WMS RESTRICTION/EXCEPTION SUBSYSTEM
BRIDGES TO HEALTH

B2H WAIVER CODES

72 – Bridges to Health – Seriously Emotionally Disturbed (B2H SED)

73 – Bridges to Health – Developmentally Disabled (B2H DD)

74 – Bridges to Health – Medically Fragile (B2H MedF)

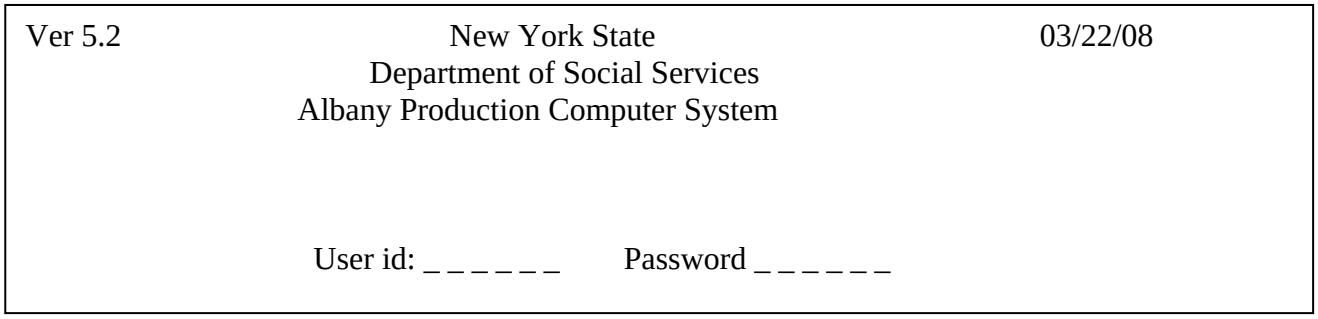
WMS DATA ENTRY PROCEDURES

Michele Leonard

12/17/07

FOR GENERAL SYSTEM INFORMATION ON EXCEPTION CODES CONTACT MICHELE LEONARD AT (518) 473-4040, OR LAYNE GILPIN (518) 474-6798 FAX TO MICHELE'S ATTENTION AT (518) 402-6664, OR MAIL TO MICHELE LEONARD OR LAYNE GILPIN, DEPARTMENT OF HEALTH, DIVISION OF SYSTEM SUPPORT, 800 NORTH PEARL STREET 2nd Floor Room 229, MENANDS, NY 12204-2719, OR E-MAIL TO MXL10@health.state.ny.us .

- **WORKER ENTRY**
  Signon to WMS using your Userid and Password. Transmit.



The WMS Host System Menu will be returned.

CTRL F6 (or type WMSMNU) and the WMS Main Menu will be returned.

WMS MAIN MENU

WMSMNU

WELFARE MANAGEMENT SYSTEM MENU

USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER ^^ XMIT

01 PA/FS BUDGET CALCULATION	17 TIME LIMIT TRACKING MENU
02 MA BUDGET CALCULATION	18 AUTO SDX/WMS MENU
03 STATISTICS	19 CCRS MENU
04 APPLICATION REGISTRY MENU	20 EEDSS HOST SYSTEM MENU
05 DENIAL ENTRY (APP AND SVCS)	21 W4139R INQUIRY REPORT
06 SIGN OFF	22 DOMESTIC VIOLENCE MENU
07 N-S DATA ENTRY & DISPOSITION	23 GIS MENU
08 MAPPER APPLICATIONS	24 PA/FS & MA QUARTERLY REPORTING
09 SERVICES FULL DATA ENTRY	25 MEDICAL ASSISTANCE MENU
10 SERVICES UNDERCARE/MAINTENANCE	26 SSA 40 QUARTER MATCHING
11 CLIENT NOTICES MENU	27 CBIC MENU
12 WMS CASE & INDIVIDUAL INQUIRY	28 EMPLOYMENT MENU
13 SCR MENU	29 IV/A-IV/D RESPONDENT INFORMATION
14 RFI MENU	30 FAIR HEARING MENU
15 BICS MENU	31 MMIS INQUIRY MENU
16 WMSMNU (MENU KEY)	32 IRCS MENU

- **WORKER ENTRY:**
  SELECTION NUMBER ----------12
  XMIT ----------Transmit screen

ENTRY OF AN EXCEPTION CODE ON A RECIPIENT'S FILE

In March, a worker receives an enrollment asking that recipient AX25541E be enrolled with a backdated "Begin Date" of 01/05/08. In order to backdate this enrollment, the worker must check the recipient's Medicaid Coverage History by looking at the WMS Main Menu and selecting 12 – WMS Case & Individual Inquiry as shown below.

WINQ01 Dist Date 03/22/08

APPLICATION AND CASE INQUIRY

Selection ^ Reg/Case # ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ Screen ^ Pending ^ District ^ ^ ^ ^ ^

SERVICES/NON-SERV	NON-SERVICES ONLY	SERVICES ONLY
A – Application	D – Case Comprehensive	J – SFED – Client Info
B – Case Make-Up/Indivs	E – Auth Payment History	K – SFED – POSS Info
C – Transaction History	F – Pending Errors/Warns	L – Case Information
	G – Case Address History	M – Workbook 2 – Indivs
		N – Services Local Data

WINQ02 INDIVIDUAL CIN OR SSN INQUIRY

SELECTION **B** CIN **AX25541E** ^ OR SSN ^ ^ ^ ^ ^ ^ ^ ^ ^ Dist ^ ^ ^ ^ NYC ^ ^

Selections: A – Case Involvement
B – MA Coverage History
C – Purchase of Service History
D – Other Identifiers
E – Client Information

INDIVIDUAL NAME INQURIY

FN ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ M ^ LN ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ SEX ^ DOB ^ ^ ^ ^ ^ ^ ^ ^ DIST NYC ^ ^

In the middle of the screen (at WINQ02 Individual CIN or SSN Inquiry) type:

- **WORKER ENTRY:**

SELECTION - (MA COVERAGE HISTORY)----------"B"
CIN ----------CLIENT IDENTIFICATION NUMBER
^ ----------Transmit

The WMS MA Coverage History Screen is returned.

