

I. Continuous Save Date (CSD) Processing Changes

Processing of Continuous Save Dates (CSD's) for certain Medicaid eligible children has been revised as follows:

- A. No CSD calculations will be performed for Undercare Transactions (TT05).

Continuous coverage policy provides that children under the age of 19 who are fully eligible for Medicaid remain eligible for 12 months from the date of each eligibility determination. WMS had been programmed to generate new CSDs in situations where eligibility was not always being redetermined, i.e., certain Undercare Transactions (TT05). Effective with this migration, no new CSD calculation will be performed for 05 transactions. NOTE: Pursuant to Administrative Directive 03 OMM/ADM-2, districts may opt to treat an eligibility determination made as a result of an individual or family reporting a change in circumstances in the middle of a certification period as a renewal, and may extend the Authorization Period for 12 months from the date of this determination. In this situation, workers must use Transaction Type 06 (Recertification/Reauthorization) to ensure appropriate generation of the new CSD.

- B. Individuals on Case Types 11, 12, 16 and 17 who are coded with ICC values 15 and 48 will have CSDs calculated.

Effective with the November 21, 2005 migration, CSDs were no longer generated for children under age 19 with ICCs of 15 "FA/SN/LIF Pregnant Woman (No Deprivation)" or 48 "FA/LIF Pregnant Woman (Deprivation)". This was done because, for Medicaid purposes, pregnant teens may not have documented citizenship/immigration status, provided a Social Security Number, or in some instances documented parental income. Therefore, it is not appropriate to provide coverage past the 60 day post partum period for these Medicaid recipients, unless these eligibility factors are established. However, pregnant teens in Temporary Assistance (TA) Case Types have established these eligibility factors. Therefore, we are now generating CSDs for children under 19 with ICC's of 15 and 48 in TA Case Types 11, 12, 16 and 17.

- C. Due to a recent policy clarification closing/deleting a child with the following two Closing/Deletion Reason Codes will bypass CSD calculation.

V31- Failure to Provide Social Security Number,
V17- Incorrect or Fraudulent Social Security Number.

- D. When an attempt is made to close a child before his/her CSD, WMS insures that coverage is continued through the end of the appropriate 12 month period, based on the existence of the CSD. However, when a child was deleted, WMS did not force continuation of coverage through the end of the CSD period. With this migration, when deleting a child with a CSD using a Reason Code that is not an exception to the continuous coverage policy, (see Reason Codes in the Error explanation below), a new Undercare Error (1566) will be produced similar to Case Closing Error 0878. This new edit will be presented at the Line Number level:

1566 - SAVE DATE > MA COV TO DATE ON DELETION

This error's listing in the on-line edit listing will reflect that only certain reason codes may be used in this situation: If MA Cov To Date on a Case Type 20, 24, or 13 Deletion is less than the Continuous Save Date, then the Reason Code must be: E02, E03, E60, E63, E65, E79, E90, E95, E98, E99, U66, U77, U78, V17, V31 or Y90.

- E. No newly deleted child will have a new CSD calculated.

In some instances, WMS was inappropriately generating a new CSD for a child when the child was being deleted, resulting in an additional 12 months of Medicaid coverage. Effective with this migration, an edit has been put in place to ensure that WMS does not calculate a new (revised) CSD for any child when the child's Individual Status is changed to 15. If there is an existing CSD on the database, coverage must continue through that date, unless the reason for Deletion is an exception to continuous coverage policy.

II. Changes to the PA Closing and Undercare Interim Matrices

In order to conform to changes, deletions and additions to the Case and Individual Reason Codes, the PA Closing Matrix and the Undercare Interim Matrix are being revised as follows:

- A. MA Extension Suppression Code 195 is no longer valid.

Suppression Code 195 was previously used to prevent an MA Extension case from being generated, when a PA Failure to Verify Closing Code was entered. This is no longer allowed. Medicaid policy requires a separate determination to confirm whether the item that was not verified affects Medicaid eligibility. The MA Insert Reason Code included in the PA Closing Matrix of March 2004 will determine the Medicaid extension.

The following Closing Codes will be affected:

- a. V20 - Failure to Provide Verification
- b. V22 - Failure to Provide Verification-Mail-In Recert
- c. V23 - Failure to Provide Verification-Parent/Spouse
- d. V24 - Failure to Provide Verification-Step/Grandparent
- e. V25 - Failure to Provide Verification-Filing Unit

The SUPPRESS SEP DET field will be deleted from WMS Authorization Form DSS 3209 and from the CNS Manual at the next updates.

