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**WMS Changes**

**Section I – Disable Use of Medicaid Coverage 14 & 15**

**Section II – Essential Plan**

**Section III – Do not allow auto reenrollment when active R/E code N7 is present**

**Section IV – FIDA - IDD**

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**Section I – Disable Use of Medicaid Coverage 14 & 15**

MA coverage codes “14 - Presumptive Eligibility – Prenatal Care B” and “15 - Perinatal Coverage” will no longer be used as there is only one benefit package for presumptive eligibility for pregnant women “13 – Presumptive Eligibility – Prenatal Care A” and all pregnant woman who are determined eligible for ongoing coverage will receive full Medicaid. The following new WMS error has been created to prevent entry:

**1585 – COVERAGE OF 14 AND 15 NOT ALLOWED AFTER 10/19/2015**

Effective 10/19/2015 coverage codes 14 and 15 are not valid entries. The only coverage to be used for pregnant women who are presumptively eligible is 13 – Presumptive Eligibility – Prenatal Care A.

The following existing errors and associated tables have been updated to remove references to Coverages 14 and 15:

**0521 - PRINCIPAL PROVIDER CD INVALID FOR THIS MA COVERAGE (F, E, U)**

**0535 - CAT CODE 36 REQUIRES COV CODE 13 OR 14**

**0536 - COV CODE 13 OR 14 REQUIRES CAT CODE 36**

**0538 - COV CODE 13, 14 OR 15 REQUIRES SEX CODE F**

**0562 - MA COVERAGE DATE(S) INVALID**

**0563 - MA COVERAGE CODE INVALID**

**0567 - MA COVERAGE DATE(S) INVALID**

**0569 - MA COVERAGE CODE INVALID**

**0573 - MA COVERAGE DATE(S) INVALID**

**0574 - MA COVERAGE CODE INVALID**

**0591 - DOWNGRADE OF MA COVERAGE CODES HAS OCCURRED**

**0948 - MA COVERAGE CODE MUST BE 01, 07, 10, 15, 16, 17, 30 OR 31**

**1537 - COV CD MUST BE 15, 30 OR 31 WHEN CAT CD IS 43 WITH INCOME BETWEEN 100-200% FPL**

**1542 - COVERAGE NOT ALLOWED FOR RESOURCE CODE**

**1594 - MA COVERAGE INVALID FOR REASON CODE**

The following WINR reports will be modified to no longer display Coverage Code 14: WINR 5265 – PRESUMPTIVE PRENATAL CASES DUE FOR ELIGIBILITY DETERMINATION and WINR 5266 – PRESUMPTIVE PRENATAL CASES OVERDUE FOR ELIGIBILITY DETERMINATION

**Section II – Essential Plan**

Essential Plan (EP) (aka Basic Health Plan) is a standard health plan that provides ten essential health benefits identified in the Affordable Care Act. NYS will implement this for Upstate WMS districts on February 6, 2016 for the State only funded immigrants who are currently eligible for Medicaid. EP individuals will be transitioned at renewal to NYSoH where they will be enrolled into an EP health plan. This effort will impact immigrants with existing S/F codes 60, 67 and 68 who are on Medicaid cases (Case Type 20) and are identified as MAGI. At the same time, if a MAGI case member exists on the case they will also transition to the NYSoH. Non-MAGI case members will remain on the WMS case. Additional information will be provided prior to the February 6, 2016 implementation date.

**Section III – Do not allow auto reenrollment when active R/E code N7 is present**

Auto re-enrollment, which is automatic re-enrollment into the same PCP plan if eligibility is re-established within 90 days, will no longer occur when an active R/E N7 is present. Other excluded R/E's from auto re-enrollment are 24, 90, and 98.

**Section IV – FIDA - IDD**

The Fully Integrated Dual Advantage (Primary FIDA) plans were put into production 02-16-15. FIDA will be expanded to include individuals with Intellectual and Developmental Disabilities as FIDA-IDD. FIDA-IDD is for dual eligibles who are 21 years of age and older, who are eligible for OPWDD services and are determined to be ICF-IID level of care. FIDA-IDD will initially operate only in NYC, Nassau, Suffolk, Westchester and Rockland counties. Maximus will be responsible for Enrollment and Disenrollment transactions via batch process or PCP online.

The FIDA-IDD Benefit Package is value 80. FIDA-IDD plans follow Primary FIDA rules, i.e., 90 day parameters for auto enroll/disenrollment and Newborns of mothers enrolled in FIDA-IDD plans are not placed in the mother's plan. Enrollees will be included on Monthly Rosters. The plan cannot be entered with a from date prior to 01-01-16. Enrollment will be allowed when the Medicare Flag is Y. Partners Health Plan (Provider ID 04099212) is the only plan currently in the program.

One new PCP edit will be established. When the Benefit Package 80 is entered with a From date prior to 01/01/16 PCP Online edit **060 – BENEFIT PACKAGE CODE = 80 REQUIRES PCP FROM DATE ≥ 01-01-16** will be displayed

Following the same rules used for MLTC and Primary FIDA when CINs with Recipient Medicaid Coverage 06 are enrolled in FIDA-IDD Plans, enrollment will trigger WMS Transaction Type 05 with Reason Code 720 and the Recipient Medicaid Coverage will be flipped to 30. The Excess Income amount and Family Indicator will be included on the Monthly Rosters for the Plans.

Disenrollment from a FIDA-IDD plan, with no new enrollment will produce WMS Transaction Type 05 with Reason Code 720. The correct Recipient Medicaid Coverage will be the coverage stored in WINQ55 immediately prior to enrollment. The routine to flip coverage at disenrollment will also check RVI, Age, Unborn and Alien status:

- If the RVI is 1, 9 or space and the sex is U (Unborn) or the age is less than 19 and the ICC is 01, 02, 03, 04, 05, 06, 07, 08, or 09 and the State Charge/Federal Charge is 60, 67, or 68, then the coverage will be 11.
- If the RVI is 1, 9 or space and the sex is U (Unborn) or the age is less than 19 and the ICC is 01, 02, 03, 04, 05, 06, 07, 08, or 09 and the State Charge/Federal Charge is not 60, 67, or 68 then the coverage will be 01.
- If the RVI is 2 with ICC 10, 11, 12, 70 or 71 the Coverage will flip to 19.
- If the RVI is 3 and the ICC is 10, 11, 12, 70, or 71 the Coverage will flip to 20.
- If the RVI is 4 and the ICC is 10, 11, 12, 70, or 71 the Coverage will flip to 10.
- If the RVI is 1, 2, 3, 4, or 9 and the ICC is not 10, 11, 12, 70, or 71 the Coverage will flip to 01.