

MEDICAID ALERT

February 3, 2015

**Medicaid Recipients Transferred at Renewal
from the New York State of Health to the
Local Department of Social Services**

The first New York State of Health (NYSOH or Marketplace) coverage became effective January 1, 2014. Once a MAGI individual is determined eligible for Medicaid coverage through the Marketplace, their Medicaid coverage continues for a 12- month authorization period, with a few exceptions. Prior to the end of this authorization period, their coverage must be renewed. NYSOH is now in the process of renewing individuals who enrolled on the Marketplace.

As consumers are renewed by NYSOH, certain individuals are being identified for a referral to the local district for a re-determination of eligibility under non-MAGI eligibility rules. The individuals being referred are:

- Individuals who are age 65 or older and who are not a parent/caretaker relative
- Individuals who are 19 or 20 years old, in receipt of Medicare who are living alone and are not pregnant or a parent/caretaker relative
- Individuals who are 21-64, in receipt of Medicare, but not parents or caretaker relatives
- Parent/caretaker relatives and children, aged 19-20 who are no longer financially eligible for Medicaid (includes children under 19 if they do not qualify for Child Health Plus)
- Individuals who are 19 or older, who indicate they are disabled or chronically ill, and who are no longer financially eligible for Medicaid

Individuals who are administratively renewed, who do not qualify for Advanced Premium Tax Credits (APTC) and who meet one these criteria will be automatically referred to the local district. Individuals who are manually renewed will be given the option to be referred. However, individuals who are being manually renewed and are no longer MAGI eligible due to receipt of Medicare will also be automatically referred to the local district. Referred individuals are sent a notice by the Marketplace explaining that their coverage is being transferred to the local district and that they will receive a request for additional information from the local district.

A daily file of these referred consumers is being sent to HRA. These consumers are being given Medicaid coverage for the month of the referral plus four additional months and will receive a

Medicaid renewal from HRA. Consumers who respond to the renewal, will have their eligibility re-evaluated using non MAGI eligibility rules. Consumers who do not respond will have their Medicaid case closed. Referred consumers who were enrolled in managed care on the Marketplace will be enrolled in the same managed care plan by HRA unless the consumer is now in receipt of Medicare. If an enrolled consumer is now in receipt of Medicare, they will be given fee for service coverage on WMS.

Further information is available in 2014 LCM-02 Medicaid Recipients Transferred at Renewal from New York State of Health.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF