ATTACHMENT I

ATTESTATION OF RESOURCES

Page 2 : **INTRODUCTION**
RVI (continues on Page 3)

Page 3: **NEW COVERAGE CODES**
REVISED COVERAGE CODE 02 DEFINITION
CONVERSION OF ACTIVE MA-ONLY CASES (continues on Page 4)

Page 4: **FULL DATA ENTRY and UNDERCARE TRANSACTIONS (continues on Pages 5 & 6)**

Page 6: **MIXED HOUSEHOLDS**

Pages 6-8: **NEW and MODIFIED EDITS**

Page 9: **DOWNGRADES OF MA COVERAGE**
CHANGING CASE TYPE FROM CASE TYPE 20 to ANOTHER CASE TYPE

Page 10: **CHANGING ANOTHER CASE TYPE to CASE TYPE 20**
APPLICABILITY BEGINS 04/01/03
MANAGED CARE IMPLICATIONS (continues on Page 11)

Pages 11-12: **RESTRICTION/EXCEPTION & PRINCIPAL PROVIDER IMPLICATIONS**

Page 12: **MBL IMPLICATIONS**
CNS IMPLICATIONS

INTRODUCTION

A Medicaid policy revision, whereby applicants and recipients will be able to choose between documenting resources or simply attesting to amounts, is scheduled to be on the Production Database on Monday September 20, 2004. This change is applicable (when appropriate) to transactions with FROM dates no earlier than April 1, 2003. Applicants and recipients who choose to attest to the dollar amount of their resources will be entitled to receipt of a limited package of services (if otherwise eligible).

In order to support this new **"ATTESTATION OF RESOURCES"** policy, the WMS has been revised in several important ways:

RVI

RVI" (RESOURCE VERIFICATION INDICATOR) is a new case level value which will be a required entry in all Full Data Entry and Undercare transactions (other than case Denials and case Closings) involving either a Case Type 20 or the changing of another case type to Case Type 20 (**refer to the section of this letter entitled "Changing Another Case Type to Case Type 20)**. Entry is thereby restricted to Case Type 20, and is otherwise not allowed for any other case type. Attempts to enter this value for other case types, excepting transactions to change to Case Type 20, will result in a new error: 1057/00 RESOURCE ENTRY ONLY VALID FOR CASE TYPE 20.

Failure to enter this new value in transactions involving Case Type 20 (as defined above) will result in the presentation of another new WMS error:
1058/00 RESOURCE ENTRY REQUIRED FOR CASE TYPE 20.

A listing of all new and modified edits may be found beginning on Page 6.

The "Resource Verification Indicator" (RVI) will appear on Screen One, at both FDE and Undercare, as indicated in this partial screen print (italics added for emphasis):

XXXX**01 Case#**

Trans Type __ Case Reason ___ PA/FS RC PA/MA RC SafeNet _
Client Notice: Ind _ Number _____ Language E HII _ *RVI* _
Auth Period _____to _____ Recert Date _____
FS Period to PA/FS Code TOP Ofc Unit Worker

The RVI is the WMS driver of this policy revision whereby applicants and recipients will be given the choice of either documenting the value of the Medicaid household's resources, or simply **attesting** to the amounts, thereby receiving one of five new limited benefit packages, which are identified by new coverage codes. DOH refers to this change as **"ATTESTATION OF RESOURCES."`**

The following are the valid RVI values:
1: Resources verified for 36 months
2: Resources verified (only) for current month
3: Resources not verified
4: Transfer of resources
9: Exempt from resource verification : Application or Case is made up entirely of the following types of individuals**:** pregnant women (categorical codes: 15, 42, 43, 48, 58, and 59), expanded eligibility children *(categorical codes: 44, 45, 46, 47, 53, 54, 55, 60 and 67),* LIF children (individuals less than 19 years of age) who are exempt from Resource review (categorical codes 01, 02, 03, 05, 06, 07, 08 and 09), unborns (sex code = "U"),
Family Planning-only (FPBP: categorical codes 68 and 69***),*** breast & cervical cancer recipients (categorical codes 61, 62 & 63), and presumptively eligible individuals (categorical codes 35 and 36).

(New) ATTESTATION COVERAGE CODES

Five (5) new Case Type 20 MA coverage codes will be enabled to support this policy change:
19*: Community Coverage with Community-based Long Term Care*
20: *Community Coverage without Long Term Care*
21: *Outpatient Coverage with Community-based Long Term Care*
22: *Outpatient Coverage without Long Term Care*
23: *Outpatient Coverage with no Nursing Facility Services*

REVISED Coverage Code 02 Definition

With this implementation, the definition of existing coverage code 02 is revised as follows:
02: *(Outpatient Only) Use only for individuals who document resources for the past 36 months (60 months for trusts), and who meet a one month spend-down requirement. Coverage Code 02 will also be an allowable entry on the Principal Provider subsystem, for short-term nursing home stays for which the recipient is not in permanent absence status (not subject to chronic care budgeting).*

CONVERSION OF ACTIVE MA-ONLY CASES

On the weekend which immediately precedes September 20 (Saturday, September 18 and Sunday, September 19) all currently active Case Type 20's will have appropriate RVI values assigned to the case record. We refer to this process as "Conversion."

- All cases which contain only individuals who are exempt from resource verification (see above) will be assigned an RVI value of 9.
  THEN:
- All cases which contain no individuals with coverage code 10 will be assigned an RVI value of 1.
  THEN:
- All cases which contain at least one individual with coverage code 10 will be assigned an RVI value of 4.
- **IMPORTANT! Conversion WILL NOT change any coverage codes!**
- **IMPORTANT! Pending transactions will not undergo Conversion. Local Districts should endeavor to minimize the number of cases which contain pending transactions at Close of Business on Friday, September 17, 2004.**

FULL DATA ENTRY and UNDERCARE TRANSACTIONS

Effective 9/20/04, all transactions which are newly data entered to activate Case Type 20's or perform Undercare Maintenance which does not close the case (including transactions which change other case types to Case Type 20, will require worker entry (or system generation-see below) of an RVI value.

In order to provide some streamlining of the data entry process, the WMS has been revised to automatically generate coverage to Screen Five based upon the RVI value entered on Screen One. In other words, workers may exit Screen Five without having entered a Coverage Code value, *if* RVI values 1-4 were entered on Screen One. This table defines both automatically generated coverages and those which may be manually entered per the entry of RVI values 1-4 on Screen One.*
*SEE NOTE 1 (on Page 5) concerning RVI=9

RV I VALUE	ALLOWABLE DATA ENTRY COVERAGE (FDE & UNDERCARE)	GENERATED COVERAGE (IF LEFT BLANK)*
1	01, 02, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 17, 18, 30, 31, 34, 36	***01,*** *08,* *18 or 34*
2	01, 04, 05, 06, 07, 08, 09, 13, 14, 15, 17, 18, 19, 21, 30, 31, 34, 36	***19****, or 01, 08, 18 or 34*
3	01, 04, 05, 06, 07, 08, 09, 13, 14, 15, 17, 18, 20, 22 , 30, 31, 34, 36	***20****, or 01, 08, 18 or 34*
4	01, 04, 05, 06, 07, 08, 09, 10, 13, 14, 15, 17 18, 23, 30, 31, 34, 36	***10****, or 01, 08, 18 or 34*

*The **bolded** Coverage Codes will be generated unless the Individual Categorical Code (ICC) calls for generation of one of the other listed Coverage Codes *(ICC 35 generate 08 if RVI is 2-4, ICC 68 or 69 generate 18, ICC 58 or 59 generate 34).*

In mixed household situations (see Page 6), Coverage will be generated as appropriate to both individuals for whom a resource test is required, and to individuals for whom no resource test is required. Entering a Coverage Code which is not allowed (as reflected in this table), will result in the presentation of a new error:
1542/99 COVERAGE NOT ALLOWED FOR RESOURCE CODE. This error is corrected by entering a correct value from this table. See "MIXED HOUSEHOLDS" on Page 6.

Notes:
The WMS has been modified to facilitate entry of all new codes, and cross-edit these new values against each other and against previously existing values:

1) RVI =9 will not generate any Coverage Codes, but will edit against the manual entry of Coverage Codes 19-23:
1544/01 COVERAGE CODES 19-23 NOT ALLOWED WHEN RVI = 9

2) If the appropriate RVI value is 9, workers will have the choice of either entering the value on Screen One, or allowing the WMS to system generate it --- if all case members are any of the following: pregnant women (categorical codes: 15, 42, 43, 48, 58, and 59), expanded eligibility children (categorical codes: *44, 45, 46, 47, 53, 54, 55, 60 and 67*), LIF children (individuals less than 19 years of age) who are exempt from Resource review (categorical codes 01, 02, 03, 05, 06, 07, 08 and 09), unborns (sex code = "U"), Family Planning-only (FPBP: categorical codes 68 and 69), breast & cervical cancer recipients (categorical codes 61, 62 & 63) and presumptively eligible individuals (categorical codes 35 and 36).

