

Medical Insurance and Community Services Administration (MICSA)

MEDICAID ALERT

MAP-3097, Request for Budgeting Recipients with Excess Income Who May Be MAGI Eligible

Providers, Community Based Organizations and Client Representatives are advised that they can assist a consumer to request conversion from Excess Income to MAGI-Like budgeting. This request must be submitted to the Medical Assistance Program's Undercare Processing Division, using MAP-3097.

Some Excess Income consumers may be eligible for Medicaid at higher monthly income levels using MAGI-like budgeting. In some instances, this could result in the elimination of the consumer's excess income (surplus) making him/her fully Medicaid eligible. While all eligible consumers will be re-evaluated for MAGI-like budgeting at renewal, some consumers may benefit from requesting an earlier re-evaluation.

Cases appropriate to receive MAGI like budgeting include those for consumers who are:

- Certified disabled individuals not yet in receipt of Medicare
- Parents, Caretaker Relative of a child under age 21 (even those on Medicare)

Consumers who are not eligible for MAGI-like budgeting include:

- Those 65 years old and older (unless a parent or caretaker relative)
- Those in receipt of Medicare (unless a parent or caretaker relative)

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

NYC Medicaid Alerts are a Periodic Service of the NYC Human Resources Administration
Medical Assistance Program• Office of Eligibility Information Services • 785 Atlantic Avenue Brooklyn, NY 11238
Steven Banks, Commissioner • Karen Lane, Executive Deputy Commissioner • Maria Ortiz-Quezada, Director of ElS

REQUEST FOR REBUDGETING RECIPIENTS WITH EXCESS INCOME WHO MAY BE MAGI ELIGIBLE



From:						
Name:			Organization:			
Telephor	ne:		Fax:			
Email:			Date:			
Client E	Demographics (HRA HIPAA release	e must be atta	ched with this form)			
Client's Name:			Client's DOB:			
Client's CIN:						
Client's Address:						
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Other Health Insurance:						
Check all boxes that apply. At least one of these must apply; otherwise recipient is not MAGI eligible.						
	Client is parent/caretaker relative		Client is disabled but not yet re	ceiving Medicare		
For MAP Use Only						
We have reviewed the re-budgeting request. The consumer has been determined to be:						
	Fully Medicaid eligible without a spenddown based upon allowable MAGI-like budgeting					
	Ineligible for MAGI-like budgeting because:					
Worker Name (Print) Worke		Worker Name	(Sign)	Date		

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From:						
Name:	Organization:					
Telephone:	Fax:	$\langle \lambda_{\perp} \rangle$				
Email:	Date:	<u> </u>				
Client Demographics (HRA HIPAA release must be attached with this form)						
Client's Name:	Client's DOB:					
Client's CIN:						
Client's Address:						
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Other Health Insurance:	,					
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