITION**

70	FA/SSI	Disability Type I.
71	FA/SSI	FA caretaker relative of child 19 or younger (not born) in the same MA case.
72	All	FA caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	FA/SSI	Disability Type II.
99	All	Unborn

**TPHI/MCR INDICATOR - SYSTEM GENERATED**

This is displayed as a combined field in the individual data area of the TAD. The 1st position in the field is TPHI, the 2nd position is MCR.

**TPHI -Third Party Health Insurance**

- Y Client Has TPHI
- N Client Does Not Have TPHI

**MCR - Medicare**

- Y Yes
- N No

**EMPLOYER PURCHASE INDICATOR (EPI)- 344**

**Employer purchase FHP Indicator**

Space - Not a Member of EPI (**System Generated**)

- 1 - 1199 Employee in 1199 Manage Care Plan (**System Generated**)
- 2 - Client no Longer Eligible for Partnership FHP (**System Generated**)
- 3 - Employer withdrew from Plan (**System Generated**)
- 4 - 1199 Employee in non-1199 Managed Care Plan (**System Generated**)
- 5 - Client Has Case Type 20, and Coverage Code is not Equal to 30 (**System Generated**)
- 6 - Client in FHP-PAP Program (**System Generated**)
- B - Client no Longer Eligible for Partnership FHP
- C - Employer Withdrew from Plan
- D - 1199 Employee in non-1199 Managed Care Plan
- E - Client Has Case Type 20, and Coverage Code is not Equal to 30 or 34
- F - 1199 Employee in 1199 Managed Care Plan

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**MA INDIVIDUAL REASON CODES**

**OPENING CODES - MA (MA: REAS - 341)**

<b>CODE</b>	<b>CATEGORY</b>	
I4	All	Inpatient Hospital bills equal to or greater than excess resources combined with excess income (if applicable) HED use only. <b>MA: 360-3</b>
I5	SSI Related	Medicare Premium, co-insurance and deductible only. <b>MA: 360-3</b>
I9	MA - FA/SNFP	Beginning of extension of eligibility for MA after findings of ineligibility for PA resulting from loss of 30 + 1/3 disregard. <b>MA: 360-3</b>
J0	MA - FA/SNFP	Beginning of four month extension of eligibility for MA after finding of ineligibility for FA resulting from employment or receipt of support. <b>MA: 360-3</b>
J1	FA/SNFP MA - SSI-Related	Medical bills equal to or greater than excess income. <b>MA: 360-3</b>
J2	SSI	SSI recipient not yet appearing on SDX-determined eligible for MA-SSI. <b>MA: 360-3</b>
J3	SSI	SSI new opening on SDX, determined eligible for MA-SSI (Case Type 22) <b>MA: 360-3</b>
J4	All	Medical need – no recent change in financial circumstances. <b>MA: 360-3</b>
J5	All	Administrative <b>MA: 360-3</b>
A4	MA - SNCA/SNNC	Parents over 21 and under 65, in an intact family, living with child(ren) under 21 or single FNP parents living with dependent 18, 19 or 20 year old children who have income and/or resources above the PA standard <b>MA: 360-3</b>
A7	MA	Pay - In Excess Income <b>Regulation 360-4.8</b>

\* 0 = Zero

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10/17/2015

**MA INDIVIDUAL REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 341) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	
A03	MA/FHP	<b>Suspended Coverage at Incarceration of Inmate of NYS or Local Facility</b> Inmate of a New York State or local correctional facility. (Valid 4/01/08) <b>18NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</b>
A41	MA/FHP	<b>Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center, HH=1 (NYC)</b> We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective: _____. Your Medicaid benefits will be reinstated when you are discharged. <b>Regulation 18 NYCRR 360-3.4(a)(2) and Section 366(1)(c) and (d) of the SSL</b>
A64	MA	<b>Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of a Correctional Facility</b> We will suspend Medicaid coverage effective _____ for: Because of your immigration and inmate status, Medicaid cannot pay for medical care, services or supplies you receive while physically residing in a correctional facility, except for the treatment of inpatient emergency medical conditions. <b>This decision is based on Sections 122, 366(1-a) and 366(1)(e)(1) of the SSL</b>
D95	FHP/ESI	<b>Parents at Case Level</b> <b>MA 369-ee</b>
H28	MA	Medical Assistance/Family Planning Benefits Program.
H66	MA	<b><u>MAGI-Like Consumers (NYC)</u></b> <b>Section 366(1)(b) of the Social Services Law</b>
H67	FHP	<b>Single and Childless Couple Eligible for FHP</b> Eligible single and childless couples can only be used on FHP <b>MA: 369-ee</b>
H68	FHP	<b>FHP Parents</b> FHP Parents level can only be used on FHP cases. <b>MA: 369-ee</b>
H69	FHP	<b>Pregnant Woman on MA Case</b> FHP eligible pregnant woman active on a MA Case Type 20.H <b>MA: 369-ee</b>
H74	FHP	<b>Family Health Plus Parent and Expanded Eligibility Children</b> <b>FHP Parents and children with expanded eligibility (can only be used on FHP cases)</b> <b>MA: 369-ee</b>
H97	FHP/ESI	<b>Pregnant Women</b> <b>MA 369-ee</b>
H98	FHP/ESI	<b>Parents and Expanded Eligibility Children</b> <b>MA 369-ee</b>
H70	MBI/DBG	<b>Medicaid Buy-In (Disabled Basic Group) Eligible at or below 150%.</b> <b>Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</b>
H71	MBI-MI	<b>Medicaid Buy-In (Medically Improved) Eligible at or below 250% but greater than 150%.</b> <b>Regulation 366(1)(a)(12) and 367-a(12) of the Social Service Law</b>

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02/19/2017

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**OPENING CODES - MA (MA: REAS - 241) (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
<b>P47</b>	<b>MA</b>	<b>Reinstate MA Coverage (30 Days Prior to Releas) (Both Manual and System Generated)</b> We will reinstate Medicaid coverage when the following individual is released to t the community from the correctional facility: Prior to release, a common Benefit Identification Card will be mailed to the correctional facility. This card will be made available to you upon release to the community.
<b>920</b>	<b>MA</b>	<b>Add Newborn To Case (System Generated)</b> This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth <b>MA: 366-g</b>
<b>921</b>	<b>MA</b>	<b>Unborn/Newborn Conversion (System Generated)</b> This is because the infant's mother was receiving Medical Assistance at the time of the infant's birth. The infant was listed on case as unborn. If the mother was enrolled in managed care on the date of the infant's birth, the infant will be included in the same managed care plan as the mother. <b>MA: 366-g</b>

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MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341)

EXCESS INCOME/RESOURCES

CODE      CATEGORY      REASON

E04	FHP	<p><b>Deny FHP, MA Ineligible, Excess Income, S/CC</b> We have denied Medicaid/Family Health Plus for: <b>Message 1: Gross Income Over 185% Medicaid Standard</b> You are not eligible for Medical Assistance because your gross income of \$___ is over 185% of the Medicaid Standard of \$___. <b>Message 2: Net Income over the Medicaid Standard</b> You are not eligible for Medicaid because your net income (gross income less Medical Assistance deductions) of \$___ is over the Medicaid Standard of \$___. <b>For All:</b> We also evaluated your eligibility for Family Health Plus. You are not eligible because your gross income of \$___ is over the FHP income limit of \$___. <b>18 NYCRR 360-4.1, 360-4.7, and 360-4.8 Sections 366(1)(a)(1) and 369-ee of SSL</b></p>
E22	FHP	<p><b>Deny FHP, MA Ineligible, Excess Income, FP</b> We have denied Medical Assistance/Family Health Plus for: You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) of \$___ is over the allowable Medical Assistance income limit of \$___. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$___. If you incur medical bills in the amount of your excess income or if your income goes down, you may reapply. We also evaluated your eligibility for Family Health Plus you are not eligible because your gross income of \$___ is over the FHP income limit. <b>18 NYCRR 360-4.1, 360-4.7 and 360-4.8 and Sections 366(1)(a)(1), and 369-ee</b></p>
E59	MA	<p><b>Pregnant Woman, Excess Income</b> We have denied Medical Assistance for: ___. This is because your net income of \$_____ is more than 200% of the Federal Poverty Level of \$_____ which is the income limit for a pregnant woman. Since your income is over 200% of the Federal Poverty Level, we compare your income to the Medical Assistance limit. Your net income of \$___ is over the allowable Medical Assistance income limit of \$___. Your monthly excess income is \$___. If you incur medical bills in the amount of your excess income, you may reapply. <b>MA:18NYCRR 360-4.1, 360-4.7 and 360-4.8</b></p>
F09	MBI-WPD	<p><b>Ineligible Excess Income above 250% of FPL</b> We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective___. This is because your net income (gross income less Medical Assistance deductions) of \$___ is over the MBI-WPD income limit of \$___. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." <b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>

