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Section I - Enhancements to Partnership for FHP

On Tuesday April 1st, we informed you of WMS changes to identify the very limited population for the Partnership for FHP program. As described, the changes consisted of a file match to identify employees that participate in the program, and the addition of codes to categorize these individuals in the system. The impacted case types initially were limited to MA case types 20 or 24. **Effective June 23, 2008, they will be expanded to also include MA case type 22 and TA case types 11, 12, 16 and 17.** These codes may be generated by the system or entered by a worker using one of the two methods below.

File Exchange

Employer's participating in the 'Partnership for FHP' (currently just Union 1199) will provide a monthly file of their current employees and dependents. In addition to what was described in the April 1st memo for case types 20 and 24, WMS will generate one of the values listed below in the EPI field on Screen 4 for any individuals on this file that match an existing case type(s) 11, 12, 16, 17, or 22. In some circumstances, the PCP subsystem will be changed as indicated on the chart below.

No new 3209 authorization will be produced for these updates. The updates will be made to the EPI field on WMS Screen 4 or within the PCP subsystem and can be seen when performing an inquiry.

System Generated values for Employer Purchased Insurance (EPI) field:

- 1 – 1199 Employee in 1199 Managed Care Plan (system generated)
- 2 - Client no longer eligible for Partnership for FHP (system generated)
- 3 – Employer withdrew from plan (system generated). This will be entered by a one-time batch process when appropriate.
- 4 – 1199 Employee in non-1199 Managed Care Plan (system generated)
- 5 – 1199 Employee not enrolled in Managed Care Plan (system generated)

Match Results Between 1199 File & WMS	PCP Action that will be system generated	WMS Action that will be system generated
Match – Individual Status on WMS is not Active (07)	If Fidelis 1199 (02933315) enroll (transfer) into *Non-1199 Fidelis Plan managed care plan. Unique worker number of “NYSEP” should be used. If other than Fidelis 1199 or *Non-1199 Fidelis Plan then the PCP record remains the same.	n/a
Match – Only active case is Case type 18, 19, 21 or 31	n/a	If EPI had value other than A set to blank
Match – Case type is 11, 12, 16, 17 or 22 and there is no PCP	n/a	EPI - set to 5
Match – Case type is 11,12,16,17 or 22 with coverage 30	If Fidelis 1199 (02933315)	EPI – set to 1
	If *Non-1199 Fidelis Plan enroll (transfer) into Fidelis 1199 (02933315). Unique worker number of “NYSEP” should be used.	EPI – set to 1
	If not Fidelis 1199 (02933315)	EPI – set to 4
Match – Case type is 11, 12, 16, 17 or 22 with coverage 30 But Employer File Shows Termination Date	If Fidelis 1199 (02933315) enroll (transfer) into *Non-1199 Fidelis Plan managed care plan. Unique worker number of “NYSEP” should be used. If other Plan – no change	EPI – set to 2
Employer withdrew from plan	If Fidelis 1199 (02933315) enroll (transfer) into *Non-1199 Fidelis Plan managed care plan. Unique worker number of “NYSEP” should be used.	EPI – set to 3

*Non-1199 Fidelis Plan – The plan is based on district case is active in. The breakdown is:

01421250 – Chautauqua, Clinton, Dutchess, Essex, Fulton, Hamilton, Herkimer, Montgomery, Orange, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington

01751046 – Albany, Broome, Cattaraugus, Columbia, Cortland, Erie, Greene, Monroe, Nassau, Niagara, Oneida, Onondaga, Orleans, Oswego, Otsego, Rensselaer, Rockland, Suffolk, Westchester

Worker Entered

If a worker needs to identify an individual in the Partnership for FHP plan, the following worker entry codes will be available for case types 11, 12, 16, 17, 22 in addition to case types 20 or 24.

For Transaction Types 02 (Opening), 10 (Reopening) and 11 (Reactivation) an EPI value of D, E or F can be entered.

For transaction types 05 (Change), 06 (Recertification/Reauthorization) and 11 (Reactivation) an EPI value of B – F can be entered.

Worker Entered values for Employer Purchased Insurance (EPI) field:

- B - Client no longer eligible for Partnership for FHP (worker entered)
- C – Employer withdrew from plan (worker entered).
- D – 1199 Employee in non-1199 Managed Care Plan (worker entered)
- E – 1199 Employee not enrolled in Managed Care Plan (worker entered)
- F – 1199 Employee in 1199 Managed Care Plan (worker entered)

WMS Errors

The following existing WMS errors will now appear for case types 11, 12, 16, 17, 22 in addition to case types 20 or 24.

