



NYC MEDICAID FACTS ALERT

*Medical Insurance and Community Services
Administration (MICSA)*

August, September and October 2009

Transitional Medical Assistance

As a result of the passage of the American Recovery and Reinvestment Act of 2009, recipients of Transitional Medical Assistance (TMA) will **no longer require** determination of continuing TMA eligibility at four (4) and six (6) months. Effective July 1, 2009, households that meet the TMA requirements will be authorized for coverage for twelve (12) months, rather than 6 months, of transitional Medicaid. The comparison to 185% of the Federal Poverty Level has been eliminated. **The other requirements for TMA eligibility remain the same.**

CBIC Cards/Sequence Numbers

The project to randomly assign sequence numbers on the New York State Benefit Card (CBIC) is in effect. A date and time stamp is now included on new and replacement CBIC cards. The date and time will help consumers and providers identify the most recently issued card.

New York State Benefit (CBIC) Cards' sequence numbers from the Medical Assistance Program (MAP) are only to be given to providers when the consumer is present at the provider's office **and** has given the provider permission to request it. They can always be released directly to any consumer once s/he has presented proper identification or identity has been appropriately verified over the telephone.

Note: Consumers are required to present their CBIC Card when accessing Medicaid covered services, supplies and care.

Completion of the Medical Report for Determination of Disability, LDSS-486T

Client Rep, Hospital Staff, and Community Based Organizations are reminded of the process when completing the LDSS-486T:

Only pages 1 and 2 must be completed in their **entirety** by all providers;

Subsequent pages must be completed **only** on the basis of impairment;

Disability Interview form, LDSS-1151, **must always** accompany the LDSS-486T.

- If the disability claim is AIDS related, then the **AIDS or AIDS Related Complex Medical Report, MAP-252F** must be submitted along with the LDSS-486T and LDSS1151.

NYC Medicaid Alerts are a Periodic Service of the NYC Human Resources Administration
Medical Assistance Program • Office of Eligibility Information Services • 330 West 34th Street, New York, NY 10001
Robert Doar, Administrator/Commissioner • Mary Harper, Executive Deputy Commissioner • Maria Ortiz-Quezada, Director of EIS

Medicaid/Medicare Screening

All consumers in receipt of Medicare, who apply for Medicaid, must be screened for the Medicare Savings Program (MSP). Client Rep, Community Based Organizations must discuss the different MSP options QMB; SLMB; QI1 and the possible consequences of joining MSP. (If applicable: public housing rent increase, food stamps decrease).

New Restriction/Exception Code 23 Replaces State/Federal Charge Code for OMH HCBS Waiver for Children and Adolescents with Serious Emotional Disturbance

Effective immediately, the local share for the of Office of Mental Health (OMH) Home and Community Based Services (HCBS) Waiver for children will be removed/reinstated through the use of a **new** Restriction/Exception (R/E) Code 23.

OMH staff will be responsible for adding code 23 to the R/E subsystem whenever a child is admitted to the OMH Wavier and to "end date" it when the child is discharged. MAP staff will **no longer** be required to data enter or remove State/Federal Charge Codes 23/37.

COBRA Premiums and Family Health Plus Premium Assistance Program

Effective immediately, COBRA premiums are to be paid under the Family Health Plus Premium Assistance Program (FHP-PAP) for FHPlus eligible consumers when their health insurance meets the standard benefit package and passes the FHP-PAP cost effectiveness test in accordance with 08 OHIP/ADM-01, "Family Health Plus Premium Assistance Program".

Withdrawal of GHI HMO Select

As of November 1, 2009, GHI HMO Select withdrew from the Medicaid program as both a health care service provider and as a Facilitated Enroller. GHI continues to participate in the Medicaid Advantage for dual eligible (Medicaid/Medicare) plan.