

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

**Upstate WMS Changes**

**Section I: Back Dated Coverage Code 26 (Inpatient Prisoner) Allowed on Existing Coverage Codes 01 (Full Coverage), 11 (Legal/Alien – Full Coverage) or 30 (PCP Full Coverage)**

**Section II: Edit Change for DIN format when Source Code = 1**

**Section III: Changes to SSI/SSP Beneficiary Letter**

**Section IV: Disable Invalid Categorical Codes**

**Section I: Back Dated Coverage Code 26 (Inpatient Prisoner) Allowed on Existing Coverage Codes 01 (Full Coverage), 11 (Legal/Alien – Full Coverage) or 30 (PCP Full Coverage)**

WMS has previously allowed Coverage Codes 04, 05, 13, 14 and 25 to be changed to 26 without encountering a downgrade in coverage error (Error Code 0591). As of April 15<sup>th</sup>, 2019, the system has been modified to also allow Coverage Codes 01 and 30 to be changed to 26 without encountering a downgrade in coverage error. WMS will also allow Coverage Code 11 to be changed to 26 without encountering a downgrade in coverage error beginning this summer.

WMS has also been modified as of April 15<sup>th</sup>, 2019 to allow back dated coverage when the Coverage Code is being changed from 01 or 30 to 26. This change will also be made for Coverage Code 11 to 26 beginning this summer. The new Coverage From Date for Coverage Code 26 must be within 24 months in the past from the transaction date. For example, if the transaction is completed on 5/25/2019, the Coverage From Date must be 5/25/2017 or later. The following new error will be generated when the new Coverage From Date is more than 24 months in the past:

**1783 – MA FROM DATE MORE THAN 24 MONTHS IN THE PAST**

When the MA Coverage Code is being changed from 01, 11 or 30 to 26, the MA Coverage From Date must not be more than 24 months in the past from the current date.

**Section II: Edit Change for DIN format when Source Code = 1**

If Prisoner Source Code = 1 (DOCCS) is entered, the recipient's DIN must be in the format = 99X9999 (9= Numeric, X= Alpha). Edit error 1264 - SOURCE CODE 1 REQUIRES A DIN FORMAT EQUAL TO 99X9999 will appear if the incorrect format is entered.

**Section III: Changes to SSI/SSP Beneficiary Letter Change to Dear SSI/SSP Beneficiary Letter forms XL0137 and XL0137C**

Dear SSI/SSP Beneficiary letter (XL0137 (English) and XL0137C (Spanish)) will be updated to replace the State Seal with the NYS Department of Health's logo.

Also, the Managed Care language will be updated to replace the first sentence under Managed Care Could Be a Choice for You from, "In New York City and in most counties, you must get health care services by joining a Medicaid Managed Care Health Plan" to "Most Medicaid recipients are required to join a Medicaid Managed Care Health Plan."

**Section IV: Disable Invalid Categorical Codes**

The following Individual Categorical Codes have been disabled in Upstate WMS and have previously been removed from the WMS Code Cards: 04, 31, 50, 51, 60, 66, 73, 79, and 80. If any of the disabled codes are present with transaction type 02, 10, 05, or 06, edit "0304 – CATEGORICAL CODE IS INVALID," will be displayed.

The following edits have been updated to accommodate the changes.

The disabled Individual Categorical Codes have been removed from the table which accompanies edit 0304.

**0304 – CATEGORICAL CODE IS INVALID**

Individual Categorical Code 04 has been removed from the edit 0364 cause/remedy.

**0364 - CAT CD NOT ALLOWED WITH CT 20 & SSI= 4**

Individual Categorical Code 60 has been removed from the edit 1356 definition and cause/remedy.

**1356 - CAT CD 67 NOT VALID FOR TRANSACTION TYPE**

Individual Categorical Codes 79 and 80 have been removed from the edit 1569 definition and cause/remedy.

**1569 - CAT CODE 01-03, 05-08, 74-78 81, 85-88 NOT VALID FOR OVER 21 YEARS OLD**

This edit is no longer being produced.

**1305 - CAT CODE 60 REQUIRES CASE TYPE 20 OR 24**