This is the first of a two-part summer training series on MECM!

MECM: Reintroduction to the New Website for (some) Medicaid and MSP Applications and Renewals

June 25, 2026

Rebecca Wallach, Esq., Director
Rachel Holtzman, Esq., Policy Consultant

NYLAG
New York Legal Assistance Group

Webinar Logistics

- Everyone is on mute.
- You can post questions in the **Q&A, not chat please**
- **We will send out a copy of the slides** and a recording of the presentation to everyone who registered.
- You are welcome to share these materials with others!

NYLAG
New York Legal Assistance Group

ABOUT NYLAG

New York Legal Assistance Group (NYLAG) uses the power of the law to help New Yorkers experiencing poverty or in crisis combat economic, racial, and social injustice. We address emerging and urgent needs with comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy, and community partnerships. We aim to disrupt systemic racism by serving clients, whose legal and financial crises are often rooted in racial inequality.

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About the Evelyn Frank Legal Resources Program

Focuses on fighting for older adults and people with disabilities, ensuring that they have access to health care and home care services they need to age safely in their home and communities. Services include:

- **Counseling** client on Medicaid, Medicare and home care eligibility and services
- **Training** legal, social services and health care professionals about changes in Health Care programs and how to best serve the health and long-term care needs of seniors
- **Representing** clients in denials and reduction of Medicaid, Medicare Savings Program and Medicaid Home Care
- **Assisting clients with accessing Medicaid home care** through Managed Long Term Care plans.

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EFLRP Services (continued)

- Educating the public through the website: www.nyhealthaccess.org/

- Policy Updates
- Consumer Materials
- Expansive resources on coverage criteria and eligibility

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EFLRP Newsletter

Want to receive additional EFLRP trainings, outreach, and educational materials?

Join our network!

https://go.nylag.org/Subscribe-to-EFLRP

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Sign up for our second of this two-part summer training series on MECM!

Thursday, July 9 at 11:30am

- MECM: Trouble Shooting Common Issues
- In this second webinar, we will go over how to issue spot, and how to trouble shoot issues if/when they arise for your clients. We will talk through questions such as: How do I know which system my client's case is in? My client's case is on MECM but they need homecare through a MLTC plan – how can I help them? My client's Medicaid case was up for renewal on NYSOH, but they were just sent a Medicaid application from the LDSS/HRA - what's going on? If my client already has an open Medicaid case at the LDSS/HRA, can they apply for the Medicare Savings Program (MSP) on MECM? And more!
- Register here: tinyurl.com/MECMSTSPart2

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Agenda

- Medicaid Background
- Intro to MECM
- Medicaid Eligibility Systems before and after MECM
- Tips for Finding where your Client's Case "Lives"
- Tips for MECM Appeals
- Where to go for Help
- Q&A

MEDICAID BACKGROUND

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There are 2 types of “eligibility categories” for Medicaid:

MAGI Medicaid
&
non-MAGI Medicaid.

What’s the difference?

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MAGI Medicaid

Also called:

- "Expansion" enrollees
- "Obamacare/ACA" enrollees

Under 65 <u>without</u> Medicare

Non-MAGI Medicaid

Also called:

- "SSI-related" enrollees
- "ABD" or "Aged, Blind, Disabled" enrollees
- "DAB" or "Disabled, Aged, Blind" enrollees

65 or older ("Aged")

Under 65 <u>and</u> has Medicare due to a disability ("Blind, Disabled")

MAGI Eligibility Groups
Pregnant Women Presumptive for Pregnant Women
Infants and Children under 19 Infants less than 1 year Child 1 – 5 years of age Child 6 – 18 years of age (two levels)
New Adult Group Childless Adults, which include individuals that: • are not pregnant • are Age 19 – 64 (19 & 20 living alone) • do not have Medicare • could be certified disabled but do not have Medicare yet
Parents/Caretaker Relatives
19 & 20 Year Olds Living with Parents
Family Planning Benefit Program If applying through the New York Marketplace and are eligible for FPBP ONLY
Child in Foster Care (Chaffee) MAGI administered in WMS

Non-MAGI Eligibility Group
SSI -SSI recipients -State Supplement only
SSI-related Medically Needy -Aged -Blind -Disabled
ADC-related Medically Needy -Under 21 years old -Parent Caretaker Relatives -Pregnant Women
COBRA
Medicare Savings Program (MSP)
AIDS Health Insurance Program (AHIP)
Foster Care (IV-E or Non-IV-E)
Medicaid Buy-In for Working People with Disabilities (Basic Group)
Medicaid Buy-In for Working People with Disabilities (Medical Improvement Group)
Medicaid Cancer Treatment Program (MCTP): Breast and Cervical (Not eligible for MCTP if Medicaid eligible with MAGI under 138% FPL)
Medicaid Cancer Treatment Program (MCTP):Colorectal and Prostate (Not eligible for MCTP if Medicaid eligible with MAGI under 138% FPL)
Individual under 26 years of age who was in Foster Care and in receipt of Medicaid on 18th birthday
Resident of Home for Adults run by LDSS, OMH Residential Care Centers/Community Residences

https://www.health.ny.gov/health_care/medicaid/publications/docs/adm/04_attac1.pdf

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MAGI Eligibility Groups

Income Limit = 138% of the Federal Poverty Level (FPL)