WINQ55 MA COVERAGE HISTORY Date 01/22/08 Page 1 of 1

Name Sex CIN SSN DOB Cont Cov Date

Auth – No.	Case – No.	Dist.	MA Coverage Dates Begin	End	C U	Catgrcl Code	Aid Cat	State/Fed Charge	Medicaid Coverage
09113124	MCARE19	ALBA	02/01/08	01/31/09		DSAB	26		FUL-COVR
08132114	**PCARE19**	**ALBA**	**02/01/07**	**01/31/08**		**DSAB**	**26**		**FUL-COVR**
07692410	PCARE19	ALBA	02/01/06	01/31/07		DSAB	26		FUL-COVR
06723465	MCARE 19	ALBA	02/01/05	01/31/06		DSAB	26		FUL-COVR
06455336	MCARE 19	ALBA	02/01/04	01/31/05		DSAB	26		FUL-COVR
06443455	MCARE19	ALBA	02/01/03	01/31/04		DSAB	26		FUL-COVR
06239946	PCARE19	ALBA	02/01/02	01/31/03		DSAB	26		FUL-COVR
06009877	PCARE19	ALBA	05/01/01	01/31/02		NO-DEPR	21		HR-COVR
	PCARE19	ALBA	MA-COV/			PRIOR 05/01/01 REMOVED 01/01/03			

The "From Date" of the requested enrollment (01/05/08) falls within the eligibility date segment from 02/01/07-01/31/08 (the 2nd segment on file) when the Case Number was PCARE 19. Therefore PCARE19 is the case number that must be input into the Restriction/Exception Subsystem for this enrollment. Return to the Main WMS Menu by hitting the DO key (SF16) or (Ctrl. F6 on the PC).

PLEASE NOTE THAT THE CASE NUMBER THAT YOU ENTER MUST BE THE SAME AS THE CASE NUMBER SHOWN ON THE MA COVERAGE HISTORY SCREEN (WINQ 55) FOR THE BEGIN DATE OF THE EXCEPTION CODE YOU ARE TRYING TO ENTER. IF THE CURRENT CASE NUMBER IS ENTERED AND THE EXCEPTION CODE IS BACKDATED TO A DATE WHEN THE RECIPIENT HAD A DIFFERENT CASE NUMBER, THE INPUT SCREEN WILL BLINK AND GIVE THE 020 ERROR MESSAGE–"INDIVIDUAL HAS NO CURRENT MA COVERAGE." IN THIS INSTANCE THE 020 MEANS THERE IS NO MA COVERAGE FOR THE RECIPIENT USING THE CURRENT CASE NUMBER FOR A JAN. '08 BACKDTE. YOU MUST USE CASE NUMBER THAT MATCHES THE EXCEPTION CODE "BEGIN DATE" IF YOU ARE BACKDATING INPUT.

WMS MAIN MENU

WMSMNU

WELFARE MANAGEMENT SYSTEM MENU

USE APPROPRIATE SF KEY (1-15) OR INDICATE SELECTION NUMBER ^^ XMIT

01 PA/FS BUDGET CALCULATION	17 TIME LIMIT TRACKING MENU
02 MA BUDGET CALCULATION	18 AUTO SDX/WMS MENU
03 STATISTICS	19 CCRS MENU
04 APPLICATION REGISTRY MENU	20 EEDSS HOST SYSTEM MENU
05 DENIAL ENTRY (APP AND SVCS)	21 W4139R INQUIRY REPORT
06 SIGN OFF	22 DOMESTIC VIOLENCE MENU
07 N-S DATA ENTRY & DISPOSITION	23 GIS MENU
08 MAPPER APPLICATIONS	24 PA/FS & MA QUARTERLY REPORTING
09 SERVICES FULL DATA ENTRY	**25 MEDICAL ASSISTANCE MENU**
10 SERVICES UNDERCARE/MAINTENANCE	26 SSA 40 QUARTER MATCHING
11 CLIENT NOTICES MENU	27 CBIC MENU
12 WMS CASE & INDIVIDUAL INQUIRY	28 EMPLOYMENT MENU
13 SCR MENU	29 IV/A-IV/D RESPONDENT INFORMATION
14 RFI MENU	30 FAIR HEARING MENU
15 BICS MENU	31 MMIS INQUIRY MENU
16 WMSMNU (MENU KEY)	32 IRCS MENU

- **WORKER ENTRY:**

SELECTION NUMBER ----------25
XMIT ----------Transmit screen

The Medical Assistance Subsystem Menu (WMAMNU) is returned.

MEDICAL ASSISTANCE SUBSYSTEM MENU

WMAMNU DIST DATE 03/22/08

MEDICAL ASSISTANCE SUBSYSTEM MENU

SUBSYSTEM	FUNCTION	CIN	CASE NO	WORKER	PAY - IN START DATE	XMIT
R	**I**	**AX25541E**	**PCARE19**	**NYDOH**	^^^^	^

SUBSYSTEM:
R **– RESTRICTION/EXCEPTION**
P – PRINCIPAL PROVIDER
C - PREPAID CAPITATION
T - THIRD PARTY
X - PAY-IN/EXCESS INCOME

FUNCTIONS:
I - INPUT
Q- INQUIRY
A- AUDIT

WORKER ENTRY:

• **SUBSYSTEM**	Subsystem	Enter R for RESTRICTION/EXCEPTION
• **FUNCTION**	Function	Enter appropriate function: I – Input
• **CIN**	Client Identification Number	Enter CIN of client for whom you are entering Restriction/Exception information
• **CASE NUMBER**	Case Number	Not a required field for functions “Q” or “A” Case number is needed for the “I” Input function
• **WORKER**	Worker ID	Enter worker ID
• **XMIT**	Transmit	Bring cursor to “xmit” and transmit

The Date, Transaction District, Case Number and Worker ID are system pulled to the WMRRIN screen. To enter R/E 72, 73, OR 74, enter RE/EXC Type 72 (73,74), and the RE/EXC FROM field. Enter the date that the recipient is considered to be in “exception status”. **Code 72,73, OR 74 can be backdated to no earlier than 01/01/08 as long as the recipient has the appropriate MA coverage for the backdate.**

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	**01**	**PCARE19**	**NYDOH**	**72**		**010508**		
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

TRANSMIT

The WMRRIN screen will be returned showing the recipient is enrolled with an Exception code 72 from 01/05/08 thru 999999.

