

October 29, 2012

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an enhancement to WMS/CNS changes that were listed in the October 4, 2012 Coordinator letter. The following enhancements and modification to the errors are listed below. For questions regarding these changes, please contact Cindy Krueger-Farley at (518) 402-9830.

- Effective October 22, 2012, the following Edits have been revised:

0521 – PRINCIPAL PROVIDER CD INVALID FOR THIS MA COVERAGE

The Principal Provider Code must be as follows:

<i>MA Coverage Code</i>	<i>Prin Prov Cd</i>
17, 18, 27 , 31	blank, 00

1517 – COVERAGE CODE MUST = 04, 11, 18, 19, 20 OR 27

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

1519 – COV CODE MUST BE 04, 11, 18, 19, 20 OR 27 FOR ALIEN/CITIZ INDICATOR AND DOS

If the Case Type is 11, 12, 16, 17 or 20 and the Date of Status (DOS) is greater or equal to 9/96 and the MA Coverage From Date is less than the DOB plus 5 years then the Coverage Code must be 04, 11, 18, 19, 20 or **27**. If the Coverage Code is left blank than 11 will be system generated.

1527 – NOT A VALID COVERAGE FOR CHARGE CODE 67

If State/Federal Charge Code is 67 then MA Coverage Code must be 18, 02 or **27**.

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. (OVERRIDEABLE)

1765 - MA COV CANNOT EXT PAST EOM OF FOLLOWING MONTH

TT 05/06 with RC 830- PE FPBP on CT 21, MA Cov cannot extend past Authorization To Date. Authorization dates will need to be modified.

- Effective October 22, 2012, the following Edit has been removed:
1767- MA COVERAGE MUST BE 18
 If CT 21 with Cat Cd 68 or 69, MA Cov must be Cov Cd 18.
- Effective October 22, 2012, the following Edit has been added to Case Type 21:
0515- CARD CODE IS INVALID
- Effective October 22, 2012, Under Section VIII, Medicaid Redesign Team (MRT #4648) NYS Plan for Family Planning, the following changes have been made:
B. Presumptive Eligibility for Family Planning Program (PE FPBP)
 (Over seen by NYSDOH designated agency)
 - The creation of a case through an Automated Eligibility transaction will not produce case information for the RVI or IV-D Indicator since they do not apply to a Case Type 21.

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

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

- The eligibility for the Post-Partum Family Planning Program (PP FPBP) will include the Mabel Budget $\leq 200\%$ FPL and the Citizenship Indicator \neq Blank or E.
- If the recipient fails to renew, fails to document and does not meet the criteria after the first 12 month block of PP FPBP, they are eligible for the 2nd, 12 month block through PP FPEP.

Worker should proceed with the following transaction:

FOR Case Types = 20

AND Transaction Type = 07 or 08

AND Case Reason Code = D66, D67 or D68

AND Notice Indicator = A

AND Authorization TO Date = End of Transaction Month

AND Individual Categorical Code = 68 or 69

THEN Recipient Medicaid Coverage Code = *System Generate 27*

AND Recipient Medicaid Coverage Dates = *System Generate*

Current Auth Period From Date + 12 months

And Current Auth To Date + 12 months

OR

FOR Case Types = 20

AND Transaction Type = 05 or 06

AND Individual Reason Code = D66, D67 or D68

AND Notice Indicator = A

AND Authorization From Date = Current Auth To Date + 1 day

AND Authorization To Date = End of shortest CSD month or

12 months from Auth From Date

AND Individual Categorical Code = 68 or 69

AND Recipient Medicaid Coverage Code = *Worker Entered 27*

AND Recipient Medicaid Coverage Dates = *Worker Entered*

Auth Period From Date and Auth Period To Date

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

- If the recipient fails to renew, fails to document, has Unsatisfactory Immigration status or Mabel Budget > 200% FPL, then they are eligible for 24 months (1 block) of PP FPEP.

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

THEN Recipient Medicaid Coverage Code = *System Generate 27*

AND Recipient Medicaid Coverage Dates = *System Generate*

Current MA Cov To Date + 1 day and

Current MA Cov To Date + 24 months

OR

FOR Case Types = 20

AND Transaction Type = 05 or 06

AND Individual Reason Code = D61, D64, D65, D72, D73 or D74

AND Notice Indicator = A

AND Authorization From Date = Current Auth To Date + 1 day

AND Authorization To Date = End of shortest CSD month or

12 months from Auth From Date

AND Individual Categorical Code = 68 or 69

AND Individual Status = *Worker Entered 15* (deletion)

AND Recipient Medicaid Coverage Code = *Worker Entered 27*

AND Recipient Medicaid Coverage Dates = *Worker Entered*

Current MA Cov To Date + 1 day and

Current MA Cov To Date + 24 months

Sincerely,

Bambi Murphy

Bambi Murphy, Manager
Upstate Eligibility Systems
Office of Health Insurance Programs

cc: Commissioner
TA & FS Director
MA Director