

STAYING ON MEDICAID DURING THE COVID-19 EMERGENCY

Effective March 18, 2020, no one who currently has Medicaid will lose coverage during the COVID-19 Emergency unless you voluntarily close your case or move out of the state. This means, your Medicaid case will not be closed during the COVID-19 Emergency even if you lose Medicaid eligibility.

If you receive a notice that your Medicaid case is or will be closed during this time, you should request a Fair Hearing with the Office of Temporary and Disability Assistance (“OTDA”) within 60 days of the notice to challenge the discontinuance. You must request a Fair Hearing within 10 days of the notice or before the notice “Effective Date” for your Medicaid to remain unchanged. You can request a Fair Hearing online at <http://otda.ny.gov/hearings/request/> or over the phone at 800-342-3334.

Recertifications

All Medicaid cases that were active as of March 18, 2020 and that have coverage end dates between March and June are being automatically extended. If your Medicaid case was/is set to end between March and June, you do not have to return your Medicaid renewal forms.

- If your case is with the New York State of Health (NYSOH), it will be extended for 4 months.
- If your case is with the local district (HRA in New York City) it will be extended for 12 months.

If you receive recertification forms that are due in June or later, you must return the forms or you may lose coverage when your authorization expires.

Meeting your spend-down:

If you meet a monthly spend-down to activate your Medicaid coverage, HRA has confirmed that they will grant you 6 months of coverage in the following circumstances:

- 1) If you met your spend-down in March, April, May, or June;
- 2) If you have been trying to meet your spend-down in March, April, May, or June but have been unable to (for example, you cannot get bills from your providers, you are unable to fax or send bills to HRA, or HRA is not processing your bills or payment) and you call the Medicaid Surplus Helpline at 929-221-0835 and leave a voicemail with the following information:
 - a. Name
 - b. CIN
 - c. Phone Number
 - d. If submitting a bill, please provide the name of the provider, the date of the service, and the amount of the bill.
 - e. If submitting a payment, please indicate the amount of the payment. Please do not leave credit card information on the voicemail.

Clients will only receive a call back from HRA if additional information is needed.