

EDITS MA Renewal

Submitter Specifications



Disclaimer: Every effort has been made to provide accurate and complete information. This document was prepared according to the most current WMS specifications; however WMS performs quarterly updates that may affect the layouts and procedures contained within. It is the responsibility of each participant to remain current with specifications provided for initial and ongoing participation. Any submitter, who is unable to meet the specifications provided, will not be permitted to participate with EDITS Renewal.

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1. Renewal Batch Submittal

1.1. Overview

Renewal Batch Submittal allows a submitter to upload the batch files using FTP. These batch files are then picked up from the server, validated by EDITS. The EDITS process that performs this task is known as *Reception*. *Files submitted on weekends and/or holidays will not be processed until the following business day.*

The Reception Service component is designed to retrieve batch files from the DMZ FTP server, validate the submission contained within for correctness and then save the individual renewals within the EDITS database.

1.2. File Format

There are two basic files that support each submission to EDITS Renewal. The Batch File contains a data record for each renewal submitted, representing the data on the physical Medicaid Renewal form. The Image File contains the TIFF associated with each physical form. See Submitter Input/Response Stream section in this document for the submitter input file format.

1.3. Naming Conventions & Size Restrictions

There are two file types that need to adhere to strict naming conventions to ensure uniqueness and proper handling. The Renewal Batch File is the primary file, that contains a Header record, and for each application submitted will contain one Case record, one or more Member records, and one or more Image records. The Image record **must contain** the exact name given to the associated Image File (TIFF). To properly name the files, they should conform to the following naming conventions:

1.3.1. Renewal Batch File

The Renewal batch file name must adhere to the following format:

- **Submitter ID (or submitter chosen #)** (4 digits)
- **Date**(MMDDYYYY format)
- **Sequence #** starting from 0001 (4 digits)

File name example: 1111091220050001.txt

The Renewal Batch File might contain an Image record similar to:

I,1111PATIENTAAA0001,0001,13 ,5473

1.3.2. Image File

The Image files submitted within each batch must remain unique. The names associated to the images must match the names given in the “I” records within the Application Batch File. The image files should conform to the following format, to relate back to the specific case within the batch:

- **Submitter ID (or submitter chosen #)** (4 digits)
- Patient UID (10 characters)
- Application Date (6 digits)
- **Sequence #** (4 digits) starting with 0001. Additional images submitted for the same patient must be the next sequential number available
- .TIF must be the extension for the TIF image file. (case sensitive)
- .PDF must be the extension for the PDF image file. (case sensitive)

Following the Image record identified above in the Application Batch File, an Image File would need to exist as: **1111PATIENTAAA0001.TIF**

In order for the EDITS Reception process to pick up and process application batch files, they **MUST** have an extension of “.txt”. Application batch files that do not have this extension will not be processed by EDITS.

Batch Size Restriction

The batch size may not exceed 500MB. Although this is the maximum upper limit, it is strongly suggested that a batch does not reach that limit. Large batches (with over 400 documents and over 2000 images in the batch file) may cause problems with image repository when trying to import the documents. Please make every effort to ensure that your process creates smaller batch files.

1.4. Sending Batches via FTP

Currently, submitters can only submit application batch files using the FTP protocol to the DMZ FTP Server using an SSH client. Each submitter will be given FTP login credentials and they will have access to a batch file drop folder.

The batch file drop folder is a subdirectory of the submitter’s FTP account called *Input_To_HRA*. The submitter uploads a batch of files into subdirectories in their *Input_to_HRA* folder on the DMZ server. The subdirectory naming convention has the following format:

Date (MMDDYYYY format)

Sequence # (starting from 0001 zero-filled 4 digits)

Example: 07062005**0001**

The submitter places the files for an upload session in a single subdirectory. An upload session can consist of a single .txt file with a set of corresponding .tifs or

multiple .txt files and .tifs. Once the submitter is done uploading the files to the batch subdirectory the submitter places a zero-length file with the same name as the subdirectory with the file extension EOB in the inbound folder (Input_to_HRA). For example, an upload subdirectory name would be 070620050001 in the Input_to_HRA directory and the end of batch notification file would be 070620050001.EOB and would be placed in the Input_to_HRA directory. The purpose of the EOB file is to notify the EDITS FTP Service that the batch of files in the subdirectory can be downloaded from the DMZ server to the EDITS FTP server. EDITS would download the tifs first from the batch subdirectory and then the txt(s) files. Once EDITS has finished downloading the files the EDITS FTP service will rename the EOB file to COB. This will signify to the submitter that the batch was processed by EDITS. When a submitter initiates another upload session within the same day, the submitter increments the sequence number to create another upload subdirectory. The sequence number is reset to 0001 at the beginning of each day.

