

DOH Contact
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Section
All

WMS Changes

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Section I – Limiting Case Type 22 (MA-SSI) to a Household Size of One

Case type 22 will be limited to one active individual per case beginning with transactions performed on or after October 22, 2012. If there is more than one active individual on a case when an Opening or Undercare Maintenance transaction is transmitted, Error 1763 -- ONLY ONE INDIVIDUAL ALLOWED ON CASE TYPE 22 will be returned.

During the week of September 24, 2012, each district will be provided with BICS report WINR0953, titled MA SSI CASES WITH MULTIPLE ACTIVE INDIVIDUALS, identifying existing cases that may encounter this edit. The report will be sorted by Responsible Office, Responsible Unit, Responsible Worker, Case Name, and Case Number.

Section II – Clarification of Recertification Source Code

The May 30, 2012 Coordinator Letter stated that the Recertification Source code ‘C’ (Case completed by Enrollment Center) is generated by HEART during the eligibility transaction. Please note that a district recertification transaction performed on a case with a Recertification Source code ‘D’ (Case being processed by the Enrollment Center) will also result in the code being updated to a ‘C.’

Section III – Interim Enrollment Report for Managed Care

A report, **Interim Enrollment Report**, will be created between the Primary and Secondary Rosters and is being generated on the final day of the month. This report will include only individuals enrolled or renewed after the Primary Roster.

To be included on the Interim Enrollment Report, the CIN should have been included on the Primary and/or Secondary Rosters from the previous month and NOT have been included on the Primary Roster for the current Month. The Provider Number from the previous month should be the same as the Provider Number for the current month and coverage must be authorized for the coming month

The Interim Enrollment Report will include the Transaction District, Provider Identification Number, Client Identification Number, Case Number, Name, Last and First, Prepaid Capitation Plan Benefit Package, Prepaid Capitation Plan From Date. Districts will find the report posted on the HCS to the individual Provider and County Libraries.

Section IV – Spend Down and Family Indicator for Managed Care Roster

Currently, only recipients with full coverage are allowed to enroll in Managed Care Plans. Changes to the Medicaid program will allow Recipients with NAMIs and Long Term Care recipients with Excess Income to enroll in Managed Care. With the 10/22/12 migration WMS will pass Excess Income amounts and a Family Indicator to the Managed Care plans for those recipients with Managed Long Term Care.

The Managed Long Term Care Plans currently in the program are as follows:

PLAN ID#	PLAN NAME	PLAN CODE
03114514	Catholic MLTC - ArchCare Senior Life	AC
03072740	Catholic Health Life PACE	CH
03320725	Complete Senior Care	CC
01234037	Centerlight [formly CCM]	C7
01278899	Independent Living for Seniors	IL
01519162	Loretto/Independent Living Services HMO	IS
01674982	Senior Care Connection (Eddy)	E7
03056544	Total Senior Care Inc.,	TS
02942923	GuildNet, Inc, MAP M/M	YG
02932896	Senior Whole Health M/M Plus	YH
02914056	VNS Choice Plus M/M	YN
02825249	Wellcare of NY, MLTC Adv Plus	WU
02927631	Fidelis Care of NY	YF
03171946	Centerlight MAP	YK
03173113	Elderplan MAP	YL
03173080	Amerigroup Advantage Plus	YO
03420808	MHI	MH
03239801	HIP of Greater NY	ZH
02644562	Amerigroup Community Connections (Care Plus Conn)	KX
02710185	Centerlight Select [formly CCM Select]	TF
03253707	Elderplan dba Homefirst	ED
01827572	GuildNet	GN
01825947	Health Advantage Plan Inc., (Elant Choice)	M3
01750476	Hebrew Hospital Home, Inc., (HHH Choice)	AN
01865329	Independent Care Systems	IX
01788325	Fidelis Care at Home	GD
02104369	Senior Health Partners Inc.,	H1
01778523	Senior Network Health LLC	MZ
02188296	Total Aging in Place	N6
01750467	VNS Choice	VC
02825230	Wellcare of NY MLTC	WN
03234044	Elderserve	EH
03416231	HIP MLTC	HP
03459881	Senior Whole Health	SW

To Identify MLTC Recipients with Excess Income Amounts, WMS will query the Plan Identification Number in the PCP sub-system for a match with the plans listed above. Matches in Case Type 20 will be compared to MBL and Excess Income amounts will be taken from the budget

Excess Income will be identified for the roster in the following manner:

- Recipients must be active on Case Type 20 and be enrolled in one of the plans listed above, or no Excess Income entry will be included on the roster.
- Recipients who are active on Case Type 20 and enrolled in one of the plans listed above will have zero (0000000000) entered on the roster if there is no excess income in MBL.
- When the Budget Type is 01, 02, 04, 05, 06, or 07 with one surplus then that amount will be listed on the roster.

A report titled **MLTC CLIENTS WITH BUDGETS 02, 05, 06, or 07** will be sent to the district for recipients on Budget Types 02, and 06 and Budget Type 05 with more than one surplus and Budget Type 07. The report will be available on the HCS (Health Commerce System) and it will be numbered 20muMMYY, for example: 20mu1112=20munovember2012. The first report is anticipated on 11/30/12. These cases should be reviewed for accuracy and eligibility for Managed Long Term Care.

Section V– Revised Editing for Restriction/Exceptions 90 and 98

Currently WMS has eligible MA cases on WMS for “shoppers”. The CINS of the recipients have been marked with a Restriction/Exception code of 98. Various entities (Local District, OMIG, etc.) use the R/E code to track the Medicaid goods/services paid for the “shopper”. These recipients also are marked with a R/E 90 to keep the recipient from being auto assigned to a Managed Care Plan. Both Exceptions are end dated after a CIN has no eligibility for 180 days or more (no recert to continue eligibility).

To avoid issues where eligibility has not been maintained, Exception 98 will remain open once it has been entered, even if there is no eligibility on the CIN. In addition, edits are being added to Exception 98 to exempt the CIN from mandatory enrollment in Managed Care. This means that only one Exception, a 98, will be required for Shoppers and the R/E 90 will not be needed or allowed entry with the 98. CINS with current 90 and 98 will have the 90 end dated as of 10/22/12 since it is no longer be needed to prevent auto assignment of a shopper.

Exception 98 logic will prohibit Auto-Assignment into Managed Care. The CIN may be manually enrolled in Managed Care if payments/services to a plan need to be tracked. Batch enrollment or enrollment by the enrollment center into Managed Care will be prohibited. The only allowed batch enrollment will be the Benefit Package flip from Managed Care to Family Health Plus, or vice versa.

Exception 98 should not be end dated if the case is closed, or suspended. The end date should remain 999999.

Effective with implementation, workers will no longer be able to enter Exception 90 when Exception 98 is open on the data base. All other editing for Exceptions 90 and 98 will remain in effect.

A monthly report of all recipients by CIN by District who have an active R/E 98 on file and also are enrolled in MC will be sent via the BICS queue. The title of the report is “CLIENTS WITH RESTRICTION 98 ENROLLED IN MANAGED CARE” and the report name is CSProd*MUPN90-xx (xx=district number). The report number will be M98RPT. The report will be produced at the end of October.

Revised edit:

013 – CURRENT RESTRICT/EXC ALREADY EXISTS FOR THIS INDIVIDUAL

MA Exception Type can not be entered if an active exception record of the same type already exists.

If MA Exception Type entered is 90 and a Thru Date is not entered, then any existing MA Exception Type may not be 98

If MA Exception Type entered is 98 and a Thru Date is not entered, then any existing MA Exception Type may not be 90

Section VI – Remove Lock on DOS and DEC Day Only

The volume of requests for DOS and DEC corrections as they pertain to Qualified Aliens (ACI=B, F, G, K, S), has become unmanageable for the OTDA Help desk and OMH Policy. Therefore, it has been requested that the ability to change the two digit DAY be made available to Local District of Social Services workers. With the migration of 10/22/12 the DAY only field of both the Date of Status and Date of Entry (Date Entered County) fields may be changed in Case Types 11, 12,13, 16, 17, 20, 21, and 24. If any other characters in the field are modified a new edit, **1439 – CHANGES TO DOS AND DEC ARE LIMITED TO DAY ONLY** will be produced.

