

## DOH WMS Changes

### Contacts:

<b>Section I – New York Health Benefit Exchange (NY-HBE) Applicant/Recipient Search and Clearance Process</b>	<b>Lisa Parker @ 518-408-0001</b>
<b>Section II – Halt Auto Assignment in Genesee and Monroe counties effective 9/1/13</b>	<b>Cindy Krueger-Farley @ 518-402-9830</b>
<b>Section III – Change to Daily Eligibility File to eMedNY Section IV– New PCP Enrollment Reason Code for State Managed Care Staff</b>	<b>Bambi Murphy @ 518-402-6667</b>
<b>Section V– CBIC Generation for the New York Health Benefit Exchange (NY-HBE) Section VI - Stop MC Guarantee Generation Section VII- FHP S/CC Transition to MA Managed Care</b>	<b>Layne Gilpin @ 518-474-6798</b>
<b>Section VIII - FHP Enrollment Edit to Prevent New Applications Effective 01/01/14</b>	<b>Rob Oriolo @ 518-474-5693</b>

### **Section I – New York Health Benefit Exchange (NY-HBE) Applicant/Recipient Search and Clearance Process**

Medicaid recipients must be uniquely identified to ensure the integrity of their eligibility, benefits, and claims payment history. Currently, each of the two WMS systems (Upstate & Downstate) use a 'clearance' process which searches the database for individuals with matching/similar information to that of a new applicant to determine if they are known to the system. With the implementation of the NYS Health Benefit Exchange (NY-HBE) there will be an additional entry point for new applicants. To maintain the integrity of historical and future data for Medicaid applicants & recipients, this new entry point must have a method to perform a clearance for applicants.

*While these changes will be in place with the October Migration, local districts will not see actual NY-HBE cases until the beginning of December.*

- Upstate WMS will now send a request to Central Clearance to process a clearance.
- The Individual Information Date Elements will remain the same:
  - Last Name
  - First Name
  - Social Security Number
  - Sex
  - Date of Birth
  - Client Identification Number (optional)
- Central Clearance will in turn send a request to all three systems (Upstate WMS, Downstate WMS and NY-HBE) to run a clearance process against their own systems.
- All three systems will provide their results and will send them back to Central Clearance who will then send them to the calling system (in this case Upstate WMS).
- You will NOT be allowed to enter a Downstate CIN (from Downstate WMS or

- Downstate NY-HBE) on Upstate WMS.
- Upon return of the consolidated matches, if an Upstate NY-HBE CIN is found but has never been known to Upstate WMS, it's use will be allowed.

The Clearance Report will continue to be used by workers in the same manner it is used today. Enhancements to the Clearance Report will be completed in two phases with the first phase rolling out "Selectable for Assignment" CINS which include Upstate WMS and Upstate NY-HBE matches. Shortly thereafter, the second phase will roll out the "Non-Selectable for Assignment" CINS which include Downstate WMS and Downstate NY-HBE matches. Changes to the printable Clearance report will separate the "Selectable for Assignment" matches from the "Non-Selectable for Assignment" matches. In addition a new value to the District XXXX field of HX78 will identify a NY-HBE recipient.

## **Section II – Halt Auto Assignment in Genesee and Monroe counties effective 9/1/13**

The auto assignment process was halted effective 9/1/13 for both Genesee and Monroe counties. Both of these counties will become Enrollment Broker counties with the auto assignment process being done by the broker effective 10/1/13. The LDSS will continue to get the AA reports.

## **Section III– New PCP Enrollment Reason Code for State Managed Care Staff**

When an individual has NYS Health Benefit Exchange (NY-HBE) coverage and becomes eligible on WMS a PCP overlap could exist. In an effort to address that overlap and maintain Managed Care's goal of Continuity of Care a manual process has been established beginning 1/1/14 whereby eMedNY will provide State Managed Care staff with reports. State Managed Care staff will use these reports to manually enroll in PCP using the new PCP Enrollment Reason Code of '08-HX to WMS Enrollment (Entry limited to State MC Staff Only)'. It is anticipated that this manual process will transition into an automated process in the future.

## **Section IV– Daily Batch File from WMS to NYS Health Benefit Exchange (NY-HBE)**

Beginning 12/27/13 a daily batch file will be created and populated based on individuals recently determined eligible for Medicaid on a SSI (Case Type 22), Temporary Assistance (Case Type 11, 12, 16 or 17 without an Emergency Indicator) or Children Services (Foster Care, Adoption or Kingap) case. File will be communicated from WMS to NY-HBE for the purpose of closing the NY-HBE coverage.

## **Section V– CBIC Generation for the New York Health Benefit Exchange (NY-HBE)**

Currently, all recipient eligibility for benefits resides in WMS as either TA, SNAP, or Medical Assistance. Access to these programs requires a CBIC card which is generated by entering a request in WMS. With the implementation of New York Health Benefit Exchange (NY-HBE) there will be another eligibility system maintaining Medical Assistance benefits that require a CBIC card, the NY-HBE. There will be no difference in the means of requesting CBIC cards, either original or replacement for those recipients whose eligibility resides solely in WMS. However, recipients who have a CBIC card generated based on NY-HBE eligibility will be instructed on the card carrier to contact the NY-HBE Customer Service Center @ 1-(855)-355-5777 for replacement CBIC cards, which will be sent to their mailing address.