Please note: Submitters must upload the end of batch indicator file as the last file uploaded in a submission. Failing to upload the end of batch indicator as the last file in the upload session will result in the processing of the files by EDITS prior to completion of the upload session by the submitter.

2. Notification

2.1. Overview

Notification files are generated every day at midnight and are placed in the submitter's outbound folder called Output_From_HRA in the submitter's FTP account directory.

2.2. Notification Types

The notification service currently returns three types of notification data:

Notification	Description		FTP Download
Processed Batch List	Returns a list of application batch files processed by EDITS within a specified period.		<input checked="" type="checkbox"/>
Processed Reception Log	Returns the log generated by the EDITS Reception/Completeness process within the specified period. The log entries are grouped by batch file.		<input checked="" type="checkbox"/>

2.3. Download Files Using FTP

EDITS has a notification file generation process that executes on a daily basis. It generates notification files in XML or TXT format for each active submitter within the EDITS application. The submitter's preference for which format is set by the HRA staff.

Submitter's can login into the DMZ FTP server using an SSH FTP client and retrieve files for a specific day.

2.4. File Naming Conventions

Currently, three notification files types are generated by the file service:

- Processed Batch List
- Processed Batch Log
- Application Rendered Decision List

The file names generated for the available notification types for FTP are configured within EDITS by the administrator and cannot be customized for each submitter. The format is as follows

<prefix-identifier>_[mmddyyyy].xml e.g. BatchLog_01012004.xml

The <prefix-identifier> is mandatory and labels the type of notification. The date component of the filename is optional and is a configurable setting within EDITS. It is however recommended that the date be included in the filename to ensure uniqueness of the generated files. This will ensure that notification files will not be overwritten as they are generated on a day-to-day basis.

3. FTP Administration

3.1. Overview

The use and reliance on FTP for the submitter to be able to submit batches and retrieve notifications requires HRA system administrators to perform some maintenance on the folders that contain EDITS related data files.

This maintenance encompasses setting up FTP Accounts, defining folder security and cleaning up archived files within the EDITS FTP folder structure.

3.2. Folder Structure

The in-bound submitter folder is named Input_To_HRA.

The out-bound submitter folder is name Output_From_HRA.

These two folders are required for the various EDITS processes to function properly.

3.3. Setting-Up Security and Maintenance

3.3.1.1. In-Bound Submitter Folder

The Inbound Submitter folder must have write access only.

3.3.1.2. Out-Bound Submitter Notification Folder

The Outbound Submitter folder must have read/write attribute granted to the particular submitter. Each submitter needs the ability to download the files and then rename them with the ‘.old’ extension.

3.3.1.3. Archive Submitter Folder

The Archive Submitter folder must have read/write/delete rights granted to the particular submitter. The Archive folder will consist of all the files from the In-Bound and Out-Bound folders, which will be moved to the Archive Folder every seven days. Each submitter needs the ability to delete the archive files. The submitters are responsible for deleting the Archive files in their folder

4. Appendices

4.1. *Appendix: Submitter Input/Response Streams*

This section identifies all the data elements required to process Medicaid Renewals. The submitters will create a file containing the data supporting their Medicaid Renewal form along with the scanned images of their required documentation.

Input Data Stream considerations:

- The field edits and data dependency edits are provided within the layout.
- Four record types must be provided within the file submitted.
 1. One Header Record which identifies the Submitter and number of records expected. The Header record MUST contain 5 fields and 4 commas.
 2. A Data Record for each Medicaid Renewal submitted which also includes the number of Image Records immediately following the Data Record. There should be a total of xxx fields and xxx commas contained within the record. The Data record must contain 99 fields and 98 commas with last field as filler.
 3. Image Records identifying the documents which were scanned and submitted with the application. The Image records must contain 6 fields and 5 commas.
 4. A Trailer Record which must contain 2 fields and 1 comma.
- Three of the above record types are required with every file submitted. They are: Header, Data and Trailer. Without the presence of one of each of these record types in a batch, the batch will not be processed. The Trailer record serves as the trigger for the Reception process to acknowledge the batch and begin processing.

