

MEDICAID ALERT

December 15, 2016

Temporary Non-Immigrants

The following ALERT is to advise Hospitals, Community Based organizations and Providers of instructions received from New York State in Administrative directive [16 MA-002, Changes in Medicaid Coverage for Temporary Non-Immigrants](#). These changes are effective immediately.

Temporary non-immigrants are individuals who are allowed to enter the United States temporarily for a specific purpose and for a specific period of time. They are commonly referred to as short-term visa holders (e.g., tourists, students and visitors for the purpose of business). MAP-3123, **Residency Review Worksheet** has been created for use in determining whether or not a Temporary Non-Immigrant has met the SDOH-defined residency requirement for full Medicaid evaluation.

Prior to this recent change in State policy, Temporary Non-Immigrants could only be evaluated for Treatment of Emergency Medical Condition (07 Coverage). However, based upon new policy, **these individuals may now be eligible for full Medicaid coverage if they have established residency.**

Effective immediately, as a condition of Medicaid eligibility, Temporary Non-Immigrants are required to complete and return the attached MAP-3123, along with any documentation required as a result of the responses that they provided. If an application for someone meeting this criteria is received without this form, staff will **defer applications and renewal applications for these non-immigrants who fail to complete MAP-3123.** At renewal, all consumers with 07 coverage will be deferred for completion of MAP-3123 to ensure that recipients who only have coverage for emergency services are given the opportunity complete the Residency Review Worksheet and be evaluated for additional coverage.

Consumers will be given 15 days to provide proof of residency pursuant to the answers they provided on the MAP-3123. If they fail to return the MAP-3123 in response to the deferral notice, the case will be denied or closed for failure to respond.

Consumers returning completed MAP-3123 forms with “No” responses to all questions will be deemed as failing the New York State Residency test and are eligible only for evaluation for Emergency Medicaid (07 Coverage).

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF