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Section I - FHP Premium Assistance Program

WMS now supports the FHP Premium Assistance Program (PAP). These changes allow FHP individuals to enroll in their employer sponsored health insurance.

Individuals Pending Enrollment

Individuals who are waiting for the open enrollment period to enroll in their employer sponsored health insurance can be identified by entering a Health Insurance Indicator (HII) of “7 – FHP PAP Pending Open Enrollment” on Screen 1 and entering a new Anticipated Future Action code of “913 – Open Enrollment Month for PAP” for each individual along with the month and year of when the open enrollment begins on Screen 4. If a renewal is made prior to the open enrollment period, **WMS error 1220 – EMPLOYER HEALTH INSURANCE** will appear alerting the worker that there is a pending open enrollment. This error is overrideable.

Enroll Individuals who were Pending Enrollment

If the enrollment was pending as described above, the HII of 7 and the AFA of 913 should be removed.

New EPI Code - The Employer Purchased Insurance (EPI) field is used to identify individuals that are in a PAP by entering an “A – Client has FHP Premium Assistance Plan” in the EPI field on Screen 4.

Categorical Codes - Adult categorical codes 56 and 57 on case type 24 and 15, 42, 48, 58 and 59 for case type 20 can be utilized. Expanded categorical codes for children 44, 45, 46 and 47 on case type 20 or 24 can be utilized.

Coverage - In addition to individuals in PAP receiving their employer’s insurance they are also entitled to a wrap benefit that will pay for services not covered under the employer’s plan. For that purpose an adult’s coverage should be changed from “34” to “20” and children should be made “01” if they are not already. The MA Coverage From Date will be the first day of the month after T + 14 and cannot be prior to 1/1/08. Retroactive coverage is not allowed prior to first day of month of application month.

PCP - If an adult or child is identified by being in PAP with the entry of an EPI code of “A” and has an existing PCP enrollment, a system generated disenrollment will occur with an effective date as of the MA Coverage From date.

PCP Exclusion – Individuals with Third Party Health Insurance recorded in eMedNY will be excluded from managed care auto enrollment.

Card Code - A review of the individual's card code should occur to determine if it is in compliance with the photo ID policy as outlined in OTDA 99ADM - 9, page 17.

New WMS Errors

WMS error 1220 – EMPLOYER HEALTH INSURANCE – will appear if HII=7 and a Recertification/Reauthorization (TT 06) is attempted. This is intended to alert worker that follow up on TPFI is needed. It is OVERRIDEABLE.

WMS error 1415 – CAT CODE INVALID FOR EPI OF A will appear if categorical code is not 15, 42, 44 – 48, 56 – 59

WMS error 1420 – EPI IS INVALID will appear if the EPI code is not “A”, “1” or blank or the case type is not equal to 20 or 24 and EPI is “A”.

WMS error 1421 - HII CANNOT BE A 7 WHEN EPI EQUALS A – If EPI is A, HII cannot be 7.

WMS error 1590 – START COV DATE MUST NOT BE EARLIER THAN 1/1/08 will appear if case type is 20 or 24, EPI equals A, MA coverage equals 20 and the MA coverage is earlier than 1/1/08

WMS error 1591 – START COV DATE MUST BE T+14 AND THE FIRST OF MONTH will appear if case type is 20 or 24, transaction type is 05 or 06, EPI equals A, and the MA From date is not the first day of the month following T+14

WMS error 1592 – COV CODE MUST BE 20 will appear if the categorical code is 56 or 57, EPI is A and the coverage is not 20.

WMS error 1593 - RETROACTIVE COV NOT ALLOWED FOR PAP will appear if Case Type is 20 or 24, EPI equals A and the MA Coverage From date is earlier than first day of month of application month

BICS Pay Types

Five new BICS pay types have been created to facilitate the generation of PAP payments:

U1 – FHP PAP Premium – Premium payments can be made using this code.

- Issuance can be recurring, once only or prorated.
- Payment schedule can be monthly, quarterly, semi-monthly or weekly.
- Method of payment can be unrestricted or vendor as authorized.
- Special claiming code “V” should be used.

U2 – FHP PAP Deductible – Deductible payments can be made using this code.

