



Office of Temporary and Disability Assistance

ANDREW M. CUOMO
Governor

MICHAEL P. HEIN
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

January 31, 2020

Dear WMS/CNS Coordinator:

The purpose of this letter is to provide local districts with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on February 16, 2020, unless otherwise noted.

For questions regarding the attached changes, please contact the following individuals at the phone number listed.

Section I

Becky Jennings
Lindsay Campbell

(518) 473-9042
(518) 474-2166

Section II and III

Deardra Ivery

All Sections
(518) 473-9780

DOH Contact: Local District Support Unit

All Sections
(518) 473-6397

Sincerely,

Patty Hanson
Center for Employment and Income Support Programs/WMS

Amy L. Smith, Manager,
Update Eligibility Systems
Office of Health Insurance Programs

Attachments

cc: Commissioner
TA and SNAP Directors
MA Director

Section I – Addition of Payment Type G1- Shelter/R&B Guardian to Case Type 12.

Payment Type G1 - Shelter/R&B to Guardian will be added to Case Type 12 - Safety Net Non-Cash Assistance (SN-FP).

Edit 1603 will be modified to reflect this change.

1603 - PAY TYPE INVALID FOR THIS CASE TYPE

If Payment Type = G1, Case Type must be 12 or 17. If Payment Type = N4 Case Type must be 17. Not Valid, 18, 19, 60.

Section II – Removal of TA Individual Reason Code M99 and F88 from WMS Edit 1500.

TA Case Individual Reason Code M99 - In Receipt of Concurrent Assistance – AFIS Match, and TA Case Individual Reason Code F88 – Failure to Comply with AFIS (Non-Legally Responsible Relatives) have been removed from edit **1500 - INDIVIDUAL STATUS INCOMPATIBLE WITH PA INDIV REASON CODE.**

WMS edit 1500 governs acceptable combinations of TA individual reason codes (Screen 3) and individual disposition status codes (Screen 5). Workers may refer to the chart below as a guide to acceptable reason code and status code combinations.

TA Individual reason codes F88 and M99 have been removed from this table

Guide to Acceptable Reason Code and Status Code Combinations

Individual Status 07 Active (Includes Individuals Sanctioned Pro-Rata)	Individual Status 08 Inactive – Non-Applying HH Member	Individual Status 10 Ineligible-Sanctioned Incremental	Individual Status 13	Individual Status 15 Deleted
BE1-BE3 E73 M72 M74 M77 MN1 MN2 MX1-MX3 N41-N43 P44-P46 PX1-PX3 V30 WE1-WE3	E90 E94 F92 F93 M33 M98 N66 U44	E21 N31-N33 F12 N49 F15 N50 F17 W35 F19 W40 F21 W44 F22 W45 F30 WP1-WP8 F40 WS1-WS8 F76 F84 F86 F90 F91 F94 M71 M76 M78 M79 M97 N20	E95	E72 F60 F61 F63 F64 F66 F75 903

Section III – Deactivation of Case Level Reason Code M88.

Case Level Reason Code M88 - Failure to Comply with Finger Imaging Requirement – Legally Responsible Relative (HH > 1) has been deactivated.

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

Upstate WMS Changes

- Section I: Modifications to Mainstream Managed Care Nursing Home Report (mnhuMMDD.txt)**
Section II: Modify Card Code R to Allow Mainstream Managed Care Enrollment
Section III: MLTC Partial Cap Plan Limitation for Nursing Home Recipients
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Section I: Modifications to Mainstream Managed Care Nursing Home Report (mnhuMMDD.txt)

The Mainstream Managed Care Nursing Home Report (mnhuMMDD.txt) is being modified. This report is generated twice a month and is sent to BICS and HCS.

Criteria

There was a production issue in August in which all the mnhu reports, after a specific Provider ID, failed due to the Provider ID being inactive in PCP. To avoid future scenarios where the reports fail, the criteria to create the report is being modified to require an active PCP record along with the existing criteria. The new criteria is:

- Individual is enrolled in a PCP Plan (PCP Capitation Code (21701) = 3 on top line in PCP record)
- Individual MA Restriction/Exception type (DE 19-050) N1-N6 is active
- Restriction/Exception THRU date (DE 21-530) is in month after transaction date or greater
- Recipient MA Coverage TO date (21-110 last 6 bytes) is in month after transaction date or greater

Spenddown/NAMI

The spenddown/NAMI amount on the report will be changed for MBL Budget Type 07-10 from 'Contribution to Cost (DE 07-654)' to 'Total to Cost (DE 07-660)'.

Section II: Modify Card Code R to Allow Mainstream Managed Care Enrollment

Effective July 1, 2020, Voluntary Foster Care enrollments will be integrated into Mainstream Managed Care. In preparation for this change, Card Code R PCP edit "ENROLLMENT NOT ALLOWED FOR ROSTER CLIENT" has been modified to allow individuals with Card Code R, and both R/E codes K8 and K9 to enroll in Mainstream Managed Care.

