



**Department
of Health**

Introduction to NYS Medicaid 101 and 102

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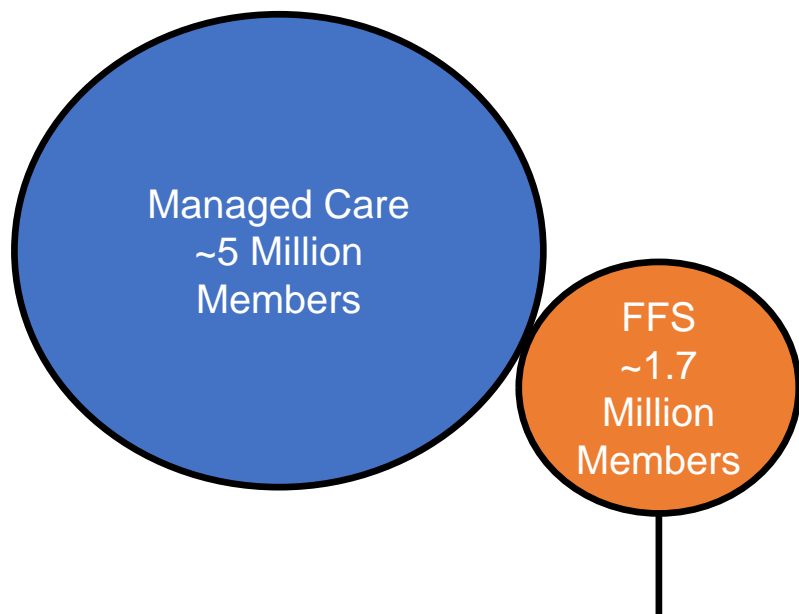
What is Medicaid?

- Medicaid is the largest Public Health Insurance Program administered by the New York State Department of Health.
- Medicaid provides comprehensive health coverage for individuals who qualify under income and resource rules. In New York, approximately 6.7 million individuals are covered by Medicaid.
- Many members who are not Medicaid eligible, or who lose their Medicaid eligibility, can receive health insurance through one of the additional programs such as Child Health Plus, Essential Plan or Qualified Health Plan.

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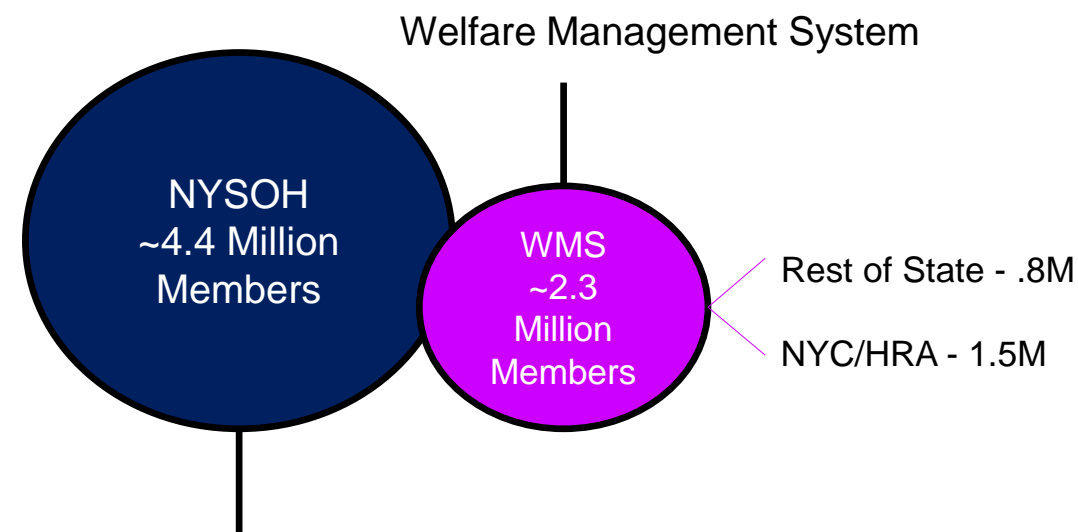
Where are members today?

Managed Care / FFS



Fee For Service Coverage

WMS / NYSOH



New York State of Health Eligibility System

Estimates of Medicaid Members as of 7/1/2024

Medicaid – Fee for Service; Managed Care

Managed Care

- Managed Care individuals use a Managed Care benefits card that is issued by the Managed Care Organization/Plan (MCO)
- The MCO works to assist the member and manage their care while the MCO receives a per-member per-month (PMPM) payment from DOH
- Within Managed Care, there are many programs/plans for members, such as Mainstream Managed Care, and Managed Long Term Care Programs/Plans such as Medicaid Advantage Plus and Managed Long Term Care Partial Capitation

Fee For Service

- FFS individuals use a Common Benefit Identification Card (CBIC) to access services
- Medicaid pays the provider for the individual's healthcare services on a FFS basis

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Medicaid – Fee for Service; Managed Care

Regardless of whether a member is enrolled through the districts or NYSOH, a member could be enrolled in Fee-for service (FFS) Medicaid or enrolled through a Managed Care plan (MCO)

Both FFS and Managed Care offer comprehensive health insurance

Both must use participating providers

Most individuals must enroll in a managed care plan

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Medicaid Eligibility

General eligibility rules:

- Income and resource limits apply.
- No premium.
- Some co-pays.
- Fee-for-service (FFS) or Managed Care (MC), Managed Long Term Care (MLTC) Plans.
- Participating providers only.
- Coverage begins on the first day of the month of eligibility.

Under Medicaid, there are 2 different categories of eligibility

MAGI

(Modified Adjusted Gross Income)

- Pregnant women and infants
- Children ages 1-18
- Parents, caretaker relatives of children
- Adults aged 19-64 who are not pregnant and not eligible for Medicare

Non-MAGI

- Includes Aged, Blind or Disabled (SSI-related)
 - 65 or over
- Certified Disabled
- Certified Blind

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MAGI income levels

Medicaid Income Requirements

Income eligibility based on the Federal Poverty Levels (FPL)

- Pregnant Individuals and Infants: 223%
- 19 and 20 still living with parents: 155%
- Children 1-18: 154%
- Adults 19-64: 138%



New York State Income Standards for MAGI Population Effective January 1, 2024														
House Hold Size	100% FPL		LIF LEVEL		110% FPL		138% FPL		154% FPL		155% FPL		223% FPL	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
One	15,060	1,255	15,235	1,270	16,566	1,381	20,783	1,732	23,193	1,933	23,343	1,946	33,584	2,799
Two	20,440	1,704	19,344	1,613	22,484	1,874	28,208	2,351	31,478	2,624	31,682	2,641	45,582	3,799
Three	25,820	2,152	23,319	1,944	28,402	2,367	35,632	2,970	39,763	3,314	40,021	3,336	57,579	4,799
Four	31,200	2,600	27,320	2,277	34,320	2,860	43,056	3,588	48,048	4,004	48,360	4,030	69,578	5,798
Five	36,580	3,049	31,433	2,620	40,238	3,354	50,481	4,207	56,334	4,695	56,699	4,725	81,574	6,798
Six	41,960	3,497	34,744	2,896	46,156	3,847	57,905	4,826	64,619	5,385	65,038	5,420	93,571	7,798
Seven	47,340	3,945	38,171	3,181	52,074	4,340	65,330	5,445	72,904	6,076	73,377	6,115	105,569	8,798
Eight	52,720	4,394	42,233	3,520	57,992	4,833	72,754	6,063	81,189	6,766	81,716	6,810	117,566	9,798
Nine	58,100	4,842	45,061	3,756	63,910	5,326	80,178	6,682	89,474	7,457	90,055	7,505	129,563	10,797
Ten	63,480	5,290	47,891	3,991	69,828	5,819	87,603	7,301	97,760	8,147	98,394	8,200	141,561	11,797
Each Add'l Person	5,380	449	2,630	236	5,918	494	7,425	619	8,286	691	8,339	695	11,998	1,000