- B. When PA Closing (Denial) Reason Code I92 – ‘No Eligible Individual’ is entered the MA Extension Reason 753 – ‘Separate Determination’, is being replaced with MA Extension Reason 821 – ‘MA Continues Unchanged’ for the following Individual Reason Codes:

- a. WE1 - Failure Comply w/ Employ Require (1st occurrence)
- b. WE2 - Failure Comply w/ Employ Require (2nd occurrence)
- c. WE3 - Failure Comply w/ Employ Require (3rd occurrence)

The Medicaid extension will continue for the balance of the 12 months since the previous PA From Date.

- C. MA Insert Reason Code 861 – ‘No MA Language’ is being added to the MA Undercare Interim Matrix.

If the PA Transaction Type is 05 - Undercare or 06 - Recertification and the Individual Coverage Code is 04 - No Coverage or 05 - Sanctioned, MA Extension Reason Code 861 will be used. This will only occur when the Coverage Code has not been changed. No Medicaid language will appear on the notice.

III. New Exception code for Medicare Part D

As described in GIS 06 MA/003 Medicaid recipients are required to enroll in Medicare as a condition of eligibility for Medicaid which includes the new Medicare Part D Prescription Drug Benefit. A finding of 'Good Cause' not to enroll in Medicare Part D may be found to exist, but only in situations where it is determined that the Medicaid applicant/recipient has cost effective health insurance **and** will lose that insurance if the recipient enrolls in Part D. As described in the GIS the determination of cost effectiveness is determined solely by the LDSS. If this determination is made a new exception code of "**22 – Medicare Part D - Good Cause**" can be used to identify these individuals in the Restriction/Exception subsystem.

Instructions For Input Of Exception Code 22 – Medicare Part D – Good Cause into the WMS R/E Subsystem

1. ACCESSING THE RESTRICTION/EXCEPTION SUBSYSTEM

- a. Access the Medical Assistance Menu by choosing selection "25" on the WMS Main Menu.
- b. Access the Restriction/Exception Subsystem by entering "R" on the Medical Assistance Menu.
- c. Select the "Input" function by entering "I".
- d. Enter the client's CIN, Case Number and your worker I.D.
- e. Transmit.

2. ENTRY OF THE RECIPIENT EXCEPTION CODE 22

- a. Enter the R/E Code 22 in the **RE/EXC TYPE** field
- b. The **RE/EXC FROM DATE** is entered equal to the first day the client is in "Exception Code 22" status. This is the first day the client is exempt from enrolling in Medicare Part D for good cause.
- c. Transmit the information and review for accuracy.
- d. Store the accurate data using (S)F13 (Ctrl F3).

3. DEACTIVATION OF AN ERRONEOUS ENTRY (This removes an incorrect entry when an R/E 22 has been entered with an incorrect FROM DATE and the FROM DATE needs to be backdated, OR when the R/E has been added to the wrong Client's case record, OR when an incorrect Exception Code has been added to a client's case record.)

- a. Access the **RE/EXC SUBSYSTEM INPUT SCREEN** (See #1 above.)
- b. Enter the **RE/EXC TYPE** of the deactivation (22).
- c. Enter the **RE/EXC PERIOD THRU DATE** equal to the **RE/EXC PERIOD FROM DATE** you wish to deactivate.
- d. Review the input for accuracy and Transmit. (The line showing the R/E 22 should have an **RE/EXC FROM DATE** and an **RE/EXC PERIOD THRU DATE** that are the same date.)
- e. Store the data using (S)F13 (Ctrl F3). (This should make the R/E 22 line completely disappear.) If a backdate needs to be entered, **WAIT UNTIL THE NEXT DAY TO RE-ENTER THE CODE.** (Delete on day 1, re-enter on day two.)

4. **TERMINATION OF A RESTRICTION/EXCEPTION (Use this to end date an existing R/E 22)**
 - a. Access the **RE/EXC SUBSYSTEM INPUT SCREEN** (See #1 above.)
 - b. Enter the **RE/EXC TYPE (22), AND THE TERMINATION DATE IN THE RE/EXC PERIOD THRU DATE** field.
 - c. Review and transmit the data.
 - d. Store the accurate data using (S) F13 (Ctrl F3).