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
012208	01	MCARE19	NYDOH					
032208	**01**	**PCARE19**	**NYDOH**	**72**		**010508**	**999999**	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

INPUT ACCEPTED

STORE THE INPUT USING SF13 (Ctrl. F3).

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	01	MCARE19	NYDOH					
032208	**01**	**PCARE19**	**NYDOH**	**72**		**010508**	**999999**	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

DATA SUCCESSFULLY STORED ON DATABASE

DEACTIVATION

Deactivation must be used to remove an erroneous entry of an exception code. This will completely remove the input transaction from the Recipient's R/E record although the transaction still will be shown on the WMS R/E Audit screen. Instances when deactivation should be used are:

- **When a R/E code has been added to the wrong recipient's case record.**
- **When a R/E has been entered with an incorrect From Date. (Code was put on for 03/05/08-999999 when it should have been entered for 01/01/08-999999).**
- **When the wrong exception code has been added to the recipient's case record. (e. g. A R/E 47 has been input instead of a 74)**

In all of the instances above, the R/E code must be deactivated.

- **WORKER ENTRY**

1. **Access the R/E Subsystem. (See Pages 6-7)**
2. **Enter the R/E TYPE to be removed. (73)**
3. **Enter the R/E PERIOD THRU DATE equal to the R/E FROM DATE.**
4. **Transmit and store the data using SF13.**

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	**01**	**MCARE19**	**NYDOH**	**73**			**030508**	
030508	01	PCARE19	NYDOH	73		030508	999999	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

After transmitting the data, the following screen is returned:

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	01	MCARE19	NYDOH					
032208	**01**	**MCARE19**	**NYDOH**	**73**		**030508**	**030508**	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

INPUT ACCEPTED

STORE THE INPUT USING SF13 (Ctrl. F3)

- The R/E 73 has been successfully deleted.

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	01	MCARE19	NYDOH					
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

DATA SUCCESSFULLY STORED ON DATABASE

The Exception Code 73 is now deactivated for this CIN. **Deactivation and re-entry of an exception code should *never* be done in the same day. Deactivate the code on day one. Re-enter the exception on the following day or any day after the following day.**

TERMINATION OF AN EXCEPTION CODE

(Used to END DATE an Exception)

- **WORKER ENTRY**

1. **Access the Restriction/Exception Subsystem. (See Pages 6-7)**
2. **Enter the RESTRICTION TYPE (74) and the termination date in the THRU DATE field (03/02/08).**

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	**01**	**MCARE19**	**NYDOH**	**74**			**030208**	
012208	01	PCARE19	NYDOH	74		010108	999999	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

TRANSMIT AND STORE THE RETURNED SCREEN USING SF13 (Ctrl F3)

WMRRIN RESTRICTION/EXCEPTION INPUT SCREEN 03/22/08
CLIENT ID AX25541E NAME T CARE PAGE1
RESTRICTED RECIPIENT EFFECTIVE FROM DATE 03/28/08

TX DATE	TX DIST	CASE NUMBER	WORKER ID	RE/EXC TYPE	PROVIDER ID	RE/EXC FROM	PERIOD THRU	XMT
032208	01	MCARE19	NYDOH					
012208	**01**	**PCARE19**	**NYDOH**	**74**		**010108**	**030208**	
110607	01	MCARE19	MTL	95		110707	999999	
100807	01	PCARE19	SUSIE	83		110107	999999	
122006	01	PCARE19	JOHN	25		122006	999999	

DATA SUCCESSFULLY STORED ON DATABASE

The code 74 is terminated. The recipient was covered by R/E **Code 74 from 01/01/08 thru 03/02/08 only.**

ERROR MESSAGE 020
"INDIVIDUAL HAS NO CURRENT MA COVERAGE"

Error message 020 is the most common WMS error message in the Restriction/Exception Subsystem. It is "INDIVIDUAL HAS NO CURRENT MA COVERAGE". However, it can mean:

- The individual didn't have MA eligibility on the date you are trying to cover with the code 72, 73, 74, OR
- The recipient had coverage at the time you are trying to enter, only the coverage at the time was under a DIFFERENT CASE NUMBER.
- The Recipient has another Restriction/Exception on his/her CIN which is not compatible with code 72, 73 OR 74. (R/E Codes not allowed with a 72 - 74 are: 23, 30, 35, 38, 46, 47, 48, 49, 50, 51, 55, 60, 62-71, 78, 81 a previously existing 72, 73, OR 74,).
- The recipient does not have coverage that will allow input of an Exception code 72-74. (R/E Codes 72-74 are NOT allowed with Coverage Codes 4, 5, 7, 8, 9, 10, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24, 34 or 36.)

TRANSMISSION TIMEFRAMES

All WMS Subsystem information (Restriction/Exception, Principal Provider, and Prepaid Capitation,) is entered into WMS in real time. However, the send from WMS to CSC was weekly until the weekend of 06/10/05 (it was sent at COB on Friday afternoon). All subsystem information gathered from Monday through Friday was sent during this transmission. The information on the file reached CSC and was processed against CSC edits during the following week. The updated information was then put on file at CSC on the following Monday. Therefore, for billing purposes, providers were told to send claims that process against the R/E or PP subsystem 2 Mondays after the WMS input transaction date. This was the famous "Two Monday Rule".

As of June 10th, 2005, the PP and R/E files are sent daily. Information on the subsystems is sent COB EACH night. It is available for provider billing at eMedNY the day following WMS input.

CSC Representatives are available at the following phone numbers:

- Practitioner Services - 1 - 800 - 522 - 5518 or (518) 447 – 9860
- Institutional Services - 1 - 800 - 522 - 1892 or (518) 447 – 9810
- Professional Services - 1 - 800 - 522 - 5535 or (518) 447 - 9830

The Practitioner Unit handles Physicians, Nurses, Physician's Assistants, Nurse-Midwives etc.

The Institutional Unit handles Hospitals, Clinics, Nursing Homes, Child Care, Home Health and Personal Care Services.

The Professional Unit handles Pharmacies, DME, Labs, Transportation etc.

MEDICAID ELIGIBILITY VERIFICATION SYSTEM (MEVS)
(Card Swipe)

EMEVS Restrictions/Exceptions and Principal Provider are also updated nightly. Information input into WMS from Monday through Friday will be available for MEVS verification on the day following WMS data input.

Verification of basic MA eligibility is available thru MEVS 24 hours after WMS input. For example, a recipient made eligible on WMS on Monday could be verified as MA eligible through MEVS on the next day - Tuesday.

