



FREQUENTLY ASKED QUESTIONS about Medicaid insurance for New Yorkers who are enrolled through their Local Departments of Social Services (LDSS) or the New York City Human Resources Administration (HRA)

March 1, 2023

Due to requirements in federal law and other flexibilities, you have been enrolled in Medicaid without having to renew your insurance every year. However, federal law has changed and regular renewal processes will resume over the course of a year, beginning in Spring 2023. Your Local Department of Social Services (LDSS) or the New York City Human Resources Administration (HRA) will notify you when it is time for you to renew each year.

1. What can I do to prepare for this change?

Make sure your address, phone number, and other contact information is up to date with your Local Department of Social Services (LDSS) or the New York City Human Resources Administration (HRA). If any of this information has changed or you are not sure whether it is up to date, [contact your LDSS or HRA](#). If they do not have your correct mailing address, you may not receive your Medicaid mailings, which means you could lose your Medicaid insurance.

2. How will I know when it is time to renew my Medicaid?

When it is time for you to renew, your LDSS or HRA will mail you a Medicaid renewal packet. You will receive your renewal packet before your enrollment end date. Your enrollment end date is the date your insurance will end if you do not follow the instructions in your renewal packet. You can [contact your LDSS or HRA](#) to ask what your enrollment end date is.

3. What do I need to do to keep my Medicaid insurance?

When it is time for you to renew, you may receive a notice regarding your ongoing Medicaid coverage or you will have to renew your Medicaid insurance like you did before the COVID-19 Public Health Emergency began. The LDSS or HRA will mail you a Medicaid renewal packet. To renew your Medicaid insurance, you must follow the instructions on how to complete and submit your renewal form by the date listed on your

form. If you do not return your renewal form to your LDSS or HRA by the date on the form, then you may lose your Medicaid insurance.

4. After I submitted my Medicaid application or renewal packet, I received a letter, telephone call, or e-mail from my LDSS or HRA saying that my application or renewal is missing information. What do I do?

Provide the missing information as soon as possible. Your LDSS or HRA will send a written request for missing information, with a due date of no less than 10 days. The written request will tell you how you can provide the missing information. Your LDSS or HRA will also follow up with you by making attempts to contact you, your authorized representative or the person who submitted the application for you by letter, telephone call or e-mail. **If you do not provide the missing information, you may lose your Medicaid insurance or your application may be denied.**

5. Will I need to provide proof of income and resources with my application or renewal to my LDSS or HRA?

Your LDSS or HRA will notify you of the proof needed to document your income and resources on your application or renewal form. If the LDSS or HRA needs additional proof, you will receive a notice telling you what additional documentation you need to provide. You should respond promptly. If you are having trouble getting necessary documentation you should inform the LDSS or HRA immediately. You can find the phone number and address for your LDSS or HRA at https://health.ny.gov/health_care/medicaid/ldss.htm.

6. I moved in the last three years or so and have a new address, or I plan to move soon. How do I share my new address with my LDSS or HRA?

It is very important that you notify your LDSS or HRA right away of your new address, phone number and other contact information. If they do not have your correct mailing address, you may not receive your Medicaid mailings, which means you could lose your Medicaid insurance. You can find the phone number and address for your LDSS or HRA at https://health.ny.gov/health_care/medicaid/ldss.htm.

7. I gave my new address to my Medicaid plan. Do I still need to give it to my LDSS or HRA?

Yes. To make sure your Medicaid case doesn't close, it is very important that you also notify your LDSS or HRA of your new address. You can find the phone number and address for your LDSS or HRA at https://health.ny.gov/health_care/medicaid/ldss.htm.

8. I participate in the Medicaid Excess-Income (Spenddown) or Pay-In program. After renewals begin, will I need to submit a bill or payment?

