



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

DANIEL W. TIETZ
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

WMS – CNS Coordinator Guidance

Release 22.3 – Explanation of WMS/CNS Enhancements Effective October 16, 2022

Section 1

To:	WMS and CNS Coordinators
Date:	September 22, 2022
Issuing Division/Office:	Upstate Systems Bureau (USB) Center for Employment and Income Supports (EISP)
Effective Date:	October 16, 2022
Suggested Distribution:	Commissioners, TA and SNAP Directors, HEAP Coordinators, and MA Directors
Contact Information:	OTDA otda.sm.eisp_upstatesystems@otda.ny.gov DOH Local District Support Unit (518) 473 - 6397

Section 2 – Purpose

The purpose of this guidance is to provide local social services districts (districts) with an explanation of the WMS/CNS enhancements that are scheduled to become operational on the Production System on October 16, 2022, unless otherwise noted.

Section 3 – Modification of WMS Edit 1017

WMS Edit **1017 – AUTH PERIOD CANNOT BE > 8 MONTHS FROM DATE OF STATUS** has been modified to align with the Federal Office of Refugee Resettlement’s March 2022 expansion of the Refugee Cash Assistance (RCA) eligibility period. The eligibility period has increased from 8 months to 12 months.

Previous Edit:

1017 - AUTH PERIOD CANNOT BE > 8 MONTHS FROM DATE OF STATUS

When the Special Program Code of “R - Refugee Cash Assistance” is used, then the case Authorization Period cannot be greater than 8 months from the Date of Status.

Modified Edit:

1017 - AUTH PERIOD CANNOT BE > 12 MONTHS FROM DATE OF STATUS

When the Special Program Code of “R - Refugee Cash Assistance” is used, then the case Authorization Period cannot be greater than 12 months from the Date of Status.

Section 4 – Lien Indicator on WMS Clearance Report

The code value for the Lien Indicator will no longer populate the WMS Clearance Report. The Clearance Report header will be retained.

Section 5 – CNS Removal of NYSNIP Opening Reason Codes and Language

The implementation of the New York State Combined Application Process (NYSCAP) on 12/01/21 has negated the usage of NYSNIP opening reason codes. The following reason codes are affected:

A39-SNAP Approval-NYSNIP

A42-SNAP Approval: NYSNIP-1st Month Pro-rated: Applied before the 16th

A43-SNAP Approval: NYSNIP-1st Month Pro-rated: Applied after the 15th

A46-SNAP Approval: NYSNIP-1st Month Denied

A47-SNAP Approval: NYSNIP-Moved to Another District (shelter type 97 only)

The above paragraphs have been removed from the CNS Codes and Texts Manual which has been updated and will be effective November 2022.

The above paragraphs will be removed from the updated October WMS Code Cards.

Section 6 – CNS Error Message Updates

The following CNS error messages have been updated in the WMS Error Index:

0956-STORED FS ALLOTMENT OR TBA BUDGET REQUIRED FOR FS CASE RC

0960-STORED FS BGT FROM MM/YY MUST =PREVIOUS FS BGT TO MM/YY + 1 MONTH

0962-PREVIOUS FS BUDGET FROM DATE MUST =FS AUTH FROM DATE FOR THIS RC

0974-FS BGT FROM DATE MUST =FS AUTH FROM DATE FOR THIS FS RC

1101-FS CASE REASON CODE REQUIRES PRIOR ABEL FS BGT SHOWING FS BENEFITS

1105-PREVIOUS FSBGT FROM DAY MUST BE 02-15 FOR THIS FS RC A32, A71, A76

1115-NOTICE NUMBER ENTRY REQUIRED FOR CASE RC A36, A73, A78

1166-ONLY FS RC'S A30-A36, A38, A70 OR A75 ARE ALLOWED FOR THIS TRANSACTION TYPE

The following CNS error messages are no longer used:

1133-STORED FS BGT AGED/DISABLED IND MUST EQUAL 'S' (NYSNIP) FOR FS RC

1182-NYSNIP REQUIRES 48 MONTH CERT PERIOD AT TX'S 02,06,10

1183-PRIOR FS BGT AGED/DISABLED IND MUST EQUAL 'S' (NYSNIP) FOR THIS RC

1184-STORED FS BGT SHELTER TYPE MUST EQUAL 97 FOR FS RC

Section 7 – Change in Earned Income Budget Information CNS Paragraph

The new NYS Earned Income Disregard (EID) for Temporary Assistance budgeting has prompted a change to the B0081 Earned Income Budget information paragraph.

Because of the inclusion of Safety Net Individuals (Ct 16's and 17's), a new budget paragraph B0100 has been added to address their inclusion in this year's EID. This paragraph will only be used for the 10/1/22 EID MRB.

Section 8 - Medicare Savings Program (MSP) Changes for 2022 NY Budget

As part of the New York State budget for 2022, the following changes are being made to the MSP:

- The Specified Low-Income Medicare Beneficiary (SLMB) program will no longer be offered as part of the MSP
- The Federal Poverty Level (FPL) eligibility limit for the Qualified Medicare Beneficiary (QMB) program will be raised from 100% to 138%
- The FPL eligibility range for the Qualifying Individual (QI) program will be raised from 120%-135% to 138%-186%.
- The QI program will no longer use end dates of 12/31/2049

To accommodate these changes, MBL will be updated to use the new MSP eligibility levels for budgets with an Effective From Date of 01/01/2023 or later.

The following updates are being made for Upstate WMS transactions with an Authorization From Date of 01/01/2023 or later:

- The following edit will be disabled to accommodate the QI program no longer using end dates of 12/31/2049:
1921 - WARNING – AUTH TO AND MA TO DATES GENERATED TO 12/31/49
If the MSPI is “U” (QI1) and the Authorization and MA Coverage To Dates are not 12/31/49, then 12/31/49 will be system generated.
- The following edits will be revised to accommodate the SLMB program no longer being offered:
Current:
1550 - MA COVERAGE 09 REQUIRES MSPI, P, L, U
If the Coverage Code is 09, the MSPI must be P, L, or U.
Revised:
1550 - MA COVERAGE 09 REQUIRES MSPI, P OR U
If the Coverage Code is 09, the MSPI must be P or U.
Current:
1351 - VALID MSPI CODES ARE P, L, U
Revised:
1351 - VALID MSPI CODES ARE P OR U

- The following codes will be disabled to accommodate the SLMB program no longer being offered:
 - Medicare Savings Plan Indicator (MSPI) code:
 - L – Specified Low Income Medicare Beneficiary (SLIMB)
 - Anticipated Future Action (AFA) codes:
 - 234 – Income Over SLMB Level
 - Z83 – SLIMB AFA code for Automated Renewal
 - Client Notice System (CNS) Reason codes:
 - C10 – SLIMB Continue Payment for Medicare
 - C44 – Accept SLIMB
 - S18 – Change from QMB to SLIMB Coverage
 - X53 – Medicare Buy-In Program, SLIMB Ineligible
 - Z46 – SLIMB Recertification

Section 9 - Resource Changes for Medicaid Buy-in for Working People with Disabilities (MBI-WPD)

As part of the New York State budget for 2022, the following changes are being made to the MBI-WPD Program.

- The MBI-WPD resource level will be updated to mirror the SSI-Related Medicaid Resource level for households of 1 and 2. MBL will be updated to use the new MBI-WPD resource levels for budgets with an Effective From Date of 01/01/2023 or later.
- MBI-WPD CNS notices will be revised, and notice changes will be updated in the 2023.1 CNS Coordinator letter.

