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**Section I – New Individual Categorical Code for Expanded Children**

A new individual categorical code (ICC) “**84 – Expanded Child(ren) – 6 up to 19 - 133% FPL**” has been created for children eligible at an additional expanded level of 100 - 133% of the Federal Poverty Level.

- ICC 84 will be effective 11/1/11.
- ICC 84 will generate a Continuous Save Date in the same manner as ICC 47.
- Changes to MBL will be addressed in a separate MBL Transmittal.
- A new Aid Category has been established for ICC 84 and will be “86 – Child 6-18 – 133%” with shares of 65/35/00 (Federal/State/Local).
- The following WMS errors have been updated due to ICC 84:
  - **0875 - MA FROM DATE > LAST DAY OF 19TH BIRTHDAY MONTH FOR CAT CODE 47, 53, 54, 60, 67, 84**
  - **0880 - CAT CD REQUIRES FROM DATE > OR = 1/1/99 OR 11/1/11**
  - **1329 - CAT CODE INCOMPATIBLE WITH MBL**
  - **1340 - CAT CODE 44-47, 60, 84 IN CT 24 REQUIRE BUDGET TYPE 01, 05**
  - **1506 - CAT CODE INCOMPATIBLE WITH COVERAGE IN CT 24**
  - **1548 - COVERAGE CODE 01 NOT ALLOWED**
  - **1571 - CAT CODE 47 OR 84 NOT VALID FOR LESS THAN 5 YEARS AND 11 MONTHS**
  - **1920 - NOT ONE OF THE CAT CODES REQUIRED FOR RVI=9**

**Section II – Removal of Deactivated Individual Categorical Codes**

In April 2005, Individual Categorical Codes 60 and 67 were no longer allowed on opening, reopening or renewal transactions. At that time error **1356 - CAT CD 60 AND 67 NOT VALID FOR TRANSACTION TYPE** was created to prevent the entry. No ICCs of 60 or 67 currently exist on WMS therefore; the following WMS errors or warnings have been updated to remove references to ICC 60 and 67:

- **0396 - CITIZENSHIP CODE REQUIRED FOR THIS INDIVIDUAL**
- **0875 - MA FROM DATE > LAST DAY OF 19TH BIRTHDAY MONTH FOR CAT CODE 47, 53, 54, 84**
- **0876 - CONT SAVE DATE MUST BE > OR = COV FROM DATE FOR CAT CD 53, 54, 55**
- **0877 - WARNING - COV TO DATE MUST BE < OR = THE > OF T+10 OR CSD**

- **0894 - REASON CODE C17 REQUIRES CAT CODE 53, 54, 55 OR 67**
- **1308 - CATEGORICAL CODE NOT ALLOWED FOR CASE TYPE 24 (F, E, U)**
- **1340 - CAT CODE 44-47, 84 IN CT 24 REQUIRE BUDGET TYPE 01, 05**
- **1506 - CAT CODE INCOMPATIBLE WITH COVERAGE IN CT 24**
- **1548 - COVERAGE CODE 01 NOT ALLOWED**

### **Section III – Changes to Continuous Save Date Logic**

In preparation for the future expansion of Continuous Coverage the existing CSD programming logic has been modified to reorganize the existing CSD errors/warnings and add document references to reflect the connection to business rules. Reason code “C88 – Discontinue MA/FHP/FHP-PAP/FPBP, Failure to Provide Proof of U.S. Citizenship and Identity” has been added as a reason code that bypasses errors 878, 879 and 1566.

### **Section IV – Federal Financial Participation for Alien Pregnant Women and Children Under 21**

New York State is now allowed to claim Federal Financial Participation for some Alien pregnant women and children under 21 years of age who are in the Federal 5 year ban. To support this change a new ACI value of **P-PRUCOL Pregnant or Under 21**, and two new State Charge/Federal Charge Codes **65-PRUCOL Pregnant FFP** and **66-PRUCOL under 21 FFP**, will be enabled. The new State Charge/Federal Charge Codes will be system generated with worker entry of ACI value P and Individual Categorical Codes for pregnant women or children under 21 years of age. If a recipient is both under 21 and pregnant, the worker should use Individual Categorical Codes for pregnancy, 15, 36, 42, 43, 48, 58, or 59. No conversion will be done, however, each district will receive a FAXED report of PRUCOL recipients who may be effected by these changes.

New State Charge/Federal Charge Codes to support FFP for Alien Pregnant Women and Children:

- 65 - PRUCOL Pregnant FFP
- 66 - PRUCOL under 21 FFP

New Alien Citizenship Indicator for Alien Pregnant Women and Children:

- P - PRUCOL Pregnant or Under 21

New Errors to support FFP for Alien Pregnant Women and Children under 21:

**1394 - ACI P NOT VALID WITH CAT CODE**

Cat Code must equal 15, 36, 42, 43, 48, 58, or 59 if age is more than 20 years and ACI equals P

**1395 - S/F 65 NOT VALID WITH CAT CODE**

Cat Code must equal 15, 36, 42, 43, 48, 58, or 59 if S/F equals 65

**1396 - S/F 66 NOT VALID WITH AGE MORE THAN 20 YEARS**

Age must be less than 21 if S/F equals 66

**1397 - ACI MUST EQUAL P**

If S/F is 65 or 66 and age is less than 21 or ICC equals 15, 36, 42, 43, 48, 58, or 59 then ACI must equal P

Revised Error to support FFP for Alien Pregnant Women and Children:

**0312 - STATE/FED CHARGE IS INVALID**

If entered, State/Federal Charge must be 03-11, 18, 19, 21-31, 40-42, 50, 60, 63, 64, 65, 66, 67 or 68

### **Section V – Revisions to Family Health Plus Auto Assignment Processing**

Changes have been made to WMS to allow recipients to be Auto Assigned to a Family Health Plus plan when their eligibility has changed from PCP to FHP, even if the PCP carrier does not offer a FHP package in their district. Workers will no longer need to end date the recipient's PCP plan and then enroll the recipient into a FHP plan. The change will be made systemically, according to the new Auto Assign parameters.

### **Section VI – Revisions to CBIC Generation for FHP Recipients**

Effective 10/01/11, there will be no services carved out of Family Health Plus. FHP recipients will receive all services to which they are entitled, with the FHP plan. To support this change, WMS will begin system generating a Card Code of X for all new FHP recipients. Edit 1753 - CARD CODE X WAS SYSTEM

GENERATED will be generated when the card code is populated. This is not an overrideable edit. However, the presence of an X in the Card Code will not prevent generation of a CBIC card for any recipient with an N or P in another program. A conversion of Card Code P to Card Code X will be completed 10/01/11 for all active FHP recipients.

### **Section VII – Revisions to Monthly County Exemption/Exclusion Report**

Effective 10/1/11, Medicaid recipients who have Restriction/Exception code 92, 94, or 96 as their sole exception will no longer be exempt from mandatory enrollment into managed care. Therefore, Restriction/Exception Codes 92, 94 and 96 will no longer be included on the "Monthly County Exemption/Exclusion Report." This will reduce the length of the report that the Local Districts of Social Services workers must review each month.

### **Section VIII – Change Greene County from Auto Assign District**

Greene County has been a Mandatory WMS Auto Assign district, but this will change effective 11/01/11 when Auto Assignment will be handled by an Enrollment Broker. Greene County will become a Voluntary Auto Assign district. Voluntary Auto Assign processing will apply to both the Family Health Plus program and the Medical Assistance Managed Care program. Any recipients in the Auto Assign pool at the time of the change (11/01/11) should continue in the pool assignment process. The Local District of Social Services should continue to receive all Auto Assign reports.

### **Section IX - Transaction office field added to MC Reports**

Managed Care units are required to reconcile error reports, and examine other managed care reports that appear on the HCS/BICS. Since the enrollment center will begin handling a set of renewals, some of the cases that local districts usually report on will be handled by the Enrollment Center.

LDSS will not have the information on the eligibility of the renewals to report to the plans. They need to be able to identify enrollment center cases on certain managed care reports more readily than looking up every case in WMS. To help workers more readily identify "Transaction Office" will be added to the following upstate reports. Cases processed by the Enrollment Center will contain an "ENR" in the "Transaction Office" field.

Daily Managed Care Enrollment and Error Report (mpcea999.txt) (001-X-99\*PCPEMEVSU-99)

Daily County Benefit Package Flip Report (bpucMMDD.txt) (CSPROD\*MPCA1A-RPT99)

Monthly Primary PCP Error Rosters (mu42MMYY.txt) (CSPROD\*PCP-ERR-99)

Monthly Secondary PCP Error Rosters (mu06MMYY.txt) (CSPROD\*PCP-ERR2-99)

Weekly Case Control Transfer Report (u648MMDD.txt)

Daily Managed Care Newborn Enrollment and Error Report (mpcna999.txt) (001-X-99\*PCPNWBRNU-99)

Weekly Case Control Transfer Report: 001-X-99\*WMSA4648

### **Section X - Modification to Error 0438 and 0439**

Errors 0438 and 0439 have been being modified to allow the entry of an ADC-Related Category Code. These errors now allow the Category Code of 21 to be entered. The Individual Reason Code of S05 is no longer in use therefore it was removed from this edit.

### **Section XI – Automated Renewal For Aged, Blind & Disabled Recipients**

This process will consist of Aged, Blind & Disabled cases only and is for all Upstate districts (01-57) and Office of Mental Health (97) and Office of People with Developmental Disabilities (98).

On a monthly basis, as part of the renewal process, individuals who meet all of the following WMS, RFI and MBL criteria will be selected before the WINR4133 – Recertification Notice Report is produced. The automated process will begin selecting cases the 1st full weekend in January 2012 that are set to expire 03/31/12 for renewal period 04/01/12 – 03/31/13. WMS will auto renew cases; update current MBL Budget and send CNS Notice at time of auto renew process. These cases will appear on a new WINR4009 report titled "AGED, BLIND & DISABLED AUTO RECERT DISPOSITION REPORT". Cases that do not meet all criteria will not be selected for this automated process and will appear on the district WINR4133 report.

**From WMS:**

All active individuals on the case must meet the following criteria:

- Case Type = **20** (MA)
- \*ARI ≠ **1** (Exclude from Auto Renewal (System Generated))
- Case Reason Code ≠ **991** (Fair Hearing – Aid to Continue) in current auth period
- RVI = **1** (Resources Verified for Look Back Period), **2** (Resources Verified (only) for current month), or **3** (Resources not verified)
- Cooperative Case Number all occurrences = **Blank**
- Date of Birth = **>18 years of age**
- SSN Code = **1** (SSN Present) or **8** (SSA Validated SSN)
- Social Security Number ≠ **Blank**
- Relationship Code = **01** (Applicant) or **01** (Applicant) and **02** (Legal Spouse) only
- Cat Code for all MUST = **10** (Aged), **11** (Blind), or **12** (Disabled)
- Citizenship Indicator = **C** (Citizen), **K** (Lawful Permanent Resident w/o 40 Quarters or 40 Quarters Not Determined) or **S** (Lawful Permanent Resident with 40 Qualifying Quarters)  
*Note: If K or S, the DOS (Date of Service) must not = Blank*
- BVI ≠ **B** (SSN verified, no indication of death, citizenship not consistent with SSA data), **C** (SSN verified, indication of death, citizenship consistent with SSA data), **D** (SSN verified, indication of death, citizenship not consistent with SSA data), or **Blank**
- AFA Code ≠ **110** (individual turning 65)
- Individual Disposition Status = **07** (Active)
- MA Coverage = **01** (Full Coverage), **10** (All Services Except LTC), **11** (Legal/Alien – Full Coverage), **19** (Community Coverage with Community-based LTC), **20** (Community Coverage without LTC), or **30** (PCP Full Coverage)
- Any Payment Period TO Date (for all occurrences) must be ≤ last day of pull month

\* The ARI (Auto Renewal Indicator) is a new one byte case level field located on Screen 1 in WMS. This field will be system generated based on results from MBL Mass Rebudgeting that occurs in November each year. If this new field is populated with a “1”, the case will be excluded from the auto renewal process. The value of “1” would be blanked out if a subsequent renewal transaction (06) or closing transaction (07 or 08) occurs. This field has an edit, 1235 – INVALID AUTO RENEWAL INDICATOR, to not allow worker data entry of “1”. Currently, the only acceptable value for this process will be “1” (system-generated) or blank. Other values may be used for the automated renewal process at a later date.

*Note: Cases in clock down status will not be selected.*

**RFI Interface:**

An RFI interface process has been developed to match resources and income contained in the MBL budget to the hits that are on the RFI database. The following process will occur:

- Cases that have RFI Hit Match Codes = **1** (WRS)-Wage Reporting System of the NYS Dept. of Tax & Finance, **2** (UIB)-Unemployment Insurance Benefits File of the NYS Dept. of Labor, or **4** (NHR)-New hire information from the NYS Dept. of Tax & Finance, and the match results are **U** (Match Unresolved) will be bypassed from the Auto Renewal Process.
- For Match Codes = **6** (FIRM)-Financial Institution Recipient Match from TIER, a private contractor, and the result values are **U** (Match Unresolved) or **R** (Match Resolved) a unique comparison has been created to compare these bank accounts to the total resource amounts allowed for this population. The outcome will either flag the case as eligible for the Auto Renewal Process or bypass the case.

Cases with RFI information that does not meet the above criteria will not be renewed by the automated process.