IV. New State and Federal Charge Code 68 (Qualified Alien Not MOE Eligible)

- A. Revised edits on State/Federal Charge Codes 60, 67, and 68.

Currently, State/Federal Charge Code 60 is used to identify and claim “Maintenance-of-Effort” (MOE) for ALL Safety Net Assistance (SNA) Cases which contain aliens in the five (5) year ban and who are assigned Alien/Citizenship Indicator (ACI) Codes B, F, G, K, and S, including Pregnant Women, Children, and Caretaker Relatives. In order to differentiate the MOE aliens from the non-MOE aliens, a new S/F Charge Code 68 “Qualified Alien Not MOE Eligible” is being added to WMS. It will be valid for those aliens within the 5 year ban who are not eligible for MOE status and who are assigned ACI Codes B, F, G, K, and S, on Case Types 16, 17, 20, and 24, not Pregnant Women, Children less than 18 years of age, or Caretaker Relatives. Pregnant Women, Children less than 18 years of age, and Caretaker Relatives will continue to be assigned S/F Charge Code 60 on Case Types 16 and 17. S/F Charge Code 60 will only be assigned to Children under 18 years of age and Caretaker Relatives on Case Types 20 and 24, since Medicaid does not assign ACI Codes or S/F Charge Codes to Pregnant Women. In addition, State/Federal Charge Code 67 will be valid only with an ACI Code of O or T.

- B. Generation of State/Federal Charge Codes 60, 67, and 68.

WMS will now generate the proper State/Federal Charge Code as follows:

An Eligibility or Undercare Transaction on a case which contains a recipient with an ACI Code B, F, G, K, or S, will generate S/F Charge Code 68 when the Case Type is 16, 17, 20, or 24 and the Individual is 18 years of age or older.

An Eligibility or Undercare Transaction on Case Types 16 and 17 which contain a recipient with ACI Code B, F, G, K, or S will generate S/F Charge Code 60 when the Individual is under 18 years of age, a Caretaker Relative, or a Pregnant Woman. S/F Charge Code 60 will be generated on Case Type 20 and 24 when the individual is under 18 years of age or a Caretaker Relative.

An Eligibility or Undercare Transaction on a case which contains a recipient with ACI Code O or T will generate S/F Charge Code 67.

- C. Conversion of appropriate State/Federal Charge Codes 60 and 67 to 68.

A conversion of State/Federal Charge Code will take place with this migration and then Monthly, in which currently active recipients with ACI code B, F, G, K, or S who are 18 years of age or older and not Caretaker Relatives or Pregnant Women and have a S/F Charge Code of 60 or 67 will be assigned State/ Federal Charge Code 68.

Currently active recipients who do not meet the criteria listed above for a Code 68 will continue to have the Code 60 or 67.

A new Reason Code, Y62, has been assigned for all monthly Conversion transactions. It is generated at the Case level and is defined as "S/F Conv".

D. New Error Messages

- a. Edit/Error #1362 (St/Fed Charge Cd 60 req <18 or Caretaker Relative or Pregnant Woman) will be supported to insure that S/F Charge Code 60 is only allowed with children under 18 years of age, Caretaker Relatives, or Pregnant Women.
- b. Edit/Error #1363 (St/Fed Charge Code Invalid with Cat Cd) will insure that Caretaker Relatives are assigned S/F Charge Code 60 and people 18 years of age or older who are not Caretaker Relatives are assigned the new S/F Charge Code 68.

E. Definition changes for Existing Error messages

- a. Edit/Error Messages #0312, 0366, and 0367 are being revised to include S/F Charge Code 60 and new S/F Charge Code 68.
- b. Edit/Error Messages #1522 and 1525 are revised to apply only to S/F Charge Code 67. If the Alien Citizenship (ACI) Code is either O or T then the S/F Code must be 67, and conversely if the S/F Code is 67 then the ACI Code must be O or T.
- c. Edit/Error Message #1531 will now require either existing S/F Charge Code 60 or new S/F Charge Code 68.

F. Anticipated Future Action Code 522

Previously, Anticipated Future Action (AFA) Code 522 was generated or data entered to advise of conclusion of the 5 year ban for S/F Charge Codes 60 and 67. Now, AFA 522 will advise of the conclusion of the 5 year ban for individuals with S/F Charge Code 60 or the new S/F Charge Code 68. The definition of 522 will remain "Expiration of MA 5 Year Ban".