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02/16/2010

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE    CATEGORY    REASON**

<b>F26</b>	<b>MBI-WPD</b>	<p><b>Excess Resources (Manual Notice)</b> We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$ ____ are over the MBI-WPD resource limit. Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance. The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund. If you incur medical bills in the amount of your excess resources or if the amount of you</p> <p><b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>
<b>F28</b>	<b>MBI-WPD</b>	<p><b>Excess Income above 250% of FPL and Excess Resources (Manual Notice)</b> We have denied your application for Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$ ____ is over the MBI-WPD income limit of \$ ____ and your countable resources of \$ ____ are over the MBI-WPD resource limit. You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply.</p> <p><b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>

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MA INDIVIDUAL REASON CODES (CONT'D)

REJECTION CODES - MA (MA: REAS - 341) (CONT'D)

EXCESS INCOME/RESOURCES (CONT'D)

CODE CATEGORY REASON

FE1	MA	<p><b><u>Deny MA Excess Income, Child Age 6-18 (NYC)</u></b> We have denied your application for Medicaid dated _____ for: This is because your net income of \$ ___ is more than 133% of the Federal Poverty Level of \$ ___ which is the income for persons ages six through eighteen years. <b>Regulations 18NYCRR 360-4.1, 360-4.7 and 360-4.8, and Section 366(1)(a)((11) and 366(4)(p)(1) of the Social Services Law</b></p>
G57	MA	<p><b><u>Deny Medicaid, Ineligible, Income Over 138% (NYC)</u></b> <b>Message 1 (Deny MA)</b>  We have denied your application for Medicaid dated _____ for:  <b>Message 2 (Disc MA)</b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for:  <b>For All:</b> This is because you are not eligible for Medicaid because your gross of \$ _____ is over the allowable Medicaid income limit of \$ _____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections "Explanation of the Excess Income Program" and "Optional Pay-in Program." <b>Sections 366(1)(b) and 366-a(2) of the Social Services Law.</b></p>
H36	MA	<p><b><u>Deny Medicaid, Ineligible, Income Over 154% (NYC)</u></b> <b>Message 1 (Deny MA)</b> We have denied your application for Medicaid dated _____ for:  <b>Message 2 (Disc MA)</b> We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010. We will discontinue Medicaid effective _____ for:  <b>Use for All:</b> This is because you are not eligible for Medicaid because your gross of \$ _____ is over the allowable Medicaid income limit of \$ _____. However, you may be eligible for Medicaid with a spenddown. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-in Program." <b>Sections 366(1)(b)(3) and 366-a(2) of the Social Services Law.</b></p>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE CATEGORY REASON**

**H37 MA Deny Medicaid, Ineligible, Income Over 155% (NYC)**

**Message 1 (Deny MA)**

We have denied your application for Medicaid dated \_\_\_\_\_ for:

**Message 2 (Disc MA)**

We have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.

We will discontinue Medicaid effective \_\_\_\_\_ for:

**Use for All:**

This is because you are not eligible for Medicaid because your gross of \$\_\_\_\_\_ is over the allowable Medicaid income limit of \$\_\_\_\_\_.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-in Program."

**Sections 366(1)(b)(3) and 366-a(2) of the Social Services Law.**

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F81	MA	<b>Photo ID Refusal (MA Only)</b> We have denied your application for Medical Assistance dated: _____ This is because you failed or refused to have your picture taken for a photo identification card. Getting a photo ID is a requirement of the Medical Assistance Program. <b>MA: 360-2.2</b>
F92	All	<b>Failure to Provide Proof of Citizenship, Identity and or Current Immigration Status</b> We have denied Medicaid/Family Health Plus coverage for: <u>Name</u> . This is because you have failed to provide documentation of citizenship, identity and or current immigration status. <b>Regulation 18NYCRR 351.1(b)(2)(ii), 351.2, 351.5, 351.6, 351.8(a)(2)(ii), 360-1.2, 360-2.3 and 369-ee of the SSL</b>
H42	MA	<b><u>Deny Medicaid, Individual Revoked Authorization for AVS</u></b> We have denied your application for Medicaid dated _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouses's resources with financial institutions. <b>This decision is based on 42 U.S.C. 1396w and Section 366-a(2) of the SSL.</b>
F93	All	<b>Failure/Refusal to Sign Citizenship/Alien Declaration</b> We have denied your application for Medical Assistance dated: _____. This is because you failed to sign Citizenship and Alien Declaration. <b>MA: 360-2.6</b>
HH8	MA	<b>HX Applicant Submission (NYC)</b> This is to inform you that we will continue Medicaid until _____ for the following individuals: <b>This decision is based on Section 366(1)(b) of the Social Services Law.</b>
HH9	MA	<b>Individual HX Referral (NYC)</b> We received your application dated _____ for Medicaid coverage. Your application for the following individuals is being sent to New York's health benefit exchange, New York State of Health: This is because starting January 1, 2014, certain individuals must have their eligibility determined by New York State of Health. New York State of Health will use your application to determine your eligibility. <b>18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS**

**CODE    CATEGORY    REASON**

V97	All	<b>Failure to Report to Child Support Enforcement Unit (IV-D Requirement)</b> We have denied your application for Medical Assistance dated: _____. This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know. <b>Regulation 18NYCRR 346,347, 360-3.2(b), 369.2(b), 369.2(b) (3) and section 369ee</b>
Y84	FHP	<b>Failure to Provide Health Plan and Provider Selection Form</b> We have denied your application for Family Health Plus dated: _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. <b>MA: 360-4.1, 360-4.8</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**DEATH**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
<b>F50</b>	<b>MA</b>	<b>Death Before Determination – No Unpaid Medical Bills</b> We have denied your application for Medical Assistance dated _____. This is because this individual died before the Medical Assistance application process was completed and there were no unpaid medical bills. <b>MA: 360-2.2 and 360-2.3.</b>
<b>F51</b>	<b>MA</b>	<b>Death Before Determination Insufficient information</b> We have denied your application for Medical Assistance dated _____. This is because our records indicate that this individual is deceased and we have insufficient information to complete the Medical Assistance application process. If there are unpaid Medical bills a representative may contact us to complete the process. <b>MA: 360-2.2 and 360-2.3.</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F66	All	<b>Currently in Receipt of Assistance Within Same District</b> We have denied Medical Assistance for: ____. This is because you are already receiving Medical Assistance/Family Health Plus under another case. <b>18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law</b>
M02	MA	<b>Deny Application Due to Receipt of Medicaid through New York State of Health (NYC)</b> We have denied your application for Medicaid dated _____ for: This is because your identity matches that of a person who is already receiving Medicaid coverage through New York State of Health, account number _____. Because the identities match, we have determined that you and that person are the same person. <b>Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL.</b>
M98	All	<b>Concurrent Benefits – Intrastate (Within State)</b> We have denied Medical Assistance/Family Health Plus for: ____. This is because your identity matches that of a person who is already receiving Medical Assistance. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. <b>18 NYCRR 351.9</b>
N66	All	<b>Concurrent Benefits Interstate (Between States)</b> We have denied Medical Assistance/Family Health Plus for: ____. This is because your identify matches that of a person who is already receiving Medical Assistance/FHP in _____. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. <b>18NYCRR 351.9 and Section 369-ee of Social Service Law</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**LIVING ARRANGEMENTS**

<b><u>CASE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
E72	All	<b>Institutionalized</b> We have denied Medical Assistance/Family Health Plus for: ____. This is because you are in a public institution which provides medical care for you. <b>18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law</b>
E73	All	<b>Child Entering Foster Care</b> We have denied Medical Assistance/Family Health Plus for: ____. This because the individual will receive Medical Assistance through the Foster Care Program <b>18 NYCRR 360-2</b>
F60	All	<b>Left Household</b> We have denied Medical Assistance/Family Health Plus for: ____. This is because you left the household. <b>18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369-ee</b>
F63	All	<b>In Prison</b> We have denied Medical Assistance/Family Health Plus for: ____. This is because you are in a public institution which provides medical care for you. <b>18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**HEALTH INSURANCE**

