



George E. Pataki
Governor

New York State
Office of Temporary and Disability Assistance
40 North Pearl Street
Albany, NY 12243-0001

Brian J. Wing
Commissioner

October 31, 2002

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements which are scheduled to be migrated to the Training System on November 9, 2002, and to become operational on the Production System on November 18, 2002. These changes are a result of Federal Welfare Reform reporting requirements, as well as new MA legislation.

For questions regarding the attached changes, please contact the following individuals at 1-800-343-8859, unless the entire phone number is listed, in which case you must dial that number:

Attachment I	Section
Patty Hanson @ extension 4-8753	1, 4, 5
Mark Madden @ extension 3-8870	2
Ellen Nesbitt @ extension 3-0681	3
Pat Monks @ extension 3-9675	6
Kate Cahill @ (518) 474-5050	7
Mike Zostant @ 4-7239	8a, b, c, Attachment A
Eastern Regional Team @ 3-1469 (Food Stamp Policy questions)	8a, Attachment A

Attachment II	Section
Robert Decker @ (518) 402-6682	1, 2, 3, 4
Michele Leonard @ (518) 473-4040	5

Attachment III

Cindy Krueger-Farley @ (518) 402-6663

All

Sincerely,

Wendy Dmitri

Wendy Dmitri
Division of Temporary Assistance/WMS

Dennis DiMuria

Dennis DiMuria, Supervisor
Upstate Eligibility Systems
Office of Medicaid Management

Attachments

Cc: Commissioner
FS Director
TA Director
MA Director

1. In order to prevent duplicate FS issuances, an edit change was recently migrated to Production. This edit now prohibits issuance of Pay Type '93 – Single Issuance ATP' when Pay Type '96 – FS Ongoing Benefits' is being authorized for the same Payment Period. The Error associated with this edit is '696 – ISSUED FS BENEFIT PERIODS MAY NOT OVERLAP'.
2. In order to identify participants served through the Transitional Opportunities Program (TOP), a new one character data entry field has been created. This WMS Screen 1 field is limited to 'TOP districts', and is a protected field for those districts not participating in TOP. This field will appear on Screen 1 of WMS FDE, ERR and UM, as well as Section 1 of the App TAD, WMS Authorization and FS Separate Determination Input form. The only valid entry in the field will be a 'T'. Any other entries will result in Error message '#1125 – TOP IND NOT VALID'. The indicator will be allowed for all transaction types, and will be limited to Case Types 11, 12, 16, 17, 18, 19, 20, 24, 31 and 32. Attempted entry of any other case type will result in Error Message '#1127 – TOP IND NOT VALID FOR THIS CASE TYPE'. The new TOP Indicator field, DE#01-041-TOP-IND, will reside in the TRANSMISSION-TYPE-1-NO-02 LDF record, immediately following the 01-026-SAFETY-NET-INDICATOR, and followed by 186 characters of filler.
3. On Screen 3 of WMS, except in those instances where the Veteran Status Indicator already equals 1, 2, 3 4, 5 or 6, the Veteran Indicator field will now be automatically updated to an indicator value of '6 – Other Veteran' for all active TA, MA and/or FS individuals identified as veterans by a match with the Department of Defense (DOD). This update will occur twice a year. Local districts will be informed via GIS prior to the first data match. The following explains the reason for the Veterans Status Indicator update:

Proper identification of veteran status is essential and will provide districts the opportunity to maximize the myriad of benefits/services available specifically to veterans through various federal, state, and local veteran service agencies and organizations – *most often at no cost to the local district or state!* For example:

- ✓ Districts will be able to identify that portion of the population that would be eligible for healthcare (including substance abuse treatment services through the VA).
- ✓ Local matches against veteran status and employment code will identify individuals eligible for employment services available through NYSDOL/Veteran Employment Program counselors; or, in the instances of disabled/incapacitated veterans, identify those individuals that should be referred to their county or state veteran benefits counselor for assessment of eligibility for VA service/non-service connected disability pension.

4. WMS Error ‘#886 – PA DRUG/ALC INDIV RC OR EXEMPT EMP CD MUST BE PRESENT FOR CASE TYPE’ has been modified. If Case Type = 12 or 17, Safety Net Indicator = A (Substance Abuse), then there must be a drug/alcohol reason code or drug/alcohol employability code. The change to the edit is that Employability Codes 45 and 46 will now be allowable entries in this situation.
5. As a result of the Victims of Trafficking and Violence Protection Act of 2000, trafficking victims are eligible for Federal and State benefits to the same extent as refugees. It is necessary to be able to identify victims receiving benefits; therefore, a new Citizenship/Alien Indicator Code ‘D – Trafficking Victims’ has been developed. This code will apply to Case Types 11, 12, 16, 17, 18, 19, 20, 22 and 24, 31, 32 and 60. Currently, the only edit that applies to this code is validity edit ‘#337 – CITIZENSHIP INDICATOR IS INVALID’.
6. A new Payment Type ‘T5 – TANF Services Block Grant’ has been created. Pay Type ‘T5’ will be allowable for Case Types 11, 12, 16, 17, 18 and 19, and can be used for all transaction types. This pay type may be restricted or unrestricted, can be either recurring or single issue and does not need a Special Claiming Category Code.

Payment Type ‘T5’ is to be used when a district issues a non-assistance payment/benefit to, or on behalf of, a client under an approved TANF Services Plan Project. For example, if a county had an approved project which provided a one time only bonus payment to a client with previous evictions who maintained housing for six months and successfully attended a tenant education class, Payment Type ‘T5’ could be used for this bonus payment.

7. Effective 11/18/02, when attempting to delete an individual from a PA case with an effective MA Coverage TO Date prior to the recipient’s PCP Guarantee Thru Date, a warning will be generated. The warning (#1908) will state “PCP Guarantee Date Exceeds MA Coverage To Date”. These cases should then be reviewed to determine if it is appropriate to terminate the individual’s MA coverage prior to their guarantee date. The only reasons to do so are death, incarceration, moved out of state or receiving assistance on another case. If the recipient is being deleted for any other reason, a separate MA case should be opened for the recipient, and guarantee coverage (‘31’, ‘33’ or ‘36’) authorized for the balance of the guarantee period. The case should then be closed with an Effective Date equal to the Guarantee Thru Date.
8. **Explanation of CNS Food Stamp Claims Modifications:**
 - a. The CNS Food Stamp claims data screens and text have been modified as a result of food stamp policy clarifications.

The first change concerns the nature of the Food Stamp claims reason codes. Reason codes **R21-R29** should be used **only** for the **INITIAL** notification of a claim. This is true whether the overpayment has occurred in the case being notified or if the responsibility for repayment is being *transferred* to this case from a prior overpayment

in another case. In those instances when a client has received prior notification concerning a claim, the *only* appropriate reasons would be one of the two Restart a Previous Recoupment codes (L92 or L94).

In keeping with this philosophy, the food stamp claims text and the CNS FS claim data collection screen (WCN013) have also changed. Screen edits now prevent workers from making entries in both the over-issuance and transfer over-issuance fields. Workers are now obligated to choose only one type of appropriate entry.

The CNS FS Overpayment Calculation screen (WCN031) (Attachment A) has also been simplified. An automatic calculation feature no longer requires worker entry of the monthly overpayment amounts or totals. The screen now captures twelve (12) months of overpayment data. Also new, is a "**MORE TO ENTER**" indicator in the lower right hand corner of the screen. *Multiple "Y" entries in this field will allow workers to enter up to 48 months of information.* Workers are not obligated to make entries in chronological order as an internal sort feature will present this information in ascending date order during Notice Inquiry, on the Supervisory Review Report and on the notice itself.

Workers should also be alerted that INQUIRY of **pending** FS claims notices is allowed, but due to the complex nature of these notices, an UPDATE capability does **NOT** exist. Attempts to modify notices with FS claim reason codes (R21-R29) present will result in the error message:

"UPDATE OF FS CLAIMS NOT ALLOWED AT PRESENT TIME. NOTICE RE-ENTRY REQUIRED."

For systems-related questions, please contact Mike Zostant at 1-800-343-8859, extension 4-7239. Food Stamp policy questions should be directed to the Eastern Region Team at 1-800-343-8859, extension 3-1469.

b. Store ABEL Budgets for Periods in the Past

In response to many district requests and to facilitate CNS approval notices, the restriction that once existed for storing PA or FS budgets for periods wholly in the past has been lifted.

c. Shorten FS Authorization Periods

The WMS undercare maintenance edit that restricted users from shortening FS Authorization TO Dates (# 1019) has been modified to allow this action **ONLY for NPA Food Stamp TBA cases**. This will allow districts to send CNS recertification Call-in letters to those food stamp cases whose TBA period will expire soon. Districts are reminded that a CNS edit does exist that will NOT allow a call-in letter to be sent during the last month of the authorization period.

WCN031

WMS/Client Notice Subsystem
FS Overpayment Calculation

Date 99/99/99
Time 99:99:99

CASE NAME
CASE REASON

CASE NO

FS Benefit
Issuance MMY

Amount Issued

Corrected FS
Entitlement

MORE TO ENTER (Y/N) _

XMIT _

1. Family Planning Services

Legislation now allows all individuals under 200% of the Federal Poverty Level (FPL), who are not eligible for Medicaid or Family Health Plus, to receive Family Planning Services Only. To support this new Medicaid Program the following systems changes have been made:

- a. A new Medicaid Coverage Code of 18 (Family Planning Services) has been added for MA-Only (Case Type 20) cases. The Recipient Aid Category associated with this coverage is 56 (Family Planning Coverage). Funding/claiming for this Code is 90% Federal/10% State. There is no local share.
- b. Two new Categorical Codes, 68 “Family Planning Only – FP” and 69 “Family Planning Only – FNP”, have been added for Case Type 20.
- c. The following edits apply;
 1. If the Categorical Codes are Family Planning Only (68 or 69), the MA Coverage Code must be 18 or 02 (Outpatient Only). (Edit 1534)

Note: Originally existing 18 Coverage will be re-established after the 02 Coverage is entered, if there is time remaining in the Authorization period beyond the MA Coverage To Date of the 02 Coverage. This works the same way that 06 (Provisional) reverts in an MA case.

2. If the Coverage Code is 18, then the Categorical Code must be 68 or 69 (Edit 1536).
3. Individuals with 18 Coverage, who are between 10 and 21 years of age, must have a Categorical Code of 68 (Edit 1333). Individuals 21 or older may have either Categorical Code 68 or 69. The Family Planning Categorical Codes are not valid for a child under 10 (Edit 1334).
4. Up to three months of retroactive Coverage is allowed, however the MA Coverage From Date must not be prior to October 1, 2002, the start date for this program. Edit 1535 “Coverage Code 18 Cannot Have a From Date Prior to 10/01/02” will be produced.
5. Principal Provider Code must be blank.
6. For Retroactive Downgrade purposes, Coverage Code 18 is a downgrade of Coverages 01, 02, 07, 08, 09, 10, 11, 13, 14, 15, 16, 30, 31, 32, 33, 34, or 36. Coverage Code 18 is not a downgrade of Coverage Codes 04, 05, 06, and 17.
7. Prepaid Capitation Plan (PCP) enrollment is not allowed.

8. Restriction/Exception Codes are not allowed.
 9. Sex Code of “U” is not valid for Family Planning Categorical Codes (Edit 1341).
 10. Closing transactions can be day specific.
- d. The Authorization and MA Coverage Date edits are the same as the current edits are for 01 (Full) Coverage. However, this program requires a two-year authorization. Since Case Type 20 Authorization edits require a one-year Authorization period, a process to extend the authorization has been developed. The system will automatically extend a case, not extended in the previous year, for an additional year. The following are the details of this extension:
- All Active individuals in the case must have an MA Coverage Code of 18.
 - In order to provide 24 months of eligibility between recertification, an “every other year” automatic recertification process has been developed. Only cases which have not been recertified since they were last opened or were last recertified by the local district will be selected. All cases last recertified by New York State via this process will be bypassed and fall into the usual recertification cycle. This automatic recertification will be run two months prior to the month the case is due to expire. (Ex., case is due to expire 12/31/02, eligibility will be extended during the October 2002 monthly run. The Authorization, MA Coverage, and MBL Effective dates will be 1/1/03 – 12/31/03). This schedule will assure that these cases are authorized prior to production of the WMS Report WINR4133 “Recertification Notice”.
 - The Authorization and MA Coverage From Dates will be set equal to the current Authorization To Date plus one day.
 - The Authorization and MA Coverage To Dates will be set equal to the current Authorization To Date plus one year.
 - The Effective Dates on the MBL Budget will be revised to equal the Authorization period.
 - Cases, which are automatically recertified/reauthorized, can be identified by their Authorization Number. The format will be FPBPDDMM. The first 4 alphas refer to the name of the program (Family Planning Benefit Program), the next two digits represent the WMS District Code, and the last two, the month the case would have expired without this process.

- Cases meeting the selection criteria will also be bypassed for automatic recertification/reauthorization if the case is in Pending or Clockdown status.
 - An exception report of cases bypassed will be sent to the districts. Included on the report will be Case Number, Office/Unit/Worker, Case Name, and Exception Reason (Clockdown/Pending). Further details will be issued at a later date.
- e. The newborn enrollment process will add a newborn with Full Coverage (01) to the Medicaid case of the mother receiving Family Planning Only.

Family Planning WMS Edits:

- 1333 – Categorical Code must be 68 for ages greater than 9 and less than 21
- 1334 – Categorical Code cannot be 68 or 69 when age is less than 10
- 1341 – Sex Code “U” is not valid with Categorical Codes 68 or 69
- 1534 – If Categorical Code is 68 or 69 Coverage code must be 18 or 02.
- 1535 – Coverage Code 18 cannot have a “From” date prior to 10/01/02
- 1536 – When Coverage Code is 18 Categorical Code must be 68 or 69

Please see MBL Transmittal 02 - 03 for budgeting information.

2. Family Health Plus

The edits for Case Type 24 (Family Health Plus) have been modified to allow Expanded Eligible Children to be on the same case with their Family Health Plus (FHP) parents.

In addition to the Categorical Codes currently allowed on a Case Type 24, the following Categorical Codes for Expanded Eligibility Children may also be entered. Please note that districts have the option of maintaining these children in a separate MA-Only Case Type 20:

- 44 Expanded Infant 0 Up to 1 Under 100% FPL
- 45 Expanded Infant 0 Up to 1 100%-200% FPL
- 46 Expanded Child(ren) 1 Up to 6 133% FPL
- 47 Expanded Child(ren) 6 Up to 19 100% FPL
- 60 Child 6-18 Years of Age 100-133% FPL
- 54 Continuous Coverage – All Expanded Children except Infant 0 Up to 1 (100%-200% FPL)
- 55 Continuous Coverage – Expanded Infant 0 Up to 1 (100%-200% FPL)
- 67 Continuous Coverage – Child 6-18 100%-133% FPL

In order to support the entry of Expanded Eligible Children on a Case Type 24, the following MA Coverage Codes are allowed with an Expanded Categorical Code:

- 01 Full Coverage
- 11 Full Coverage-Legal Alien
- 30 PCP Full Coverage
- 31 PCP Coverage Only

Entering a Coverage Code, not listed above, for an individual with an Expanded Categorical Code generate Error, # 1506 “Cat incompatible with Cov”.

Note: If an Expanded Eligible Child(ren) is included in a CT 24 an FHP parent with a Categorical Code 57 is required; otherwise Error # 1310 is generated. Therefore, if no FHP adult remains eligible, any still eligible children must be placed in a CT 20. To accomplish this, you may do an Undercare transaction to change the Case Type to 20 and delete the parent(s). (Remember to change the Categorical Code of the child(ren) if appropriate)

Additional WMS edits for Case Type 24 include:

- For Opening (Tx Types 02, 10) and Recertification (Tx Type 06) transactions, up to 3 months of retroactive MA Coverage will be allowed only for individuals with an Expanded Categorical Code.
- Expanded Eligible Children are not restricted to a Card Code of “X”.
- Pregnant women and unborns will continue to not be allowed on this Case Type. A separate MA Only case is still required.
- Categorical Code 37 is no longer a valid entry for CT 24.
- Transaction Types 11 (Reactivation) and 14 (Closed Case Maintenance) are now allowed on CT24.

Budget Edits

- Children with Categorical Codes of 44, 45, 46, 47, or 60 will require the calculation and storage of a Budget Type of 01 or 05 prior to Full Data Entry.
- If the Categorical Code indicates Expanded Eligibility, the MBL budget must show financial eligibility calculated at the appropriate Expanded level.
- **Note:** The above budget edits (Error #1329) will now also apply to these Categorical Codes in a CT 20.

Continuous Save Dates

- ✓ Continuous Save Dates will be generated for Categorical Codes 44, 45, 46, 47, or 60 in a Case Type 24 as they are on an MA-Only Case Type 20. The same Continuous Coverage editing will apply.

Newborn Processing:

- ✓ The newborn enrollment process has been revised so that if a Mother is on a Case Type 24, her newborn will be added to her case with a Categorical Code of 44. An Alert will be produced:

WMS Update
Newborn added

3. State/Federal Charge Codes 60 & 67 valid for OMH and OMR

State/Federal Charge Indicators 60 (TANF Ineligible Alien) and 67 (Qualified Alien/PRUCOL in 5 year ban for Medicaid) were supported by WMS on December 31, 2001. These codes assure proper shares claiming for certain aliens who are not federally reimbursable during the 5-year period following their entry into the United States.

When these codes were initially supported they were not valid for Districts 97(OMH) and 98 (OMR). We have corrected this oversight with this migration.

4. Budgeting edits for Individual Categorical Code 60

Edits have been added between Individual Categorical Code 60 (Child 6-18 Years of Age 100-133% FPL) and the MBL budget. These edits have become necessary because some local districts have been inappropriately entering the 60. The result is Recipient Aid Category 71 (Child 6 – 18 Years of Age 100-133%FPL), which produces no local share.

To properly meet the definition of Categorical Code 60, the income of the otherwise eligible child must be greater than 100% and less than or equal to 133% of the Federal Poverty Level. When an Expanded Eligibility Code (EEC) on MBL is D (Child(ren) 6 to 19) or B (EEC for C, D, I, P, F, J), the budget logic will indicate if the child is eligible at the 133% level.

New cross editing has been created so that entering Categorical Code 60 when the child's income is less than 100% or greater than 133% FPL will cause Error Number 1329, "Categorical Code 60 Not Compatible with MBL".

5. Restriction/Exception Subsystem Processing

When a PA/MA recipient dies, or the recipient moves to another district, all WMS Subsystem entries should be end dated by the Local District worker. However, since the end dating of the Restriction/Exception (R/E) is often overlooked, a new monthly WMS process automatically closing any open-ended Restriction/Exception and a report via BICS on the restriction/exceptions end dated due to this process is moving to production. This new process will occur as follows:

For all Restrictions and Exceptions

- ✓ When the WMS Individual Status (Screen 5) is changed to 13 (Deceased), the R/E Thru Date of the R/E codes will be set equal to the Individual Status 13 Effective Date on WMS Screen 5. In other words, when a recipient dies, all open restrictions and/or exception codes will automatically be end dated as of the date of death of the recipient.

For all Exception Codes (Except Exception Codes 92 – DOH Exempt and 95 – OMRDD Waivered Services Look Alikes)

- ✓ The Exception Code will be end dated if the MA Coverage To Date is 180 days or more prior to the “run date” of the automated closing of the Restriction/Exception. In other words, WMS will automatically end date all exception codes (except 92 and 95) when the MA Coverage To Date is over 180 days in the past and no action has been taken to reinstate coverage during the 180 days. R/E 92 and 95 will remain with a 999999 Thru Date unless a R/E Thru Date is input by the responsible LDSS worker.

For all the “True Restrictions” (codes restricting the recipient to receive service from one particular provider, e.g. a pharmacy-05, physician-06, clinic-08)

- ✓ The Restriction Code will be end dated if the PA/MA Coverage To Date is three years or more prior to the “run date” of the automated closing of the Restriction/Exception. In other words, WMS will automatically end date all restriction codes when the MA Coverage To Date is over three years in the past and no action has been taken to reinstate the coverage.

CNS notices are also being modified/added for this migration. They cover the following Medicaid programs/notices:

- I. Expanded Children on a Case Type 24
- II. Family Planning Benefit Program
- III. Family Health Plus language changes
- IV. Deletion of Reason Codes X16 and U28

SECTION I: Addition of Expanded Children to CT 24

To meet the notice requirements for having children with their parent(s) on a CT24, the following codes have been opened to CT24.

DENIALS:

<u>Reason Code</u>	<u>Paragraph#</u>	<u>Definition</u>	<u>Transaction Type</u>
*E55	X0077	Child Age 1-19 Excess Income	03
*E56	X0078	Child Age 1-19 Excess Income And Excess Resources	03
*E67	X0076	Child up to Age 1, Excess Income (Mother did not Receive MA in any Month of Her Pregnancy)	03
U32	X0008	Excess Income	03

DISCONTINUANCE:

<u>Reason Code</u>	<u>Paragraph#</u>	<u>Definition</u>	<u>Transaction Type</u>
*E49	X0066	Child Turning 1, Excess Income	07/08
*E55	X0060	Child Age 1-19 Excess Income	07/08
*E56	X0061	Child Age 1-19, Excess Income And Excess Resources	07/08
*E68	X0067	Child Turning 1, Excess Income And Excess Resources	07/08
U65	C0006	Not a Resident of District (MA Extension)	07/08

**Please Note: Message 3
re: TMA is not available for
CT24**

UNDERCARE:

<u>Reason Code</u>	<u>Paragraph#</u>	<u>Definition</u>	<u>Transaction Type</u>
*E23	X0123	Child 1-19 Excess Income to 133% FPL, Full Coverage	05/06
*E49	X0066	Child Turning 1, Excess Income	05/06
*E55	X0060	Child 1-19, Excess Income	05/06
*E56	X0061	Child 1-19, Excess Income and Excess Resources	05/06
*E68	X0067	Child Turning 1, Excess Income and Excess Resources	05/06
*C17	U0035	Continuous Coverage	05/06
*E64	U0036	Continuous Coverage - Moved Out of District	05/06
*E65	C0155	Eligible for Continuous Coverage - Moved Out of District-Accepted in New District	05/06
*E97	N0008	Newborn Added to Case in Error	05/06
*E99	N0005	Newborn Deceased	05/06
I98/920	N0003	Newborn Added to Case (system generated)	05

Bolded CNS reason codes are only allowed at the individual level on a CT24.

***No fill codes.**

**SECTION II: Family Planning Benefit Program
Insert Paragraph**

The Reason Codes listed below will be affected by the following Paragraph Insert

We also looked at your eligibility for the Family Planning Benefit Program. The net income of your Medical Assistance household is over 200% of the Federal Poverty Level for the Family Planning Benefit Programs. The chart below shows the Family Planning Benefit Program net income limit for household size.

NET INCOME LIMITS AT 200% OF THE FEDERAL POVERTY LEVEL

<u>HOUSEHOLD SIZE</u>	<u>200% FEDERAL POVERTY LEVEL</u>	
	<u>ANNUAL</u>	<u>MONTHLY</u>
ONE	\$17,720	\$1,477
TWO	\$23,880	\$1,990
THREE	\$30,040	\$2,504
FOUR	\$36,200	\$3,017
FIVE	\$42,360	\$3,530
SIX	\$48,520	\$4,044
SEVEN	\$54,680	\$4,557
EIGHT	\$60,840	\$5,070
 EACH ADDITIONAL PERSON	 \$6,160	 \$514

DENIALS

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition:</u>	<u>Trans</u>	<u>Case Type</u>
U35	D0115	Excess Income, S/CC or FNP Parent	03	20, 24
U34	D0116	Excess Income, Parents/Disabled, Singles 19 - 20 Yr Old Living with Their Parents or On Their Own	03	20, 24
* E56	X0078	Child Age 1-19, Excess Income & Excess Resources	03	20,24

DISCONTINUANCE

Reason Code	<u>Paragraph #</u>	<u>Definition:</u>	<u>Trans</u>	<u>Case Type</u>
U57	C0183	Excess Income, S/CC, FNP Parent Living w/Children	07/08	20, 24
U58	C0184	Excess Income, Parents/Disabled, Singles 19 - 20 Yr Old Living with Their Parents or on Their Own	07/08	20, 24
X15	P0003	Eligible During pregnancy, After 60 Days Post-partum, Excess Income/Resources, No Infant	07/08	20
X17	P0005	Over Income and/or Resources, S/CC, Post-partum, No Infant	07/08	20
* E56	X0061	Child Age 1-19, Excess Income and Excess Resources	07/08	20
U33	X0170	Turning 19, Excess Income, Not FHP Eligible	07/08	20

Note: * No Fill Codes

Family Planning Benefit Program New Notices

The following notices are new to Family Planning Benefit Program, they will cover the following areas: Denial, Discontinuance and Undercare.