Calculates income = using tax rules

Asset Limit = None

Non-MAGI Eligibility Group

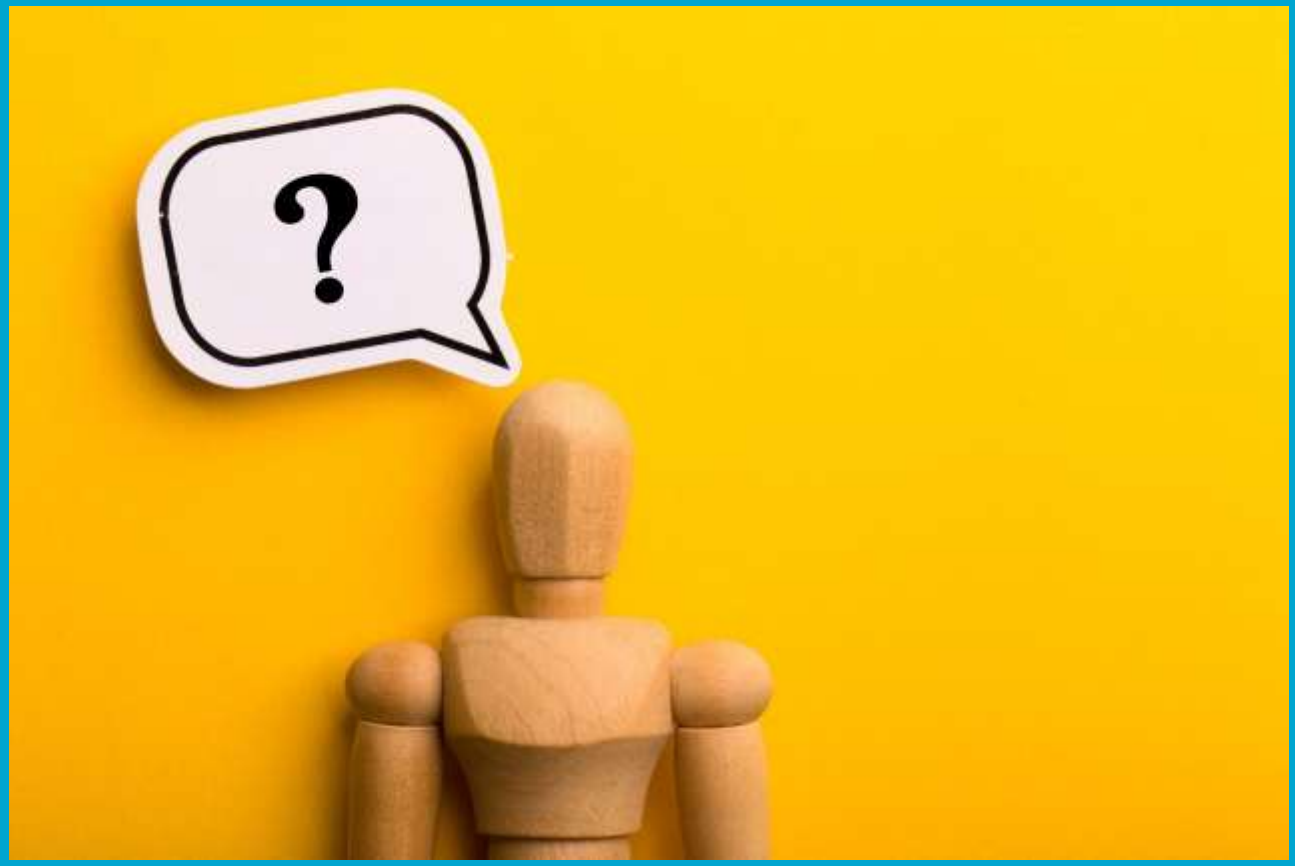
Income Limit = 138% of the Federal Poverty Level (FPL)

Calculates income = using SSI-related rules

Asset Limit = Yes

https://www.health.ny.gov/health_care/medicaid/publications/docs/adm/04_attac1.pdf

INTRO TO MECM



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POLL QUESTION #1

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What is the Medicaid Eligibility and Client Management system (MECM)?

- MECM is a back-end eligibility system.
  - "Eligibility system" means the system that processes applications and renewals to determine eligibility. You can think about this as the door someone must go through to get Medicaid.
  - MECM handles eligibility (via **applications** and **renewals**) for non-MAGI Medicaid and MSP. In the future, additional populations will be included.
  - MECM does not handle services, like approving someone's physical therapy or reducing someone's homecare hours.
- This is a multiyear project from 2023 to 2032 to migrate all cases from LDSS/HRA (which uses WMS) to NYSOH (using MECM).

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Where are non-MAGI* cases now?

As of June 25, 2026

LDSS / HRA:

Non-MAGI Medicaid cases with *at least one* of the following:

- Chronic care budgeting / nursing home budgeting
- Pooled income trust or resource trust
- Surplus (also called "spend down" or "excess income")
- Spousal impoverishment budgeting
- DAC (SSA's Disabled Adult Child program)
- MBI-WPD (Medicaid Buy-In for Working People with Disabilities)
- Homecare through a MLTC Plan or through the LDSS / HRA
- Any of the four 1915(c) HCBS waivers (OPWDD, TBI, NHTD, or Children's Waiver)

MSP cases for anyone whose Medicaid case is at the LDSS / HRA.

MECM:

Non-MAGI Medicaid cases without any of the traits in the left column, but with any (or none) of the following:

- Spousal refusal budgeting
- Homecare through a Mainstream Plan (for example, people who are undocumented 65+ years old receiving homecare through a Mainstream Plan)

MSP cases for anyone whose Medicaid case is in MECM, or anyone who does not yet have Medicaid.

POLL QUESTION #2

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Where are non-MAGI* cases now?

As of June 25, 2026

LDSS / HRA:

Non-MAGI Medicaid cases with *at least one* of the following:

- Chronic care budgeting / nursing home budgeting
- Pooled income trust or resource trust
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- Any of the four 1915(c) HCBS waivers (OPWDD, TBI, NHTD, or Children's Waiver)

MSP cases for anyone whose Medicaid case is at the LDSS / HRA.

MECM:

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MSP cases for anyone whose Medicaid case is in MECM, or anyone who does not yet have Medicaid.

POLL QUESTION #3

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Where are non-MAGI* cases now?

As of June 25, 2026

MECM:

Non-MAGI Medicaid cases without any of the traits in the left column, but with any (or none) of the following:

- Spousal refusal budgeting
- Homecare through a Mainstream Plan (for example, people who are undocumented 65+ years old receiving homecare through a Mainstream Plan)

These non-MAGI Medicaid cases on MECM include:

New cases (applications)

as well as

Existing cases on NYSOH and on WMS (HRA) that meet the criteria for what can be on MECM. These cases are being transferred into MECM in monthly batches. The renewal date for these cases should remain the same in MECM, as it would have been in NYSOH or WMS.

POLL QUESTION #4

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Whose case can be in MECM (in the future)?

- Short answer:
  - Everyone who is not on NYSOH!

- Longer answer:
  - DOH will, by 2032, bring all populations currently at the LDSS/HRA, into MECM. This will happen in "waves."
    - **Wave 1 (September 2025):** The cases described on the prior slides.
    - **Wave 2 (April 2026):** MSP cases created using federal data from the LIS (Low Income Subsidy, also called "Extra Help")
    - **Wave 3 (~June 2026):** Presumptive Eligibility for Pregnant Individuals
    - **Waves 4+ (TBD):** DOH has not yet announced these details.
  - DOH will, by the end of this year, bring all of the ~150,000 non-MAGI cases on NYSOH, into MECM.
    - Reminder: These ~150k cases became duals yet remained on NYSOH due to Medicaid protections from the COVID Public Health Emergency.

