NEW YORK STATE OF OPPORTUNITY. Department of Health

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LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 18 OHIP/LCM-03

Date: 12/7/18

Division: Office of Health Insurance Programs

TO: Local District Commissioners

SUBJECT: Transitioning New York City MAGI Consumers from WMS to NY State of Health

ATTACHMENTS:

Attachment I - Reason Code 716 (MAGI Individual Transition Medicaid to NY State of Health)
Attachment II - T65 (NY State of Health Invitation Notice Example)
Attachment III - Reason Code 626 (MAGI Fail Renew NYSOH Coverage)
Attachment IV - Reason Code 651 (Discontinue MA Fail to Renew Coverage on NYSOH Multiple Matches and Temporary Accounts)
Attachment V - Reason Code 652 (Discontinue MA Fail to Renew Coverage on NYSOH Matched Accounts

The purpose of this Local Commissioners Memorandum (LCM) is to inform local departments of social services (LDSS) of the transition of certain individuals residing in New York City (NYC), who are eligible under a Modified Adjusted Gross Income (MAGI) eligibility group, from the Welfare Management System (WMS) to NY State of Health.

Since January 1, 2014, eligibility for most Medicaid applicants in a MAGI eligibility group is determined through NY State of Health, with certain exceptions. Medicaid recipients whose eligibility was determined prior to January 1, 2014, have remained in WMS and have been maintained by the local district until they could transition to NY State of Health. The transition of cases to NY State of Health has been occurring in phases. The transition of MAGI enrollees to NY State of Health started with counties that used the Enrollment Center to process their renewals. Approximately one-half of the Enrollment Center population started the transition in July 2016 and the remaining half began to transition in August 2016. The non-Enrollment Center counties, including Nassau and Suffolk, began transitioning in March 2018.

NYC Transition Schedule

Due to the large number of MAGI consumers in NYC, the transition to NY State of Health will occur in phases. The first group to transition, which began in June 2018, includes single individuals and childless couples who are eligible for Medicaid due to continuous coverage or lose eligibility for Temporary Assistance (TA) and require a separate Medicaid eligibility determination (Rosenberg cases). The selection criteria include MAGI individuals closed from TA/Medicaid and Medicaid-only, who are systematically granted a Medicaid extension because an evaluation of Medicaid eligibility is needed. The next phase of the transition is planned for February 2019, and will include MAGI Medicaid-only renewals in the borough of Manhattan. The transition will exclude cases with pregnant women, unborn children, children less than nine months of age, individuals turning age 21, and individuals over 64 years of age and one month.

Transition Overview

The following groups of MAGI eligible recipients will remain on WMS:

- Former TA/Medicaid and Medicaid-only cases that include families who require a separate Medicaid eligibility determination;
- MAGI individuals receiving benefits under the Medicare Savings Program;
- Individuals who are 64 years of age and not a parent or caretaker relative;
- Individuals enrolled in the Family Planning Benefit Program (FPBP) without other household members on their case; and
- Individuals who need care and services that can only currently be provided through WMS and the local district.

The MAGI transition in NYC will use a process like the process used to transition consumers to the Essential Plan, and the process used to transition upstate MAGI recipients to NY State of Health. These procedures are outlined in 16 ADM-01 "Transition Essential Plan Consumers from WMS to NY State of Health" and 16 LCM-01 "Transitioning MAGI Consumers from WMS to NY State of Health." Certain changes are outlined below.

The Department will apply the selection criteria to identify MAGI individuals who will transition to NY State of Health. An electronic file is created for selected individuals, including the individuals' demographic information, managed care plan enrollment information and satisfied verifications from WMS, such as U. S. citizenship or immigration status, and Social Security Number (SSN). The electronic file is sent to NY State of Health daily.

To assist individuals in their transition, NY State of Health will create a shell account for most individuals using the information on the electronic file from WMS. The consumer data from WMS will not have to be re-verified when the individual transitions to NY State of Health. NYC will send a "Notice of Recertification for Medicaid" (see Attachment I for an example) informing identified individuals that continued eligibility for Medicaid coverage must be determined through NY State of Health. The notice includes the date coverage will end through the New York City Human Resources Administration (HRA). The notice explains that the consumer will receive a letter from NY State of Health telling the individual that an account has been created in NY State of Health and how to access the account. Contact information for NY State of Health is provided if the consumer needs help accessing the account. NY State of Health will send a letter approximately 55 days before the WMS end date, or sooner, for consumers with shorter authorization periods (refer to Attachment II for an example).

It is the consumer's responsibility to complete his/her renewal by the date specified in the NY State of Health letter. This can be done online using the invitation code in the letter, with a Navigator or Certified Application Counselor, or by contacting the NY State of Health Customer Service Center, at (855) 355-5777.

NY State of Health will track whether the transitioned individuals from NYC complete their renewal by the due date. Consumers who fail to renew by the due date will be sent a WMS closing notice with appeals rights. Please see selection criteria section of this letter below for further information concerning discontinuance notices.

Selection Criteria

Single individuals and childless couples will be selected for transition when their TA/Medicaid or Medicaid-only case closes and a separate determination must be made for Medicaid eligibility. Individuals will be selected based on a closed case type (11 FA, 12 SN-FP, 16 SN-CSH, 17 SN-FNP, 20 MA) and individual category code (09 or 93).

New WMS reason codes and notice language have been created to inform the identified individuals of the requirement to renew through NY State of Health.

- Reason Code 716 (MAGI Individual Transition Medicaid to NY State of Health) has been created to inform those identified of the renewal process.

- New Reason Code 626 (MAGI Fail Renew NYSOH Coverage, Attachment III) has been created to inform identified individuals that their Medicaid coverage is discontinued because they failed to renew on their NY State of Health shell account by the due date.

- New Reason Code 651 (Discontinue MA Fail to Renew Coverage on NYSOH Multiple Matches and Temporary Accounts, Attachment IV) has been created to inform identified individuals that their Medicaid coverage is discontinued because they failed to renew on their NY State of Health account by the due date. These individuals do not have shell accounts, rather there were potential matches to an existing NY State of Health accounts or they were matched to multiple existing accounts when transitioned.

- New Reason Code 652 (Discontinue MA Fail to Renew Coverage on NYSOH Matched Accounts, Attachment V) has been created to inform identified individuals that their Medicaid coverage is discontinued because they failed to renew on their NY State of Health account by the due date. These individuals do not have shell accounts, rather they were matched to an existing NY State of Health when transitioned.

Fair Hearing/Appeals Rights

The closing notice (closing Reason Code 626, 651, 652) will direct individuals to contact NY State of Health if they disagree with the decision and want to request an appeal. If an appeal is requested with Aid to Continue, the coverage to support the Aid to Continue will be authorized by DOH Downstate Eligibility Systems staff on WMS. The Department will be responsible for preparing for the appeal. The outcome of the appeal will be communicated to the DOH Downstate Eligibility Systems staff for appropriate action.

Note: Individuals, who report a change to HRA after the individual's case has been pulled for transition, should be advised to update information on their NY State of Health account or contact the customer service center at NY State of Health. Address changes should be reported to the Customer Service Center to ensure individuals receive important information from NY State of Health.

Any questions regarding this LCM should be directed to your local district Medicaid liaison at (518) 474-8887 for upstate counties, and (212) 417-4500 in NYC.

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