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Section I – Reduction of LIF eligibility period for Transitional Medicaid Assistance (TMA)

Due to the Federal American Reinvestment and Recovery Act (ARRA) of 2009 giving states the option to provide twelve months of TMA coverage to recipients who were previously Medicaid eligible under the LIF income eligibility threshold for fewer than three out of the last six months, NYS is authorizing a change in the criteria for determining TMA eligibility.

TMA eligibility has been modified to reduce the LIF eligibility to 1 out of the last 6 months. The following criteria will remain the same: household is no longer eligible under LIF due to increased earnings of the caretaker relative, and the household includes a dependent child under 21. Transitional Medicaid benefits will continue to be granted for twelve months.

This change will impact the following Medicaid Case Reason Codes:

- E08 - MA to TMA
- Y78 - Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Employment
- Y79 - Beginning of TMA Elig. Ext. After PA Inelig. Resulting From Loss of 30 1/3

This change will impact the following Temporary Assistance Case Reason Codes:

- E31 - Excess Income - Increased Earnings - TMA Eligible
- M92 - Client Request - Written - Earned Income
- M93 - Client Request - Verbal - Earned Income

The following Edit has been modified:

0862-CASE MUST BE ACTIVE 1 OF 6 MON FOR RC E08, Y78 and Y79

If Reason Code E08, Y78 or Y79 is used the case must have been active for 1 of the last 6 months to be eligible for TMA.

Section II - Disallow Use of Category Code 07 for all MA cases and Foster Care Category Code Changes

In order to move forward with the elimination of Case Type 13, a review of current Individual Categorical Code use was completed. It was determined that a systems clean up of the Foster Care Individual Categorical Codes would be beneficial. Additionally it was found that LDSS are still using the Individual Category Code 07 for Foster Care recipients creating issues with audits and HEART programming.

The following Individual Categorical Changes have been made:

- For Case Type 13 and 20, use of Individual Categorical Code *07-Removed by Court Order* will not be allowed and will display Edit #0304.
- For Case Types 11, 12, 16 or 17 with an Individual Categorical Code *07- Removed by Court Order* that would receive a Medicaid Extension based on the TA/MA Matrix, the MA extension case will open with a “blank” Individual Categorical Code field, bypassing Edit 0304. At the next transaction, the worker will be required to fill in that field with the appropriate Individual Categorical Code.
- For Case Type 22, allow use of Individual Categorical Code *77-Non-IV-E Foster Care*.
- For active Case Type 22 with Individual Categorical Codes *79-SSI Blind Foster Care* or *80- SSI Disabled Foster Care*, will be systematically converted to Individual Categorical Code *77-Non-IV-E Foster Care*.
- For Case Types 13, 20 and 22, use of Individual Categorical Code *79-SSI Blind Foster Care* and *80- SSI Disabled Foster Care* will not be allowed and will display Edit #0304.

The following edits have been modified:

0304 - CATEGORICAL CODE IS INVALID

Categorical Code must be blank or a valid value.

Categorical Codes 07, 79 and 80 are invalid on all MA case types.

If Categorical Code is 32, 33 or 34, then the Case Type must be 20 or 22.

If Categorical Code is 68 or 69, the Case Type must be 20.

If the Case Type is 22, the Categorical Code must be 10, 11, 12, 17, 18, 32, 33, 34 or 77.

If the Categorical Code is 74, 75, 76, 77, 78 or 81, then the Case Type must be 13 or 20.

1426 - CHAFEE CODE MUST BE ENTERED FOR FC RECIP 18-21

When an individual has the following Individual Category Codes (32, 77, 78, or 81-Foster Care) and the individual is at least 18 years old but not yet 21 years old, a Chafee Indicator “C” must be entered on Screen 4 in the new Special Population Field. The above error will appear if the SP field is left blank. This edit is overrideable.

Section III - Include Hospital Name on the WINR5225 Report

This modification will be to include the hospital/institution code and hospital/institution name for each newborn listed on the WINR 5225 - Newborn Daily Update Report, which is generated daily per district. Therefore, if the local districts review the report and make corrections, they will be able to contact the hospital directly.

Section IV – Change to Error 1139

Error 1139 – INVALID BUDGET DATA has been modified due to recent changes with MBL. Effective October 18, 2010, MBL began automatically displaying the MBI-WPD eligibility calculation on the MA SSI output screen and EEC values of ‘V’ and ‘W’ were disabled. As Error 1139 had a component related to the presence of EEC value ‘V’ and ‘W’ when specific reason codes (U18, U19, U50, U53) are used the logic for the error required updating.

Section V – System Generate FHP-PAP EPI=6

Effective February 2008 the Employer Purchased Insurance (EPI) field was added to Screen 4. The worker entered value of 'A' in the EPI identified if an individual was in the FHP Premium Assistance program. The need for a system generated code was identified. When reason codes S93, S94, S95, S96, C45 or X31 is used and the EPI is blank and Medicaid Coverage is 20 or 01, WMS will automatically generate a new EPI value of '6'. This is defined as "Client has FHP Premium Assistance (System Generated)". Warning message "1435 – EPI HAS BEEN SYSTEM GENERATED" will also be generated.

A weekly disenrollment process exists for Managed Care that will automatically disenroll when EPI=A, coverage code = 01 or 20 and a current PCP exists on the file. This process has been modified to do the same if EPI=6.

Section VI – SDX Change for Reactivation Process for Suspended Prisoners

Auto-SDX has been modified to recognize cases with individuals in a suspended status due to incarceration (Case Type =20, Other Name/Source Code=1, 2 or 3, Individual Status = 08 and Coverage Code = 04). In the past when an individual was in suspended status due to incarceration and was subsequently released and had SSI reinstated Auto-SDX would not recognize the suspended case and would open a new MA-SSI case. This will no longer occur as the suspended case will be converted to a MA-SSI case. A new transaction message of "OMP – CHANGED MA SUSPEND TO MASSI" will appear on the SDX reports (ASWISDX1 and ASWISDX2).

Section VII – SDX Change Due to OMH Suspend

Medicaid recipients who are between 21- 64 years of age and who are admitted to an OMH psychiatric center on an inpatient basis will be put into suspend status. Auto-SDX has been modified to take no action, such as an opening or a closing, when a subsequent SSA transaction is received and the recipient is identified on WMS in the suspend status due to being in an OMH psychiatric center (Case Type =20, Other Name/Source Code=4, Individual Status = 08 and Coverage Code = 04). When this occurs a new exception of "NHM – SUSPENDED OMH INDIVIDUAL" will appear on the SDX reports (ASWISDX1 & ASWISDX2).

Section VIII - 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 IX – Revisions to Managed Care Auto Assign Process

Due to proposal 1458 of MA Re-Design Team, the Managed Care Auto Assignment process will be changed. Most Case Types will require that the decision period be shortened from 60, or 90 days to 10 or 30 days.

The following are the changes to the WMS Managed Care Auto Assignment Process. Case Types 11, 12, 16, 17, 20, 22, and 24 will be affected.

- The Effective Date of Enrollment will be based on the Primary Pulldown schedule not the 10th of the month.
- Restriction Exemption Codes 02- 13 and 92, 94 and 96 will be removed from exemption criteria

-When Undercare, Transaction Type 05, is used to add recipients to a case, 30 days will be allowed before the recipient is Auto Assigned to a plan. If the Auto Assignment is already pending, the process will not be restarted.

-When Opening or Re-opening, Transaction Type 02 or 10, is used to enter eligibility 10 days will be allowed before the recipient is Auto Assigned to a plan

- When a Renewal or Reactivation, Transaction Type 06 or 11, is used to enter eligibility 30 days will be allowed before the recipient is Auto Assigned to a plan.

-When the Case Type is 22, MA-SSI, and the Transaction Type is 02 or 10, Opening or Reopening, 30 days will be allowed before the recipient is Auto Assigned to a plan.

These changes are scheduled to be supported by WMS on July 01, 2011.

Section X – TPHI By-pass for MA Advantage and MA Advantage Plus

Dual eligibility and enrollment in a Medicare Advantage plan is a pre-requisite for enrollment into MA Advantage and MA Advantage Plus programs. However Medicare Advantage Plans or Medicare Part C segments are blocking Managed Care enrollments. With this migration, enrollment in MA Advantage and MA Advantage Plus plans (Benefit Packages 71, 72, 73, and 74) will be allowed when the current Third Party Health Plan on file is defined with a 5 digit Carrier Code beginning with Alpha characters H, R, or E.

Section XI – Disable ACI N

As of August 4, 1997, immigrants who had been diagnosed with AIDS, and who were receiving Medicaid based on a determination that they were PRUCOL were assigned ACI = N. They were allowed full benefits with both NY State and local funding.

We no longer code PRUCOL aliens by diagnosis or the fact they are residing in a RHCF. Therefore, the ACI value of "N" will be made obsolete.

A report has been generated, of all recipients on the Upstate WMS data base who still have ACI = N on file. Using a manual process, those cases were modified to replace the ACI of N with ACI O.

Effective with this migration, PRUCOL aliens, who are not pregnant, will only be coded with ACI O. Use of ACI O requires that State Charge/Federal Charge Code 67 be entered.

Section XII – Suspending 21-64 year olds Upon Entering an OMH Psychiatric Center

In accordance with Federal direction, coverage for MA/FHPlus recipients who are between 21 and 64 years of age and who have been in a NYS Office of Mental Health Psychiatric Center for at least 30 days will be suspended in a manner similar to the Prisoner Process.

Each LDSS (including District 97 – OMH) will receive a monthly report titled OMH Recipients- Suspend, WINR 6224, via the BICS Queue. This report will be sorted according to Single person cases and Multi person cases. Each listing will include Case Number, CIN, Name of OMH facility, Address of OMH facility. This information will be used to either suspend or close the recipients on the report, according to instructions given in 11ADM-03.

To facilitate this process a new Source Code has been established. 4 – OMH Psychiatric Center, will be entered in the same manner that the Source Code is entered for Prisoner Suspension. It will be entered after the line number of the recipient in Screen 2, Other Name field of the WMS data entry screens.

Also, a New Associated Name Code has been established. 20 – Resident of OMH Psychiatric Center will be used in screen 7, Associated Name Code with entry of the recipient's residence prior to admission to the OMHPC.