Non-MAGI income and resource levels

Non-MAGI has income and resource levels

https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/23ma23_att1.pdf



NEW YORK STATE INCOME AND RESOURCE STANDARDS FOR NON-MAGI POPULATION EFFECTIVE JANUARY 1, 2024																
HOUSE HOLD SIZE	100% FPL		138% FPL MEDICAID INCOME		150% FPL		185% FPL		186% FPL		200% FPL		250% FPL		RESOURCES	
	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY	ANNUAL	MONTHLY
ONE	14,580	1,215	20,121	1,677	21,870	1,823	26,973	2,248	27,119	2,260	29,160	2,430	36,450	3,038	30,182	1
TWO	19,720	1,644	27,214	2,268	29,580	2,465	36,482	3,041	36,680	3,057	39,440	3,287	49,300	4,109	40,821	2
THREE	24,860	2,072	34,307	2,859	37,290	3,108	45,991	3,833			49,720	4,144				3
FOUR	30,000	2,500	41,400	3,450	45,000	3,750	55,500	4,625			60,000	5,000				4
FIVE	35,140	2,929	48,494	4,042	52,710	4,393	65,009	5,418			70,280	5,857				5
SIX	40,280	3,357	55,587	4,633	60,420	5,035	74,518	6,210			80,560	6,714				6
SEVEN	45,420	3,785	62,680	5,224	68,130	5,678	84,027	7,003			90,840	7,570				7
EIGHT	50,560	4,214	69,773	5,815	75,840	6,320	93,536	7,795			101,120	8,427				8
NINE	55,700	4,642	76,866	6,406	83,550	6,963	103,045	8,588			111,400	9,284				9
TEN	60,840	5,070	83,960	6,997	91,260	7,605	112,554	9,380			121,680	10,140				10
EACH ADD'L PERSON	5,140	429	7,094	592	7,710	643	9,509	793			10,280	857				+

SPOUSAL IMPOVERISHMENT	INCOME	RESOURCES
Community Spouse	\$3,853.50	\$154,140
Institutionalized Spouse	\$50	\$30,182
Family Member Allowance	\$2,465 (150% of FPL for 2) is used in the FMA formula the maximum allowance is \$822	N/A

SPECIAL STANDARDS FOR HOUSING EXPENSES					
REGION	Amount	REGION	Amount	REGION	Amount
Central	\$358	Northeastern	\$425	Northern Metropolitan	\$1,031
Rochester	\$367	Long Island	\$1,445		
Western	\$301	New York City	\$1,701		



Department
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LDSS Responsibilities

- Process Non-MAGI applications and renewals and provide ongoing member support
- Administer/manage case files, including but not limited to Spenddown cases; general Undercare transactions (e.g. change of circumstance or address); prepare for/appear at fair hearings
- Monitor policy and implement Medicaid policy directives
- Coordinate between offices within the agency – e.g. Home care services

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Waiver and Other Special Programs

- Undocumented 65+
- 1915c Waiver Programs: Nursing Home Transition Diversion (NHTD), Traumatic Brain Injury (TBI), Children's Consolidated Home and Community Based Service (HCBS) Waiver
- Medicaid Cancer Treatment Program (MCTP)
- Medicaid Buy In-Working People with Disabilities (MBI-WPD)

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**Unwind from the Public
Health Emergency +
Restarting Medicaid
Renewals**

Medicaid Renewals, beginning with July 1, 2023 cases

- Administrative Renewals Based on SNAP (e14)
- Waiver of Resource Test (e14)
- NYDocSubmit
- Return Mail-Out of State Address
- Fair Hearings Requested During the Unwind (e14)

https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/23ma03.pdf

https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/23ma14.pdf

GIS Post Unwind Policies and Processes

- GIS pending – “Continuation of Certain Policy Easements and Other Processes After Expiration of the Public Health Emergency Unwind Period”
- Updates to the policy easements provided in GIS 23 MA/14, “Updates to Medicaid Renewals and Other Processes in the Unwind Period”
- CMS extension of various “(e)(14)” waivers through June 30, 2025
- Medicaid Renewals
 - Automated Renewal Process Based On SNAP
 - Waiver of Resource Test
 - Referrals From New York State of Health
 - Late Renewals
 - Returned Mail with Out of State Address
- In-State Address/Contact Information Updates From Plans
- Fair Hearings Requested During and After the Unwind

