

Section I Change in Continuous Save Date (CSD) logic when the CSD is in the month of Closing.

If error #878 “SAVE DATE>MA COV TO DATE ON CLOSING” is encountered on a closing transaction (07 or 08) a comparison of the month and year of the MA To Date and the Continuous Save Date will be made and if they are equal the MA To Date will be generated to the last day of the CSD month.

Section II Modify Date Generation Logic for Individuals who die prior to the Authorization From Date.

The logic described under Warning #571 “MA COVERAGE TO DATE WAS SYSTEM GENERATED”, that is used to generate MA coverage FROM dates has been modified for closing transactions (07 or 08) due to death. The MA coverage TO date is generated equal to PA/MA Individual Status Effective date (Death date), but in instances where the death date is earlier than the MA coverage FROM date, for example a recent reauthorization, a new MA coverage FROM date will be generated equal to the Date of Death (Client Status Effective Date) and the MA Coverage Code changed to ‘04’ (No Coverage).

Section III New Coverage Group Added to the Breast and Cervical Cancer Treatment Program For Colorectal and Prostate Treatment.

Medicaid coverage is now being provided to individuals under 65 years of age who have been determined eligible by the Cancer Services Program Partnerships (formerly the Healthy Women Partnerships) and are in treatment for Colorectal or Prostate Cancer. Their eligibility is to be determined by the Partnership using Federal income and household guidelines. There income level for the Breast, Cervical, Colorectal, and Prostate Cancer Treatment Program is 250% FPL. There is no resource test for these individuals.

Local districts cannot enter these individuals into WMS, but may see these consumers on Clearance Reports and/or Inquiry.

The following edits apply to this population:

- 1) The Transaction District must be ‘99’ while the Fiscal District will be the district of residence.
- 2) The Case Type will be 20 (MA-Only) or 21(Presumptive Eligibility).
- 3) The Sex Code will be Male (M) or Female (F).
- 4) The age of the recipient will be under 65.
- 5) Additional language paragraphs will be added to existing CNS notice reason codes (B70-B78, V81-83, C19, U24, and Z47) in District 99 to accommodate this new medically needy category.
- 6) A new Individual Categorical Code and Recipient Aid Category (64) “Colorectal and Prostate Treatment Program (FNP)” has been added. Funding for this Aid Category will be 100% State funded.
- 7) There will be no MBL budget on file since eligibility will be determined by the Partnership.

Section IV E59 Denial Case Reason Code Change

Currently for a Case Type 20 (MA only), Transaction Type 03 (Denial), when using a Denial Case Reason Code E59 – (Pregnant woman excess income over 200%FPL bills do not meet spenddown), all individuals must have a Sex Code of “F” Female or error 0422 is displayed. (Error 0422 - Reason Code requires a sex code of “F”.)

This Denial Case Reason Code will be changed to not be displayed if at least one person in the case to has a value of "F"- Female. This change will allow E59 to be entered when there is a pregnant woman and an Unborn (Sex Code 'U') on the case,

Section V Revision to the MA Coverage 'FROM' Date Edit for Family Planning Benefit Program (FPBP)

Due to a recent change in policy (GIS 06 MA/028), recipients of FPBP Medicaid may no longer be authorized for MA benefits prior to the first day of the application month. There is no longer a retroactive period of coverage for this population.

The following error will be applied to transaction types: Openings (02), and Re-openings (10) when the MA Coverage Code is (18) and the MA Coverage From Date is prior to the first day of the application month.

564 - MA Coverage Date(s) Invalid

This edit change became operational on the Production System on December 4, 2006.

Section VI Generation of a Continuous Save Date for Newborns with Change Transactions

Currently, for Case Types 20 and 24, Continuous Save Dates (CSDs) are generated for Newborns at Opening, Re-opening or Recertification transactions. A Transaction Type 05 (to add a newborn to a case, or to change the first name, add a Date of Birth and change the sex from U to M or F) will not result in the generation of a CSD. Since the one year guarantee for Newborns is generated using the same rules as for a CSD, policy has requested a revision to the edit so that a Newborn, whose Mother was covered by Medicaid at the time of the birth, receives Medicaid coverage through the last day of the month of the child's first birthday.

To ensure that Newborns receive their requisite first year of Medicaid coverage, WMS will now generate a CSD on WINQ55 (MA Coverage History) equal to the last day of the month in which the child turns one year old when certain conditions are met. Specifically,

- When a Transaction Type 05 is used to assign an Unborn a first name, a date of birth and Sex is changed to either M or F, or
- When a Transaction Type 05 is used to add a child less than one year of age to a case.