Data Rules:

1. “If A” in the following table means “If Applicable”
2. No special characters are permitted. All alpha entries should be in upper case (CAPS); suffix information used with names need to be entered as II and III rather than 2nd and 3rd.
3. \$Amount Rule: All amounts are dollars and cents, with an implied decimal

INPUT DATA STREAM LAYOUT

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Header Record *	FIRST RECORD TYPE OF THE FILE ONLY ONE HEADER RECORD PER FILE				
Submission Type	1	A	"H"	X	"H" = Header
Submitter ID	4	N		X	Unique ID for the submitter, designated by HRA
# Records Sent	8	N	00000001	X	
Batch Submission Date	8	N	mmddyyyy	X	Batch Submission Date (usually today's date)
Batch Submission Time	4	N	HHMM	X	24 hours format
Data Record	SECOND RECORD TYPE OF THE FILE One Data Record is required for EACH application submitted. It is not associated to the individual household members.				
Submission Type	1	A	"R"	X	Renewal
# of Image records expected	3	N		X	Number from 00 to 999 to indicate the number of images associated with the case. This will indicate how many Image Records to expect.
# of Adults	2	N			Number from 00 to 99 to indicate the number of adult household members associated with the case.
# of Children	2	N			Number from 00 to 99 to indicate the number of child household members

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
					associated with the case.
Case Number	12	AN		X	Case number of the client applying for renewal
Application Submission Date	8	N	mmddyyy	X	For Mail Renewal – This Date relates to the stamp date on the Return envelope. This date is applied to all the applications entered in this session. Online Renewal – Date when all online renewals are received in submitters' respective system.
Case Name	28	A			Enter last name, space, first name. Case name must be head of household
Renewal Type	6	A		X	Based on submission methods to EDITS renewal , Accepted values are MAIL (for Vanguard submission) ONLINE (for HHS submission) FEREN (for FE submission)
Priority	1	A	“H”/ “N”		Code used by Provider to indicate a cause for MAP to expedite the process.
Location Code	2	AN			Refer to the Appendix
Residence Address: House No	9	A/N			Enter house number. For homeless enter 99 The residence address will be used to produce the Client Notices regarding Eligibility if no mailing address is provided.
Street Name	21	A/N			Enter street name. For homeless enter “Undomiciled” See Data Rule # 2
Apt Num	5	A/N			Enter apartment number See Data Rule # 2
City	15	A			See Data Rule # 2 For homeless enter “NY”
State	2	A			See Data Rule # 2 For homeless enter “NY”
Zip Code	9	N			Enter zip code of address; can be 9 characters but 5 are allowed. For homeless enter 99999
Phone Num	10	N			Enter residence telephone number

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Mailing Address: House No	9	A/N			Enter house number. For homeless enter 99 The residence address will be used to produce the Client Notices regarding Eligibility if no mailing address is provided.
Mailing Street Name	21	A/N			Enter street name. For homeless enter "Undomiciled" See Data Rule # 2
Mailing Apt Num	5	A/N			Enter apartment number See Data Rule # 2
Mailing City	15	A			See Data Rule # 2 For homeless enter "NY"
Mailing State	2	A			See Data Rule # 2 For homeless enter "NY"
Mailing Zip Code	9	N			Enter zip code of address; can be 9 characters but 5 are allowed. For homeless enter 99999
Earned Income 1 & 2	Two (2) occurrences must exist for Earned Income within each Data Record Combine additional earned income to either 1 or 2				
HHLN	2	N	99		Household member line number
SRC	2			Req'd to provide gross amount	Enter appropriate code for source of earned income (01, 05, 06, 08, 09, 11-13, 20, 40, 44-46, 48) Refer to the Appendix
Per	1			IF SRC not blank	Enter appropriate code for period of earned income; Refer to the Appendix. Frequency of income that you are providing documentation for must be included as part of the income verification that you are providing. You must indicate how often the income is coming into the household.
Gross	8		See \$amount rule	IF SRC not blank	Enter applicant's gross earned income for the period indicated
End	End of Earned Income				
Unearned Income 1 - 6	Six (6) occurrences must exist for Unearned Income within each Data Record Combine additional unearned income to any line of 1 - 6				
HHLN	2	N	99		Household member line number
SRC	2			Req'd to provide	Enter appropriate code for source of unearned income (01, 05, 06, 08, 09, 11-

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
				gross amount	13, 20, 40, 44-46, 48) Refer to the Appendix
Per	1			IF SRC not blank	Enter appropriate code for period of earned income; Refer to the Appendix. Frequency of income that you are providing documentation for must be included as part of the income verification that you are providing. You must indicate how often the income is coming into the household.
Gross	8		See \$amount rule	IF SRC not blank	Enter applicant's gross earned income for the period indicated
End	End of Unearned Income				
Resource Income 1 - 6	Six (6) occurrences of Resources exist within each Data Record. Each must be documented. All resources and sources of resources must be collected separately, identified by the appropriate associated code. Do not aggregate. i.e. If there is more than 1 Code 02, each is to be entered as a separate occurrence.				
HHLN	2	N			Household member line number
CD	2	N	99		Type of resources – See Appendix
Res Value	7	N	Enter full dollar amount	If A	Enter the value of each resource
End	End of Resource Income				
Expenses					
Shelter Type	2	N			See Appendix of WMS Codes for acceptable entries
Shelter Amount	6	N	See \$amount rule		Monthly shelter amount Entry = 000000 if none provided
Child Care 1 MOYR	4	N	MMYY		For Child Care Expenses - Month and year the child was born For Entry of Child Care fields
Child Care 1 Amount	6	N	See \$ amount rule	IF MOYR 1 AVAIL	Child Care amount
Child Care 2 MOYR	4	N	MMYY		For Child Care Expenses - Month and year the child was born For Entry of Child Care fields
Child Care 2 Amount	6	N	See \$ amount rule	IF MOYR 2 AVAIL	Child Care amount
Child Care 3	4	N	MMYY		For Child Care Expenses -

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
MOYR					Month and year the child was born For Entry of Child Care fields
Child Care 3 Amount	6	N	See \$ amount rule	IF MOYR 3 AVAIL	Child Care amount
End	End of Expenses				
Language Spoken	2	A			Refer to Language Codes in the Appendix.
Language Read	2	A			Refer to Language Codes in the Appendix.
Notice Language	1	A	E or S		English or Spanish
Other Health Insurance (TPHI)	At most two (2) occurrences of TPHI exist within each Data Record. Each should be documented.				
Has TPHI	1	A	Y/N		Indicates whether anyone on case has a spouse or parent who can provide other health insurance, Y/N.
TPHI Member	28	AN			Name of spouse or parent who can provide other health insurance.
TPHI Member Address	28	AN			Address of spouse or parent who can provide other health insurance.
TPHI Related Member	28	AN			Name of related household member for whom the spouse/parent could provide other health insurance.
TPHI Insurer Name	28	AN			Name of the insurer of the spouse/parent's insurance.
Premium Amount	7	N	See \$ amount rule		Premium amount, if known, for spouse/parent insurance.
Payment Frequency	1	N			Frequency of payments for spouse/parent insurance. Refer to the Appendix: Period Code
Filler					Filler field as last field on Data Record
End	End of Other Health Insurance				
Household Composition Record(s)	THIRD RECORD TYPE OF THE FILE Up to 30 household members are permitted in one application - INCLUDE APPLYING INDIVIDUALS (up to 20) plus other people in household who is not on the case				
Record Type	1	A	"M"		Indicates Member record

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Line #	2	N			
On Case	1	A	Y/N		Indicates if member is on the case or not
Name First	10	AN			member's first name
M	1	AN			member's middle initial
Last	17	AN			member's last name
Birth date	8	N	MMDDYYYY		member's date of birth in mmddyyyy
Sex	1	A			member's sex (enter "M" or "F") "U"nborn permitted for one household member, may not be LN 01.
SSN	9	N	999999999		member's social security number. It cannot be all 9s as shown in example.
Pregnant	1	A	Y/N		
Client Removed	1	A	Y/N		If a member of the household is no longer on the case, capture Y/N.
Reason: Client Removed	3	A	"F46"		Capture reason code for why client left the case. (see appendix for list)
Filler					Filler field as last field on Member Record
Image Record(s)	FOURTH RECORD TYPE OF THE FILE				
	The value indicated in the "# Expected Images" field indicates how many records to expect. For Submission of a NEW application, the minimum number of images for the application must be provided. For one batch file, images should be of same format, either all TIFF or PDF, not both.				
Record Type	1	A	"I"	X	(I)mage Info
Image Filename	32	AN		X	Each image file within the batch must contain a unique filename, and it must relate back to Image Filename indicated here. An example would be: 1) Submitter ID (4 chars) 2) Unique applicant identifier(12 chars) 3) Admit/Service Date (8 chars) 4) Image # (4 digits) 5) .tiff or .pdf (file extension)
Sequence#	4	N		X	Sequential # identifying the image. Starting with 0001. Additional images submitted must be the next sequential number available.
Multi Page Count	2	N			Indicates number of pages in the current image file (PDF or TIFF format)
Doc Category Code	2	N		X	Must be a valid WMS code for use with the image repository

Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Doc Type	4	N		X	Must be a valid WMS code for use with the image repository
Trailer Record	FIFTH RECORD TYPE IN THE FILE				
Submission Type	1	A	“T”	X	“T”railer
Batch Submission Date	8	N	mmddyyyy	X	Batch Submission Date (usually today’s date)

4.2 Submitter’s Response Data Streams

This section identifies all the data elements returned to the submitter as a result of the receipt and processing of their files. The three log files will be created once daily, containing all the information for the day’s processing.

