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All

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Section I – New TPHI Payment Line Edit

Based on a recent district request to alert the worker of an existing TPHI payment line when closing a Medicaid case a new overrideable edit **1672 – CASE CLOSING WITH PAYLINE IN FUTURE** has been created. This edit will occur if a case type 20 or 24 is being closed (transaction types 07 or 08) and a payment type 19, 24, L4, L5 or L6 exists with a Payment Period Date greater than the Authorization TO Date.

Section II – Change to Payment Type U1

Payment type U1 – FHP PAP Premium was recently modified to accept Method of Payment (MOP) = 09 - Restricted. This is in addition to the existing values MOP 01 – Unrestricted and 02 – Vendor as Authorized.

Section III – Changes to Auto-SDX

Auto-SDX is being enhanced for opening transactions. When a transaction code 07 (Moved to Another District) is received in a SDX record, Auto-SDX will verify the individual is closed in NYC prior to opening a new MA-SSI case Upstate. For Upstate to Upstate moves, Auto-SDX notifies both districts via reports of the change of address and the districts coordinate the closing/opening. Problems could occur in situations where a subsequent “active” transaction is sent for the old district whose case has not closed and the transaction is not an 07. To prevent this from occurring in the future, the logic used with the transaction code 07 will be used with other transaction codes for opening combinations.

In the past, Auto-SDX did not examine the record to see if a pending opening SDX transaction existed in another district prior to opening a new MA-SSI case. Auto-SDX is now being modified to check for pending SDX transactions.

Since the implementation of Auto-SDX, district was based on the district provided by SSA. This has lead to difficulties when the district was incorrect. An address verification process is being incorporated that will verify the residence address. If a discrepancy exists between the district that SSA sent and the district the address verification process determines, the later one will be used. Exclusions to this will be for transactions with district = OMH or OPWDD or for transactions with a Living Arrangement Federal/State = D/Z.

Section IV – New BVI

A new BVI indicator, 6 – *Verified Medicare*, has been created to identify individuals in receipt of Medicare. Individuals who receive Medicare are not required to verify their citizenship. A BVI=6 can be entered for opening transactions. For change and renewal transactions a BVI=6 can be entered if MCR=Y. A new edit 1759- BVI 6 NOT ALLOWED will appear if BVI=6 is entered and individual is not active, not in receipt of Medicaid coverage or transaction is 05/06 and MCR is not Y.

Section V – WMS Edit Update for Auth FROM Date

Edit 0161-AUTHORIZATION PERIOD IS INVALID has been updated for a Case Type 20 with a Transaction Type of 07 and 08. This update will prevent transmittal of a blank value in the AUTH FROM DATE.

Section VI – New Categorical Codes for IV-E and Non-IV-E KinGap

Four new Categorical Codes have been created to identify a youth up to age 21, on whose behalf title IV-E foster care Guardianship Assistance Payments (KinGap) are made and who are categorically eligible for Medicaid.

85- IV-E KinGap

86- Non- IV-E KinGap

87- Non- NYS IV-E KinGap

88- Non- IV-E KinGap Out –of-State

These four Categorical Codes will be allowed for use on a Case Type 20 only and will be under the current Aid Category 12- IV-E & Non IV-E (Federally Participating). The Continuous Save Date (CSD) logic will apply to these new Category Codes. An indicator of “N” must be used in the Client Notice Indicator field and a manual notice must be sent.

Section VII – End Total Care in Oswego County

Effective 02/01/12, Total Care Health Plan will no longer be providing coverage for Oswego County recipients. Recipients will be transferred to one of three existing managed care plans servicing Oswego County. A conversion will change the enrollments in the Managed Care Subsystem from Total Care to one of three remaining plans with an effective from date of 02/01/12. The new plans are: Excellus, Fidelis, and United Health Care. A report, sorted by Unit and Worker will be generated, indicating all recipients who were successfully changed, and those whose coverage was discontinued.