1439 – CHANGES TO DOS AND DEC ARE LIMITED TO DAY ONLY

For Case Types 11, 12, 16, 17, 20, 21, or 24 with ACI = A, B, F, G, H, J, K, M, R, S, or V, the only allowed change to DEC and DOS is to the DD field.

Section VII – Fix for Edit Changes 1379, 1438 and 1760

The following Edits have been modified:

1379 - PREGNANCY ICC REQUIRES UNBORN OR NEWBORN

If pregnancy (ICC = 15, 42, 43, 48, 58 or 59) exists, then unborn or newborn < 60 days from Transaction Date must be entered. Bypass Edit if Ind Status = 08, 13, 15 OR if Individual Categorical code (D. E. 02-020) = 32, 33, 34, 74, 75, 76, 77, 78 or 81. (OVERRIDEABLE)

1438 – UNBORN OR NEWBORN ON CASE REQUIRES PW IND CAT CD

If there is an Unborn or Newborn and a Mother on a CT 20, the Mother's Ind Cat Cd must equal 15, 42, 43, 48, 58, or 59. Bypass Edit if deletion of either Mother or Unborn/Newborn occurs (Ind Stat= 15 or 20), Ind Stat = 08 or 13, if ICC = 32, 33, 34, 74, 75, 76, 77, 78 or 81 OR if TT=06 with MA Cov ≠ 18 or 27. (OVERRIDEABLE)

1760 - INCORRECT AUTH AND MA COV TO DATES

If ICC is 15, 42 or 43 for PW, then the Auth TO and MA TO Dates must be equal to or greater than the EDC plus 60 days to the end of that month. If Reason Codes (case or Ind) = C65, E63, E79, E90, E95, U66, U77, U78, and Y90, then bypass the edit.

Section VIII – Medicaid Redesign Team (MRT #4648) NYS Plan for Family Planning

A. Transition FPBP from 1115 Waiver to State Plan

In order to move the Family Planning Benefit Program to a State Plan service, the following changes have been made to the Family Planning Benefit Program:

1. Transportation will now be included with Coverage Code 18
2. Family Planning will now allow up to a 3 month retro period

3. Modify age edits associated with FPBP

The following Edit has been deleted:

1334 - CAT CODE CANNOT BE 68 OR 69 WHEN INDIV < 10

For individuals less than 10 years of age the Categorical Code cannot be 68 or 69. (F, E, U)

The following Edit has been modified:

1333 - COV CD 18 AND 27 REQUIRE-CAT CD 68 FOR AGES <21

If individual is less than 21 years of age, and the MA Coverage Code is 18 or 27, then the Categorical Code must be 68. (F, E, U)+

B. Presumptive Eligibility for Family Planning Program (PE FPBP) (Over seen by NYSDOH designated agency)

Implementation of a new program titled “Presumptive Eligibility for Family Planning Benefit Program” which will be over seen by a NYSDOH designated agency (Maximus). For cases that are deemed PE FPBP by a Family Planning provider, the screening form will be sent to Maximus who will create the PE cases. Eligibility for Family Planning Benefit Program will be determined once a complete Application is received by Maximus. Case Type 21 will now be used for PE FPBP in addition to the already used PE for Children. All Edits associated with PE for Children have been modified.

The following Edits have been modified:

1214- TT 09 MUST BE WITH CAT CD 65

When using Cat Cd 65(PE for Children), TT can only be 09

1216 - WARNING – AUTHORIZATION DATES SYSTEM GENERATED

If the Case Type is 21 and the Transaction Type is 09 (Open/Close) with Cat Cd 65, the From Date must be equal to the Application Date and the To Date must be equal to the Transaction Date plus 10 days.

1217-NOTICE INDICATOR MUST = T

If TT= 09 with Cat Cd 65, then Notice Ind must = T.

1219 - DOB CANNOT BE 19 YEARS OR GREATER THAN THE TRANSACTION DATE

If the Case Type is 21 with Cat Cd 65 and Transaction Type is 09 (Open/Close) DOB cannot be 19 years or greater than the Transaction Date.

1307 - CATEGORICAL CODE MUST BE 65, 68 or 69 FOR CASE TYPE 21

If Case Type is 21 Individual Categorical Code must be 65, 68, or 69.

1520 - COVERAGE CODE INVALID FOR CASE TYPE 21

If the Case Type is 21 with Cat Cd 65 and the Transaction Type is 09 (Open/Close) then the MA Coverage Code must be 01.

1581 - CARD CODE MUST BE = X

If the Case Type is 21 with Cat Cd 65 and the Transaction Type is 09 (Open/Close) the Card Code must be X.

Case Type 21 has been modified to allow Maximus the ability to use the Special Handling (SH) Code of P (Presumptive), on the Application Registry Screen WAPREG. This will also populate the “SH” Code on the Application Inquiry Screen WINQ70 with “P” as indicated from the Application Registry. There shall be no “SH” Code requirement for PE for Children.

Four days after Maximus registers a Presumptive FPBP application the beneficiary demographic information will be matched using standard WMS clearance methods. If no match is found, a new case will be created with an ASSIGNED CIN. If a match is found with 07 (Active), 08 (Inactive) or 10 (Inactive-Sanction) statuses, on all cases excluding Supplemental Nutrition Assistance Program (SNAP), the transaction will error and will be reported on the District daily Exception Report, which will print at the Maximus location.

These PE FPBP cases will be established for single individuals only. This will involve the creation of a case through an Automated Eligibility Transaction in which the date of screening will be the date of eligibility and the date that is registered on WMS. No budget will be required to open these cases.

The Automated Eligibility Transaction will be created using the information below. This transaction will be created 4 business days after the application/registry date and will go through the batch process on the evening of the 4th day. While the case is in Pend Status there will not be any changes allowed, only cancellation of the case. Upon cancellation of the case, the “P” will be removed from the Special Handling Code field on the Application Registry Screen. Printing of the 3209 will be suppressed.

Case information	
<i>DE Description</i>	<i>Comments</i>
Registry Number	Obtain from application
Transaction Type	Opening = 02
Case Reason	System Generated 830-PE FPBP
Notice Indicator	N
Language Indicator	Default to S
RVI	Default to 9
Responsible Office Number	System Generated - FPM
IV-D Indicator	Default to N
Authorization from Date	Application date
Authorization to Date	Last day of the 12 th month following the Auth From date
Case Number	System Generate – 01(dist. #) PFjuliandate Example: 01PFDDD---
Pregnancy/Parenthood Identifier	3 for ages 11-20; all others Blank
SSN Code	Required, default=1 if SSN is present, 2 if not present
Marital Status (MS)	Blank
CIN	Choose CIN from match or Assign
Relationship Code	Default to 01 – Applicant
Categorical Code	Default to 68 – if <21 Default to 69 – if ≥21
CBIC Card Code	Default to P
Veteran Status	Bypass
Citizenship Indicator	Blank; unless present on database
Birth Verification Indicator	Blank; otherwise use existing value
Alien Number	Bypass
Date Entered Country	Bypass
Date of Status	Bypass
Individual Status	Active- 07
MA Coverage	Coverage 18 (FPBP)
MA Coverage Dates	Authorization From Date (App Date) to EOM following Authorization From Date Month
Auth Number	System Generate – 9xxxxPF

All reports pertaining to the administration of these PE FPBP cases will be received by the NYSDOH Designated Agency (Maximus). If necessary, manual processing of these cases will be allowed using Reason Code 830- PE FPBP (System Generated and Manual) and Y99. These cases will be excluded from the regular monthly renewal process and will be excluded from the WINR4133- Recertification Notice Report.

All PE FPBP cases are put up for an Authorization period of 12 months and for a date specific Medicaid Coverage Period equal to the application date to the end of the following month. Should a new Case Type 20, 22 or 24 be opened, this will allow the Force Closing of the Case Type 21. All Temporary Assistance Case Types will also Force Close the Case Type 21; unless there is an Emergency Indicator on for the TA case. In that case there is no action taken.

IF THE APPLICATION IS RECEIVED

If the application is received by Maximus and the PE recipient is determined eligible for ongoing FPBP, the Case Type will be changed to 20 with Categorical Code 68 or 69 and the Authorization Period and Medicaid Coverage Dates will equal 12 months (or up to 15 months if eligible for retro). A CNS Notice will be sent to the recipient informing them of their eligibility with new Reason Code:

D12- Accept Presumptive Eligibility for Family Planning Benefit Program

The Local District will now assume responsibility of these cases and they will now be included in the WINR4133- Recertification Notice Report.

If the recipient should return the application but is ineligible due to Failure to Document or Excess Income 200% FPL, then at Undercare, the system will generate the Medicaid Coverage To Date to equal the Transaction Date. A CNS Notice will be sent to the recipient informing them of their ineligibility with new Reason Codes:

D14-Discontinue Presumptive Eligibility for Family Planning Benefit Program- Ineligible –Excess Income 200% FPL

D15-Discontinue Presumptive Eligibility for Family Planning Benefit Program- Ineligible due to Failure to Document

IF THE APPLICATION IS NOT RECEIVED

If the application is NOT received by Maximus, they will take no action on the case. As the case was established with an Authorization period of 12 months, if the recipient should return for PE FPBP again, than at Undercare with Reason Code 830- PE FPBP, a new PE FPBP period can occur with date specific Medicaid Coverage dates only. There is no limit to the number of times a person can receive PE FPBP. No CNS Notice will be sent and the 3209 will be suppressed.

AUTO CLOSE PROCESS

For cases that are ineligible for ongoing FPBP (Reason Codes D14 and D15) and for cases that have NOT submitted an application, the following process will occur.

On a monthly basis (every month), on the last day of each month, an Automated Closing Transaction will close cases based on the Authorization To Date. This Auto Close process will not occur if the case is in Clockdown, Pending or Error Status. No CNS notice will be sent and the 3209 will be suppressed.

The following Edits have been added:

1765- MA COV CANNOT EXT PAST AUTH TO DATE

If Cat Cd is 68 or 69 on CT 21, MA Cov cannot extend past Authorization To Date. Authorization dates will need to be modified.

1767- MA COVERAGE MUST BE 18

If CT 21 with Cat Cd 68 or 69, MA Cov must be Cov Cd 18.

1768- PE FPBP MUST BE SINGLE PERSON CASE

If CT 21 with Cat Cd 68 or 69, must be single person case.

Existing Edits should now apply to CT 21:

1341 - SEX CD “U” NOT VALID WITH CAT CODES 68 OR 69

If Categorical Code is 68 or 69, the Sex Code cannot equal “U”. (F, E, U)

**C. Enrolling Post-Partum Women into
Family Planning Benefit Program (FPBP) or Family Planning Extension Program (FPEP)**

Any woman who was pregnant while on Medicaid for any portion of her pregnancy and her pregnancy ended (regardless of how it ended) and it is the last day of the month in which the 60th day post partum occurs, is eligible to receive 24 months of Family Planning only coverage. This coverage will be issued through the FPBP and FPEP programs.

From the CNS Renewal, which is sent out prior to the end of the 60th day Post-Partum Period for women with Individual Categorical Codes 15, 42, 43, 48, 58 or 59, a determination must be made based on eligibility.

