

MEDICAID ALERT

February 18, 2019

Transitioning of MAGI- Like Medicaid Cases from DSS/HRA Medicaid to NY State of Health Exchange

The purpose of this ALERT is to inform Providers, Client Representatives, Community Based Organizations (CBO's) and other entities of the transition of certain individuals residing in New York City, who are Medicaid eligible under Modified Adjusted Gross Income (MAGI or MAGI-Like) rules from Welfare Management System (WMS) to the NY State of Health Exchange.

Since January 1, 2014, eligibility for most MAGI Medicaid applicants is determined through NY State of Health, with certain exceptions. Medicaid consumers whose eligibility was determined prior to January 1, 2014, have remained in WMS until they could be transitioned to NY State of Health.

Due to the large number of MAGI consumers in NYC, the transition to NY State of Health will occur in phases. The first group of the transition, which began in June 2018, included single individuals and childless couples who were eligible for Medicaid due to continuous coverage or lost eligibility for Temporary Assistance (TA) and required a separate Medicaid determination (Rosenberg cases). The next phase of the transition is planned for April 2019, and will include MAGI Medicaid-only renewals in the borough of Manhattan. The transition will exclude cases with pregnant women, unborn children, children less than nine months of age, individuals turning age 21, and individuals over 64 years of age and one month.

The following groups of MAGI recipients will remain on WMS:

- Former TA/Medicaid and Medicaid-only cases that include families who requires a separate Medicaid eligibility determination;
- MAGI individuals receiving benefits under the Medicare Savings Program;
- Individuals who are 64 years of age and are not a parents or caretaker relatives
- Individuals enrolled in the Family Planning Benefits without other household on their case; and
- Individuals who need care and services that can only be provided through WMS/HRA

NYS Department of Health will apply the criteria to identify MAGI individuals who will transition to NY State of Health. An electronic file is created for select individuals, including the client's demographic information, managed care plan enrollment and other verifications from WMS, such as US

citizenship or immigration status and social security number. The electronic file is sent to NY State of Health daily.

To assist individuals in their transition, NY State of Health will create an account using the information on the electronic file from WMS. The consumer data from WMS will not have to be re-verified when the client transitions to NY State of Health. WMS will send a “Notice of Recertification for Medicaid” informing identified clients that continued eligibility for Medicaid coverage must be determined through NY State of Health. The notice will include the date the coverage will end through WMS. The notice explains that the consumer will receive a letter from NY State of Health informing them that an account has been created in NY State of Health and how to access their account. NY State of Health will send a letter approximately 55 days before the WMS end date, or sooner for consumers with shorter authorization period.

It will be the consumer’s responsibility to complete his/her renewal by the date specified in the NY State of Health letter. This can be done online using the invitation code in the letter, with a Navigator or Certified Application Counselor, or by contacting the NY State of Health Customer Service Center at (855) 355-5777.

NY State of Health will track whether the transitioned individuals complete their renewal by the due date. Consumers who fail to renew by the due date, will be sent a WMS closing notice with appeals rights.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF