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# Eligibility Data and Image Transfer **Submitter Specifications**

Disclaimer: Every effort was 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.

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## 1. Overview

The purpose of this document is to describe the procedures required for the submitter of Medicaid applications to participate in HRA's Eligibility Data and Image Transfer System (EDITS). EDITS replaces the current paper flow between providers and MICSA with electronic transfer of data and images and eligibility determinations. Instead of sending hard-copy application packages, the healthcare providers, through a submitter, will electronically transmit (in approved formats) data streams of application information and images of verification documents. This document details the requirements in order to submit the applications to Edits and receive the results of the eligibility process back. The document is divided into connectivity methods, application batch submission routines, and receipt of the notification messages and instruction from Edits. Each submitter must pass a certification process in order to participate. The process would insure that the format of the files received follow the required format, and that the pass/fail rate meets the 90% acceptance mark.

## 2. Certification Process

The Submitter must successfully pass the Certification Process on the test environment in order to proceed with EDITS. Each Submitter must follow the registration process identified MICSA/MIS, in advance of the Certification Process. The submitter should anticipate the expected results; thereby having a more complete understanding of the process and validations performed. The format of the file should be carefully reviewed, prior to submitting to EDITS. The proper record types and the proper number of fields within each record type must be correct in order for EDITS to process the file. EDITS cannot generate and return Submitter Notification Files until it is able to evaluate the content of the records. This cannot occur until the file format is correct. The steps are identified below.

- Transfer batch file of applications
  - Anticipate results / know the expected outcome
  - Provide unacceptable data in various fields, improper image indexing, and improper file format in addition to proper submissions
  - Provide MAP with anticipated results

This step confirms:

- Preparation and delivery of well-formatted data, image indexing, and files
- Validation of login/password
- Validation of required encryption

- Retrieve notification from MICSA
  - Retrieve notification of File Transfer
  - Retrieve notification of Data Completeness results
  - Retrieve notification of Eligibility Responses

This step confirms the submitter's ability to retrieve and process files prepared for them

- Transfer secondary batch file of applications
  - Anticipate results
  - Provide cases which are new submissions as well as cases resubmitted as a result of a previous rejection
  - Retrieve and rename any available notification fileThis step confirms the ability to correct data identified in error by the Notification Process.

Total 100 applications needed to submit in order to complete the certification process.

### **3. Specifications for HRA connections**

In order to participate with EDITS, the submitter must be able to transfer and receive data to the FTP server in the DMZ. The data transfer is permitted by way of Internet and dedicated line.

#### ***3.1. Via the Internet***

HRA MIS require all vendors transmitting/receiving data to the DMZ FTP server to use the SSH protocol and therefore they require a SSH client to be installed. The client can be obtained from [www.ssh.com](http://www.ssh.com). This will require the purchase of a license (about \$90). There are also some open source (free) clients that are SSH compatible (Putty, SafeTP, openSSH); these can be freely downloaded from the Internet and require no license. Please note that HRA MIS will help the vendor configure the client software but will not provide support for the software.

To request access to the DMZ FTP server, please fill in the FTP Access Request form on the EDITS Website at:

<https://a069-webapps12.nyc.gov/EditsEnrollment/default.cfm>

#### ***3.2. Via the Dedicated Line***

Requests for a dedicated line will be sent to the HRA MIS contact person. The contact person will forward the request to the telecommunication specialist who will coordinate with DOITT. A one-time charge will be imposed by DOITT for hardware costs. Please note that all costs relating to the dedicated line will be born by the vendor.

## 4. Application Batch Submittal

### 4.1. Overview

Application Batch Submittal allows a submitter to ‘drop’ application batch files using FTP. These batch files are then processed and the cases defined within them are 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 EDITS FTP server, validate the applications contained within for correctness and then save the individual applications within the EDITS database.

### 4.2. File Format

There are two basic files that support each submission to EDITS. The Application Batch File contains a data record for each application submitted, representing the data on the physical application. The Image File contains the TIFF Group 4 images associated with each physical application. See Submitter Input/Response Stream section in this document for the submitter input file format.

### 4.3. Electronic Signature

Providers may choose to capture an electronic signature for use with the applicant’s documents/applications. In order to permit the use of electronic signatures, the signature capture must follow these requirements:

- It must be unique to each user
- Under the sole control of the signer
- Linked to the document in such a way as to prevent tampering
- Capable of being authenticated

For reference please see the following websites:

<http://www.topazsystems.com/products/index.htm>

<http://www.topazsystems.com/applications/hipaa.htm>

#### **4.4. Naming Conventions & Size Restrictions**

There are two file types that need to adhere to strict naming conventions to ensure uniqueness and proper handling. The Application 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:

##### 4.4.1. Application Batch File

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

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

File name example: 1111091220050001.txt

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

I,1111PATIENTAAA0001,0001,13 ,5473

##### 4.4.2. 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 file.

Following the Image record identified above in the Application Batch File, an Image File would need to exist as: 1111PATIENTAAA0912050001.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.

#### **4.5. 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: 070620050001

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.

## 5. Notification

### 5.1. 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.

### 5.2 Notification Types

The notification service currently returns five 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"/>
Application Decision Rendered List	Returns a list of applications for the submitter where a decision was rendered within specific period.	<input checked="" type="checkbox"/>
Application Budget Explanation Log	Returns a list of applications for the submitter where the budget explanation log provides details of how the NAMI amount was determined.	<input checked="" type="checkbox"/>
FE Application Budget Explanation Log	Returns a list of applications for the submitter where the budget explanation log provides details of how the MABEL budget calculation that was determined.	<input checked="" type="checkbox"/>

### 5.3 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 for 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.

#### **5.4 File Naming Conventions**

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

- Processed Batch List
- Processed Batch Log
- Application Rendered Decision List
- Application Budget Explanation Log
- FE Application Budget Explanation Log

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.

## **6. FTP Administration**

### **6.1. 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.

### **6.2. 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.

### **6.3. *Setting-Up Security and Maintenance***

#### **6.3.1.1. In-Bound Submitter Folder**

The Inbound Submitter folder must have write access only.

#### **6.3.1.2. 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.

#### **6.3.1.3. 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 once a week.

**\*Please note** that on a daily basis MIS production control process deletes files older than 30 days from all output and input folders from DMZFTP server.

Each submitter should download all the files within 30 days of submission.

## **7. Appendices**

### **7.1. *Appendix: Submitter Input/Response Streams***

This section identifies all the data elements required to process Medicaid Applications. The submitters will create a file for each provider containing the data supporting their Medicaid applications 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 6 fields, however it must end in a comma; containing 6 commas.

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2. A Data Record for each Medicaid Application submitted which also includes the number of Image Records immediately following the Data Record. There should be a total of 193 fields and 192 commas contained within the record.
  3. Image Records identifying the documents which were scanned and submitted with the application. The Image records must contain 5 fields and 4 commas.
  4. A Trailer Record which must contain 2 fields and one 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.
  - The Submission Type contained on the Data Record must be “N”ew or “R”esubmission. The Image record is required for every Medicaid Application submitted with Submission Type of “N”ew Application.
  - The Resubmission of an application, due to a previously received Decision, must occur within the accepted timeframe, and the unique identifier and application date provided must match the initially submitted information. If either condition is not met an error will be returned in the Reception Log.
  - When the completed “N”ew application is submitted, EDITS will determine if received within 90 days of the Application Date. If it is not, EDITS will confirm whether an Extension Record with a matching Unique Identifier and Application Date had previously been received. EDITS will accept the application if the Extension proves it was received within the 1 year timeframe, or it will reject the application.

### 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 2<sup>nd</sup> and 3<sup>rd</sup>.
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
<b>Header Record</b>	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	
Submission	8	N	mmddyyyy	X	Date relates to the date currently on the

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Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Date					Provider's Transmittal (batch of applications). This date is applied to all the applications entered in this session.
Submission Time	4	N	HHMM	X	
Provider ID	8	N		X	Must be the valid 8-character Medicaid Provider ID
<b>Data Record</b>	SECOND RECORD TYPE OF THE FILE One Data Record is required for <b>EACH</b> application submitted. It is not associated to the individual household members.				
Submission Type	1	A	N, R	x	(N)ew, (R)esubmission
# of HH Comp records expected	2	N		X	Maximum of 20 allowed
# of Image records expected	3	N		X	Number from 01 to 999 to indicate the number of images associated with the case. This will indicate how many Image Records to expect. For Submission Type of "N", value <b>may not</b> be zero.
<b>Unique Case ID</b>	20	AN		X	<b>Example:</b> <b>Submitter ID position 1-4</b> <b>Provider's Patient ID position 5-14</b> <b>Adm/Svce date position 15-20</b>
Unique TIFF ID	20	AN		X	This field is used as a base file name for the images submitted and must be unique for the case. No special characters or embedded blanks are permitted.
Application Date	8	N	99/99/99	X	Date the application was signed by the applicant. This must follow the format of "mm/dd/yy" including slashes
Case Name	28	A/N		X	Enter last name, space, first name. Case name must be head of household
Unused Field/# of <b>NHTX records expected</b>	2	N			To indicate the number of NHTX records associated with the case. *Required for the following <b>Application Type</b> Submission: <b>NHTX- NH TRANSACTIONS</b> <b>SNHTX *Spousal Transactions</b>

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Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
					<b>EXPD * NH Expedited Discharge</b> <b>SEXPDP * Spousal Expedited Discharge</b> <b>* All other application types can submit the data record with filler as blank space (or no space).</b>
Application Type	5	A		X	Based on compilation of the application, accepted values are: PCAP MA HED NH CONV *NH-CONVERSION MSSSI MSP MSD MIPP *MIPPA NHRE *NH RECERTIFICATIONS NHTX *NH-TRANSACTIONS HLTHH *Lombardi HPERC *Personal Care HCATH *Care at Home HALPR *Assisted Living HMLTC *Managed Long Term Care SNH *Spousal NH SCONV *Spousal CONV SMSSI *Spousal MSSSI SNHRE *Spousal Recertifications SNHTX *Spousal Transactions <b>EXPD * NH Expedited Discharge</b> <b>SEXPDP * Spousal Expedited Discharge</b>
Priority	4	AN			Code used by Provider to indicate a cause for MAP to expedite the process.
Client Notice Language	1	A		X	E or S; directing Client Notice System
Language Read	2	A		X	Refer to Language Codes in the Appendix.
Date admitted to SNF or ICF	8	N	MMDDYYYY		Date applicant admitted to Nursing Home (SNF or ICF).

