

MEDICAID ALERT

March 10, 2015

Consumers with Medicaid Coverage on the
NYSOH (Marketplace) Needing Enrollment into
a Managed Long Term Care Plan or HIV SNP

UPDATE to June 11, 2014 Alert

REVISED

This Alert is being issued in replacement of our March 2, 2015 release. It corrects the e-mail address provided on Page 2 for referring Marketplace consumers who need to transition to HRA.

As previously described in our June 11, 2014 Alert, consumers who have their Medicaid coverage through the New York State of Health (the Marketplace) and who require certain services, must have their case transitioned to WMS (and administered by HRA) in order to receive those services. Those services are:

- Managed Long Term Care
- HIV SNP enrollment
- 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 care
- All Medicaid consumers (fee for service or managed care) who need long term (permanent placement) nursing care
- Adults or children in need of waiver services
- Consumers residing in a congregate care facility

The New York State Department of Health (SDOH) has developed a method to transition consumers needing enrollment into either a Managed Long Term Care plan or an HIV SNP without the submission of a Medicaid application (DOH - 4220) to HRA. In these situations, SDOH staff sends an electronic file with the necessary consumer demographics to HRA and a WMS case is established for that consumer. The consumer is then given current month plus four months future coverage on WMS and is sent a renewal package for completion/submission in order to be evaluated for continuing coverage.

With this change, the best way to assist a consumer with a active Medicaid coverage on the Marketplace who needs MLTC or HIV SNP enrollment is to send an e-mail with the client's information (complete name, social security number or CIN and description of the service the consumer needs which requires a transfer to HRA in a password protected file) to: hxfacility@health.ny.gov

At this time, consumers whose Medicaid coverage needs to be transitioned from the Marketplace to WMS for any of the other services noted above must continue to submit a DOH-4220 and Supplement A for adults to HRA. Please see the procedures outlined in our June 11, 2014 Alert for further details.

SDOH staff is currently working on extending the above easement to additional service categories. As new easements become available, new ALERTS will be released.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

COPY OF ORIGINAL HRA ALERT June 11, 2014 Attached – titled “*Consumers whose Medicaid Coverage on the NYSOH Marketplace Whose Coverage Must be Transitioned to WMS.*” This Alert was amended by the March 10, 2015 Alert, using a slightly different title.

HRA FORM MAP-3084 is also attached. A Sample copy of this form was attached to the original HRA Alert June 11, 2014.

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.

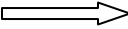
The application/applications listed below and detailed on the also attached case transmittal (check one)

<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	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) ⇨	<input type="checkbox"/> DAB	<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	Marketplace Transition Case. Consumer has Medicaid coverage on Marketplace Case with CIN _____. The case needs to be transitioned to MAP because of a: <input type="checkbox"/> Life event (specify) _____ <input type="checkbox"/> Special services need (specify) _____
H	Other (specify) _____ _____