

April 25, 2023: Unwinding the Public Health Emergency: Keeping New Yorkers Covered Questions and Answers

Issued May 2023

Acronym Key: The below acronyms are commonly used throughout this document.	
BHCC	Behavioral Healthcare Collaborative
BH HCBS	Adult Behavioral Health Home and Community Based Services
BH IPA	Behavioral Health Independent Practice Association
CAC	Certified Application Counselor
CFTSS	Children and Family Treatment and Support Services
CMS	Centers for Medicare and Medicaid Services
CORE	Community Oriented Recovery and Empowerment Services
DOH	Department of Health
D-SNP	Dual Eligible Special Needs Plan
eMedNY	Electronic New York State Medicaid System
ePACES	Electronic Provider Assisted Claim Entry System
FFS	Fee For Service
HARP	Health and Recovery Plan
HRA	Human Resources Administration
IB-Dual	Integrated Care Plans for Dual Eligible New Yorkers
LDSS	Local Departments of Social Services
LPHA	Licensed Practitioner of the Healing Arts
LTC	Long Term Care
MAGI	Modified Adjusted Gross Income
MAP	Medicaid Advantage Plus
MDW	Medicaid Data Warehouse
MLTC	Managed Long Term Care
MMC	Medicaid Managed Care
NYS	New York State
NYSOH	NY State of Health
OMH	Office of Mental Health
PACE	Program of All-Inclusive Care for the Elderly
PHE	Public Health Emergency
PHI	Protected Health Information
PSYCKES	Psychiatric Services and Clinical Knowledge Enhancement System

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SMS	Security Management System
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
SSN	Social Security Number

#	Topic	Question	Answer
1.	Communications	How do we access the NYS PHE tool kit?	The 'Unwinding from the COVID-19 Public Health Emergency Communications Tool Kit' can be found here: https://info.nystateofhealth.ny.gov/PHE-tool-kit
2.	Communications	Should I have all my clients sign up for text alerts through NYSOH even if they originally got Medicaid from the LDSS?	No. Only NYSOH enrollees should sign up for text messages.
3.	Eligibility	How will members confirm their recertification will be automatically renewed as a result of the waiver flexibilities?	Enrollees who are automatically renewed will receive notification that they have been renewed.
4.	Eligibility	Will administrative renewals be performed on a rolling basis or en masse?	They will be performed on a rolling basis over 12 months as individuals come up for renewal.
5.	Eligibility	If a client's recertification is due, but the client doesn't receive the renewal letter, how does the client renew or access a renewal packet?	If the individual is enrolled through NYSOH, they can renew through their online account or contact customer service at 855-355-5777. If they are enrolled through HRA or another LDSS, they should contact their local district for help. Local district phone numbers can be found here: https://www.health.ny.gov/health_care/medicaid/ldss.htm .
6.	Eligibility	Since members with SNAP will be auto-renewed, does that mean brokers and CACs will be able to renew a member automatically or will the state be auto-renewing these members on the plan's behalf?	The State will be auto-renewing these members.
7.	Eligibility	If the NY State of Health indicates the end date is after the renewal date will the patient still have coverage to that date?	Yes.
8.	Eligibility	If someone is auto-renewed due to falling into one of those categories you listed, how will they know they need do nothing-that they are auto-renewed? Will their renewal date change and if yes, what is the new date?	They will receive notice that they have been renewed. Their next renewal date will be 12 months later.

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9.	Eligibility	Will spend-down changes be applied to months prior to the redetermination date? To months prior to the notification of the change?	Yes. They will be retroactive to 1/1/23.
10.	Eligibility	What does the 12 months of continuous Medicaid coverage mean? At what point will someone lose Medicaid coverage?	Under New York's regular Medicaid rules, individuals with MAGI Medicaid are entitled to 12 months continuous coverage even if their income increases above the eligibility level during their 12-month coverage period. During the PHE a separate continuous coverage rule was adopted that prohibited states from terminating any category of Medicaid coverage during the PHE. As a result, many Medicaid enrollees have had continuous coverage for more than 3 years. The PHE continuous coverage requirement ended on March 31, 2023. Federal law now requires all states to redetermine Medicaid eligibility for all enrollees at their 12-month annual renewal or if they have had more than 12 months of coverage, within the next year. To comply with the new federal rules, New York will renew all enrollees at their annual renewal date. Renewals will begin for individuals with June 30 th coverage end dates. The first date an individual could lose coverage is July 1, 2023.
11.	Eligibility	Are the following non-MAGI individuals eligible for auto renewal? <ul style="list-style-type: none"> ● those who have income in addition to Social Security; ● those in the Medicare Savings Program (MSP) only; ● those in nursing facilities; ● those with excess income; ● non-citizens; ● those with an Expanded Eligibility Code 	Individuals with income in addition to Social Security and individuals in the Excess Income Program may be eligible for auto-renewal if they have SNAP eligibility. Non-citizens with social security or pension income at or below 138% FPL and/or with SNAP eligibility may also be eligible for auto-renewal. Individuals with MSP only coverage, nursing home coverage, and those with expanded eligibility codes are not eligible for auto-renewal.
12.	Eligibility	Will you be changing any eligibility retroactively? Or will it only be from the renewal date forward?	No eligibility will be changed retroactively. All renewal actions are prospective.
13.	Eligibility	Do you need an SSN to apply for Medicaid?	No, but if you are eligible for an SSN and do not have one, it is a requirement of Medicaid eligibility to apply for an SSN. Individuals who are not eligible for an SSN can attest to this.

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14.	Eligibility	How will HARP members enrolled via NYSOH be affected?	If required to renew, they must respond to their renewal notice.
15.	Eligibility	Does the no resource test also apply to chronic care cases?	Yes, the resource test will be waived at renewal for chronic care cases.
16.	Eligibility	Are children in foster care automatically reauthorized for their Medicaid insurance?	Yes.
17.	Eligibility	Are those who are 65 years and older with SSI benefits, Medicare, and a dual program eligible for automatic recertification?	Yes.
18.	Eligibility	Are those who have a disability, over 21, and receive SSI but are not SNAP eligible able to automatically recertify?	Yes.
19.	Eligibility	Besides people who receive SSI, are there other groups whose Medicaid will be automatically recertified or renewed without action by the person?	Yes, individuals with active SNAP eligibility and those with social security retirement, disability or pension income that is at or below the income eligibility level of 138% of the federal poverty level may also be automatically renewed by local departments of social services or the New York City Human Resources Administration.
20.	Duals	Will the resource test waiver be applicable to members who are over 65 or dually eligible that remain in NYSOH?	Yes.
21.	Duals	Will the new process to keep dually eligible individuals on NYSOH rather than transition to HRA/LDSS remain in effect after the unwinding period for NYS?	The post-unwind period is still under consideration with CMS.
22.	Duals	Can you share details on the extension status for dually eligible individuals in NYSOH in the June 30 th recertification end date group? Were those extensions processed or might plans expect to see a batch of enrollment data updates for this group via 834s?	The extensions for the dually eligible individuals with 6/30/23 end dates happened the first week of May 2023. 834s are processed when the extensions are done so plans may have seen a larger number of transactions than usual that first week.
23.	Duals	Will the dually eligible individuals who are being maintained in NYSOH and are in aligned IB-Dual products remain in NYSOH indefinitely or will they eventually move to LDSS/HRA at their next renewal period?	The post-unwind period is still under consideration with CMS.
24.	Duals	What happens to dually eligible individuals who are enrolled in a Medicare plan which does not offer a MMC plan in NYSOH?	They will be disenrolled from their mainstream MMC plan to FFS. Dually eligible individuals who need community based long term services will need to transition to a Medicaid managed long term care plan.

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25.	Duals	Will members dually enrolled in a HARP and an MLTC plan automatically be switched to FFS?	<p>Similarly to MMC, members who are in HARP may have an aligned Medicare product. Therefore, such HARP members may remain in HARP.</p> <p>Members in MLTC will not automatically be switched to FFS. This would only occur if a member no longer met the requirements for LTC but remained Medicaid eligible.</p>
26.	Duals	For HARP enrolled members enrolled through HRA who are dual eligible, will they revert to FFS Medicaid or can they remain in a HARP?	Dually eligible HARP members may have an aligned Medicare product. Therefore, such dual eligible HARP members may remain in HARP. Dually eligible HARP members who do not have an aligned Medicare product revert to FFS Medicaid at recertification.
27.	Duals	Will dually eligible individuals who are currently HARP enrolled lose access to BH HCBS and CORE Services after they recertify for Medicaid?	If not already enrolled in a HARP IB-Dual plan, such HARP enrollees may choose to join a HARP which is an IB-Dual plan. HARP enrollees in an IB-Dual plan can access BH HCBS and CORE Services. If eligible for MLTC, the individual can enroll in a MAP plan to access CORE Services.
28.	Duals	Is there a list of IB-Dual plans that offer HARP?	As of the posting of this Q&A document, the following IB-Dual plans offer HARP: HealthPlus, MetroPlus, United, and Fidelis. See this link for updates.
29.	Duals	Do the approximately 8K dually eligible HARP members in WMS and not in an IB-Dual plan have an aligned IB-Dual in their county? Are any of these individuals eligible for MLTC but there is no aligned MAP in their county?	For these HARP members, some of them may have an IB-Dual product but have not selected it. For members eligible for MLTC, there are multiple options for the members, MAP, MLTC Medicaid, and PACE. These programs cover all counties in New York.
30.	Duals	Can the almost 8K dually eligible individuals who will be disenrolled from HARP be moved to a Medicare plan that has an aligned D-SNP?	While the members may move to an aligned D-SNP, this is the member's choice. Medicare is a federal program, not a NYS program.