LDSS CALLS – Stephanie Coons - (518) 257-4557
Roy Simmonds – (518) 257-4553

PROVIDER CALLS

ARU

1800 997-1111 (primary)
1800 225-3040 (backup)

PC

1800 997-1110 (high speed)
1800 997-1119 (low speed)

eMedNY Helpdesk

1800 343-9000

RESTRICTION CODES (MMIS D. E. 1840)
(WMS D. E. 19-050)

02 – RRP PODIATRY

03 - RRP DENTAL

04 - RRP DME

05 - RRP PHARMACY

06 – RRP PHYSICIAN

08 - RRP CLINIC

09 – RRP INPATIENT HOSPITAL
10 – RRP DENTAL CLINIC
11 – RRP PHYSICIAN GROUP
12 – RRP PHYSICIAN ASSISTANT/NURSE PRACTITIONER
13 – RRP ALTERNATIVE PHRMACY

THESE ARE CODES TO RESTRICT RECIPIENTS

TO SPECIFIC PROVIDERS

FOR PROGRAM INFORMATION ON CODES 2 - 13 CONTACT KEN KUK (518) 408-0192 OR William Gilbert (518) 408-0166

20 – HIV ENROLLEE IN SPECIAL NEEDS MC PLAN.

21 – AIDS ENROLLEE IN SPECIAL NEEDS MC PLAN.

FOR PROGRAM INFORMATION ON CODES 20-21 CONTACT KATE CAHILL (518) 473-0045.

22 - MEDICARE PART D – GOOD CAUSE — CODE EXEMPTS THE RECIPIENT FROM THE AUTO-CLOSING PROCESS FOR FAILURE TO ENROLL IN MEDICARE PART D FOR GOOD CAUSE.

FOR PROGRAM INFORMATION ON CODE 22 CONTACT BAMBI MURPHY (518) 402-6682.

23 – OMH CHILDREN'S WAIVER — MARKS OFF RECIPIENTS IN THE OMH HOME & COMMUNITY BASED SERVICES WAIVER FOR SERIOUSLY EMOTIONALLY DISTURBED (SED) CHILDREN FOR PURPOSES OF SHARES SPLITS, UT, CO-PAY AND IDENTIFICATION.

FOR PROGRAM INFORMATION ON CODE 23 CONTACT LARRY MOSS (518) 473-2160

25 - SUBCHAPTER A OMRDD EXCEPTION — NO LOCAL SHARES.

30 – LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)	CODE USED FOR INDIVIDUALS AUTHORIZED FOR LONG TERM CARE SERVICES WHO ARE ELIGIBLE FOR NURSING HOME LEVEL OF CARE AND ARE RESIDING IN THE COMMUNITY. SERVICES PROVIDED THROUGH A CERTIFIED LTHHCP PROVIDER. RECIPIENTS NOT EXEMPT FROM UT AND CO-PAY.
35 - CASE MANAGEMENT PROGRAM	COMPREHENSIVE CASE MANAGEMENT PROGRAM RECIPIENTS ARE EXEMPT FROM COPAY AND UT PROCESSING. DOES NOT AFFECT ELIGIBILITY OR OTHER MA SERVICES.

FOR PROGRAM INFORMATION ON CODES 35 CONTACT COLLEEN MALONEY AT (518) 473-5339.

38 - UT EXEMPT	RECIPIENT IS A RESIDENT OF AN ICF - DD FACILITY - EXEMPT FROM UT AND COPAY WHILE ELIGIBLE FOR MA SERVICES.
39 - AID CONTINUING	RECIPIENT IS SUBJECT TO UT & EXEMPT FROM CO-PAY.
46 - HOME & COMMUNITY BASED SERVICES WAIVER (PURE WAIVER)	IDENTIFIES A RECIPIENT IN HOME & COMMUNITY BASED SERVICES WAIVER PROGRAM (HCBS).RECIPIENT IS EXEMPT FROM UT & CO-PAY.
47 – SUPERVISED CR	IDENTIFIES A RECIPIENT IN HOME & COMMUNITY BASED SERVICES WAIVER SUPERVISED CR - EXEMPT FROM UT & CO-PAY.
48 – SUPPORTIVE IRAs AND CRs	IDENTIFIES A RECIPIENT IN HOME & COMMUNITY BASED SERVICES WAIVER (HCBS) SUPORTIVE IRA & CR - EXEMPT FROM UT AND CO-PAY.
49 –SUPERVISED IRA	IDENTIFIES A RECIPIENT IN HOME & COMMUNITY BASED SERVICES WAIVER (HCBS) IN A SUPERVISED IRA - EXEMPT FROM UT & CO-PAY.

FOR PROGRAM INFORMATION ON CODES 46-48 CONTACT LINDA KELLY (518) 473-8919.

50 - PRENATAL CONNECT	RECIPIENT HAS CONNECT SERVICES AND IS ELIGIBLE FOR THE SERVICE PKG. AVAILABLE TO ALL INDIVIDUALS WITH PERINATAL FAMILY.
51 - CONNECT	RECIPIENT HAS CONNECT SERVICES, PLUS ALL SERVICES ASSOCIATED WITH THEIR COVERAGE.

FOR PROGRAM INFORMATION FOR CODES 50-51 CONTACT COLLEEN MALONEY AT (518) 473-5339.

**55 - MCCP PHARMACY	AN HR RECIPIENT ENROLLED IN THE MCCP & RECEIVING PHARMACY SERVICES FROM THE PRIMARY PHARMACY. RECIPIENT IS SUBJECT TO UT & CO-PAY.
**56 - MCCP PHYSICIAN	AN HR RECIPIENT ENROLLED IN MCCP AND ASSIGNED TO A

	PRIMARY PHYSICIAN OR A PREFERRED PROVIDER. NON EMERGENT TRANSPORTATION MUST BE ORDERED BY A PRIMARY PROVIDER ONLY. ANCILLARY SERVICES (PHARMACY, DME & LAB) MUST BE ORDERED BY PRIMARY OR REFERRED PROVIDER. SUBJECT TO UT & CO-PAY.
**58 - MCCP CLINIC	HR RECIPIENT ENROLLED IN MCCP AND ASSIGNED TO PRIMARY CLINIC WHERE S/HE MUST RECEIVE CARE OR BE REFERRED FOR CARE. ANCILLARY SERVICES (PHARMACY, DME, LAB) MUST BE ORDERED BY PRIMARY ONLY. SUBJECT TO UT & CO-PAY.
**59 - MCCP INPATIENT	RECIPIENT ENROLLED IN MCCP AND ASSIGNED TO A PRIMARY INPATIENT PROVIDER WHERE S/HE MUST RECEIVE CARE. SUBJECT TO UT AND COPAY.

FOR INFORMATION ON CODES 55, 56, 58 AND 59 CONTACT KEN KUK (518) 408-0192.

*60 – NURSING HOME TRANSITION & DIVERSION WAIVER	RECIPIENT ENROLLED IN NH TRANSITION & DIVERSION WAIVER.

FOR PROGRAM INFORMATION FOR CODE 60 CONTACT LISA FARLEY (518) - 474-5271.

62 - CARE AT HOME 1 (CAH1)	ALL CAH CODES 62-71 ARE EXEMPT FROM CO-PAY & UT & COMPLETION OF HARRI.
63 - CAH II	
64 - CAH III	
65 - CAH IV	
66 - CAH V	
67 - CAH VI	
68 - CAH VII	
69 - CAH VIII	
70 - CAH IX	
71 - CAH X	

FOR PROGRAM INFORMATION ON CODES 62-71 CONTACT COLLEEN MALONEY AT (518) 473-5339.

72 – B2H SED	RECIPIENTS ARE IN THE BRIDGES TO HEALTH WAIVER FOR THE SERIOUSLY EMOTIONALLY DISTURBED. EXEMPT FROM UT AND CO-PAY.
73 – B2H DD	RECIPIENTS ARE IN THE BRIDGES TO HEALTH WAIVER FOR THE DEVELOPMENTALLY DISABLED. . EXEMPT FROM UT AND CO-PAY.
74 – B2H MedF	RECIPIENTS RE IN THE BRIDGES TO HEALTH WAIVER FOR THE MEDICALLY FRAGILE. . EXEMPT FROM UT AND CO-PAY.

FOR PROGRAM INFORMATION ON CODES 72 – 74 CONTACT PRISCILLA SMITH at (518) 474-8338.

75 – LTC D/D ASSET PROTECTION	RECIPIENTS ARE THOSE WHO RECEIVE RESOURCE EXEMPTIONS IN THE AMOUNT OF LTC INSURANCE BENEFIT DOLLARS PAID TO DATE. THE AMOUNT DETERMINES THE

	AMOUNT OF RESOURCES DISREGARDED IN THE MBL BUDGET.
76 – LTC TOTAL ASSET PROTECTION	RECPIENTS ARE THOSE WHO HAVE COMPLETE DISREGARD OF RESOURCES IN MBL.
77 – LTC INSURANCE-NON PARTNERSHIP	RECIPIENTS HAVE LTC INSURANCE BUT NOT THROUGH THE PARTNERSHIP FOR LTC.

FOR PROGRAM INFORMATION ON CODES 75-77 CONTACT AMANDA SOWLE (518) 473-4939.

*78 – TARGETED CASE MANAGEMENT	RECIPIENTS ARE UNDER 18 MEDICALLY FRAGILE CHILDREN.

FOR PROGRAM INFORMATION ON CODES 78 CONTACT COLLEEN MALONEY (518) 474-7067

81 - TRAUMATIC BRAIN INJURY (TBI)	TRAUMATIC BRAIN INJURY RECIPIENTS EXEMPT FROM UT & CO-PAY.

FOR PROGRAM INFORMATION ON CODE 81 CONTACT JANETTE BIGGS (518) 474-6580.

83 - ALCOHOL & SUBSTANCE ABUSE (ASA)	RECIPIENT HAS BEEN MANDATED TO RECEIVE ASA SERVICES FFS IN SOME INSTANCES. THE RECIPIENT MAY ALSO BE IN PCP WHERE THE PLAN IS RESPONSIBLE FOR PAYMENT OF SOME SERVICES.

FOR PROGRAM INFORMATION ON CODE 83 CONTACT DALE PETERSON(518) 402-3219 OR MARIE SPADA (518) 457-0140.

84 – BASE/COMMUNITY REHAB & SUPPORT (CRS) WITH CLINICAL TREATMENT	RECIPIENT IS ENROLLED IN AN OUTPATIENT REHAB PROGRAM FOR MENTALLY ILL ADULTS (OMH). RECIPIENTS ARE EXEMPT FROM UT.
85 - BASE/COMMUNITY REHAB & SUPPORT (CRS) WITHOUT CLINICAL TREATMENT	RECIPIENT IS ENROLLED IN AN OUTPATIENT REHAB PROGRAM FOR MENTALLY ILL ADULTS (OMH) RECIPIENTS ARE EXEMPT FROM UT.
86 – INTENSIVE REHAB & ONGOING REHAB SERVICES (IR/OR)	RECIPIENT IS ENROLLED IN AN OUTPATIENT REHAB PROGRAM FOR MENTALLY ILL ADULTS (OMH) RECIPIENTS ARE EXEMPT FROM UT.
**87 – ASSERTIVE COMMUNITY TREATMENT (ACT)	RECIPIENT IS ENROLLED IN A COMPREHENSIVE PSYCHO SOCIAL CASE MANAGEMENT AND SUPPORT SERVICES BY A TREATMENT TEAM (OMH) - RECIPIENTS ARE EXEMPT FROM UT.

FOR PROGRAM INFORMATION ON CODES 84-87 CONTACT LARRY MOSS (518) 486-9512.

90 - MANAGED CARE EXCLUDED	RECIPIENT EXCLUDED FROM MANDATED MANAGED CARE AUTO - ASSIGNMENT.
91- MANAGED CARE EXEMPT	RECIPIENT EXEMPT FROM MANAGED CARE ENROLLMENT.

94 - OMH EXEMPT	RECIPIENT EXEMPT FROM MANAGED CARE ENROLLMENT.
95 OMRDD WAIVERED SERVICES LOOK-ALIKES	RECIPIENT EXEMPT FROM MANAGED CARE ENROLLMENT. .
96 - SERIOUSLY & PERSISTENTLY MENTALLY ILL ADULTS (SPMI) & SERIOUSLY EMOTIONALLY DISTURBED CHILDREN (SED).	RECIPIENT EXEMPT FROM MANAGED CARE ENROLLMENT.

FOR PROGRAM INFORMATION ON CODES 90-96 CONTACT KATE CAHILL (518) 473-0045.

98 DUR-WMS/EMEVS DUR USE

FOR PROGRAM INFORMATION CODE 98 CONTACT STEPHANIE COONS (518) 257- 4557.

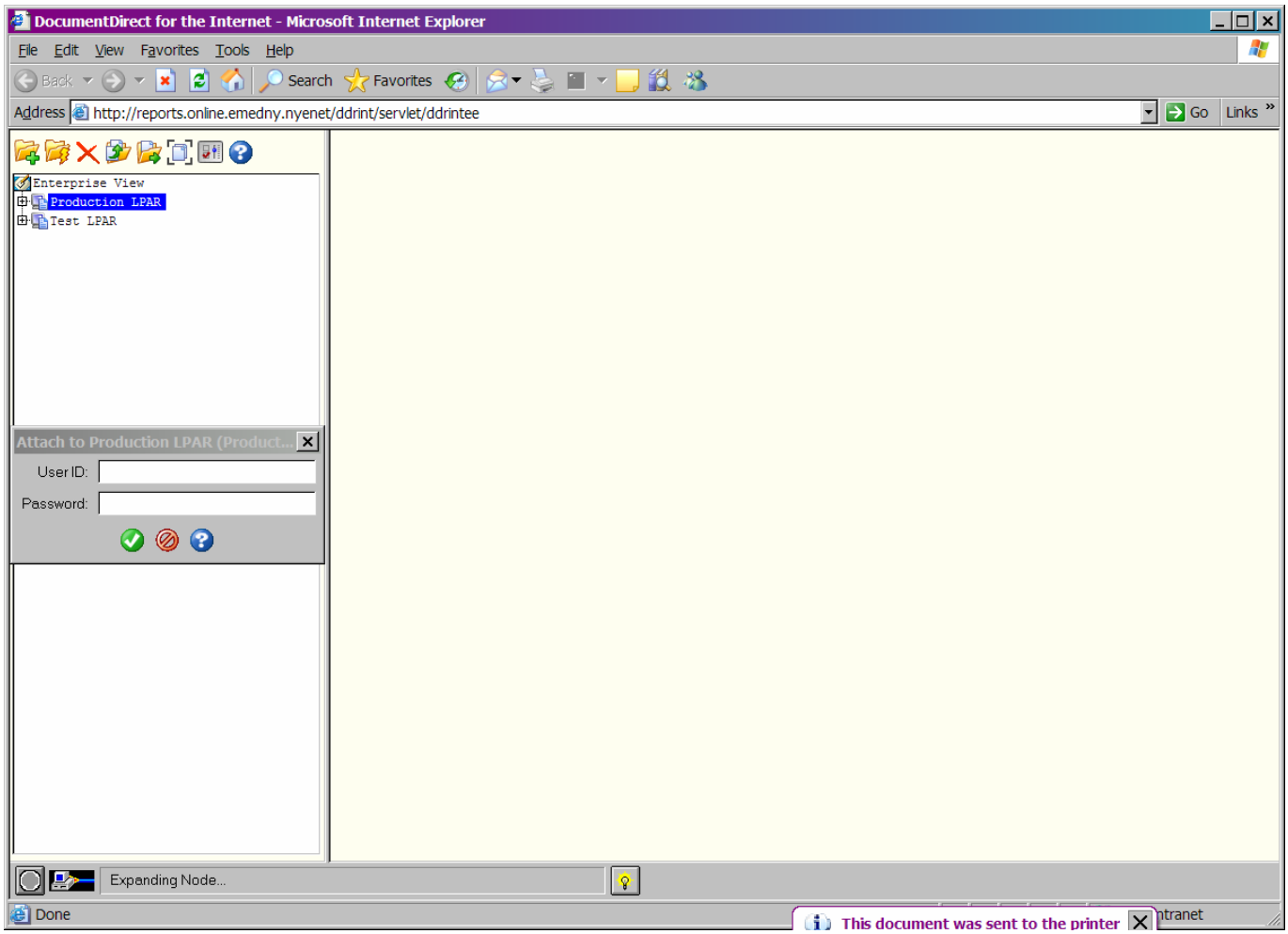
*** Codes are currently being programmed.**
****Codes not currently in use.**

eMedNY Reports

Daily reports are available online. They are:
B0DP1011-Restriction Reject/Warning Report.
B0DP1012-Managed Care Restriction/Exception Reject/Warning Report (R/E Codes 90-96).
B0DP1016-Home and Community Based Services (HCBS) Restriction/Exception Reject/Warning Report(R/E Codes 46-49).
B0DP1017 – Exception Reject/Warning Report (all other exception codes).

