

DOH Contact: Local District Support Unit (518) 473-6397

WMS Changes

Section I – Essential Plan (EP)/Basic Health Plan (BHP)

Section II – Revision to Prisoner Suspension

Section I

Essential Plan (EP) (aka Basic Health Plan) is a standard health plan that provides ten essential health benefits identified in the Affordable Care Act. On **March 5, 2016**, Upstate WMS will begin to transition State only funded immigrants to NY State of Health (NYSoH) at the time of their renewal, where they will be enrolled into an EP health plan. This will impact immigrants with existing State/Federal charge 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 NYSoH. Non-MAGI case members will remain in the WMS case.

As part of the monthly renewal process, EP members will automatically be identified along with their MAGI case members and a WMS transaction will occur to close the case or delete individual/s off of the case. Non-MAGI case member remaining in WMS will be sent a renewal letter at the same time. It is critical for Enrollment Center districts to be aware that the EP population is pulled before all other renewal processes including the Enrollment Center; therefore the renewal form will direct the individual to renew with NYSoH and not New York Health Options. A new report, "**WINR 4140 – BHP/EP Renewal Transition to NYSoH**" will be provided to inform districts of impacted individuals. Managed Care plans are also being made aware of impacted individuals by being provided files through the Health Commerce System (HCS).

Here are the steps for the EP process:

Step 1	Cases are identified that meet the EP criteria. At least one individual on case must meet the EP criteria. If there is one individual who meets the EP criteria, the case will be part of the EP process. If there are no individuals who meet the EP criteria, the case will not be part of the EP process and will be processed by the usual renewal processes or the WINR 4133.
Step 2	Cases that meet the EP process are further reviewed to see if case members meet the MAGI Criteria.
Step 3	Automated WMS Transaction occurs and CNS Notice is generated.
Step 4	File is sent to NYSoH. NYSoH processes the file and matches individuals to their system. NYSoH notices are sent to Account Holders instructing them how to access their NYSoH Account.
Step 5	WINR Report is provided to LDSS and Managed Care plans receive file through HCS.

Step 1 – EP Criteria

Exclude Case where at least one is met:

Case in Pending Status	Case in Clockdown Status
District = 97, 98 or 99	Recert Source Codes = D or X

Exclude **Individuals** where at least one is met:

Individual Categorical Code = 15, 36, 42, 43, 48, 58, 59, 92	Special Population = C (Chafee/Foster Care) or T (True Chafee)
Turning 65 before the existing MA coverage To date + 3 months	Out of 5 year ban before the existing MA coverage To date + 3 months
Individual MA Restriction/Exception Type = N1-N7, 25, 35, 46-49, 60, 62-74, 90, new R/E to identify non- EP Aliessa (B7- Not qualified to enroll in EP)	Principal Provider = 01, 02, 03, 04, 05, 06, 07, 08, 10, 12, 14, 16
Third Party Health Insurance = Y	Medicare = Y

Include **Individuals** If:

- If the system sees a transaction that occurred since the last 4133 run with the Authorization date less than End of Month of target month (This is used to insure MA Extension cases due to TA Closing with shorter Authorization Periods are pulled in) AND
- Individual Status = 07 AND
- Case Type = 20 AND
- Age = Equal to or greater than 21 but less than 65 AND
- Citizenship Indicator = B, G, K, S, O OR T AND
- S/F Charge Code = 60, 67, or 68 AND
- Aid Category = 01, 21, 32, 39, 76, 90, 91, H0, H1 AND
- Individual is not enrolled in a PCP plan and has MA Coverage Code = 01, 11, 30 OR
Individual is enrolled in a PCP plan and Provider ID is not LTC, PACE, MAP, FIDA OR HARP

Step 2 - MAGI Criteria

Exclude **Individuals** where at least one is met:

Special Population = C (Chafee/Foster Care) or T (True Chafee)	Turning 65 before existing MA coverage To date + 3 months
Individual MA Restriction/Exception Type = N1-N7, 25, 35, 46-49, 60, 62-74, 90	Principal Provider = 01, 02, 03, 04, 05, 06, 07, 08, 10, 12, 14, 16
Recert Source Codes = D or X	

Include Individuals If:

- If the system sees a transaction that occurred since the last 4133 run with the Authorization date less than End of Month of target month AND
- Individual Status = 07 AND
- Case Type = 20 AND
- Individual Categorical Code = 01, 02, 03, 05, 06, 07, 08, 09, 13, 15*, 26, 42*, 43*, 45, 46, 47, 48*, 53, 54, 55, 58*, 59*, 67, 84, 92*, 93, 94, 95, 96 AND
- Individual is not enrolled in a PCP plan and has MA Coverage Code = 01 or 30 OR Individual is enrolled in a PCP plan and Provider ID is not LTC, PACE, MAP, FIDA OR HARP

*If ICC = 15, 42, 43, 48, 58, 59, or 92 and Unborn exists, Unborn will be closed or deleted off a case, but will not be sent on NYSoH File. Pregnancy questions will be asked when NYSoH account is accessed and Unborn will be added based on responses to those questions.

