

The Return of Medicaid Renewals

July 18, 2023

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Matters

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Medicaid Matters New York

- Statewide advocacy coalition representing the interests of New Yorkers served by Medicaid and other public health insurance programs
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- Covering all aspects of Medicaid policymaking and budget making
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Agenda

- Background and terms
- COVID Medicaid protections
- Unwind / End of Medicaid extensions
- Unwind waivers
- Other significant public health insurance changes

Background and Terms

- **Medicaid:** Public health insurance for individuals with incomes up to 138% of the Federal Poverty Limit (FPL) who meet other eligibility criteria
- **Essential Plan:** Public health insurance for individuals with income from 139% to 200% of the FPL who meet other eligibility criteria, as well as certain immigrants up to 138% FPL
- **Child Health Plus:** Public health insurance for children under age 19; free for those under 223% FPL; subsidized for those under 400% FPL
- **New York State of Health (NYSOH):** State health exchange / marketplace, which administers coverage for Essential Plan, Child Health Plus, Qualified Health Plans (private plans that are sometimes subsidized), and most Medicaid recipients

Background and Terms

- **Modified Adjusted Gross Income (MAGI):** Budgeting method used for Medicaid eligibility for those with Medicaid administered by NYSOH (generally, those who are not receiving Medicare)
- **Non-MAGI:** Budgeting method used for those whose Medicaid is administered by Local Departments of Social Services (LDSS or local district) (generally, those who also have Medicare coverage – age 65+ or receiving Social Security Disability)
- **Medicare Savings Program (MSP):** State program that pays Medicare premiums and for some, additional Medicare cost-sharing for low-income individuals

COVID Medicaid Protections: Federal

- **Public Health Emergency (PHE): Declared January 31, 2020**
- **Families First Coronavirus Response Act (FFCRA), March 18, 2020:** In exchange for increased federal Medicaid funding, states could not:
 - ▶ Terminate Medicaid coverage for anyone receiving coverage March 18, 2020, or later
 - ▶ Apply eligibility standards that were any more restrictive than those in effect January 1, 2020

COVID Medicaid Protections: New York

- No one with Medicaid coverage on or after March 18, 2020 could lose that coverage during the PHE unless they moved out of state or voluntarily closed their case.
- Not necessary to recertify coverage. Throughout the PHE, Medicaid coverage was extended for a year at a time as enrollees would have ordinarily reached their coverage end date (everyone remained on the same recertification cycle that they were on before).

COVID Medicaid Protections: Applications

- Eligibility standards did not change during the PHE, but Medicaid applicants could attest to all eligibility factors except identity and citizenship/immigration status
- Proof of identity and citizenship/immigration status could be provided later if not submitted with application (90-day grace period)
- Those seeking community-based long term care services, who, under normal circumstances would have to provide proof of resources, could attest to resources during PHE

COVID Medicaid Protections: Other Temporary Changes

- Medicaid recipients who became eligible for Medicare were not transitioned to LDSS and maintained eligibility in mainstream Medicaid managed care plan
- Requirement to enroll in Medicare (or show proof of Medicare application) to maintain eligibility for Medicaid suspended
- Public Assistance (PA) and Supplemental Security Income (SSI) recipients have automatic Medicaid coverage. Such beneficiaries who lose their PA/SSI maintain their Medicaid until a separate Medicaid determination is made. During the PHE, LDSSs did not make separate determinations and kept Medicaid active

Other Programs: Eligibility and Enrollment Easements

- Essential Plan: Coverage extended with no need to recertify; no disenrollments during the PHE
- Child Health Plus: Coverage extended without need to recertify; no disenrollments for failure to pay premiums.

Unwind: What's at Stake

- January 2020: 6.1 million New Yorkers enrolled in Medicaid
- May 2023: 8.0 million New Yorkers enrolled in Medicaid

Including CHP and EP, more than 9 million New Yorkers must recertify coverage

- New enrollees have never recertified, and no one has needed to recertify in more than three years
- Some coverage loss has taken place throughout the PHE because of system errors and other problems; this type of error creates the potential for significant coverage loss during wind down.

End of Medicaid Extensions: Federal

- Consolidated Appropriations Act: December 29, 2022
 - ▶ Public Health Emergency de-linked from Medicaid extension
 - ▶ End of Medicaid continuous coverage scheduled for March 31, 2023
 - ▶ Continuation of enhanced federal funding through December 31, 2023 as long as states follow procedures for unwinding and recertifying coverage.
- Public Health Emergency ended May 11, 2023

End of Medicaid Extensions: New York

- New York delaying discontinuances as long as possible: first date of possible coverage loss was 7/1/23
- Regular application rules in effect as of 7/1/23
- Insert in recertification packets stating “Act Now!”

End of Medicaid Extensions: Recertification Timing

- Recertification / renewal cycles are divided throughout the year; approximately 1/12 of Medicaid recipients renew each month
- The last group that was automatically extended for one year has a coverage cycle of June 1 – May 31. Individuals in this group had coverage extended until May 31, 2024
- The first group that needs to recertify has a coverage period of July 1 – June 30.

End of Medicaid Extensions: Timing of Mailings

- The timing of mailings of recertification packets depends on who administers coverage:
 - ▶ New York State of Health: recertifications received by email in early May and by mail in mid-May
 - ▶ New York City LDSS (HRA): recertifications received by mail in March
 - ▶ Rest of state LDSS: recertifications received by mail in April

Unwind Waivers: SNAP

- Many non-MAGI individuals (Medicaid administered through LDSS) with active Supplemental Nutrition Assistance Program (SNAP / food stamps) cases will have their cases automatically extended
- Excludes certain populations including those with coverage through Medicaid Buy-In for Working People with Disabilities and MSP-only cases
- Individuals whose Medicaid cases are automatically recertified because they have an active SNAP case will receive a notice from the LDSS in the mail

Unwind Waivers: Rest of State

- Rest of state (outside of NYC) – local districts should auto-renew Medicaid for those with open SNAP cases
 - ▶ When cannot renew based on SNAP, and recertification not received, must attempt contact through at least two modalities before closing case
- For those not on SNAP, district must also attempt auto-renewal through existing Aged, Blind and Disabled (ABD) Auto Renewal Process
 - ▶ Only income Social Security income
 - ▶ Resources at or below 85% of the applicable Resource Limit on last recertification

Unwind Waivers: New York City

- In order to accommodate the new SNAP auto-renewal process, individuals in the first four recertification cycles (coverage ending June 30, July 31, August 31, September 30) will be extended for four months
- If recertification was returned and individual found to be ineligible, case not extended for four months
- Those not auto-renewed through the SNAP process will go through the Disabled, Aged, Blind (DAB) auto-renewal process if meet criteria.
- Those who did not initially renew, had cases extended, and are not renewed through automatic processes will receive new recertification forms.

Unwind Waivers: Resource Test

- Ordinarily, the non-MAGI population are the only Medicaid recipients for whom there is a resource / assets test
- Resource test is being waived on recertification (not new applications) for the unwind period
- Resource test is also waived for individuals transferred from NYSOH to the LDSS because they need long term care services, or because they have excess income.
- Resource test NOT waived for individuals applying for Medicaid coverage to include nursing home care

Unwind Waivers: MSP Extension

- When an individual with an MSP-only case fails to renew, the case is automatically extended for four months to provide an additional opportunity to renew. This extension only happens once per case.

Unwind Waivers: Late Renewal

- Individuals whose case is closed for failure to recertify, but who return their renewal within 90 days of the case closure date must have the renewal processed and the case reopened, using all unwind waivers including waiver of resource test.

Unwind Waivers: Dual Eligibles

- Most Medicaid beneficiaries who became eligible for Medicare during the Public Health Emergency have not been transitioned from NYSOH to the local district, and were not disenrolled from mainstream Medicaid managed care plans
- During the unwind period, these individuals will remain on NYSOH unless they need long term care services
- Dual eligibles enrolled in mainstream Medicaid managed care will be disenrolled from managed care at recertification unless enrolled in an aligned duals Special Needs Plan (D-SNP)

Other Public Health Insurance Changes: Medicaid Income Limit

- Increase in non-MAGI income eligibility level: effective 1/1/23, increases non-MAGI income limit to match MAGI limit

Program	2022 Monthly Income Eligibility		2022 Resource Limit		2023 Monthly Income Eligibility		2023 Resource Limit	
	Individual	Couple	Individual	Couple	Individual	Couple	Individual	Couple
Non-MAGI Medicaid	\$934	\$1,367	\$16,800	\$24,600	\$1,677	\$2,268	\$30,182	\$40,821
MAGI Medicaid	\$1,563	\$2,106	X	X	\$1,677	\$2,268	X	X

Other Public Health Insurance Changes: MSP Limit

- QMB level now aligned with Medicaid eligibility
- No asset test for MSP
- Cannot have QI and Medicaid together

MSP Benefit Level	2022 Eligibility	1/1/2023 Eligibility	Coverage
QMB	$\leq 100\%$ FPL	$\leq 138\%$ FPL	Medicare Part A (hospital) premium; Part B (outpatient) premium, deductibles, coinsurances
SLMB	$>100 - <120\%$ FPL	ELIMINATED	Medicare Part B premium
QI	$\geq 120 - \leq 135\%$ FPL	138-186% FPL	

Other Public Health Insurance Changes: Medicaid for Certain Immigrants

- As of March 1, 2023, pregnancy Medicaid coverage (available regardless of immigration status) extended from 60 days post-pregnancy to 12 months
 - ▶ Includes all post-pregnancy situations, not only post-childbirth
- Starting January 1, 2024, full Medicaid coverage will be available to individuals age 65+ regardless of immigration status

Other Public Health Insurance Changes: Child Health Plus

- Effective 10/1/22: eliminated the \$9 premium group, so free coverage for those up to 222% FPL
- Effective 3/1/23: expanded post-pregnancy coverage from 60 days to 12 months, aligning with Medicaid expansion

Resources and Assistance

- The Legal Aid Society Access to Benefits Helpline: (888) 663-6880
- Community Health Advocates Helpline: (888) 614-5400, cha@cssny.org
- Medicaid Matters [fact sheet](#)
- NY State Dept. of Health [Unwind Q&A](#)
- NY State Dept. of Health [Unwind Tool Kit](#)

Thank you!

- Rebecca Antar Novick, our presenter
- Schuyler Center for Analysis and Advocacy staff
- Health Foundation for Western and Central New York
- You, for joining us!