Denial Codes

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Trans</u>	<u>Case Type</u>
* F79	D0141	Deny Teen Under 19, Not Eligible for MA or FPBP	03	20, 24

Discontinuance Codes

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Trans</u>	<u>Case Type</u>
* F80	C0226	Discontinue Teen Under 19, Not eligible for MA or FPBP	05/06 07/08	20, 24

Undercare Codes

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Trans</u>	<u>Case Type</u>
* F83	U0142	MA to FPBP, 60 Days Post-partum, Teen Under 19	05/06	20
V77	U0140	MA to FPBP, SCC/FNP Parents	05/06	20

Worker must choose one of the following messages and enter:

- For all Messages -**
 - Gross Income Amount
 - FHP Income Limit
 - Net Income Amount
 - FPBP Income Limit

- Message 1 -**
 - (Over 185% ST STD)
 - 185% ST STD

Message 2 - (Over Income (S/CC)
Net Income Amount
PA Standard of Need

Message 3 - (Over Income (FNP Parent)
Net Income Amount
MA Income Limit

Reason Code	Paragraph #	Definition	Trans	Case Type
* F82	U0138	MA to FPBP, Teen Under 19	05/06	20, 24
V79	U0137	Change FHP to FPBP Worker must enter: Gross Income Amount FHP Income Limit Net Income Amount FPBP Income Limit	05/06	20, 24
V78	U0141	MA to FPBP, 60 Days Post-partum, Over 19 Worker must enter: Net Income Amount MA Income Amount FPBP Income Limit Mthly Excess Income Amount Gross Income Amount FHP Income Limit	05/06	20
V76	U0139	Full MA to FPBP, Over 19 Worker must enter: Net Income Amount MA Income Amount FPBP Income Limit Gross Income Amount FHP Income Limit	05/06	20

* No Fill Codes

Note: Additional Family Planning Notices will be available in the next Migration.

Section III: Family Health Plus Language Changes

Minor revisions have been made to several notices in order to be more specific about Family Health Plus eligibility and services that are covered. Some include changes to the notice entry screen.

The following codes were changed to remove references to hospice as a service covered under Medical Assistance. This does not affect the appearance of the notice entry screen.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Transaction Type</u>
S27	X0213	200% MA 60 Days Post-partum to FHP, Infant continues, Chose a Plan	05, 06
U25	P0011	S/CC, MA to FHP, 60 Days Post-partum, No Infant, Chose a Plan	05, 06
U26	P0007	MA to FHP, 60 Days Post-partum, FP, No Infant, Chose a Plan	05, 06
U85	U0081	MA to FHP, FP, Spenddown Eligible, Chose Plan	05, 06
U86	U0082	MA to FHP, S/CC, Chose a Plan	05, 06
U87	U0098	MA Spenddown to FHP, Chose Plan	05, 06
U89	U0106	MA to FHP, FNP Parent, Chose a Plan	05, 06
U90	U0112	MA to FHP, Turning 19, Chose a Plan	05, 06
X81	X0220	MA to FHP due to COLA Increase, Chose a Plan	05, 06
T03	U0108	MA to FHP, S/CC, FNP Parent Must Choose a Plan	05, 06
T04	U0107	MA to FHP, Spenddown Eligible, FP, Must Choose a Plan	05, 06
T05	U0128	MA to FHP, Spenddown Eligible, Post-partum, Must Choose a Plan	05, 06

The next two codes were changed to include information about Family Health Plus eligibility. In order to accommodate the addition, the notice entry screen for these codes now requires workers to enter a Gross Income Amount and the FHP Income Limit. This is in addition to the old worker-fill section requiring a choice between Over 185% of the FPL (allowed for X15 only), Over Income, Over Resources, and Over Income and Resources.

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Transaction Type</u>
X15	P0003	Eligible During Pregnancy, After 60 Day Post-partum, Excess Income/Resources, No Infant	07, 08, 05, 06
X17	P0005	Over Income and/or Resources, S/CC, Post-partum, No Infant	07, 08, 05, 06

Section IV: Deletion of Reason Codes X16 and U28

Lastly, the following reason codes are being deleted effective November 18th, 2002 as they are no longer appropriate:

<u>Reason Code</u>	<u>Paragraph #</u>	<u>Definition</u>	<u>Transaction Type</u>
X16	P0004	FNP Mother, Over Income and/or Resources, Post-partum, No Infant	07, 08, 05, 06
U28	P0008	MA to FHP, 60 Days Post-partum, FNP Mother, No Infant, Chose a Plan	05, 06