Step 3 – Automated WMS Transaction

Each month cases with all individuals meeting the defined EP/MAGI case member criteria will be given a new closing reason code and mixed member cases (EP/MAGI case members &/or non-MAGI case members) will be given new undercare reason codes.

- A Unique Authorization (DE02040) of '9----BHP' will be produced
- If RFI flags exist automated transaction will batch

Cases that contain all EP/MAGI case members will be CLOSED using the criteria below. The new CNS notice W2H, will inform individuals that have been closed or deleted off WMS, that renewal is needed at NYSoH and additional information will be sent to them by NYSoH:

- Transaction Code = 08
- Transaction Office/Transaction Unit/Worker = BHP/NYDOH/00000
- Case Reason Code = W2H (Transition MA to NYSoH, in the 5yr ban or in the 5yr ban and MAGI combo household). If Unborn with PW ICC exists then I89 (Used as Case Reason Code When Some or All Case Members Have An Individual Reason Code)
- Notice Indicator = A
- Authorization To Date = Current Date
- Individual Reason Code if Case Reason Code = I89
 - EP or MAGI case member (includes PW ICCs)= W2H
 - Unborn (Sex = U) with PW ICC (15, 42, 43, 48, 58, 59, or 92) = Y70 (Removing Unborn from Case Does not Produce Language)
- Individual Status = 20
- MA Coverage To Date = Unchanged if it is the Current Date + 2 months (End of Month-EOM). If less than or greater than Current Date + 2 months (EOM) then it will be set to Current Date + 2 months (EOM)

- If payment lines exist and Payment Period To date is greater than Transaction Input Date + 2 months the Payment Period To Date will be truncated

OR

- If payment lines exist and Payment Period greater than Transaction Input Date + 2 months (EOM) another Payment Line will be created to cancel out future payment line.

Cases that contain a mix of EP/MAGI (see criteria above) &or non-MAGI will have EP & MAGI individuals DELETED.

- Transaction Code = 05
- Transaction Office/Transaction Unit/Worker = BHP/NYDOH/00000
- Case Reason Code = 189 (Used as Case Reason Code When Some or All Case Members Have An Individual Reason Code)
- Notice Indicator = A
- Individual Reason Code if
 - EP or MAGI case member (includes PW ICCs)= W2H
 - Non-EP and/or non-MAGI case member/s with coverage not equal to 18 = S4N (MA Renewal for individual(s) to remain with LDSS when other(s) in 5yr ban or 5yr ban MAGI transition to NYSoH)
 - Non-EP and/or non-MAGI case member/s with coverage = 18 = F4N (FPBP Renewal for individual(s) to remain with LDSS when other(s) in 5yr ban or 5yr ban MAGI transition to NYSoH)
 - Unborn (Sex = U) with PW ICC (15, 42, 43, 48, 58, 59, or 92) = Y70 (Removing Unborn from Case Does not Produce Language)
- Anticipated Future Action – If the following AFA codes exist they will be blanked out Z49, Z59, Z82, Z83, Z85, Z86, or Z87 as well as the corresponding Line# in the screen 4 AFA field. No AFAs are set for renewal.
- Individual Status if
 - EP or MAGI or Unborn with PW ICC case member = 15
 - Non-EP and/or non-MAGI case members = no change
- MA Coverage To Date (21110, last 6 bytes) if
 - EP or MAGI or Unborn with PW ICC case member = Unchanged if = Current Date + 2 months (End of Month-EOM). If less than or greater than Current Date + 2 months (EOM) set to Current Date + 2 months (EOM)
 - Non-EP and/or non-MAGI case members = Unchanged

Step 4 – NYSoH File

Shortly after the WMS transaction is produced a file will be created and delivered to NYSoH. The file will contain individuals that were closed or deleted off of WMS. NYSoH will match individual to their system and send a notice to the individual informing them of the action they need to take in NYSoH.

Step 5 – Monthly Report for LDSS and File for Managed Care Plans

Monthly Report for LDSS

A new monthly report (WINR 4140) will be created for the LDSS to identify cases selected for EP. WINR 4140 Report will be titled "BHP/EP Renewal Transition to NYSOH" and will consist of four sections:

- Section I – BHP/EP Case with Pending Transaction Needs Review for Extension
- **LDSS Action:** LDSS should review pending cases. If errors exist they should be resolved. Case should be extended for two additional months which will allow it to be picked up in future EP renewal process
- Section II – BHP/EP Closings - Transactions resulting in a closing will be listed
- Section III – BHP/EP Deletions – Transactions resulting in a deletion will be listed
- Section IV – BHP/EP Cases that failed to process due to other reasons

The WINR 4140 report will be sorted by: District/ Local Office/Unit/Worker/Authorization Period To Date/Case Name (Alphabetically)

Each section will contain: Case Number, Case Name, Case Type, Authorization To Date, CIN, Total Cases

Monthly File for Managed Care Plans

A new monthly comma delimited file will be delivered to the Managed Care plans via the Health Commerce System (HCS). The purpose of the report is to identify to the Managed Care Plans the individuals that will be transitioning out of WMS to NYSoH due to EP. File will be titled "EP Renewal Transition to NYSOH" and report name sent to HCS will be 'epmummy'. The file will be sorted and distributed by Managed Care Provider. File format will consist of District, Case Number, CIN and MA Coverage To Date.