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Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Residence Address: House No	9	A/N		X	Enter house number. For homeless enter 999 The residence address will be used to produce the Client Notices regarding Eligibility if no mailing address is provided.
Street Name	21	A/N		X	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		X	See Data Rule # 2 For homeless enter “NY”
State	2	A		X	See Data Rule # 2 For homeless enter “NY”
Zip Code	9	N		X	Enter zip code of address; can be 9 characters but 5 are allowed.
Phone Num	10	N			Enter residence telephone number
Mailing Address				If A	Enter if different than residence.
House #/street	30	A/N		If A	Enter house number and street name of mailing address; remaining address fields possible <b>only</b> if house # filled See Data Rule # 2
Apt #	5	A/N			Enter apartment number of mailing address See Data Rule # 2
City	15	A			Enter city of mailing address See Data Rule # 2
State	2	A			See Data Rule # 2
Zip Code	9	N			Enter zip code of mailing address; can be 9 characters but 5 are allowed.
Second Mailing Address				If A	<b>Enter if different than residence.</b>
Associate Name	28	A/N			<b>Enter last name,first name.</b>
In Care of Name	28	A/N			<b>Enter last name, first name.</b>
Second/Associate Street	35	A/N			<b>Enter street name of second mailing address</b>
Second/Associate City	15	A			<b>Enter city of second mailing address</b>
Second/Associate State	2	A			<b>Enter state of second mailing address</b>
Second/Associate Zip	9	N			<b>Enter zip code of second mailing address Can be up 9 characters but 5 are allowed</b>
Phone Num	10	N			<b>Enter telephone number</b>

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Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
Language Spoken	2	A		X	Refer to Language Codes in the Appendix.
Filler	2	A			Reserved for future use
Filler	2	A			Reserved for future use
Filler	2	A			Reserved for future use
EDC1	6	N		IF A	Expected Date of Confinement (Delivery date of pregnancy) for applicant. Req'd for application type of PCAP.
EDC2	6	N			Should always be left blank.
Fuel Type	1	AN		X	0 = Heat Included in Shelter Cost 1 = Natural Gas 2 = Oil 3 = Electric 4 = Coal 5 = Other Fuel If left blank, 0 is default
Shelter Type	2	N		X	See Appendix of WMS Codes for acceptable entries
Shelter Amount	7	N	See \$amount rule	X	Monthly shelter amount Entry = 0000000 if none provided
Water Amount	7	N	See \$amount rule		Monthly water amount
Add TY	2	AN			Additional Allowance Code See WMS Codes for acceptable entries
Add TY Amount	7	N	See \$amount rule	IF Add TY ne ""	Additional Allowance; permitted only if Additional Allowance code provided.
<b>SSI Data</b>					<b>Permitted Only for budget types 04,05,06</b>
<b>SSI DM</b>	1	N			Deeming 1 = Deem to SSI-Related Spouse 2 = Deem to SSI-Related Child(ren) 3 = Deem to SSI-Related Spouse & SSI related Child(ren) 4 = No Deeming
<b>SSI LA</b>	1	N			Living Arrangements Enter 1= single adult or 2 = adult couple
<b>SSI No-DM</b>	1	N			Number Deemed
<b>SSI</b>	2	N			Number Allocated

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Field / Label	Max Len	Field Type	Format	Req'd	Specific Business Rules
No-All					Enter number of Non-SSI children, under age 18, to whom income must be allocated before it is deemed to SSI-related individuals
SSI Buy	1	A			Medicare Buy-In A = Adults
<b>Chronic Care data</b>	The fields associated to Chronic Care are only applicable to those applications targeting an Institution.			<b>Chronic Care data used for budget types 07, 08, 09 and 10 ONLY</b>	
Chronic Care Date INS	8	N		x	Enter Date of Institutionalism – Nursing Home
Filler	1	A			null
Chronic Care CON	1	N		IF A	Spousal Contribution Codes See WMS Codes for acceptable entries
Chronic Care Amount	7	N	See \$amount rule	IF A	Contribution Amount
Chronic Care LOC	2	N		IF A	Average Indicator
<b>Earned Income 1 &amp; 2</b>	<b>Two (2) occurrences must exist for Earned Income within each Data Record Combine additional earned income to either 1 or 2</b>				
LN	2	N	99	IF A	Line # indicating the member's line # on the application
CTG	1	N		IF A	Categorical Indicator Required if there is earned income and only to be used with SSI related budget types  See Appendix for WMS codes
Child Identifier	1	N			Child Identifier; for children under 19 applying in the household Used for Budget Types 04-10 Only
Chronic Care Indicator	1	A			Chronic Care Indicator Used for Budget Types 07-10 Only X = Chronic care person on case with income and/or resources recorded in budget.

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EID	1	N			Map wants attached business rules included Earned Income Disregard; Req'd for budget types 01, 05, and 09 1 4 5 6 "6" allowed for BT 01 only
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.
Employment Status	1	A	F - Full Time	IF SRC not blank	Employment status Not used with BT 04 or 06
Gross	7		See \$amount rule	IF SRC not blank	Enter applicant's gross earned income for the period indicated
INSUR	7	N	See \$amount rule		
CT-SUP	7	N	See \$amount rule		Court-Ordered child support; Not permitted with budget type 02
WK-REL	7	N	See \$amount rule		Expense disregard allowed for blind individuals during SSI-related budgeting (BT 04-10)
IRWE	7	N	See \$amount rule		Monthly amount of impairment related work expense. Entry permitted only when individual categorized as Disabled.
<b>Child Care</b>	If the applicant is claiming childcare expenses as a deduction, the amount of the childcare paid must be provided and the requisite verification of these expenses submitted along with the application and the other supporting documentation for the household. Childcare amount being claimed must include explanation of the period(s).				<i>Not permitted for BT 02, 04, 06, 10. Only permitted if Earned Income of SRC 01 provided</i>
Child Care 1 MOYR	4	N	MMYY		Month and year the child was born For Budget Type = 04 and Categorical Code = 2 the total Child Care amount should be in this field; This is childcare paid by the person indicated in by LN above.

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Child Care 1 Amount	7	N	See \$ amount rule	IF MOYR 1 AVAIL	Child Care amount
Child Care 2 MOYR	4	N	MMYY		Month and year the child was born For Entry of Child Care fields; must have Budget Type = 04 and Categorical Code = 2
Child Care 2 Amount	7	N	See \$ amount rule	IF MOYR 2 AVAIL	Child Care amount
Child Care 3 MOYR	4	N	MMYY		Month and year the child was born For Entry of Child Care fields; must have Budget Type = 04 and Categorical Code = 2
Child Care 3 Amount	7	N	See \$ amount rule	IF MOYR 3 AVAIL	Child Care amount
<b>End</b>	<b>End of Earned Income</b>				
<b>Unearned Income 1 - 6</b>	<p><b>Six (6) entries must exist for Unearned Income within each Data Record.</b>                      Order of entry is Applicant, Spouse, Child.                      Note: if more than six sources of unearned income for applicant and/ or spouse, add incomes and report.</p>				
Ln	2	N	99	IF A	Enter line number of the applying member with unearned income
CTG	1	N		IF A	Categorical Indicator. Budget Types 04 – 10 Only See Appendix for WMS Codes This indicates categorical relatedness of person receiving unearned income. Required if there is unearned income If applicant (LN = 01) has unearned income, C= 2. If LN = Spouse, C= 4 (if child (ren) under age 18 in hh) or 5 (if no child (ren) in hh).
Child Identifier	1	N			Child Identifier - for a child under 19 in the household (rather than LN) Enter the number of the child whose income is being reported.
Chronic Care Indicator	1	A			Chronic Care Indicator Used for Budget Types 07-10 Only X = Chronic care person on case with income and/or resources recorded in budget.

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Income Source Code	2	A N		Req'd to report unearned income amount	Enter the appropriate unearned income source code. Refer to the Appendix. Code 03 must use a resource code 02-07 in field labeled CD, along with a figure in RES/VAL field
Period	1	A N		IF SRC not blank	Enter appropriate code for period of unearned 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.
Amount	6	N	See \$ amount rule	IF SRC not blank	Enter the applicant's gross amount of unearned income for the period indicated
CD 1	2	N			Enter unearned income exemption code Refer to the Appendix.
Exempt 1	7	N	See \$amount rule	IF CD1 AVAIL	Enter the amount to be exempted from gross monthly unearned income Amount should be for the same period as the unearned income. Should be left blank when code above is 11.
CD 2	2	N		IF Applicable	Enter unearned income exemption code Refer to the Appendix
Exempt 2	7	N	See \$amount rule	IF CD2 AVAIL	Enter the amount to be exempted from gross monthly unearned income Amount should be for the same period as the unearned income. Should be left blank when code above is 11.
END	<b>END OF UNEARNED INCOME</b>				
<b>Resources</b>	All resources and sources of resources must be collected separately, identified by the appropriate associated code. Do not aggregate. i.e. If there are more than 1 Code 02, each is to be entered as a separate occurrence.				<b>Six (6) occurrences of Resources must exist within each Data Record. Each must be documented.</b>
Ln	2	N			Enter the line number of the household member, required if member has resources PCAP – Not required. If spouse has resources, it must follow applicant's.
Categorical Indicator	1	N			Categorical Indicator Req'd for Budget type 04 – 10 Enter code 4 (if child (ren) under age 18 in hh) or 5 (if no child

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					(ren) in hh) to indicate categorical relatedness of person who owns the resource Refer to the Appendix
Child Identifier	1	N			Child Identifier - for a child under 19 in the household (rather than LN) Enter the number of the child whose resource is being reported. Enter a number to identify the SSI related child. Acceptable values are 1 - 4. If the child has income, use the same number as assigned for earned or unearned income. For use with BT 04.
Chronic Care Indicator					Chronic Care Indicator Used for Budget Types 07-10 Only X = Chronic care person on case with income and/or resources recorded in budget.
unused	1	A			reserved field
CD	2	N	99	X	Resource code (01-08, 10, 22, 42-45, 98) Resource Codes 02-07 require SR code 03, a P code, and actual amount; if non-interest bearing account, enter P= 9 and SR = 01  See Appendix.
Res Value	7	N	Enter full dollar amount	If A	Enter the value of each resource
<b>NH-TX Record</b>	Optional. Only Applicable for Nursing Home Transaction application type submission. <b>One</b> NH-TX Record is required for <b>EACH</b> NH-TX application submitted.				
Submission Type	1	A	“X”	X	Indicates NH-TX record
Status Change Type	1	N		If A	1 – Transfer to Facility 2 – Transfer to Hospital 3 – Bed Hold Termination 4 – Date Returned after Bed Hold Termination 5 – Death
Status Change Type 1 - Admission Date	8	N	MMDDYYYY	If A	The admission date for transferring to another NF facility
Status Change Type 1 – current care level	10	A		If A	“SNF” or “ICF”
Status Change Type 1 – From Facility ID	8	N		If A	The provider ID number of the facility transfer from
Status Change Type 1 – To	8	N		If A	The provider ID number of the facility transfer to

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Facility ID					
Status Change Type 2 – Admission Date	8	N	MMDDYYYY	If A	The admission date for transferring to Hospital
Status Change Type 2 – Hospital Name	100	A		If A	The hospital name to transfer to
Status Change Type 3 – Termination Date	8	N	MMDDYYYY	If A	The Bed Hold Termination Date
Status Change Type 4 – Return Date	8	N	MMDDYYYY	If A	The Return date after Bed Hold Termination
Status Change Type 5 – Decease Date	8	N	MMDDYYYY	If A	Decease Date
Status Change Type 5 – Resource Amount	9	N	See \$amount rule	If A	Amount of Resources at Death
Financial Change – Social Security Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial Change – Social Security New Amount	9	N	See \$amount rule	If A	New Monthly Amount to be Budgeted
Financial Change – Social Security Effective Date	8	N	MMDDYYYY	If A	New Amount Effective Date
Financial Change – Veterans Pension Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial Change – Veterans Pension New Amount	9	N	See \$amount rule	If A	New Monthly Amount to be Budgeted
Financial Change –	8	N	MMDDYYYY	If A	New Amount Effective Date

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Veterans Pension Effective Date					
Financial Change – Other Pension Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial Change – Other Pension New Amount	9	N	See \$amount rule	If A	New Monthly Amount to be Budgeted
Financial Change – Other Pension Effective Date	8	N	MMDDYYYY	If A	New Amount Effective Date
Financial Change – Health Insurance Premium Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial Change – Health Insurance Premium New Amount	9	N	See \$amount rule	If A	New Monthly Amount to be Budgeted
Financial Change – Health Insurance Premium Effective Date	8	N	MMDDYYYY	If A	New Amount Effective Date
Financial Change – Other 1 Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial Change – Other 1 New Amount	9	N	See \$amount rule	If A	New Monthly Amount to be Budgeted
Financial Change – Other 1 Effective Date	8	N	MMDDYYYY	If A	New Amount Effective Date
Financial Change – Other 2 Old Amount	9	N	See \$amount rule	If A	Current Monthly Amount Budgeted (If known)
Financial	9	N	See \$amount	If A	New Monthly Amount to be Budgeted

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Change – Other 2 New Amount			rule		
Financial Change – Other 2 Effective Date	9	N	MMDDYYYY	If A	New Amount Effective Date
Demographic Change – First Name	25	A		If A	New Client First Name to change to
Demographic Change – Middle Name	25	A		If A	New Client Middle Name to change to
Demographic Change – Last Name	17	A		If A	New Client Last Name to change to
Demographic Change – DOB	8	A	MMDDYYYY	If A	New DOB to change to
Demographic Change – SEX	1	A		If A	New Sex to change to
Demographic Change – SSN	9	N		If A	New SSN to change to
Demographic Change – Medicare Number	50	A/ N		If A	New Medicare Number to change to
Demographic Change – Part A/B Indicator	1	A		If A	“A” or “B”
Demographic Change – Start Date	8	A	MMDDYYYY	If A	Start Date of the change
Demographic Change – Contact Name	28	A		If A	Contact Person’s Name
Demographic Change – Contact Phone Number	10	N		If A	Contact Person’s Phone Number
Discharge IND	1	N		X	1 = MAP-259D 2 = MAP-259E 3 = MAP-259F 4 = MAP-259G 5 = Multiple discharge forms 0 = No discharge form or leave blank
Discharge Notice Date	8	N	MMDDYYYY	X	Discharge Notice Date

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Discharge Name of Facility	100	A/ N		X	Name of facility
Discharge Facility Address	30	A/ N		X	Facility Address
Discharge Facility City	15	A		X	Facility City
Discharge Facility State	2	A		X	Facility State
Discharge Facility Zip	9	N		X	Facility Zip
Discharge Provider Number	8	N		X	Provide Number
Discharge Facility Contact Person	28	A/ N		If A	Facility Contact Person's Phone Number
Discharge Facility Contact Phone Number	10	N		If A	Facility Contact Person's Phone Number
Discharge Resident's Name	28	A/ N		X	Resident's Name
Discharge Resident CIN	8	A/ N		X	Resident's CIN Number
Discharge Resident SSN	9	N	999999999	X	Resident's Social Security Number. It cannot be all 9s as shown in example.
Discharge Date From	8	N	MMDDYYYY	X	Discharge Date from
Discharge Location	50	A/ N		If A	Indicate Discharge location
<b>Discharge Location</b>	Specify one of the following location				
Discharge Out of State	1	A	Y/N	IF A	Indicate Discharge location
Discharge Own Home	1	A	Y/N	If A	Indicate Discharge location
Discharge Relative's Home	1	A	Y/N	If A	Indicate Discharge location
Discharge IRA	1	A	Y/N	If A	Indicate Discharge location
Discharge	1	A	Y/N	If A	Indicate Discharge location

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Shelter					
Discharge Out of County	1	A	Y/N	If A	Indicate Discharge location
Discharge ALP Adult Home	1	A	Y/N	If A	Indicate Discharge location
Discharge Congregate Care	1	A	Y/N	If A	Indicate Discharge location
Discharge Hospital	1	A	Y/N	If A	Indicate Discharge location
Discharge AWOL	1	A	Y/N	If A	Indicate Discharge location
Discharge Other Location	50	A/ N		If A	Indicate Discharge location
Discharge Community Address	30	A/ N		If A	Community Address
Discharge Community City	15	A		If A	Community City
Discharge Community State	2	A		If A	Community State
Discharge Community Zip Code	9	N		If A	Community Zip Code
Discharge Community Contact Person	28	A/ N		If A	Community Contact Person
Discharge Community Contact Phone	10	N		If A	Community Contact Phone
Discharge Dialysis Service needed	1	A	Y/N	If A	Indicate Y or N
Discharge Dialysis Center	50	A/ N		If A	If Y from Discharge Dialysis Service needed field
Discharge Private Home care Agency	28	A/ N		If A	Private Home care Agency
Discharge CASA Office	50	A/ N		If A	CASA Office
Discharge CASA Address	30	A/ N		If A	CASA Address

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Discharge CASA City	15	A		If A	CASA City
Discharge CASA State	2	A		If A	CASA State
Discharge CASA Zip	9	N		If A	CASA Zip
Discharge Other	200	A/ N		If A	Other
Respite Provider Name	100	A/ N		If A	Respite Provider Name
Respite Provider Address	30	A/ N		If A	Respite Provider Address
Respite Provider City	15	A		If A	Respite Provider City
Respite Provider State	2	A		If A	Respite Provider State
Respite Provider Zip	9	N		If A	Respite Provider Zip
Respite Provider Number	8	N		If A	Respite Provider Number
Respite Provider Contact Person	28	A		If A	Respite Provider Contact Person
Respite Provider Telephone	10	N		If A	Respite Provider Telephone
Respite Client Name	28	A		If A	Respite Client Name
Respite Client Cin	8	A/ N		If A	Respite Client Cin
Respite Date From	8	N	MMDDYYYY	If A	Respite Date From
Respite Date To	8	N	MMDDYYYY	If A	Respite Date To
Respite Total Days	3	N		If A	Respite Total Days
Respite Provider Signature	28	A		If A	Respite Provider Signature
Respite Date	8	N	MMDDYYYY	If A	Respite Date
Discharge Forms Indicator	1	N		X	1 = MAP-259D 2 = MAP-259E *Required for the following form: 259D 259E
Discharge	8	N	MMDDYYYY		

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259D/259E Form Date					Form Date
Discharge 259D/259E Facility Name	100	A/ N		If A	Facility Name
Discharge 259D/259E Facility Address	30	A/ N		If A	Facility Address
Discharge 259D/259E Facility City	15	A		If A	Facility City
Discharge 259D/259E Facility State	2	A		If A	Facility State
Discharge 259D/259E Facility Zip	9	N		If A	Facility Zip
Discharge 259D/259E Provider Number	8	N		If A	Facility Provider Number
Discharge 259D/259E Contact Person	28	A		If A	Facility Contact Person
Discharge 259D/259E Telephone	10	N		If A	Facility Telephone
Discharge 259D/259E Resident Name	28	A		If A	Resident's Name
Discharge 259D/259E CIN	8	A/ N		If A	Resident's CIN
Discharge 259D/259E SSN	9	N		If A	Resident's SSN
Discharge 259D/259E Physician's name	28	A		If A	Physician's Name
Discharge 259D/259E Physician's Specialty	30	A		If A	Physician's Specialty
Discharge	28	A		If A	Physician's Signature

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259D/259E Physician's Signature					
Discharge 259D/259E Date Form Signed	8	N	MMDDYYYY	If A	Date form signed
Discharge 259D/259E Physician's License No.	10	A/ N		If A	Physician's License Number
Discharge 259D/259E Physician's Telephone No	10	N		If A	Physician's Telephone Number
Discharge MAP-259D Diagnosis	50	A		If A	Discharge Diagnosis
Discharge MAP-259D Anticipated Discharge date	8	N	MMDDYYYY	If A	Anticipated discharge date
Planned Living Arrangements	Specify one of the following location				
Discharge MAP-259D Own Home/Apartm ent	1	A	Y/N	If A	Indicate Discharge location
Discharge MAP-259D ALPS	1	A	Y/N	If A	Indicate Discharge location
Discharge MAP-259D Adult Home	1	A	Y/N	If A	Indicate Discharge location
Discharge MAP-259D Relative's Home	1	A	Y/N	If A	Indicate Discharge location
Discharge MAP-259D Congregate Care	1	A	Y/N	If A	Indicate Discharge location
Discharge MAP-259E	8	N	MMDDYYYY	If A	Original anticipated discharge date

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Original anticipated discharge date					
Discharge MAP-259E Change in Medical Condition	1	A	Y/N	If A	Change in Medical Condition If Y select 1 of the following below
Discharge MAP-259E Discharge delayed	1	A	Y/N	If A	Discharge delayed If Y completed new anticipated date of discharge below
Discharge MAP-259E New anticipated date of discharge	8	N	MMDDYYYY	If A	new anticipated date of discharge
Discharge MAP-259E Discharge Plan canceled	1	A	Y/N	If A	Discharge Plan canceled
Discharge MAP-259E Other, Specify	200	A/ N		If A	Other
<b>Household Composition Record(s)</b>	<b>THIRD RECORD TYPE OF THE FILE</b> Up to 20 household members are permitted in one application INCLUDE ONLY APPLYING INDIVIDUALS				
Submission Type	1	A	“M”	X	Indicates Member record
Line #	2	N		X	Line # of household member as related to application
Name First	10	A N		X	Applying member’s first name
M	1	A N		X	Applying member’s middle initial
Last	17	A N		X	Applying member’s last name
Birth date	8	N	MMDDYYYY	X	Applying member’s date of birth in mmddyyyy format PCAP: Unborn does not require entry. Must fill field; age calculated based on application date entered.
Sex	1	A		X	Applying member’s sex (enter “M” or “F”) “U”nborn permitted for one household member, may not be LN 01.

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SSN	9	N	999999999		Applying member’s social security number; not required for PCAP. It cannot be all 9s as shown in example.
MA	1	A		X	Must indicate “Y” to show applying for Medical Assistance
Resp Adult	1	A	Y/N	X	Indicator as to whether this member is responsible for a minor in the household.
Ethnicity					
Ethnic - H	1	A	Y/N/U/blank		Y/N/U/blank for Hispanic/Latino.
Ethnic– I	1	A	Y/N/U/blank		Y/N/U/blank for Native American or Alaskan Native
Ethnic – A	1	A	Y/N/U/blank		Y/N/U/blank for Asian
Ethnic - B	1	A	Y/N/U/blank		Y/N/U/blank for Black or African American
Ethnic – P	1	A	Y/N/U/blank		Y/N/U/blank for Native Hawaiian or other Pacific Islander
Ethnic - W	1	A	Y/N/U/blank		Y/N/U/blank for White
Name Code					
First	10	A N			Enter M = maiden name or A = alias
MI	1	A N			Enter other middle initial
Last	17	A N			Enter other last name
Pregnant	1	A	Y/N	X	
Add Filler/CIN	8	A N			Enter WMS Client Identification Number *Required for the following <b>Application Type</b> Submission: <b>CONV</b> - NH CONVERSION <b>MSSI</b> - NH CONVERSION, <b>NHRE</b> - NH RECERTIFICATION <b>NHTX</b> – NH Transactions <b>SCONV</b> *Spousal CONV <b>SMSSI</b> *Spousal MSSI <b>SNHRE</b> *Spousal Recertifications <b>SNHTX</b> *Spousal Transactions <b>EXPD</b> * NH Expedited Discharge <b>SEXPD</b> *Spousal Expedited Discharge  * All other application types can

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					<b>submit the data record with filler as blank space (or no space).</b>
State/Fed Charge Cd	2	N		IF A	03 Federal Charge American Repatriate 05 State Charge OMN or OMRDDD Release 30 Refugees/Asylees (Refugee Assistance Program) 31 Unaccompanied Refugee Minor – Eligible through Age 20 if they Entered the Country before age 18 34 Cuban Entrants 35 Cuban, Haitian Unaccompanied Entrant Minor – Eligible through age 20 if they entered the country before 18 36 Haitian Entrants 37 Relocated Relative of an Institutionalized Veteran 40 Lawful Temporary Resident (Pre 1982) 41 Federally Non-participating Alien 50 Home Care – State Charge – MA only 60 Maintenance of Effort (MOE) Countable alien (if ACI IND is B, F, or K) 63 Converted due to 60 month TANF limit 67 State Charge – Qualified alien/PRUCOL 88 State Charge / Federal Charge expired
State/Fed Chg Date	6	N		IF A	
TASA	1	N			Refer to MAP’s list of acceptable codes. Age profile when required
EMP	2	N			Employability Code Refer to MAP’s list of acceptable codes.
SSI	1	N			
BCS	1	A N			
Relationship to applicant	2	N		X	Refer to Appendix; Relationship code table Should be gender appropriate
CIBIC CC	1	A			
CIBIC CDC	1	A			
Student ID	9	A N			
ACI	1	A		X	Alien Citizen Indicator Refer to the Appendix
Alien #	10	A N	9999999999	IF ACI NE “C”	Alien Registration # Alien # required for ACI codes of A, F, G, H, J, K, M, R, S, T, and V
Alien Date of Entry or Date of Status	8	N	MMDDCCYY	If ACI NE “C”	Date of Entry into U.S. Required for ACI codes of A, B, D, F, G, H, J, K, M, R, S, T, and V

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Marital Status	1	N			
Education Level	2	N			
Alien Date Entered Country	8	N	MMDDCCYY	If ACI NE “C”	Required as of 1/2/07.
PID	2	A			If given, it must be a valid Pre-Paid Capitation Program (PCP) Provider Code. Refer to Appendix for link to web site.
Filler /SSN Validation	1	A / N			<b>SSN Validation Code</b> * Required for MSD case submissions
Filler/DOH Birth Verification Indicator	1	A	Y/N		<b>Birth Verification Indicator</b> * Required only for MSD case submissions
WMS Cat Cd	2	A			<b>*FOR HEALTH EXCHANGE USE ONLY</b>
Add Filler	2	A			Reserved for future use
<b>Image Record(s)</b>	<p>FOURTH RECORD TYPE OF THE FILE</p> <p>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.</p>				
Submission Type	1	A	“I”	X	(I)mage Info
Image Filename	31	A / N			Each TIFF file within the batch must contain a unique filename, and it must relate back to Image Filename indicated here. An <b>example</b> would be: 1) Submitter ID (4 chars) 2) Unique applicant identifier 3) Admit/Service Date 4) Image # (4 digits) 5) <b>.tif</b> or .pdf (file extension)
Sequence#	4	N		X	6) Sequential # identifying the image. Starting with 0001. Additional images submitted must be the next sequential number available.
<b>Multi Page Count</b>	3	N			<b>Indicates number of pages in the current image file (PDF or TIF format)</b>
Doc Category Code	2	N		X	Must be a valid WMS code for use with the image repository
Doc Type	4	N		X	Must be a valid WMS code for use with the image repository

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A minimal list of documentation is required for each case type. This will prevent the immediate rejection and return of applications that are missing the bare minimum and will prevent the immediate clock-down of the incomplete applications.

**PCAP Documents:**

- \*DOH 4220                      \*Proof of identity
- \*Date of Birth                      \*Citizenship                      \*Proof of Support (i.e. Wages, etc.)
- \*Proof of residence                      \*EDC info.

**CREP/HED Documents:**

- \* DOH 4220 \*LDSS 2921
- \*Proof of identity (Audit Trial) \*Date of Birth
- \*Citizenship/Alien Status \*Proof of Support/Income (i.e. Wages, etc.)
- \*MAP 2026A SSN Verification
- \*Proof of residence \*Medical /Disability \*Resources \*Hospital Bills \*MAP 25A History Sheet

**FEAU Documents:**

- \*DOH 4220 \*MAP 2097K Health Insurance Eligibility Screening Worksheet
- \* For Child Health Plus A, Medicaid and Family Health Plus
- \*Proof of identity \* Proof of SSN
- \*Date of Birth \*Citizenship/Alien Status \*Proof of Support/Income (i.e. Wages, etc.)
- \*Proof of residence \*Resources \*Child Care Cost \*Proof of other Health Insurance

**LTC/Nursing Home Documents:**

- \*LDSS 2921 \*MAP 648P Transmittal For Nursing Facility MA Applications
- \*LDSS 486T \*LDSS 1151(If under 65) \*Social Security Award Letter \*PRI
- \*MAP 751P \*Proof of identity \* Proof of SSN\*Date of Birth \*Citizenship/Alien Status
- \*Proof of residence \*Proof of Income \*Resources (36 mo) \*Proof of other Health Insurance

Refer to the Appendix for a full list of required documents based on application type.

**\*Please note that these are the EDITS requirements for submission and do not match requirements for completion of the DOH 4220.**

<b>Trailer Record</b>	FIFTH RECORD TYPE IN THE FILE				
Submission Type	1	A	“T”	x	“T”railer
Submission Date	8	N	99/99/99	X	Date file created by Submitter/Provider. Slashes required.

## **7.2 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 five 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.

**Application Budget Explanation Log:** Each Nursing Home application which passes Application decision log will generate Application Budget Explanation log processed by the MAP Worker. The budget explanation log provides details of how NAMI amount was determined. The budget explanation on the application will be returned to the submitter via the Application Budget Explanation Log.

**FE Application Budget Explanation Log:** Each Facilitated Enroller application which passes Application decision log will generate FE Application Budget Explanation log processed by the MAP Worker. The budget explanation log provides details of the MABEL budget calculation that was determined. The budget explanation on the application will be returned to the submitter via the FE Application Budget Explanation Log.

**Batch Log File layout**

Field / Label	Max Len	Field Type	Index Attr	Format	Specific Business Rules
<b>Batch File Record</b>					
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
<b>Batch File Record</b>	<b>One File record will be returned with many Case and Case Message records</b>			
Batch File Record Indicator	1	A	“F”	
File Name	255	A		
Date Received	8	A	MMDD CCYY	
Batch File Status	10	A		“Passed” if file is parsed successfully. “Failed” if file cannot be read.
Batch File	1024	A		Will contain a diagnostic error message if the status

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Status Reason				was “Failed”. This field is enclosed in “” since it may contain one or more comma characters.		
<b>Case Record</b>	<b>One for each case found in the Batch File</b>					
Case Header Record Indicator	1	A	“C”			
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		
<b>Case Message Record</b>	<b>There can be multiple Case Message records for one Case record</b>					
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 Type	Format	Specific Business Rules
<b>Decision Record</b>				
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		
<b>Decision Code</b>	2	A		Possible values are: AC -- ACTIVE CL – CLOSED RJ – DENIED <b>DF- DEFERRAL</b>
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	MMDDCCYY	
Active App Reg No	12	A		Only filled if Decision Code is RJ and Reason code is 297
<b>Decision Reason Record</b>	1	A	“R”	First decision reason record is mandatory per decision record. 5

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				optional records can follow. The first mandatory record contains a reason code drawn from the WMS <b>Medicaid Disposition Code</b> table. The subsequent 5 optional records contain reject reason codes drawn from the WMS <b>Rejection Codes (for 218)</b> table.
<b>Case Reason Code</b>	3	A		
<b>Case Reason Description</b>	200*	A		* <b>Case Reason Description</b> is a variable length field for any descriptions over 200 characters
<b>Household Member Record</b>	1	A	“H”	
Household Line No	2	A		
<b>MA Individual Status Code</b>	3	A		<b>AC – Active</b> <b>RJ – Denied</b> <b>CL - Closed</b> <b>DD - Dead</b>
<b>MA Individual Status Description</b>	100	A		<b>WMS MA Individual Status Descriptions</b> is a variable length field for any descriptions over 100 characters
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

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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.

## Application Budget Explanation Log Layout

Field / Label	Max Len	Field Type	Format	Specific Business Rules
<b>Decision Record</b>				
<b>General NAMI Section Record Indicator</b>	2	A	“BL”	
Provider No	8	A		Provider No of the case.
Case Unique ID	20	A		Submitter Unique Case ID
Case Name	28	A		
Case Number	12	A		WMS issued Application Registration Number
CIN	8	A		WMS CIN No
Discharge Alert Date	8	A	MMDDCCYY	
Budget Comments	30	A		
General Comments	300	A		

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MA Status	2	A		For NH PP Only cases
Coverage Date From	8	A	MMDDCCYY	For NH PP Only cases
Coverage Date To	8	A	MMDDCCYY	For NH PP Only cases
<b>Month of MA Pick-Up Section Record Indicator</b>	2	A	“MA”	
Effective Date	8	A	MMDDCCYY	
Social Security Benefits	8	A		Social Security Benefits Amount
Pension	8	A		Pension Amount
Interest Dividend Income	8	A		
Excess Resources	8	A		
Contribution from spouse	8	A		
Other Income	8	A		
Total Monthly Gross Income	8	A		
Personal Needs Allowance (PNA)	8	A		
Medicare Part B	8	A		
Health Insurance Premiums	8	A		
Contribution to spouse	8	A		
MA LEVEL	8	A		
DAB	8	A		
Other Deductions	8	A		
Total	8	A		

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Monthly Deductions				
NAMI	8	A		
<b>Non Chronic Care Budget Section</b> Record Indicator	2	A	“NC”	
Effective Date	8	A	MMDDCCYY	
Social Security Benefits	8	A		Social Security Benefits Amount
Pension	8	A		Pension Amount
Interest Dividend Income	8	A		
Excess Resources	8	A		
Contribution from spouse	8	A		
Other Income	8	A		
Total Monthly Gross Income	8	A		
Personal Needs Allowance (PNA)	8	A		
Medicare Part B	8	A		
Health Insurance Premiums	8	A		
Contribution to spouse	8	A		
MA LEVEL	8	A		
DAB	8	A		
Other Deductions	8	A		
Total Monthly Deductions	8	A		
NAMI	8	A		

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<b>Chronic Care(1) Budget Section Record Indicator</b>	2	A	“C1”	
Effective Date	8	A	MMDDCCYY	
Social Security Benefits	8	A		Social Security Benefits Amount
Pension	8	A		Pension Amount
Interest Dividend Income	8	A		
Excess Resources	8	A		
Contribution from spouse	8	A		
Other Income	8	A		
Total Monthly Gross Income	8	A		
Personal Needs Allowance (PNA)	8	A		
Medicare Part B	8	A		
Health Insurance Premiums	8	A		
Contribution to spouse	8	A		
MA LEVEL	8	A		
DAB	8	A		
Other Deductions	8	A		
Total Monthly Deductions	8	A		
NAMI	8	A		
<b>Chronic Care(2)</b>	2	A	“C2”	

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<b>Budget Section Record Indicator</b>				
Effective Date	8	A	MMDDCCYY	
Social Security Benefits	8	A		Social Security Benefits Amount
Pension	8	A		Pension Amount
Interest Dividend Income	8	A		
Excess Resources	8	A		
Contribution from spouse	8	A		
Other Income	8	A		
Total Monthly Gross Income	8	A		
Personal Needs Allowance (PNA)	8	A		
Medicare Part B	8	A		
Health Insurance Premiums	8	A		
Contribution to spouse	8	A		
MA LEVEL	8	A		
DAB	8	A		
Other Deductions	8	A		
Total Monthly Deductions	8	A		
NAMI	8	A		

**FE Application Budget Explanation Log Layout**

EDITS – Submitter Specifications

<b>Field / Label</b>	<b>Ma x Le n</b>	<b>Field Type</b>	<b>Format</b>	<b>Specific Business Rules</b>
<b>Decision Record</b>				
<b>General NAMI Section Record Indicator</b>	2	A	“B”	
Provider No	8	A		Provider No of the case.
Case Unique ID	20	A		Submitter Unique Case ID
Case Name	28	A		
Case Number	12	A		WMS issued Application Registration Number
CIN	8	A		WMS CIN No
Beginning Date	8	A	MMDDCCYY	
<b>Gross Income Section Record Indicator</b>	2	A	“I”	
Employment	8	A		
Interest Income	8	A		
Social Security	8	A		Social Security Benefits Amount
Child Support	8	A		Child Support Amount
Other Income Des 1	50	A		Other Income Description 1
Other Income Amount 1	8	A		
Other Income Des 2	50	A		Other Income Description 2
Other Income Amount 2	8	A		
Other Income Des 3	50	A		Other Income Description 3
Other Income Amount 3	8	A		