Batch Log: Each batch file received from a Submitter will be confirmed after the transfer process to EDITS completes. The success or failure of the transmission and format will be reported in the Batch Log File. A single record will be created in the Batch Log file for each batch submitted to EDITS.

Reception Log: The individual acceptance/rejection of each record within a batch will be reported in the Reception Log File. The records returned will be grouped by submitting Batch File Name. Any errors reported must be addressed by the Submitter in order to process the Medicaid Applications. There could be any number of errors returned as a result of EDITS performing the completeness rules.

Application Decision Log: Each application which passes the EDITS Reception validations will be processed by a MAP Worker. The decision on the application will be returned to the submitter via the Application Decision Log.

Batch Log File layout

Field / Label	Max Len	Field Type	Index Attr	Format	Specific Business Rules
Batch File					

Record					
Batch File Record Indicator	1	A		"F"	
File Name	255	A			
Date Received	8	A		MMDDCCYY	
Batch File Status	10	A			"Passed" if file is parsed successfully. "Failed" if file cannot be read.
Batch File Status Reason	1024	A			Will contain a diagnostic error message if the status was "Failed". This field is enclosed in "" since it may contain one or more comma characters.

Examples of the Batch File Status Reason:

- "Duplicate File"
- " <Header, Application, Household Member, Image> Record has incorrect number of CSVs
- Members for case *n*. Case line has *n* member count. Only found *n* member lines.
- Images for case *n*. Case line has *n*. Only found *n* image lines.
- Header has a case count of *n*. Only *n* cases were found in the file.
- Image file *imagefilename* does not exist.

Reception Log File layout

Field / Label	Max Len	Field Type	Format	Specific Business Rules
Batch File Record	One File record will be returned with many Case and Case Message records			
Batch File Record Indicator	1	A	"F"	
File Name	255	A		
Date Received	8	A	MMDDCCYY	
Batch File Status	10	A		"Passed" if file is parsed successfully. "Failed" if file cannot be read.
Batch File Status Reason	1024	A		Will contain a diagnostic error message if the status was "Failed". This field is enclosed in "" since it may contain one or more comma characters.
Case Record	One for each case found in the Batch File			
Case Header	1	A	"C"	

Record Indicator						
Provider No	8	A			Provider number for whomever submitted the case	
Unique Case ID	20	A			As originally submitted by the Provider	
Case Name	28	A			As originally submitted by the Provider	
Case Message Record	There can be multiple Case Message records for one Case record					
Case Message Record Indicator	1	A		"M"		
Error Code	4	N			Error Code	Meaning
					0	Passed Application Completeness
					1	Image Data Failed
					2	HouseHold Data Failed
					3	Unearned Income Data Failed
					4	Earned Income Data Failed
					5	Budget Data Failed
					6	Application Data Failed
					7	Resource Data Failed
					8	Unexpected EDITS Exception
9	Duplicate Application					
Error Message	255	A				

Examples of Error Messages are:

- **Could not validate application with unique id [xxxxxxxxxxxxxxxx]. Previous inactive application exists with submission type N.**
- **Invalid data. New App Submitted Date: MM/DD/YYYY HH:MM:SS AM Applicant submitted date is not within 90 days**
- **The application with unique id [xxxxxxxxxxxxxxxx] is still active.**

Application Decision Log layout

Field / Label	Max Len	Field Ty	Format	Specific Business Rules
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		pe		
Decision Record				
Decision Record Indicator	1	A	“D”	
Provider No	8	A		Provider No of the case.
Case Unique ID	20	A		Submitter Unique Case ID
Case Number	12	A		WMS issued Application Registration Number
Case Name	28	A		
Decision Code	2	A		Possible values are: AC -- ACTIVE CL – CLOSED RJ – DENIED DF- DEFERRAL
Eligibility From Date	8	A	MMDDCCYY	
Eligibility To Date	8	A	MMDDCCYY	
Decision Rendered Date	8	A	MMDDCCYY	
Submission Type	1	A		R – Resubmit N – New E – Extension
File Name	255	A		
Deferral Type	1	A		1-First Deferral 2-Second Deferral
Deferral Date	8	A	MMDDCCY Y	
Active App Reg No	12	A		Only filled if Decision Code is RJ and Reason code is 297
Decision Reason Record	1	A	“R”	First decision reason record is mandatory per decision record. 5 optional records can follow. The first mandatory record contains a reason code drawn from the WMS Medicaid Disposition Code table. The subsequent 5 optional records contain reject reason codes drawn from the WMS Rejection Codes (for 218) table.
Reason Code	3	A		