1. Post-Partum Family Planning Benefit Program (PP FPBP)

Eligible based on:

Mabel Budget \leq 200% FPL

And Citizenship Indicator = B, C, E, F, G, K, O, P, S or T

Worker should proceed with the following Transaction:

FOR Case Types = 20

AND Transaction Type = 05 or 06

AND Reason Code (Case or Ind) = D70, D75 or D76

AND Notice Indicator = A

AND Authorization FROM Date = first day of the following month

AND Authorization TO DATE = 12 months from Authorization FROM DATE or end of CSD (shortest one)

AND Individual Categorical Code = 68 or 69

AND AFA Code = 915-End of 1st 12 mo Block of PP FPBP

AND AFA Date = Auth Period FROM DATE + 12 months

AND Recipient Medicaid Coverage Code = 18

AND Recipient Medicaid Coverage Dates = Auth Period FROM DATE +12 months

D70- 60 days PP, MA to FPBP (24mo ext.), MA ineligible Exc. Inc., FHP ineligible Exc. Inc., Equivalent Ins or Federal Employee, SCC

D75- 60 days PP, MA to FPBP (24mo ext.), MA ineligible Exc. Inc., FHP ineligible Exc. Inc., Equivalent Ins or Federal Employee, FNP D76- Ineligible for MA/FHP; FP

D76- 60 days PP, MA to FPBP (24mo ext.), MA ineligible Exc. Inc., FHP ineligible Exc. Inc., Equivalent Ins or Federal Employee, FP

*At the end of this eligibility period, another CNS Renewal will be sent and the worker will determine eligibility for another 12 months (24 total) of PP FPBP. (See *Note A)*

Worker should proceed with the following Transaction:

FOR Case Types = 20

AND Transaction Type = 05 or 06

AND Reason Code (Case or Ind) = C05

AND Notice Indicator = A

AND Authorization FROM Date = first day of the following month

AND Authorization TO DATE = 12 months from Authorization FROM DATE or end of CSD (shortest one)

AND Individual Categorical Code = 68 or 69

AND Recipient Medicaid Coverage Code = 18

AND Recipient Medicaid Coverage Dates = Auth Period FROM DATE +12 months

At the end of this period, the recipient would then be determined eligible for regular FPBP.

***Note A:**

If the recipient fails to renew, fails to document or does not meet the criteria for income (> 200% FPL), they will now be eligible for the Post-Partum Family Planning Extension Program-PP FPEP for the remainder of the 24 months.

IF Recipient fails to send back renewal **OR**

IF Recipient fails to document **OR**

IF Mabel budget >200% FPL

Worker should proceed with the following transaction:

FOR Case Types = 20

AND Transaction Type = 05, 06, 07 or 08

AND Reason Code (Case or Ind) = D66, D67 OR D68

AND Notice Indicator = A

AND Authorization FROM Date = first day of the following month

AND Authorization TO DATE = 12 months from Authorization FROM DATE or end of CSD (shortest one)

AND Individual Categorical Code = 68 or 69

AND Recipient Medicaid Coverage Code = 27 (without transportation)

AND Aid Category = 87 (100% State)

AND Recipient Medicaid Coverage Dates = Auth Period FROM DATE + 12 months

D66- FPBP to FPEP due to Income > 200% of FPL

D67- FPBP to FPEP due to Failure to Provide Documentation

D68- FPBP to FPEP due to Failure to Return Renewal

2. Post-Partum Family Planning Extension Program (PP FPEP)

Eligible based on:

Recipient fails to send back renewal **OR**

Recipient fails to document **OR**

Recipient has unsatisfactory immigration status **OR**

Mabel budget >200% FPL

Worker should proceed with the following Transaction:

FOR Case Types = 20

AND Transaction Type = 07 or 08

AND Case Reason Code = D61, D64, D65, D72, D73 OR D74

AND Notice Indicator = A

AND Authorization TO DATE = End of Transaction Month

AND Individual Categorical Code = 68 or 69

AND Individual Status (D. E. 03-120) = 20

THEN System Generate Recipient Medicaid Coverage Code = 27 (without transportation)

Aid Category = 87 (100% State)

AND System Generate Recipient Medicaid Coverage Dates = Current MA Cov FROM DATE + 24 mos and
MA Cov TO DATE + 24 mos