Section 10 - Allow Full Coverage for Pregnant Consumers with ACI = E

An ACI code will be required for all pregnant consumers. Pregnant consumers with an immigration status that requires an ACI = E (Alien Only Eligible for Emergency MA Coverage) will be allowed full coverage (01 or 30). To ensure state-only funds are used for this population, State/Federal Charge code 72 has been created and will be systematically applied to consumers with a combination of a pregnancy categorical code and an ACI = E.

New Edits:

1285 - WARNING -S/F 72 WAS SYSTEM GENERATED

S/F 72 will be system generated when Citizenship code = E and categorical code is = 15, 36, 48, 42, 43, 48, or 92.

1286 - WARNING -S/F 72 WAS DELETED

S/F 72 will be deleted by the system when Citizenship code ≠ E or categorical code is ≠ 15, 36, 48, 42, 43, 48, or 92

Section 11 - Upstate WMS to NYSOH PHE Transition

Prior to the end of the Public Health Emergency, identified MAGI cases in Upstate WMS with an authorization “to” date 4-6 months from current date will be transitioned to the New York State of Health. Selected cases will be closed on the day of the transaction using the newly created CNS language (W5H/C0414). Coverage and payment lines (if they exist) will be end dated one month (EOM) from current date to allow time for their account to be created in NYSoH. The newly established account on NYSoH will continue their coverage unchanged and NYSoH will send the consumer a letter telling them about their new account.

A new LDSS report titled “MAGI Transition to NYSOH” will be created to inform each LDSS of cases impacted by this process. This report will be found on PHRED after the run which is anticipated for December 2022.

Section 12 - LTC Care Surplus Enrollment – Batch/Online

Currently, enrollment in a Partial Managed Long Term Care plans is allowed with 06 coverage. NYS no longer has “Partial” Managed Long Term Care plans.

Managed Long Term Care enrollment has been expanded to include coverages 02 and 21. WMS has been modified to allow enrollment in the following plan types when coverage is 06, 02, or 21.

- Long Term Care, Medicaid Advantage Plus “MAP” (BP 74),
- Program of all Inclusive Care of the Elderly “PACE” (BP 75),
- Fully Integrated Dual Advantage with Intellectual and Developmental Disabilities “FIDA-IDD” (BP 80)

The following edits have been revised to accommodate this change:

Current:

049 – COVERAGE CODE 06 AND RVI = 1, 2, OR 4 MUST HAVE PARTIAL LTC ENROLLMENT
When RVI equals 1, 2, or 4 and ICC equals 10, 11, or 12 and Coverage equals 06 the Managed Care Provider must be a PARTIAL LTC Provider

Revised:

049 – COVERAGE CODE 02, 06, and 21 AND RVI = 1, 2, OR 4 MUST HAVE MLTC ENROLLMENT
When RVI equals 1, 2, or 4 and ICC equals 10, 11, or 12 and Coverage equals 02, 06, or 21 the Managed Care Provider must be a MLTC, MAP, PACE, or FIDA-IDD Provider.

Section 13 - Locating HCS/PHRED Roster/Reports

** This is a clarification to previous 2020.3 coordinator letter.

The 2020.3 coordinator letter identified reports that were recreated as part of the change from Managed Care Rosters to the 834 process. The reports can be found on the Production Hosting Reports & Enterprise Documents system (PHRED) or on Health Commerce System (HCS) in either the HC Distribution Management System (HCDMS) or the Roster/Report Download. The below identifies which reports are located in which system.

County Reports:

