

MEDICAID ALERT

June 11, 2014

Consumers with Medicaid Coverage on the NYSOH (Marketplace)
whose Coverage Must be Transitioned to WMS

There are a few situations in which a consumer who has Medicaid coverage through the New York State of Health (the Marketplace) must have her/his case transitioned to WMS. This requires re-assignment of the consumer's case to the Medical Assistance Program. The situations requiring these transitions are generally either: (1) life changes which require the consumer to now be evaluated using non-MAGI Medicaid rules or

- (2) certain service needs which cannot yet be handled on the Marketplace system.

HRA is working with State Department of Health staff to develop an automated process to make this necessary transition as seamless as possible. We anticipate that life changes, such as turning 65, will be handled at renewal and that an automated process will be in place to handle. However, until the automated process can be established, transitions such as those in which a consumer needs access to certain services, will need to be handled manually.

Consumers with coverage on the Marketplace who need one or more of the following services need to have their coverage transitioned to WMS (and administered by HRA) in order to receive those services:

- Managed Long Term Care
- Assisted Living
- Medicaid fee for service consumers who need Personal Care
- Medicaid fee for service consumers who need short term (up to 29 days) rehabilitation
- All Medicaid consumers (fee for service or managed care) who need long term (permanent placement) nursing home care
- Adults or children in need of waiver services
- Consumers residing in a congregate care facility

Area for Submission

Cases should be submitted as follows:

Service Need	Area
Managed Long Term Care	Home Care
Assisted Living	Home Care
Medicaid FFS needing Personal Care	Home Care
Medicaid FFS needing short term (up to 29 days) rehab	Nursing Home Division
All Medicaid consumers (FFS and managed care) needing long term (permanent placement) in nursing home	Nursing Home Division
Children in need of Care at Home waiver services	Home Care
Children in need of OPWDD, OMH waiver services	Client Rep
Adults in need of waiver services	Client Rep
Consumers Residing in a Congregate Care Facility	Client Rep

In order to transition coverage, HRA will need to receive a DOH-4220 Application in order to collect the appropriate demographic and income information for the consumer. Disabled, aged and blind consumers will also need to submit Supplement A. This transition will be considered to be a type of renewal so that while all income information must be provided, it does not have to be documented. Resource information will, however, need to be documented if the client is Non- MAGI and in need of long term care as this will not have occurred at the Marketplace which does not have a resource test. Like all applicants, U.S. citizens can have their citizenship and identity verified through a matching process with the Social Security Administration. Immigrants may need to supply proof of identity and immigration status if they had not supplied these documents previously to the Marketplace. (The Marketplace will be able to share submitted documents with HRA, on a case-by-case basis.)

Because of these requirements Nursing Home submitters who utilize EDITS must submit request for Nursing Home applications as new applications in EDITS, not as conversions.

Organizations working with consumers who need one or more of the services listed above can notify either HRA or the Marketplace of the need to transition coverage.

- **Notifying HRA**

HRA can be notified by submitting a DOH-4220 as indicated above, along with a MAP-3084 indicating the reason(s) for the case transition. HRA will process the eligibility and notify the Marketplace of the need to close their case when the coverage is established on WMS.

A sample version of revised MAP-3084 is attached to this ALERT. A usable version has been posted in MARC’s forms section.

- **Notifying the Marketplace**

The Marketplace can be notified by e-mailing the case information to: hxfacility@health.state.ny.us. The Marketplace will then notify HRA and we will mail a DOH-4220 to the consumer for completion. We strongly encourage organizations to assist such consumers in completing and submitting the DOH-4220 to HRA to help facilitate the transition of the coverage.

TRANSMITTAL ADDENDUM: MAGI/NON-MAGI SORT

DATE: _____

NAME OF SUBMITTING 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.

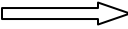
The application/applications listed below and detailed on the also attached case transmittal (check one)

<input type="checkbox"/> MAP-649	<input type="checkbox"/> MAP-2055n	<input type="checkbox"/> Other (specify) _____
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CASE NAME	SSN (last four digits)	REASON FOR SUBMISSION: (See Chart Below)					
		A	B	C	D	E	F
(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) ⇨	<input type="checkbox"/> FCB	<input type="checkbox"/> DAC	<input type="checkbox"/> MBI-WPD	<input type="checkbox"/> AHIP	<input type="checkbox"/> Pickle
		<input type="checkbox"/> Widow(er) MA Continuation	<input type="checkbox"/> Congregate Care	<input type="checkbox"/> Other (specify) _____		

(continued on reverse side of page)

E	Hospital inpatient retroactive evaluation
F	Retroactive-only Medicaid evaluation for time period (beginning on)  _____ and ending on _____
G	<p>Marketplace Transition Case. Consumer has Medicaid coverage on Marketplace Case with CIN _____. The case needs to be transitioned to MAP because of a:</p> <p><input type="checkbox"/> Life event (specify) _____</p> <p><input type="checkbox"/> Special services need (specify) _____</p>
H	<p>Other (specify) _____</p> <p>_____</p>

SAMPLE