

<u>Contact</u>	<u>Section(s)</u>	<u>Description</u>
Maria MacLasco@518-408-0001	I	Enhancements to Luberto v. Daines
Amy Smith@518-474-5693	II	Enable IV-D Indicator for MA
Layne Gilpin@518-474-6798	III	Alien Emergency Medicaid Coverage Revisions
Layne Gilpin	IV	DIN and Source Code for Prisoner Suspend Processing

### Section I - Enhancements to Luberto v. Daines

WMS has a process to transfer cases between districts that closed with Luberto reason codes (C65, M61 or M62). Since that implementation, we have identified additional WMS changes that will enhance the Luberto process.

Effective 10/20/08, the following changes/additions will be made to Production:

#### WMS Error Messages

**Error 1226 – COUNTY TRANSFER NOT ALLOWED –AUTH TO MONTH EQUALS TRANS MONTH.** When an individual returns a reauthorization/recertification and informs the district of a relocation, the district must first process the reauthorization/recertification before closing with Luberto reason code C65. If this does not occur, the above error will appear and the case will not transfer. Note: This error does not apply for district 97 (OMH).

**Error 1227 – C65 REQUIRES MAILING ADDRESS WITH C/O NAME.** If a care of name exists without a care of mailing address being present, this error will appear and the case will not transfer with Luberto reason code C65.

**Error 1228 – TRANSFER ADDRESS CANNOT BE IN THE SAME DISTRICT.** When cases are closed with Luberto reason code (C65, M61 or M62), the previous address and the new address that is entered cannot be in the same district. This error will appear if the City and Zip Code of the new address does not result in a county move. Note: This error may be overridden. Note: This error does not apply for district 97 (OMH) or district 98 (OMR).

**Error 1379 – PREGNANCY ICC REQUIRES UNBORN.** If a pregnant woman exists on a case and no unborn is entered, or the mother's Individual Categorical Code (ICC = 15, 36, 42, 43, 48, 58 or 59) is not updated appropriately after postpartum or termination, the above error will appear and the case will not transfer with Luberto reason code C65.

**Error 1380 – WARNING – PREGNANCY ICC EXISTS WITHOUT UNBORN.** If a pregnant woman exists on a case and no unborn is entered, or the mother's Individual Categorical Code (ICC = 15 or 48) is not updated appropriately after postpartum or termination, the above warning will appear with Luberto reason codes M61 or M62.

**Error 1382 – ICC OF SOME CASE MEMBERS INVALID FOR C65.** If a case contains any individuals with continuous coverage (ICC = 53, 54, or 55), the above error will appear and the case will not transfer with Luberto reason code C65. If a case contains individuals with other ICCs, they may be transferred with a separate transaction.

Conversion Cases

- If SSI Indicator (SSI) exists on the closing case, the SSI indicator will populate on the generated transfer case.
- If Medicare Savings Program Indicator (MSPI) exists on the closing case, the MSPI will populate on the generated transfer case.
- If a case for individuals in the Medicare Savings Program identified as Qualified Individuals closes with Luberto reason code C65, the new system generated case will have the MSPI of U, and both the original MA Coverage From date and MA Coverage To date of 12/31/49 will transfer over with the case.

Transfer Control Report (WINR 4648)

- The MSPI indicator has been added to the WINR4648 "Case Control Transfer Report" with heading "MSPI". This will appear on the New Case Data section.
- The SSI Status indicator has been added to the WINR4648 "Case Control Transfer Report" with heading "SSI". This will appear on the New Case Data section.
- The weekly WINR 4648 Transfer Control Report will be available on HPN. The name of the report will be "Case Control Transfer Report".
  - For the Upstate report (U648mmdd) the pop up description will be "Weekly report identifying individuals moving from one Upstate district to another Upstate district". The Upstate report will be available on Monday, November 3<sup>rd</sup>. After that, a weekly report will be available on HPN each Monday for Upstate to Upstate transfer cases.
  - For the NYC to Upstate report (N648mmdd) the pop up description will be "Monthly report identifying individuals moving from NYC to an Upstate district". The NYC report will also be available on Monday, November 3<sup>rd</sup>. After that, the report will be available on HPN the first business day of each month for NYC to Upstate transfer cases.

**Section II - Enable IV-D Indicator for MA**

Effective October 20, 2008, the IV-D indicator code field will be enabled for use with MA case types 20 and 24 in addition to TA case types. Two new codes have been added for MA only use.

The IV-D indicator code will be a required field on Transaction Types 02 (Opening), 10 (Reopening), 05 (Change), or 06 (Recertification/Reauthorization) for any household where someone is pregnant or there is a child < 21.

Valid indicators for Case Types 20 and 24 are:

- **Y**IV-D Case (PA/MA)
- **N**Not a IV-D Case (PA/MA)
- **T**Temporarily Exempt for MA IV-D Referral
- **D**Refer for Paternity Establishment only

If anyone in the household is pregnant, the indicator **MUST** be set to T. If there are multiple children in the household, and they require different indicators, the following should be the order of hierarchy:

- **T** if anyone in the household is Temporarily Exempt
- **Y** if no one is Temporarily Exempt (T) and any child in the HH should be referred for IV-D
- **D** if any child should be referred for Paternity Establishment only.
- **N** if all children in the household would be exempt for referral for IV-D

Example 1:

There are three children in the household. Two have a deceased parent and the third is a SSI-related 19 year old. The IV-D Indicator should be set to N.

Example 2:

There are three children in the household. Two have an absent parent and the third child's father resides in the household. The IV-D indicator should be set to Y.

Example 3:

There are four children in the household and the mom is pregnant. Three have an absent parent and the fourth child's father is in the household. Since there is a pregnant woman in the household, the IV-D indicator should be set to T until after 60 days post partum.

#### WMS Error Messages

The following new WMS errors will appear for case types 20 or 24.

**1929 - IV-D IND NOT VALID FOR CASE** will appear if:

- worker enters other than a IV-D indicator of T when someone in the household is pregnant (Individual Category Codes = 15, 36, 42, 43, 48, 58, or 59 OR age <21 and Pregnancy / Parenting Code = 1)

**1929 - IV-D IND NOT VALID FOR CASE** will appear if **all** children in the household fall into the following categories:

- worker enters other than a IV-D indicator of N for TMA recipients (Case Reason Code = 088, 089, C01, C02, C03, C04, E08, or S01 OR Individual Reason Code E08 or H32)
- worker enters other than a IV-D indicator of N for A/R's participating in the Home and Community Based (HCBS) Waiver (State / Federal Charge Code of 23 OR Active Restriction / Exception Code = 46, 47, 48, or 49)
- worker enters other than a IV-D indicator of N for FPBP only applicants (Coverage Code 18)
- worker enter other than a IV-D indicator of N for a child whose absent parent is deceased (Individual Category Code = 01)
- worker enters other than a IV-D indicator of N for a child who has been released for adoption (Individual Categorical Code = 01, 33, 34, 74, 75, or 76)
- worker enters other than a IV-D indicator of N for a child 18 years or older who is certified blind or disabled (Age >= 18 and < 21 and Individual Categorical Code = 11 or 12)
- worker enters other than a IV-D indicator of N for a child who is in Foster Care (Case Type = 20 and Individual Categorical Code = 32, 77, or 81)

**1930 - CASE TYPE 20 OR 24 REQUIRES IV-D IND = Y,N,T OR D FOR CHILD AGE < 21** will appear if a IV-D indicator is not entered on a case where there is a child <21 in the household.

### **WMS Warning**

The following new WMS errors will appear for case types 20 or 24:

**1381 – Check IV-D Indicator** will appear if the Pregnancy / Parenting Code is changed from 1 to another value or if the Individual Categorical Code has changed from 15, 36, 42, 43, 48, 58, or 59, the IV-D Indicator needs to be re-evaluated

### **Section III - Alien Emergency Medicaid Coverage Revisions**

Effective October 20, 2008, the following changes have been made to the Emergency Medicaid Coverage for Aliens.

#### Authorization

- Allow the Authorization Period to be a maximum of fifteen (15) months; three (3) months retro, twelve (12) months prospective from Application Date
- Authorization period may be from the first day of the month of eligibility to the last day of the twelfth month prospectively

#### Alien Number

- Remove the Alpha and zero fill to the left of the first numeric digit. For example: A12345678 would be 012345678. The 9 digit entry would be “012345678” – ALL NUMERIC

#### Coverage

- Not required to match Authorization Period
- Not to exceed 90 days per period, including retro, current and prospective
- Requires at least one day prior to initial Application Date or Transaction Input Date
- Prospective not to exceed 60 days from Application Date or Transaction Input Date

#### Opening/Reopening

- Authorization and Coverage calculated from Application Date

#### Undercare/Renewals

- Authorization and Coverage calculated from Transaction Input Date

The treatment of an emergency medical condition requires that the treating physician complete forms LDSS-3955 (Upstate) or MAP-2151 (NYC) “Certification of Treatment for Emergency Medical Condition.” The physician must specify on the 3955 or 2151 the period of coverage for which treatment is indicated or was provided.

#### New Transaction Input Edits:

- 1584 – Coverage period is more than 90 days (overrideable). For Alien Emergency Coverage, the coverage period cannot be more than 90 days including retro, current and prospective coverage.
- 1585 – Coverage To Date is more than 60 days after Trans Date. For Alien Emergency Coverage, the Coverage To Date may not be more than 60 days from the Transaction Date
- 1586 – Coverage From Date is more than 90 days prior to Trans Date (overrideable). For Alien Emergency Coverage, the Coverage From Date cannot be more than 90 days prior to the Transaction Date.
- 1597 – Coverage From Date must be at least 1 day prior to Trans Date. . For Alien Emergency Coverage, the Coverage From Date must be at least 1 day prior to the Transaction Date.

Revised Coverage Period Edits:

- 1587 – Coverage From Date is More than 90 days prior to the Application (overrideable). The Alien Emergency Coverage From Date must not be more than 90 days prior to the Application Date.
- 1588 – Coverage From Date must be at least 1 day prior to Application. The Alien Emergency Coverage From Date must be at least one day prior to the Application Date.
- 1589 – Coverage to Date is more than 60 days after Application Date. The Alien Emergency Coverage To Date must not extend more than 60 days from the Application Date.

**Section IV - DIN and Source Code for Prisoner Suspend Processing**

Effective October 20, 2008, WMS will record information from the facilities regarding prisoners.

There is a DIN (Department Identification Number) on the Reports sent from DOCS. Prisoners from NYC DOC (Rikers) will have an Inmate Identification Number, and Prisoners in local correctional facilities reported by the Division of Criminal Justice Systems (DCJS) may have an Inmate Identification Number. As the DIN or Inmate Identification Number is reported under the heading “DIN” in the reports issued to local districts, when reference is made to “DIN” throughout this WMS Coordinator Letter, it shall also include reference to Inmate Identification Number.

In order to identify recipients for reporting purposes and also to match releasee files with WMS files, the DIN must be recorded on the 3209 and must appear on the WINQ01 inquiry screen. For mailing purposes, the DIN must be present in the WMS Case Name field for recipients incarcerated in NYS DOCS or NYC DOC facility. It should also be included for prisoners incarcerated in a local correctional facility if reported by DCJS.

Prisoners from the Division of Criminal Justice Systems (DCJS) may have similar identifying information that may also be recorded on the WMS files.

The Source Code, which identifies the agency (DOCS, Rikers or DCJS) sending the prisoner information to WMS, must also be recorded. It will be used to cross reference information about the prisoner status on the Medicaid/WMS data base with reports from DOCS, Rikers, DCJS and DOP (Department of Parole).

Since there is limited space available in WMS for these items, the current field “Other Name” will be used to record this information.

Department Identification Number (DIN)

- Entered into Other Name - First Name field
  - Worker entered at time of Manual Suspension
  - Will be generated at time of Auto Suspend (to be supported in a later migration)
- Used with Case Types 20 and 24
- Used with Transaction Types 02, 05, 07, and 10
- Will appear in Case Name field as last 10 characters if present in Other Name field
- Will appear on inquiry in WINQ20 and on 3209 in screen 2

Source Code

- Entered into Other Name – Code field
  - Worker entered at time of Manual Suspension
  - Will be generated at time of Auto Suspend (to be supported in a later migration)
- Used with Case Types 20 and 24
- Used with Transaction Types 02, 05, and 10

Source Code (con't)

- Will appear on inquiry in WINQ20 and on 3209 screen 2
- Values for Source Code equal:
  - Blank
  - 1 = DOCS (Department of Correctional Services)
  - 2 = Rikers (NYC DOC)
  - 3 = DCJS ( Division of Criminal Justice)

New Edits

1229 - Entry of a DIN requires a Source Code

If a DIN is entered, a Source Code must also be entered.

1230 - Other Name (last, middle) must be blank for DIN entry

If a DIN is entered, the Other Name Field (last, middle name) must be blank.