

MEDICAID ALERT

October 1, 2013

New York State Health Benefit Exchange, named
New York State of Health, Opens October 1, 2013

The New York State Health Benefit Exchange, named New York State of Health, will begin accepting applications for health insurance on October 1, 2013. NY State of Health is an organized marketplace designed to help people shop for and enroll in health insurance coverage. Consumers can apply for Medicaid, Child Health Plus, as well as financial assistance (through tax credits) for private health insurance through the Exchange. These applications can be completed on-line, by telephone, by mail, or in-person (through Navigators or Certified Application Counselors). The call center for the Exchange opened Monday, September 16, 2013.. The phone number is: 1-855-355-5777.

Health insurance coverage through New York State of Health, including Medicaid, cannot begin until January 1, 2014. **Therefore, all New York City consumers who need Medicaid coverage in 2013 should continue to apply through HRA through December 31, 2013.**

Effective January 1, 2014, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act of 2010 (ACA), requires states to make significant changes in their Medicaid programs. Among many other changes, it requires states to adopt a method for counting income of some consumers based on an applicant's Modified Adjusted Gross Income (MAGI) and expands Medicaid coverage for a new adult group to 138% of the federal poverty level (including an automatic 5% disregard to income). Thus beginning January 1, 2014, the Medicaid program will be divided in two groups: those who have their eligibility determined using the new modified adjusted gross income rules (MAGI) and non-MAGI consumers who will continue to have their eligibility determined under the current rules.

The attached chart provides additional details regarding those whose eligibility must be determined using MAGI rules and those whose eligibility will be determined using non MAGI rules. In general, consumers who are disabled, aged, or blind and those who are categorically eligible for Medicaid (cash assistance clients, SSI recipients, foster care children) are considered non-MAGI. Children (ages 0-18), single adults and childless couples ages 19-64, parents, and caretaker relatives are considered MAGI. Immigration status is not a factor in determining MAGI versus non MAGI consumers.

Consumers who apply for Medicaid coverage through New York State of Health in 2013 and indicate they need assistance with retroactive medical bills will be referred to HRA. Because the non-MAGI and MAGI rules are very different, HRA will not be able to use information supplied to the Exchange and will send these consumers a Medicaid application (DOH 4220, including Supplement A) for completion. The date of application submission to the Exchange will be maintained as the application date by HRA for these applications.

Beginning January 1, 2014, consumers whose eligibility will be determined using the MAGI methodology must apply for Medicaid coverage through New York State of Health. Any applications for MAGI consumers sent to HRA after January 1, 2014, will be rejected and referred to the Exchange. Consumers who apply to the Exchange in January-March 2014, but need help with medical bills in 2013 will be referred to HRA.

Non-MAGI consumers must continue to apply for Medicaid through HRA using current Medicaid rules, processes and procedures.

Additional Alerts with more detailed information regarding these changes to the Medicaid program will be published in the coming months as details are finalized.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

MAGI and Non-MAGI Eligibility Groups

MAGI Eligibility Groups
<p>Pregnant Women Presumptive for Pregnant Women</p>
<p>Infants and Children under 19 Infants less than 1 year Child 1 – 5 years of age Child 6 – 18 years of age</p>
<p>New Adult Group Childless Adults, which include individuals that:</p> <ul style="list-style-type: none"> • are not pregnant • are Age 19 – 64 (19 & 20 living alone) • do not have Medicare • could be certified disabled but do not have Medicare yet
<p>Parents/Caretaker Relatives</p>
<p>19 & 20 Year Olds Living with Parents</p>
<p>Family Planning Benefit Program</p>
<p>Child in Foster Care (Chaffee) – administered in WMS</p>

Non-MAGI Eligibility Group
<p>SSI -SSI recipients -State Supplement only</p>
<p>SSI-related Medically Needy -Aged -Blind -Disabled</p>
<p>ADC-related Medically Needy -Under 21 years old -For reasons other than income, would meet the eligibility requirements of the Aid to Dependent Children program as it existed on the sixteenth day of July, 1996.</p>
<p>Foster Care (IV-E or Non-IV-E)</p>
<p>Medicaid Buy-In for Working People with Disabilities (Basic Group)</p>
<p>Medicaid Buy-In for Working People with Disabilities (Medical Improvement Group)</p>
<p>Medicaid Cancer Treatment Program (MCTP): Breast and Cervical (Not eligible for MCTP if Medicaid eligible with MAGI under 138% FPL)</p>
<p>Medicaid Cancer Treatment Program (MCTP):Colorectal and Prostate (Not eligible for MCTP if Medicaid eligible with MAGI under 138% FPL)</p>
<p>Individual under 26 years of age who was in Foster Care and in receipt of Medicaid on 18th birthday</p>
<p>Resident of Home for Adults run by LDSS, OMH Residential Care Centers/Community Residences</p>
<p>Medicare Saving Program Qualified Medicare Beneficiaries (QMB), Specified Low Income Beneficiaries (SLIMB), Qualified Individual (QI) and Qualified Working Disabled Individuals(QWDI)</p>
<p>Individuals applying for Cobra continuation of premium payments</p>
<p>Medicaid Continuation of Pickle, Widow and Widowers (Section 366 SSL) and DAC eligible individuals.</p>