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Medical Insurance and Community Services Administration (MICSA)  
Medical Assistance Program (MAP)**

## Overview of Upcoming Changes Affordable Care Act (ACA) Implementation

Application Submissions to Medicaid HRA  
December 2013  
Submission as of January 2014

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### TODAY'S AGENDA

Affordable Care Act/ACA Exchanges/Financial A. / Mandate

- Ⓢ New York State of Health Exchange
- Ⓢ Cases Identifiers
- Ⓢ Certified Application Counselors
- Ⓢ MAGI/non-MAGI
- Ⓢ Family Health Plus
- Ⓢ January 2014
- Ⓢ Representatives/Authorize/non Authorized
- Ⓢ Unit specific submissions
- Ⓢ Retro Coverage
- Ⓢ Renewals
- Ⓢ Undercare actions
- Ⓢ Hospitals Inpatient
- Ⓢ New York State contacts

## AFFORDABLE CARE ACT (ACA)

### ©What is the Affordable Care Act law?

The Affordable Care Act (ACA) is legislation passed in 2010, commonly known as ObamaCare.

It's goal is to greatly expand the number of Americans with health insurance coverage and to help reduce health care costs.

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## ACA - EXCHANGES

### ©One goal of the ACA is to make it easier to obtain health insurance.

✓The ACA creates Health Exchanges where individuals and small business can obtain health insurance coverage.

✓Individuals can apply on-line, by phone, by mail, or in person.

### ©New York State has created its own Health Exchange known as **New York State of Health**.

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## ACA - FINANCIAL ASSISTANCE

- ⊙ Effective, January 1, 2014, the ACA creates Insurance Affordability Products (IAPs)
  - ✓ Public Health Insurance
    - Medicaid
      - In NY and many states, expanded to 138% of FPL (this level is only available to applicants via the exchange)
    - Child Health Plus
  - ✓ Subsidized Private Health Insurance
    - Subsidies available up to 400% of the federal poverty level (FPL)
    - Additional private insurance cost-sharing assistance for individuals earning less than 250% FPL

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## FINANCIAL ASSISTANCE

- ⊙ Insurance Affordability Products
  - ✓ In order to better align eligibility determinations across public health insurance and subsidized private health insurance, a new eligibility methodology - modified adjusted gross income (MAGI) was created.
    - MAGI based income largely follows IRS rules (e.g. child support not counted as income) and household definitions
    - MAGI based income eliminates individual disregards, replacing them with a standard 5% disregard

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## NON-MAGI

- ⊙ Some Medicaid populations (non-MAGI) will continue to have their eligibility determined using current rules. Primarily these are:
  - ✓ Disabled (if beneficial), Aged, and Blind (DAB)  
*non-med:cal, under 65.*
  - ✓ Categorically eligible clients (TANF, SSI, Foster Care)
  - ✓ Surplus clients
  - ✓ Dual Eligible clients (unless parents or caretaker relatives)

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## HEALTH INSURANCE MANDATE

- ⊙ Most Americans will be required to have health insurance (“the mandate”).
  - ✓ Beginning January 1, 2014, Americans who can afford coverage will be required to purchase health insurance or pay a tax penalty.
    - Insurers will be required to accept all individuals regardless of pre-existing conditions. This means even seriously ill can buy coverage.
    - Can’t do this without requiring everyone to have health insurance.

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## HEALTH INSURANCE MANDATE

### ⊙ Exemptions

- ✓ People who have insurance through an employer, buy individual coverage, or have public health insurance → *final number TBD*
- ✓ People who would have to spend more than 8%\* of their household income on the cheapest qualifying health insurance plan
- ✓ Undocumented immigrants *Exemption or exclusion? only get emergency medicaid*

### ⊙ Penalties

- ✓ In 2014, the penalty will be \$95 a year up to 1% of income, whichever is greater.
- ✓ In 2016, it rises to \$695 per individuals or 2.5% of income.

\* Pending verification from the State

## NEW YORK STATE OF HEALTH EXCHANGE

New York State Health Insurance Exchange,  
named New York State of Health opened  
October 1, 2013

## NEW YORK STATE OF HEALTH

- ◎ What is the New York State of Health?
  - ✓ It is a New York State-run organization that contracts with insurance companies to offer health insurance to individuals and small business.
  - ✓ It is federally approved to offer federal tax credits to lower health insurance costs.
  - ✓ Many consumers can also get **Medicaid and Child Health Plus** through this Marketplace.

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## NEW YORK STATE OF HEALTH

- ◎ While the New York State of Health opened October 1, 2013 --- coverage through the New York State Health does not start until January 1, 2014.
- ◎ All consumers needing Medicaid coverage in 2013 must continue to **apply through HRA**, using the current process.
- ◎ Consumers who apply for Medicaid through the Exchange, but indicate they need help with retroactive medical bills in 2013 will be referred to HRA.

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No retro coverage through exchange.

## NEW YORK STATE OF HEALTH

- ⊙ The Medicaid rules used by the Exchange are very different than those currently in place in HRA.
  - ✓ Therefore HRA will register the cases referred to us by the Exchange, and automatically defer them for completion of the DOH 4220 (Medicaid application), including documentation.
  - ✓ A letter accompanies these deferrals advising the consumers that either they did not qualify to apply via the exchange (e.g. they are over income or non-MAGI), or they requested assistance with retro bills.
  - ✓ The date the consumer submitted their application to the Exchange will be maintained as the application date used by HRA.

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letter from HRA sent to cl. ent w/ deferral  
 Letter received is confusing  
 may get more than one app → possibility of multiple referrals

## NEW YORK STATE OF HEALTH

- ⊙ The New York State of Health (NYSOH) will issue CINs to its Medicaid clients when they are accepted for Medicaid coverage.
- ⊙ The first NYS of Health CINs will be issued in early December for coverage effective 1/1/14.
- ⊙ This coverage will be viewable in eMedNY/Epaces only **not** in the local district Welfare Management System (WMS).

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HRA covers retro until April of next year. exchange only covers prospective cover for next few months. 7

## E-PACES/EMED/NY IDENTIFIERS

code 78 will mean HRA can't see case.

⊙ Below are the systems identifiers based on where the case resides:

- District 78 is the identifier for Exchange cases <sup>→ contact State</sup>
- NYC cases are District 66 - HRA
- OMH cases are District 97
- OPWDD cases are District 98
- State Cancer Programs cases are District 99

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## E-PACES AND EMED/NY

- ⊙ Since newly accepted MAGI cases (October and beyond) will not reside in the Welfare Management System (WMS) but in the State software e-paces or eMedNY; all entities that have the capability to either purchase or obtain access to NYS software should do so.
- ⊙ We the local district will not be able to assist providers in checking exchange cases.

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-CIN will not indicate where case resides → need to know where it's from.  
NYC CINs will remain the same.



## NEW YORK STATE OF HEALTH

- ⊙ Consumers needing help with applying through the Exchange can call the NY State of Health or go to a Navigator or a Certified Application Counselor (CAC).
- ⊙ Navigators are contracted with New York State to provide in-person assistance and replace community based facilitated enrollers.
- ⊙ Other entities can be trained to be Certified Application Counselors and will also assist clients. These entities are not paid.
- ⊙ To find a navigator or CAC consumers can call the NY State of Health or go to their web-site.  
website: [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

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## CERTIFIED APPLICATION COUNSELORS

- ⊙ HRA is having some staff trained as Certified Application Counselors.
- ⊙ Starting 1/2/14, they will be available at:
  - ✓ Bronx CASA - 530 West 135<sup>th</sup> Street, 2<sup>nd</sup> FL., <sup>New York</sup> Bronx, NY (Bronx Casa in NY) - temp relocation
  - ✓ Chinatown Medicaid Office - 115 Chrystie Street, 5<sup>th</sup> FL., NY, NY
  - ✓ Coney Island Medicaid Office - 3050 W. 21<sup>st</sup> Street, 3<sup>rd</sup> FL., Brooklyn, NY
  - ✓ Queens Medicaid Office - 45-12 32<sup>nd</sup> Place, 1<sup>st</sup> FL., L.I.C., NY
  - ✓ Staten Island Medicaid Office - 215 Bay St., Ground FL., Staten Island, NY
  - ✓ Brooklyn South - 785 Atlantic Avenue, 4<sup>th</sup> fl., Brooklyn, NY
  - ✓ Boerum Hill Medicaid Office - 35 4<sup>th</sup> Avenue, Ground FL., Brooklyn, NY

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HRA cannot  
 take MAGI  
 after Jan 1  
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HRA cannot  
 take MAGI  
 after Jan 1

## JANUARY 1, 2014

- ⊙ Effective January 1, 2014, new consumers seeking Medicaid coverage whose income will be determined using MAGI rules must apply through the NYS Exchange.
- ⊙ Those whose income is determined using non- MAGI rules will continue to apply through HRA via current avenues:
  - ✓ Authorized Client Rep
  - ✓ Hospitals
  - ✓ Community Based Organizations
  - ✓ Local Medicaid offices
  - ✓ Via mail, Initial Eligibility Unit (consumers only)

