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Section I – Change of name from OMRDD to OPWDD

The name of the NYS Office of Mental Retardation and Developmental Disabilities was changed July 13, 2010 to the NYS Office for People with Developmental Disabilities. For Medicaid purposes, OPWDD functions as a Medicaid district (District 98) and is referred to as OMRD on WMS and all subsystems, as well as in eMedNY and the Data Warehouse. On WMS the district acronym will now change from OMRD to OPWD. In addition all WMS Reports will also reflect the district name change from OMRD to OPWD.

The following Restriction/Exception Error Message and Edits have been modified:

045- (OPW ONLY) EXCEPTION CODE INVALID FOR CROSS DISTRICT ENTRY

If the Transaction District is 98 (OPWDD) the only codes that may be cross-district entered are 25, 35, 38, 46, 47, 83, or 95.

067 –ONLY DISTRICT OPWDD (District 98) MAY ENTER/CHANGE/DELETE CODES 44-45

The only district that is allowed to data enter/change/delete restriction/exception codes 44 or 45 is District 98 --OPWDD.

Section II – Change to SDX Change Form

The electronic SDX Change Form (WASI04) has been modified. The SDX Change Form is accessed from Selection 18 on the Main WMS Menu then selection SF5. This form allows districts to enter SDX changes.

- The WASI04 screen did not allow special characters to be entered for the individual’s name, such as hyphens or apostrophes. As special characters do exist on the SDX Master file an unsuccessful match would occur if an individual’s name contained a special character. The SDX Change Form will now accept hyphens or apostrophes.
- When districts make a change only to the “DIST” field via WASI04, Auto-SDX will generate a WMS change (05) transaction for an Address Update (Reason Code 960) in the old district. This Address Update is not necessary as the old district and the new district have already received notification on the ASWISDX1 and ASWISDX2 reports that the SDX and WMS districts are in conflict. Auto-SDX will no longer produce this Address Update transaction.
- The WASI04 will no longer accept the entry of NYS (District 99) in the “DIST” field.

Section III – Change to SDX Exceptions

MA Effective Date in The Past

The Exception “FMP-MA Effective Date is in the Past” occurs if the MA Effective Date is before the first of the prior month. This is one of the more common exceptions and often occurs when a Payment Status Code (PSC) and Medicaid Eligibility Code (MEC) combination requires a conversion from Case Type 22 to 20 (Stenson). When this exception occurs the district currently has to review and process in WMS manually. Auto-SDX has been modified that when a PSC/MEC combination occurs with the MA Effective Date before the first of the prior month the Exception “FMP-MA Effective Date is in the Past” will no longer occur for conversion from CT22 to 20. Instead a Transactional message of “FMS – MA/SSI to MA Eff Date in Past” will be produced and reported on the ASWI reports. The transaction will be automatically processed to change the case type from 22 to 20 and

reflected in WMS with a 988 reason code. The Exception “FMP-MA Effective Date is in the Past” will remain active for conversions that are not from CT22 to 20.

PSC = M02 – Force Due

The Exception “F50-SDX Med. Elig. Code Invalid” occurs if the Payment Status Code is a M02 – Force Due and the Medicaid Eligibility Code is not blank. It has been determined that it is no longer necessary to produce this exception.

WCN - ****

The Exception “WCN - ****” is produced when an ASWI transaction attempts to open a MA-SSI case and a Pending NYSNIP case is found or when it attempts to open a NYSNIP case and a Pending MA-SSI case is found. The name of the Exception has been modified to be more descriptive. It will now state “WCN – Pending Case Found”.

Section IV – Change to SDX to Recognize Case in Suspended Status

Auto-SDX currently does not recognize a MA Case Type 20 with an Individual Status 08 and Coverage Code 04 (incarcerated individual in Suspend Status) as a case being in Active Status. Due to this when an individual is released and their SSI is reinstated, Auto-SDX generates a new SSI case instead of converting the existing Medicaid case to a SSI case. Auto-SDX will now convert the existing Medicaid case to a MA-SSI case. When this occurs a new Transactional message of “CHANGED MA SUSPEND TO MASSI” will be produced and reported on the ASWI reports.

Section V - Auto-SDX Reconciliation Process

Throughout the years the Auto-SDX programming logic has been modified. Each modification to the logic would impact transactions received from SSA after the modification was implemented, but did not always convert prior transactions received from SSA. A reconciliation process has been established that will determine based on the most recent record from SSA if a MA-SSI case needs to be closed or opened. Each week a pull of the last digit of the SSNs will be done in sequential order starting with 0 for Week 1. After ten weeks each SSN ending digit will have been completed. In the eleventh week the cycle will begin again. For a district this could result in a case being opened, one being closed or an exception occurring. A separate set of reports, to distinguish between the daily SDX reports, have been created for this process. It is at the districts discretion if they wish to print them. The report names are: ASWISDX6 and ASWISDX7, with a BICS Report Name of WMSCSDX6 and WMSCSDX7.

Section VI – Change to SDX Processing for PSC T30, T31 or T51

Auto-SDX logic was programmed to take no action when a transaction code not equal to 05 (Moved to Other State) was received from SSA with a Payment Status Code of T30, T31, or T51 (termination codes). The logic has been changed to generate a conversion to Case Type 20 with reason code 988 to allow the district time to make a determination of ongoing Medicaid eligibility (Stenson).