Reason Description	200*	A		* Reason Description is a variable length field for any descriptions over 200 characters
Household Member Record	1	A	“H”	
Household Line No	2	A		
MA Coverage Code	3	A		WMS MA Coverage codes
MA Coverage Code Description	100	A		WMS MA Coverage code desc
First Name	10	A		
Last Name	17	A		
CIN	8	A		WMS CIN No
NAMI 1	7	A		Non-chronic period *
From Date1	8	A	MMDDCCY Y	NAMI 1 From Date
Service From Date1	8	A	MMDDCCY Y	From Date to begin billing
Service To Date1	8	A	MMDDCCY Y	To Date to end billing
NAMI 2	7	A		Chronic period *
From Date2	8	A	MMDDCCY Y	NAMI 2 From Date
Service From Date2	8	A	MMDDCCY Y	From Date to begin billing
Service To Date 2	8	A	MMDDCCY Y	To Date to end billing

* The NAMI amount is the applicant’s net available monthly income that is applied to their cost of care while residing in the health care facility. The providers require the NAMI amount(s) when billing the State for care provided to the applicant. The NAMI 1 field amount is also used to reflect the 6 month liability (surplus amount) when processing hospital inpatient cases through EDITS.

Appendix: WMS Codes

Shelter Types

- 01 Rent
- 02 Rent Public
- 03 Own Home
- 04 Room and Board
- 05 Hotel Permanent
- 06 Hotel Temporary
- 07 Migrant Camp
- 09 Medical Facility
- 11 Room Only
- 12 Alcohol Treatment Facility (non-Level II)
- 14 Public Home
- 15 Level I Congregate Care (NYC, Nassau, Suffolk and Westchester)
- 16 Level II Congregate Care (NYC, Nassau, Suffolk and Westchester)
- 18 Foster Care
- 20 Emergency Assistance Rehousing Program
- 22 Shelter for Victims of Domestic Violence
- 23 Undomiciled
- 28 Congregate Care Level I (Upstate)
- 29 Congregate Care Level II (Upstate)
- 33 Homeless Shelter – Tier II – less than 3 meals per day
- 34 Homeless Shelter – Tier II – 3 meals per day
- 35 Homeless Shelter – Non Tier I or Tier II
- 36 Shelter for Homeless – less than 3 meals per day
- 37 Residential Program for Victims of Domestic Violence – less than 3 meals per day
- 42 Congregate Care Level III - Enhanced Residential care(NYC, Nassau, Suffolk, Westchester and Rockland)
- 44 Supportive Specialized Housing
- 51 Congregate Care Level III -Enhanced Residential care (Rest of the State).

Period

- 3 Weekly
- 4 Bi-Weekly
- 5 Semi-monthly
- 6 Monthly
- 7 Bi-Monthly
- 8 Quarterly
- 9 Yearly

Resource: CD

- 01 Cash on hand
- 02 Bank Accounts
- 03 Stocks, Bonds, Securities
- 04 Promissory Notes
- 05 Mortgages, Conditional Sales Contracts

- 06 Trust Funds
- 07 PIA Savings Accts
- 08 Lump Sum Payment
- 10 German Reparation Payments
- 22 Equity Value of Automobile
- 42 Countable cash value face value is over \$1500
- 43 Endowment Insurance
- 44 Exempt case value of life insurance for SSI-related
- 45 Burial Reserve Disregard for SSI-related budget
- 98 Other Liquid Resources (including royalties and honoraria)

Earned Income Sources - SRC

- 01 Salaries, Wages, (Employer provided sick pay)
- 05 Commission Income
- 06 Other Earnings (Including royalties and honoraria)
- 08 Severance Day
- 09 Family Day Care Provider Income
- 11 Income-In-Kind shelter
- 12 Lump Sum Payment
- 13 Lump sum Payment Received By Current Wage Earned
- 20 Net Business Income
- 40 Earnings from Job Training Partnership Act (Formerly CETA)
- 44 Office Vocational Rehabilitation
- 45 Income from Boarder/Lodger
- 46 Net Income from Rental of House, Store, or other Property
- 48 Income from Roomer (Lodger)

