

DOH WMS Changes

Contacts:

Section I – Update Downgrade Coverage Matrix Section II – Former Foster Care-FFC Youth(Formerly Chafee) Section III – True Chafee Section IV – Prevent the Opening/Reopening of a Case Type 13- Upstate Only	Lisa Parker @ 518-408-0001
Section V – S/F 70 for DCJS Prisoners Section VI - Coverage flip From 06 to 30 at Enrollment in Managed Long Term Care Plan	Layne Gilpin @ 518-474-6798
Section VII – WMS Changes to Support MAGI-Like Budgeting	Kevin Wood @ 518-408-0105
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Section X - FHP Authorization to Date	Rob Oriolo @ 518-474-5693

Section I – Update Downgrade Coverage Matrix

Currently moving between Fee For Service Coverage (01) and Managed Care Coverage (30) results in downgrade errors due to timing issues. Department of Legal Affairs has agreed in principle that there should not be a downgrade as Fee For Service (FFS) and Managed Care (MC) are equivalent coverage. New Coverage Codes 25 (Inpatient OMH), 26 (Inpatient Prisoner) and 27 (Family Planning Extension Program) have been created and have been added to the Matrix. In addition, eMedNY and WMS Matrices should be equivalent.

The following additions/changes have been made to modify Error Reference Table #591:

- Remove Coverage Code 03- Input or Generated
- Allow Coverage Code 07 (Emergency Services Only) on database to Coverage Code 27 (Family Planning Extension Program) to OK (no error).
- Allow Coverage Code 07 (Emergency Services Only) on database to Coverage Code 18 (Family Planning Services Only) to OK (no error).
- Allow Coverage Code 09 (Medicare Savings Program Only) on database to Coverage Code 18 (Family Planning Services Only) to OK (no error).
- Add new Coverage Codes 25, 26 and 27
- (Coverage Code 27 in Production 2012.3; Coverage Code 25 and 26 in Production 2013.2)
- Allow Coverage Code 01 (FFS) on database to Coverage Code 30 (MC) with new edit.

1776- DOWNGRADE OF MA COV CD 01 TO 30 HAS OCCURRED

MA Coverage Code 01 to 30 may only be changed according to Table #591. (F, E, U)
This Edit is Overrideable.

Section II – Former Foster Care-FFC Youth (Formerly Chafee)

Due to a Federal Mandate, the current Chafee process (for discharged foster care youth between the ages of 18 and 21) will be modified. This process will use the current existing Chafee logic with some modifications to the process and all WMS edits associated to accommodate the increase in age to 26. This process will now be named Former Foster Care (FFC). CNS Notice updates will be migrated in June 2014.

1425 - FFC CODE ONLY ALLOWED FOR RECIPIENT BETWEEN 18 AND 26

If a FFC Indicator “C” is entered for an individual less than 18 years of age or over 26 years of age, the above error message will appear.

1426 - FFC CODE MUST BE ENTERED FOR FC RECIP 18-26

When an individual has the following Individual Category Codes (32, 77, 78, or 81-Foster Care) and the individual is at least 18 years old but not yet 26 years old, a FFC Indicator “C” must be entered on Screen 4 in the new Special Population Field. The above error will appear if the SP field is left blank. This edit is overrideable.

1427 - FFC CHILD – MA ELIGIBLE – CANNOT DELETE

In a case containing an individual who is at least 18 years of age but not yet 26 years old and they have a “C” (FFC Indicator) in the Special Population (SP) Field on (Screen 4), the following error will appear if the Individual Reason Code (Screen 3) is NOT C53, C65, C69, E60, E63 or E95 and the Individual Status Code (Screen 5) is 15 (Deleted). This edit is overrideable.

1429 - FFC INDICATOR IS BEING REMOVED

If a recipient is at least 18 years old but not yet 26 years old and the “C” FFC Indicator is being removed from the Special Population (SP) Field on Screen 4, for all Transaction Types (02, 03, 05, 06, 07, 08, 10, 11 and 14), the above error will appear. This edit is overrideable.

1430 - FFC CHILD – ICC CANNOT BE 53, 54, OR 55

If a recipient is at least 18 years old but not yet 26 years old and the “C” FFC Indicator is in the Special Population (SP) Field on Screen 4 on a Case Type 20 or 22, the Individual Category Code (ICC) CANNOT be 53, 54, or 55. These ICC will result in the above error.

