Human Resources Administration
Department of Social Services

Medical Insurance and Community Services Administration (MICSA)

MEDICAID ALERT

December 24, 2013

Important Changes in Medicaid Application Submissions – MAGI/Non MAGI

As has been previously announced, effective January 1, 2014, the Patient Protective Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act of 2010 (ACA), requires States to make significant changes to their Medicaid programs. This includes a new methodology for counting income for many consumers who fall into a category known as Modified Adjusted Gross Income (MAGI). (See our October 1, 2013 ALERT, New York State Benefit Exchange Opens October 1, 2013 for more information). Effective January 1, 2014, applications for almost all consumers whose eligibility must be determined using MAGI rules must be submitted to the New York State of Health (The Marketplace).

HRA/ Medical Assistance Program(MAP) will continue to accept and process DOH-4220 Medicaid applications submitted with signature dates of 12/31/13 and earlier. For Medicaid applications with signature dates of January 1, 2014 and beyond, with the few exceptions detailed below, DOH-4220 applications may **only** be submitted to HRA for consumers whose eligibility is to be determined using Non-MAGI rules. If a household contains both MAGI and Non-MAGI consumers, only the Non-MAGI consumers are to be included on the DOH-4220 as applying. The MAGI consumers should be included as non-applying so that they can be included appropriately in the household count. The MAGI consumers should separately apply to NYState of Health for Medicaid or Advanced Premium Tax Credits (APTC).

If applications for MAGI consumers are submitted to HRA/ MAP, we will register the case on the Welfare Management System (WMS) and then reject the case using code HH8 which will refer the case to the Marketplace. The consumer's notice language will indicate the application has been referred to New York State of Health. A copy of the application and any submitted documentation will be sent to New York State of Health and the consumer's application date will be maintained.

In order to ensure prompt referrals to the New York State of Health, if an application is submitted that contains both MAGI and Non-MAGI individuals, MAGI individuals will be rejected (referred) using line level code HH8 or HH9 and the Non-MAGI individuals will be initially rejected using

code H63 (retained by HRA for evaluation). The application will then be re-registered in WMS with only the Non-MAGI consumers registered as applying. MAGI household members will be included in the household size as appropriate. The Non-MAGI consumers will then be evaluated by HRA/MAP for Medicaid eligibility.

Organizations submitting Medicaid applications to HRA are expected to pre-screen new applicants to determine what category or group they fall under (MAGI or nonMAGI). MAGI applicants should be assisted to apply through the Marketplace. Non-MAGI consumers should be assisted to complete the DOH 4220, and Supplement A if appropriate and apply through HRA/MAP. A new addendum to your transmittal of cases, MAP-3084 **Transmittal Addendum – MAGI-Non-MAGI Sort** has been developed and beginning on January 1, 2014, will **be required** as the cover page to each case that you submit (This transmittal is only for authorized agencies that submit centrally). A copy of this transmittal is attached.

In the few situations listed below, applications containing both MAGI and Non-MAGI consumers will continue to be processed by MAP in their entirety:

- Presumptive Eligibility for Pregnant Women and Children
- Medicaid Separate Determination Cases
- Foster Care cases, including foster care children up to age 26 who aged out of foster care
- Consumers residing in Adult Homes/Assisted Living/Congregate Care cases
- Nursing Home Cases
- Managed Long Term Care applications received from MLTC plans
- Consumers in Supportive/Specialized Housing – AIDS Related
- Children pending NYS OPWDD, OMH waiver enrollment
- Adults in NYS Waiver programs
- Medicaid Buy In for Working People with Disabilities

Please note, however, that this only applies to MAGI individuals needing these services. Other MAGI household members, if any, will need to apply to NY State of Health for coverage.

The New York State of Health will not begin issuing retroactive Medicaid coverage until April 1, 2014. Consumers who apply there prior to April 1, 2014 and indicate that they need assistance with past medical bills, will have their applications evaluated by them. If found eligible, the New York State of Health will establish coverage beginning the first of the month of the application and the consumer will be referred to HRA/MAP . Upon completion of a DOH- 4220 by the consumer, eligibility in the retroactive period will be evaluated. If found eligible, HRA will put up the retroactive coverage for the consumer, as appropriate. This retroactive coverage will end the day before the Medicaid coverage through the New York State of Health begins. The consumer's notice will indicate the dates of coverage.

Inpatient hospital applications for MAGI consumers with an application date prior to April 1, 2014 and a date of service in the 3 month retroactive period will be accepted and processed by HRA .

Applications for retroactive coverage only, will be accepted for coverage dates up to April 1, 2014. These must only be submitted for consumers who have already been found eligible for coverage by

the NY State of Health. Coverage will be put up by HRA for the retroactive period only, with coverage ending the day before NY State of Exchange coverage begins. Retroactive coverage for fully eligible Medicaid consumers will be opened using code H60. Coverage for consumers eligible for Medicaid with a surplus will be opened using code H62. The appropriate section of MAP-3084 **Transmittal Addendum – MAGI-Non-MAGI Sort** must be completed to indicate that the application is being submitted for retroactive coverage evaluation. Please note, applications for retroactive coverage only must be submitted manually. They cannot be submitted through EDITS.

Beginning April 1, 2014, the Marketplace will begin issuing retroactive coverage for Medicaid consumers and these will no longer be referred to HRA. Consumers who are eligible for Advanced Premium Tax Credits (APTCs) who need assistance with retroactive bills and who are in a category eligible for Medicaid surplus coverage will continue to be referred to HRA for evaluation for Medicaid surplus coverage for the retroactive period.

As previously announced, HRA is offering training regarding the new MAGI and Non- MAGI categories and the new submission policies for HRA (see Alert titled Changes in Submission Process, 11/18/13. We will schedule additional sessions in January, if necessary.

Additional information regarding Medicaid Applications and Renewal Processing for MAGI Eligibility groups is available in 13 OHIP/ADM-04.

TRANSMITTAL ADDENDUM: MAGI/NON-MAGI SORT

NYC Human Resources Administration
Department of Social Services

MAP-3084 12/20/2013

DATE: _____

NAME OF SUBMIITING ORGANIZATION	
ADDRESS	
CONTACT PERSON	PHONE

A completed copy of this addendum **must be submitted as the cover sheet to each individual case** that you are submitting for processing. Cases submitted without this addendum will **not** be accepted.

The application/applications listed below and detailed on the also attached case transmittal (check one)

☐ MAP-649	☐ MAP-2055n	☐ Other (specify) _____

CASE NAME	**SSN (last four digits)**	**REASON FOR SUBMISSION: (See Chart Below)**						
		A	B	C	D	E	F	G
(check all that apply) ⇨								

A	Dual eligible evaluation: Medicaid and Medicare Savings Program					
B	Medicare Savings Program-only evaluation					
C	Surplus (Excess) Income Program evaluation					
D	SSI-Related budgeting (check one) ⇨	☐ DAB	☐ DAC	☐ MBI-WPD	☐ AHIP	☐ Pickle
		☐ Widow(er) MA Continuation	☐ Congregate Care	☐ Other (specify) _____		
E	Hospital inpatient retroactive evaluation					
F	Retroactive-only evaluation ⇨ for time period (beginning on) _____ and ending on _____					
G	Other (specify) _____					