

Medicaid 101

Presented by:
Amanda Gallipeau
Empire Justice Center
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Overview

- What is Medicaid?
- Who qualifies?
- What does it cover?
- Are there copays?
- How long should it take?
- Anything else I should know?
- Questions?
- Resources
- Contact info



Medicaid Covers More People Than Ever!

What is Medicaid?

- It is an “*Entitlement Program*” ...anyone who meets the eligibility requirements has the *right* to enroll in coverage
- Program for New Yorkers who can’t afford to pay for medical care;
- Administered through NYS Department of Health;
- May qualify if you:
 - Have high medical bills
 - Receive Supplemental Security Income (SSI)
 - Meet certain financial requirements

How Medicaid Works

- Generally, choose a Managed Care Plan
 - DOH pays insurance companies “per member per month (PMPM)” to cover cost of care
 - The plan will pay for care, rather than “fee-for-service”
 - If you have Medicare and Medicaid, and have home care for 4+ months, you may likely get an Managed Long Term Care (MLTC) plan, and are over age 21
 - Must cover Medicaid benefits, at a minimum
 - Model contract of covered services found in Model Contract, Appendix K (see resources)
- There are waivers: NHTD, TBI – still in fee-for-service, but are set to change to managed care eventually

Medicaid Managed Care

Exemptions	Exclusions
Those with chronic conditions seeing a specialist that doesn't take any of the managed care plans (6 months)	Original Medicare recipients
Native Americans	Those with limited Medicaid eligibility
OPWDD	Those in hospice at time of enrollment
TBI/NHTD	

Medicaid Coverage

- Can be retroactive for up to 3 months, as long as eligible in those 3 months
- Pays for comprehensive, medically necessary services

Smoking cessation agents	Doctors and dental <i>(Medicaid has limited dental coverage)</i>	Hospital inpatient and outpatient services	Laboratory and X-ray services
Nursing home care	Home health agencies	Inpatient psychiatric care	Family planning
EPSDT	Medicine, supplies, DME	Clinic services	Transportation
Emergency ambulance	Prenatal care	Some insurance and Medicare premiums	Other health services

EPSDT

- Early and Periodic Screening, Diagnostic, and Treatment
 - States are required to provide Medicaid-covered children under age 21 with comprehensive, appropriate, preventive, dental, mental health, and developmental, and specialty services.
- Screening
 - Comprehensive health and developmental history
 - Physical exam
 - Immunizations
 - Laboratory tests (including lead toxicity screening)
 - Health Education
- Vision
- Dental
- Hearing
- Diagnostic
- Treatment

Family Planning Benefit Program (FPBP)

- Eligibility:
 - You are a female or male of childbearing age;
 - You are a New York State resident;
 - You are a U. S. citizen*, national**, Native American, or lawfully present*** (see resources for Immigration Crosswalk);
 - You meet certain income requirements (currently under 223% of the Federal Poverty Level) ; and
 - You are not already enrolled in Medicaid.
- Covers:
 - Most FDA approved birth control methods, devices, and supplies (e.g., birth control pills, injectables, or patches, condoms, diaphragms, IUDs)
 - Emergency contraception services and follow-up care
 - Male and female sterilization
 - Preconception counseling and preventive screening and family planning options **before** pregnancy
 - Transportation to family planning visits

FPBP

- When provided within the context of family planning, the following are covered:
 - Pregnancy testing and counseling
 - Comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated (**Mammograms are not covered**).
 - Screening and treatment for sexually transmitted infections (STI's)
 - Screening for cervical cancer and urinary tract or female-related infections
 - Screening and related diagnostic laboratory testing for medical conditions that affect the choice of birth control, e.g. a history of diabetes, high blood pressure, smoking, blood clots, etc.
 - HIV counseling and testing
 - Counseling services related to pregnancy, informed consent, and STD/HIV risk counseling
 - Bone density scan (**only for women who plan to use or are currently using Depo-Provera**)
 - Ultrasound (**to assess placement of an intrauterine device**)
- **Exempt from Managed Care**
- **No Copays**
- **There are Family Planning Sites to apply:**
https://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm#Monroe

Prescription Drugs

- Federally, prescription drugs are an optional benefit, but NYS covers both medically necessary and OTC drugs
- NY Medicaid has “mandatory” generic dispense program: prior authorization is required for medication that is not generic

Medicaid Copays

Clinic Visits	\$3.00	
Lab tests	\$.50 per procedure	
Medical Supplies	\$1.00 per claim	Inc syringes, bandages, gloves, hearing aid batteries, nutritional supplements, etc
Inpatient Hospital Stays	\$25.00	Involving at least 1 overnight; due upon discharge
Emergency Hospital Room	\$3.00 per visit	Non-urgent
Pharmacy Drugs	\$3.00 Brand Name Non-Preferred, \$1.00 Brand Name Preferred, \$1.00 Brand When Less Than Generic, \$1.00 Generic	
OTC Drugs	\$.50	

- Copays allowed to be charged, but providers cannot refuse service due to inability to pay; Max \$200 per year, runs state FY (4/1-3/31)
- There is no copay on private practicing physician services (including laboratory and/or x-ray services, home health services, personal care services or long term home health care services)

Medicaid Copays - Exemptions

Children under 21	Residents of Office of Mental Health, Office for People with Developmental Disabilities	Enrollees in Comprehensive Medical Case Management or Services Coordination Program
Pregnant Women – during pregnancy and 2 mos after	Family planning, birth control, condoms	Residents of Adult Care Facility
Nursing Home Residents	Members in Hospice	Native Americans and Alaska Natives
Members below 100% FPL	Psychotropic/tuberculosis drugs	Those in waiver programs

Eligibility

- 2 types of Medicaid: MAGI vs. non-MAGI
 - *Non-MAGI*: disabled, blind, age 65+
 - Apply at LDSS, HRA
 - Resources are included in eligibility determination
 - Lower income limits
 - SSI budgeting/disregards
 - *MAGI*
 - Apply at NYSOH
 - Resources not included
 - Higher income limits
 - Can use if in Medicare waiting period
- Generally, cannot MAGI budgeting if have Medicare, unless parent or caretaker relative (MAGI-like for parent/caretaker relatives – apply at LDSS, given higher income standards, no resource test)

Eligibility

NON-MAGI				
Household Size	1	2	3	4
Income	\$842	\$1,233	\$1,418	\$1,603
Resources	\$15,150	\$22,200	\$25,014	\$28,275

MAGI (138% FPL*)				
Household Size	1	2	3	4
Income	\$1,397	\$1,893	\$2,390	\$2,887

Eligibility

FPBP, Pregnant Women And Infants Under Age 1 223% FPL		*pregnant women always count as themselves and #of expected pregnancies		
Household Size	1	2	3	4
Income	\$2,257	\$3,059	\$3,862	\$4,665

Children 1-5 154% FPL

Household Size	1	2	3	4
Income	\$1,558	\$2,113	\$2,667	\$3,222

Eligibility

- Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)
 - Up to 250%
 - Must be under age 65
 - Apply at DSS
 - Write at the top of application “MBI-WPD”
 - Any amount of work can count

How Long Should it Take?

- 45 days for a straightforward application
- 30 days for pregnant women or for children
- 90 days for determining a disability
- “Reasonable promptness” written in federal law; have right to fair hearing when no notice is received within the above timeline, or there is no notice sent explaining cause for delay (i.e., request for more documents to process)

To Request a Fair Hearing

- **1) Telephone:** You may call the state wide toll free number: 800-342-3334; **OR**
- **2) Fax Number:** (518) 473-6735; **OR**
- ***3) On-Line:** Complete and send the online request form at: <http://otda.ny.gov/programs/applications/>;
- If you are recertifying, ask for Aid to Continue – you only have 10 days from date on notice to get this.

*best option

Helpful Hints

- When applying for Medicaid at HRA or DSS, use “cover page”
 - Writing things like “applying for both Medicaid and MSP” or “Medicaid Buy-in for Working People with Disabilities” can be helpful, but for newer workers, things such as “use SSI budgeting – has earned income budgeting” can potentially save time frustration
- Save copies, especially when applying, and filing Fair Hearing.
- Look out for Medicaid patients being billed for services – they are not allowed to be billed for services, particularly balance billed – *see Medicaid Update, February 2014, volume 30, no. 2*

Case Studies - Kasia

- Kasia is a pregnant 18 year old woman living in upstate NY. She is living with her parents. The child's father, age 19, has no income, Kasia makes \$500 a month waitressing and her parents' income is \$4000 per month. She expects to continue living with her parents and go to school after the birth of the child. Let's find out what her insurance eligibility would be while pregnant, and for herself and the child after.

Case Studies - Kasia

- Discuss – Kasia’s parental income would be disregarded. See: **GIS 14 MA/022:Medicaid Eligibility for Pregnant Minors;**
- **So only her \$500 monthly income would count, which puts her below the \$3,059 amount for a HH of 2 for the Pregnant Women eligibility amount.**
- Until the baby is 1, they would also qualify for Medicaid, potentially beyond, depending on income

Case Studies - Andres

- Andres is 42 and lives alone. He gets SSD of \$1405 and is in the waiting period for Medicare. He also walks his neighbor's dog for \$20 a month. What can he do about insurance?

Case studies-Andres

Andres is just over the limit for MAGI budgeting of \$1397. But, he can apply at the LDSS

\$1425

-20 income disregard

-842 Medicaid level

\$563 spend down

Or we can use MBI WPD program!

250% = \$2529 so he would qualify for Medicaid

- He should write up a cover letter, and apply at the LDSS, stating that he wishes to apply for the Medicaid Buy-in Program for Working People with Disabilities, along with a letter from his neighbor.

Questions?

More Information on Medicaid Mini-Series

- August 14
 - MAGI Medicaid with Alexia Mickles
- August 21
 - Medicaid Budgeting with Geoffrey Hale

Resources

- *Medicaid Beneficiaries Cannot Be Billed*: Medicaid update February 2014. vol 30, number 2.
- [Coplay information](https://www.health.ny.gov/health_care/medicaid/#services)
https://www.health.ny.gov/health_care/medicaid/#services
- [Reasonable Promptness](http://www.wnylc.com/health/entry/175/) <http://www.wnylc.com/health/entry/175/>
- Eligibility Levels <http://www.wnylc.com/health/entry/15/>
- Managed Care
https://www.health.ny.gov/health_care/medicaid/redesign/mrt90/nhtd-tbi/mmc_overview.htm
- Medicaid Buy-in Program for Working People with Disabilities
<http://www.wnylc.com/health/entry/59/>
- Fair Hearing Database Search <http://otda.ny.gov/hearings/search/>

Resources

- EPSDT
<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>
- Family Planning Benefit Application Sites
https://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm#Monroe
- Managed Care Model Contract
https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf
- NY Health Access <http://www.wnylc.com/health/>
- Immigration Crosswalk <http://empirejustice.org/wp-content/uploads/2018/01/health-coverage-crosswalk.pdf>

Contact Information

- Contact Health Intake
 - 800-724-0490 x 5822
 - health@empirejustice.org
 - www.empirejustice.org
- Amanda Gallipeau
 - 585-295-5731
 - agallipeau@empirejustice.org