3)WMS will generate the RVI =9 value in those instances in which the worker is certain of the types of individuals in the household, such as a households made up of a pregnant woman and her unborn child. In this situation, leaving the RVI field blank, will cause the WMS to produce
1058/00 RESOURCE ENTRY REQUIRED FOR CASE TYPE 20.
The worker should accept this error, enter appropriate Individual Categorical Codes on Screen Three, and complete the remainder of the screens.
When WMS generates RVI of 9, a WARNING MESSAGE will be produced at wrap-up:
1159/00 WARNING - RVI=9 HAS BEEN SYSTEM GENERATED.

4) The 1058/00 error will be produced *whenever* Screen One is transmitted without a value having been entered in the RVI field (for transactions other than Denials and Closings). It is **only** in those situations in which all household members belong to the RVI = 9 group that the worker may accept this error and have the system generate the RVI value. In other situations (non RVI =9 situations), accepting this error will necessitate a subsequent transaction to perform an error correction.

5) On the other hand, if the worker enters RVI of 9, BUT all individuals on the case are not members of this group, a new ERROR MESSAGE (1542) will be presented:
-This new ERROR MESSAGE (1542) also ensures appropriate data entered Coverage Code values per the entries in this table:
1542/99 COVERAGE NOT ALLOWED FOR RESOURCE CODE

-If the worker enters RVI of 9, but at least one individual does not satisfy the criteria for RVI= 9, another new error message will be presented:
1920/99 NOT ONE OF THE CAT CODES REQUIRED FOR RVI = 9.

6) A listing of ALL new and modified edits appears on Pages 6 through 8.

MIXED HOUSEHOLDS
If a household contains individuals for whom a resource test is required, AND at least one individual who is exempt from a resource test, enter the RVI value which reflects the individual(s) for whom a resource test is required.

In mixed household situations, the new Coverage Codes will be generated for individuals for whom a resource test is required, while Coverage Codes *01, 18 or 34* will be generated when appropriate.

Coverage Code 01 will only be appropriate for individuals in mixed households who are identified with Individual Categorical Codes *01, 02, 03, 05, 06, 07, 08, 09, 15, 42, 44, 45, 46, 47, 48, 53, 54, 55, 60, 61, 62, 63, 67* or a SEX Code of "U" (Unborn).
See Edit 1548 on Page 7.

NEW and MODIFIED EDITS

NEW
1) 1057/00 RESOURCE ENTRY ONLY VALID FOR CASE TYPE 20
Entry of RVI value is limited to Case Type 20, or to another CT *when* the transaction involves a change of case type *to* Case Type 20.
-REMOVE THE RVI VALUE FROM SCREEN ONE

2) 1058/00 RESOURCE ENTRY REQUIRED FOR CASE TYPE 20
An RVI value is a required Screen One entry in CT 20 transactions, except in those instances in which RVI = 9 is to be generated. Otherwise entry of 1, 2, 3, 4 or 9 is required (see edit 1059, below):
-EITHER:
ACCEPT ERROR ALLOWING RVI =9 to be generated, resulting in the 1159 WARNING,
OR
ENTER RVI value on SCREEN ONE

3) 1059/00 RVI VALUE MUST = 1-4, 9, OR BLANK
If transaction involves a Case Type 20, and the entered value on Screen One is *other than* 1, 2, 3, 4 or 9.

4) 1159/00 WARNING - RVI=9 HAS BEEN SYSTEM GENERATED
If all entries on Screen Three reflect individuals for whom there is no resource test, with or without an unborn in the MA Household, the WMS will generate RVI =9. If RVI was not worker-entered on Screen One, RVI =9 will be generated by the WMS. If RVI = 1-4 was worker entered on Screen One, that value will be overlaid by a WMS-generated RVI= 9.

5) 1160/00 WARNING - RVI HAS BEEN OVERLAYED BY RVI=SPACES
If transaction involves the changing of a Case Type 20 *to* another Case Type, the WMS will remove the RVI value from Screen One *if* the worker has neglected to do so.

6) 1161/00 RVI =2, 3 NOT ALLOWED IF FROM DATE < 04/01/03
If transaction is to apply Attestation Policy to a retro period, RVI values 2 & 3 *may not* be entered on Screen One *if* the Authorization Period begins prior to April 1, 2003.

