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WMS Changes

Section I - Automatic Processes for Enrolling in Medicare at Age 65 (Off Release – November 3, 2017)

Section II – Exclude Pregnant Women from MAGI Transition

Section III – Prisoner Suspension Process

Section IV – Modification to Prisoner Managed Care Disenrollment

Section V – Deactivate Individual Categorical Code 40 - CAP – MA Only

Section I – Automatic Processes for Enrolling in Medicare at Age 65 (Off Release – November 3, 2017)

At the age of 65, individuals must prove they have applied for Medicare benefits in order to receive Medicaid. Automatic processes are being created in WMS to notify recipients that they must apply for Medicare and to discontinue Medicaid benefits for these recipients if they do not comply with the Medicare requirement. A one time process (backlog) will run in November to notify recipients aged 65 + 2 months or greater of this requirement. These recipients will have their Medicaid discontinued in December if they are not in receipt of Medicare and have neither applied for or been denied Medicare benefits. A monthly process will also begin in November to notify recipients aged 65 + 1 month of the need to apply for Medicare. These recipients will have their Medicaid discontinued the following month if they are not in receipt of Medicare and have neither applied for or been denied Medicare benefits.

New Anticipated Future Action (AFA) and Reason Codes

To assist with these processes, the following new AFA Codes are being created:

- 231 – Medicare Application Submitted
- 232 – Medicare Application Denied
- 234 – Income Over SLMB Level

When any of these new AFA Codes are entered for a specific Line Number, a corresponding AFA Date will also be required. The AFA Date must equal the Authorization To Date for the case. All three AFA Codes will be added to the criteria for the WINR4137 report.

The following new Reason Codes are also being created to assist with the Medicare requirement:

- T14 – Over 65, Request to Apply for Medicare
- W26 – Discontinue MA, Failed to Apply for Medicare
- D84 – Deny MA, Failed to Apply for Medicare
- MN1 – Open TA and FS, Deny MA
- MN2 – TA and FS Unchanged, MA No Coverage

More information about these Reason Codes can be found in the CNS Coordinator Letter for 17.3.

Modifications and Additions to Error Codes

The following Error Codes are being updated as part of this process:

0040 – BOTH THE PA AND FS CASE REASON CODES MAY NOT EQUAL Y20

If Transaction Type = 05 and Case Type = 11, 12, 14, 16 or 17, both PA Case Reason Code and FS reason Code cannot = Y20, unless Case Individual Reason Code = MN2

0126 - ANTICIPATED FUTURE ACTION CODE IS INVALID

If entered, AFA Code must equal 102-106, 108-115, 201-203, 207, 209-210, 212-213, 215-219, 231-232, 234, 249-252, 253, 275, 301-314, 316-319, 323, 324, 326-330, 335, 350, 351, 401-415, 432, 434, 500-508, 520, 521, 600, 900-906, 908-912 or 999. (F, E, U)

The following Error Codes are being created as part of this process:

0341 – ANTICIPATED FUTURE ACTION DATE MUST BE EQUAL TO END OF AUTH PERIOD

The AFA Date entered for AFA Codes 231, 232 or 234 must be equal to the Authorization To Date. (F,E,U)

1471 – MN1 NOT ALLOWED

If Case Type is 11, 12, 16 or 17 and Transaction Type is 02 or 10, and Individual Reason Code is MN1 the Individual Status must equal 07 and MA Coverage must equal 04. (FDE, FDE ERR).

1472 – MN2 NOT ALLOWED

If Case Type is 11, 12, 16 or 17 and Transaction Type is 05 or 06 and existing Individual Reason Code is present, MN2 cannot be entered. If MN2 is entered, Individual Status must equal 07 and MA Coverage must equal 04. (U/M, U/M ERR).

1473 – Y20 NOT ALLOWED

If Individual Reason Code MN2 is already present on case, Reason Code must not be Y20. (U/M, U/M ERR).

1474 - Y20 REQUIRES INDIVIDUAL REASON CODE MN2

If TA Case Reason equals Y20 and PA/FS Case Reason equals Y20, Individual Reason Code must be MN2. (U/M, U/M ERR).

Automated Notification Process

On November 11th, the notification process will run for the backlog and it will run the first time for the monthly process. The monthly process will proceed to run on the second Saturday of every month to notify individuals aged 65 + 1 month of the Medicare requirement. Individuals will be notified if the Case Type is 11, 12, 16, 17 or 20 and the Individual Status is 07.