**CODE    CATEGORY    REASON**

<b>Y84</b>	<b>FHP</b>	<b>Failure to Provide Health Plan and Provider Selection Form</b> We have denied Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. <b>MA: 360-4.1, 360-4.8</b>
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02/21/2016

**MA INDIVIDUAL REASON CODES (CONT'D)**

**REJECTION CODES - MA (MA: REAS - 341) (CONT'D)**

**OTHER**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
M13	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Currently in Receipt of Medicaid in Another State</u></b> We have denied your application for medicaid/family Health Plus/FHP-PAP/FPBP. This is because you already receive Medicaid in the State of ____. <b>Regulation 18 NYCRR 351.9 and Sections 369-ee and 366(1)(a)(11) of the SSL.</b>
M66	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Currently in Receipt of Medicaid on Another Case</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/FPBP. This is because you are already receiving Medicaid/Family Health Plus/FHP-PAP/FPBP under case name ____. <b>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</b>
M67	All	<b><u>Deny Medicaid/Family Health Plus/FHP-PAP/FPBP, Part of Another MA Application</u></b> We have denied your application for Medicaid/Family Health Plus/FHP-PAP/FPBP. This is because you are part of the application of ____ and you are still a member of that household. We will decide if you can get assistance as a member o that case. <b>Regulation 18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) of the SSL.</b>
Y98	All	<b>Other- Manual Notice Required (No MA Extension)</b> This code is to be used if none of the other reason codes for rejection of individual are applicable. <b>MA: 360-2.2</b>
Y99	All	<b>Other- Manual Notice Required</b> This code is to be used if none of the other reason codes for rejection of individual are applicable. <b>MA: 360-2.2</b>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341)**

**EXCESS INCOME/RESOURCES**

**CODE    CATEGORY    REASON**

**E24**    **FHP**    **Disc FHP Turning 65, Ineligible for MA Exc Inc (NYC)**  
We will discontinue Family Health Plus effective \_\_\_\_\_. For: \_\_\_\_\_.  
This is because Family Health Plus provides health insurance coverage to certain individuals age 19 through 64 only who have income over the Medicaid limits. Until you turned 65 years of age, we compared your income to the Family Health Plus income limits. Now we compare your income and resources to the Medicaid limits.  
You are not eligible for Medicaid because your net income (gross income less Medicaid deductions) of \$\_\_\_\_\_ is over the Medicaid income limit of \$\_\_\_\_\_. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$\_\_\_\_\_.  
If you incur medical bills in the amount of your excess income, or if your income goes down, you may reapply for Medicaid.  
**18NYCRR 360-4.8 and Section 369-ee of the SSL**

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE    CATEGORY    REASON**

<b>F09</b>	<b>MBI-WPD</b>	<p><b>Ineligible Excess Income above 250% of FPL (Manual Notice)</b> We will discontinue Medical Assistance under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income Standard of \$____. Please look at the budget section to see how we figured your income. Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program." <b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>
<b>F26</b>	<b>MBI-WPD</b>	<p><b>Excess Resources (Manual Notice)</b> We will discontinue your Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) effective _____. This is because your countable resources of \$____ are over the MBI-WPD resource limit. Because your countable resources are over the allowable medical assistance resource limit, you are not eligible for Medical Assistance. The amount over the limit is called excess resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding a burial trust/fund. If you incur medical bills in the amount of your excess resources or if the amount of you <b>Regulation 18 NYCRR 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>
<b>F28</b>	<b>MBI-WPD</b>	<p><b>Excess Income above 250% of FPL and Resources (Manual Notice)</b> We will discontinue Medical Assistance coverage under the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD). This is because your net income (gross income less Medical Assistance deductions) of \$____ is over the MBI-WPD income limit of \$____ and your countable resources of \$____ are over the MBI-WPD resource limit. You are not eligible for Medical Assistance because your net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit and your countable resources are over the allowable resource limit. The amounts over the limits are called excess income and resources or spenddown. We have not received documentation that you have spent your excess resources by establishing or adding to a burial trust/fund. If you incur medical bills in the amount of your excess resources and expect to have medical bills which are equal to or more than your excess income, or if your income or resources go down, you may reapply. <b>Regulation 18 NYCRR 360-4.1, 360-4.3, 360-4.1, 360-4.6, 360-4.7, 360-4.8 and Sections 366(1)(a)(12), 366(1)(a)(13), 367-a(12) of the Social Services Law</b></p>

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**EXCESS INCOME/RESOURCES (CONT'D)**

**CODE    CATEGORY    REASON**

**H38    FHP/FHP-PAP    Discontinue FHP, Ineligible, Income Over 138% FPL**

This is to inform you that the Family Health Plus Program is being discontinued; therefore we have re-determined your eligibility for Medicaid coverage under the new rules of the Patient Protection and Affordable Care Act of 2010.

We will discontinue Family Health Plus effective \_\_\_\_\_ for:

You are not eligible for Medicaid because your gross income of \$\_\_\_\_\_ is over the Medicaid income limit of \$\_\_\_\_\_.

However, you may be eligible for Medicaid with a spenddown.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

**This decision is based on Sections 366(1)(b), 366-a(2) and 369-ee of the SSL**

WORKER'S GUIDE TO CODES

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02/14/2015

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS (CONT'D)**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
V97	All	<b>Fail to Report to Child Support Enforcement Unit (IV-D Requirement)</b> We will discontinue Medical Assistance/ Family Health Plus effective <u>date</u> . This is because you did not report to the Child Support Enforcement Unit on <u>date</u> to help obtain medical support or establish paternity for your Child(ren) whose parent(s) does not live with him/her or was born out of wedlock. Failure to report to the Child Support Enforcement unit without good cause is grounds for denying or closing Medical Assistance/Family Health Plus. However, if you are pregnant, you do not have to help the Child Support Enforcement Unit until at least two months after the baby is born. If you are pregnant, let us know. <b>Regulation 18NYCRR 346,347, 360-3.2(b), 369.2 (b), 369.2(b) (3) and section 369ee</b>
Y84	FHP	<b>Failure to Provide Health Plan and Provider Selection Form (Manual Notice)</b> We will discontinue Family Health Plus effective _____. Choosing a health plan is an eligibility requirement of the Family Health Plus Program. We told you if you did not return the completed plan enrollment form we would not be able to continue your health insurance coverage. <b>MA: 360-4.1, 360-4.8</b>

WORKER'S GUIDE TO CODES

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10/23/2016

**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**ELIGIBILITY REQUIREMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F92	All	<b>Failure to Provide Proof of Citizenship, Identity and/or Current Immigration Status</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you failed to provide documentation of citizenship, identity and or current immigration status. <b>MA: 360-2.6</b>
F93	All	<b>Fail to Complete Declaration of Citizenship/Immigration</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because in order to get Medical Assistance/Family Health Plus, we must have a written declaration for each applying household member stating that the individual is either a United States citizen, National, Native American or is in a satisfactory immigration status. <b>18 NYCRR 360-2.3, 360-3.2(j) and Section 369-ee</b>
G82	MA	<b>Transition Medicaid to NY State of Health-Recipients in the Five Year Ban</b> Because of the immigration status of individuals on your Medicaid case, eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health: We will continue Medicaid coverage until _____. To avoid a break in coverage, you will need to sign in to your account in NY State of Health between (____) and (____). <b>This decision is based on Section 369-gg of the SSL.</b>
H48	MA	<b>Discontinued Medicaid, Individual Revoked Authorization for AVS</b> We will discontinue Medicaid effective _____ for: This is because in order to get Medicaid, you and your spouse (if married) must provide a signed authorization allowing Medicaid to verify your and your spouse's resources with financial institutions. <b>This decision is based on 42 U.S.C. 1396w and Section 36-a(2) of the SSL.</b>
HH8	MA	<b>HX Applicant Submission (NYC)</b> This is to inform you that we will continue Medicaid until _____ for the following individuals: <b>This decision is based on Section 366(1)(b) of the Social Services Law.</b>
HH9	MA	<b>Individual HX Referral</b> This is to inform you that we will continue Medicaid until <u>(MA coverage "To" date)</u> for the following individuals: We have forwarded your information to New York's health benefit exchange, New York State of Health. <b>This decision is based on Section 366(1)(b) of the SSL.</b>