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## MAGI/NON-MAGI

### NY State of Health

- ⊙ Pregnant women
- ⊙ Parents/care takers relatives (any age)
- ⊙ Children under 19 years old
- ⊙ Children 19-20 full time students
- ⊙ Children 19 or 20 living with parents
- ⊙ Adults 19-64
- ⊙ 19-20 yr old living alone
- ⊙ People seeking Medicaid coverage for treatment of a medical emergency condition

### HRA (Non- MAGI)

- ⊙ People 65 years old and over
- ⊙ SSI related (blind or disabled if beneficial) Medically needy
- ⊙ ADC related medically needy
- ⊙ Foster Care children under 26
- ⊙ Medicaid Buy-In for Working People with Disabilities (MBI-WPD)
- ⊙ Medicaid-Medicare Eligible
- ⊙ Medicare Savings Program (MSP)
- ⊙ Waiver Adults and Children
- ⊙ Disabled Adult Children
- ⊙ Special Shelter Allowance (Congregate Care ) OMH/Community Residences
- ⊙ Aids Health Insurance Program(AHIP)

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Presumptive eligibility will be sent to HRA.

## MAGI INCOME LEVELS

CATEGORY	2014 LEVELS
Pregnant/Presumptive Women	< 223% FPL
Infants	< 223% FPL
Child 1-5	< 154% FPL
Child 6-18	< 110% FPL
Child 6-8	> 110% < 154% FPL
Parents/Caretaker Relatives	< 138% FPL
19 & 20 year olds living w/parents	< 138% < 155% FPL
S/CC & 19 & 20 year olds living alone	< 100% FPL
S/CC & 19 & 20 year olds living alone	> 100% < 138% FPL
Family Planning Benefit Program	< 223% FPL

**Note:** The FPLs include the 5% disregard where applicable.

## FAMILY HEALTH PLUS

- ⊙ No new applications will be accepted for Family Health Plus effective 1/1/14.
- ⊙ Singles and Childless couples who are currently on Family Health Plus will have their coverage automatically converted to Medicaid managed care effective 1/1/14. They will be sent a CBIC card if they do not have one already. *↳ can request new Card through infol.nc.*
- ⊙ Parents on Family Health Plus will be renewed onto Medicaid beginning with authorization from dates of 4/1/14 onward.
- ⊙ No Family Health Plus case authorization can go beyond 12/31/14.

## JANUARY 1, 2014

- ⊙ Applications submitted to HRA that should have gone to the Exchange (MAGI consumers) will be registered in WMS and then rejected by HRA and referred to the Exchange. *→ paper referral.*
- ⊙ A copy of the application will be forwarded to the Exchange and the application date will be preserved.
  - ✓ HH8 is the case level rejection/referral code
  - ✓ HH9 is the line level rejection/referral code
- ⊙ HRA will continue to renew , recertify current MAGI consumers until the Exchange is prepared to accept them. This is currently expected to occur in late 2014/early 2015.

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## APPLICATION SUBMISSIONS

- ⊙ NYC HRA Medicaid will accept all Medicaid applications with application signature dates of 12/31/13 and earlier.
- ⊙ Beginning with applications signed 1/1/14 almost all MAGI consumers must apply at the Exchange.

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## CLIENT REPRESENTATIVES AND OTHER AGENCIES

- ⦿ Client Representatives and other agencies are expected to do the following:
  - ✓ Pre-screen new applicants to determine what category or group they fall under MAGI, Non-MAGI
  - ✓ Assist applicants in submitting the application to the correct place:
    - MAGI to Exchange NYS State of Health
    - Non-MAGI to the Medicaid Program or local district

Some agencies have already contacted NYS and are either authorized as Certified Application Counselors (CAC) or Navigators. NYC/HRA Medicaid has no jurisdiction on who gets approve to submit applications to NYS Exchange

[nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

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## AUTHORIZED CLIENT REPRESENTATIVES

- ⦿ Authorized Client Representatives can submit applications in bulk to the local district to a centralized location.
- ⦿ These authorized representative will continue to submit applications to the local district from January 1, 2014 and beyond. The applications should only be for Non-MAGI cases.
- ⦿ Manual submitters transmittal will be changed to reflect populations.
- ⦿ The rules are the same for EDITS submitters.

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## PROGRAMS ADMINISTERED AT THE LOCAL DISTRICT

- ⊙ Local districts will continue to administer the following programs even for MAGI consumers
- ⊙ Medicaid Separate Determination Cases *-stenson or PA rejection.*
- ⊙ Presumptive eligibility for pregnant women and children *↳ presumptive from providers.*
- ⊙ Foster Care Cases
- ⊙ Nursing Home Cases
- ⊙ Managed Long Term Care cases (submitted by MLTC plans)
- ⊙ Supportive/Specialized Housing (HIV/Aids related)

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## NON AUTHORIZED CLIENT REP

- ⊙ There are many entities that assist consumers in completing applications for Medicaid and in completing Medicaid renewals.
- ⊙ These entities may accompany the consumer to an office but are not authorized by the program to submit applications in bulk.