**From Current MBL Budget:**

The following criteria must be met:

- Budget Type = **04** (*SSI Related*)
- Transaction Type  $\neq$  **09** (*Open/Close*) or **12** (*System-Generated Closing*)
- Effective TO Date = Same as in WMS
- CA field must not be  $>$  than **2** (*Persons on Case*)
- EEC = **Blank**
- Earned Income Source = **Blank**
- Unearned Income Source Codes = **42, 43, 44** and **46** (*Social Security Income*) occurrences only. (No other unearned income source allowed.)
- Exclude budgets with Social Security Income amounts in a format other than monthly (PER = 6) (Per Income Source)
- Exclude budgets with unearned Exemption Code 21 Part B Premium with exempt amount less than \$96.40 (this amount may change each year and will require annual update)
- Exclude budgets with SSA amounts greater than \$2,366.00 per income source (this figure will change annually)
- Resource Field =  $<$  85% of the MA Resource Level

If all above criteria is not met, case will not be selected for auto renewal and case will appear on WINR4133 – Recertification Notice Report for manual processing. If all above criteria is met, then the case will go through the automated renewal process.

**WMS will renew case with:**

- Transaction Type = **06** (*Recertification/Reauthorization*)
- Case Reason Code = **796** – (*Admin Ren for ABD (System Generated)*)
- New Authorization Period = **One Year**

**Note: If AFA Code = Z86, WMS will Blank out Z86 and corresponding Line # in AFA field**

- Recipient Medicaid Coverage Dates = **One Year**
- Transaction Office = **ABD**
- Transaction Unit = **RECRT**
- Transaction Worker = **NYDOH**
- Unique Authorization Number = **9xxxxABD**

**Current MBL Budget will be recalculated and stored with:**

- Trans Code = **06** (*Recertification/Reauthorization*)
- Ofc = **ABD**
- Unit = **RECRT**
- Wrkr = **NYDOH**
- Effective FROM Date = **New Auth Start Date**
- Effective TO Date = **New Auth End Date**
- Version Number = **Current version number incremented by one**
- Stored Date = **Current system date**

**NOTE: PENDING TRANSACTIONS IN WMS MAY NOT BE MODIFIED. IF DEEMED NECESSARY, A PENDING TRANSACTION MAY BE CANCELED, AND THE UPDATED MBL BUDGET WILL NEED TO BE READJUSTED MANUALLY.**

**CNS NOTICES**

CNS will process the notice which includes the Cover Letter using Reason Code **796/U0218** “Admin Ren for ABD”.

Manual sister notice opening Reason Code **C29/U0218** (worker enter) has been created for districts to manually process these cases. This worker enter notice is also titled “Admin Ren for ABD”.

#### REPORTS (WINR4009)

When the automated renewal process occurs WMS will produce a monthly WINR4009 report for each district to be sent down the BICS queue, titled “Automated Renewal Disposition Report”. If there is an existing pending transaction for a case and the automated renewal does not occur, this will be reported as a failed update. The report will be sorted so failed updates/exceptions are shown first and successful updates last. This report will be sorted by Fiscal District, Local Office Number, Unit Identifier and Worker. The list will also include Case Number, Name(s) of All Individuals on case selected for renewal for that particular month, CIN(s) of recipient(s) and the *New* Authorization FROM and TO Date.

#### HEART

All cases selected for auto renewal will be excluded from the HEART extract.

#### MISCELLANEOUS

LDSS Form 3209 will be suppressed for the auto renewal process.

#### **Section XII – Modify Newborn Process to add IV-D Indicator**

When a woman identifies herself as pregnant and the category code is set appropriately in WMS, the IV-D Indicator must be set to T (Temporarily Exempt for MA IV-D Referral) until 60 days post partum. However, if the category code is not set correctly or if the woman does not report the pregnancy and the newborn is added to the case through the Newborn Process, no IV-D Indicator is set. This is also occurring when a case opens for the “newborn only”. This process is causing transactions to error in HEART as no IV-D indicator exists. This change will modify the Newborn process by adding a IV-D indicator equal to “T” if a newborn is added to the case and no IV-D indicator exists and if a case opens for the “newborn only”. This modification will be done for both Case Types 20 and 24.

#### **Section XIII – Outdated R/E Code Clean-Up**

Medicaid Reform populations targeted for Managed Care enrollment have inappropriate or outdated R/E 90 codes on the WMS Restriction/Exception file. These open ended R/E 90 codes are keeping recipients from the MC Auto – Assign process. To remedy this, all code 90 recipients over 21 years of age, with WMS R/E 90 input more than two years in the past with a worker ID of NYDSS will be end dated monthly. The first monthly process will end date the R/E 90 as of 09/30/11 and will continue to end date the 90 on a monthly basis on the last day of the month thereafter.