

DOH Contact: Local District Support Unit (518) 474-8887

WMS Changes

Section I – New Recipient Aid Category

A new Recipient Aid Category of “91 – TANF/SN/LIF without deprivation and SN-NC/SCC (FP)” has been created. The Recipient Aid Category is visible in Upstate WMS on the Inquiry Screen (Selection 12 from the Main WMS Menu) under MA Coverage History (Individual Inquiry-Selection B). The Recipient Aid Category is used for claiming and Managed Care rates. This new Aid Category is necessary due to enhanced FMAP available under the Affordable Care Act. Existing Aid Categories 17, 18, 19 and 21 will be claimed through eMedNY with shares of Federal 75%/State 12.5%/Local 12.5%. Recipients on case type 11, 12, 16, 17 and 20 with Individual Categorical Codes 15 or 26 are not eligible for the enhanced FMAP and need to retain shares of 50%/25%/25% which will occur with the new 91. WMS will generate the Recipient Aid Category of 91 for new individuals. A conversion of existing individuals will occur on Monday, June 23rd. It will exclude cases in pending status or with a lockdown status (DE 02004) = C. Active individuals with existing recipient aid category of 17, 18, 19, or 21 will be identified based on:

- Individual Status = 07
- Individual Categorical Code = 26 or 15
- Recipient Aid Category = 17, 18, 19 or 21
- Existing Medicaid Coverage To Date is = to or > than July 1, 2014.

The conversion on June 23rd will generate a WMS transaction. A unique Authorization Number of “26CVAD91” will be used. A 3209 will not be generated for this transaction. The following WMS data elements will be generated at the time of the conversion:

On Case Type 11, 12, 16 and 17

Transaction Type (DE 02010) = 05
Reason Code (DE 02050) = Y22
Notice Indicator (DE 04001) = N
MA From Date (DE 21110 – first 6 bytes) = 6/1/14

On Case Type 20

Transaction Type (DE 02010) = 05
Reason Code (DE 02050) = Y99
Notice Indicator (DE 04001) = N
MA From Date (DE 21110 – first 6 bytes) = 6/1/14

Managed Care rate derivation will now include Recipient Aid Category 91 for rate codes 2201 and 2205.

Section II – Clear CSD when closing individual and bypassing CSD edit

Various reason codes in WMS will close an individual on a Case Type 11, 12, 16, 17 or 20 while bypassing the Continuous Save Date (CSD) edit. Later transactions involving the Client Identification Number (CIN) will hit the CSD date that is being picked up from the previously closed Temporary Assistance (TA) or Medicaid (MA) individual. If an individual is not identified with a Special Population Value of ‘C’ (FFC-Formerly Foster Care) or ‘T’ (True Chafee), and is being closed from a case with a reason code that bypasses the CSD, the CSD will be systematically removed from the individual’s record.

Section III- System Fix for Edit 0881

Edit 0881 has been modified to include Coverage Code 26 (Inpatient Prisoner) for youth who have a Continuous Save Date (CSD) and become incarcerated.

Edit 0881- COV CD MUST BE 01, 04, 10, 11, 16, 19, 20, 26, 30, 32 OR 34 FOR CONTINUOUS SAVE DATE

Coverage Code existing or being entered with a MA Coverage From Date prior to the Continuous Save Date must be 01, 04, 10, 11, 16, 19, 20, 26, 30, 32, or 34.

Section IV- Auto Closing for Presumptive Eligibility Family Planning Benefit Program (PE FPBP) Shell Cases

With the PE FPBP cases completing a full year, it was discovered that the creation of the Auto Close process for PE FPBP shell cases was not completed in Production. Due to this issue, PE FPBP (Case Type 21) shell cases were not being closed and were showing up on the WINR3160 “Cases Overdue for Recertification” within the Local Districts. Effective April 30, 2014, this Auto Close process began closing PE FPBP shell cases. The process selects Active, Case Type 21’s with an Authorization To Date equal to or less than the current month and produces a Closing Transaction (TT 07) without a CNS notice, suppressing the 3209. A monthly report of Unsuccessful and Successful Closings has been created and is generated to Policy.

Section V- PCP Disenrollment for Family Planning Extension Program (FPEP) Recipients

An automated disenrollment process for individuals who have current Family Planning Extension Program (FPEP) Coverage 27 and an active PCP record has been created. This auto disenrollment will occur in the PCP subsystem by pulling the Medicaid Coverage From Date for the disenrollment Effective Date, CAP = “0”, Reason Code = “59” and storing the record using Worker Id = “NYFPE”.

Section VI - Nursing Home Recipients in Mainstream Managed Care

WMS has been modified to accommodate Mainstream Managed Care handling of Nursing Home situations. This program is being phased in starting with Nassau, Suffolk and Westchester Counties. Effective 6/1/14 there are several new R/E’s to support this project:

R/E Code	Description
N1	Regular SNF Rate- MC Enrollee
N2	SNF AIDS-MC Enrollee
N3	SNF Neuro-Behavioral-MC Enrollee
N4	SNF Traumatic Brain Injury-MC Enrollee
N5	SNF Ventilator Dependent-MC Enrollee
N6	Partial Cap 21+Nursing Home Certifiable
N7	NH Budgeting Approved

For the N7 only:

- the R/E subsystem will generate a FROM date equal to the Transaction Date or if the FROM date is entered it must equal the Transaction date
- will bypass the edit that prevents PCP enrollment if Card Code is R
- the auto assignment process is turned off
- no active PCP record can exist (edit 082)

For N1-N6:

- active PCP record must exist (edit 083)
- Principal Provider record must be inactive (edit 085)
- From date on N1-N6 must be first of month (edit 084)
- From date must be 6/1/14 or greater (see edit 081).

N1-N7 have been added to the following R/E edits:

002 – R/E TYPE IS INVALID

013 – CURRENT R/E ALREADY EXISTS FOR THIS PROVIDER

020 – INDIVIDUAL HAS NO CURRENT MA COVERAGE – If MA Exception Type is N1-N7 then coverage code must be 01, 11 or 30.
022 – NO CURRENT R/E OF TYPE ENTERED – CLOSE INVALID
023 – R/E END DATE PRECEDES BEGIN DATE
024 – INACTIVATION INVALID – NO CORRESPONDING RECORD PRESENT ON DATABASE
037 – BEGIN DATE MUST BE ENTERED FOR NON-SURS RESTRICTIONS

N1-N6 have been added to the following R/E edits:

003 – PROVIDER ID NUMBER MUST BE ENTERED
007 – PROVIDER NOT PRESENT ON PROVIDER FILE
008 – NO MATCH ON CATEGORY OF SERVICE FOR THIS PROVIDER
013 – CURRENT R/E ALREADY EXISTS FOR THIS PROVIDER
020 – INDIVIDUAL HAS NO CURRENT MA COVERAGE

New R/E edits:

081 – EXCEPTION BEGIN DATE MUST BE 6/1/14 OR GREATER FOR R/E N1-N7

If R/E N1-N7 is used then the begin date must be 6/1/14 or greater.

082 – R/E N7 IS NOT COMPATIBLE WITH MC ENROLLMENT

If client is enrolled in MC, R/E N7 cannot be entered

083 – R/E FROM DATE MUST HAVE CORRESPONDING ACTIVE MC ENROLLMENT FOR N1-N6

The FROM date of R/E N1-N6 must be during an active MC enrollment period.

084 – R/E FROM DATE IS INCORRECT FOR R/E N1-N6

If R/E N1-N6 is used then the R/E FROM date must equal the 1st of the month.

085 – R/E INCOMPATIBLE WITH PP FOR R/E N1-N6

If R/E N1-N6 is used then the R/E FROM date must be equal to or greater than the most recent 00 transaction on the PP record.

New Principal Provider edit:

065 – NO PP ENTRY ALLOWED THAT OVERLAPS AN R/E N1-N6 TIME PERIOD

If there is an R/E N1 through N6 record then no PP entry can overlap that time period.

Section VII – Restrictions and Exceptions for Recipient Medicaid Coverages 25 and 26:

Effective 10/22/13 changes were put in place to authorize 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. The New Recipient Medicaid Coverages were 25 - Inpatient OMH and 26 – Inpatient Prisoners. At that time, the Restrictions/Exceptions (R/E) that were present on the data base were maintained, but no new R/Es could be entered. Effective with this migration, new entries will be allowed for recipients with Inpatient OMH-25 or Inpatient Prisoner - 26 Coverage.

The entries into the Restriction/Exception Sub-system that are allowed for Coverage 25 are R/Es 02-06, 08-13, 20-25, 35, 44-49, 81, 84-86, 90-92, and 94-98. R/Es allowed with Coverage 26 are: 02-06, 08-13, 20-25, 90-92, and 94-98.

No new edits have been developed, however, R/E Sub-system edit 020 has been revised to include Coverages 25 and 26 with the statements for R/Es 02-06, 08-13, 20-25, 90-92 and 94-98. Coverage 25, only, has been added to the statements for R/Es 35, 44-49, 81, and 84-86.

Section VIII – Modify RFI High Risk Listing- Unresolved for over 45 Days Report

Case type 21's were reporting as case type 20's on the RFI High Risk Listing- Unresolved for over 45 days Report. RFI High Risk Listing- Unresolved for over 45 days Report has been modified to show actual case type. Case type 21's are now reporting as case type 21's.