

PUBLIC HEALTH EMERGENCY UNWINDING

Renewals for MAGI Medicaid, Child Health Plus and Essential Plan on NYSoH

Medicaid, Child Health Plus (CHP) and Essential Plan enrollees with authorization dates ending June 30, 2023, and later must recertify for ongoing coverage through the New York State of Health/Marketplace (NYSoH).

There are new rules that allow some enrollees to renew their coverage until the end of the month following the end of their coverage without experiencing a coverage gap. For example, those with cases set to expire on June 30, 2023, can renew through July 31, 2023, and not experience a gap in coverage. This new rule does not apply to Medicaid enrollees with coverage on NYSoH who are Medicare-eligible; they do not have this renewal enhancement and must renew their coverage in a timely manner.

Enrollees who do not renew by the date on their renewal notice may receive a disenrollment notice from NYSoH; however, it IS still possible to renew, even after receiving this notice. CHP and Essential Plan enrollees who recertify late but remain eligible for the same program and select the same plan as the previous year will have no gap in coverage. Medicaid enrollees who recertify late but change plans will have fee-for-service Medicaid while NYSoH processes their plan change.

Where to go for help:

Individuals needing assistance renewing coverage can contact NYSoH at 855-355-5777 or a Navigator (Community Health Advocates can assist: 888-614-5400).

Renewals for Medicaid Administered by LDSS/HRA

Similar to dual eligibles with Medicaid at NYSoH, the waiver in place allows for resources to not be considered in the renewal process during the unwind period.

Medicaid renewals can be submitted either to the Medicaid office, or through ACCESS HRA, for those in NYC.

Child Health Plus Premium Collections Resume

Child Health Plus (CHP) insurers did not enforce premium collection for enrollees with subsidized coverage between March 2020 – April 30, 2023. Beginning May 1, 2023, CHP enrollees with subsidized premiums will be responsible for paying premiums for all months of coverage, though there is now a 30-day grace period

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for premium payment, meaning the plan will not disenroll an enrollee with a subsidized premium until 30 days after the premium is due. This grace period does not necessarily apply for enrollees whose premiums are not subsidized; in these cases, plans have discretion with how to handle late premium payment.

Next Steps for Medicaid Recipients on NYSoH who are Medicare Eligible

Individuals with MAGI Medicaid on NYSoH during the public health emergency (PHE), who became Medicare eligible during the PHE, have maintained their Medicaid coverage on NYSoH; during the PHE, these cases were not transferred to the LDSS/HRA. These enrollees must renew their Medicaid coverage on NYSoH through the end of the month in which their Medicaid coverage ends (i.e., if their authorization ends June 30, they can renew only through June 30). Unlike others Medicaid enrollees with coverage on NYSoH, they do not have any late renewal enhancements.

Individuals with Medicaid who did not apply for Medicare when first eligible will be informed of this requirement; they must apply for Medicare as a condition of ongoing Medicaid eligibility.

Individuals who are Medicare-eligible, who have maintained Medicaid on NYSoH during the Public Health Emergency, will maintain their Medicaid coverage on NYSoH through the unwind period, unless they need managed long term care services or are determined upon renewal to have Medicaid with a spenddown. In these cases, their Medicaid coverage will be transferred to the LDSS/HRA.

Other updates that impact this population as they renew their Medicaid coverage include:

- Those with coverage end dates of June 30 or July 31 will have their Medicaid coverage extended for 4 months while a system update is put in place.
- While dual eligibles are typically subject to resource limits in order to qualify for Medicaid, NYS obtained a waiver to not consider resources when renewing Medicaid coverage as part of the unwind process. (Note that for people newly applying for Medicaid, resource limits apply; the waiver only applies to those recertifying for coverage.)
- Enrollees will maintain coverage in their Medicaid Managed Care plan (MMC)/Health and Recovery Plan (HARP) until their renewal, at which point they will be enrolled in fee-for-service Medicaid through NYSoH. However, if they are enrolled in their Medicaid insurer's aligned Medicare Advantage plan, they can remain in their MMC/HARP plan.
- Consumers with Medicaid on NYSoH who become Medicare eligible will be automatically enrolled into a MSP for Part B premium payment. This typically

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takes effect the month following Medicare eligibility (i.e., for someone whose Medicare is effective August 1, their MSP would be effective September).

Application Procedures Returning to Normal Operations

Those applying for Medicaid, Child Health Plus and Essential Plan coverage on or after July 1, 2023, will need to document all eligibility criteria; attestation is no longer sufficient.