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### WMS Changes

Section I - Change to WMS Edits for CNS Over 65 Medicare Reason Codes

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### Section I - Change to WMS Edits for CNS Over 65 Medicare Reason Codes

The addition of two CNS reason codes, D84 and W26, require modification to existing WMS edits 1558 and 1559:

1558 - INDIVIDUAL STATUS MUST EQUAL 11 FOR RC ON CT 20

For Case Type 20 (MA) and Transaction Types 02 (Open) or 10 (Re-open) and PA/MA Individual Reason Codes B43, **D84**, E80, F21, F40, U32, U40, U59, U66, U71, V13, X13, X23, X50, X52, or X53, Individual Status must be 11 (Denied).

1559 - INDIVIDUAL STATUS MUST EQUAL 15 FOR RC ON CT 20

For Case Type 20 (MA) and Transaction Types 05 (Change) or 06 (Recertification) and PA/MA Individual Reason Codes B43, E80, F21, F40, U32, U40, U59, U66, U71, V13, **W26**, X13, X23, X50, X52, or X53, Individual Status must be 15 (Deleted).

### Section II - Updates to Automatic Processes for Enrolling in Medicare at Age 65

Updates are being made to the monthly automatic processes used to notify Medicaid recipients of the requirement to apply for Medicare at the age of 65. These processes are defined in the WMS Coordinator Letter dated September 28<sup>th</sup>, 2017 and in Administrative Directive 17ADM-001.

Currently, all individuals are excluded from the notification process that runs on the second Saturday of every month if the gross income of the stored household budget is above the SLMB level. Beginning with the process running on July 14<sup>th</sup>, 2018, Parents and Caretaker Relatives (Individual Cat Code = 13, 26, 92 or 94) will not be excluded if the income is above the SLMB level.

The automated closing process that previously ran on the 17<sup>th</sup> of every month now runs on the 14<sup>th</sup> of every month.

Changes are being made to the WINR5002 report that is produced at the time of this run. Sections 4 (Individuals who Applied for Medicare) and 5 (Individuals Receiving Medicare) of this report list individuals who have applied for Medicare and individuals who are now receiving Medicare, respectively. Currently, individuals are listed in these sections for each case they are a part of in WMS, whether the case is open or closed. Beginning with the process running July 14<sup>th</sup>, 2018, individuals will be listed once for each Case Type 11, 12, 16, 17 or 20 where the individual has an active status.

Also, beginning with the process running July 14<sup>th</sup>, Section 6 (Cases with Future Authorization or Coverage) will be added to the WINR5002 report. This section will list individuals who are excluded from being closed due to the Authorization From Date or the Coverage From Date being in the future, which could occur if a case is renewed with either future authorization or future coverage prior to the closing process being run for a case member. Currently, WMS is excluding these individuals from being closed, but they are not being listed on the WINR5002 report. The

individual would have received a notice in the previous month informing him/her of the requirement to apply for Medicare, but he/she is not being closed if the authorization or coverage period is in the future.

### **Section III - Auto Disenrollment Report for Incarcerated Individuals**

A new report has been created that will capture individuals who have been processed through auto-disenrollment due to incarceration.

This additional auto disenrollment process will also have provider and district reports. Reports will be available on the HCS and BICS with the name of P10ummy. It will follow the same file format as existing auto-disenrollment reports.

### **Section IV - Additional PCP Disenrollment Reason Codes**

The following PCP disenrollment Reason codes have been added to Code Cards:

- 50 - Enrollment Broker Voluntary Disenrollment
- 51 - Enrollment Broker Involuntary Disenrollment
- 53 - State Audit

To accommodate this request PCP edit 052, UNIQUE REASON CODE REQUIRED FOR THIS WORKER ID, has been updated to include Disenrollment Reason Codes 50, 51 and 53.

#### **052 – UNIQUE REASON CODE REQUIRED FOR THIS WORKER ID**

Reason codes 08, 50, 51 and 53 are limited to specific worker ID assigned to limited State staff

### **Section V- New Medicare Beneficiary Identifier (MBI) on Rosters**

Starting April 2018, the Centers for Medicare and Medicaid Services (CMS) will begin removing Social Security numbers from Medicare cards via the Social Security Number Removal Initiative (SSNRI). The initiative will replace the social security number-based HICN found on existing Medicare cards with a new Medicare Beneficiary Identifier (MBI). Starting July 2018 with the Secondary Roster, the following changes will occur on the rosters:

- The MBI will occupy the same field as the HICN on the existing roster. When MBI field is present on daily and monthly third-party files, the MBI will display on rosters instead of HICN, otherwise HICN will display.
- The MBI will contain 11 alpha and numeric characters.
- After December 31, 2019, HICN will no longer be sent on rosters.
  - If an individual has Medicare and doesn't have a MBI, a message will display "MBI Pending".

### **Section VI – Expansion of Coverage for Categorical Code 16**

In order to comply with the Federal regulation and apply a resource test for Individuals residing in OMH on-ground State Operated Community Residences (SOCR), Residential Care Centers for Adults(SORRC) as well as 21-64 year old Psychiatric Center inpatients who receive outside hospital care; individual categorical code 16 (Public Home – FNP) has been expanded to include Coverage Code 20/RVI 3 (Resources Not Verified) and Coverage Code 19/RVI 2 (Resources Verified for Current Month).