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### Section I - Revision to Logic for Downgrade of MA Coverage

As a result of LDSS feedback related to the downgrade error #591 “DOWNGRADE OF MA COVERAGE CODES HAS OCCURRED”, new logic has been added to bypass this error for closing transactions (07 or 08) on Case Types 20 or 24 that meet the following criteria:

- All active individuals on the closing case have higher MA coverage on file in another case, regardless of district, and the MA FROM and TO dates overlap or is contained within, and;
- All active individuals on the closing case have an MA Coverage TO date prior or equal to the MA Coverage TO date on the case with higher coverage (this criteria was needed to prevent improper truncating of coverage dates).

Closing cases that meet the above criteria will have modifications automatically made to:

#### *Screen 1*

CNS Notice Indicator - changed to an “N” if an “N” does not exist in that field  
CNS Notice Number – if a Number is present it will be blanked out

#### *Screen 5*

MA Coverage To Date - modified to one day less than the higher coverage From date  
MA Coverage From Date - modified to the first of the month of the newly generated MA Coverage To date.

#### *Wrap-up Screen*

New warning “**1573 – WARNING-CASE HAS MET RQMTS TO BYPASS DOWNGRADE FOR RETRO PERIOD**”

A unique authorization number will be assigned using the format: XX(district code) RCMM (month)YY(year) equal to closing transaction month.

#### *WINQ55 (MA Coverage History)*

If inquiry is made after Batch Update, it will show this transaction as the top transaction for that specific case/district. It will not place it at the very top of the stack.

Below is an example of this process:

County A enters 18 (Family Planning) coverage for 8/1/06 – 7/31/07

County B enters 01 (Full) coverage for 9/1/06 – 8/31/07

On September 5, County A wants to close their case as the person is no longer in their district. All individuals on the closing case meet criteria described above, therefore, downgrade error is bypassed. Case with 18 Coverage is closed with Dates on Screen 5 of 8/1/06 – 8/31/06 and no notice is produced. Next business day will show stack in WINQ55 in this order:

County B – 9/1/06 – 8/31/07 – Full coverage  
County A – 8/1/06 – 8/31/06 - FPBP  
County A - 8/1/06 – 8/31/07 – FPBP

## **Section II - New Categorical Code Age Edits**

In order to maintain data integrity, three new edits have been added to prevent the improper assignment of individual categorical codes. Each of these errors will occur on Case Types 20 or 24 and are the result of a comparison of the individual's Date of Birth, Individual Categorical Code, and the MA Coverage FROM Date on Screen 5.

The following new errors will be applied to transaction types: Opening (02), Change (05), Recertification (06), Open/Close (09), Reopening (10) and Reactivation (11) as long as the MA Coverage code is not equal to 31 (PCP coverage only).

### **1569 - "CAT CODE 01-03 AND 05-08 NOT VALID FOR OVER 21 YEARS OLD"**

Categorical codes 01-03 and 05-08 are to be used for children only. For MA purposes a child is defined as 21 or under. Error 1569 error will appear if the MA Coverage FROM Date is greater than the last day of the month the individual turns 21.

### **1570 - "CAT CODE 46 OR 54 NOT VALID FOR LESS THAN 11 MONTHS"**

Categorical code 46 is used for children ages 1 to 6. Categorical code 54 is used for all children except infants. Error 1570 will appear if the MA Coverage FROM date is less than the first day of the month the child turns 11 months.

### **1571 - "CAT CODE 47 NOT VALID FOR LESS THAN 5 YEARS AND 11 MONTHS"**

Categorical code 47 is used for children ages 6 to 19. Error 1571 will appear if the MA Coverage FROM date is less than the first day of the month the child turns 5 years and 11 months.

## **Section III - Add Case Type 24 to the Income and Resources Collection (IRCS) match**

Since Family Health Plus cases (Case Type 24) now have a resource test for eligibility determination, this Case Type has been added to the Income and Resources Collection System (IRCS) process.

## **Section IV - Allow Card Code values 'P' and 'N' as valid for FHP individuals**

Pharmacies are required to enter a Sequence Number for Family Health Plus (FHP) recipients who are seeking Family Planning services which are not covered by some Managed Care providers. These recipients have not been issued Medicaid cards, therefore, they cannot produce a Sequence Number and some are being turned away.

For Case Type 24 (FHP) an 'X' (No Card) was automatically generated in the Card Code field and no other Code was allowed. Effective with this migration, Card Codes 'X', 'P' (Photo), or 'N' (Non-Photo Card) are now allowed to be entered for FHP individuals on a Case Type 24 for Opening (02), Reopening (10), Recertification (06), and Change (05) transactions. The system will continue to generate 'X' if the field is blank.

This change will give the worker the option to issue a Medicaid ID Card if Family Planning services are not covered by their Managed Care provider.

**Section V - Disable Associated Name and Address Codes 14 and 15**

Since the Third Party Liability subsystem now resides in eMedNY we are disabling Associated Name and Address Codes 14 “Policy Holder’s Name and Insurer’s Mailing Address for Policy 1” and 15 “Policy Holder’s Name and Insurer’s Mailing Address for Policy 2”. Effective with this migration, the presence of these Codes for all Transaction Types (other than Closings) will result in Error 737, “Associated Name and Address Code Invalid”.