EP Exclude Process – New R/E B7

System Generated B7

A monthly file will be made available to WMS by Medicaid Data Warehouse (MDW) of individuals receiving Long Term Care Services. WMS will compare individuals meeting the EP criteria defined in Step 1 for the upcoming renewal period to the monthly MDW file. Any individuals that match will be put on a file and sent to eMedNY to have a R/E B7 added. This new B7 will exclude these individuals from being transitioned to NYSoH as long as they continue to be identified on the MDW file. All B7s will be end dated automatically in eMedNY after 11 months.

Worker entered B7

Contained within the W2H language, it states that individuals who are in receipt of community based long-term care services should contact the LDSS. If these individuals contact the LDSS they need to have their case reactivated within WMS and have a B7 entered in eMedNY. The need for the B7 should be re-evaluated at each renewal due to the automatic end dating in eMedNY after 11 months.

New & Modifications to WMS Errors

New edits - Two new WMS edits have been created. They both use similar logic used in Step 1 above to identify EP:

If an undercare transaction (05 or 06) is entered and an individual on the case meets the BHP/EP criteria and R/E ≠ B7 this Overrideable error will occur **1941 – IDENTIFIED BHP/EP INDIVIDUAL, TRANSACTION NOT ALLOWED**

If an opening transaction (02 or 10) is entered and an individual on the case meets the BHP/EP criteria and R/E ≠ B7 this Overrideable error will occur **1942 – IDENTIFIED BHP/EP INDIVIDUAL, OPENING NOT ALLOWED**

Edit Table 133

The following system-generated codes are valid but may not be data entered:

Case Reason Codes: 758, 761, 802, 923, 941, 942, BBB, CTP, EEE, FFF, W2H, TLM, V01, V02, ZZZ

PA/MA Reason Codes: 700, 705, 707, 710, 715, 753 - 756, 758, 760 - 769, 771, 788, 789, 790 - 795, 797, 800, 802 - 805, 820, 821, 827, 858, 859, 861, 941, 942, W2H

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PA/MA Individual Reason Codes

The following system-generated Individual Reason Codes are valid but may not be data entered:

753 - 756, 758, 760 - 769, 771, 789-795, 797, 802-803, 805, 820, 821, 858, 859, 901, 920-924, 941, 942, F4N,S4N,W2H

Clearance Change

Individuals in EP will have CINs, therefore EP needs to show on clearance. NYSoH will identify EP individuals with a Case Type (DE 01060) = 26. When District = HX 78 and Case Type = 26 individual is EP.

Referrals to WMS from NYSoH

Similar to MAGI, Aliessa immigrants enrolled in EP on NYSoH will be referred to WMS on the referral file when the individual no longer meets the category criteria for MAGI or has an increase in income and is no longer eligible for EP and may be eligible to participate in the spenddown program. These referrals will be an undercare referral with a referral reason code of HXNMD (individual age 65 and not a parent or caretaker relative), HXWMD (individual in receipt of Medicare and not a parent or caretaker relative) or HXNTX (parent, caretaker relative or child under age 21 no longer financially eligible for Medicaid).

Section II – Revision to Prisoner Suspension

The Prisoner Suspension Process has been revised to include the extension of Emergency Coverage Code 07 at incarceration. Coverage Code 07 will be identified with Exception L when it is suspended. There have been some changes to the processing of other coverages, as well.

Exception E indicates cases with NO Current Coverage. This includes cases that have a Coverage From date in the month following the month of processing (such as a case that has been renewed) as well as cases that have coverage that ended in the past.

Exception F indicates all cases that could not be processed. Among these cases are SSI Case Type 22s that are missing a field such as RVI, Veteran Status, or Race/Ethnic Indicator. In addition, the admissions that are reported by both DCJS and DOCCS are being assigned Exception F.

All other Exceptions will function in the manner they have since June 2009. The complete list of Exceptions is as follows:

- A Suspended by process
- B Closed by process
- E Cases with NO Current Coverage
- F Cases that error for other reasons
- G Cases with Coverage 08 or 13
- H Cases with Coverage 09 or 17
- I Cases with a CIN in multiple Cases, including MA coverage in suspend status
- J No longer used
- K Check Status of Medicare Savings Plan and Delete from Plan if appropriate
- L Prisoner Emergency Extension