



NYC MEDICAID FACTS ALERT

*Medical Insurance and Community Services
Administration (MICSA)*

November, December 2009 and January 2010

2010 SSI, LIF/SCC Medicaid Standard and Medicaid Income and Resource Levels

Effective **January 1, 2010**, Medicaid eligibility must be determined using the following income and resource levels in the chart below:

Household Size	Medicaid Standard S/CC – LIF		Medically Needy Income Level		Resources
	Annual	Monthly	Annual	Monthly	
1	8,479	707	9,200	767	13,800
2	10,584	883	13,400	1,117	20,100
3	12,593	1,050	15,410	1,285	23,115
4	14,622	1,219	17,420	1,452	26,130
5	16,719	1,394	19,430	1,620	29,145
6	18,253	1,522	21,440	1,787	32,160
7	19,869	1,656	23,450	1,955	35,175
8	21,943	1,829	25,460	2,122	38,190
EACH ADD'L PERSON		99	2,010	168	3,015

The Medically Needy Income and Resources Levels have not increased and will remain the same as in 2009. However, there has been a slight increase in the Medical Income Standard used for Singles/Childless Couples and Low Income Families, as reflected in the chart.

Cost of Living Adjustment (COLA)

There will be **no** cost of living adjustment (COLA) for Social Security and Supplemental Security Income recipients this year. Social Security and SSI benefits will remain the same for 2010. Medicare Part B premiums will be increased to \$110/monthly for newly accepted Medicare Part B beneficiaries. Those already in Part B will continue to pay \$96.40. If a consumer is currently on the MSP and their case closes their part b premium will be increased to \$110.00

CBIC Card Replacement for Cases in "CL" (closed) Status

A replacement CBIC card may be issued to any consumer with active coverage, even if her/his case is in closed status but only if the closed case has extended Medicaid coverage.

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

Gender-Specific Birth Certificates

Consumer's can only change their sex if s/he can present a birth certificate documenting that sex.

Trans-gender consumers, who were born in New York City and **have had convertive surgery**, may obtain a replacement birth certificate from the New York City Department of Health and Mental Hygiene (NYC DOHMH), reflecting their acquired sex. This policy became effective on December 5, 2006.

- Trans-gender consumers, who were born in New York State, but outside of New York City, must apply for a corrected birth certificate with Vital Records in Albany.
- Trans-gender consumers, who were born in another State, must apply for a corrective birth certificate in the State that they were born.

For further details, see the NYC DOHMH Press Release that announced this new policy. It is located at: <http://www.nyc.gov/html/doh/html/pr2006/pr115-06.shtml>

Medicare Improvement for Patients and Providers Act (MIPPA) of 2008

Effective January 1, 2010, the Medicare Improvement for Patients and Providers Act (MIPPA) will allow a consumer's application for the Medicare Part D Low Income Subsidy (LIS) Program through the Social Security Administration (SSA) to also be used for the purpose of applying for benefits under the Medicare Savings Program (MSP) (unless the consumer request it not be used). The information will be sent from Social Security Administration directly to New York State. This request will enable the automatic establishment of a Medicare Savings Program (MSP) case for eligible consumers.

The Low Income Subsidy (LIS) is a benefit program to help income eligible consumers pay for drug expenses associated with their Medicare Part D benefits.

Medicare Savings Program Consumers and Pooled Trusts

Income placed in a Pooled Trust **must** be disregarded when evaluating the consumer for the Medicare Savings Program (MSP), similar to the way it is disregarded when completing an evaluation for Medicaid.

Neighborhood Health Providers (NHP) Medicare/ Medicaid Plan

Effective January 1, 2010, Neighborhood Health Providers (NHP), will **no longer participate** in the **Medicare/Medicaid Dual Eligibility Program**. There will be no new enrollments processed for NHP Medicare Advantage program.

If such a request for enrollment is received, the request should be forward to Medicaid Choice 1800 505-5678 MAXIMUS for follow-up.

The plan still participates as a Medicaid/FHP and CHP programs.

Prenatal Care Assistance Program (PCAP) and Applying Minors

Pregnant minors may apply for the Prenatal Care Assistance Program (PCAP) **without** the consent of their parents. Pregnant women, **including minors**, who participate in PCAP, may receive a wide range of services designed to ensure a healthy pregnancy (e.g. prenatal visits and health education). These services will continue until the end of the 60-day post partum period

When assisting a PCAP applicant please check to ensure that there is no other active MA case for that person. If there is an active case provide the applicant with her already active CIN in order for medical services to be accessed.