WORKER'S GUIDE TO CODES

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02/21/2016

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**RECEIPT OF MULTIPLE OR CONCURRENT ASSISTANCE**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
F66*	All	<b>Currently in Receipt of Assistance Within Same District</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because you are already receiving Medical Assistance/Family Health Plus under another case. <b>18 NYCRR 360-3.3 and Sections 369-ee and 366(1)(a)(11) Social Service Law</b>
M05	MA	<b>Discontinue MA, Concurrent Benefits, Individual with Coverage on HX</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: This is because we believe you are already receiving Medicaid. <b>Regulation 18 NYCRR 351.9 and Section 366(1)(b) of the SSL</b>
M98*	All	<b>Concurrent Benefits – Intrastate (Within State)</b> We will discontinue Medical Assistance/Family Health Plus effective: _____. This is because your identity matches that of a person who is already receiving Medical Assistance. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. <b>18 NYCRR 351.9</b>
N66	All	<b>Concurrent Benefits Interstate (Between States) PARIS Match</b> We will discontinue Medical Assistance/Family Health Plus effective _____, for: _____. This is because your identify matches that of a person who is already receiving Medical Assistance/FHP in _____. When the identity of an applicant or recipient matches that of a person who is already receiving Medical Assistance, that person is not eligible for additional Medical Assistance/FHP. <b>18NYCRR 351.9 and Section 369-ee of Social Service Law</b>

\*Adequate

WORKER'S GUIDE TO CODES

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02/21/2016

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**LIVING ARRANGEMENTS**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
EF2	All	<b>MA/FHP Disc Medicare Savings Program of Inmate of NYS or Local Correctional Facility</b> We will discontinue Medical Assistance payment of the Medicare Part B premium effective ____. <b>This decision is based on Social Service Law 367-a(3)(d)(1)</b>
EF3	All	<b>Disc MA Payment of Health Insurance Premiums</b> The Medical Assistance program will discontinue paying for your health insurance premiums effective ____. <b>Regulation 18 NYCRR 360-3.4(a)(2) and Sections 366(1)(c) and (d) of the SSL.</b>
EF4	All	<b>Suspend MA Coverage for 21-64 Year Old Admitted to a Psychiatric Center (NYC)</b> We will suspend Medicaid/Family Health Plus/family Health Plus Premium Assistance Program/Family Planning Benefit Program coverage effective ____ for: <b>Regulation 18 NYCRR 360-3.4(a)(2) and Sections 366(1)(c) and (d) of the SSL.</b>
EF5	All	<b>Disc MSP for an Individual Admitted to Psychiatric Center (NYC)</b> We will discontinue Medicaid payment of the Medicare part B premium effective ____ for: This is because it is not cost effective. <b>Section 367-a of the Social Service Law</b>
E72*	All	<b>Institutionalized</b> We will discontinue Medical Assistance/Family Health Plus effective ____ for: ____. This is because you are in a public institution which provides medical care for you. <b>18 NYCRR 360-3.4 and Section 369-ee of the Social Service Law</b>
E73	All	<b>Child Entering Foster Care</b> We will discontinue Medical Assistance/Family Health Plus effective ____ for: ____. This because the individual will receive Medical Assistance through the Foster Care Program <b>18 NYCRR 360-2</b>

WORKER'S GUIDE TO CODES

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02/21/2016

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**LIVING ARRANGEMENTS**

**CODE    CATEGORY    REASON**

<b>F60</b>	<b>All</b>	<b>Left Household</b> We will discontinue Medical Assistance/Family Health Plus effective ___ for: ___. This is because client left the household. <b>18 NYCRR 360-2.6 and Sections 366(1)(a)(11) and 369-ee of Social Service Law</b>
<b>F63</b>	<b>All</b>	<b>In Prison</b> We will suspend Medical Assistance/Family Health Plus effective _____. This is because you are an inmate in a NYS or local correctional facility. Although Medical Assistance cannot pay for medical care, services or supplies you receive while you are physically residing in a correctional facility, your Medical Assistance case is <u>NOT</u> being closed. If we are also paying your Medicare Part A and/or Part B premium, we will discontinue payment of this premium. <b>NYCRR 360-3.4(a)(1) and Section 366(1-a) of SSL</b>
<b>F64</b>	<b>All</b>	<b>In Prison outside of NYS (valid 4/1/08)</b> We will discontinue Medical Assistance/Family Health Plus effective <u>Date</u> . This is because you are an inmate of a correctional facility outside of New York State or a federal penitentiary within New York State. <b>NYCRR 360-3.4 and Sections 366 (1-a) and 369-ee of SSL</b>

WORKER'S GUIDE TO CODES

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02/19/2017

**MA INDIVIDUAL REASON CODES (CONT'D)**

**CLOSING CODES - MA (MA: REAS - 341) (CONT'D)**

**OTHER**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
424	FPBP	<b>FPBP Truncation</b> This code allows MA coverage to be truncated on any of the following extension codes: 718, 719, 416, and 417.
D00	MA	<b>Deceased</b> (This code operates the same as E95 and G39 but will have a clocking down period)
E90*	All	<b>Client Requested Removal from Case NYC</b> We will discontinue your Medicaid/Family Planning Benefit Program effective _____ for: This is because you asked us to close your Medicaid/Family Planning Benefit Program case. <b>This decision is based on Sections 366(1)(b)(6) and 366-a(5)(a) of the SSL.</b>
E95*	All	<b>Died</b> We will discontinue your Medical Assistance/Family effective _____. This is because the client died. <b>MA: 360-2.6</b>
H14	All	<b>Failure to Provide Proof of U.S. Citizenship and Identity - SSA/BVI Match</b> We will discontinue Medicaid/Family Planning Benefit Program effective _____ for: You said you were a U.S citizen/national; however, we were unable to verify that this is true. You failed to respond to a request to provide documentation that you are a U.S. citizen/national. The Medicaid program requires proof of identity and U.S. citizenship or satisfactory immigration status. You failed to provide proof of your identity and U.S. citizenship. If you have submitted all of the required documentation, please call the Unit's office number listed in the box above to make sure they have been received and processed. <b>This decision is based on Sections 122, 366-a(2) and (5) of the SSL.</b>
H49	All	<b>Agency Affirmed/Defaults/Withdrawals Fair Hearing Actions</b> <b>Code allowed to be used ONLY by Fair Hearings Centers 527, 546, 567 and 588.</b> (For Fair Hearings ONLY, Notice Not Required)
Y02	MA	<b>Special Immigrant Visa Closing - Used for Iraqi and Afghan Immigrants ACI=R</b> <b>Manual Notice Required</b> We are sending you this notice to tell you that the Medical Assistance Program will discontinue your public health insurance coverage effective _____. You have reached the end of your initial period of Medicaid eligibility as an Afghan or Iraqi Special Immigrant. <b>Section 525 of Title V of Division G of Public Law 110-181 and Section 1244(g) of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181 and Section 1059 of the National Defense Authorization Act of 2006, Public Law 109-163</b>
Y98	All	<b>Other – Manual Notice Required (MA Extension)</b> This code is to be used if none of the other reasons for closing an individual are applicable. <b>MA: 360-2.2</b>
Y99	All	<b>Other – Manual Notice Required</b> Close individual for which there is not other appropriate reason code. No notice is generated by the system. Workers must manually complete the notice.