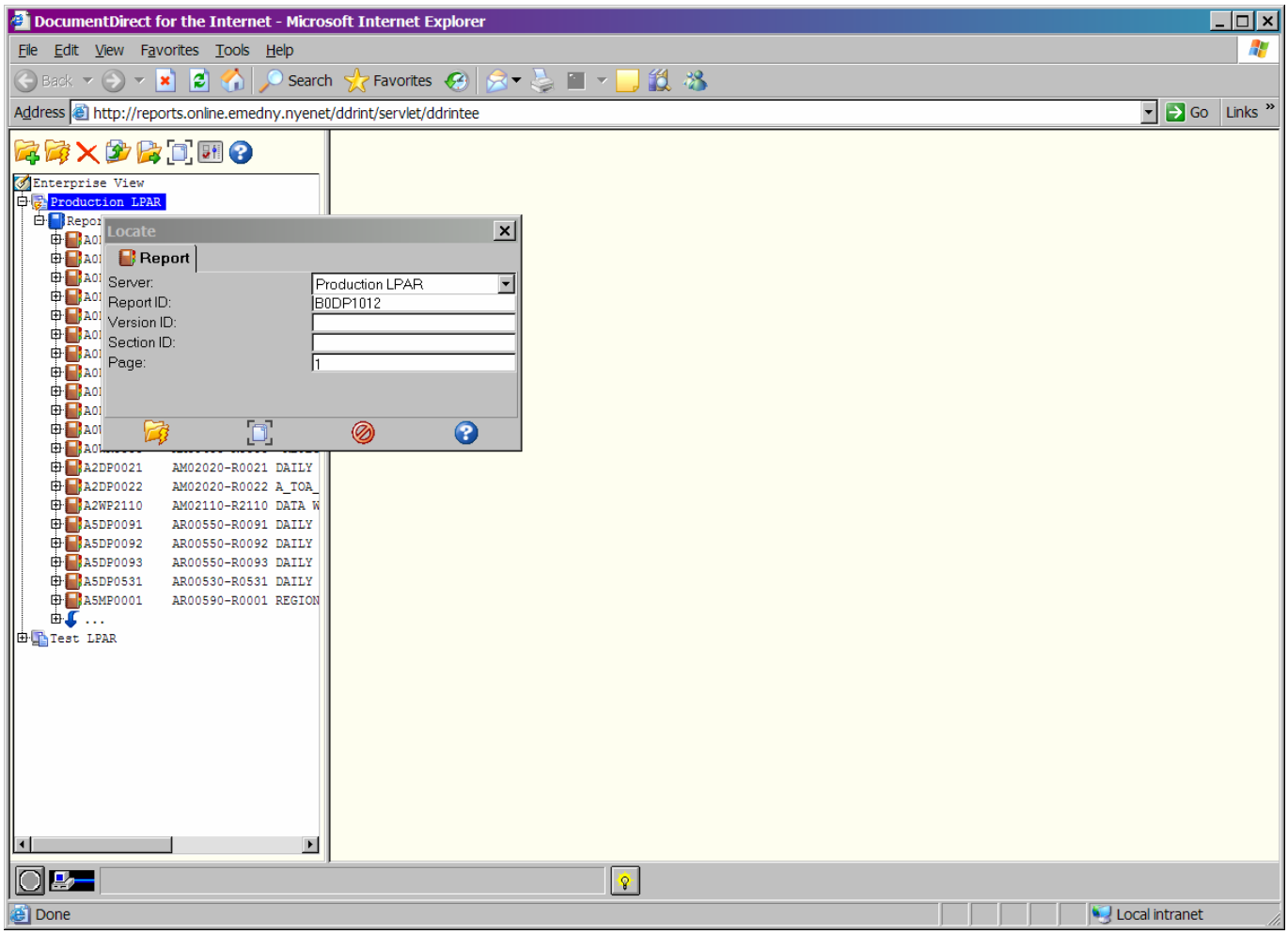
To access these reports:

1. **http://reports.online.emedny.nyenet/ddrint/servlet/ddrintee**
2. **Select PRODUCTION LPAR xmit.**
3. **Sign on**

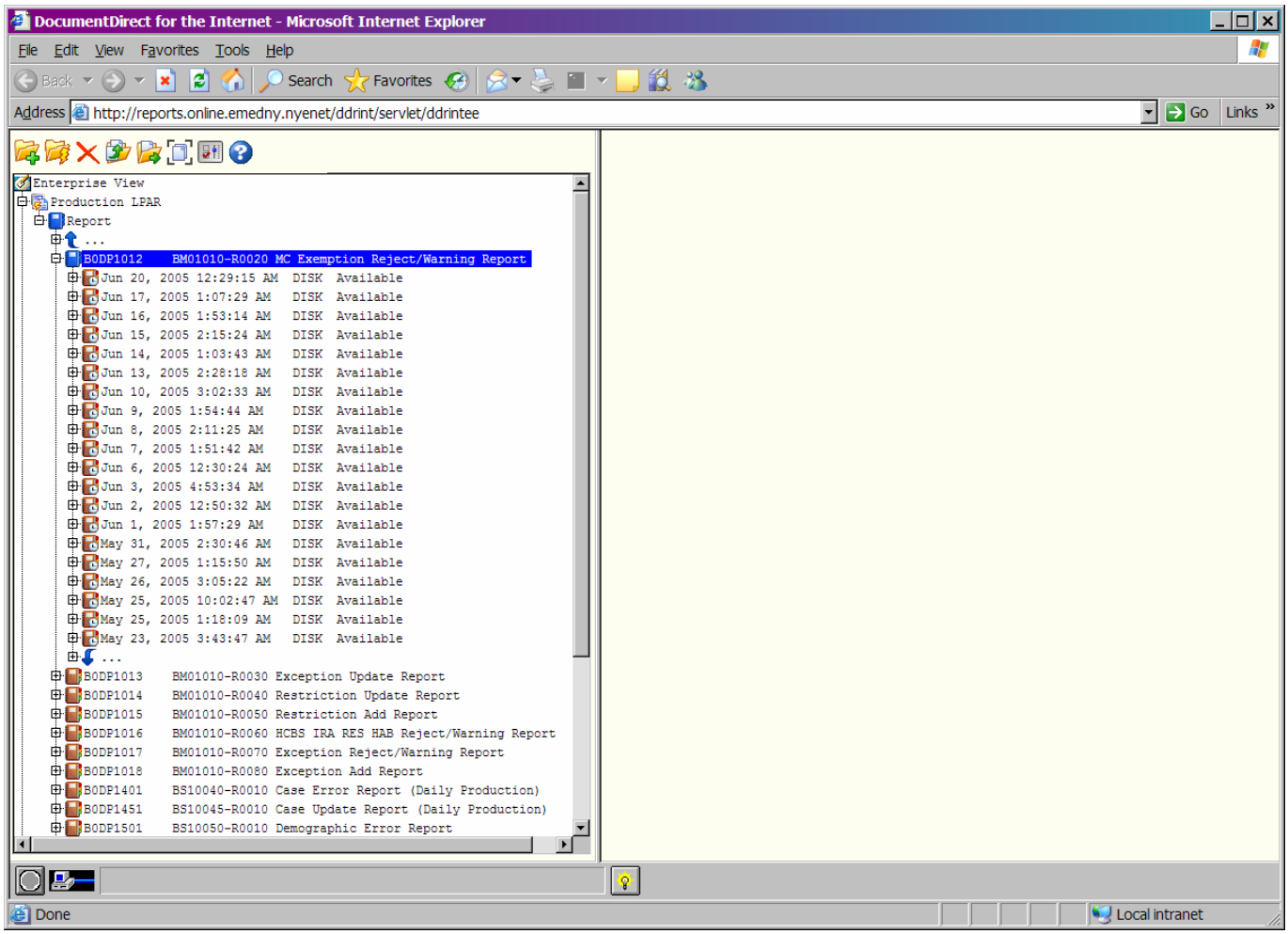


4. **Click on the search function and type in the identifying numbers of the report. (e.g. B0DP1012)**