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Total Monthly Gross Income	8	A		
Allowance for disabled, aged or blind persons	8	A		
Work Related Expenses	8	A		
Family Care Expenses	8	A		
Health Care Expenses	8	A		
Child Support Exemption	8	A		
Other Deduction Des	50	A		Other Deduction Description
Other Deduction Amount	8	A		
Total Monthly Deductions	8	A		
NET Monthly Income	8	A		
The monthly Medicaid allowance for your household is:	8	A		
The monthly FHP allowance for your household is:	8	A		
The monthly FPBP allowance for your household is:	8	A		
The monthly Public Assistance Standard of Needs for your household is:	8	A		
The monthly Public	8	A		

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Assistance Standard of Needs for your household is: (185%)				
After subtracting the appropriate monthly allowance from your net monthly income, we have determined that your income exceeds this allowance by:	8	A		
<b>RESOURCES Section</b> Record Indicator	2	A	“R”	
Bank Accounts	8	A		
Other Resource Des 1	50	A		Other Resource Description 1
Other Resource Amount 1	8	A		
Other Resource Des 2	50	A		Other Resource Description 2
Other Resource Amount 2	8	A		
Other Resource Des 3	50	A		Other Resource Description 3
Other Resource Amount 3	8	A		
Total Resources:	8	A		
Medicaid Resource Allowance	8	A		
Public Assistance Resource Allowance	8	A		

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After subtracting the appropriate resource allowance from your countable resources, we have determined that your resources exceed this allowance by:	8	A		
--	---	---	--	--

## **Appendix: WMS Codes**

### **Budget Types**

- 01 LIF/ADC Related
- 02 S/CC
- 04 SSI Related
- 05 SSI Related and LIF/ADC Related
- 06 SSI Related and S/CC
- 07 Chronic Care Individual
- 08 Chronic Care/SSI Related
- 09 Chronic Care and LIF/ADC Related
- 10 Chronic Care and S/CC

### **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).

### **Add TY Additional Allowance**

- 01 Dinner
- 02 Lunch and Dinner
- 03 Breakfast, Lunch and Dinner

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- 13 Home Delivered Meals
- 19 Additional Community Maintenance Allowance (BTs 08 – 10)
- 20 Traditional Child Care
- 21 Main Allow for Dependent Member of Institutionalized Individual’s Former Household (BTs 08, 09 and 10 only)
- 23 Family Member Allowance (added to MMMNA) BTs 08 - 10
- 25 Home Attendant Line Operating System (HALO)
- 26 Medical Bill Total/LS.
- 99 Other (Occupational Child Care, TPHI)

### **Chronic Care: CON - Spousal Contribution Codes**

- Contributing the amount required by regulation
- Contributing more than the amount required by regulation
- Contributing less than the amount required by regulation – adjudicated
- Contributing less than the amount required by regulation – non adjudicated
- Refuses to contribute

### **Budget – CTG (Categorical Indicators)**

- 1 SSI-Related Adult – Aged
- 2 SSI-Related Adult – Blind
- 3 SSI-Related Adult – Disabled
- 4 Non-SSI Related Adult (LIF/ADC)
- 5 Non-SSI-Related Adult (S/CC)
- 6 SSI-Related Child – Blind
- 7 SSI-Related Child – Disabled
- 8 Non-SSI-Related Child

### **Period**

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

### **Resource: CD**

- 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 Straight Line
- 43 Endowment
- 44 Cash Value of Life Ins

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- 45 Burial Reserve disregard SSI
- 98 Other Liquid Resources

### Medicaid Disposition Status (MA Status)

AC	Active	AP	Applying
CL	Closed	NA	Not Applying
RJ	Rejected	SN	Sanctioned
DD	Dead		

### Rejection Codes which support the Rejection Reason of RJ 218 (Missing Documentation)

- A01 Prior agency photo identification card
- A02 Social Security card for each member
- A03 Birth or Baptismal certificate for each
- A04 Letter from agency you are known to
- A05 Driver's license
- A06 Military discharge papers
- A07 Marriage certificate or divorce or separation papers
- A08 Death certificate
- A09 Certificate of Naturalization
- A10 Alien registration card or other INS document
- A11 Passport and / or Visa
- B01 Rent receipt and Lease
- B02 Statements from landlord indicating who lives with you
- B03 Utility bills
- B04 Mortgage statement; property and school tax bills
- B05 School records and/or latest report card for children
- B06 Statement from family doctor or clinic that children live with you
- B07 Letter from person(s) you live with verifying that they supply room and board
- C01 Pay stub(s) from previous one (1) week OR four (4) weeks (see Recertification/Renewal Instructions) OR statement from employer showing all deductions OR "Declaration of Support" OR "Declaration of Income"
- C02 Unemployment insurance book
- C03 Statement of rental and/or room/board income
- C04 Support payments – divorce or separation papers
- C05 Statement about childcare expenses
- C06 Documentation of additional income, which allows you to meet your rent and other household expenses. The income reported to us is less than your reported rent and other household expenses
- C07 Completed form "Request for Information On Income Producing Property" Include a copy of the Annual Mortgage Statement and the current escrow analysis. If there is not mortgage, submit copies of the current Real Estate Tax bill, water, sewer bill and Fire Insurance Statement.
- C08 Award letter for Social Security – Call 1-800-772-1213
- C09 Award letter for Military or Veterans
- C10 Award letter for Pension
- C11 Award letter for Railroad retirement
- C12 Award letter for Insurance endowments
- C13 Award letter for New York State Disability
- C14 Award letter for Workers Compensation
- C15 If self employed, business records – schedule C, Schedule E, and form 1040
- C16 Income tax return
- D01 Bank books for past 12 months including closed accounts

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- D02 Bank books for past 36 months including closed accounts
- D03 Checking account statements for past 12 months and statement savings account verification for past 12 month
- D04 Checking account statements for past 12 months and statement savings account verification for past 36 months
- D05 Checking account statements for past 36 months and statement savings account verification for past 12 month
- D06 Checking account statements for past 36 months and statement savings account verification for past 36 months
- D07 Life insurance policies and current cash surrender value statement from the company
- D08 Stocks, bonds, certificates of deposit and money market fund accounts
- D09 Real estate deeds
- D10 Credit union account statements
- D11 Health and accident insurance policies and verification of premiums
- D12 Medicare card
- D13 Information about any pending lawsuit
- D14 Closing papers on property sale
- D15 Information about inheritance
- D16 Information about lottery and other gambling winnings
- E01 If anyone is pregnant, a doctor’s statement giving the expected date of delivery
- E02 Medical Form DSS-486, Medical report for determination of disability
- E03 Social Statement for Determination of Disability form DSS-1151
- E04 Dialysis Treatment Letter
- F01 Explanation of Past Maintenance
- F02 Explanation of Current Maintenance
- H01 Sign the DAB Renewal Notification where indicated
- H02 Answer all questions in red on the endorsed DAB Renewal Notification
- K01 Medicare Cards
- K02 Health accident insurance policies and verification of premiums
- K03 Verification of Medicare Supplemental Insurance
- K04 Verification of Health Insurance Coverage
- K05 Verification of Health Insurance Premiums
- K06 Verification of Accident Insurance
- K07 Verification of Accident Insurance Premiums
- Z00 Due to a technical error we have requested the provider to resubmit the documentation
- Z01 Scanned Images not clear, unable to read
- Z02 Scanned Images do not match application
- Z03 Missing date application signed
- Z04 Missing applicant signature on application
- Z05 Missing provider signature on application
- Z06 Missing provider information on application
- Z07 Missing provider stamp, date and/ or signature for verification of “Original document seen”
- Z08 Missing doctor’s signature on EDC letter
- Z09 Incomplete application
- Z10 You did not list any past income or provide an explanation of how you supported yourself/family in the past
- Z11 You did not list any current income or provide documentation of current income to explain how you are supporting yourself/family
- Z12 No explanation of large deposits or withdrawals in bank account/s
- Z13 Copy of Pre-need Burial Agreement with Medicaid disclosure and signatures
- Z14 Statement from Nursing Facility of private payment, daily rate, and period covered

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- Z15 Missing completed form MAP 2097K Health Insurance Eligibility Worksheet
- Z16 Missing completed form Before Signing Up for Health Insurance Plan You Should Know
- Z17 Missing completed form MAP 2097 Client Affirmation Application Checklist
- Z18 Missing completed form MAP 1096K Child Teen Health Program Client Affirmation
- Z19 Additional bank statements needed for specific periods
- Z20 Face value of life insurance policies and current cash surrender value statement from the company
- Z21 PRI Patient Review Instrument
- Z22 Trust Agreement with Schedule A
- Z23 Annuity Agreement Contract
- Z24 Guardianship Documentation
- Z25 IRA Individual Retirement Account Distributions
- Z26 Other Medical Documentation
- Z27 Value of rent free apartment
- Z28 Incomplete MAP 2050A or Letter of Support
- Z29 Missing completed form MAP 2097V Information about Parents or Spouses Not Living in the Household
- Z30 Missing completed Worksheet A Determining Self Employment Income