This change does not affect the existing part of the PCP edit that allows enrollment in PMHP or LTC when R/E N1=N7 exists.

MODIFIED PCP EDIT (WMS Screen 25):

ENROLLMENT NOT ALLOWED FOR ROSTER CLIENT

If Card-code R is on file and R/E N1-N7 is on file, enrollment must be into a PMHP or a LTC plan OR
If Card Code R is on file and R/E K8 AND K9 are on file, Mainstream Managed Care enrollment is allowed.

Section III: MLTC Partial Cap Plan Limitation for Nursing Home Recipients

Beginning 02/03/20 WMS will disenroll consumers from Managed Long Term Care – Partial Capitation Plans who meet the following criteria: have a Restriction Exception (R/E) Code of N1-N6, have been permanently placed in a Nursing Home for 90 days or more, and are on a list provided by the Division of Long Term Care. The transaction sequence required to complete this process will take three (3) days:

Day 1

Principal Provider entry created will populate as follows:

- Worker ID = MLTC3
- Principal Provider Code = 01
- Provider Identification Number = Provider Number of the R/E N1-N6
- From Date = 03/01/20
- Principal Provider Payment Exception Type = 2
- Exception From Date = 03/01/20
- NAMI
 - For Case Type 20 amount from MBL or 0 if Budget Type does not = 07, 08, 09, or 10
 - For Case Type 22 = 0
- Available Effective (NAMI) From Date = 03/01/20

Day 2

Automated WMS transaction will populate screen 01, 05, and 07 as follows:

Screen 1

- Transaction Type = 05
- Case Reason Code = Y35 – Suppress Printing of LDSS-3209 (Authorization)
- Notice Indicator = N
- Transaction Office/Unit/Worker = MLT/NYDOH/00000

Screen 5

- Principal Provider Code = 01
- Card Code = R

Screen 7

- When screen 7 contains an Associated Name and Address Code of 67 with the PCP Provider Identification Code, the Provider Identification Code will be replaced with the Provider Identification Code of the R/E N1-N6.
- When the Associated Name and Address Code is not 67 an Associated Name and Address record will be created as follows:
 - Associated Name Line Number = line number of the CIN
 - Associated Name and Address Code = 67
 - Notice Copy = 1
 - Associated Name = Provider Identification Number from the R/E N1-N6

These transactions will have a unique Authorization Number 90DAYLTC, and the districts cannot cancel these automated transactions.

Day 3

End Date N1-N6 R/E codes:

All CINs successfully processed will be sent to eMedNY to have the R/E N1-N6 end dated effective 02/29/20. eMedNY will use Responsible Worker ID MLTC3. Any errors will appear on the daily eMedNY MOBIUS report the following day.

Disenroll MLTC:

The Pre-Paid Capitation Plan Sub-System will perform an automated disenrollment for all CINs that were successfully processed as follows:

Date = Transaction Date

District = Input File District

Worker ID = MLTC3

From Date = 03/01/20

Capitation Code = 0

Reason Code = 93 – Client or LDSS Initiated/Excluded or Exempt.

WMS Recipient Medicaid Coverage will be flipped according to existing coverage flip rules.

District Reports:

Reports will be created and placed on PHRED for each district. The report number will be WINR4132 and the title will be "Conversion for NH Benefit Limitation for MLTC Partial Cap Plans." There will be two sections to the reports: I – Exclusions
II – Processed

The reports will be sorted by Local Office, Unit, Worker, and Case Name (listed Alphabetically). Each section will contain the following information about each case:

- Case Number
- Case Name
- Case Type
- CIN
- Exclusion Message

The report will include the total number of Exclusions and total number Processed.

Exclusion Message	Exclusion Reason
NO MATCH FOUND	CIN/Case/District provided on the file is not a match in WMS
CASE STATUS NOT ACTIVE	Case is not in Active Status
INVALID CASE TYPE	Case Type is not 20 or 22
PENDING TRANSACTION	Case is in Pending Status
CLOCKING DOWN	Case is Clocking Down
ACTIVE PP	Principal Provider Code not equal 00, 01, 03 or BLANK
BUDGET TYPE INVALID	Budget Type is 04, 05 or 06
NO VALID R/E ON FILE	R/E N1, N2, N3, N4, N5, or N6 is not on the CIN
PENDING TRANSACTION – PP CREATED	Case is in Pending Status but process created the PP transaction

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

Upstate CNS Changes

Section I: Change in MBL Unearned Income Source Code 33

Upstate MBL unearned income source code value '33 – NYS Disability Insurance' will be modified to '33 – NYS Disability Insurance/Paid Family Leave'. CNS code table will be updated to the following:

English: NYS Disability Insurance/Paid Family Leave

Spanish: Seguro de Incapacidad del ENY/Licencia Familiar Remunerada