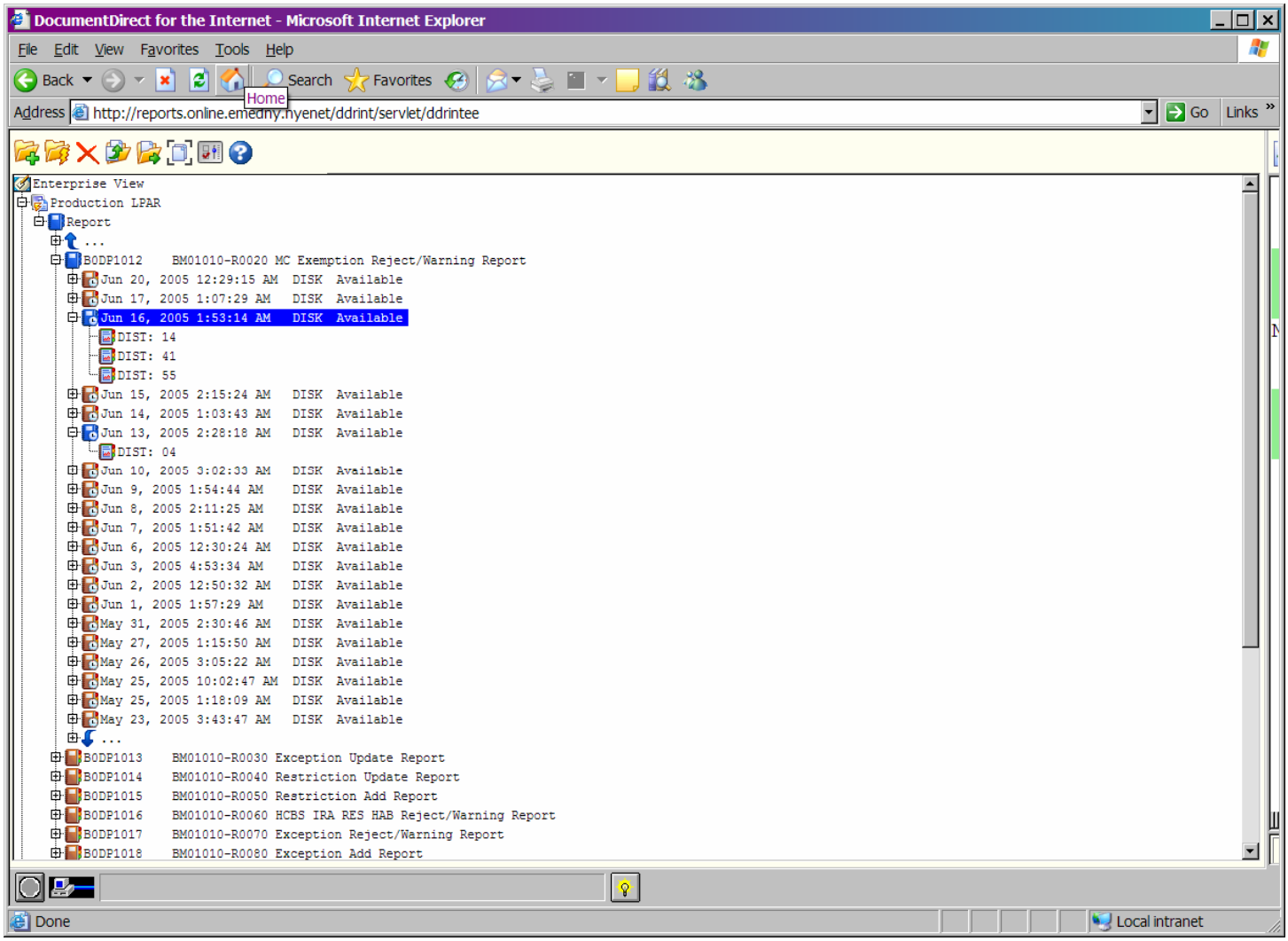
Search function



5. Click on the report date of the report you are requesting.


DocumentDirect for the Internet - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://reports.online.emedny.nyenet/ddrint/servlet/ddrintee
Go Links
Enterprise View
Production LPAR
Report
...
B0DP1012 BM01010-R0020 MC Exemption Reject/Warning Report
Jun 20, 2005 12:29:15 AM DISK Available
Jun 17, 2005 1:07:29 AM DISK Available
Jun 16, 2005 1:53:14 AM DISK Available
Jun 15, 2005 2:15:24 AM DISK Available
Jun 14, 2005 1:03:43 AM DISK Available
Jun 13, 2005 2:28:18 AM DISK Available
Jun 10, 2005 3:02:33 AM DISK Available
Jun 9, 2005 1:54:44 AM DISK Available
Jun 8, 2005 2:11:25 AM DISK Available
Jun 7, 2005 1:51:42 AM DISK Available
Jun 6, 2005 12:30:24 AM DISK Available
Jun 3, 2005 4:53:34 AM DISK Available
Jun 2, 2005 12:50:32 AM DISK Available
Jun 1, 2005 1:57:29 AM DISK Available
May 31, 2005 2:30:46 AM DISK Available
May 27, 2005 1:15:50 AM DISK Available
May 26, 2005 3:05:22 AM DISK Available
May 25, 2005 10:02:47 AM DISK Available
May 25, 2005 1:18:09 AM DISK Available
May 23, 2005 3:43:47 AM DISK Available
...
B0DP1013 BM01010-R0030 Exception Update Report
B0DP1014 BM01010-R0040 Restriction Update Report
B0DP1015 BM01010-R0050 Restriction Add Report
B0DP1016 BM01010-R0060 HCBS IRA RES HAB Reject/Warning Report
B0DP1017 BM01010-R0070 Exception Reject/Warning Report
B0DP1018 BM01010-R0080 Exception Add Report
B0DP1401 BS10040-R0010 Case Error Report (Daily Production)
B0DP1451 BS10045-R0010 Case Update Report (Daily Production)
B0DP1501 BS10050-R0010 Demographic Error Report
Done
Local intranet

6. Select your district



The report can be copied to your printer. If there are no errors in your district, the district number will not display.