You must continue to submit your bills or pay-in to your LDSS or HRA (or your Managed Long Term Care Plan) in order to meet your obligation for the Medicaid Excess Income (Spenddown) or Pay-In Program. If you were unable to submit bills or pay-in your spenddown to your LDSS or HRA because of a reason directly related to the COVID-19 Public Health Emergency (e.g., you were quarantined) and you are not yet meeting your obligation, effective July 1, 2023, you will be required to resume meeting your monthly obligation for the Medicaid Excess Income (Spenddown) or Pay-In Program. You can also [contact your LDSS or HRA](#) with any questions.

9. During the COVID-19 Public Health Emergency, I requested a fair hearing about my Medicaid eligibility or status and I was granted *Aid to Continue*. How does that affect my Medicaid insurance?

If your Medicaid was in Aid to Continue status on or after March 18, 2020, your Medicaid eligibility has been maintained with the same insurance since then—insurance was not decreased or discontinued during the COVID-19 Public Health Emergency. Once renewals begin, you will be contacted about your fair hearing request. Your Medicaid insurance will continue in Aid to Continue status and will not be decreased or discontinued while your fair hearing request is being addressed. If you have questions about your Fair Hearing, [contact your LDSS](#) or the phone number for the Office of Administrative Hearings listed on your Fair Hearing notice.

10. I am in the Medicaid Buy-In Program for Working People with Disabilities and I lost my job during the COVID-19 Public Health Emergency. After renewals begin, will I lose my Medicaid insurance?

You will remain eligible for Medicaid insurance under the Medicaid Buy-In program for Working People with Disabilities until the LDSS or HRA re-determines your Medicaid eligibility at the time of renewal.

11. What happens if I no longer qualify for Medicaid after my renewal is processed?

We want all eligible New Yorkers to get and stay covered. If you no longer qualify for Medicaid, or if your application is denied, you will receive:

- Notice of when your Medicaid insurance will end,
- Information on how to file an appeal if you think the cancellation decision was incorrect, and
- Information about other health insurance programs and how to apply for those programs through [NY State of Health](#). Financial assistance is available for those who qualify. Enrollment in NY State of Health will remain open so anyone who

loses their health insurance during the redetermination process will be able to enroll in other health insurance, if they qualify.

12. I currently have Medicare and a Medicaid Managed Care plan. Will I continue to keep both insurances once renewals begin?

Most dually-eligible (Medicare and Medicaid) individuals will no longer remain in Medicaid Managed Care plans. Dually-eligible individuals will be disenrolled to Fee-For-Service Medicaid prospectively, the 1st day of the month following notification of Medicare coverage. Individuals who are currently enrolled in Medicare who remained enrolled in a Medicaid Managed Care plan under the Public Health Emergency guidelines, will be disenrolled from the Medicaid Managed Care plan at renewal.

The Integrated Benefit for Dual Eligibles (IB-Dual) program is a choice for consumers that began during the Continuous Coverage Requirement (CCR) period. The IB-Dual program allows consumers to remain enrolled in Mainstream Medicaid Managed Care (MMC) plans and/or Health and Recovery Plans (HARP) while also enrolling in the aligned Medicare Advantage D-SNP (Duals Special Needs Plan) of the same MMC/HARP managed care plan. The IB-Dual program will continue to be a choice for consumers after the CCR period ends. Apart from these dually enrolled individuals, disenrollment from a Medicaid Managed Care or HARP plan will be appropriate based on the receipt of Medicare.

13. I am over 65 years old and am currently receiving Medicaid. I have not been required to apply for Medicare or other benefits that I may be eligible for during the Public Health Emergency. Will I be required to apply for Medicare and other benefits I may be eligible for after renewals begin?

Yes. If you became eligible to apply for Medicare during the Public Health Emergency, you will now be required to apply for Medicare, or any other benefits for which you may be eligible, as a requirement to continue your Medicaid eligibility. You will receive a separate letter informing you of your requirement to apply for Medicare and your LDSS or HRA will let you know at your renewal if there are other benefits your need to apply for.