7) 1167/00 WARNING - RVI = 1 WAS SYSTEM GENERATED
If transaction is to manually change a Case Type 22 to a Case Type 20, the WMS will generate RVI = 1 to Screen One, *following* the correction of the SSI Indicator on Screen Two. See CHANGING ANOTHER CASE TYPE *to* CASE TYPE 20 on Page 9.

8) 1168/00 RVI NOT ALLOWED FOR DENIAL
If Transaction Type is 03, no entry is allowed in RVI field.
Remove the RVI entry from Screen One, leaving the RVI field blank.

9) 1542/99 COVERAGE NOT ALLOWED FOR RESOURCE CODE
The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One:
RVI =1, OK with Coverage Codes 01, 02, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 17, 18, 30, 31, 34, 36

RVI =2, OK with Coverage Codes 01, 04, 05, 06, 07, 08, 09, 13, 14, 15, 17, 18 19, 21, 30, 31, 34, 36

RVI= 3, OK with Coverage Codes 01, 04, 05, 06, 07, 08, 09, 13, 14, 15, 17, 18, 20, 22, 30, 31, 34, 36

RVI =4, OK with Coverage Codes 01, 04, 05, 06, 07, 10, 13, 14, 15, 17, 18, 23, 30, 31, 34, 36

10) 1544/01 COVERAGE CODES 19-23 NOT ALLOWED WHEN RVI = 9

Worker entry of Coverage Codes 19-23 is not allowed when RVI = 9 has been generated OR worker entered.

11) 1548/01 - COVERAGE CODE 01 NOT ALLOWED

Worker entry of Coverage Code 01 is not allowed for individuals in mixed households who are NOT Individual Categorical Codes *01, 02, 03, 05, 06, 07, 08, 09, 15, 42, 44, 45, 46, 47, 48, 53, 54, 55, 60, 61, 62, 63, 67 or a SEX Code of "U" (Unborn).*

12) 1920/01 NOT ONE OF THE CAT CODES REQUIRED FOR RVI = 9.

If worker has entered RVI =9 on Screen One, but an Individual Categorical Code entered on Screen Three does not satisfy the following cross-editing regarding RVI /Individual Categorical Code compatibility:

RVI =9 is compatible with Unborn children

OR

individuals who satisfy the requirements of the following Individual Categorical Codes:

- Pregnant women (categorical codes: 15, 42, 43, 48, 58, and 59),
- Expanded eligibility children (Categorical Codes: *44, 45, 46, 47, 53, 54, 55, 60 and 67*),
- LIF children (individuals less than 19 years of age) who are exempt from Resource review (categorical codes 01, 02, 03, 05, 06, 07, 08 and 09),
- Family Planning-only (FPBP: categorical codes 68 and 69),
- Presumptively eligible individuals (categorical codes 35 and 36)**,**
- Breast & Cervical Cancer program recipients (categorical codes 61, 62 or 63).

MODIFIED

-EDITS 0562 & 0573

As indicated previously, edits 562 & 573 have been modified to accommodate the April 1, 2003 effective date of the Attestation policy: For retroactive periods for which no coverage has yet been established, allow the new coverage codes, RVI values, and the rules as defined, retroactively to, but not prior than 04/01/03.*

*See "MA Coverage Date Editing," below.

-EDITS 1517 & 1519

1517 - COV CD MUST = 02, 04, 06, 09, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 30, 31, 34, OR 36 FOR ALIEN/CITZ INDICATOR AND DOE
If Alien Citizenship Indicator (ACI) is B, F, G, K, S or T and the Date of Entry (DOE) is greater or equal to 09/96 and the MA Coverage From Date is less than the DOE plus 5 years, then the Coverage must be 02, 04, 06, 09, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 30, 31, 34, or 36 (F, E, U)

1519 - COV CODE MUST BE 02, 04, 06, 09, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 30, 31, 34, OR 36 FOR ALIEN/CITZ INDICATOR AND DOE

If the Case Type is 11, 12, 16, 17, 18, 19 or 20 and the Date of Entry (DOE) is greater or equal to 09/96 and the MA Coverage From Date is less than the DOE plus 5 years, then the Coverage Code must be 02, 04, 06, 09, 10, 11, 16, 17, 18, 19, 20, 21, 22, 23, 30, 31, 34, OR 36 (F, E, U).