Unearned Income Sources - SR

- 01 Adoption Subsidy
- 02 Alimony/Spousal Support
- 03 Any Dividends, Interest, or Periodic Receipts From Stock, Bonds, Mortgages, Bank Interest, Trust Funds, Annuities, Credit Unions, Estates, etc. (must use a resource code 02-07 in field labeled CD, along with a figure in RES/VAL field)
- 06 Child Support payments
- 07 Disabled Veterans Benefits (Non-Service Connected)
- 10 GI – Dependency Allotment
- 11 Disabled Veterans Benefits (Services Connected)
- 16 Gross Rental Income from Owned Home
- 18 Income from Friends or Non-Legally Responsible Relative in household (recurring)
- 19 Income from Friends or Non-Legally Responsible Relative outside the household (recurring)
- 26 Lump Sum Payments
- 28 German or Austrian Reparation Payments
- 30 Income from Job Training Partnership Act (JTPA) Formerly (CETA)
- 31 Net Income from Rental of House (LIF/ADC and S/CC: BT's 07-10 only)
- 32 Net Royalties
- 33 NYS Disability Insurance
- 35 Railroad Retirement Benefit – Dependent

- 38 Railroad Retirement Benefit
- 39 Retirement Benefits (Pensions)
- 41 Sick Pay (Private Insurance)
- 42 Social Security Disability Benefits
- 43 Social Security Survivor's Benefits
- 44 Social Security Retirement Benefit
- 46 Social Security Dependent Benefit
- 47 Social Security Benefit (DAC)
- 48 Social Security (Pickle) (use with CD Code 12 below)
- 49 Unemployment Insurance Benefits
- 50 Union Benefits
- 51 OVR (Office of Vocational Rehabilitation) Training Allowance
- 55 Veteran's Pension or Benefits
- 59 Worker's Compensation
- 60 Income-In-Kind Provided by LRR – Shelter
- 64 Income-In-Kind Provided by LRR – Meals
- 70 Other Income-In-Kind
- 75 Deemed Income from Stepparent
- 82 Contribution from A Stepparent
- 99 Other

Unearned Income Exemption Code (CD)

Enter the appropriate unearned income exemption code. Up to 2 exemption codes can be entered for each unearned income source.

- 01 Health Insurance Premium
- 02 Court Ordered Support
- 06 20% RSDI
- 11 One-Third SSI Child Support
- 12 Cost of Living RSDI
- 14 VA Aid and Attendance/Household Allowance (BTS 04-10)
- 20 Other Amounts limited by Designated use
- 21 Medicare

ALIEN CITIZENSHIP INDICATOR (ACI)

- A Person granted asylum. (Entry date will be used in combination with this value.)
- B Certain battered aliens who are the immediate relatives (spouse or child) of a US citizen or lawful permanent resident alien who have been battered or subject to extreme cruelty by the spouse or parent.
- C Citizen.
- E Non-qualified aliens eligible for emergency Medicaid.
- F Persons granted conditional entry.
- G Persons paroled into the US for at least one year.
- H Cuban-Haitian Entrant
- J Persons whose deportation is being withheld.
- K Persons lawfully admitted for permanent residence.

- M Persons on active duty in the US armed forces and/or their spouses or unmarried dependent children.
- N Non-qualified PRUCOL aliens residing in residential health care facilities in the US on or before 8/22/96 and in receipt of Medicaid on such a date.
- O Individual who may be eligible through TANF/Safety Net.
- R Persons admitted as refugees, including Amer-Asians.
- S Persons lawfully admitted for permanent residence who have worked or can be credited with 40 qualifying quarters of coverage as defined under Title II of the Social Security Act.
- T Persons paroled into the US for less than one year.
- V Honorably discharged veterans of the US armed forces and/or their spouses or unmarried dependent children.

Codes A, B, F, G, H, J, K, M, R, S, T or V require an Alien Registration Number and a Date of Entry.

MARITAL STATUS (MAR)

Only for persons 18 or older

- 1 Married, living together
- 2 Single, never married
- 3 Married, but separated
- 4 Informal separation
- 5 Divorced
- 6 Widowed
- 7 Annulment
- 8 Abandonment/Desertion

LANGUAGE CODES

LANGUAGE	LANGUAGE READ	LANGUAGE SPOKEN
African Languages	1 Blank	1 Blank
Albanian	L Blank	L Blank
Arabic	A Blank	A Blank
Chinese-Cantonese	2 Blank *DISABLED	2 Blank
Chinese-Mandarin	C Blank *DISABLED	C Blank
Chinese-Other	3 Blank *DISABLED	3 Blank
Chinese Traditional	CT * New Code	CT
Chinese Simplified	CS * New Code	CS
English	E Blank	E Blank
Farsi	Q Blank	Q Blank
French	F Blank	F Blank
French Creole	D Blank	D Blank
German	M Blank	M Blank
Greek	G Blank	G Blank
Hebrew	H Blank	H Blank

