

DOH WMS Changes

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Section I – Edit changes for Newborns with CSD

Edits 878 and 1566 have been updated to resolve difficulties districts reported related to having to extend coverage at time of renewal. These two edits were updated in June 2012 for purposes of assuring the generation of a CSD for a newborn, but caused difficulties if coverage needed to be extended. The logic will be modified as identified in bold below:

If Case Type (01-060) = 13, 20 or 24

AND Coverage "TO" Date > or = to CSD (03-043), **and CSD is not blank**

AND Individual Status (03-120) = 15 or 20

AND case (02-050) or individual (03-121) reason code is not = to C65, E65, E97, E98, E99, H32, U66, U77, U78, or Y90

THEN the following errors will be generated:

Error 878 - SAVE DATE>MA COV TO DATE ON CLOSING

Error 1566 - SAVE DATE> MA COV TO DATE ON DELETION

Section II – Allow Enrollment in Managed Long Term Care if Card Code is R

Enrollment will now be allowed in specific MLTC plans when the Card Code is R. Previously an error would occur when an enrollment was attempted in MLTC plan.

Section III – Revisions to Managed Care and Family Health Plus Auto Assign Process:

Recently, there have been large discrepancies in apportionment of recipient assignments to the available Managed Care Plans in many of the Local Districts of Social Services. An in depth evaluation has

indicated that the problem may be in the order of the Auto Assign routine. In an effort to make the distribution of cases more equitable the order of the Auto Assign Process for Medicaid Managed Care and FHP has been reversed. These changes have already been activated on WMS.

Section IV – Revision to SSI Auto Assign Process:

In previous months, the SSI Auto Assignment process has been running in a cycle of one month of extremely high rate of assignments, followed by two months of extremely low rates of assignments. It has been determined that this is due to a high number of assignments post pulldown. In an effort to alleviate this situation the SSI Auto Assignment will be run on the 25th of each month. This change was made effective 02/01/13.

Section V – Revision to the Auto Re-Enrollment Process:

MA recipients, enrolled in managed care who lose eligibility and regain MA within 90 days are auto re-enrolled into their previous plan, if disenrolled with the appropriate reason code. To ensure greater chance of continuity of care, the re-enroll period will be extended and the allowable reason codes opened to more codes.

Processing: The auto re-enrollment period will be extended from 90 to 180 days. Currently, to qualify for auto re-enrollment, the consumer must be disenrolled with reason code 95. This code restriction will be changed to allow all reason codes, except 59, to allow for auto re-enrollment. All other current edits will apply.

Section VI – Halt Auto-Assignment in Columbia County:

Columbia County became an Enrollment Broker district effective 1/21/13, when the Enrollment Broker assumed responsibility of enrollments. Auto Assignment in Columbia County has been discontinued. Any Potential Auto Assignments for Columbia County remaining in the queue were Auto Assigned on the scheduled Auto Assign date. Columbia County Social Services should continue to receive the Auto Assignment reports.

Section VII – In Patient Coverage for Prisoners and OMH Patients:

Currently, Medicaid payment of inpatient hospital claims is a manual process for inmates and 21-64 year old individuals in OMH Psychiatric Centers with suspended coverage. This request will allow automatic Medicaid payment of inpatient hospital claims for incarcerated individuals whose coverage was suspended at admission to a New York State or local correctional facility and 21-64 year old individuals whose coverage was suspended at admission to a psychiatric center. This will be accomplished by establishing two new coverage codes in WMS: 25-Inpatient OMH and 26-Inpatient Prisoner.

These will require new Aid Categories: 88- Inpatient OMH (FNP) and 89-Inpatient Prisoner (FFP). Recipient Aid Categories are used primarily for Federal/State/Local share distribution and to devise the proper Managed Care rate. These codes are displayed on the MA Coverage History Inquiry Screen (WINQ55).

Neither of the new coverage codes will be eligible for Managed Care Enrollment.

At a future time, a new State Charge/Federal Charge Code 70 – Incarcerated Local Jail, will be produced when Source Codes 2 or 3 are entered into the Other Name Field. You will be informed when becomes available.

Recipient Medicaid Coverage 25 will be valid on Case Type 20, only. The only Individual Categorical Codes allowed with this Coverage Code are 09 or 12. Edit 1771 –INDIVIDUAL CATEGORICAL CODE MUST BE 09 OR 12 will be produced if any other Categorical Code is used with Coverage Code 25.