### **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)
- 98 Other

### **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

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- 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

### **TEEN AGE SERVICE ACT INDICATOR (TASA)**

- 1 Pregnant Teen
- 2 Teen Parent (Including Fathers)
- 3 Neither Pregnant Nor Parenting Teen

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### **EMPLOYABILITY CODE (EMP)**

INDIVIDUALS UNDER THE AGE 18 MUST BE ASSIGNED CODE 30, EXCEPT AB/AD CHILDREN AND UNBORNS

<b>CODE</b>	<b>CATEGORY</b>	<b>DEFINITION</b>
17	ALL	Teen parent age 16-19 without HS Diploma.
20	ADCU/HR	Mandatory employable.
24	ALL	Pregnancy.
27	ALL	Employed.
30	ALL	Child less than 18 years old.
31	ALL	Caretaker of child under 3 years of age on same MA case.
32	ALL	Advanced age - 65 years and older.
33	ADCU	Caretaker with other adult on same MA case in employment compliance.
34	ALL	Caretaker of child under 3 not on same MA case.
35	ALL	Child 18 expected to graduate by 19th birthday.
36	ALL	Incapacitated 30 days to 1 year.
38	ALL	Needed in home to care for incapacitated household member.
41	ALL	Temporary illness - 3 month exemption.
42	ALL	Temporary incapacity - 6 month exemption
43	ALL	Incapacitated - SSI application filed.
44	ALL	In receipt of SSI and/or SSI Disability.
53	ALL	Person 18-21 not employed.
60	HR	55 years or older - not employed in the last 5 years.
63	ALL	Substance abuser - in rehabilitation.
64	ALL	Substance abuser - waiting for rehabilitation.
70	ADC/SSI	Disability Type I.
71	ADC	caretaker relative of child 19 or younger (not born) in the same MA case.
72	ALL	ADC caretaker relative of child between the ages of 6 to 19 not in same MA Only case.
74	ADC/SSI	Disability Type II.
99	ALL	Unborn

### **SSI INDICATOR (SSI)**

1	Active
2	Pending
3	Closed, Denied, or Suspended (Appeals Exhausted)
4	Deemed Eligible
5	Closed SSI, Continue OASDI

### **BUREAU OF CHILD SUPPORT INDICATOR (BCS)**

Also known as Office of Child Support Enforcement

A <sup>1</sup>	Appropriate for referral to Office of Child Support Enforcement (OCSE)
B <sup>1</sup>	No Referral: Both parents in household (In-Wedlock)
D <sup>1</sup>	No referral: Absent parent deceased. Death has been verified either by Public Assistance staff or by Child Support staff.
G <sup>1</sup>	No referral: Good cause. The Office of Child Support Enforcement may not pursue child support activity.

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- H Individual is head of household or other adult in household. (Note: This may be the individual, 16 years old or older, who is referred to the Child Support office, but it is not the child.)
- I Referral: Individual is an independent 16-20 year old.

<sup>1</sup> For these values the individual must be less than 21 years old.

### RELATIONSHIP CODE (REL)

- 01 Applicant/Payee
- 02 Legal Spouse
- 03 Non-Legal Union (No Child in Common)
- 04 Son
- 05 Daughter
- 06 Step-Son
- 07 Step-Daughter
- 08 Niece or Nephew
- 09 Grandson or Granddaughter
- 10 Grandmother or Grandfather
- 11 Aunt or Uncle
- 12 Essential Person
- 13 Other FA/SNFP Relationship
- 14 Other Relationship (Not FA/SNFP Relationship)
- 15 Legal Guardian (Not FA/SNFP Relationship)
- 16 Ward (Not ADC Eligible Relationship)
- 17 Cousin
- 18 None
- 19 Parent
- 20 Sister or Brother
- 21 Step-Parent
- 22 Step-Sister or Step-Brother
- 23 Half Sibling
- 24 Putative Father
- 25 Acknowledging Father
- 26 Great Grandparent
- 27 Great Grandchild
- 28 Alternate Payee
- 29 Unknown (System Generated Only)
- 30 Non-Legal Union with Child in Common
- 31 Unknown
- 99 Unborn

<sup>1</sup> For these values the individual must be less than 21 years old.

<sup>2</sup> These values will appear because of a systems match between CSMS and WMS. These values should not be data entered.

### COMMON BENEFIT IDENTIFICATION CARD CODE (CBIC CC)

- P Photo Card Requested
- N Non-Photo Card Requested
- X No Card Requested

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R No Card Requested, Client is on a Medicaid Roster

### **COMMON BENEFIT IDENTIFICATION CARD DELIVERY CODES (CBIC CDC)**

A Agency Pick-Up - Cards will NOT be Automatically Produced. Card must be Picked Up by Client at Over the Counter Card Sites.

M Mailed - Cards will be Automatically Produced and Mailed.

### **VETERAN'S INDICATOR (VET)**

These codes are to be used for persons 18 or older. They are listed in priority order. If a person falls into more than one category use the lowest number. For example, if the person is both disabled [Code 3] and a recently separated veteran [Code 5] used code 3.

- 1 Special Disabled Veteran (Disability of 30% or more)
- 2 Vietnam-era Veteran
- 3 Disabled Veteran
- 4 Combat Theater Veteran
- 5 Recently Separated Veteran
- 6 Other Veteran
- 7 Spouse or Dependent of Veteran
- 9 Not A Veteran

### **PRE-PAID CAPITATION PROGRAM (PCP) PRINCIPAL PROVIDER CODE**

Refer to the EDITS web page to review the list of allowed codes under Resources section

### **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.
- D Federally certified victim of human trafficking
- 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.

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- V Honorably discharged veterans of the US armed forces and/or their spouses or unmarried dependent children.

Codes A, F, G, H, J, K, M, R, S, T and V require an Alien Registration Number.

Codes A, B, D, F, G, H, J, K, M, R, S, T and V require 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

### **EDUCATIONAL LEVEL (EDUC)**

This code refers to highest grade level completed. If a child is in the 3rd grade, the highest level completed is the 2nd grade.

- 00 Has Not Attended School, is Pre-Kindergarten or Kindergarten
- 01-12 Refers to Grades 1-12

### **HIGHEST DEGREE OBTAINED (HDO)**

Only for Persons 16 or Older

- 0 No Degree
- 1 High School Diploma, GED or National External Diploma Program
- 2 Associate's Degree
- 3 Bachelor's degree
- 4 Master's Degree or Higher
- 5 Other Credentials (degree, certificate, diploma, etc.)
- 9 Not Applicable

### **RELATIONSHIP OF MOTHER TO CHILD (REL MOTH)**

Enter for ALL Children Under 18 Years of Age OR Under 19 Years of Age and in School Full Time

If the child's mother exists in the HH, then the mother's line number will be entered in this field, else:

- 98 Mother Not in Household
- 99 Mother Not in Case, but Living in Same Household

### **AFIS EXEMPTION INDICATOR (AFIS EX)**

- 1 Finger Imaged (System Generated)
- 2 Exempted Left and Right Index Fingers Permanently Unavailable or Unusable (System Generated)
- 3 Temporarily Unavailable or Unusable, One Finger (System Generated)
- 4 Temporarily Unavailable or Unusable, Two Fingers (System Generated)

## EDITS – Submitter Specifications

- 5 Exempted Individual, Good Cause Reason
- 6 Exempted Homebound Individual (System Generated)
- 7 Exempted SSI Related
- 8 Exempted Congregate Care Facility (System Generated)
- A County Specific Approved Exemption

### **Imaging Records (Documentation):**

The submitted applications are expected to be fully documented. The documentation varies based on the type of application submitted. Below are the requirements based on application type and the particular circumstances concerning each of the individual applying applicants:

#### **PCAP Documents:**

- DOH 4220- Access NY Healthcare
- \*Proof of identity
- \*Date of Birth
- \*Citizenship
- \*Proof of Support (i.e. Wages, etc.)
- \*Proof of residence
- \*EDC info.