Section VIII - End Managed Care With Southern Tier in Schuyler and Steuben Counties

Effective 05/01/12, Southern Tier Pediatrics and Southern Tier Priority will stop providing Managed Care Coverage in Schuyler and Steuben Counties. A conversion will change enrollments in the Managed Care Subsystem from Southern Tier Pediatrics and Southern Tier Priority to Fidelis Care with an effective from date of 05/01/12. A report will be generated for both districts, sorted by District, Unit, Worker indicating all recipients who were successfully changed, and those whose coverage was discontinued.

Section IX - Auto Delete Associated Name

Currently when an individual is being deleted or a case is being closed, the Associated Name and Address Information associated with a deleted individual must be manually removed or the following error will occur: 0743 – ASSOC NAME LN IS NOT A CASE MEMBER. With this change, WMS will systemically remove the Associated Name and Associated Address Information for individuals being discontinued or deleted from a case. The Associated Name and Address may be necessary for proper noticing at the time of deletion. At the next transaction a new warning, **1936 – WARNING - ASSOCIATED NAME AND ADDRESS HAVE BEEN DELETED** will be generated at wrap up.

Section X - Auto Delete Anticipated Future Action Code

Currently, Anticipated Future Action Codes must be manually removed from cases when the case member with the corresponding line number is deleted or the case is closed. With this change WMS will system delete the AFA Code and related information when the corresponding case member is deleted. A new warning will be generated at wrap up: **1935 – WARNING - AFA HAS BEEN DELETED.**

Section XI – By-Pass ACI E Edits for Pregnant Women

Women who are pregnant are not required to provide proof of their citizenship or immigration status until 60 days Post Partum. Currently, LDSS workers leave the Alien Citizenship Indicator (ACI) field blank for pregnant women who haven't proven citizenship or immigration status. Women who are known to WMS with other than ACI = C, either through a previous Medicaid case, or another program area and report a pregnancy, will be opened on a Medicaid case with a blank ACI, which will be backfilled by WMS. In these situations the newly pregnant woman's ACI cannot be blanked out. WMS has edits on recipients with an ACI=E based on the emergency Medicaid coverage policy. These edits prevent transactions on the Medicaid case until the ACI is changed. This requires a lot of manual processing of errors and delays opening and renewal processing. Allowing individuals with an ACI=E and a pregnancy category code (cat code = 15, 36, 42, 43, 48, 58, or 59) will ease case processing and reduce the amount of manual work required to process the case.

The following edits will be bypassed:

1515 - CITIZENSHIP CODE OF E REQUIRES MA COV CODE OF 04 OR 07 (F, E, U).

Citizenship Code of E (Alien Only Eligible for Emergency MA) can only have MA Coverage Code of 04 or 07.

1583 - COVERAGE CODE MUST BE 07 WITH ACI “E” AND INDIVIDUAL STATUS 07.

For Alien Emergency coverage, if the MA Coverage Code is 07, the ACI must be “E” and the PA/MA Individual Status must be 07.

1584 - COVERAGE PERIOD IS MORE THAN 90 DAYS (OVERRIDEABLE).

For Alien Emergency Coverage, the coverage To Date may not be more than 60 days from the Transaction Date.

1585 - COVERAGE TO DATE IS MOR THAN 60 DAYS AFTER TRANS DATE.

For Alien Emergency Coverage, the Medicaid 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.

1587 – COVERAGE FROM DATED 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 exceed more than 60 days from the Application 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.

The following edit will be revised as stated:

0585 - COV CODE INVALID FOR CASE TYPE

Coverage code 07 is not allowed with Case Types 11, 14, 16, 17, ~~20~~, 21 and 24.

Section XII – Allow Foster Care Children to Enroll In Managed Care

Enrollment in Managed Care will be enabled for Foster Care Children with Individual Categorical Code 32- Non-IV-E- Foster Care. Enrollment may be through Worker data entry or through Maximus.