Report Name	HCS File Location	HCS File name	PHRED File name
Monthly CMCM Reports	HCDMS: County WMS Reports	CMCMByProvider CMCMByDistrict	n/a
Monthly County Aid Category Reports	HCDMS: County WMS Reports	AidCategoryReport	n/a
Monthly County Child Care Rosters	HCDMS: County WMS Reports	CCRoster CCRosterByCIN	n/a
Monthly County Nursing Home Rosters	HCDMS: County WMS Reports	NHRoster NHRosterByName NHRosterByProvider	n/a
Monthly County Recipient Duplicate Report	Roster/Report Download	mu76MMYY	"MUP76" or "RECIPIENT DUPLICATE REPORT - PCP ONLY"
Monthly Provider Child Care Rosters	HCDMS: Medicaid Enrollment Roster	UCCRoster	n/a
Monthly Provider Nursing Home Rosters	HCDMS: Medicaid Enrollment Roster	UNHRoster DNHRoster	n/a
Monthly Case Control Transfer Report	Roster/Report Download	u648MMDD n648MMDD	"WINR4648" or "CASE CONTROL TRANSFER REPORT"
Monthly County Exemption/Exclusion Report	Roster/Report Download	m49MMDD	"MUP490-MCX" or "MANAGED CARE EXEMPT/EXCLUDED RECIPIENTS"
Monthly County Recipient Duplicate Report (with PCP)	Roster/Report Download	mu76mmyy	"MUP76" or "RECIPIENT DUPLICATE REPORT - PCP ONLY"
Daily County Auto Assignment Error Report	Roster/Report Download	aaerMMDD	"WMAAUT" or "MC Auto Assign Error Report"
Daily County Auto Assignment Report	Roster/Report Download	aau3MMDD	"MPCU3A" or "PCP eligible Enrollment report"
Daily County Potential AA Data File	Roster/Report Download	pMMDDa	"AUT-CNTY" or "Managed Care Potential Auto Assign Report"
Daily Newborn Enrollment and Error Report	Roster/Report Download	mpcna999 pupna999	"PCPNWBRNU" or "NEWBORN AUTOMATED PCP UPDATE REPORT"

Provider Access Only Reports:

Report Name	HCS File Location	HCS File name	PHRED File name
Monthly Third Party Health Insurance and Medicare Data	Roster/Report Download	tu99MMYY td99MMYY	n/a

Section 14 - Revision to Medicare Savings Program Notices

As part of New York State 2022 budget, the Specified Low-Income Medicare Beneficiary (SLMB) programs will no longer be offered as part of the Medicare Savings Program (MSP) and the Qualified Individuals (QI) program will no longer use end dates of 12/31/2049. To accommodate these changes, the language of existing CNS notice has been revised as follows:

Program title revised from “Qualified Individuals-1 (QI-1)” to “Qualified Individuals (QI)”

- C0203/712 (Discontinue Qualified Individual Over Income Due to COLA Increase - system generated)

Update citations:

- U0219/883-885/D11(Auto Renewal MSP)
- Y0077/894 (ACCEPT QI FROM LIS APPLICATION)

Revised the term from “Medical Assistance” to “Medicaid”:

- U0007/C09 (Continue Medicare Payment QMB)
- Y0003/X54 (Accept Medicare Buy-In Program (QMBs))

Update citations and revise term from “Medical Assistance” to “Medicaid”:

- U0068/C23 (Continue Payment of Medicare Part B QI)
- C0019/X18 (Disc Medicare Buy-In Program QI)

Program title revised from “Qualified Individuals-1 (QI-1)” to “Qualified Individuals (QI)” and revised the term from “Medical Assistance” to “Medicaid”:

- Y0006/C28 (Accept QI)
- U0077/S21 (Change from QMB to QI)
- D0072/U80 (Deny QI)
- C0102/X70 (Disc QI Over Income)

The following codes will be disabled:

- U0018/C10 (SLIMB Continue Payment for Medicare)
- Y0009/C44 (Accept SLIMB)
- U0020/S18 (Change from QMB to SLIMB Coverage)
- D0045/X53 (Medicare Buy-In Program, SLIMB Ineligible)
- R0020/Z46 (SLIMB Recertification)

Section 15 - New Upstate CNS reason code W5H for MAGI case transferred to NYSOH at end of PHE

A new system generated reason code W5H with language was created to support a file transfer of MAGI cases to NYSOH prior to the Public Health Emergency ending.

- C0414/W5H (PHE Transition to NYSOH (System Generated))