Section VII – Revise Edit 0275

Finger imaging is no longer an eligibility requirement for Medical Assistance. HEART has discovered that edit 0275 interferes with establishing Medicaid eligibility. Edit 0275 will no longer be generated for Case Types 20 and 22. A modification has been made to edit 0275 deleting Case Types 20 and 22 from the cause remedy.

The new version of edit 0275 is as follows:

0275 - AFIS EXEMPT IND INVALID OR NOT ALLOWED FOR THIS CASE TYPE

If Case Type = 11, 12, 13, 14, 16, 19, 31 or 32, AFIS Exempt Indicator must = 5, 6, 7, 8 or A.

Section VIII – Delete AFA Code 914

The Bureau of Vital Statistics of the protectorate of Puerto Rico planned to void all birth certificates issued in Puerto Rico as of October 01, 2010. That date was changed to October 31, 2010 as of September 29, 2010.

In conjunction with the initial decision by the Bureau of Vital Statistics, NY State DOH had planned Puerto Rican Birth Certificate Identification, using AFA Code 914, to be implemented October 01, 2010. Once the date was changed to October 31, 2010, the project was no longer needed, as verification of citizenship is now conducted through the Social Security Administration.

Therefore, AFA Code 914 - Puerto Rican Birth Certificate Validation Pending has been deleted from the WMS data base.

Section IX – Associated Name Correction

In Care of Names and Addresses that are generated inappropriately at case opening and reopening are causing recipient mail to be misdirected. The mail (including CBIC Cards, EOB letters, NY Medicaid Choice enrollment packets and other letters) is addressed with inappropriate In Care Of Name and mailing address which has been transposed from the Associated Name field on Screen 7 (WINQ 28) of a currently or previously open case. OHIP Systems has identified the cause of this situation and implemented a correction with the migration of 10/18/10.

To ensure that no consumer was adversely affected by the previous procedure, Department of Managed Care is requesting that a one-time report be run for all Upstate counties. This report will identify, for worker review and action, any cases in which Screen 7 (WINQ 28) information including Associated Names and Addresses, Provider name and address, or Provider IDs were transposed into the In Care of Name and Mailing Address on Screen 1 of the TAD, by use of function 6 in the Application Registry Menu. All Case Types 20, 21, 22, 24, 31, and 32 affected within the 12 months prior to 10/18/10 will be included on this report. The report will be sorted by Local Department of Social Services (LDSS), Case Type, Worker ID, Case Number, CIN, and Case Status. The report will be made available to each district through the BICS queue and titled “**Associated Name /In Care Of Name.**”

Section X – Medicare Improvement For Patients and Providers Act (MIPPA)

MIPPA is a Federal initiative that was implemented 1/1/10 which provides that an application for the Low Income Subsidy (LIS) program for Part D benefits must also be used for the purpose of applying for benefits under the Medicare Savings Program (MSP). This process will automatically create new Medicaid cases with MSP benefits for eligible clients.

On a daily basis the Social Security Administration (SSA) will provide an electronic file to New York State of Medicare beneficiaries who have applied for the LIS Program for Medicare Part D Benefits, and who will need to be evaluated for the MSP.

The SSA file will be matched against the WMS database. If no match is found, a new MA only (Case Type 20) will be created. This will involve creation of an application and an eligibility transaction. A MBL budget will not be generated for these cases, as the client’s net income level indicated on the SSA file will be compared to the current Federal Poverty Levels to determine eligibility.

WMS will send information to eMedNY to automatically open a buy-in case. The application date for LIS from the SSA file will be used to establish Medicare eligibility and Buy-In begin dates.

District Report (WINR5531)

Each Upstate district will receive a daily Benefits Issuance and Control System (BICS) report, WINR5531, of all MSP applications registered in that district. This report will indicate whether these applications were automatically accepted or denied, or exceptioned for manual review, and will include Name, Client Identification Number (CIN) and Case Number for each application.

Applications will remain in “Pending” status (FDE/ERR) for three (3) business days with a unique authorization number following the format of **9xxxxLIS**. The first pending day is the day the WINR5531 report is received. During this time the district may modify the Case Number, Office, Unit, or Worker, but cannot cancel the case. If

the district makes no changes, the case will be opened with the system-generated Case Number, Office, Unit, or Worker. All cases will go through batch update at the end of the third business day.

Case Number format will be **LIYYDDD999**, derived from the following:

LI is first two characters

YY is year

DDD is Julian date of the run

999 (Final three positions will be a sequence number for that run)

Office, Unit, Worker will be identified by the following:

Office: **LIS**

Unit: **MSP**

Worker: **NYSSA**

New WMS *system-generated* Acceptance Reason Codes:

892 Accept QMB from LIS Application

893 Accept SLIMB from LIS Application

894 Accept QI from LIS Application

These will include an "MSP Request for Additional Information" form

New WMS *system-generated* Denial Reason Codes:

848 Deny MSP from LIS Application over Income

849 Deny MSP from LIS Application not Medicare

Recertification

New QMB and SLIMB cases will be authorized for one year and will be selected in the MA renewal process. New QI cases will fall into the annual QI renewal process.