

MEDICAID ALERT

February 20, 2015

<p>Reinstatement of Suspended Medicaid Coverage for Formerly Incarcerated Individuals</p>
--

Individuals **with active coverage on WMS** who are incarcerated for 30 days or more have their Medicaid cases suspended. These cases are assigned a Coverage Code of 26, which allows **only** for the payment of inpatient **hospitalizations off the grounds of the correctional facility**. No other services are covered **by Medicaid** while cases are in this suspended status. Upon the former inmate's release, active Medicaid coverage needs to be reinstated.

The reinstatement process relies on systemic matching of **correctional facility** release data. In a few instances, **releasees with coverage on WMS may appear at a Medicaid office prior to full coverage being automatically reinstated**. In this **scenario**, consumers can have their coverage **manually** reinstated by visiting a Medicaid office and presenting a photo ID.

Alternatively, **an employer**, Community Based Organization, or provider can assist a consumer with **the reinstatement** process. This can be done by submitting the attached MAP-3103 **Formerly Incarcerated Individual's Reactivation** Transmittal to the centralized incarcerated unit and including:


- A **completed** MAP-751e Authorization to Release Information
- A copy of the consumer's photo identification and either:
 - **a current paystub**
 - OR**
 - A signed statement **from an employer, provider, community-based organization (such as a hospital or re-entry organization) indicating that the formerly incarcerated individual is now in the community.**

If a consumer has incurred medical bills and needs a retroactive Medicaid reinstatement, proof of the release date (release papers or signed statement from probation **or parole officer** with the release date) is also required.

For consumers whose Medicaid coverage is on the New York State of Health (Marketplace), consumers should present their documentation to the Navigator/Certified Application Counselor who assisted with their application.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

**FORMERLY INCARCERATED INDIVIDUALS REACTIVATION
TRANSMITTAL**

 Human Resources Administration Department of Social Services

FROM:

FACILITY NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE NUMBER	FAX NUMBER	

TO:

**Medical Assistance Program (MAP)
Incarcerated Unit - 5th Floor
785 Atlantic Avenue
Brooklyn, NY 11238
Fax Number: 718-636-7757**

Please provide the MAP-751e, **Authorization to Release Medical Information** :

AND

- A copy of the consumer's photo identification **and**
- A current paystub

OR

- A signed statement from employer, Navigator/Certified Application Counselor (CAC) or Community Based Organization or provider that formerly individual is now in the community.

TO BE COMPLETED BY FACILITY

**TO BE COMPLETED BY
MAP**

LAST NAME	FIRST NAME	OIN	RELEASE DATE* (Required for retro-reinstatement for medical bills)	RECEIVED	
				Yes	No

*Proof of a release date is required if the consumer requests retro active reinstatement for medical bills incurred after their release date, while still in suspended status.

FACILITY (Print)	FACILITY (Sign)	DATE
INCARCERATED UNIT (Print)	INCARCERATED UNIT (Sign)	DATE