**WORKER'S GUIDE TO CODES**

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**02/15/2014**

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**This decision is based on Department Regulation(s)**

**\*Adequate**

**MA INDIVIDUAL REASON CODES (CONT'D)**

**RESERVED FOR EXPANSION**

WORKER'S GUIDE TO CODES

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10/17/2015

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**SANCTION CODES - MA (MA: REAS - 341)**

**FAILURE TO PROVIDE/VALIDATE SSN**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
<b>E21</b>	<b>MA</b>	<b>Failure to Provide Child's SSN</b> We will discontinue Medical Assistance effective _____. This is because the client failed to provide a Social Security card for each child on the case. <b>MA: 360-2.6</b>
<b>F17</b>	<b>All</b>	<b>Incorrect/Fraudulent Social Security Number (HH = 1)</b> We will discontinue Medical Assistance/Family Health Plus effective _____. This is because each person receiving Medical Assistance should have given the agency their correct Social security number. We determined that you did not give us your correct Social Security number. <b>Regulation 18 NYCRR 360-2.3 (A)</b>
<b>F20</b>	<b>All</b>	<b>Failure to Provide SSN</b> We will discontinue Medical Assistance effective _____. This is because the client failed to provide a SSA card, or apply for a SSA card. <b>MA: 360-2.6</b>

WORKER'S GUIDE TO CODES

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2/14/2015

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**MA INDIVIDUAL REASON CODES (CONT'D)**

**SANCTION CODES - MA (MA: REAS - 341) (CONT'D)**

**OTHER FAILURES**

<b><u>CODE</u></b>	<b><u>CATEGORY</u></b>	<b><u>REASON</u></b>
<b>F40</b>	<b>All</b>	<b>Failure to Enroll in Group Health Plan</b> We will discontinue Medical Assistance effective _____. Medical Assistance has been discontinued because the client failed to sign up for and use group health insurance benefits. <b>MA: 360-2.2</b>
<b>F84</b>	<b>All</b>	<b>Failure to Sign Lien</b> We will discontinue Medical Assistance effective _____. This is because the client refused to sign a property lien agreement. <b>MA: 360-2.6</b>
<b>F12</b>	<b>All</b>	<b>Failure to Apply For SSI</b> We will discontinue Medical Assistance effective _____. This is because the client failed to apply for, or complete an application for SSI. <b>MA: 360-2.6</b>
<b>H04</b>	<b>SNCA/SNNC</b>	<b>Failure to Comply with Office of Child Support Enforcement Language-TBD</b>

WORKER'S GUIDE TO CODES

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02/15/2014

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DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN)

**MA RESTRICTION/EXCEPTION RECORD**

**SOURCE CODES (SYSTEM-GENERATED)**

- G System Generated Code
- E User Entered Record

**MA RESTRICTED/EXCEPTION**

**STATUS FLAG CODES (SYSTEM-GENERATED)**

- 1 Active
- 2 Inactive

**PRINCIPAL PROVIDER CATEGORY**

- 00 No Principal Provider
- 01 Private Skilled Nursing
- 02 Private Intermediate Care
- 03 Public Skilled Nursing
- 04 Public Intermediate Care
- 05 OMRD Developmental
- 06 OMH Psychiatric Center
- 07 Acute Hospital -Long Term Care
- 08 Hospital -Excess
- 09 Hospital Catastrophic
- 10 Child Care Facility
- 12 OMR Small Residential Unit (SRU)
- 14 Personal Care Services
- 16 Assisted Living Program (ALP)
- DL Delete

**PAYMENT EXCEPTION TYPE CODES (PA, MA)**

- 1 Per Diem Payments To Provider Not Allowed
- 2 Per Diem Payments to Provider Allowed
- 3 Payment for Alternate Care Not Allowed

**PREPAID CAPITATION PLAN SUBSYSTEM CODES**

Benefits Package - User Entered in Concert with Provider ID and County Code#

**Prepaid Capitation Plan Capitation Code**

- 3 Individual Enrollee
- 0 End of capitation

**ENROLLMENT REASON CODES**

- 01 Enrollment Override
- 02 Voluntary Enrollment (all input methods)
- 05 Mandatory Enrollment via Auto Assign
- 07 Automated Enrollment of a Newborn
- 08 HX to WMS Enrollment (Online Only using Worker ID HXTWM. User ID restricted)
- 09 One-Step Enrollment (NYS Only)

**DIS-ENROLLMENT REASON CODES**

- 59 Lost FHP Eligibility
- 65 Plan Termination
- 66 Retro Active Disenrollment (plan must void claims subsequent to disenrollment date)
- 85 Death
- 86 Client Request
- 93 Client or LDSS Initiated/Excluded or Exempt
- 95 Lost Medicaid Eligibility-Automated Re-Enrollment within 90 days
- 97 Moved Out of Plan's Service Area

**WORKER'S GUIDE TO CODES**

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06/21/2015

**DATA INPUT FORM – DSS 3477 (SCREEN WMPPIN) (CONT'D)**

**PREPAID CAPITATION PLAN PROVIDER ID**

<b>PID</b>	<b>PROVIDER ID</b>	<b>PROVIDER NAME</b>
AX*	01559493	ABC Health Plan
82*	00477156	Affinity Health Plan
C7*	01234037	Beth Abraham Comprehensive Care Management (Pace Program)
CG	01183013	Capital District Physicians' Health Plan, Inc.
AN*	01750476	CO-OP Care Plan
HY	01202822	Emblem/Nassau
HW	01131584	Emblem/Westchester
MR	00477023	Excellus HP
99*	00313979	Greater New York Health INS Plan
GN*	01827572	GuildNet
SF*	01479670	Health First PHSP, Inc
C2	01249265	HealthNow NY
KP*	01617894	HealthPlus Amerigroup
85*	01898993	HomeFirst, Inc.
HH	00477207	Hudson Health Plan
IX*	01865329	Independence Care System
IE	01208997	Independent Health Association
MV	01111375	MVP Health Plan
92*	00894519	Metro - Plus (Metropolitan Health Plus)
NP*	01527962	Neighborhood Health Providers PHSP
SP*	01751046	New York State Catholic Health Plan / Fidelis
SP	01421250	New York State Catholic Health Plan / Fidelis
HI*	02104369	Senior Health Partners
TO	03685774	Total Care, a Today's Option
MO*	01403176	United Healthcare of NY INC. - MetLife
OZ	01659989	Univeral Community Health
CV*	01750467	VNS Choice
WC*	01182503	Wellcare of New York, INC

**\*PROVIDERS VALID FOR NYC**

WORKER'S GUIDE TO CODES

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10/23/2016

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RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478

**MA RESTRICTION/EXCEPTION TYPE CODES**

- 02 Podiatry
- 03 Dental
- 05 Pharmacy
- 06 Physician
- 08 Clinic
- 09 In-Patient Hospital
- 10 Dental
- 11 Physician Group
- 12 Physician Assistant/Nurse Practitioner
- 13 Alternative Pharmacy
- 23 OMH Child Waiver-Home and Community Based Services (HCBS)
- 25 OMR-Sub-Chapter Exception
- 30 HHCP Long Term Home Health Care Program
- 31 Community Alternative System Agency (CASA) Community Based (Disabled as of 6/18/07)
- 32 CASA Individual in SNF/HRF (Disabled as of 6/18/07)
- 35 Case Management
- 38 UT Exempt
- 39 Aid Continuing
- 40 SNF-Expense Level (Disabled as of 6/18/07)
- 41 ICF-DD Expense Level (Disabled as of 6/18/07)
- 42 Hospital/SNF Expense Level (Disabled as of 6/18/07)
- 43 Hospital/ICF-DD Expense Level (Disabled as of 6/18/07)
- 44 HCBS Non Intensive
- 45 HCBS Intensive AHRH
- 46 OMR Home and Community Based Services (HCBS) Enrolled
- 47 Supervised CRs
- 48 Supportive IRAs and CRs
- 49 Supportive IRAs
- 50 Parental CONNECT (WMS Coverage Code 15)
- 51 Medicaid Eligible (WMS Coverage Code 01 or 30) Plus CONNECT
- 53 HR Underserved
- 54 Exempt from HR Restrictions (System Generated, Output only)
- 55 MCC Pharmacy
- 56 MCC Physician
- 58 MCC Clinic
- 59 MCC Hospital
- 60 Nursing Home Transition & Diversion Medicaid Waiver
- 62 Care at Home (CSH I)
- 63 CAH II
- 64 CAH III
- 65 CAH IV
- 66 CAH V
- 67 CAH VI
- 68 CAH VII
- 69 CAH VIII

WORKER'S GUIDE TO CODES

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10/23/2016

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RESTRICTION/EXCEPTION DATA INPUT FORM - DSS 3478 (CONT'D)