Individuals will be excluded from this process when any one of the following criteria is met:

- Case is in Clockdown Status
- Coverage Code is 04, 05, 07, 08, 13, 17, 25 or 26
- Restriction/Exception Code is PL or N1-N8
- Principal Provider Code is 01 or 03
- Budget Type is 07-10
- Citizenship Code is O, T, P or X
- Citizenship Code is B, F, G, K or S AND State Charge/Federal Charge Indicator is 60, 67 or 68
- Medicare Indicator is Y
- AFA Code is 231, 232 or 234 with corresponding AFA Date in the future
- Case Type is 20 and gross income of budget stored in MBL is over the SLMB level
- Authorization To Date is less than or equal to Current Date + 3 months to the end of the month (case is due for renewal)

For individuals who meet all criteria, a notice will be sent through Client Notices Menu (Screen 11 in WMS) using Reason Code T14. A record of this notice being sent will only be seen through Notice History in Screen 11.

A transaction will be created for individuals on a Case Type 20 who are excluded due to the Authorization To Date value. A Recertification Source Code of 2 will be generated on the case to ensure it will not be picked up by an automated renewal process. For the backlog, this transaction will occur if the Authorization To Date is in the month of February 2018. For the monthly process, this transaction will occur if the Authorization To Date is in the same month as transaction date plus three months. A unique Authorization of '9---RSC' will be populated for this transaction along with the following field values:

Transaction Type = 05
Transaction Office = MCR
Transaction Unit = NYDOH
Case Reason Code = Y99
Notice Indicator = N
Recertification Source Code = 2

If the case is in pending status, this Recertification Source Code transaction will not occur. The case will appear on a new report detailed later in this section.

Automated Medicaid Closing

On December 17th, the closing process will run for the backlog and it will run the first time for the monthly process. The monthly process will proceed to run on the 17th of every month to discontinue Medicaid for individuals who did not comply with the Medicare requirement. Individuals will be discontinued if the Case Type is 11, 12, 16, 17 or 20, the Individual Status is 07 and a T14 notice was sent in the previous month as part of the Automated Notification Process.

Individuals will not be discontinued when any one of the following criteria is met:

- Case in Pending Status
- Case is in Clockdown Status
- Coverage Code = 25 or 26
- Restriction/Exception Code = PL
- Medicare Indicator = Y
- AFA Code = 231, 232 or 234 with corresponding AFA Date in the future

Cases that are not discontinued due to being in pending status will appear on a new report detailed later in this section.

For individuals who meet all criteria, one of three transactions will be created in WMS:

1. Closing transaction to close all individuals on a Case Type 20 when all case members are identified
2. Undercare transaction to discontinue members on a Case Type 20 when not all case members are identified
3. Undercare transaction to change coverage for members on Case Type 11, 12, 16 and 17

A unique Authorization will be created for all transactions. It will be '9---MCR' for both backlog and monthly transactions. The following field values will be set for each transaction:

Transaction 1

Transaction Type = 07

Transaction Office = MCR

Transaction Unit = NYDOH

Case Reason Code = W26

Notice Indicator = T

Authorization To Date = Current Date + 10 Days to the end of the month

Individual Status = 20

MA Coverage To Date = Current Date + 10 Days to the end of the month

If payment lines exist and Payment Period To Date is greater than Transaction Input Date plus 2 months to the end of month

- Payment Period To Date = last day of the month of Transaction Input Date plus 2 months to the end of month

OR

If payment lines exist and Payment Period From Date is greater than Transaction Input Date plus 2 months to the end of month

- Local Action Code = 5
- Payment Type = Value in existing Payment Line
- Method of Payment = Value in existing Payment Line
- Amount of Payment = Value in existing Payment Line
- Issue Code = Value in existing Payment Line
- Payment Schedule = Value in existing Payment Line
- Pick-Up Code = Value in existing Payment Line
- Payment Period = Value in existing Payment Line
- Special Claiming Category = Value in existing Payment Line

Transaction 2

Transaction Type = 05

Transaction Office = MCR

Transaction Unit = NYDOH

Case Reason Code = I89

Notice Indicator = T

Individual Reason Code

- W26 for any members identified in the above criteria
- Blank for all other case members

Individual Status

- 15 for any members identified in the above criteria
- Remains the same for all other case members

MA Coverage To Date

- Current Date +10 Days to the end of the month for any members identified in the criteria above
- Remains the same for all other case members

Transaction 3

Note: This transaction will not be created if any case member identified in the above criteria has an Individual Reason Code already present. Cases that do not have a transaction created for this reason will appear on a new report detailed later in this section.