Hindi	N Blank	N Blank
Italian	I Blank	I Blank
Japanese	J Blank	J Blank
Khmer	W Blank	W Blank
Korean	K Blank	K Blank
Laotian/Lao	8 Blank	8 Blank
Native American	4 Blank	4 Blank
Polish	P Blank	P Blank
Portuguese	Z Blank	Z Blank
Russian	R Blank	R Blank
Serbo-Croatian	5 Blank	5 Blank
Sign Language	9 Blank	9 Blank
Spanish	S Blank	S Blank
Swedish	6 Blank	6 Blank
Tagalog	7 Blank	7 Blank
Thai	T Blank	T Blank
Urdu	B Blank	B Blank
Vietnamese	V Blank	V Blank
Yiddish	Y Blank	Y Blank
Alaskan	AN	AN
AM IND - Apache	AA	AA
AM IND - Crow	AE	AE
AM IND - Dakota	AI	AI
AM IND - Choctaw	AC	AC
LANGUAGE	LANGUAGE READ	LANGUAGE SPOKEN
AM IND - Lakota	AK	AK
AM IND - Nakota	AT	AT
AM IND - Navajo	AV	AV
AM IND - Other	AO	AO
AM IND - Zuni	AS	AS
Amharic	AM	AM
Armenian	AW	AW
Assyrian	AZ	AZ
Bengali	BE	BE
Bosnian	BO	BO
Braille	BA	
Bulgarian	BU	BU
Burmese	BR	BR
Cambodian	CA	CA

Chinese - Fujian		CF
Chamorro	CM	CM
Chin - Toisanese	CH *DISABLED	CH
Creole - Criollo	CC	CC
Creole - Haitian	CO	CO
Creole - Other	CE	CE
Croatian	CR	CR
Czech	CZ	CZ
Dutch	DU	DU
Dzongkha	DZ	DZ
Finnish	FI	FI
Gujarati	GU	GU
Hmong	HM	HM
Hungarian	HU	HU
Ilocano	IL	IL
Indonesian	IN	IN
Karen	KA	KA
Kinyarwanda	KW	KW
Kirundi (Rundi)	KI	KI
Kizigna	KZ	KZ
Kurdish	KU	KU
Lithuanian	LI	LI
Maay	MY	MY
Macedonian	MA	MA
LANGUAGE	LANGUAGE READ	LANGUAGE SPOKEN
Malayalam	ML	ML
Mongolian	MO	MO
Nepali	NE	NE
Norwegian	NO	NO
Oneida	OD	OD
Onondaga	ON	ON
Oromo	OR	OR
Pashto	PA	PA
Pennsylv Dutch	PE	PE
Persian	PI	PI
Pidgin - Hawaiian	PS	PS
Punjabi	PU	PU
Romanian	RO	RO
Samoan	SA	SA

Seneca	SC	SC
Serbian	SE	SE
Shinnecock	SN	SN
Slovak	SL	SL
Somali	SO	SO
Mohawk	SV	SV
Swahili	SW	SW
Syriac	SY	SY
Tigrinya	TI	TI
Tona - Seneca	TN	TN
Tongan	TO	TO
Turkish	TU	TU
Tuscarora	TS	TS
Twi (Fanti)	TW	TW
Ukranian	UK	UK
Unkechauga	UN	UN
Yugoslavian	YU	YU

WMS Reason Codes for Client Removed

- E95 - Deceased
- E72 - Left household (institutionalized)
- E73 - Left household (child entered foster care)
- E63 - Left household (incarcerated –within NYS)
- F64 - Left Household (incarcerated—outside of NYS)
- F60 - Left household (all other)

FileNet Doc Category

- 1 Personal Documents
- 2 Housing Information
- 3 Utilities
- 4 Misc
- 5 Absent Parent/LRR
- 6 I/F Stmt
- 7 Corresp/Notices
- 8 II/AA
- 9 Match Info
- 10 Unscan Docs
- 11 Emp Docs
- 12 Fd Stamps

- 13 Medicaid
- 14 RAU
- 15 BEV

Location Code

LOCATION_CODE	DESCRIPTION
1	CED-FFR
2	CED-MRP
3	HED-DIAL
4	HED-LTAC
5	METROPOLITAN
6	LONG-TERM-CARE
7	LOMBARDI
8	HOMECARE
9	FOSTER-CARE
10	SHELTER
11	FAIR-HEARING
12	INST-MUTUAL
13	H-HLTH-S
14	H-HLTH-NS
15	PCAP-1
16	PCAP-2
17	PCAP-3
18	STATE-CASES
19	TEMP-AD
20	CONNECT-ONLY
21	CONNECT-MDCD
22	IS-HIGH-RISK PROTECTIVE-
23	SERIVES
24	CED-FEC
25	CED-FPBP
26	CED-MLC
27	CED-FDC
28	CED-QI1
29	CED-SLIMB
30	CED-LU1
31	CED-LU2