1431 - FFC INDICATOR ONLY ALLOWED WITH COV CODES 01, 04, 10, 11, 18, 19, 20, 26 AND 30

A recipient who is between the ages of 18 and not yet 26 years old and is an eligible FFC child as noted with a “C” in the Special Population (SP) Field, will be entitled to the following MA Coverage Codes 01, 04, 10, 11, 18, 19, 20, 26 or 30. Any other coverage codes will result in the above error.

1437- FFC INDICATOR ONLY ALLOWED ON CT 24 WITH COV CODES 01, 04 OR 30

A recipient who is between the ages of 18 and not yet 26 years old and is an eligible FFC Child as noted with a “C” in the Special Population (SP) Field on a Case Type 24 will be entitled to the MA Coverage Codes 01, 04 or 30 only.

- For cases where the Special Population Indicator of C (former Chafee) has already dropped off due to the recipient turning 21 years old (2007 to January 2014), a one-time report will be produced for LDSS via BICS the weekend of 2/22/14. Report is WINR2590- FFC MA Coverage For 18-26 Year Olds Discharged From Foster Care Report for this special run on 2/22/14. The normal WINR2590 monthly report will run the previous weekend of 2/15/14. This report will list matches to both active and closed cases that have updated the indicator to a C (now called FFC). The SP Field will be set with a ‘C’ as indicated below.
 - ❖ If an active MA or PA case is found for the CIN and its verified that the individual is active on that case than WMS will create a transaction type 05 to update the Special Population Field to C and cause the CSD to update to the end of the month of the recipients 26th birthday.
 - ❖ If no active MA or PA case is found for the CIN, WMS will create a transaction type 14 to update the Special Population Field on the case that was most recently active.
 - ❖ For all records where a CIN match is found, a report will be created for each district of successful Special Population Field updates. If there is an existing pending transaction for a CIN which will cause the indicator to be overwritten, this should also be reported as a failed update. Report will be sorted so failed updates are shown first and successful updates last.
- For cases that are currently active with the recipient less than 21 years of age, a one-time transaction will occur to both single and multi-person cases to re-set the Continuous Save Date (CSD) to the end of the month of the 26th birthday. This conversion will occur the weekend of February 15th 2014.

Section III – True Chafee

A new group, of less than 40 youth per year, will now be identified by OCFS as “True Chafee”. This group will be identified by a new Special Population Indicator of “T” which will be manually entered on WMS with the recipient qualifying for Medicaid until the age of 21. Unlike the single FFC recipients, renewal for this group will be completed manually with a manual notice. New Edits have been created and will be similar in nature to FFC Edits.

1428 - SPECIAL POPULATION FIELD IS INVALID

If anything other than “C”, or “E”, or “T” is placed in the Special Population Field on Screen 4, the above error will occur.

1441 – TRUE CHAFEE CODE ONLY ALLOWED FOR RECIPIENT BETWEEN 18 AND 21

If a True Chafee Indicator “T” is entered for an individual less than 18 years of age or over 21 years of age, the above error message will appear.

1442– TRUE CHAFEE CHILD – MA ELIGIBLE – CANNOT DELETE

In a case containing an individual who is at least 18 years of age but not yet 21 years old and they have a “T” (True Chafee Indicator) in the Special Population (SP) Field on (Screen 4), the following error will appear if the Individual Reason Code (Screen 3) is NOT C53, C65, C69, E60, E63 or E95 and the Individual Status Code (Screen 5) is 15 (Deleted). This edit is overrideable.

1443 – TRUE CHAFEE INDICATOR IS BEING REMOVED

If a recipient is at least 18 years old but not yet 21 years old and the “T” True Chafee Indicator is being removed from the Special Population (SP) Field on Screen 4, for all Transaction Types (02, 03, 05, 06, 07, 08, 10, 11 and 14), the above error will appear. This edit is overrideable.

1444 – TRUE CHAFEE CHILD – ICC CANNOT BE 53, 54, OR 55

If a recipient is at least 18 years old but not yet 21 years old and the “T” True Chafee Indicator is in the Special Population (SP) Field on Screen 4 on a Case Type 20 or 22, the Individual Category Code (ICC) CANNOT be 53, 54, or 55. These ICC will result in the above error.