**MA RESTRICTION/EXCEPTION TYPE CODES (CONT'D)**

- 70 CAH IX
- 71 CAH X
- 72 Bridges to Health Seriously Emotionally Disturbed (B2H SED)
- 73 Bridges to Health Developmentally Disabled (B2H DD)
- 74 Bridges to Health Medically Fragile (B2H MedF)
- 81 (TBI) Traumatic Brain Injury
- 82 Cash and Counseling (Project in Progress)
- 83 Alcohol and Substance Abuse ASA (Project in Progress)
- 84 Base/Community Rehabilitation & Support (CRS) with Clinical Treatment
- 85 Base/Community Rehabilitation & Support (CRS) without Clinical Treatment
- 86 Intensive Rehabilitation and Ongoing Rehabilitation Services (IR/OR)
- 90 Managed Care Excluded
- 91 Managed Care Exempt
- 92 DOH Exempt
- 93 MLTC Eligible
- 94 OMH Exempt
- 95 OMRDD Waivered Services Look Alikes
- 96 (SPM) Seriously and Persistently Mentally Ill Adults and (SED) Seriously Emotionally Disturbed Children
- B7 Not Qualified to Enroll in BHP
- G1 Transgender Individual Male to Female
- G2 Transgender Individual Female to Male
- H1 HARP Enrolled without HCBS Eligibility
- H2 HARP Enrolled with Tier 1 HCBS Eligibility
- H3 HARP Enrolled with Tier 2 HCBS Eligibility
- H4 HIV SNP HARP - Eligible without HCBS Eligibility
- H5 HIV SNP HARP - Eligible with Tier 1 HCBS Eligibility
- H6 HIV SNP HARP - Eligible with Tier 2 HCBS Eligibility
- H7 Opted out of HARP
- H8 State Identified for HARP Assessment
- H9 HARP Eligible Pending Enrollment
- N1 Regular SNF Rate - MC Enrollee
- N2 SNF AIDS - MC Enrollee
- N3 SNF Neuro-Behavioral - MC Enrollee
- N4 SNF Traumatic Brain Injury - MC Enrollee
- N5 SNF Ventilator Dependent - MC Enrollee
- N6 MLTC Enrollee placed in SNF/Partial Cap 21+ Nursing Home Certifiable
- N7 NH Budgeting Approved
- S1 Surplus Client not Eligible for Medicaid Managed Care or Medicaid Advantage Enrollment

WORKER'S GUIDE TO CODES

4.3-1

11/24/2003

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)**

**VERSION NUMBER (VERSION)**

SYSTEM GENERATED. Indicates the number of the budget currently stored on the database for the case number entered. If no budget has previously been stored, this field will be blank.

**BUDGET TYPE (BUDGET TYPE)**

REQUIRED ENTRY. Enter the appropriate code to identify the type of budget to be calculated

**Code Definitions Effective  
November, 1997 per Welfare Reform**

01 LIF-Related  
02 S/CC-Related  
04 SSI - Related, (AB/AD/OAA)  
05 SSI - Related, (AB/AD/OAA)  
LIF - Related  
06 SSI - Related, (AB/AD/OAA)  
S/CC - Related  
07 Chronic Care  
08 Chronic Care, SSI-Related,  
(AB/AD/OAA)

**Code Definitions Prior to  
November 1997**

01 ADC -Related  
02 HR-Related  
05 SSI-Related, ADC Related  
06 SSI-Related, (AB/AD/OAA)  
HR-Related  
09 Chronic Care, ADC-Related  
10 Chronic Care, HR-Related

**CASE NAME (CASE NAME)**

Enter the Case Name (up to 25 Characters) as determined by local district procedures.

**CASE NUMBER (CASE NUMBER)**

SYSTEM GENERATED from information entered on MA Budget Calculations screen (WBMAMU)

**OFFICE (OFC)**

Enter appropriate office ID.

**UNIT AND/OR WORKER (UNIT ID)**

ENTRY ALWAYS REQUIRED. Enter Unit ID and/or worker ID as determined by local procedures.

**TRANSACTION TYPE (TRAN)**

ENTRY ALWAYS REQUIRED. Enter appropriate transaction type:

(02) Opening  
(03) Reject (output only)  
(05) Change  
(07) Closing (output only)  
(10) Reopening

WORKER'S GUIDE TO CODES

4.3-2

02/24/2015

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**EFFECTIVE PERIOD (EFFECTIVE PER)**

ENTRY ALWAYS REQUIRED. Enter the effective FROM and TO dates to be covered by this calculated entry budget (MM/DD/YY) to (MM/DD/YY). The maximum allowable Effective Period is 12 months.

WITH THE EXCEPTION OF BUDGET TYPES 08-10 WITH BUDGET EFFECTIVE FROM DATES OF 10/1/89 OR LATER, BUDGETS SPANNING DATES IN WHICH MA LEVELS, TAX TABLE AMOUNTS AND ALLOWANCE CHANGES OCCUR CAN BE CALCULATED. SUCH BUDGETS WILL BE BASED ON THOSE FIGURES IN EFFECT ON THE EFFECTIVE "FROM" DATES OF THE CALCULATED BUDGETS.

**MONTHS EXCESS IS AVAILABLE (MO)**

An entry here will calculate the amount of the excess income for the number of months entered. Acceptable values range from 2 to 6. This field is only used for BT 01, 04 05 and 06.

**NUMBER IN CASE (CA)**

ENTRY ALWAYS REQUIRED. Enter the number of individuals in budgeting unit (except unborns). If case includes only unborn (s), enter Zero.

**EXPANDED ELIGIBILITY CODE (EEC)**

An entry in this field indicated that the calculated budget is based on a percentage of the Federal Poverty Level (FPL) The exact percentage utilized is determined by the code.

These codes are as follows:

- A AIDS Insurance. Compares net income to 185% of the Federal Poverty Level. (BT 04 Only)
- E Disabled Adult Children (DAC)
- H COBRA Insurance. Compares net income to 100% of the Federal Poverty Level (BT 04 Only).
- M MAGI - Medicaid/Family Planning Benefits Program  
Income eligibility is at or below:  
223% (Pregnant Women), 223% (Infants), 154% (Child 1-5)  
110% (Child 6-18), 154% (Child 6-18), 138% (Parents/Caretaker relatives)  
138% (19 & 20 yr olds living w/parents), 155% (19 & 20 yr olds living w/parents)  
100% (Singles/CC and 19 & 20 yrs living alone), 138% (Singles/CC and 19 & 20 yr living alone),  
223% (Family Planning Program) of the Federal Poverty Level (BT 01 Only).
- T Transitional Medical Assistance. Compares the adjusted gross earned income to 185% of the Federal Poverty Level (BT 01 Only)

WORKER'S GUIDE TO CODES

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06/16/2013

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MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

**EXPECTED DATE OF CONFINEMENT (EDC 1)**

Enter the expected Date of Confinement when there is an unborn (s) in the case. The budget summary screen will generate \$50, when appropriate, when computing the PA standard of need. The amount of the MA level will be increased by one.

**EXPECTED DATE OF CONFINEMENT (EDC 2)**

If there are two pregnant individuals EDC2 field is used for the second person.

**AGE INDICATOR (AI)**

Enter appropriate indicator:

- N Less than 60 years of age
- Y Equal to or greater than 60 yrs of age

**FUEL TYPE (FUEL TY)**

Enter appropriate Fuel Type as follows:

- 0 Heat included in shelter costs
- 1 Natural Gas
- 2 Oil
- 3 Electric
- 4 Coal
- 5 Other

**SHELTER TYPE (SHELTER TY)**

Shelter Type and amount are required fields for Budget Types 01, 02, 05, 06, 07, 09 and 10. Enter the appropriate Shelter Type Code as follows:

- 01 Rent
- 02 Rent Public
- 03 Own Home
- 04 Room & Board
- 05 Hotel Permanent
- 06 Hotel Temporary
- 11 Room Only
- 12 Non-Level 11 Alcohol Treatment Facility
- 15 Congregate Care Level 1 - NYC, Nassau, Suffolk, Westchester
- 16 Congregate Care Level 11- NYC, Nassau, Suffolk, Westchester
- 20 Emergency Assistance Rehousing Program
- 22 Shelter for Victims of Domestic Violence
- 23 Undomiciled
- 28 Congregate Care Level 1 - Upstate
- 29 Congregate Care Level 11- Upstate
- 33 Homeless Shelter Tier 11 Less than three meals/day
- 34 Homeless Shelter Tier 11-Three meals per day (U)
- 35 Homeless Shelter -Non Tier 1 or Tier 11 (Additional Allowance Codes 01, 02, 03 and 13 are not allowed)
- 36 Shelter for Homeless - Less than three meals/day
- 37 Residential Program for Victims of Domestic Violence- Less than three meals/day.
- 42 Congregate Care Level III - Adult Homes and DOH Enriched Housing.
- 44 Supportive/Specialized Housing - Aids Related.

