Reinstatement of Suspended Medicaid Coverage for Formerly Incarcerated Individuals

Individuals with active coverage on WMS who are incarcerated for 30 days or more have their Medicaid cases suspended. These cases are assigned a Coverage Code of 26, which allows only for the payment of inpatient hospitalizations off the grounds of the correctional facility. No other services are covered by Medicaid while cases are in this suspended status. Upon the former inmate’s release, active Medicaid coverage needs to be reinstated.

The reinstatement process relies on systemic matching of correctional facility release data. In a few instances, releases with coverage on WMS may appear at a Medicaid office prior to full coverage being automatically reinstated. In this scenario, consumers can have their coverage manually reinstated by visiting a Medicaid office and presenting a photo ID.

Alternatively, an employer, Community Based Organization, or provider can assist a consumer with the reinstatement process. This can be done by submitting the attached MAP-3103 Formerly Incarcerated Individual’s Reactivation Transmittal to the centralized incarcerated unit and including:

- A completed MAP-751e Authorization to Release Information
- A copy of the consumer’s photo identification and either:
  - a current paystub
  - OR
  - A signed statement from an employer, provider, community-based organization (such as a hospital or re-entry organization) indicating that the formerly incarcerated individual is now in the community.
If a consumer has incurred medical bills and needs a retroactive Medicaid reinstatement, proof of the release date (release papers or signed statement from probation or parole officer with the release date) is also required.

For consumers whose Medicaid coverage is on the New York State of Health (Marketplace), consumers should present their documentation to the Navigator/Certified Application Counselor who assisted with their application.
FORMERLY INCARCERATED INDIVIDUALS REACTIVATION TRANSMITTAL

FROM:
FACILITY NAME

ADDRESS

CITY  STATE  ZIP

TELEPHONE NUMBER  FAX NUMBER

TO:
Medical Assistance Program (MAP)
Incarcerated Unit - 5th Floor
785 Atlantic Avenue
Brooklyn, NY 11238
Fax Number: 718-636-7757

Please provide the MAP-751e, Authorization to Release Medical Information:

AND

• A copy of the consumer’s photo identification and
• A current paystub

OR

• A signed statement from employer, Navigator/Certified Application Counselor (CAC) or Community Based Organization or provider that formerly individual is now in the community.

TO BE COMPLETED BY FACILITY

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>CIN</th>
<th>RELEASE DATE*</th>
<th>RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Required for retro-reinstatement for medical bills)</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

*Proof of a release date is required if the consumer requests retro active reinstatement for medical bills incurred after their release date, while still in suspended status.

FACILITY (Print)  FACILITY (Sign)  DATE

INCARCERATED UNIT (Print)  INCARCERATED UNIT (Sign)  DATE