



**Department  
of Health**

# **Medicaid Eligibility Updates**

**Gabrielle Armenia**  
Director  
**Anne Marie Massaro**  
Deputy Director  
**Mary Frances Carr**  
Bureau Director

**Mary Lisa**  
Bureau Director  
**Daniel Washington**  
Assistant Bureau Director  
**Peggy Noonan**  
Medical Assistant Specialist

**JANUARY 30, 2025 | NYPWA WINTER CONFERENCE | ALBANY, NY**

# INTRODUCTIONS & ANNOUNCEMENTS

# AGENDA

- **General Unwind updates**
  - **Extension processes will end**
  - **New Notice language on renewals**
- **Additional updates**
- **GIS 24 MA/10-Continuous Coverage from Birth to Age Six**
- **Consolidated Appropriations Act (CAA) Justice Involved Youth**
- **Well Duals WMS to MECM**
- **PERM and MEQC**
- **Question and Answer**

# General Unwind Updates

## Current Processes/Policies updates:

- All Medicaid renewals in New York City (NYC) and Rest of State (ROS) must be completed by December 31, 2025
- Extension processes being used in NYC and ROS will end
- New York City cases that went through the extension process will end beginning with May 31, 2025 authorization end dates
- For ROS, the two-month extension process will end beginning with May 31, 2025 authorization end dates
- Districts should continue to check two modalities and enter comments in IEDR or other imaging system before closing cases for failure to renew or failure to submit documents



Department  
of Health

# General Unwind Updates



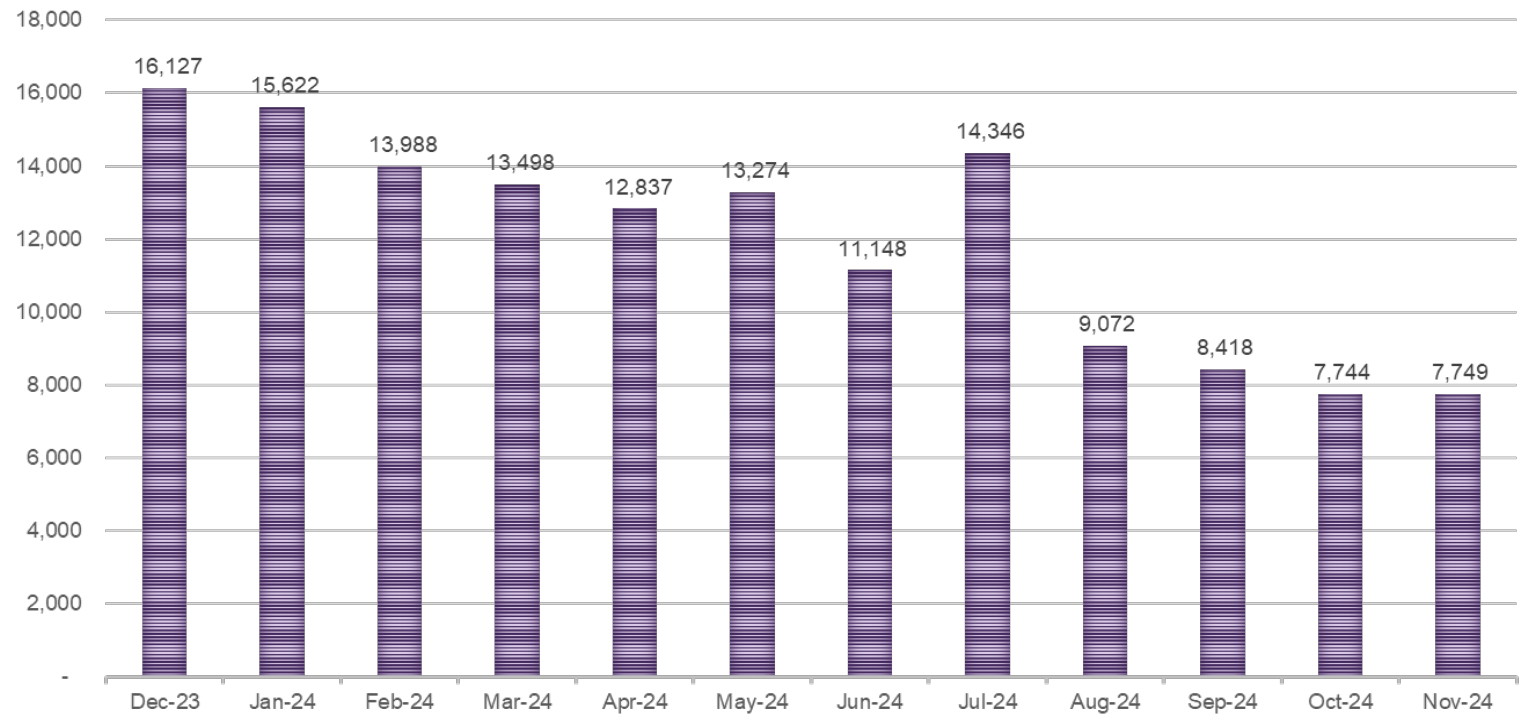
Department  
of Health

## Current Processes/Policies updates:

- Five CMS (e)(14) waivers due are due to expire on June 30, 2025.
- The Department has submitted a request to CMS to allow these waivers to continue. This includes:
  1. Waiver of resource test at Renewal for Aged, Blind and Disabled (SSI-related) recipients;
  2. Continuation of Automated Renewal Process based on SNAP;
  3. Utilizing MAGI budgeting methodology at Renewal for NY State of Health enrolled Medicaid recipients with Medicare and/or who are age 65 or older and
  4. Automatically renewing individuals with Social Security retirement or disability income and/or pension income without first checking data sources (ABD Auto Renewal Process)
  5. Automatic Medicaid aid continuing for OTDA OAH fair hearing requests re discontinuances/reductions; extension of 90-day time limit
- Overall, the trend of renewal completions has improved over the last 12 months

# Unwind Period

## Current Processes/Policies updates: Individuals with outstanding renewals (ROS)



# New notice language on renewals

- The Department is revising CNS renewal notice language to alert consumers it is mandatory to renew to retain Medicaid coverage
- Language will be revised to say “**WILL**” lose coverage rather than “**MAY**” lose coverage
- New York City Notices will include a red stop sign on the notice
- All Medicaid consumers must go through a full Medicaid renewal, unless administratively renewed
- Samples of the revised renewal notices are included



# New notice updates for renewals



Department  
of Health

## NEW YORK CITY NOTICE



### Act Now! - Medicaid Renewal Rules Have Changed



To renew your Medicaid coverage, you must complete and submit your renewal form by the date listed on your form. You will lose your Medicaid coverage if you do not return your renewal form by the date requested.

Directions for completing your Medicaid renewal:

1. Read your renewal form and attached directions carefully;
2. Complete the Form, making any changes to your household members, the amount of your rent, your insurance premiums, your income, your resources, and any other categories on the form;
3. Include any documents or "proofs" requested on the form; and
4. Return it to the address on the renewal form.

You may call your local department of social services at 888-692-6116 for help with this form.

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Return Address



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

If you have any questions call: HRA Medicaid Helpline  
at 888-692-6116.

### Act Now! Medicaid Renewal Rules Have Changed (Cover Letter)



You are receiving this letter because you or someone in your household will need to submit a Medicaid renewal in order to continue to be eligible to receive services. Be sure to read the enclosed MAP-3185 Act Now! – Medicaid Rules Have Changed and follow the steps needed to renew your Medicaid coverage. **If you do not submit your renewal by the date listed on it, you will lose your coverage and will need to reapply.**

**Do you have a medical or mental health condition or disability?** Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 888-692-6116. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

# New notice updates for renewals

## New ROS Notice Language Effective February 1, 2025

---

### MEDICAL ASSISTANCE

#### Act Now! - Medicaid Renewal Rules Have Changed

To renew your Medicaid coverage, you must complete and submit your renewal form by the date listed on your form. You **will** lose your Medicaid coverage if you do not return your renewal form by the date requested.

Directions for completing your Medicaid renewal:

1. Read your renewal form and attached directions carefully;
2. Complete the Form, making any changes to your household members, the amount of your rent, your insurance premiums, your income, your resources, and any other categories on the form;
3. Include any documents or "proofs" requested on the form; and
4. Return it to the address on the renewal form.

You may call your local department of social services, listed on page 1, for help with this form.



Department  
of Health

# Communication

## Communication

- The Department has already begun discussions with Advocates, Enrollment Assistors and Managed Care plans to advise them of the end of extension flexibilities both in NYC and ROS
- Additional conversations will take place with hospitals, nursing homes and other community partners
- A Medicaid Update Article will also be included in an upcoming issue

# Additional Updates- MBI-WPD

## MBI-WPD Program Pending Changes

Changes require CMS approval through an 1115 Waiver before implementation can occur. If CMS approves, changes are:

- **INCOME LEVEL** - income limit of 2,250% FPL
- **RESOURCE LEVEL** - resource limit of \$300,000
- **AGE** - age 16 years and older. No longer capped at age 65
- **ENROLLMENT CAP** - 30,000 participants. Current +/- 13,000 enrollees will be part of the cap.
- **LEGALLY RESPONSIBLE RELATIVE** - income and resources of legally responsible relatives deemed unavailable
- **PREMIUMS** - new tiered structure

# Additional Updates- MBI-WPD

## MBI-WPD Program Pending Changes- IMPLEMENTATION UPDATE

- Requires CMS approval through an 1115 Waiver to implement. Working through federal approval process steps: completed two public hearings in November and December and working on final package for submission
- Implementation will not occur in January 2025. Existing program/rules continue as they are until new rules are approved and ready for implementation
- Will keep LDSSs updated in the coming months regarding timing, implementation, CMS approval
- Will provide guidance and training prior to any implementation

# Additional Updates 30-Month Look Back

## 30-Month Look Back STATUS UPDATE

- CMS is still evaluating this waiver request (30-month lookback – Medicaid Coverage for Community-based Long-Term Care)
- If it is approved, implementation would begin in 2026 at the earliest
- The Department will continue to provide updates on this initiative as they are available



Department  
of Health

# Continuous Coverage 0-6

PEGGY NOONAN

BUREAU OF COMMUNITY ENROLLMENT AND ELIGIBILITY PROCESSING

NYPWA Winter 2025 Session

# WHAT IS CONTINUOUS? WHO IS COVERED?

Continuous Coverage is a guaranteed eligibility period, regardless of changes in income or household size.

- New York has long provided 12-months continuous coverage to non-disabled children
- In 2014, 12-month continuous coverage was extended to MAGI Adults
- CMS waiver approval was received in November 2024 to expand children's continuous up to age 6 for most children. Exceptions include:
  - Presumptively Eligible Children
  - Medically Needy Children
    - Spenddown
    - Waiver enrolled, w/ HH of 1 budgeting



# REASONS TO END CONTINUOUS



Voluntary termination/ client request



No longer resident of the state/ Failure to locate



Death of the child

# LDSS ACTIONS

Most children entitled to Continuous are already housed on NY State of Health, most children still on WMS will be transitioned to NY State of Health, where they will receive the balance of their continuous.

Only a small population will require action by the LDSS, Including:

- Children discharged from Foster Care
- Disabled children who are discontinued from Temporary Assistance
- Children losing SSI

Workers will continue to code children appropriately according to their category.

The children who stay at the district will be passively renewed yearly to confirm residency.

# **ADM IS FORTHCOMING WITH PROCEDURES FOR LDSS**



Department  
of Health

# CONSOLIDATED APPROPRIATIONS ACT (CAA) JUSTICE INVOLVED YOUTH

# Well Duals WMS to MECM



Department  
of Health

## Transition of WMS-enrolled Aged, Blind and Disabled (SSI-Related) Recipients with Coverage Code 20, RVI 3 to State-based System

- The Department plans to transition Aged, Blind or Disabled (SSI-related) recipients in WMS, both ROS and NYC, with Coverage Code 20, Resource Verification Indicator (RVI) 3 to the Medicaid Eligibility Client Management System (MECM) – these are recipients approved for Community Coverage Without Long Term Care *only*. Exceptions to this transition are:
  - no Spenddown/Excess Income cases;
  - no Trust cases
- Process will be similar to the “Scoop and Dump” process used for MAGI individuals who are receiving Medicaid in WMS, moved to NY State of Health
- Cases will be moved monthly from WMS to NY State of Health shortly before their next regular WMS Medicaid renewal, where they will be housed along with MAGI enrollees who turned age 65 and/or obtained Medicare during the PHE and Unwind

# Well Duals WMS to MECM



Department  
of Health

## Transition of WMS-enrolled SSI-Related Recipients with Coverage Code 20 RVI 3 to State-based System

- These WMS cases will only remain in NY State of Health for a very brief time – they will then be moved to the State’s new State-based Eligibility System “MECM” for their scheduled Medicaid renewal
- A CNS Notice will be sent to individuals explaining their transition to NY State of Health and MECM will perform the Medicaid renewal and issue their Renewal notices
- The first set of these cases is expected to transition from WMS later this summer in anticipation of MECM begin date of 9/30/25.
- Additional information on MECM and how this process will work will be provided to districts in the near future. There will also be a session this afternoon from 1:30-3, Salon D, titled, “**Medicaid Modernization Update.**”



Department  
of Health

# Payment Error Rate Measurement (PERM)

Daniel Washington  
ASSISTANT BUREAU DIRECTOR

January 30, 2025 | NYPWA | The Albany Marriot Hotel

# PERM REFRESHER

- PERM uses a rotational approach to separately measure improper payments in Medicaid and CHIP
- Each state is reviewed once every three years
- New York State is a Cycle 3 State

# PERM CYCLES

Cycle	PERM Review Periods	States
Cycle 1	July 2020 to June 2021 July 2023 to June 2024 July 2026 to June 2027	Arkansas, Connecticut, Delaware, Idaho, Illinois, Kansas, Michigan, Minnesota, Missouri, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Virginia, Wisconsin, Wyoming
Cycle 2	July 2018 to June 2019 July 2021 to June 2022 July 2024 to June 2025	Alabama, California, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Nebraska, New Hampshire, New Jersey, North Carolina, Rhode Island, South Carolina, Tennessee, Utah, Vermont, West Virginia
Cycle 3	<b>July 2019 to June 2020</b> <b>July 2022 to June 2023</b> <b>July 2025 to June 2026</b>	Alaska, Arizona, District of Columbia, Florida, Hawaii, Indiana, Iowa, Louisiana, Maine, Mississippi, Montana, Nevada, <b>New York</b> , Oregon, South Dakota, Texas, Washington



# REPORTING YEAR 2024

- New York's Medicaid Eligibility sample for reporting year (RY) 2024 was over 1,100 cases
- RY 2024 examined claims paid between July 1, 2022 through June 30, 2023



# RY 2024

- RY 2024 was the first cycle where CMS had authority to extrapolate New York's findings and impose disallowances by reducing federal financial participation (FFP) for the entire review period if New York's eligibility improper payment rate was over the three percent threshold

# DISALLOWANCES

- When implemented, the disallowance amount is calculated as the percentage by which the lower limit of the state's eligibility improper payment rate exceeds the three percent threshold multiplied by the amount of FFP for the review period

*Example: A state's Medicaid eligibility improper payment rate is 8% with a confidence interval of +/-2%. Therefore, the lower limit is 6%. FFP for the PERM review period will be reduced by 3% (6% lower limit less 3% threshold)*



# RY 2024

- Easements utilized by New York during the public health emergency (e.g., automatic extensions and allowing self attestation for income) minimized errors this cycle
- Therefore, an extrapolated disallowance will not be assessed on New York's FFP for RY 2024

# **RY 2024 CORRECTIVE ACTION PLAN**

- New York's RY 2024 corrective action plan is due to CMS February 17, 2025
- CMS will conduct quarterly status meeting with Department staff to verify that all corrective actions have been or will be implemented and working effectively

# RY 2027

- RY 2027 will examine claims paid July 1, 2025 through June 30, 2026
- Eligibility determinations made as far back as August 1, 2024 could be examined to ensure accuracy of the payment selected for review
- Therefore, it's critical that districts continue efforts to prevent errors and correct deficiencies, especially those identified in previous cycles that may appear again in RY 2027

# FINDINGS LIKELY TO BE REPORTED AGAIN IN RY 2027

- Beneficiary's SSI Payment terminated prior to the PHE and a separate Medicaid Redetermination was not completed
- Caseworker authorized a renewal but did not scan application and the associated documentation
- Caseworker failed to conduct the renewal determination within 12-months from the date of service
- Caseworker failed to document the results of the RFI hit
- Caseworker failed to verify life insurance policy, resident trust savings, and/or consumer's pension
- Caseworker assigned incorrect Category Code and/or Coverage Code

# PREVENTATIVE STEPS BEING TAKEN BY SOME DISTRICTS

- Utilizing the checklist distributed by the Department; modifying it as needed
- Conducting regular internal reviews (e.g., monthly samples)
- Providing ongoing trainings to caseworkers (i.e., large group, small group and/or one on one settings)



# ADDITIONAL RESOURCES

CMS Website:

[www.cms.gov/PERM](http://www.cms.gov/PERM)



Department  
of Health

# NYS DEPARTMENT OF HEALTH PERM CONTACT

Daniel Washington

Bureau of Program Compliance & Audit

Division of Eligibility and Marketplace  
Integration

[daniel.washington@health.ny.gov](mailto:daniel.washington@health.ny.gov)

(518) 474-7131



Department  
of Health

# Medicaid Eligibility Quality Control (MEQC)

MARY H. LISA  
DIRECTOR, BUREAU OF PROGRAM REVIEW

January 30, 2025 | NYPWA | The Albany Marriot Hotel

# MEQC REVIEW YEAR 2024 TIMELINE

- New York is a Cycle 3 state
- Planning Document was approved October 31, 2023
- Review Period is January 1 – December 31, 2024
- Report and CAP due August 1, 2025

# STATUS OF CURRENT REVIEW

- 800 MEQC cases will be reviewed in RY 2024.
  - ✓ 400 active cases:  
300 Medicaid; 100 CHIP
  - ✓ 400 negative cases:  
200 Medicaid; 200 CHIP
- Both universes include district cases, as well as those from NY State of Health.

# STATUS OF CURRENT REVIEW

- Reviews are underway. Each case undergoes an initial, peer and quality control review.
- Work performed to date suggest the findings will be similar to previous reviews (e.g., PERM, MEQC and others).
- Upon completion of each quarters review, preliminary review findings are being shared with the appropriate program area for comment.
- MEQC will follow a corrective action plan (CAP) process like PERM.

# RECAP OF PREVIOUS FINDINGS

In addition to the PERM findings already mentioned, findings from MEQC 2021 and other local district reviews include:

- No proof of manual notice or untimely notice
- Incorrect TPHI deduction
- WMS/MBL Discrepancies – incorrect Budget Type, Case Count, Living Arrangement, Deeming Code, ACI/CIT Indicator Code
- Information not reflected correctly in eMedNY (TPHI, Medicare reimbursement, MSP program type)
- No MBL budget in WMS or stored in IEDR or One Viewer



# ADDITIONAL RESOURCES

CMS Website:

[www.medicaid.gov/medicaid/eligibility/  
medicaid-eligibility-quality-control-  
program/index.html](http://www.medicaid.gov/medicaid/eligibility/medicaid-eligibility-quality-control-program/index.html)



Department  
of Health

# NYS DEPARTMENT OF HEALTH MEQC CONTACT

Mary H. Lisa

Director, Bureau of Program Review

Division of Eligibility and Marketplace  
Integration

[Mary.lisa@health.ny.gov](mailto:Mary.lisa@health.ny.gov)

(518) 486-1492



Department  
of Health

# QUESTION + ANSWER



Department  
of Health



**Department  
of Health**