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## APPLICATIONS THROUGH FEAU

- ⦿ All applications from Facilitated Enrollers are for MAGI consumers. *FEs not authorized for OABs*
- ⦿ Applications from Facilitated Enrollers with signature dates of 12/31/13 and earlier will continue to be accepted.
- ⦿ Because FEs are required to submit all applications within 15 business days, these applications will only be accepted up to 1/23/14.

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## APPLICATION FOR PREGNANT WOMEN VIA PCAP/ AND CHILDREN FROM QUALIFIED ENTITIES

- ⦿ The Local district Medical Assistance program(MAP) will continue to accept and process Presumptive cases (from providers) for pregnant women and children.
- ⦿ Other applications for pregnant women and children **(unless for surplus coverage, or those including a presumptive eligibility screening form)** must be submitted through the Exchange beginning with application dates of 1/1/14.

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### APPLICATIONS FOR MEDICARE SAVINGS PROGRAM FROM AUTHORIZED AGENCIES

- ⊙ Cases for the Medicare Savings Program will continue to be accepted from authorized Agencies in bulk.
- ⊙ Consumers applying for the MSP program only on their own, can submit their application via these agencies or can mail a one page application to the:

Initial Eligibility Unit *not a rep unit*  
Medical Assistance Program  
PO Box 24390  
Brooklyn NY 11002-9814

The Unit is for consumers only if representative send bulk applications they will not be able to obtain status or contact a liaison

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### CASES FROM MANAGED LONG TERM CARE (MLTC) PROVIDERS

- ⊙ Cases submitted by Managed Long Term Care providers will continue to be submitted to the MLTC unit at 785 Atlantic Avenue. That unit has a provider relations liaison.
- ⊙ MLTC cases are now eligible for Spousal Impoverishment budgeting.

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## RETRO COVERAGE

- ⊙ The Exchange will not start issuing retro coverage for Medicaid consumers until 4/1/14.
- ⊙ Up until 4/1/14, applicants to the Exchange who indicate they need assistance with past bills will be referred to the Local District.
- ⊙ Assuming the client is found eligible for Medicaid coverage, HRA staff will put up the 3 month retro coverage (or authorization if bills are not submitted), ending the day before the Exchange coverage takes effect. The client's notice will indicate the period of coverage/authorization.
- ⊙ Hospital inpatient submissions needing retro coverage will follow a separate process and can come directly to HRA.

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## AUTHORIZED RENEWAL SUBMITTERS

- ⊙ Authorized Renewal submitters may continue to submit renewals in bulk for **MAGI populations**.
- ⊙ Agencies are reminded that to submit renewals in bulk to the office of mail renewal the agency must be an authorized agency. The renewal cases have to be submitted by the **respond by date** and up to 5 days after.
- ⊙ Agencies that are not authorized submitters must go on the consumers line with one case at a time (the rep. should also have authorization form the consumer to submit renewal)

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## RENEWAL/ RECERTIFICATION CONT'

- ◎ MAGI Consumers who seek to reapply within 30 days of case closing will have the option to submit an application to the Medicaid local district program or to the Exchange.
- ◎ If a MAGI consumer's case has been closed more than 30 days, they must apply through the Exchange

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## NON-MAGI RENEWALS/ RECERTIFICATION

- ◎ Renewals for the NON-MAGI populations should continue to be submitted to HRA using normal processes.

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## UNDERCARE ACTIONS

- ⊙ Undercare actions in cases processed by the Exchange(district 78) will have to go to the exchange for example:
  - benefit ID card request (after 12/9 Exchange cases will have Cin numbers)
  - Change of address

Undercare action on cases under NYC district 66 should be submitted to our Undercare Unit (Authorized Agencies)

- Reception area consumer's line (non Authorized Agencies)

*If app resides w/ HRA, TRA deals w/ undercare actions*

## CONTACTING NY STATE OF HEALTH

- ⊙ Any questions about health plans, financial assistance, or questions about NY State Health call the Customer Service Representative @ 855-355-5777.
- ⊙ Customer Service hours of operation are:
  - Monday - Friday
  - 8am-5pm
- ⊙ Mailing Address:
  - New York State of Health
  - Corning Tower
  - Empire State Plaza
  - Albany, NY 12237

