



## RECENT NEW YORK MEDICAID GUIDANCE REGARDING COVID-19 OUTBREAK

Syracuse ♦ Ithaca ♦ New York City

March 2020

In response to the COVID-19 health crisis, the New York State Department of Health issued statewide directives on March 21, 2020 to counties across the state as to how they should be addressing certain situations specifically with respect to Medicaid eligibility and enrollment. To be more specific, the Department of Health issued guidance in the following areas until further notice:

### Applying to all eligibility criteria

- Self-attestation of eligibility requirements by applicants shall be allowed in initial applications, requests for increased coverage, and redeterminations
- Proof of citizenship and immigration status on new applications will require documentary verification
- Most documentation requests for any reports issued by counties as of March 1, 2020 are effectively suspended – these include requests for verification of failed Social Security numbers, requests for resource verifications, and request for asset verifications
- Denials and discontinuances are prohibited if Medicaid A/Rs fail to provide requested information or documentation

### Conditions of eligibility to maintain existing coverage

- For Medicaid recipients/applicants turning age 65, they will not be required to apply for other benefits such as Social Security, Medicare, or Veterans Benefits to maintain eligibility
- Individuals who have an absent parent will not be referred to child support and will not have to comply with child support requirements for eligibility
- Individuals with available third-party health insurance will not be required to provide information concerning available insurance
- Districts are not required to make new cost-effective determinations for the agency's reimbursement, especially if there is not sufficient information

### Extending Medicaid eligibility beyond the end of redetermination periods

- Any cases whereby Medicaid eligibility is scheduled to March 31, 2020 or after and a redetermination of benefits is required, such authorization of benefits will be automatically extended for a 12-month period of time

### Consumers participating in the Excess Income and Pay-In Programs

- If there is a participant in one of these programs in a district that does not have sufficient staff capabilities to process bills or pay-in amounts, or the individual themselves do not have the ability to send in bills or pay-in amounts to the local office, then the district should continue to authorize Medicaid coverage for the individual while keeping a list of those who did not provide such bills or amounts

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Obviously, it is clear that the Department of Health is concerned with ensuring continuity of services and healthcare for participants in the system and ensuring that those who need healthcare coverage can obtain it in short order due to the obvious staffing shortages and health care crisis. It should be noted, however, that consistent records will likely be kept by all district offices to track those who have obtained new or continuing benefits under these provisions. It is not unreasonable to expect significant auditing of individuals' eligibility status and records once the health care emergency has been lifted and the district offices return to a more normal operating schedule. Thus, it is unadvisable for anyone to apply for benefits under these rules without ensuring that they would otherwise qualify under normal conditions or they may face requests for reimbursement by Medicaid for services in the future.

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Should you or anyone you know have any further questions or concerns with New York Medicaid rules and regulations or with planning for or obtaining Medicaid eligibility, please contact:

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