1445 – TRUE CHAFEE INDICATOR ONLY ALLOWED WITH COV CODES 01, 04, 10, 11, 18, 19, 20, 26 AND 30

A recipient who is between the ages of 18 and not yet 21 years old and is an eligible True Chafee child as noted with a “T” in the Special Population (SP) Field, will be entitled to the following MA Coverage Codes 01, 04, 10, 11, 18, 19, 20, 26 or 30. Any other coverage codes will result in the above error.

1448- TRUE CHAFEE INDICATOR ONLY ALLOWED ON CT 24 WITH COV CODES 01, 04 OR 30

A recipient who is between the ages of 18 and not yet 21 years old and is an eligible True Chafee Child as noted with a “T” in the Special Population (SP) Field on a Case Type 24 will be entitled to the MA Coverage Codes 01, 04 or 30 only.

1506 - CAT CODE INCOMPATIBLE WITH COVERAGE IN CT 24

If Case Type is 24 AND Cat Code is 44-47, 54, 55, 56 or 84 and EPI ≠A, then Cov Code must be 01, 11, 30, or 31; conversely, if Case Type is 24 and Cov Code is 01, 11, 30 or 31 and EPI ≠A, then Cat Code must be 44-47, 54, 55, 56 or 84. If Special Population Field equals ‘C’ or ‘T’ on a CT 24, then Cat Code must equal 56 or 57.

Section IV – Prevent the Opening/Reopening of a Case Type 13- Upstate Only

In 09 OHIP/ADM-1, LDSS were advised to discontinue the use of Case Type 13 for Foster Care children. It was advised to use a Case Type 20 for Foster Care children as it has been anticipated that Case Type 13 use would be dissolved. This new edit will prohibit the Opening/Reopening of a Case Type 13 which will eventually phase out the case type.

1447- TT NOT ALLOWED FOR CT 13

Transaction Types 02 and 10 will no longer be allowed with CT 13. Case Type 13 must be changed to CT 20 by using Reason Code Y61.

Section V – S/F 70 for DCJS Prisoners

The current Recipient Medicaid Coverage 26 allows reimbursement of claims at 50% Federal and 50% State dollars. These percentages are correct for DOCCS claims; however, DCJS claims are reimbursed at a rate of 50% Federal and 50% Local. To accommodate the difference the State Charge/Federal Charge Indicator (S/F Code) of **70 Incarcerated Local Jail**, will be used with Recipient Medicaid Coverage 26 and Other Name Code 2 or 3. This value will allow eMedNY to claim correct reimbursement for DCJS inmates.

This value will be valid on Case Type 20 with Other Name Code of Client of 2 or 3 and Recipient Medicaid Coverage 26.

State Charge/Federal Charge Indicator 70 will be generated with the monthly auto processing of prisoners.

The New S/F Code 70 will System Generate when an Other Name Code of 2 or 3 is entered with a Recipient Medicaid Coverage of 26. At wrap-up a soft edit (Warning) **1939 – S/F 70 WAS SYSTEM GENERATED** will be produced. When the Prison Code is removed or changed to 1 or 2 the S/F 70 will be system deleted from Data Entry Screen 3. At wrap-up an edit (Warning) **1940 – S/F 70 WAS DELETED** will be produced.

At reinstatement of Medicaid Coverage, when the Recipient Medicaid Coverage is changed from 04 or 26 S/F Code 70 will be systemically deleted from Data Entry Screen 3. The new warning **1940 – S/F 70 WAS DELETED** will be displayed at wrap-up. At reinstatement, any appropriate S/F Code, based on Case Type, Individual Categorical Code, Household Composition, Alien Citizenship Indicator, Date of Status and Date Entered Country, and Recipient Medicaid Coverage From Date will be produced.

Section VI – Coverage flip From 06 to 30 at Enrollment in Managed Long Term Care Plan

As part of MRT 90, individuals who have or are expected to have 120 days of Community Based Long Term Care are required to enroll in a Managed Long Term Care (MLTC) plan. Recipients with Provisional (06) Coverage may also be enrolled in Managed Long Term Care Plans. Coverage will be flipped to 30 as with any enrollment into Managed Care. For these recipients the Excess Income will be included on the monthly Roster, the Interim Report and the Secondary Roster for each Managed Care Plan.