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31.	Duals	<p>Of the approximately 8K dually eligible HARP members in WMS (non-MAGI) not enrolled in IB-Dual:</p> <ul style="list-style-type: none"> • Is it correct to say an overwhelming majority of these HARP members do not have aligned IB-Dual in their county? • Does the 8K include HARP members who have an aligned IB-Dual but chose not to enroll? 	<p>The majority (5K) of the 8K HARP members not in IB-Dual are in a plan that does not offer IB-Dual. Nearly all counties in NYS offer IB-Dual, however a member may be enrolled in a plan without this offering.</p> <p>A minority (3K) of the 8K HARP members are in a plan that offers IB-Dual but either: chose not to enroll or could not enroll due to not being in the correct Medicare product. While the members may move to an aligned D-SNP, this is the member's choice. Medicare is a federal program, not a NYS program.</p>
32.	Duals	<p>How will NYS DOH address patients currently enrolled in D-SNP products and MAP products which require a patient to be dually eligible for Medicaid and Medicare (and MLTC in the case of MAP) to be enrolled in these products?</p> <p>If patients currently enrolled in these products are not able to recertify for Medicaid, in what products can they be enrolled to replace their current products?</p> <p>How will the patients and their providers be informed and/or determine their recertification dates for Medicaid?</p>	<p>There is a deeming period for dual members losing special status (i.e., no longer Medicaid eligible). The deeming period is determined by the plan and can be anywhere from one to six months. They would choose another Medicare plan or traditional Medicare. Consumers are notified of their recertification, see other Q&As for the methods of notification and tools providers may use to help. Consumers who do not recertify for Medicaid cannot remain in Medicaid or their Medicare D-SNP. If the dually eligible member does not regain Medicaid eligibility during the deeming period, they cannot stay in the D-SNP and will be disenrolled to Original Medicare unless they choose another Medicare Advantage Plan.</p>

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33.	PSYCKES	How do I register to get access to the PSYCKES portal to assist my clients?	<p>Access to PSYCKES is managed by each provider agency's Security Manager(s). Please contact one of your Security Manager(s) and ask that they use the OMH SMS to add you as a new user for PSYCKES-Medicaid. If you are unfamiliar with your agency's security manager, contact PSYCKES Help at psyckes-help@omh.ny.gov.</p> <p>You will need to provide the Security Manager with your:</p> <ul style="list-style-type: none"> • Name • Title • Email address • Current OMH user ID, if you have one (e.g., for NIMRS or MHPD) <p>Once added as a new user in SMS, a request will be generated for OMH Security to send you a Self-Service Console instruction email which will contain a User ID and temporary password to login to the Self-Service Console. In the Self-Service Console, you will request your token (required to login to PSYCKES).</p>
34.	PSYCKES	If you export PSYCKES Medicaid eligibility information, will it show the Medicaid eligibility expiration date? Or do you have to drill down on the website?	<p>Users can export recipient search results for cohort search for Medicaid Enrollment Status: Medicaid Recertification Due < 3 mo.</p> <p>This search will not include the specific Medicaid eligibility dates – you will need to drill into the individual clinical summary and review in the General section.</p>

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35.	PSYCKES	Is PSYCKES for Health Homes only or can PSYCKES be used by OMH clinic and CFTSS OMH as well?	<p>PSYCKES can be used at your organization as long as it's considered of the following:</p> <ul style="list-style-type: none"> • Agencies with an OMH-licensed program or program with OMH oversight • Agencies with an OASAS-licensed program (not including residential only programs) • DOH-recognized Health Homes and Care Management Agencies • Federally Qualified Health Centers (FQHCs) • Local Government Units • Behavioral Health Network (e.g., BHCC, IPA) • Medicaid Managed Care Plans • DOH licensed hospital • OMH Designated Adult Home and Community Based Services (BH HCBS).

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36.	PSYCKES	Do providers need consent from clients to access Medicaid information from PSYCKES?	<p>PSYCKES users can automatically view client-level Medicaid data for clients whom the user's provider agency billed Medicaid and who are positive for an applicable quality flag. This is due to a federal mandate to monitor the quality of care for Medicaid clients. Certain categories of PHI – including data associated with HIV, substance use, family planning, and genetic information – are legally subject to additional special protection and will not be displayed in PSYCKES without client written consent or an emergency. OMH developed the Enable PHI Access feature in PSYCKES to allow provider agencies to obtain consent from clients for expanded access to their data. The Enable PHI Access feature allows providers to view the Clinical Summary of Medicaid recipients who are not positive for a quality flag and / or have data with special protections, as well as for those recipients who are not associated with a provider through Medicaid billing. For more information on how to enable access to client level data, please review our user guide:</p> <p>https://omh.ny.gov/omhweb/psyckes_medicaid/enabling-access.pdf.</p>
37.	PSYCKES	Does PSYCKES only show the Medicaid recertification date based on the extension made for the COVID-19 PHE? Some people couldn't get services such as home care because of that.	PSYCKES gets Medicaid eligibility recertification data from OMH's Medicaid data feed. This information is processed from the MDW directly.
38.	PSYCKES	How do we figure out recertification dates for our care management clients who have Medicaid through the marketplace? ePACES still says December and PSYCKES is not generating a date.	Please contact the PSYCKES Help Desk at psyckes-help@omh.ny.gov with a specific client example (following your agency's protocol regarding PHI) so we may look into this. For example, some agencies send PHI information via encrypted documentation and send a second email that contains the password to open the document.