



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

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REVISED

February 28, 2008

Dear MA Directors/TA Directors/WMS Coordinators/Managed Care Coordinators:

The purpose of this letter is to inform you of the revised list of reason codes for Presumptive Eligibility for Children and to inform you of WMS systems procedures to assure that the State of New York is in compliance with the court stipulation in Luberto v. Daines.

A. Revised List of Reason Codes for Presumptive Eligibility for Children (Case Type 21)

The following revised list of existing reason codes are valid for Presumptive Eligibility for Children Cases (Case Type 21) and the Transaction Type is 09 (Open /Close).

The reason codes are: E80, U20, U21, V17, F12, V13, V31, E55, U91, E60, E61, E63, E79, U77, U78, C14, E90, U66, Y99 and I94.

This list of Reason Codes for Presumptive Eligibility for Children (Case Type 21) replaces the codes originally printed in the 2007.3 WMS/CNS Coordinator Letter Attachment 111 Section 1 dated October 9, 2007.

The WMS Card Codes are being updated to include these changes.

These reason codes are still valid for case type 20 transactions as well.

For system questions regarding Presumptive Eligibility for Children please contact Ken Jerge at (518) 408-0104.

B. Luberto v. Daines

Effective **Friday, February 29th, 2008**, the following changes will be supported on WMS to assure that the State of New York is in compliance with the court stipulation in Luberto v. Daines. In settling this lawsuit, New York State has agreed to transition an individual's Medicaid coverage from one district to another when the individual informs the district of a relocation. WMS will now support a systemic transition of Medicaid coverage from one upstate district to another upstate district. An overview of this systemic transition is on

Business Day One - Closing transaction is entered with new address

Business Day Two – Opening case is in Pending Status (FDE/ERR) in transfer county and is reported on transfer county's BICS report called "Case Control Transfer Report"

Business Day Three – Opening case is in Active Status

This transition is described in greater detail below.

Closing District

Medicaid cases (Case Type 20 & 24)

Districts will continue to use C65 "Not Resident of District – New Address Provided" that was created on 1/7/08 for MA case closings. This reason code requires a change to the resident address within NYS and will generate a MA Coverage To Date to the last day of the month following the transaction month. This code also bypasses errors related to CSD and PCP/FHP Guarantee. C65 cannot be used when any individual on the case's coverage code is:

- 07 – Emergency Services Only
- 08 – Presumptive Eligibility – Home Care
- 13 – Presumptive Eligibility – Prenatal Care A
- 14 – Presumptive Eligibility – Prenatal Care B
- 31 – PCP Coverage Only
- 33 – PCP/HR Guarantee Coverage
- 36 – Family Health Plus Guarantee

Error 1594 "MA Coverage Invalid for Reason Code" will appear if this is attempted.

TA cases (Case Types 11, 12, 16 & 17)

Districts will continue to use M62 "Moved Out of District" for TA case closings. This reason code requires a change to the resident address within NYS and will generate the MA Coverage To Date to last day of the month following the transaction month. This code bypasses errors related to CSD and PCP/FHP Guarantee. No MA Extension cases will be created when this reason code is used.

A new TA reason code of M61 "Moved Out of District – Late Report" has been created as described in the Dear WMS/CNS Coordinator dated January 30, 2008. This should be used when the closing district has been notified of the move that took place two or more months prior to closing transaction. M61 will generate the MA coverage To date to last day of the month following the transaction month. An address change within NYS will be required for resident address. This code bypasses errors related to CSD and PCP/FHP Guarantee. No MA Extension cases will be created when this reason code is used.

Please note that the use of M61 or M62 on a Temporary Assistance case will transition the Medicaid Coverage to a Medicaid case in the new district not to a Temporary Assistance case.

Managed Care/FHP

For individuals whose plan does business in the new district it is not necessary to disenroll from PCP. If the plan does not do business the disenrollment should be completed to coincide with last day of coverage in closing district.

Upstate to NYC

In an effort to support the future automated process of cases from Upstate WMS to NYC WMS please keep the following in mind:

- **Pregnant woman** – NYC WMS does not allow a pregnant woman without an unborn on the case. We are reviewing making this a requirement on upstate WMS as well, but until such time please be sure that any cases with pregnant woman also contain the unborn to prevent the case from being rejected from the automated process. If baby has been named on the case, but mother's categorical code is still coded as pregnant be sure to update.
- **In care of Name** – If using an In Care of Name in the address be sure to complete the mailing address even if it is the same as resident address as NYC WMS views the care of name as part of the mailing address. Failure to do so will result in the case being rejected from the automated process.

Transfer District

Transfer Control Report

A new report has been created that will be available on BICS daily under the heading number WINR4648, file name of 001-X-XX(two digit county code)*WMSA4648 and is called "Case Control Transfer Report". This report will show process and not processed cases that are being transferred to the district. The first report will be available on **Friday, February 29, 2008**. This first report will be cumulative as it will include conversion cases (described below). The second report will be available on **Friday, March 7, 2008** and subsequent reports will be available daily based on closings that occurred the prior business day. The report will consist of the following sections:

Section I – Will list processed cases that are in FDE/Error Status. These cases will be available one day for limited changes (described below) prior to being opened. Included on the report will be Former case number, Former district number, New case number, Case Name, Individuals on case including name, CIN, date of birth, sex and coverage Code. Inquiry should be made to determine if the individual has an active PCP/FHP enrollment. If there is active enrollment, and the plan does business in the transfer district (or County B is a one plan FHP County) coverage should be modified on the pending case as existing coverage codes 30 or 34 are being converted to fee for service codes when they are transferred (described below). ***SAME PLAN (MMC or FHP) or ONE PLAN FHP COUNTIES: Since the individual did not appear on the plan's primary roster for 3/1, the plan must be notified by fax or email by County B by 2/29/08 COB of any enrollments to be processed for March 1. On the following day, an enrollment entry for the same plan in the new district, or in the case of one plan FHP counties -- the new plan, should be entered. A PCP/FHP will be implemented in the future and will contain an "X" if an active PCP/FHP enrollment exists on the PCP subsystem.***

Section II - Cases that were Not Processed will be listed. These cases contained at least one individual who was found active on a MA or TA case in the Transfer District or other upstate district. Included on the report will be Former case number, Former district number, Individuals including name, CIN, date of birth, sex and coverage code with a message indicating if they are active and in what district. It is the responsibility of the transferring district to determine if a manual opening is needed by contacting the client or district with active case.

Pending Transaction

The following business day (weekends & holidays are excluded) after the closing transaction is entered a pending opening case with reason code 898 "District Transfer Opening" will automatically be created in transfer district based on the address. The case will be in Pending status (FDE/ERR) for one day with a unique authorization following the format of "TRANMMYY" (month and year of the opening transaction). A system generated case number will be created following the format of:

- First two characters "UT"
 - Next five characters will be the Julian date of the run, YYDDD
 - Final three positions will be a sequence number for that run
- Example: If the record is the 12th record processed on 3/1/08, case # would be UT08061012

The Transfer District will have this day to modify the case number, office, unit, worker and the individual's MA coverage code. If changes are made to those element, the case will be opened the next day. If Transfer District makes no changes, the case will be opened with the system generated case number the next day with the following defaults:

- If the closing case was a case type 24, it will be opened as a 24. All others will be opened as a case type 20
- Unit will be "MA" and worker will be "NYUTR"
- If closing case type was TA, the transfer Medicaid case type will be 20 with a RVI of 1 and MA coverage of 01

- MA case types RVI will be equal to Closing District's RVI.
- For MA case types the coverage code in transfer district will be the same as former district except 34 that will be converted to 06 coverage and coverage code 30 will be converted based on the following:

Coverage in Closing District	RVI in Closing District & Transfer District	Converted Coverage in Transfer District
30	1	01
30	2	19
30	3	20
30	4	10

- The new case's Authorization Period and Medicaid Coverage Dates will be the remainder of the closing district's authorization period or four months, whichever is greater.

If you want to make any changes on the pending case, such as case number or office/unit/worker it is necessary to change the following. If you planned to not make changes you do not have to make them:
 Screen 2 – SSN code of 8 needs to be changed to 1
 Screen 5 – Card code needs to be entered

Exceptions to the transfer process

1. Openings will not occur in districts 97 – 99 as the opening is based on zip codes.
2. Openings will not occur if the TA closing case contained an "X" in the emergency indicator.
3. Openings will not occur for individuals that had a MA Coverage code equal to 04, 05, 07, 08, 13, 14, 31, 33 or 36
4. If an individual is found active on another MA or TA case the case will be listed on the new BICS Report called "Case Control Transfer Report" and will need to be manually reviewed.

Continuous Coverage

A child's continuous coverage date will not be modified when they transfer. When an upstate case closes the errors associated with continuous coverage are being bypassed. When the opening transaction takes place a new continuous save date is not being generated. If the case is subsequently closed the normal continuous save date related errors will apply based on the child's original CSD.

Conversion Cases

Upstate to Upstate

MA and TA cases that entered the closing transaction with C65, M61 or M62 since January 7th will have a case automatically opened. A one time only process will occur to accomplish this. These cases will be identified on the Transfer District's **Friday, February 29** BICS Case Control Transfer Report. Please be aware on this day the volume will be higher as it will be a cumulative report. A second report will run on **Friday, March 7** and after that date subsequent reports will be daily based on closing transactions from the previous business day.

NYC to Upstate

Cases that closed in NYC with reason codes E61, G61 or G62 due to a move upstate are being reported to OHIP Local District representatives who are working with the transfer district to open these manually. You will be informed when this process becomes automated.

Upstate to NYC

Cases that closed on upstate with reason codes C65, M61 or M62 had a generated MA coverage To date to last day of following month and are being reported and OHIP's staff is assisting with manually opening these cases. Future system support is planned for late March.

CNS Notice

Language has been added for the opening transaction.

Reason Code	Paragraph Number	Description
898	Y0067	District Transfer Opening

For systems related questions regarding Luberto/County Transfers, please contact Bambi Murphy at (518)402-6682. Policy related questions should be directed to the OHIP LDSS Support Representative at (518) 474-8887.

Sincerely,

Dennis DiMuria

Dennis DiMuria
Director, Bureau of Upstate Eligibility Systems
Division of Program Operations & Systems
Office of Health Insurance Programs

cc: Commissioners
WMS Coordinators