The Criteria to allow assignment of a Managed Long Term Care Plan when the Recipient has 06 Coverage is as follows:

- Case Type equals 20
- Resource Verification (RVI) equals 1, 2, or 4
- Individual Categorical Code equals 10, 11, or 12
- Pre-Paid Capitation Plan Provider Identification Number is for a Managed Long Term Care Plan
- MLTC Benefit Package will be the same as the Pre-Paid Capitation Plan Benefit Package for Main Stream Managed Care in the District of Enrollment

When a Managed Long Term Care Pre-Paid Capitation Plan is ended, with no new enrollment, the Recipient Medicaid Coverage will be flipped to 06. The Excess Income Amount should no longer be included on the Primary Roster, The Interim Report, and the Secondary Roster .

Enrollments will be entered and deleted or ended in the same manner as Main Stream Managed Care and Family Health Plus. If the Plan chosen for enrollment is not equal to an MLTC Plan, when Recipient Medicaid Coverage equals 06 and the Individual Categorical Code equals 10, 11, or 12, PCP edit **049 – PROVIDER NUMBER MUST EQUAL LONG TERM CARE PLAN** will be displayed. If the Provider Number assigned is for MLTC and the Case Type is not 20 and the RVI is not 1, 2, or 4, PCP edit **050 – MLTC MUST HAVE CT 20 AND RVI = 1, 2, OR 4** will be displayed.

Section VII – WMS Changes to Support MAGI-Like Budgeting

The WMS MAGI population transition to the New York Health Benefit Exchange (NY-HBE) was extended requiring WMS to support MAGI-Related budgets for individuals in the new MAGI categories. The new MAGI categories require new individual categorical codes, new Aid Categories, and edit changes.

Below is a chart identifying the new ICCs and Aid Category:

Individual Categorical Codes (03-110)	Aid Category (21-010)
New 92 - Pregnant Women – 0 to less than or equal to 223% FPL (MAGI)	Existing 43 – Prenatal Care
New 93 – Single Individuals & Childless Couples (including 19 & 20 year olds) over 100% FPL but less than or equal to 138% FPL (MAGI)	New H0-Adult Group (19-64) S/CC & 19/20 Living Alone (101-138% FPL)(FP)
New 94 - Parents & Caretaker Relatives – 0 to less than or equal to 138% FPL (MAGI)	New H1-Adult Group (19-64) Parent & Caretaker Relative >LIF ≤ 138% or 19-20 >LIF ≤ 138% or 138-155% MOE (FP)
New 95 – 19 & 20 Year Olds Living with Parents over 138% FPL but less than or equal to 155% FPL (MAGI)	New H1-Adult Group (19-64) Parent & Caretaker Relative >LIF ≤ 138% or 19-20 >LIF ≤ 138% or 138-155% MOE (FP)
New 96 – 19 & 20 Year Olds Living with Parents 0 to less than or equal to 138% FPL (MAGI)	Existing 90 – FHP S/CC ≤ 100% or S/CC

New Edits

1775 - CAT CODE 92-96 REQUIRES SPECIFIC MA FROM DATE

If Categorical Code is 92-96 then MA Coverage Period FROM Date must be equal to or later than 1/1/14. (E,U)

Modified Edits

0304 - CATEGORICAL CODE IS INVALID (Added new ICCs 92-96 as valid ICCs for CT 20)

0364 - CAT CD NOT ALLOWED WITH CT 20 & SSI= 4

If Case Type = 20 and SSI Status = 4 Individual Categorical Code must = 01 – 08, 10 – 15, 17, 21, 22, 25, 26, 42, 43, 48 or 92.

0371 - CAT CODE RESTRICTED TO CASE TYPE 20

If Individual Categorical Code is 21, 22, 25, 35, 36, 37, 39, 42, 43, or 92-96 then Case Type must be 20. (F, E, U)

0372 - IF CAT CODE IS 15, 36, 42, 43, 48 OR 92 SEX MUST BE F

If Individual Categorical Code is 15, 36, 42, 43, 48 or 92 the individual’s sex must be F.