#### **HED document list**

- MAP 2151- Certification for Treatment of Emergency Medical Condition
- MAP 2050A- Declaration of Income and Support
- MAP 2050G- Resource Verification/Attestation
- MAP 2161- Declaration of The Applicant/ Recipient
- MAP 2161A- Declaration of the Legally Responsible Relative
- LDSS 486T- Medical Report for Determination of Disability
- LDSS 1151- Disability Interview
- MAP 252F- AIDS or AIDS Related Complex Medical Report
- LDSS 2921- Common Application
- DOH 4220- Access NY Healthcare
- LDSS 4060- Declaration of Citizenship
- MAP 2026A- Social Security number Verification
- MAP 25A- History Sheet
- MAP 403A- Code 4 Deferral

#### **C-REP document list**

- LDSS 2921- Common Application
- DOH 4220- Access NY Healthcare
- MAP 2151- Certification for Treatment of Emergency Medical Condition
- MAP 2050A- Declaration of Income and Support
- MAP 2050G- Resource Verification/Attestation
- MAP 2161- Declaration of The Applicant/ Recipient
- MAP 2161A- Declaration of the Legally Responsible Relative
- LDSS 486T- Medical Report for Determination of Disability
- LDSS 1151- Disability Interview
- MAP 252F- AIDS or AIDS Related Complex Medical Report

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MAP 25A- History Sheet  
MAP 931U- Excess Income Program/ Family Health Plus Selection Letter  
MAP 1096K- Child Teen Health Program Affirmation  
MAP 2016H- Deferral Form  
MAP 751D- HIPPA  
MAP 751E- HIPPA

**FEAU document list**

DOH 4220 – Access NY Healthcare  
MAP 2097K – Health Insurance Eligibility Screening Worksheet  
MAP 2097E-S - Client Affirmation Application Checklist  
For Child Health Plus A, Medicaid and Family Health Plus

\*Proof of identity \* Proof of SSN  
\*Date of Birth \*Citizenship/Alien Status \*Proof of Support/Income (i.e. Wages, etc.)  
\*Proof of residence \*Resources \*Child Care Cost \*Proof of other Health Insurance

**LTC/Nursing Home document list**

LDSS 2921 – Common Application  
MAP 648P – Transmittal for Nursing Facility MA Applications  
MAP 2123 – Statement In Support Of Claim (Family Support)  
LDSS 486T – Medical Report (If under 65)  
LDSS 1151 – Disability Review Form (If under 65)  
MAP 259H – Intent to Return Home  
MAP 2158B – Medicare Buy In  
MAP 751P – Consent to Release Information  
MAP 259D – Discharge Alert  
PRI – Patient Review Instrument

**LANGUAGE CODES**

LANGUAGE	LANGUAGE READ	LANGUAGE SPOKEN
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African Languages	1 Blank	1 Blank
Albanian	L Blank	L Blank
Arabic	A Blank	A Blank
Chinese-Cantonese	2 Blank	2 Blank
Chinese-Mandarin	C Blank	C Blank
Chinese-Other	3 Blank	3 Blank
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
<b>LANGUAGE</b>	<b>LANGUAGE READ</b>	<b>LANGUAGE SPOKEN</b>
AM IND - Lakota	AK	AK

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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	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
<b>LANGUAGE</b>	<b>LANGUAGE READ</b>	<b>LANGUAGE SPOKEN</b>
Malayalam	ML	ML

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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

**Updates:**

01/2006 – Language Spoken added. All 3 Language fields are required.

## EDITS – Submitter Specifications

08/2007 – Principal Provider Code added.

03/2008 –1. Update FTP Administration – Security/Maintenance of Submitter Folders

2. Provide minimal list of documentation required for all case types

3. Update Appendix – Imaging Records (Documentation) for all application types

05/2008 –1. Update Max Len for Field /label - **Chronic Care Date INS** changed to Max Len of **8**

2. Update Format for Field /label - **RES Value**

3. Update Rejection Codes – Rejection Reason of RJ 218 (Missing Documentation)include Resource codes

4. Update Shelter Type codes

5. Update Form LDSS 4571A/B Alcohol and Drug Abuse Screening and Referral

Form no longer required as of 04/01/08

07/2008- 1. Revised the Application Decision log file layout to include Deferral and NAMI fields.

08/2008- 1. Second Revision of the Application Decision log file layout to include Deferral and NAMI fields.

09/2008- 1. Correction made to specific business rules for Alien# and Alien Date of Entry/Date of Status fields to replace ACI code L with code K.

2. Highlighted Information for UID

3. Indicated that DOH 4220 requirements are not the same As EDITS requirements for submission

4. Size limit for transmitting files – Recommend no more than 50 cases per batch and multiple batches are allowed

5. Time Schedule for Daily File Transmissions is from 8a.m. to 6p.m. and pick up logs next day after 9a.m.

6. New Case reason code 999-DEF-Deferral Code

7. Change to Application Decision log file- Reason code description field changed to 200 characters. Reason Description is a variable length field for any description over 200 characters

8. Updated website with (PCP) PRINCIPAL PROVIDER CODES to Resources section

11/2008- 1. Change WMS Language Read and Spoken code fields from 1 byte to 2 bytes.

Updated WMS Language Read and Spoken code values.

01/2009- 1. Updated WMS Language Read and Spoken code values

2. Revised the Application Decision log file layout to include Service From Date and Service To Date

02/2009- 1. Updated Resources Section of the web page with revised MAPDR-27 One Step PCP Data Entry Desk Reference Guide

2. Updated Batch Size Restriction section in 4.4 Naming Conventions & Size Restrictions

3. Revised the Application Decision log file layout order to include Service From Date 2 and Service To Date 2

06/2009-1. Update Application Type with new value-**CONV**-Nursing Home Conversion

2. Replace Filler (of 1 char) by Household composition record with new field-**CIN**-WMS Client Information Number-Required for CONV application type. All other application types can submit the data record with filler as blank space (or no space).

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- 10/2009 – 1. New Case reason code 888-DEF-Deferral Code - \* Applicable only for NH Conv.
- 02/2010- 1. New Response log file-Application Budget Explanation log file. \*Applicable only for NH applications. The log will provide details of how the NAMI amount was calculated.
- 03/2010 – 1. Update FTP Administration – Security/Maintenance of Submitter Folders
- 05/2010 – 1.Update Ethnicity Values - lifts the requirement that at least one entry into the response fields for the Ethnicity/Race Questions be ‘Y’ (Yes). Addition Blank/Spaces as an acceptable field value for the Ethnicity/Race questions.
- 06/2010 – 1. 4 Additional Fillers added to Household composition with 2 new fields - SSN Validation and DOH Birth Verification Indicator – Required only for MSD application type submissions. All other application types can submit the data record with filler as blank space (or no space). The remaining 2 Fillers are reserved for future use.
- 11/2010- 1. Update Application Type with new value-**NHTX**-Nursing Home Transactions  
2. Addition of New **NH-TX record** to file layout  
3. Unused field/ # of **NHTX records expected**  
3. Removed MA Disposition Codes from Appendix: WMS Codes  
4. Update WMS Case Rejections Codes with new values  
5. Addition of MAPDR-65: CNS Denial/Rejection Codes
- 04/2011 – New Images Record file layout – Enhancement for accepting Image files
- 06/2011 – 1. Update Section 5.2 – **Notification Types**  
2. New Response log file- **FE Application Budget Explanation log file**. \*Applicable only for FE applications. The log will provide details of how the MABEL budget was calculated.  
3. Change to Application Decision log file- Reason code, Reason Code descriptions, MA Coverage Code and MA Coverage Code Description Field/Labels changed to the following New Field/labels **Case Reason Code**, **Case Reason Code Descriptions**, MA **Individual Status** Code and MA **Individual Status** Code Description.  
4. Update Application Type with new value- **MSP**- Medicare Saving Program  
5. Update WMS appendix - **ALIEN CITIZENSHIP INDICATOR (ACI)** for addition of **ACI code value “D”**
- 03/2012 – 1. Update Application Type with new values for **Home Care** and **Nursing Home Spousal** Applications  
2. Update Max Len for Field /label – **Application Type** changed to Max Len of 5
- 07/2012 – 1. Update Application Type with **correct** value for **Nursing Home Spousal Transactions** Applications to **SNHTX**.  
2. Update Add Filler/**CIN** field with additional application types that require **CIN**- WMS Client Information Number. **NHTX**, **SCONV**, **SMSSI**, **SNHRE**, **SNHTX**.  
3. Update **NHTX records expected** field with additional application type- **SNHTX** – Spousal Transactions.
- 08/2012 - Update **NH-TX record** file layout for the addition of Nursing Home **Expedited Discharge Unit Request forms MAP-259D, E, G**.
- 09/2012 – Update Max Len for Field /label – **Multi-Page Count** changed to Max Len of 3
- 12/2012 – 1. Updates Unused Field/# of **NHTX records expected** field with additional application types- **EXPD-NH Expedited Discharge**, **SEXPD-Spousal Expedited Discharge**  
2. Update Application Type with new values-**EXPD-NH Expedited Discharge**, **SEXPD-Spousal Expedited Discharge**  
3. Update Add Filler/**CIN** field with additional application types that require **CIN**- **EXPD-NH Expedited Discharge**, **SEXPD-Spousal Expedited Discharge**

## EDITS – Submitter Specifications

4. Updated Discharge IND with additional application types- **EXPD-NH Expedited Discharge, SEXPD-Spousal Expedited Discharge**. Discharge IND = 1 is to be applied for either of the new Expedited Discharge application types submitted.

5. Revised **Application Budget Explanation log layout** to include **MA Status, Coverage Date From** and **Coverage Date To** for NH PP only cases.

\*These updates are only applicable for Nursing Home application types submitted to EDITS  
04/2013 - Update Input data stream file layout for the additional database fields for the second mailing address.

06/2013 - Updated **Discharge IND** with additional values to identify the type of Nursing Home Expedited Discharge Unit Request form submitted in the NH-TX record.

\*The NH-TX record fields are only applicable NHTX application type submissions received from Nursing Home providers. The are now additional values in the discharge IND field to identify the type of Nursing Home Expedited Discharge Unit Request form submitted in the NH-TX record.

This change is required for reporting purposes.

The Discharge IND field size remains the same.

01/2014- Revised the **Application Budget Explanation log file layout** to include **Contribution to Spouse** and **Contribution from Spouse** fields.

1. 01/2015 – Removed application submission type “Extension”
2. 01/2015 - Removed application types FHP and CHPA
3. 01/2015 - Update Add Filler/**WMS Cat Cd** field –This field is for **Health Exchange Use only**.