MA COVERAGE DATE EDITING

For these new MA Coverage Codes, if the MA Coverage Dates are Blank, the system will set the MA Coverage From Date equal to the first day of the Authorization period From Date Month and the MA Coverage To Date equal to the last day of the Authorization period To Date Month.

If the Dates are entered, the From Date must be the first day of the month and must not be earlier than the first day of the third month prior to the application month. The MA Coverage To Date must be earlier or equal to the last day of the Authorization To Date Month.

As stated in this Coordinator Letter, the Attestation policy is effective April 1, 2003. When attempting to enter MA Coverage Dates greater than 15 months in the past, error 0573, "MA COVERAGE DATE(S) INVALID" is produced. This error should be overridden, if appropriate.

DOWNGRADES of MEDICAID COVERAGE

WMS edits protect against the entry of Coverage Codes which would retroactively downgrade current coverage. The following explains the downgrade editing in regard to the new Attestation coverages:

The retroactive entry of Coverage Code…:

19 is allowed if the current coverage is 02, 04-10, 17-23
20 is allowed if the current coverage is 04-09, 17, 18, 20, 22
21 is allowed if the current coverage is 04-06, 08, 09, 17, 18, 21-23
22 is allowed if the current coverage is 04-06, 08, 09, 17, 18, 22
23 is allowed if the current coverage is 04-06, 08, 09, 17, 18, 22, 23

CHANGING CASE TYPE FROM CASE TYPE 20 TO ANOTHER CASE TYPE

When it is necessary to change an existing Case Type 20 to another Case Type, workers should follow the usual process:

Change Case Type on Screen One; modify Authorization Period (as is necessary); remove value in RVI field*
Change Individual Categorical Code(s) on Screen Three (as is necessary)
Change Coverage Code(s) on Screen Five (as is necessary)

*NOTE: In such a transaction, the worker may elect to work past Screen One without removing the value in the RVI field. If this is the worker's choice, the WMS has been

programmed to automatically remove the entry in the RVI field, and will produce the following when Data Entry is completed: **1160/00 WARNING - RVI HAS BEEN OVERLAYED BY RVI=SPACES.**

In this situation, the message is basically a system acknowledgement of the removal of the previously required RVI value.

CHANGING ANOTHER CASE TYPE TO CASE TYPE 20

When it is necessary to change the Case Type of an existing case which is not a Case Type 20 to Case Type 20, workers should again follow the existing process, BUT must also be sure to add (or have system generated) an appropriate RVI value on Screen One, as previously described. Content editing and cross editing, as previously described, will apply.

When manually changing a Case Type 22 to a Case Type 20, the WMS will generate the value of 1 as the RVI (see Edit 1167 on Page 7).

APPLICABILITY BEGINS 04/01/03

For retroactive periods for which no coverage has yet been established, RVI values and coverages 19-23, if appropriate, may be entered with a FROM DATE which is not prior to April 1, 2003.

RVI values 2 & 3 are not valid with an Authorization FROM DATE which is earlier than April 1, 2003. If such a date is entered on Screen One, and a worker also enters RVI = 2 or 3 on Screen One, the following new error message will be presented:
1161/00 RVI =2, 3 NOT ALLOWED IF FROM DATE < 04/01/03.

MANAGED CARE IMPLICATIONS*:*

Individuals with coverage codes 19 and 20 are allowed to enroll in mainstream Medicaid Managed Care. However, recipients with coverage code 20, are excluded from enrollment in Long Term Managed Care plans. You will receive error message **"MC ENROLL NOT ALLOWED-EXCLUDED LTC PROVIDER"** if attempting to enroll a recipient with coverage code 20 into a Long Term Care Plan. The following is a list of the Upstate Long Term Care Plans, and their respective Provider Numbers:

- **Eddy Senior Care/01674982**
- **Elant Choice/01825947**
- **Health Partners of NY/01750449**
- **Independent Living for Seniors/01278899**
- **Pace CNY/01519162**
- **Partners in Community Care/01788325**

- **Senior Network Health/01778523**
- **Total Aging in Place/02188296**

Upon enrollment, the recipient's coverage code will change to "30-PCP" prospectively. Based on the case RVI value, the recipient's coverage code will revert to 10 (RVI=4), 19 RVI=2) or 20 (RVI=3) prospectively upon disenrollment. For those case members exempt from resource verification (based on categorical codes), the current coverage code logic will apply, and their coverage will revert to 01 upon disenrollment.

Recipients with coverage codes 19 and 20 may be auto assigned (in mandatory districts) unless otherwise exempt or excluded.