0396 - CITIZENSHIP CODE REQUIRED FOR THIS INDIVIDUAL

Citizenship Code is required unless:

1. Emergency Indicator is D. (F,E,U)
2. Case Type is 20, 21, or 24 and Cat Code is 15, 36, 42, 43, 48, 53, 54, 55 or 92. (F,E,U)

0860 - NO CAT CDS 21, 22, 25, 39, 42, 43, 92 WITH RC E08

If Reason Code is E08 (MA to TMA) then Individual Categorical Code cannot be 21, 22, 25, 39, 42, 43 or 92.

0952 - COV CODE NOT VALID FOR CITIZENSHIP STATUS

If case type is 14, 16 or 17 and Citizenship Code is B, F, G, K or S and Individual Categorical Code is not 15, 36, 42, 43, 48, or 92 and Authorization To Date is within 5 years of the Date of Status, then the coverage code must be blank, 02, 04, 07, 09, 10, 11, 17, 30, 31, 32, 33, 34, 36 (F,E,U).

1376 - CITIZENSHIP CODE INCOMPATIBLE WITH CAT CODE

If Case Type equals 20 and ICC equals 15, 42, 43, 48 or 92 then ACI field should be blank.

1379 - PREGNANCY ICC REQUIRES UNBORN OR NEWBORN

If pregnancy (Individual Categorical Code = 15, 42, 43, 48, 58, 59 or 92) exists, then unborn or newborn < 60 days from the start of the new Medicaid Coverage must be entered. Bypass Edit if Ind Status = 08 or 13 OR if Individual Categorical code = 32, 33, 34, 74, 75, 76, 77, 78 or 81. (OVERRIDEABLE)

1381 - CHECK IV-D INDICATOR

If the Pregnancy/Parenting Code is changed from 1 to another value or if the Individual Categorical Code has changed from 15, 36, 42, 43, 48, 58, 59 or 92, the IV-D Indicator needs to be re-evaluated.

1394 - ACI P NOT VALID WITH CAT CODE

Cat Code must equal 15, 36, 42, 43, 48, 58, 59 or 92 if age is more than 20 years and ACI equals P.

1395 - S/F 65 NOT VALID WITH CAT CODE

Cat Code must equal 15, 36, 42, 43, 48, 58, 59 or 92 if S/F equals 65

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, 59 or 92. 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)

1513 - CAT CODES 35, 36, 42, 43, 48, 92 NOT VALID FOR COV CODE 11

If the Coverage Code equals 11, Individual Categorical Codes 35, 36, 42, 43, 48 or 92 are not allowed. (F, E, U)

1548 - COVERAGE CODE 01 NOT ALLOWED

Worker entry of Coverage Code 01 is not allowed for individuals with RVI 2, 3 or 4 who are **NOT** Individual Categorical Code 01, 02, 03 05, 06, 07, 08 or 09, **AND** the individual's age is <19 **OR** individuals with RVI 2, 3, or 4 who are **NOT** Individual Categorical Code 13, 15, 21, 22, 25, 26, 32, 33, 34, 35, 37, 39, 41, 42, 43, 44, 45, 46, 47, 48, 53, 54, 55, 61, 62, 63, 64, 74, 75, 76, 77, 81, 84, 92, 93, 94, 95, 96 or a SEX code of "U" (Unborn).

1760 - INCORRECT AUTH AND MA COV TO DATES

If ICC is 15, 42, 43 or 92 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.

1764 - RC ONLY VALID WITH COV CD 27

RC D61, D64, D65, D67, D68, D72, D73, ~~and~~ D74, UU1 and UU2 are only valid with Cov. Cd 27.

1920 - NOT ONE OF THE CAT CODES REQUIRED FOR RVI=9

If worker has entered RVI=9 on Screen One, but an Individual Categorical Code entered on Screen Three does not satisfy the following cross-editing regarding the compatibility RVI/Individual Categorical Code compatibility: RVI=9 is compatible with Unborn Children

OR

Individuals who satisfy the requirements of the following Individual Categorical Codes:

Categorical Code: 13, 94 – dependent relative

S/CC 93, 95, 96

Pregnant woman ICC 15, 42, 43, 48, 58, 59, 92

Public Home FNP ICC 16

FNP Alien ICC 37

FNP Parent Above PA Standard ICC 39

Expanded Children ICC 44, 45, 46, 47, 53, 54, 55

LIF Children ICC 01, 02, 03, 05, 06, 07, 08, 09

Unborns Sex Code “U”

Newborns ICC 41

Family Planning-only ICC 68, 69

Cancer Treatment Programs ICC 61, 62, 63, 64

Presumptive Eligibles ICC 35, 36

Cancer Services Program recipients (Individual Categorical Codes 61, 62, 63 or 64)

ADC Related ICC 21, 22, 25

LIF Adult ICC 26

Foster Care ICC 32, 33, 34, 74, 75, 76, 77, 78, 81

KinGap ICC 85, 86, 87, 88

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, 59 or 92 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)
- If a worker enters other than a IV-D indicator of N for a child who is in KinGap (Case Type = 20 and Individual Categorical Code = 85, 86, 87 or 88)

Section VIII - Money Follows the Person – New Restriction/Exception Code 89

A new R/E code of 89 has been developed to be used in conjunction with one, and only one, of the following exception codes: 46, 60 or 81. Entries for this program can be used beginning 7/1/2013 which is the effective date of this program. Entries can be made by LDSS staff along with OPWDD staff with cross district capabilities. All other R/E editing applies to this new exception.

Below are three new R/E edits:

078 – IN ORDER TO ENTER EXCEPTION 89, THERE MUST BE AN ACTIVE LINE OF ONLY ONE OF THE FOLLOWING EXCEPTIONS: 46, 60 OR 81.

If R/E 89 is being entered then at least one of the following R/E's must have an active line: 46, 60 or 81.

079 – EXCEPTION BEGIN DATE MAY NOT BE PRIOR TO 07/01/2013 FOR EXCEPTION TYPE 89

If exception code 89 is entered the FROM date cannot be prior to 07/01/13.

080 – IF EXCEPTION 89 EXISTS AND IS ACTIVE THEN THERE MUST BE AN ACTIVE R/E OF ONLY ONE OF THE FOLLOWING EXCEPTIONS: 46, 60 OR 81.

If there is an active exception 89 then there must be an active line of only one exception of 46, 60 or 81.

Section IX – Plan Changes

For all of the Plan changes below there are no changes to those in guarantee status or to the newborn process when adding newborns.

Excellus Health Plan Close Out

Excellus Health Plan (#00477023) enrollments have been halted for the following counties: Cayuga, Chemung, Jefferson, Lewis, Madison, Onondaga, Oswego, St. Lawrence, Schuyler, Steuben and Tompkins.

- Enrollments and Auto-reenrollments have been halted in the above counties.
- In Tompkins County, auto assignments for Medicaid Managed Care in Excellus have been halted.

MVP Health Plan Close Out

MVP (Provider ID 01111375) has been halted in Dutchess and Ulster counties.

- Enrollments and Auto-reenrollments to MVP have been halted for Dutchess and Ulster counties
- FHP Auto Assignment to MVP have also been halted for Dutchess and Ulster counties

Total Care Health Plan Close Out

Total Care (Provider ID 00477183) has been halted in the following counties: Cortland, Onondaga and Tompkins.

- Enrollments and Auto- reenrollments to Total Care have been halted in Cortland, Onondaga and Tompkins counties
- Medicaid Managed Care has been halted in Tompkins County and previously was halted in Cortland and Onondaga counties.
- FHP Auto Assignment has been halted in Cortland, Onondaga and Tompkins counties.

Section X - FHP Authorization to Date

All FHP cases renewed with an "Auth From Date" of 2/1/14 and beyond will not be able to have an "Auth To Date" beyond 12/31/14. An "Auth To Date" Edit of 12/31/14 has been put in place in WMS to prevent authorizations beyond this date. The new edit is:

1240 – MA AUTH TO DATE CANNOT BE > 12/31/14 FOR CASE TYPE 24

If a Case Type = 24 and Transaction Type = 02, 05 or 06, the AUTH TO DATE cannot be greater than 12/31/14. This is to accommodate the phrasing out of FHP beginning 1/1/15.