U3 – FHP Co-Pay Differential – The difference between a FHP/MA co-pay and the plan’s co-pay can be made using this code.

U4 – FHP PAP Other – Other would be used to make payments for medical services that were not provided by the plan nor by a Medicaid provider.

U5 – FHP PAP Co-Insurance – Co-Insurance would be used to reimburse the client when a co-insurance payment was required.

- Issuance will be once only.
- Payment schedule must be blank.
- Method of payment can be unrestricted or vendor as authorized.
- Special claiming code “V” should be used.

New WMS Errors related to New Pay Types

WMS error 1659 – PAY SCHEDULE MUST BE M, Q, S, OR W FOR PAYTYPE U1 will appear if one of these pay schedules are not used

WMS error 1660 – PAY SCHEDULE MUST BE BLANK FOR PAYTYPES U2, U3, U4 OR U5 will appear if a payment schedule is entered

WMS error 1661 – SPECIAL CLAIMING CODE MUST BE V FOR U1-U5 will appear if SCC of V is not entered for Pay Types U1-U5.

Change to 3209 Printing - The TPHI will print on the last column in screen 4 that has the heading “UNIQ POP”. The heading will be changed to “TPHI” at a future date. “EPI” is being considered to be added to the 3209 in the future.

Third Party Entry in eMedNY - As the employer’s insurance is third party insurance it will be entered like other third party insurance in eMedNY.

Change to BICS report

Existing BICS report WINR 5204 – Occurrence of Health Insurance Indicator has been modified to include new HII value of “7 – FHP PAP Pending Open Enrollment”

Section II - Revisions to Emergency Alien Medicaid Coverage

Revisions are being applied to WMS limiting emergency medical treatment for some Aliens receiving Medicaid. Aliens who will be affected by the changes are undocumented aliens and temporary non-immigrants, (including foreign visitors, students and temporary workers). These individuals are identified on the WMS data base with the Alien Citizenship Indicator (D.E.03-180) E.

The Systems changes are as follows:

1. The only valid Recipient Medicaid Coverage (D. E. 21-090) to be used with Alien Citizenship Indicator E is 07 when the Individual Status (D.E. 03-120) is 07.
2. Recipient Medicaid Coverage Dates (D.E. 21-110) From and To, must be the same as the Authorization Period (D.E. 01-110) From and To Dates. These dates must be the specific dates authorized by the physician and enumerated on the required Certification of Emergency Medical Condition (LDSS 3955).
3. Edits are now in place to insure that the Authorization Period (D. E. 01-110) and Recipient Medicaid Coverage (D. E. 21-110) will not exceed a maximum of 90 days per coverage period. The coverage period may be a combination of retro, current and prospective coverage.
4. The system will only allow up to 90 days of coverage prior to the application date. Coverage may also be prospective up to 60 days from the application date, but Coverage must always include at least one day prior to the application date.

New Errors:

1583 – Coverage Code must be 07 with ACI “E” and Individual Status 07.

1584 – ACI must be E with Coverage Code 07 and Individual Status 07.

1585 – Authorization Period must equal Coverage Period.

1586 – Authorization Period is Greater than 90 days.

1587 – Coverage From Date is More than 90 days prior to Application Date.

1588 – Coverage From Date must be at least 1 day prior to Application Date.

1589 – Coverage To Date is More than 60 days after Application Date.

Section III - Revisions to Ensure that Managed Care Coverage Ends on the Appropriate Date

The Office of Health Insurance Programs Policy requires that Family Health Plus and Managed Care PCP Coverage include Family Planning Benefits either through the Health Plan or as Fee for Service in addition to the coverage allowed through the Plan. To ensure that WMS and OHIP Policy are compatible, when FHP or PCP coverage is terminated (Case Types 11, 12, 16, 17, 20, or 24), coverage (Coverage Codes 30, 31, 34, or 36) should end the last day of the month in which the tenth day of T(ransaction)+10 (days) occurs, or allow data entry of the last day of the appropriate month to be data entered by the worker.

When PCP coverage exists on a Temporary Assistance Case and the PA/MA Individual Reason Code (D.E. 02-005) equals 756, 758, 763, 764, 821, 823, or 825 WMS will by-pass the new edit and follow PA/MA extension logic.