Individuals with coverage codes 21, 22 and 23 are excluded from enrollment in mainstream managed care. **You will receive error "008" (No Valid MA Coverage Exists for the Date Entered) if attempting to enroll a recipient with coverage code 21, 22 or 23.**

However, individuals with coverage codes "21" and "23" can enroll in Long Term Care Managed Care plans. In order to enroll these recipients, their coverage code must first be changed to 01, 10 or 19. Upon enrollment, the coverage will change to "30". As the system is unable to distinguish these recipients as spenddown (21/23), when recipient disenrolls from a LTC plan, the coverage will revert to either 01, 10 or 19. Therefore, the case needs to be reviewed, and the coverage code manually changed prospectively to the appropriate coverage.

RESTRICTION/EXCEPTION & PRINCIPAL PROVIDER IMPLICATIONS:

Restriction/Exception Subsystem:
The new coverage Codes 19-23 have corresponding additions to what is allowed for input in the Restriction/Exception Subsystem as follows:
Coverage Code 19 allows input of R/E codes 02, 03, 04, 05, 06, 08, 09, 20, 21, 25, 31, 32, 35, 39, 40, 51, 54, 55, 56, 58, 59, 83, and 90-96.

Coverage Code 20 allows input of R/E codes 02, 03, 04, 05, 06, 08, 09, 20, 21, 25, 35, 39, 40, 51, 54, 55, 56, 58, 59, 83, and 90-96.

Coverage Code 21 allows input of R/E codes 02, 03, 04, 05, 06, 08, 09, 20, 21, 25, 31, 32, 35, 39, 40, 51, 54, 55, 56, 58, 59, 83, and 90-96.

Coverage Code 22 allows input of R/E codes 02, 03, 04, 05, 06, 08, 09, 20, 21, 25, 35, 39, 40, 51, 54, 55, 56, 58, 59, 83, and 90-96.

Coverage Code 23 allows input of R/E codes 02, 03, 04, 05, 06, 08, 09, 20, 21, 25, 31, 32, 35, 39, 51, 54, 55, 56, 58, 59, 83, and 90-96.

Additional changes to the R/E Subsystem
Coverage Code 10 allows input of R/E 31 and 32 and will NOT allow input of R/E 38 or 81.

Coverage Code 11 allows input of R/E 46, 47, 48, and 49.

Coverage Codes 34 and 36 will only allow the input of R/E 90-96. No other restrictions and/or exceptions are allowed with these coverage codes.

Exception code 90 will now be allowed to be input on the CIN of an individual with a prior exception code 91 on file. Conversely, exception code 91will be allowed to be input with an existing exception code 90 on a recipient's file.

Principal Provider Subsystem
The new coverage Codes 19-23 have corresponding additions to what is allowed for input in the Principal Provider Subsystem as follows:
Coverage Code 19 allows input of PP Codes 00, 01, 03, 06, 07, 08, 10, 14, or 16.
Coverage Code 20 allows input of PP Codes 00, 01, 03, 06, 07, 08, or 10.
Coverage Code 21 allows input of PP Codes 00, 01, 03, 14, or 16.
Coverage Code 22 allows input of PP Codes 00, 01, or 03.
Coverage Code 23 allows input of PP Codes 00, 14 or 16.

ADDITIONAL CHANGES TO PP:

Coverage Code 02 now allows input or PP Codes 01, and 03, but will NOT allow input of PP Codes 02 or 04.
Coverage Codes 34 and 36 will only allow the input of PP code 00. No other PP codes can be entered with these coverage codes.

NOTE: A PP entry edit has been added to prevent the entry of a PP Code of 00 greater than 30 days from the previous lines Date of Service if the Medicaid Coverage Code is 19, 20, 21 or 22 and the PP Code is 01 or 03:
PP Subsystem edit #061 - "Date of Service Thru Date Cannot exceed 30 days from the Date of Service From Date of Service for Coverage Codes 19-22 ".
This edit is activated when the Coverage Codes is 19, 20, 21, 22, and the worker tries to input a PP 00 closing with the Date of Service From Date exceeding 30 days from the previous line's Date of Service From Date for PP Code Values 01 OR 03.

MBL IMPLICATIONS
When an applicant/recipient attests to resources, the amount of the attested resources should be entered on MBL with resource code 98, "Other Liquid Resources."
If the type of resource is known, the appropriate resource type code and amount should be entered on MBL.

CNS IMPLICATIONS

Refer to Attachment II of this Coordinator Letter.