Recipient Medicaid Coverage 26 will also only be valid on Case Type 20. The only Individual Categorical Codes allowed with this Coverage Code are 09, 10, 11, or 12. Edit 1772 – INDIVIDUAL CATEGORICAL CODE MUST BE 09, 10, 11, OR 12 will be produced if any other Categorical Code is used with Coverage Code 26. Both new Recipient Medicaid Coverage Codes are only valid on Case Type 20. Use of either code on any other Case Type will produce Edit 0943 – MA COVERAGE CODE 17, 25 and 26 REQUIRES CASE TYPE 20. In addition, to ensure that all cases are assigned the correct Recipient Medicaid Coverage Through Date Edit 1773 - COVERAGE THROUGH DATE MUST BE 12/31/49 will be produced if any date other than 12/31/49 is entered with either Recipient Medicaid Coverage 25 or 26.

Conversions of the populations of Prisoners and OMH Patients in Suspend Status will be done with implementation of these new codes. Two BICS reports will be produced at completion of the conversion: WINR5230 – CONVERTED PRISONER/OMH POPULATION and WINR5231 – EXCEPTION REPORT OF PRISONER/OMH CONVERSION.

A new Edit 1770 - ONLY ONE PERSON ON SUSPENDED CASE, will be put in place to support the following criteria: Cases with Recipient Medicaid Coverage 25 or 26 must only have one person on the case. Unborns, as designated by Sex = U, cannot be on a case for a woman with Recipient Medicaid Coverage Code 25 or 26. At birth, the child must be put up on a separate case in the same manner as children of recipients on Case Type 22. Most will be incorporated in the Newborn Processing.

Family Planning Benefit Program (FPBP) recipients will continue to be suspended with Individual Status 08 and Recipient Medicaid Coverage 04 at Incarceration or admission to a Psychiatric Center.

Additional Edits have been put in place to ensure use of Source Codes and therefore the prisoner DIN. Edit 1937 – SOURCE CODE MUST BE 1, 2, OR, 3 and Edit 1938 – SOURCE CODE MUST 4 will be produced if this information is not entered.

Section VIII – Revise Alien Emergency Coverage

The process for authorizing Emergency Coverage (Coverage Code 07) will be simplified to allow both the Authorization Period and the Recipient Medicaid Coverage Period to be a full year into the future with up to 3 months prior to the application date (15 Months total). The determination of Emergency Treatment will be in claims coding submitted to eMedNY by the provider.

The edits limiting coverage periods will be disabled. Medicaid Recipient Coverage 07 will continue to be used with Alien Citizenship Indicator E. There will be no additional codes required for Alien Emergency Coverage.

Section IX – Centralized Applications for Inmates

DOH is in the process of contracting with a limited number of counties to receive applications from inmates, determine Medicaid eligibility and establish the case in the district of fiscal responsibility.

These designated districts will receive completed applications, register them on WMS, enter the inmate's residence address immediately prior to incarceration into Screen 7, determine eligibility, establish the case in the district of fiscal responsibility and issue the eligibility determination notice or denial notice to the inmate at the correctional facility. Once established, the DFR will be responsible for maintaining the case. These applications, if eligible, will be opened for Inpatient Hospital Care Only (26-Inpatient Prisoner).

Section X – Unique Identifier for Express Lane Eligibility (ELE)

Effective May 1, 2012, the State implemented Express Lane Eligibility (ELE) to assist children in transitioning from CHPlus to Medicaid at renewal. The ELE process upstate is completely manual, whereby CHPlus health plans forward the CHPlus renewals to the district. A separate transmittal is included for each child transitioning through ELE. Since a unique opening reason code was not created for Upstate, the transmittal will serve as an identifier for ELE cases to exclude them from PERM and MEQC. To identify these children a unique identifier using the Special Populations Field has been created. An "E" will be placed in the Special Population Field in Screen 4, by the worker at opening, to identify the case as ELE. This field is currently used by Chafee by placing a "C" in the field.

Section XI – New EPI For Medicaid Premium Assistance

HEART needs the ability to identify cases that contain a premium payment on Medicaid case types. They are able to identify FHP cases receiving a premium assistance as FHP-PAP cases contain an EPI=A. The difficulty is with Medicaid cases receiving a premium assistance. Currently a premium payment can be made in two ways, via BICS or via HIPP. A new EPI "7 – MA Premium Assistance Exists in BICS or HIPP" will be system generated when a premium exists in one of these systems.

The new EPI field value of "7" for Medicaid Premium Assistance has been created which will be set by districts and the Enrollment Center when an individual reports TPHI that is cost effective and qualifies for premium assistance. This code will be systematically generated for BICS payments made in WMS and manually entered by the district worker for cases which currently have payments made through HIPP.