1420 - EPI INDICATOR IS INVALID – FATAL will be displayed if a worker entry of 1-5 in EPI is attempted as these can only be system generated. If a worker entered code of A – F is used; case type must be 11, 12, 16, 17, 20, 22 or 24.

1422 - ENTRY OF EPI B OR C MUST REPLACE PRIOR EPI – FATAL will be displayed if a worker entry of B or C is attempted without replacing a prior EPI of D, E or F

1595 – MA COVERAGE DATE MUST BE 4/1/08 OR LATER will be displayed if a worker entry of EPI equal to B-F is attempted and MA Coverage From date is prior to 4/1/08

1596 – COV CODE 30 AND 34 NOT ALLOWED FOR EPI E will be displayed if a worker entry of EPI of E is attempted and MA coverage is 30 or 34

Section II - Change to Logic for Populating TPHI & MCR

Effective June 23, 2008, the Third Party Health Insurance (TPHI) and Medicare (MCR) indicators found on Screen 4 in WMS Inquiry will reflect prospective begin and end dates. In the past, the fields were populated based on current Third Party Health Insurance or Medicare coverage in eMedNY.

Section III - Modify WMS Screens to Display Page 2

Effective June 23, 2008, when an undercare transaction (05-Change, 06-Recertification, 07-Closing, 08-Recertification/Closing, 11-Reactivation, 14-Closed Case Maintenance) is performed, page two will automatically appear when individuals exist on lines 11 – 20. In the past, this would occur for Screens 3 and 5, but not for 2 and 4. This change brings consistency to the screens.

Section IV - WMS Anticipated Future Action Code (AFA) Code 204

The WMS Anticipated Future Action Code (AFA) of “204” (End of 30 and 1/3 Elig/Calculate New Budget) is now a valid entry for Medical Assistance Cases (Case Type 20) for full Data Entry Transactions (Screen WKBK 04) and Undercare Maintenance Transactions (Screen WKUM 04).

Section V - Social Security Number Code 2 (Applied for) Edit Changes For Medical Assistance Adoption Subsidy Cases (Case Type 20)

For Medical Assistance Adoption Subsidy Cases, which are being recertified (Transaction Type 06) with a Social Security Number Code of “2” (Applied For) and have the following Individual Categorical Codes: 33, 74, 76, 34, 75, the WMS Error 1205 (SSN REQ FOR THIS TRANSACTION) will not be produced.

If an Undercare Transaction (Transaction Type 05) is performed after the initial opening (Transaction Type 02), and the previous conditions listed for the recertification transaction are met, Warning 1207 (SSN APPLIED FOR—NOT RECORDED) will not be produced.

Section VI - New Processing of ASWI (Auto-SDX) cases with Pay Status Code “XXX”-Transferred Out of District

Currently Upstate, since decisions about residency need to be made, ASWI does not close or open an MA/SSI case when an SSI beneficiary moves from one district to another. A report is sent to both districts relying on the coordination of the districts to prevent multiple cases occurring. However, moves from NYC to Upstate or Upstate to NYC did result in an MA-SSI Case opening.

In the near future, ASWI will not open an Upstate to NYC, or NYC to Upstate, MA/SSI case in the “to” district until it is closed in the “from” district.

The SDX record will be resubmitted through ASWI to be reprocessed once each month.

THIS CHANGE WILL NOT BE AVAILABLE BY 6/23/08

Section VII - Medicaid to Child Health Plus Transition

The Medicaid to Child Health Plus Transition will require no action of the LDSS worker other than closing the case or deleting children less than 19 years of age appropriately. If the case closing or individual deletion has an Excess Income Reason Code information regarding each individual child to be put on a report to be sent to the Child Health Plus unit. The CHPlus unit will be sending a notice to the household to encourage and assist parents or legal guardians to apply for benefits through The Healthy New York program. If the child was enrolled in a managed care plan, the plan will also be notified so appropriate action may be taken.

Section VIII - Canadian Postal Update

Effective with the 2008.2 WMS software migration, updates have been made to the acceptable Canadian Postal codes used on the Associated Name Notice copy (Screen 7 sections C & D) for WMS, CNS and EEDSS. For Quebec, the previous abbreviation was PQ, the updated abbreviation is QC. The province of Newfoundland which was abbreviated NF is now Newfoundland & Labrador and is abbreviated NL. The province of Nunavut has been added. The abbreviation for Nunavut is NU.

Section IX - Individual Category Codes for Special Aliens

Federal legislation has created a special category of immigrants by section 1059 of The National Defense Authorization Act for Fiscal Year 2006, Public Law 109-163. Immigrants from Afghanistan and Iraq are given Special Immigrant (SI) status. Visas will be coded "SIV".

Effective 12/26/07, under section 207 of the INA, Afghan Special Immigrants are eligible for Medicaid benefits for six months from the date they entered the United States as a special immigrant or the date they attained special immigrant status if already present in the U.S. Effective 01/28/08 under the same legislation, Iraqi Special Immigrants are eligible for Medicaid benefits for eight months from the date they entered the U.S. as a special immigrant or the date they attained special immigrant status if already present in the U.S.

For the purposes of receiving public benefits (PA, MA, FS) these Special Immigrants are to receive benefits to the same extent as a refugee. The appropriate WMS coding is an Alien/Citizenship Indicator (ACI) Code of "R" (Refugee). Anticipated Future Action (AFA) code of 302 (End of Authorization) should be entered by the worker to signify the end of the initial eligibility period (6/8 month), at which time he/she will be required to verify their current immigration status and income.

Based on the immigration documentation provided at the end of the initial eligibility period (6/8 months), the ACI code will need to be changed to reflect the most current immigration status as of the end of the initial eligibility period.

Children admitted with the SI status are not entitled to a Continuous Save Date (CSD). To avoid generation of the CSD during the initial eligibility period, Medicaid policy has approved the use of Individual Category Code 22 (ADC-Related Child –Deprivation). Category Code "22" will not generate a CSD. After the initial coverage period (6/8 months), it will be necessary to assign the appropriate Category Code and the appropriate CSD will be generated.

Section X - FHP Card Issuance and Conversion

The 2008-2009 New York State Budget included a provision that coverage for prescription drugs will be provided to FHP enrollees on a Medicaid fee-for-service basis rather than through the FHP plan. This 'carve out' of pharmacy from the FHP rate is effective October 1, 2008. In order for the entire FHP population to have CBIC cards by October 1 some systems changes need to be implemented with this migration. Necessary Cards will be issued prior to October 1. All current FHP individuals, regardless of their Card Code, will receive a new Card unless they have active Food Stamp eligibility. The CBIC mailer will include a message informing the individual not to use their card for pharmacy services until October 1, 2008. In addition, the language to the FHP CNS letters is being revised to reflect this change. Specifically, for FHP enrollees (Individual Categorical Codes of 56, 57, 58, 59), if the Case Transaction Types are 02 (Open), 10 (Reopen), 05 (Change), or 06 (Recert), and if the Card Code is 'Blank' WMS will generate a 'P' (Photo). An 'X' (No Card) is not an allowable entry for FHP individuals. Prior to this migration a 'Blank' generated an 'X' (No Card).

1. For 05 (Change) and 06 (Recert) transactions all 'X's will generate a 'P'. A new Warning message 'CARD CODE 'P' WAS SYSTEM GENERATED' will be produced.
2. Some time before October 1, 2008, a conversion of all FHP Card Codes of 'X' to a Card Code of 'P' will occur. Due to the large volume of cards to be produced a staggered conversion strategy is being considered. You will be informed of the conversion plan when it is finalized.

Section XI - Discontinuance of Drug and Alcohol Requirement for Medicaid

The 2008-2009 New York State Budget removed the drug and alcohol screening requirements for the Medicaid program. As a result of this change, the following systems revisions are supported in this migration.

1. The following MA Reason Codes are no longer supported:
 - F14 – ‘Under PA Sanction for Failure to Participate in Drug/Alcohol Treatment Program’ – 03 (Denial) transaction.
 - U71 – ‘Failure to Comply with Alcohol/Substance Abuse Requirements’ – 03 (Denial), 07 (Close), and 08 (Recert Close) transactions.
2. For PA Denial (TT 03) Reason Codes F44, F45, F46, MX1, MX2, and MX3; MA Insert Reason code 753 (Separate MA Determination) will be created instead of 754 (Combined PA/MA Denial).
3. For PA Closing/Recert Close (TT’s 07 and 08) and Change (TT 05) transactions, Reason Codes F44, F45, F45, GX1, GX2, GX3, MX1, MX2, AND MX3, MA Insert Reason Code 821 (Continue MA Unchanged) will be created for all cases.
4. For PA Sanctions (TT 05), Reason Code M77, MA Insert Reason Code 821 (Continue Medicaid Unchanged) will be created for all cases, instead of 758 (Separate MA Determination).