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MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585)

**SHELTER TYPE (SHELTER TY) (CONT'D)**

- 54 Housing Disregard (MLTC) - Northern Counties Upstate
- 55 Housing Disregard (MLTC) - Central Counties Upstate
- 56 Housing Disregard (MLTC) - Rochester Counties Upstate
- 57 Housing Disregard (MLTC) - Western Counties Upstate
- 58 Housing Disregard (MLTC) - Northern Metropolitan Counties Upstate
- 59 Housing Disregard (MLTC) - NYC (Bronx, Brooklyn, Manhattan, Queens and Staten Island)
- 60 Housing Disregard (MLTC) - Long Island
- 63 Congregate Care Level III - Housing Disregard (MLTC)

**NOTE:** When there is a "T" in the EEC field no entry is permitted in Shelter Type field.

**SHELTER AMOUNT (AMOUNT)**

Enter the total actual monthly amount paid for shelter. If there is no shelter cost, enter zero.

**NOTE:** This field may be left blank only when BT is 04, 07 and 08 and the "SHELTER" field is blank or when the Shelter Type Code is 15, 16, 23, 28, 29, 33 or 34. In all other situations if Shelter amount is Zero, a 0 must be input in the amount field.

**WATER AMOUNT (WATER AMOUNT)**

If Water is a separate item of need and the Shelter Type is coded (01) Rent, or (03) Own Home, Enter the actual Water cost.

**ADDITIONAL ALLOWANCES TYPE (ADD TY)**

Enter the appropriate Additional Allowance Type Code as follows:

- 01 Dinner
- 02 Lunch and Dinner
- 03 Breakfast, Lunch and Dinner
- 13 Home Delivered Meals
- 19 Additional Community Maintenance Allowance (Budget Types 08, 09 and 10 only) With From date 10/1/89 or later
- 20 Transitional Child Care
- 21 Maintenance Allowance for Dependent Members of Institutionalized individual's former household (BT 8, 9 & 10 only)
- 22 Family Member Allowance (added to MMMNA) BT'S 08-10
- 25 Home Attendant Line Operating System (HALO); not used in budget calculation
- 26 Medical Bill Total/ I.S
- 99 Other (Occupational Child Care)

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**ADDITIONAL ALLOWANCE AMOUNT (AMOUNT)**

Enter the monthly amount of the Additional Allowance, based on the allowance type code used, as follows:

- 01 2900 Per Person
- 02 4700 Per Person
- 03 6400 Per Person
- 13 3600 Per Person

For Codes 01, 02 and 03 add \$36.00 to above amounts for Pregnant Women and children.

If the case is entitled to an Additional Allowance as indicated by one of the above codes, multiply the amount by the number of persons in the CA field before entry.

**DEEMING CODE (SSI DEEM)**

Enter the appropriate code that will indicate to the system the deeming procedure to use in budgeting. This is a required field for BT 04 (i.e. SSI Related).

- 1 Deem to SSI -Related spouse
- 2 Deem to SSI-Related Child (ren)
- 3 Deem to SSI-Related spouse and child (ren)
- 4 No deeming

**LIVING ARRANGEMENT (SSI LA)**

Use of this code indicates to the system the current MA Level, Federal Benefit Rate level to use during certain phases of the SSI budgeting process. An entry is required for BT'S 04 -10.

- 1 Single Person
- 2 Couple

**NUMBER OF SSI-RELATED CHILDREN TO DEEM (NO DM)**

Enter the number of SSI-related children (under 18 years old) in the case to whom income and resources are to be deemed. This field is used for BT'S 04-06. (Maximum number that can be entered is 4). Leave blank if not applicable.

**NUMBER OF NON-SSI RELATED CHILDREN TO ALLOCATE (NO-ALL)**

Enter the number of Non SSI-related children (under 18 years old) to whom income must be allocated before income is deemed to the SSI-related individual (s). This field is used for BT'S 05, 06, 09 and 10. (Maximum number that can be entered is 9). Leave blank if not applicable.

**MEDICARE SAVINGS PROGRAM (MSP)**

Enter correct code to generate calculation of Buy-In Determination. Valid for BT'S 04-10 only.

- A Entry of A allows all Buy-In Determination calculation outcomes in MABEL for QMB, SLIMB, and Q11, eligible budgets 04, 05, and 07.

**DATE OF INSTITUTIONALIZATION (DT INS)**

Enter the date the person became institutionalized.

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**PERSONAL INCIDENTAL ALLOWANCE (PIA)**

Enter the appropriate code to indicate the amount of the Personal Incidental Allowance to be budgeted.

- 1 \$35.00 for residents of ICF'S
- 2 \$50.00 for residents of other Chronic Care Facilities  
**Note:** Above amounts effective 07/01/88.
- 3 Home and community Based Waivered Services (System generated... Entry of PIA code 3 on the Budget Record Screen will cause the system to use the MA level in the PIA field once Chronic care budgeting begins).
- 4 Maximum of \$90.00 Reduced pension for Veterans in Nursing facilities.

**SPOUSAL CONTRIBUTION CODE (CON)**

Enter the appropriate code to indicate the spouse's contribution to the cost of care. There is a required field for BT'S 08-10. Contribution codes are as follows:

1. Contributing the amount required by regulation
2. Contributing more than the amount required by regulation
3. Contributing less than the amount required by regulation adjudicated
4. Contributing less than amount required by regulation - not adjudicated
5. Refuses to contribute

**SPOUSAL CONTRIBUTION AMOUNT (AMOUNT)**

If the Spousal contribution code is 2, 3, or 4 the amount that the spouse is contributing is to be entered. If the code is used the amount is system calculated/generated.

**LOCAL CODE (LOC)**

Not applicable in New York City. Leave Blank.

**INCOME AVERAGE INDICATOR (EARNED INCOME A)**

A "Y" in this field on the Budget Record Screen indicates that income source gross amount & related deduction information appearing on screen has been system generated as a result of income averaging.

**LINE NUMBER (LN)**

Enter the line number of person with the income for each occurrence of earned income.

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**CATEGORICAL INDICATORS CODE (CTG) - (EARNED INCOME OR RESOURCES)**

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income.

If there is earned income, an entry in this field is required for BT'S O4-06 only.

- 1 SSI - Related Adult - Aged
- 2 SSI- Related Adult – Blind
- 3 SSI- Related Adult - Disabled
- 4 Non-SSI Related Adult (LIF - Related)
- 5 Non-SSI Related Adult (S/CC - Related)
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

**CHILD IDENTIFIER (N)**

If a child in the budgeting unit has income, enter a number for the child whose income is being recorded. SSI - related children can be assigned a value of 1- 4. Non-SSI related Children can be assigned a value of 1 - 9.

**CHRONIC CARE INDICATOR (I)**

If earned income is received by a person in chronic care, enter "X" (May be used only for BT's 07-10)

**EARNED INCOME DISREGARD (EID)**

If there is earned income, enter one of the following codes:

- 1 Calculate LIF (Undercare)
- 4 Calculate LIF/ADC - \$30 & 1/3
- 5 Calculate LIF/ADC - \$30
- 6 Calculate LIF/ADC (Applicant only)

**EARNED INCOME SOURCE (SRC)**

Enter the appropriate code for the source of the earned income as follows:

- 01 Salaries, Wages (Employer Provided Sick pay)
- 05 Commission Income
- 06 Other Earnings
- 08 Severance pay
- 09 Family Day Care Provider Income
- 11 Income-In Kind Shelter
- 12 Lump Sum Payment
- 13 Lump Sum Payment Received by Current Wage Earner

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MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

**EARNED INCOME SOURCE (SRC) (CONT'D)**

- 20 Net Business Income
- 40 Earnings from Job Training Partnership Act
- 44 Office of Vocational Rehabilitation
- 45 Income from a Boarder/Lodger
- 46 Net Income from Rental of House, Store or other property
- 48 Income from a Roomer

**EARNED INCOME PERIOD (PER)**

Enter the appropriate period code for the income amount to be entered. When income averaging is used, "6" will be generated in this field.

- |                |              |
|----------------|--------------|
| 3 Weekly       | 7 Bi Monthly |
| 4 Bi -Weekly   | 8 Quarterly  |
| 5 Semi Monthly | 9 Yearly     |
| 6 Monthly      |              |

**TIME INDICATOR (T)**

Enter the appropriate code. Codes are as follows:

- F Employed Full Time and Part Time
- N Employed in second job (same person) not entitled to Work Deductions

THE FOLLOWING INCOME ENTRIES MUST BE WITHIN THE TIME FRAME INDICATED BY THE PERIOD CODE.