In the event that a recipient with eligibility on the NY-HBE presents her/himself at the Local District in need of a replacement card and isn't able to wait for mail delivery, the Local District

Workers will be able to request a replacement through WMS MAIN MENU selection 27 (CBIC MENU). It will be necessary to confirm eligibility through eMedNY to verify demographics such as Name, Gender, Date of Birth, and CIN. Local District Workers should verify the mailing address of the recipient and if necessary, correct the address information stored in CBIC, so that the new permanent card is sent to the correct address. Correcting the address stored in CBIC will not update the address with the NY-HBE. Local District Workers should encourage recipients to contact the NY-HBE to update his/her address.

Local District Workers will not be able to change any individual demographics, Name, Gender, or Date of Birth, for NY-HBE recipients. Such changes must be reported by the recipient to the NY-HBE and a new card requested. Recipients receiving concurrent benefits in WMS through a program such as SNAP may request demographic changes to the SNAP case which will continue to trigger a new CBIC card through WMS.

Plans for enhancements to NY-HBE include the ability to generate new CBIC cards when changes to demographics or the address are made and to request replacement cards systemically.

### **Section VI - Stop MC Guarantee Generation**

In the past initial enrollment in Managed Care and Family Health Plus has been guaranteed to the chosen or assigned plan for a period of six months. This initial six months of Managed Care coverage was guaranteed without regard to changes in eligibility. With approval of the NY State 2013-2014 Budget, this will no longer be the case. Effective with the Migration of 10/21/13, Guarantee will no longer be produced when an enrollment is made in the PCP sub-system. In addition, Recipient Medicaid Coverages 31, 33, and 36 will no longer be valid entries for any transaction. If an attempt is made to enter these coverage codes, WMS Edit **1774 – COVERAGE CODES 31, 33 AND 36 ARE NOT VALID ENTRIES** will be displayed. Any Guarantee Coverages that exist on WMS on 10/20/13 will be allowed through the final day of the existing Coverage Period.

With implementation of this project, any existing Guarantee Dates on the PCP Sub-system that exceed 10/20/13 will be systemically truncated to 10/20/13. There will be no action required of the Local District Workers, therefore no reports will be generated with this change.

Changes to the PCP Sub-System will include a new edit: **048 INVALID GUARANTEE DATE ENTERED.**

### **Section VII- FHP S/CC Transition to MA Managed Care**

NY State will be entitled to enhanced Federal Reimbursement of 75% for Single Individuals and Childless Adults, including 19 and 20 year olds not living with parents, who are eligible with incomes between 0 and 100% of the FPL effective 1/1/2014. A new Recipient Aid Category of 90 -FHP S/CC 0 < 100% OR S/CC (FP) will be calculated and displayed in Medicaid Coverage History Inquiry Screen (WINQ55). Recipient Aid Categories are used primarily for determining State and Federal reimbursement and to devise Managed Care Rates.

A onetime conversion of Recipients on Case Type 24 with Individual Categorical Code 56 will be done 12/15/13. The conversion will change Benefit Package 70 to the Benefit Package equivalent to the Medicaid Managed Care Benefit Package in each district. The Recipient Medicaid Coverage will be flipped from 34 to 30. The Provider will remain the same as long as it is available as Medical Assistance Managed Care. If a corresponding Medicaid Managed Care

Plan is not available in the district, the recipient will be included on report for review by the LDSS worker and Recipient Medicaid Coverage 01 will be authorized. The effective date of the conversion to Recipient Medicaid Coverage 01 or 30 is 01/01/14.

WMS will system generate Card Code P for any individual with ICC 56 on Case Type 24 at conversion and for any Transaction Type 02, 05, 06, or 10 with Case Type 24 and Individual Categorical Code 56.

A new CNS reason code, CC7, will be used to request a notice for each recipient whose Medicaid or Family Health Plus has been changed.

At completion of the Conversion, a report will be available on HCS, titled "Failed FHP Conversion to MAMC." Data Elements on the report will be CIN of each recipient, Case Number, Plan Name, and Provider Number. Recipients with Individual Categorical Code 56 whose Coverage did not change to 01 or 30 will be identified with error message "Coverage not Determined." Recipients whose Coverage was changed to 01 will be identified with error message "01 Coverage No PCP." Workers should review this report for accuracy and possible action. A Unique Authorization Number 09FH34913 will be generated at completion of the conversion and will be displayed in Medicaid Coverage History Inquiry Screen (WINQ55) and Transaction Disposition History (WINQ08).

Coverage entered on Case Type 24 with an Individual Categorical Code of 56 and a From date of 01/01/14 or later must be 01 or 30. If Coverage 34 is entered a new WMS Edit XXXX - ICC 56 **NOT A VALID ENTRY WITH COVERAGE 34 EFFECTIVE 01/01/14 OR GREATER** will be displayed. This edit has not been assigned a number, yet.

Enrollments with a begin date of 01/01/14 or later will display this revised PCP Sub-System Edit if Benefit Package 70 is entered with Individual Categorical Code 56:  
**041 BENEFITS PACKAGE CODE = 70 AND CATEGORICAL CD = 57 OR 58 OR 59.**

### **Section VIII - FHP Enrollment Edit to Prevent New Applications Effective 01/01/14**

A major portion of Medicaid recipients in WMS will have their eligibility determined using the MAGI rules in 2014. Beginning 01/01/2015, the FHP program will no longer exist in Medicaid. FHP will be phased out during 2014 and new FHP applications will not be taken after 12/31/13.

To accommodate the phasing out of the FHP program, an edit has been added in WMS to prevent new applications with application dates of 01/01/2014 or greater to be registered using FHP, Case Type 24.