OR

FOR Case Types = 20

AND Transaction Type = 05 or 06

AND PA/MA Individual Reason Code = D61, D64, D65, D72, D73 OR D74

AND Notice Indicator (D. E. 04-001) = A

AND Authorization FROM DATE = current Auth To Date + 1 day

AND Authorization TO DATE (D. E. 01-100) = End of CSD Month (shortest one)

AND Individual Categorical Code (D. E. 03-110) = 68 or 69

AND Individual Status = 15 (deletion)

AND Recipient Medicaid Coverage Code = 27 (without transportation)
AND Aid Category = 87 (100% State)
AND Recipient Medicaid Coverage Dates = Current MA Cov FROM DATE + 24 mos
and MA Cov TO DATE + 24 mos

Example:

Current MA FROM and TO date (end of 60 day PP Period) = 1/01/12 to 7/31/12

With above transaction, new MA Cov dates will now = 8/1/12 to 7/31/14 for FPEP Period

D61- 60 days PP, MA to FPEP, Non-Immigrant/Undocumented Immigrant

D64- 60 days PP, MA to FPEP, Failure to Provide Documentation

D65- 60 days PP, MA to FPEP, Failure to Return Renewal

D72- 60 days PP, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income > 200% FPL, SCC

D73- 60 days PP, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income > 200% FPL, FNP

D74- 60 days PP, MA to FPEP, Ineligible for MA, FHP and FPBP due to Income > 200% FPL, FP

The following Edits have been added:

1764- RC ONLY VALID WITH COV CD 27

RC D61, D64, D65, D66, D67, D68, D72, D73, AND D74 are only valid with Cov Cd 27.

1769 - RC ONLY VALID WITH COV CD 18

RC D70, D75, D76 must be used with Cov Cd 18 only.

The following Edits have been modified:

1515- CITIZENSHIP CODE OF E REQUIRES MA COV CODE OF 04, 07, OR 27

Citizenship Code of E (Alien Only Eligible for Emergency MA) can only have MA Coverage Code of 04, 07, or 27

1534 - IF CAT CD = 68, COV CD MUST = 18, 02, OR 27

If Categorical code is 68, then Coverage Code must be 18, 02, or 27. (F, E, U)

1536 - COV CD 18 AND 27 REQUIRE CAT CD 68 OR 69

If Coverage Code is 18 or 27, then the Categorical Code must be 68 or 69. (F, E, U)

1538 - FOR CAT CODE 69 MA COV CODE MUST EQUAL 18 OR 27

If Individual Categorical Code is 69 the MA Coverage Code must be 18 or 27.

1929 - IV-D IND NOT VALID FOR CASE

- If a worker enters other than a IV-D indicator of T when someone in the household is pregnant (Individual Category Codes = 15, 36, 42, 43, 48, 58 or 59 OR age < 21 and Pregnancy/Parenting Code = 1)
- If a worker enters other than a IV-D indicator or N or TMA recipients (case Reason Code = 088, 089, C02, C04, E08, OR Individual Reason Code E08 or H32)
- If a worker enters other than a IV-D indicator of N for A/R's participating in the Home and Community based (HCBS) Waiver (State/Federal Charge Code of 23 OR Active Restriction/Exception Code = 46, 47, 48 or 49)
- If a worker enters other than a IV-D indicator of N for FPBP/FPEP only applicants (Coverage Code 18 and 27)
- If a worker enters other than a IV-D indicator of N for a child whose absent parent is deceased (Individual Category Code = 01)
- If a worker enters other than a IV-D indicator of N for a child who has been released for adoption (Individual Categorical Code = 01, 33, 34, 74, 75 or 76)
- If a worker enters other than a IV-D indicator of N for a child 18 years or older who is certified blind or disabled (Age > 18 and < 21 and Individual Categorical Code = 11 or 12)
- If a worker enters other than a IV-D indicator of N for a child who is in Foster Care (Case Type = 20 and Individual Categorical Code = 32, 77 or 81)