**GROSS INCOME (GROSS)**

Enter the individual's average Gross Amount of Earned Income for the period indicated by the Period Code.

**HEALTH INSURANCE (INSUR)**

Enter the Health Insurance costs paid for the period indicated by the period code (Not valid entries for BT 02).

**COURT ORDERED SUPPORT PAYMENTS (CT-SUP)**

If appropriate, enter the monthly amount

**WORK - RELATED EXPENSES (WK-REL)**

Expense disregard allowed for blind individuals (CTG 2 or 6) during SSI-related budgeting (BT'S 04-10)

**IMPAIRMENT-RELATED WORK EXPENSE (IRWE)**

Enter the monthly amount of impairment related work expense. Entry is allowed only when an individual has a categorical indicator code of 3 (Disabled) or 7 (SSI-Related Child Disabled).

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**CHILD CARE (CH-CR)**

Enter the Childcare costs for the period indicated by the Period code. For BT 04, enter the total childcare expense in the first CHLD-CR occurrence. For the other budget types, enter the actual cost of child care paid per child.

**CHILD'S MONTH AND YEAR OF BIRTH (MO/YR)**

Enter the month and year child was born.

Enter the appropriate information for the second earned income as defined above.

**UNEARNED INCOME LINE NUMBER (UNEARNED INCOME LN)**

Allows for entry of 6 unearned incomes. Enter the line number of person with unearned income for each occurrence of unearned income.

**CTG CATEGORICAL INDICATOR (C)**

Enter the appropriate code, which indicates the categorical relatedness of the individual in receipt of the income as follows:

- 1 SSI-Related Adult - Aged
- 2 SSI-Related Adult - Blind
- 3 SSI Related Adult - Disabled
- 4 Non SSI Related Adult LIF/ADC
- 5 Non-SSI Related Adult S/CC
- 6 SSI-Related Child - Blind
- 7 SSI-Related Child - Disabled
- 8 Non-SSI Related Child

**CHILD IDENTIFIER (N)**

Enter a number for the child whose income is being recorded. Acceptable values are 1-9.

SSI -related children can be assigned a value of 1-4. LIF/ADC-Related Children can be assigned a value of 1 - 9.

**CHRONIC CARE INDICATOR (I)**

Enter "X", if applicable, to indicate the unearned income is received by a person in Chronic Care.

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MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)

**UNEARNED INCOME SOURCE (SR)**

Enter the appropriate unearned income source code as follows:

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support
- 03 Any Dividends, Interest, or Periodic Receipts from Stocks, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Union, Estates, etc.
- 06 Child Support Payment
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI-Dependency Allotment
- 11 Disabled Veterans Benefits (Service Connected)
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relatives (received on a recurring basis)
- 19 Income from Friends or Non-Legally Responsible Relatives outside the household (received on a recurring basis)
- 26 Lump Sum Payments (Budget types 01,02, 04, 05 and 06)
- 28 German or Austrian Reparation Payments (LIF, S/CC & Chronic Care budgeting, Not allowed with Categorical Indicator Codes 6, 7, & 8)
- 30 Income from Job Training Partnership Act (Formerly CETA)
- 31 Net Income from Rental of House, Store, or other Property
- 32 Net Royalties
- 33 NYS Disability Insurance
- 35 Railroad Retirement Benefit - Dependent
- 38 Railroad Retirement Benefit
- 39 Retirement Benefits (Pensions)
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefit
- 43 Social Security Survivor's Benefit
- 44 Social Security Retirement Benefit
- 46 Social Security Benefit-Dependent
- 47 Social Security Benefit - DAC
- 48 Social Security Benefit - Pickle
- 49 Unemployment Insurance Benefit
- 50 Union Benefits
- 51 OVR (Office of Vocational Rehabilitation) Training allowance
- 55 Veterans Pension or Benefit
- 59 Worker's Compensation
- 60 Income-In - Kind Provided by LRR-Shelter (MA Only) (Budget types 01, 02, 05 and 06)
- 64 Income-In - Kind Provided by LRR-Meals (MA Only) (Budget types 01, 02, 04, 05 and 06)
- 70 Other Income - In- Kind
- 75 Deemed Income from a Stepparent
- 82 Contribution from a stepparent
- 99 Other

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**PERIOD (P)**

Enter the appropriate Period Code as follows:

- |                |              |
|----------------|--------------|
| 3 Weekly       | 7 Bi-Monthly |
| 4 Bi-Weekly    | 8 Quarterly  |
| 5 Semi-Monthly | 9 Yearly     |
| 6 Monthly      |              |

**UNEARNED INCOME AMOUNT (AMOUNT)**

Enter the gross amount of the Unearned Income for the period indicated.

**UNEARNED INCOME EXEMPTION CODE (CD)**

Enter the appropriate unearned income exemption code. Up to 2 exemptions can be entered for each unearned income source.

- 01 Health Insurance Premium
- 02 Court Ordered Support (See Appendix)
- 06 20% RSDI
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI
- 14 VA Aid and Attendance/Housebound Allowance (BTS 04-10 only)
- 15 Social Security Benefit (DAC)
- 16 VA Limited Pension
- 17 VA Unusual Medical Expense (UME)
- 20 Other Amounts Limited by Designated use
- 21 Medicare

**EXEMPTION AMOUNT (EXEMPT)**

Enter the amount (s) to be exempted from the monthly gross unearned income. Amount(s) should be for the same period as the unearned income. When Code 11 (One-Third Child Support) is used for an SSI related child (ren), this field is left blank. The system will calculate the correct one-third-exemption amount.

**RESOURCES (RESOURCES)**

Allows for entry for six resources

**LINE NUMBER (LN)**

Enter the line number of person with the resource for each occurrence.

**CTG CATEGORICAL INDICATOR CODE (C) - (UNEARNED INCOME)**

Enter the appropriate code which indicates the categorical relatedness of the individual who owns the resource. This field is used for BT'S 04-10 only.

- 1 SSI - Related Adult - Aged
- 2 SSI - Related Adult - Blind
- 3 SSI - Related Adult - Disabled
- 4 Non - SSI Related Adult (LIF Related)
- 5 Non - SSI Related Adult (S/CC Related)
- 6 SSI - Related Child - Blind
- 7 SSI - Related Child - Disabled
- 8 Non - SSI Related Child

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**MABEL BUDGET RECORD (WBM AWB) - MABEL INPUT FORM (DSS 3585) (CONT'D)**

**SSI RELATED CHILD INDICATOR (N)**

Enter a number to identify the SSI related child. Acceptable values are 1-4. If the child has income, use the same number as assigned for earned or unearned income. This field is for BT 04

**CHRONIC CARE INDICATOR (I)**

Enter the "X", if appropriate, to indicate the resource is owned by a person in Chronic Care.

**RESOURCE CODE (CD)**

Enter the appropriate code as below:

- 01 Cash on Hand
- 02 Bank Accounts
- 03 Stocks, Bonds, Securities
- 04 Promissory Notes
- 05 Mortgages, Conditional Sales Contracts
- 06 Trust Funds
- 07 PIA Savings Accounts (only for BT's 7-10 when Chronic Care Indicator is "X")
- 08 Lump Sum Payment (includes tax refunds, insurance settlements, Inheritances, etc).
- 10 German Reparation Payments
- 22 Equity Value of Automobile
- 42 Straight Life - Countable cash value
- 43 Endowment Insurance
- 44 Exempt Cash Value of Life Insurance for SSI-Related Budgeting
- 45 Burial Reserve to be disregarded for SSI budgeting
- 86 Retirement Accounts
- 98 Other Liquid Resources

**RESOURCE VALUE (S-VAL)**

Enter the value of each available resource that is not exempt.

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After the screen has been completed with all field entries move the cursor to the XMT position. Depress XMT key. If the Budget Record Screen is error-free, a MA Budget Summary Screen will result (\* see note). The worker is able to take a print of the budget summary screen pressing the "Prior Case Next" Key. The worker is also able to obtain a copy of the Budget Record Screen by paging back by depressing the FCTN and F-2 Key simultaneously and then depressing the "Prior Case Next " Key.

\* **NOTE:** If any errors are made, the fields in error will appear as "blinking fields".