

HCPF Project #13603
 CBMS C4HCO Add 60 Day
 Language to MA NOAs
HCPF Project #13621
 CBMS Trans Med Updates

Updates to the Notice of Actions (NOAs) for Medical Assistance

The Qualified Health Plan (QHP) language has been updated to include the details of the 60 day timeline for members. Members will now see information in the NOA that indicates that they have 60 days to enroll or make changes to their Marketplace application. This is especially significant for the members who are terminated from Medical Assistance and will need to act within 60 days to apply for Premium Tax Credits or enroll in a private plan.

Updates to CBMS Logic

CBMS will be applying new logic for customers who are enrolled in MAGI Parent Caretaker and transitioning to Transitional Medicaid. The new logic will ensure members are enrolled in MAGI Parent/Caretaker for at least 3 months before CBMS rolls them to Transitional Medicaid. Transitional Medicaid coverage will begin at the start of the 4th month.

Example			
On February 26th, an ongoing case is over income for MAGI Parent Caretaker and the case is evaluated for Transitional Medicaid. This case has met three of the six months required for MAGI Parent Caretaker.			
December 2019	January 2020	February 2020	March 2020
Pass for MAGI Parent Caretaker	Pass for MAGI Parent Caretaker	Pass for MAGI Parent Caretaker with 10 day noticing	Pass for Transitional Medicaid
Results			
The member passed for Transitional Medicaid due to having MAGI Parent Caretaker for December 2019, January 2020, and February 2020. Transitional Medicaid will begin on March 1, 2020.			

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Updates to CBMS Logic

Members who are on Transitional Medicaid and who are not eligible for another aid code will receive a Termination NOA with dates of termination. Previously the members were receiving a Denial Letter, and the Denial Letter did not indicate the termination date.

Updates to CBMS Logic

10 Day noticing will now be applied to the member approved for Transitional Medicaid. This could cause a Transitional Medicaid case to exceed the 12 month timeline.

Example	
02/01/2019	Transitional Medicaid was approved and the member has an RRR due date of 01/2020.
01/15/2020	The member's Medicaid RRR is received. The eligibility worker did not complete the Case Wrap Up page. The eligibility worker will mark: Data Entry Complete= N for Medical Assistance
02/11/2020	The eligibility worker processes the MA RRR and marks: Date Entry Complete= Y for Medical Assistance The member is not eligible for any other Medical Assistance programs.
Results	
Transitional Medicaid will not be denied until 02/29/2020 due to Data Entry Complete= N for Medical Assistance . This case will exceed the 12 month limit due to retro 10-day noticing being applied.	

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Reminder

When a case is reassessed at RRR because of a household member, the members enrolled in Transitional Medicaid may either be terminated or moved to another aid code. In most cases this will happen when there is a member on a guaranteed program such as **eligible needy newborn**.

Updates to CBMS Logic

If a customer is on Transitional Medicaid and an RRR occurs for anyone in the household the member on Transitional Medicaid will have their eligibility redetermined and they may roll into another category or be discontinued.

Example	
03/01/2020	Member is a mother with with a baby, mother is currently on Transitional Medicaid.
07/01/2020	Needy Newborn turns 1 in July of 2020. RRR is generated and is due in July.
07/31/2020	Baby is eligible for MAGI child, mother no longer qualifies for a Medicaid program.
Results	
Baby will transition to MAGI Child, mother will be discontinued from Medicaid on 07/31/2020.	