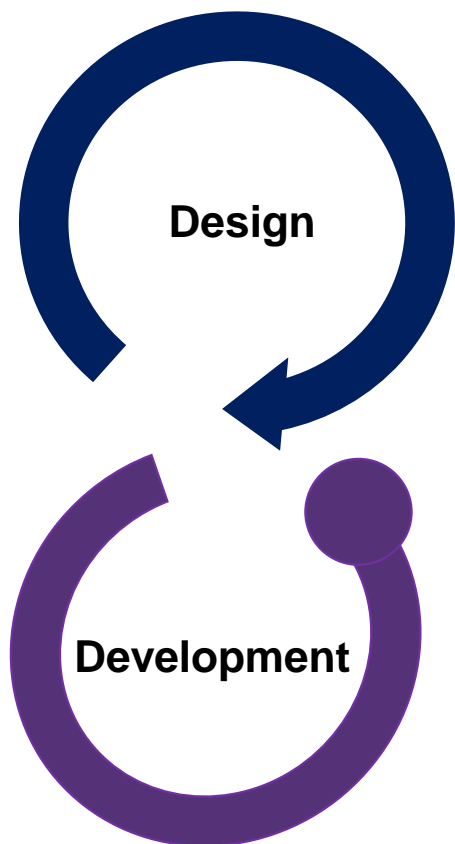
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Medicaid 102

- Medicaid Eligibility Client Management (MECM)

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Medicaid Eligibility and Client Management Wave 1



The design and development phase of the Medicaid Eligibility and Client Management (MECM) system defines the system functionality to meet New York's specific requirements and standards. This phase includes the following:

- **Six phases of system design and development** activities take place between March 2024 – March 2025
- **Solution Explorations** take place after each design and development phase to explore the MECM system and capture insights after system design is complete but before it is fully implemented

Design Completed:

- ✓ Referrals
- ✓ Individual clearance
- ✓ Non-Financial Verifications

Upcoming Design & Development:

- Case transfers from NYSOH
- Financial Verifications
- Real-time Eligibility
- Renewals
- Notices

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MECM Referrals

Below describes the development details of MECM referrals to the LDSS.



MECM will send referrals to LDSS

The MECM system will send referrals to LDSS' in specific member circumstances. (For example, a member requesting Long Term Care, a member lives in a nursing home, etc.)



MECM referral processes will mirror NYSOH processes, where applicable

We plan to send more comprehensive and accurate information from MECM during the referral processes to streamline operations and reduce the workload for LDSS Frontline workers and consumers.

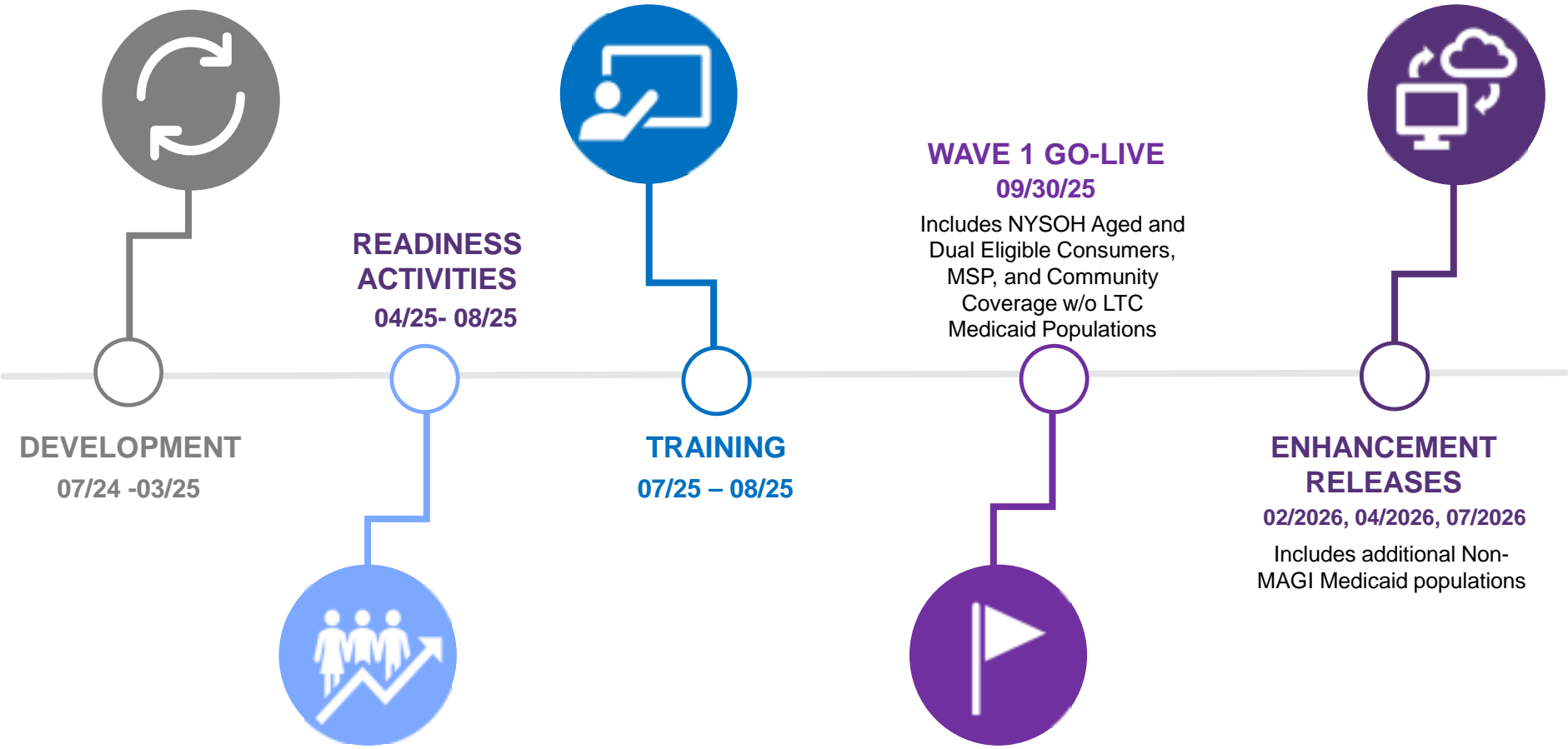


MECM referral design and development is underway

More information and guidance will be shared with LDSS Frontline Workers in the months leading up to the MECM system go-live.

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MECM Wave 1 Timeline



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Modernizing Personal Touch



Goal

To continue to provide a personal experience members and applicants are familiar with when working with the LDSS while bringing populations into a modern, centralized system.

Plan

Coalescing around strategies that build on the existing NYSOH model, align with goals of other human services programs, and leverage modern technology:

- No Wrong Door/Warm Hand-off
- Personalized Proactive Outreach
- On Demand Individualized Support

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NY MECM Focus Groups

Purpose

To better understand the opinions and preferences of Assistors and Consumers regarding the application and notices and to socialize new notice structure with advocates.



Plan

- Post-design and pre-implementation
- ~12 total focus groups
 - 6 on application
 - 6 on notices
- Mixture of ROS and NYC locations
- First focus groups in fall 2024 (tentative)



Results

Observations/feedback will be used to inform application screens and notice language where practicable

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Access to MECM

LDSS staff will be given access to the MECM worker portal so that they have visibility into the case record when individuals are referred from MECM or if a consumer walks into the LDSS with questions.



Work Groups

DOH will conduct regular work group meetings with the LDSS to ensure transparency and gather feedback as the Medicaid modernization progresses.

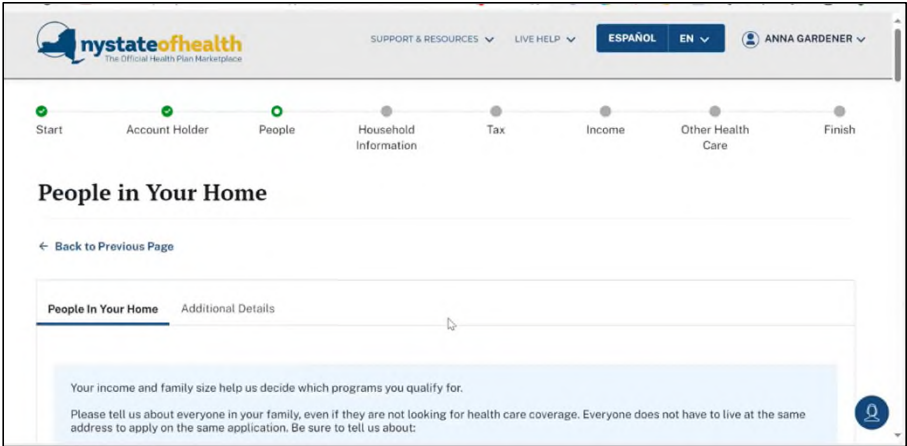


Provide Feedback

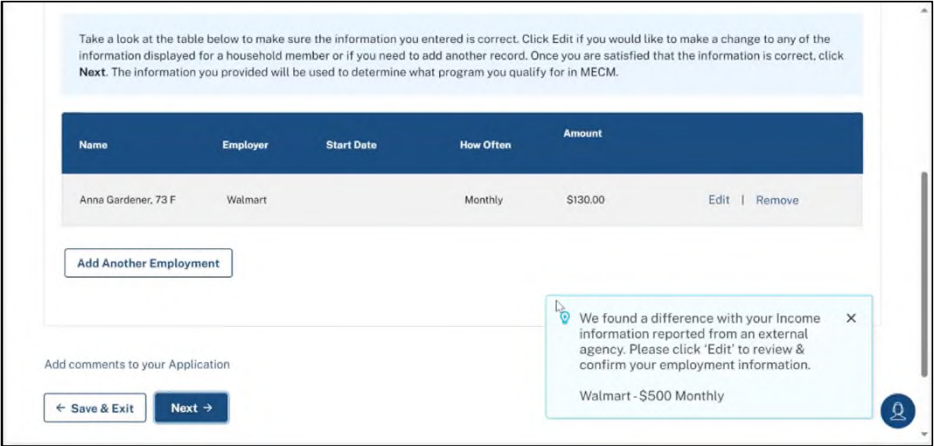
Insights from LDSS staff who have experience working with Non-MAGI consumers will help achieve the goal of modernizing the personal touch. DOH is considering methods for gathering feedback in a structured manner.

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Breadcrumbs show the applicant where they've been and where they are going

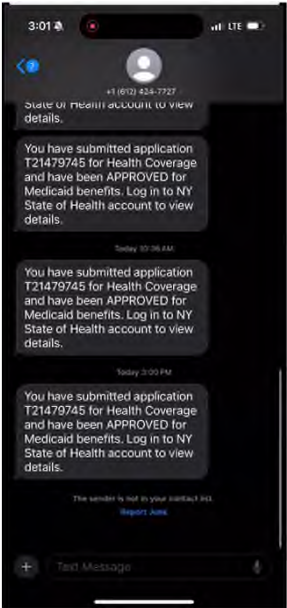
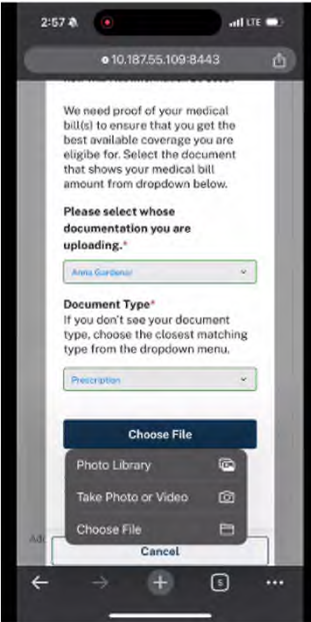
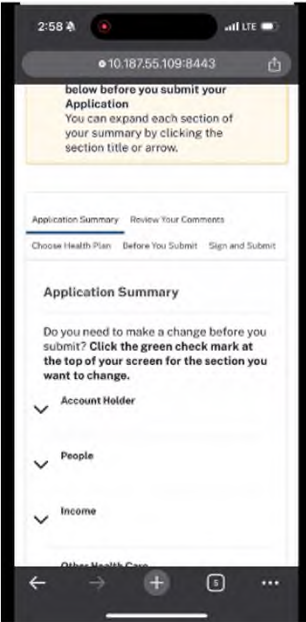


Nudges to ensure collection of accurate information to reduce documentation requests



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Device agnostic allowing applicants to apply on their phones and other devices



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Question + Answer

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