

MEDICAID ALERT

April 26, 2010

Elimination of the Face to Face interview for Medicaid/Family Health Plus applicants

As a result of Chapter 58 of the Laws of 2009, the New York State Department of Health Office of Health Insurance Programs, in Administrative Directive 10 OHIP/ADM-1, has informed local departments of social services (LDSS) of the elimination of the face-to-face interview requirement for all Medicaid and Family Health Plus applicants effective April 1, 2010. This includes applicants for the Family Planning Benefits Program (FPBP) and the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) Program.

According to Chapter 58 of the Laws of 2009, an interview with an applicant or with the person who made the application on his/her behalf will no longer be required as part of a determination of initial eligibility. This change in policy is intended to simplify the application process and eliminate barriers to obtaining public health insurance. It allows applicants to mail in or drop off applications at their local department of social services or bring the application to a LDSS office and receive assistance in filling out the application and reviewing documents that need to be submitted with the application. Consumers can also be assisted by an authorized Client Representative, Hospital, Nursing Home or a Facilitated Enroller.

Although there will no longer be a face to face requirement as of April 1, 2010, please be reminded that the documentation requirements mandated by the Deficit Reduction Act of 2005 are still in place. United States Citizens are required to submit original documentation of citizenship and identity. Either the local district or one of the entities mentioned above, (Client Representatives, Hospitals, Nursing Homes or Facilitated Enrollers), can review the original documents, make copies and write a statement on the copy that the originals were seen. Consumers receiving Medicare and those receiving SSI/SSD remain exempt from these requirements.

As of April 1, 2010 the community Medicaid offices will offer application assistance to consumers when requested. In addition, MAP staff will offer to screen applications to ensure that all required documentation is included. This should help reduce the need for further follow-up. The same application assistance can be provided by a Client Representative, Hospital, Nursing Home or a Facilitated Enroller. We urge our partner organizations to continue to provide application assistance to consumers to help ensure they are able to submit complete Medicaid applications and receive needed coverage in a timely fashion.

- continued on reverse -

Entities that submit applications to MAP are to continue to follow current procedures with regard to either delivering or transmitting applications. MAP will continue to notify the submitter of any deficiencies in the application and current procedures to resubmit will continue.

For those applicants who wish to apply by mail, the mailing address is:

Initial Eligibility Unit
HRA/Medical Assistance Program
PO Box 2798
New York, NY 10117-2273

For mailed applications, the application date is the date that a signed application is received by the local district. Please note that entities will not receive notification on applications mailed directly by the consumer.

For applications that do not have all required documentation, a deferral notice will be sent to the consumer, which will list any missing documentation. The applicant will have 14 days to return all requested materials in the business return envelope provided.

Applicants, who are United States Citizens and must provide original documentation of identity and US citizenship, can visit one of the local Medicaid offices or a Facilitated Enroller. MAP staff and/or the Facilitated Enroller will make a copy of the original documents and annotate on the copy that they saw the original, the date seen, the entities name, and the staff member's name.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF