

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

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Section I – Shut Down of Family Health Plus

- A. Beginning Saturday, November 1st through Saturday, January 31, 2015 a weekly list of active Upstate FHP cases will be compiled and delivered to LDSS via HCS. The file will be named: **XX_ACTIVE_FHP_CASES** (XX= district number) and will be sorted by Office, Unit, Worker, Case Number and Authorization TO DATE. If a LDSS has no active FHP cases, a BLANK file will be placed in the district folder on HCS. These files will be available on the following Monday mornings.

The cases will be selected using any of the following criteria:

- Case Types = 20 or 24
- Case Status = Active or Active Override
- Individual Categorical Codes = 56, 57, 58 or 59
- Recipient Medicaid Coverage Codes = 34 or 36

Cases from above will **NOT** be selected if they meet the following **additional** conditions:

- Cases in Clockdown Status = C (case is clocking down)
- Cases with a Recertification Source Code = D (Enrollment Center)

- B. Due to the ending of the FHP program on 12/31/14, the following changes have been made in WMS.
- **To prevent new enrollment into the FHP program, if an Application Date of 01/01/15 and greater is attempted for a CT 24, the following message will appear in WMS** (Application Registry Menu Screen- WAPREG) **CT 24- FHP-PROGRAM ENDED 12/31/2014**
 - To prevent additional use of Case Type 24's and to phase out of the FHP Program, the following message will appear in WMS if a Transaction Type 11 (Reactivation) on a Case Type 24 is attempted > 12/12/14. **REACTIVATION ON CT 24 NOT ALLOWED**
 - To prevent additional use of Case Type 24, the following Edit will appear in WMS if the Authorization TO DATE or the Medicaid Coverage TO DATE > 12/31/14. **1240- MA AUTH TO DATE OR MA COV TO DATE CANNOT BE > 12/31/14 FOR CASE TYPE 24**
 - To prevent additional use of FHP Categorical Codes 56, 57, 58 or 59 on CT 20 or 24, the following Edit will appear in WMS if the Authorization TO DATE > 12/31/14. **1242- FHP CAT CDS NOT VALID > 12/31/14**
 - To prevent additional use of FHP Coverage Codes 34 or 36 on CT 20, the following Edit will appear in WMS if the Medicaid Coverage TO DATE > 12/31/14. **1241- FHP COV CDS NOT VALID > 12/31/14**

Due to the ending of the FHP Program on 12/31/14, the following changes have been made in the PCP Subsystem.

- To prevent the use of Benefits Package 70 (Family Health Plus) for Pre-Paid Capitation Plans, effective 01/01/2015, the following Edit has been modified.

043-BENEFITS PACKAGE CODE = 70 AND PCP FROM DATE <01/01/2001 OR > 12/31/14

Section II – Updating TA/MA Matrix for TA IPV’s

Medicaid honored Temporary Assistance IPV’s (Intentional Program Violation) for Applicant/Recipients in the Single/Childless Category. As S/CC’s are now the new Adult group, Medicaid eligibility is no longer tied to Temporary Assistance rules, therefore, Medicaid should continue unchanged when an S/CC individual is discontinued from TA for an IPV. The MA Extension Reason Code inserted will change from 761 (Combined PA/MA Discontinuance) to 758 (MA Continues Unchanged Pending Decision).

This change will impact the following TA/MA Individual Reason Codes for Individuals with Categorical Code 09 (S/CC):

M78- Continue IPV Sanction

WS1- IPV: 6 Month Disqualification (1st Offense/Infraction > \$1,000)

WS2- IPV: 12 Month Disqualification (2nd Offense/Infraction < \$3,900)

WS3- IPV: 12 Month Disqualification (1st Offense/Infraction \$1,000-\$3,900)

WS4- IPV: 18 Month Disqualification (3rd Offense)

WS5- IPV: 18 Month Disqualification (1st Offense/Infraction > \$3,900)

WS6- IPV: 18 Month Disqualification (2nd Offense/Infraction > \$3,900)

WS7- IPV: 5 Year Disqualification (4th or Subsequent Offense)

WS8- IPV: Court Ordered Disqualification

Section III – System Fix for Edit 0161 and 0579

Edit 0161 and 0579 will be bypassed for undercare transactions when the Case Type = 20 and Authorization Date = 12/31/99 and Medicaid Coverage Code = 04 (no coverage) with Individual Categorical Code 68/69; or 07 (emergency services only); or 26 (inpatient prisoner).

Section IV – FIDA Program (Fully Integrated Duals Advantage Program)

In the May 30, 2014 WMS Coordinator Letter districts were informed about the new FIDA Program. The FIDA Program will begin in NYC as well as Nassau, Suffolk and Westchester counties. The program start date was modified from October 2014 to January 2015 for NYC and Nassau. Suffolk and Westchester will be in April 2015. All FIDA enrollments will be handled by the Enrollment Broker.

Section V – NYSoH Transfer to WMS for Manual LDSS Processing

Individuals with coverage from the New York State of Health (NYSoH) can have a “life event” requiring their eligibility to transfer to the WMS system. Until this can be an automated process, LDSS will process manually upon receiving a PDF file via Maximus Moveit process **starting 11/17/14**. Initially there will be the following populations that the NYSoH will refer to the LDSS to manually open on WMS:

- Individuals who are age 65 (by the end of current eligibility period), and not a parent or caretaker relative. (NYSoH Referral Code HXNMD)
- Age 64 or less, in receipt of Medicare and not a parent or caretaker relative. (NYSoH Referral Code HXWMD)
- Parents/caretaker relatives who are no longer financially eligible for Medicaid and do not qualify for APTC (Advanced Premium Tax Credit). Children under age 21 who are no longer financially eligible for Medicaid and do not qualify for APTC, and in the case of children under age 19, do not qualify for CHIP. Individuals who say they are disabled or chronically ill who are no longer financially eligible for Medicaid and who do not qualify for APTC. (NYSoH Referral Code HXNTX)

New CNS Language and Reason Code

- New opening & undercare reason code will be ‘H2W’

New Recertification Source Code

- New value will be ‘O – Referred by NYSoH’
- New value is automatically set based on use of new CNS Reason Code ‘H2W’

- New value 'O' will be automatically removed when RVI '5' or '6' is changed to another RVI value or blanked out.
- New value needs to appear on WINR 4133 so districts will know it is a referral case and renewal packet was already sent at time of case opening.

New RVI Codes

- New values will be '5 – Transfer from NYSoH (System Generated)' and '6 – Transfer from NYSoH (Worker Entered)'. Value '6' will be used for manual process now, value '5' will be used when process is automated in future.
- Luberto process will transfer new RVIs to Move To district.
- Automated processes that utilize RVI (prisoners reinstate, OMH reinstate, PCP disenrollments) to restore coverage will be modified. If RVI = 6, coverage will be restored to what existed prior to incarceration (coverage 26 or coverage 04 & ICC 68 or 69), institutionalization (coverage 25), or PCP enrollment.

The following edits will be modified:

1058 - RESOURCE ENTRY REQUIRED FOR CASE TYPE 20

An RVI value is a required Screen One entry in all CT 20 transactions (except in those instances in which RVI = 9 is to be generated) other than Case Closings or Case Denials. Otherwise entry of 1, 2, 3, 4, 5, 6 or 9 is required (see edit 1059 below)

1059 - RVI VALUE MUST = 1-4, 5, 6, 9, OR BLANK

If transaction involves a Case Type 20, and the entered value on Screen One is *other than* 1, 2, 3, 4, 5, 6 or 9

1159 - WARNING – RVI = 9 HAS BEEN SYSTEM GENERATED

If all entries on Screen Three reflect individuals for whom there is no resource test, with or without an unborn in the MA Household, the WMS will generate RVI = 9. If RVI was not worker-entered on Screen One, RVI = 9 will be generated by the WMS. If RVI = 1-4 was worker entered on Screen One, that value will be overlaid by a WMS generated RVI = 9. If RVI=5 or 6, that value should **not** be overlaid by a WMS generated RVI=9.

1237/00 INVALID RECERTIFICATION SOURCE CODE

Recertification Source Code must be valid. Valid values are 1, 2, C, D, X, O, W or blank.

1542 - COVERAGE NOT ALLOWED FOR RESOURCE CODE

The result of a Coverage Code entry on Screen Five which fails the following cross-edit with the RVI value on Screen One:

RVI=1, OK with Coverage Codes 01, 02, 04, 05, 06, 07, 08, 09, 11, 13, 14, 15, 17, 18, 30, 31, 34, 36

RVI=2, OK with Coverage Codes 01, 04, 05, 06, 07, 13, 14, 15, 17, 18, 19, 21, 30, 31, 34, 36

RVI=3, OK with Coverage Codes 01, 04, 05, 06, 07, 13, 14, 15, 17, 18, 20, 22, 30, 31, 34, 36

RVI=4, OK with Coverage Codes 01, 04, 05, 06, 07, 10, 13, 14, 15, 17, 18, 23, 30, 31, 34, 36

RVI=5, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

RVI=6, OK with Coverage Codes 01, 02, 04, 06, 07, 11, 18, 25, 26, 30

The following are new edits:

1243 – OPENING TRANSACTION WITH RVI VALUE 5 or 6 MUST HAVE REASON CODE H2W

If an opening transaction is done and RVI = 5 or 6 the reason code must be H2W

1244 – RVI 5 CANNOT BE WORKER ENTERED

RVI 5 is a system generated RVI only. It cannot be worker entered.

1245 – RVI REVIEW NEEDED FOR RENEWAL

RVI = 5 or 6 with a renewal (06) transaction should not occur as eligibility has been redetermined for an HX to WMS Transfer. Review of appropriate RVI is needed. (Overrideable)

Section VI - Nursing Home residents in MMC

The implementation date for this project, as noted in the 5/30/14 Coordinator letter, has changed. Phase 1 of this project, for NYC only, is now scheduled for January 1st, 2015. Implementation for the Upstate districts will be provided at a later date.

File/Report for Nursing Home Residents in Mainstream Managed Care

Nursing Home recipients deemed permanent and in MMC, with an active N1-N6 Restriction/Exception code, will be listed on a District File/Report and on a Provider File/Report sent to both HCS and BICS. The HCS Upstate District files will be identified as **mnhumdd.txt**, the HCS Provider files will be identified as **mnhpmmdd.txt** and the BICS files will be identified as **001-X-99*MNH120-mmdd** (99=district), mmdd=monthday).

These files will follow the same schedule as the MC primary and secondary pulldowns and will contain the following data:

District

CIN

Case Number

R/E code

Provider ID

R/E FROM date

PCP Plan ID

NAMI (will be 0 if BT =01)

Error Message of: BUDGET INCOMPATIBLE if budget data is not available or does not match R/E.

Note: If there are no active recipients then no report will be sent.

Section VII – Correct Mnemonic for State Charge/Federal Charge Code 68

State Charge/Federal Charge Code 68 is used to indicate qualified aliens in the five year ban who are not exempt from Temporary Assistance Maintenance of Effort (MOE) requirements. This code has been in production since July 17, 2007. Qualified Aliens are those with Alien Citizenship Indicators of B, F, G, K or, S. WMS will continue to system generate S/F 68 in Screen 3 as appropriate. The Mnemonic for State Charge/Federal Charge Code 68 will now be displayed in WINQ55 as **QALNOMOE**.

Section VIII – Health Now Close-out

Effective August 01, 2014, all enrollments, re-enrollments and auto-assignments to Health Now (Managed Care Provider 01249265) in Allegany (02), Cattaraugus (04), Chautauqua (06), Erie (14), Orleans (34) and Wyoming (56) Counties were discontinued. Enrollments were discontinued pending an agreement between Health Now and New York State Medicaid and Child Health Plus.

Section IX – Edit Changes for MAGI Pregnant Women or Caretaker Relative Eligible for MSP

A pregnant women, parent or caretaker relative can be MAGI and also MSP eligible. These individuals need to be coded MAGI with Cat Code 92 or 94. Edits 0438 and 0439 have been modify to include 92 and 94.

0438 - CAT CODE OF 10, 11, 12, 21, 70, 71, or 94 REQUIRED FOR ALL INDIVS

If Case Reason Code is X52, C09, C10, C11, S06, S17 or S18, then the Categorical Code must be 10, 11, 12, 21, 70, 71, or 94 for all individuals in the case. (U)

0439 - CAT CODE OF 10, 11, 12, 21, 70, 71, 92 or 94 REQUIRED FOR THIS INDIVIDUAL.

If PA/MA Individual Reason Code is X52, C09, C10, C11, S06, S17 or S18 then the Categorical Code must be 10, 11, 12, 21, 70, 71, 92 or 94 (U)

Section X – Continuation of Emergency Coverage 07 at Incarceration

The WMS System has been re-programmed to allow MA Coverage Code 07 (Emergency) to the Prisoner Suspension Process. At incarceration, individuals with 07 Coverage will have their Medicaid Coverage and authorization "to" periods extended to 12/31/49. This population was previously excluded from the suspension process.