Transaction Type = 05

Transaction Office = MCR

Transaction Unit = NYDOH

Case Reason Code = Y20

PA/FS Reason Code

- Y20 if PA/FS Code = 01
- Blank if PA/FS Code is not 01

Notice Indicator = A

Individual Reason Code

- MN2 for any members identified in the above criteria
- Remains the same for all other case members

Individual Status

- 07 for any members identified in the above criteria
- Remains the same for all other case members

MA Coverage Code

- 04 for any members identified in the above criteria
- Remains the same for all other case members

MA Coverage From Date

- 1st of month following Current Date + 10 days for any members identified in the criteria above
- Remains the same for all other case members

New Reports

Two new reports will be produced as part of these processes and will be delivered through BICS.

“Automated Noticing for Complying with Medicare” – WINR5001

This report will be produced at the time of the Automated Notification Process and will consist of the following sections:

- Section 1 – Cases Meeting Criteria for Medicare Noticing Process
This section will list cases/individuals identified as meeting the criteria for the Automated Notification Process and a T14 notice will be sent through the Client Notices Menu.
- Section 2 – Cases with Pending Transactions Needing Recert Source Code
This section will list cases/individuals identified as having a pending transaction at the time of the Recertification Source Code transaction described at the end of the Automated Notification Process section.

“Automated Closing for Not Complying with Medicare” – WINR5002

This report will be produced at the time of the Automated Medicaid Closing process and will consist of the following sections:

- Section 1 – Cases Meeting Criteria for Medicare Closing Process

This section will list cases/individuals identified as meeting the criteria for the Automated Medicaid Closing process and were closed or deleted off the case.

- Section 2 – Cases with Pending Transactions Needing Review
This section will list cases/individuals identified as meeting the criteria for the Automated Medicaid Closing process, but have a pending transaction at the time of processing.
- Section 3 – TA Cases with Individual Reason Codes Needing Review
This section will list TA cases/individuals identified as meeting the criteria for the Automated Medicaid Closing process, but have an Individual Reason Code present at the time of processing.
- Section 4 – Individuals who Applied for Medicare
This section will list individuals who have applied for Medicare in the previous month as a result of the noticing process.
- Section 5 – Individuals Receiving Medicare
This section will list individuals who have received Medicare in the previous month as a result of the noticing process.

All sections in each report will be sorted by:

District
Local Office
Unit
Worker
Case Name (Alphabetically)

Each record in each section will contain the following information:

Case Number
Case Name
Case Type
CIN

At the end of each section, additional records will contain the total number of cases for each Worker ID on the report. At the end of the report, the final records will contain the total number of cases on the report for each section.

Section II – Exclude Pregnant Women from MAGI Transition

Starting on October 7, 2017, households with pregnant women or with an unborn, will be excluded from transitioning to NYSoH and will remain in WMS to be processed by the LDSS. These consumers will fall into the WMS renewal cycle and appear on the WINR 4133.

Section III – Prisoner Suspension Process

Effective October 6, 2017, upon receipt of the Under-Custody file and jail admission files, WMS will be updated with new incarceration facility addresses, source codes and DINS or Prisoner number for individuals who transferred from a local jail to a State prison or State Prisoner to local jail. A new exception code has been created for this process and will be reported on the WINR5613:

- T - Transferred Inmate

Section IV – Modification to Prisoner Managed Care Disenrollment

On 09/01/17, WMS began automatically disenrolling incarcerated from Managed Care effective the first day of the month of suspension.

Examples:

1. A recipient is incarcerated on 8/15/17, suspended on 09/09/2017 with Coverage Code 26 and an effective date of 09/19/17, will be retro-disenrolled from managed care effective 09/01/2017 on the Primary Pulldown date of 09/16/2017.
 2. A recipient is incarcerated on 8/30/17, suspended on 10/9/17 with Coverage Code 26 and an effective date of 10/19/17, will be retro-disenrolled from managed care effective 10/1/17 on the primary pulldown date of 10/21/17.
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Section V – Deactivate Individual Categorical Code 40 - CAP – MA Only

As Individual Categorical Code (ICC) “40 CAP – MA Only” has not been used, it has been deactivated. The definition in the WMS Code Card has been updated to “40 CAP – MA Only (Disabled 10/23/17)”.

WMS Error List Index has been updated to remove ICC 40 from Errors 0304 - CATEGORICAL CODE IS INVALID and 0307 - PREGNANCY ALLOWANCE BUDGETED CASE MUST HAVE UNBORN PRESENT. Error 0315 - CAT CODE 40 ONLY VALID WITH CASES WITH SP CODE B OR C will be deactivated as it is specific to ICC 40.