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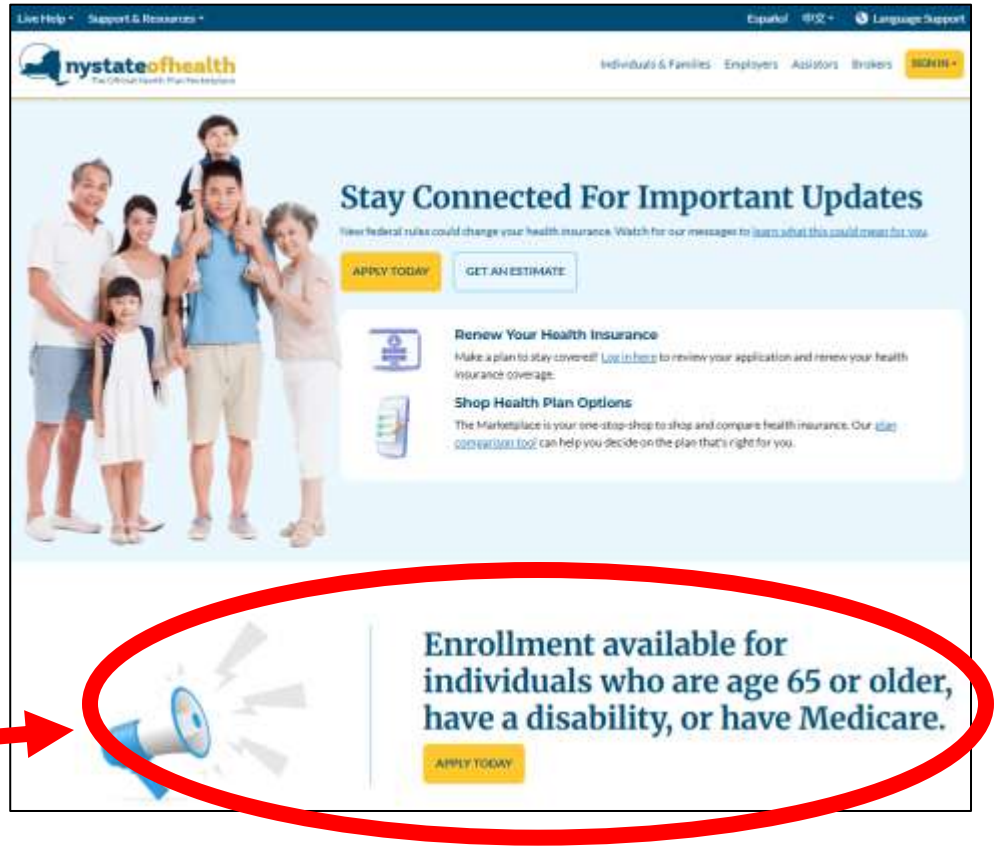
Where does MECM live?

- MECM is integrated into NYSOH (the New York State of Health): www.nystateofhealth.ny.gov
- Some clients may not realize they are in the new MECM system, since the website and notices are all branded as "NYSOH."
- You can get to MECM by clicking:



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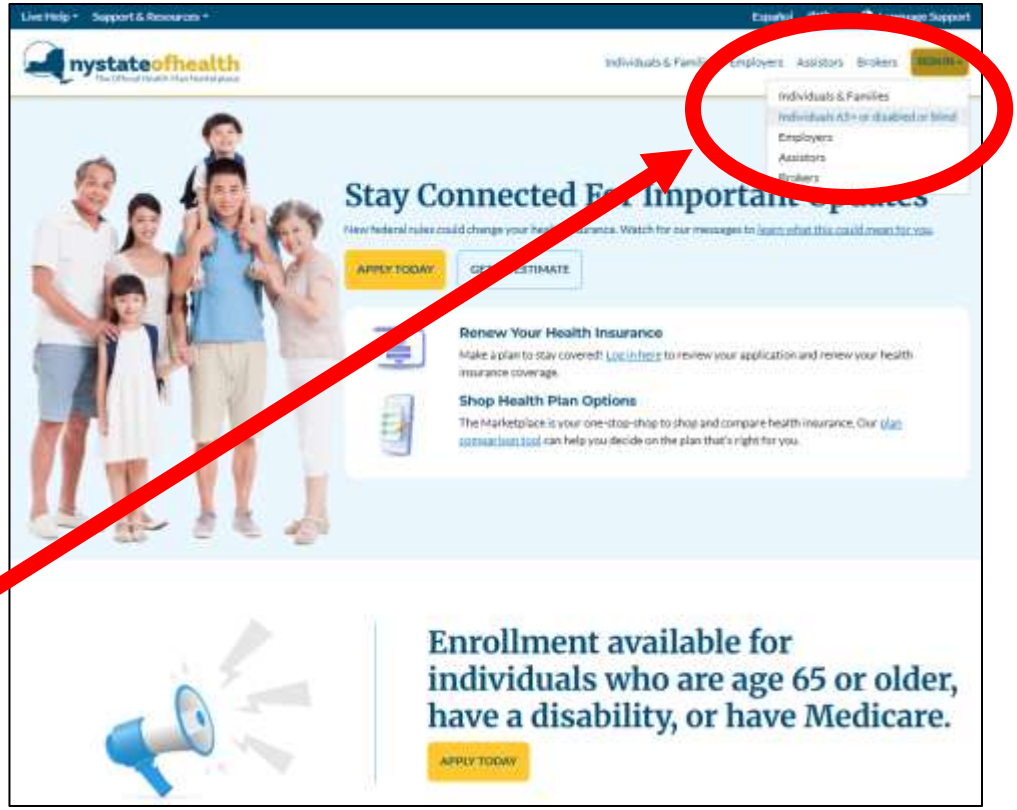

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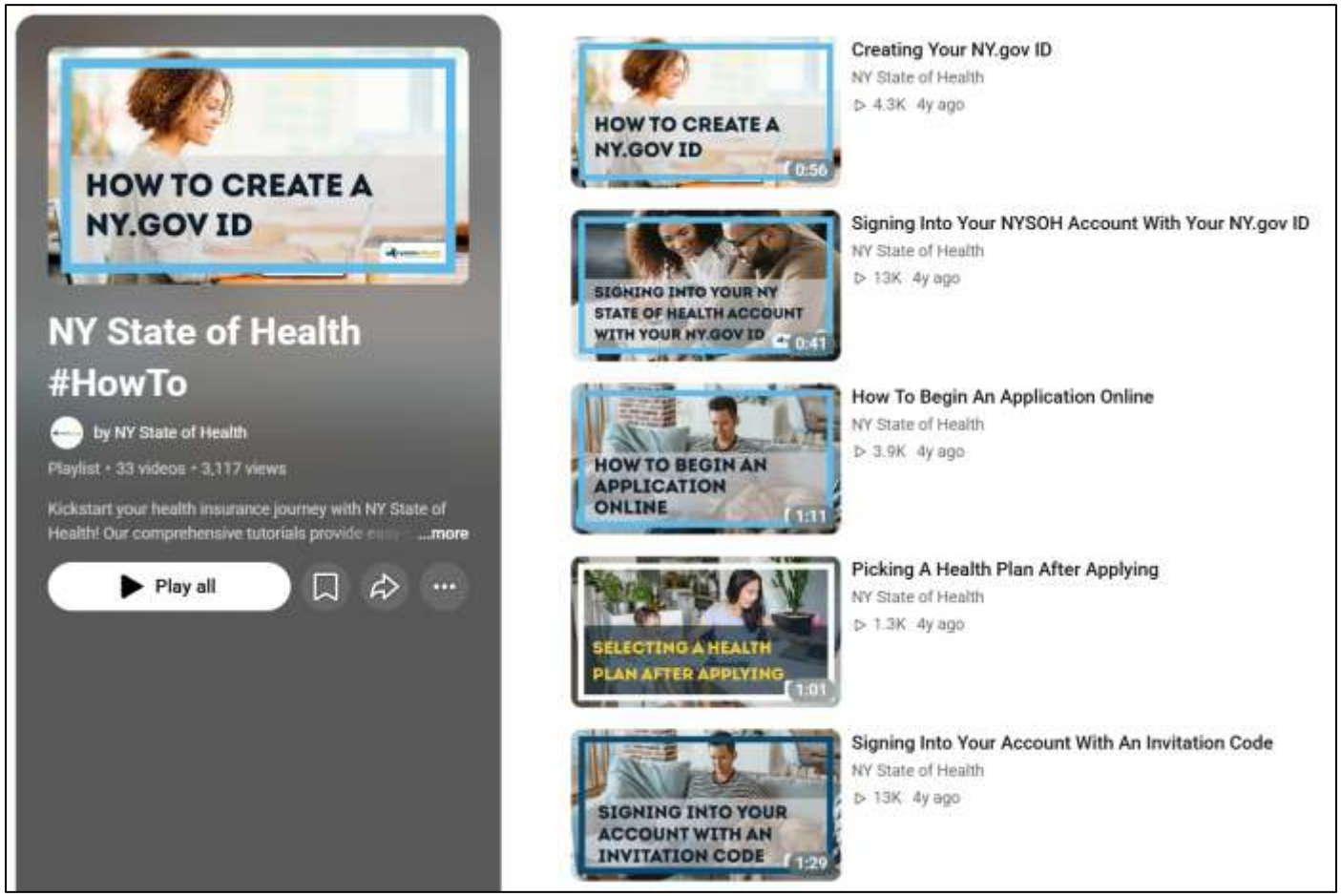
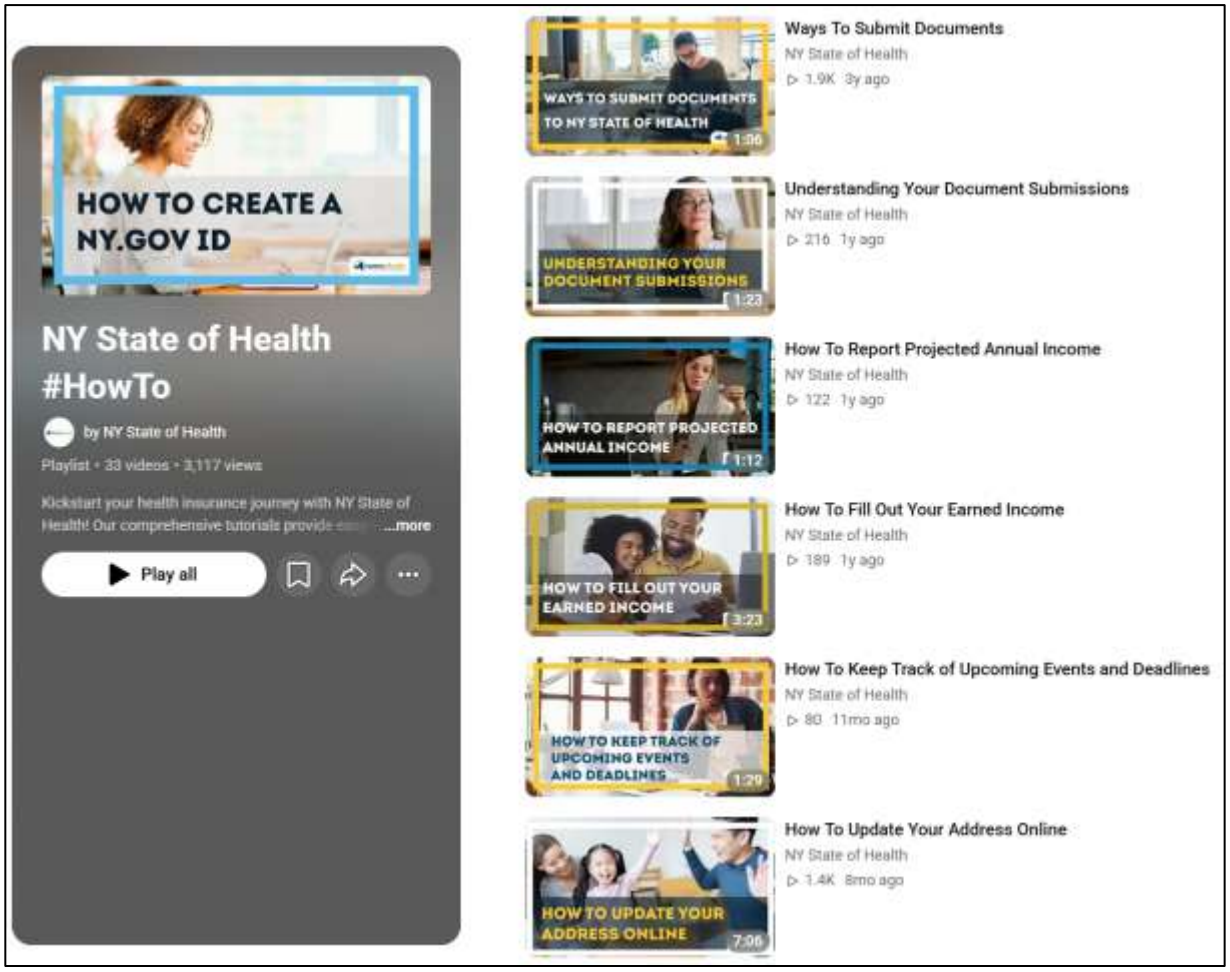
How can you learn to navigate NYSOH?



https://tinyurl.com/NYSOHHowToVideos

How can you learn to navigate NYSOH?



https://tinyurl.com/NYSOHHowToVideos

Why make this change?

- Self attestation + nudge engine + seamless data match
  - Users can self attest to some information without documentation, and the system will check other data sources to verify.
  - Users will be prompted to provide more information when the system can't verify from other data sources.
- Quicker results
  - At application: There will be quicker eligibility determinations. Some will happy same day! **93% of new applications received real-time eligibility determinations.**
  - At renewals: There will be more administrative ("ex parte") renewals, which are completed by the system without the Medicaid enrollee having to do any paperwork or even lift a finger. (Goodbye renewal packets!)
- Higher MSP enrollment
  - Nationwide, only 60% of eligible people are enrolled in MSP.
- Legacy System (WMS) is outdated

MEDICAID ELIGIBILITY SYSTEMS BEFORE AND AFTER MECM

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What were the two Medicaid eligibility systems in New York State (before MECM)?

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New York State of Health (NYSOH)

Newer system

Developed in 2010s

Welfare Management System (WMS)

Older (legacy) system

Developed in the 1970s

Used by Local Departments of Social Services (LDSS) and HRA

MECM is now the third eligibility system in New York…

How does that work?

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NYSOH for
MAGI Medicaid
(on NYSOH)

WMS for
Non-MAGI Medicaid
(at DSS/HRA)

NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

How many Medicaid enrollees are in each system?

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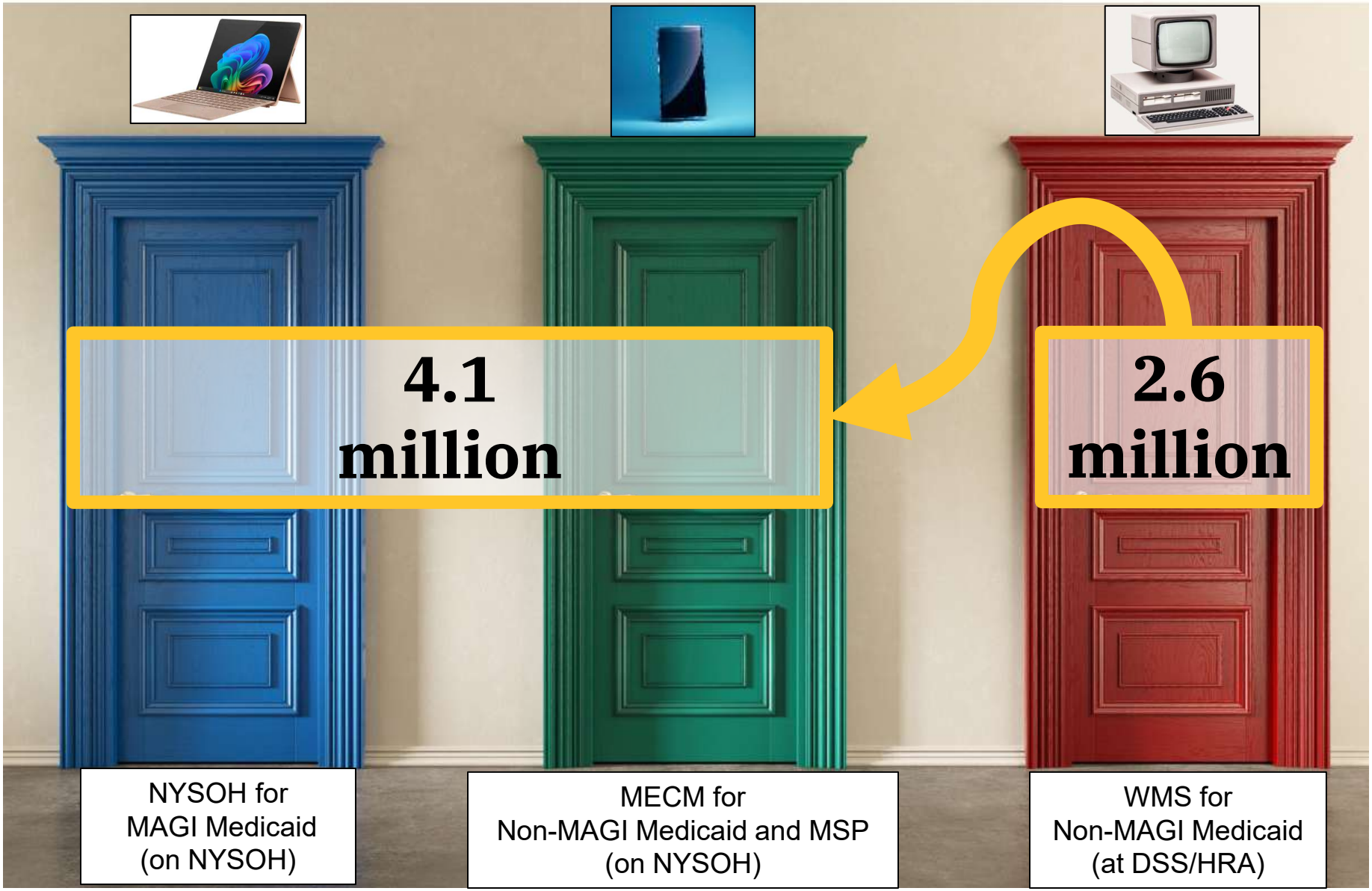
4.1 million
2.6 million
NYSOH for MAGI Medicaid (on NYSOH)
MECM for Non-MAGI Medicaid and MSP (on NYSOH)
WMS for Non-MAGI Medicaid (at DSS/HRA)

TIPS FOR FINDING WHERE YOUR CLIENT'S CASE "LIVES" (LOOK AT THE NOTICES!)

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NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

MEDICAL ASSISTANCE PROGRAM
MANAGED LONG TERM CARE(CASA)
785 ATLANTIC AVENUE, 7TH FLOOR
BROOKLYN, NY 11238

PROGRAM CODE = 5H9

NOTICE OF DECISION ON YOUR MEDICAL ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS EN ESPANOL, POR FAVOR PONGASE EN CONTACTO CON SU TRABAJADOR(A).

NOTICE NUMBER:	DATE: Notice Date	CASE NUMBER:
N006KF4829	September 19, 2019	[redacted]

OFFICE	UNIT	WORKER	UNIT OR WORKER NAME	TELEPHONE NO.
5H9		5H9KS	MANAGED LONG TERM CARE-CASA	888-692-6116

AGENCY TELEPHONE NUMBERS

GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		718-557-1399
OR	Agency Conference	718-637-2426
	Fair Hearing information and assistance	718-637-2426
	Record Access	718-637-2425
	Child/Teen Health Plan	718-557-1399

CASE NAME / AND ADDRESS

[redacted]

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.

MEDICAL ASSISTANCE

****
* *
* Even though you are no longer eligible for Medical Assistance, some members *
* of your case may be eligible for continuation/extension of their Medical *
* Assistance coverage. Please read this entire notice. *
* *
****

We will discontinue Medicaid effective October 2, 2019. --- Effective Date

You may request a Fair Hearing if you disagree with any decision explained in this notice. You have 60 days from the date of this notice to request a Fair Hearing. HOWEVER YOU MUST REQUEST A FAIR HEARING BEFORE THE EFFECTIVE DATE ABOVE IF YOU WANT YOUR MEDICAID TO CONTINUE UNCHANGED UNTIL THE FAIR HEARING DECISION. You may also request an informal local conference. A request for a local conference alone will not result in continuation of benefits and does not meet the 60-day deadline for requesting a Fair Hearing.

We are discontinuing Medicaid because you or your representative did not return the recertification form by September 10, 2019. Reason

If your Medicaid is discontinued, all your Medicaid services, including your home care services, will be discontinued.

POLL QUESTION #5

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NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

NOTICE OF ACCEPTANCE OF YOUR MEDICAL ASSISTANCE APPLICATION/RECERTIFICATION
(Home Care Services/Managed Long Term Care)

NYC Human Resources Administration Department of Social Services

MAP-259p (E) 03/25/2019

[redacted]

DATE 12/24/2024

CASE NUMBER [redacted]

If you have any questions, call HRA Helpline at 1-888-692-6116

CHECK PROGRAM AREA

☐ Home Care Services Program

☑ Managed Long Term Care Program

Dear Consumer:

We are sending you this notice to tell you that the Medical Assistance Program will:

☐ **ACCEPT** your Medicaid application/recertification for **full** Medicaid coverage from: _____

For the following person(s): _____

☑ **ACCEPT** your Medicaid application/recertification with a **spenddown** (excess/ surplus income) from: **12/01/2024**

For the following person(s): [redacted].

We have certified that you have a continuing need for Home Care/Managed Long Term Care Services.

WE HAVE DETERMINED YOUR SPENDDOWN AS FOLLOWS:

THIS IS NOT A BILL. DO NOT SEND ANY MONEY TO MEDICAID. YOU WILL RECEIVE A BILL SHORTLY. FOLLOW INSTRUCTIONS ON THE BILL.

A. Total monthly income	$ 10,523.42
B. Total monthly deductions	$ 3,417.22
C. Net Medicaid income (line A minus line B)	$ 7,106.20
D. Medicaid level for your household size	$ 2,351.00
E. Monthly Excess Income (line C minus line D)	$ 4,755.20

☐ Your MA application/conversion has been accepted with a surplus. Your pooled trust is under review.

☐ Your MA application/conversion has been accepted with a surplus. (See the attached MAP-635n for additional information needed for the pooled trust review)

You are required to pay your full excess (surplus) income or spenddown in the amount of $ 4,755.20 each month to the agency providing your Home Care/Managed Long Term Care services. You will receive your first bill shortly. This bill will be retroactive to the date indicated above and may be for more than one month's service.

This decision is based on Social Services Law or Regulation: 18 NYCRR 366a(2)

WORKER	TITLE	SECTION
Melissa Neal	ES	MLTC

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

We will review this decision with you if you call us at 718-637-2426 and ask for a **Local Conference**. You also have the right to ask or a **State Fair Hearing**. You must request a **State Fair Hearing** within 60 days of the date on top of this notice. You must meet this deadline to request a **State Fair Hearing** even if you ask for a **Local Conference** first. **The State Fair Hearing** is held by the NYS, OTDA, Office of Administrative Hearings.

POLL QUESTION #6

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NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

nystateofhealth
The Official Health Plan Marketplace

[redacted]

May 09, 2025
Account ID: AC[redacted]

IMPORTANT NOTICE ABOUT YOUR PLAN ENROLLMENT

Dear [redacted],

This notice concerns your health insurance through NY State of Health as of May 08, 2025.

If any of the enrollment information listed below is not correct, please call us right away.

ENROLLED IN A MEDICAID PLAN:

Plan Name: Healthfirst
Insurance Company: Healthfirst
Plan Type: Medical with Dental

Member(s)

Coverage Information

[redacted]
Marketplace ID: HX[redacted]
CIN: [redacted]

Your Premium: $0 (free) per month
Enrollment Start Date: May 01, 2025

For questions about what services and health care providers are covered, please call your insurance company at:

Insurance Company / Plan Name	Phone:
Healthfirst / Healthfirst	866-463-6743 TTY: 888-542-3821

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit https://www.nystateofhealth.ny.gov or call us.

nystateofhealth
The Official Health Plan Marketplace

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Account Number: AC[redacted]
Date of Notice: **April 22, 2025**

IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH

[redacted] Marketplace ID: HX[redacted] / CIN: [redacted]

Starting May 01, 2025, you qualify for Medicaid coverage through a Managed Care Plan.

Helpful Information:

- **We enrolled you into this product to keep you with the insurance company you had before.** Contact your insurance company if you have questions about covered services or providers.

  You can choose to stay with your current health plan or switch to a different Medicaid Managed Care plan. If you pick a new plan, you have 90-days from the start date of your new enrollment to change your plan for any reason. After the 90-day grace period, you cannot change your plan for the next 9 months, unless you have a good reason.

How We Made Our Decision

NY State of Health looked at your household size, income and other information listed in your application, and information from state and federal data sources on April 21, 2025 to decide your eligibility.

If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220)**.

[redacted] Marketplace ID: HX[redacted] / CIN: [redacted]

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

POLL QUESTION #7

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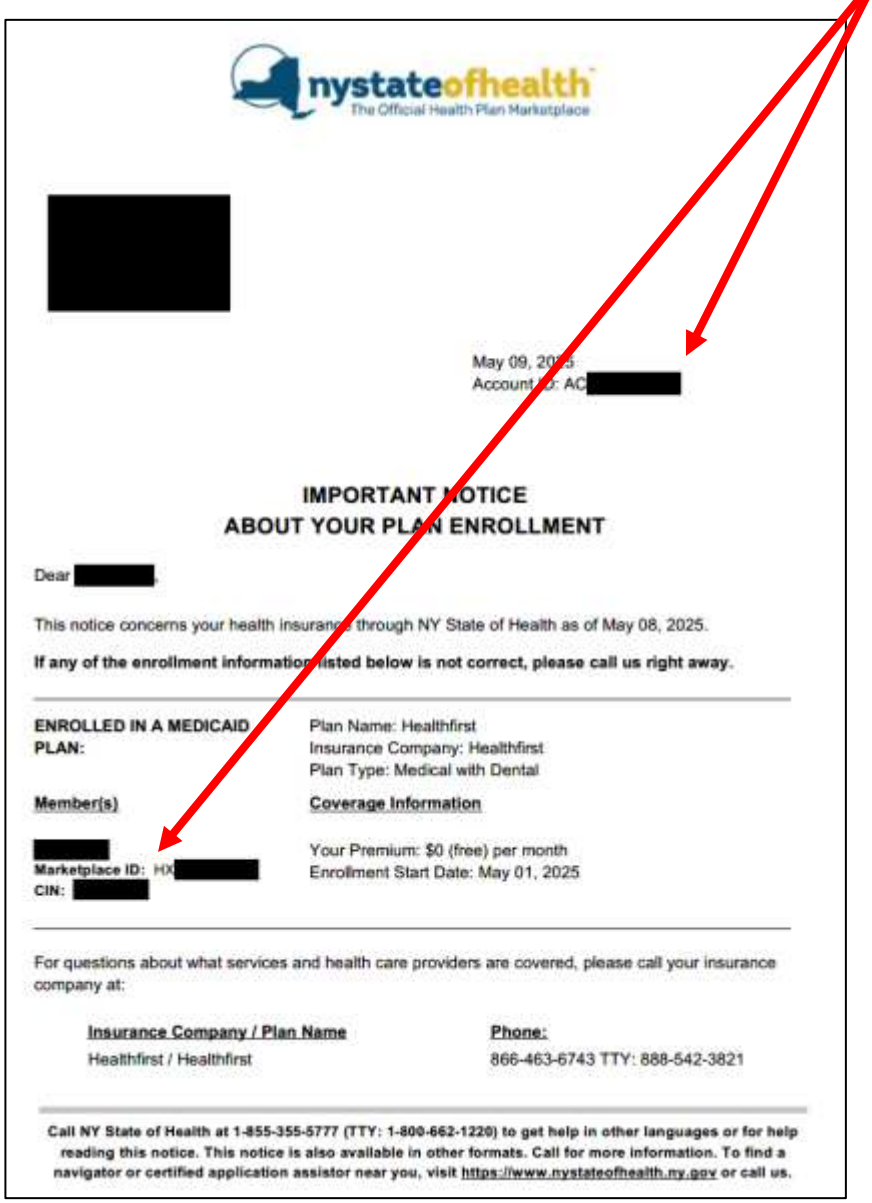
New York Legal Assistance Group

Each NYSOH case number begins with the letters **"AC"** and each has a Marketplace ID beginning in the letters **"HX."**



nystateofhealth
The Official Health Plan Marketplace

[redacted]

May 09, 2025
Account ID: AC[redacted]

IMPORTANT NOTICE
ABOUT YOUR PLAN ENROLLMENT

Dear [redacted],

This notice concerns your health insurance through NY State of Health as of May 08, 2025.

If any of the enrollment information listed below is not correct, please call us right away.

ENROLLED IN A MEDICAID PLAN:

Plan Name: Healthfirst
Insurance Company: Healthfirst
Plan Type: Medical with Dental

Member(s)

[redacted]
Marketplace ID: HX[redacted]
CIN: [redacted]

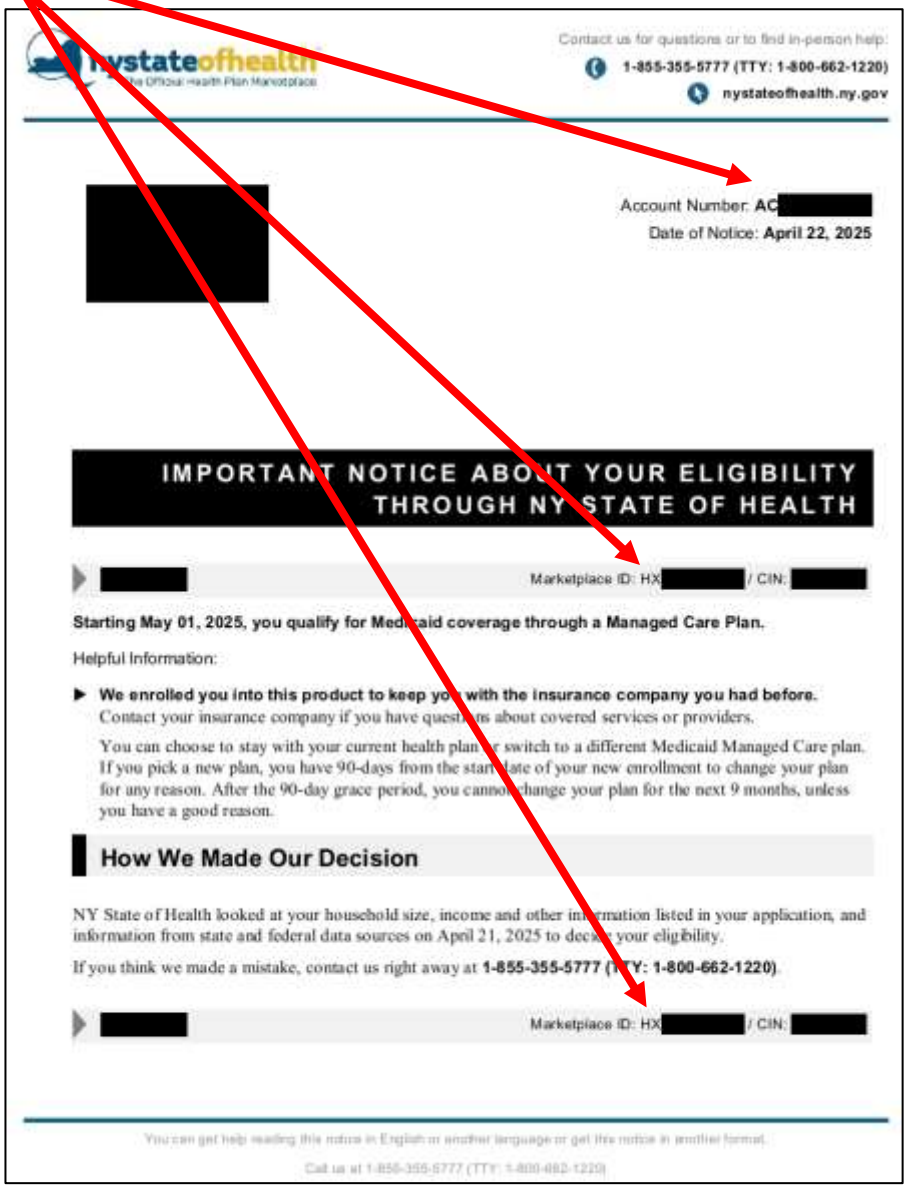
Coverage Information

Your Premium: $0 (free) per month
Enrollment Start Date: May 01, 2025

For questions about what services and health care providers are covered, please call your insurance company at:

Insurance Company / Plan Name	Phone:
Healthfirst / Healthfirst	866-463-6743 TTY: 888-542-3821

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit https://www.nystateofhealth.ny.gov or call us.



nystateofhealth
The Official Health Plan Marketplace

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Account Number: AC[redacted]
Date of Notice: **April 22, 2025**

IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH

[redacted] Marketplace ID: HX[redacted] / CIN: [redacted]

Starting May 01, 2025, you qualify for Medicaid coverage through a Managed Care Plan.

Helpful Information:

- **We enrolled you into this product to keep you with the insurance company you had before.** Contact your insurance company if you have questions about covered services or providers.

  You can choose to stay with your current health plan or switch to a different Medicaid Managed Care plan. If you pick a new plan, you have 90-days from the start date of your new enrollment to change your plan for any reason. After the 90-day grace period, you cannot change your plan for the next 9 months, unless you have a good reason.

How We Made Our Decision

NY State of Health looked at your household size, income and other information listed in your application, and information from state and federal data sources on April 21, 2025 to decide your eligibility.

If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220)**.

[redacted] Marketplace ID: HX[redacted] / CIN: [redacted]

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

nystateofhealth
The Official Health Plan Marketplace

[redacted]

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: August 18, 2025
Submission Date: August 18, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted]

Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

Action Needed:

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card). This can be at any provider that takes Medicaid.

Make sure your providers accept Medicaid. To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

Helpful Information:

- **You may get your health insurance premiums paid by Medicaid.** If you are enrolled or can enroll in employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your resource information, which we will use to confirm whether you still qualify. We will contact you if you need to send in additional proof of your resources.

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

nystateofhealth
The Official Health Plan Marketplace

[redacted]

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: December 01, 2025
Submission Date: August 26, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted]

Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

You do not qualify for **Medicaid without Long Term Care** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for **Medicare Savings Program - Qualified Medicare Beneficiary** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

Helpful Information:

- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You will get a separate notice confirming that your health plan coverage has ended.

How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220)**.

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

POLL QUESTION #8

NYLAG
New York Legal Assistance Group

Each MECM case number begins with the letters **"MC"** and each has a Member ID beginning with the letters **"PX."**

nystateofhealth
The Official Health Plan Marketplace

[redacted]

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: August [redacted], 2025
Submission Date: August 18, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted] Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

Starting August 01, 2025, you qualify for Medicaid without Long Term Care.

Starting September 01, 2025, you qualify for Medicare Savings Program - Qualified Medicare Beneficiary.

Action Needed:

Your Medicaid coverage does not require or allow you to enroll in a health plan. You can get services covered by Medicaid by using your New York State Benefit Identification card (Medicaid card). This can be at any provider that takes Medicaid.

Make sure your providers accept Medicaid. To have your services paid by Medicaid, you must use Medicaid providers. To find a Medicaid provider near you, please call the Medicaid Helpline at 1-800-541-2831.

Helpful Information:

- **You may get your health insurance premiums paid by Medicaid.** If you are enrolled or can enroll in employer group health insurance, call us for more information.
- Show your other health insurance or MEDICARE card and your Medicaid card when you get medical services. The provider must bill the other health insurance or MEDICARE before billing Medicaid.
- Medicaid may pay for extra benefits and services not covered by your other health insurance or MEDICARE if your provider takes Medicaid.
- You don't need to take any action right now. NY State of Health is checking data sources to verify your resource information, which we will use to confirm whether you still qualify. We will contact you if you need to send in additional proof of your resources.

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

nystateofhealth
The Official Health Plan Marketplace

[redacted]

Contact us for questions or to find in-person help:
1-855-355-5777 (TTY: 1-800-662-1220)
nystateofhealth.ny.gov

[redacted]

Case Number: MC[redacted]
Date of Notice: December 01, 2025
Submission Date: August 26, 2025

IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

[redacted] Member ID: PX[redacted] / CIN: [redacted]

Decision About Your Benefits

You do not qualify for **Medicaid without Long Term Care** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

You do not qualify for **Medicare Savings Program - Qualified Medicare Beneficiary** after **August 31, 2025**. If the Medicaid Program is paying for health insurance premiums (including Medicare), the payment of these premiums will end on the same date your Medicaid ends.

Helpful Information:

- If your circumstances change, you may re-apply for health insurance.
- If you are enrolled in a health plan, you will no longer receive coverage through NY State of Health. You will get a separate notice confirming that your health plan coverage has ended.

How We Made Our Decision

We look at your household size, income, resources and other information listed in the application or a change you submitted on August 26, 2025, and information from state and federal data sources to decide if you qualify.

Note: The Medicare Savings Program does not look at your resources. If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220)**.

You can get help reading this notice in English or another language or get this notice in another format.
Call us at 1-855-355-5777 (TTY: 1-800-662-1220)

NYSOH for
MAGI Medicaid
(on NYSOH)
MECM for
Non-MAGI Medicaid and MSP
(on NYSOH)
WMS for
Non-MAGI Medicaid
(at DSS/HRA)

But! Don't forget…

- Cases that are "scoop and dumped" from the Local Department of Social Services, into MECM, first do a one month "tip toe" period through NYSOH.
- During the "tip toe" month in NYSOH, the consumer will receive notices with NYSOH identifiers.
- Only after that month is done, and after the case is fully transitioned into MECM, will the consumer receive notices with MECM identifiers.

NYLAG
New York Legal Assistance Group

TIPS FOR MECM APPEALS

NYLAG
New York Legal Assistance Group

Know where to go for Medicaid Fair Hearings

	NYSOH	LDSS/HRA
Eligibility Hearings	NYSOH	OTDA
Service Hearings	OTDA	OTDA

Know where to go for Medicaid Fair Hearings

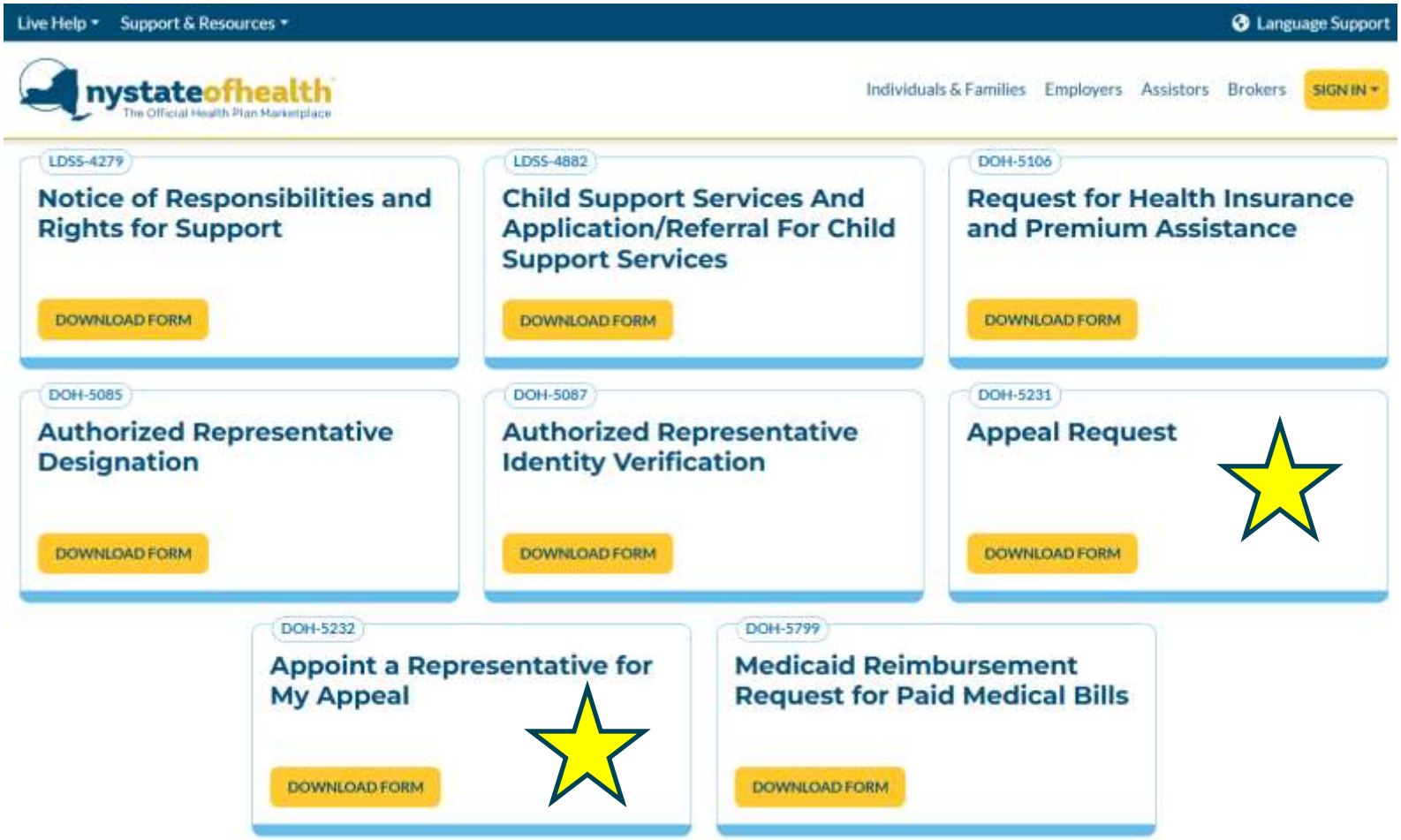
	NYSOH	MECM	LDSS/HRA
Eligibility Hearings	NYSOH	NYSOH	OTDA
Service Hearings	OTDA	OTDA	OTDA

Visit the NYSOH Appeals FAQ Page

- What is the NY State of Health Appeals Unit?
- What issues does the NY State of Health Appeals Unit hear?
- Are there time limits to request an appeal?
- How do I file an appeal?
- Where do I go to appeal a decision about my health care services?
- Do I get to keep my coverage during the appeal process (Aid to Continue)?
- Can I speak to someone about resolving my issue before I file an appeal?
- How can I access information and view NY State of Health's evidence for my appeal?
- Can I submit evidence for my appeal?
- What if I need to have my hearing sooner because I have a serious medical condition?
- Who can attend the hearing?
- How can I appoint a representative for my appeal?
- When and how does the hearing take place?
- What if I need a special accommodation for my hearing?
- What if I no longer need my telephone hearing?
- What if I need to reschedule my hearing?
- What happens during the hearing?
- What happens after the hearing?
- What if I miss the phone call for my hearing?
- What if the hearing decision is in my favor?
- What if the hearing decision is not in my favor?
- How will the appeal decision affect me or other people in my household?

https://info.nystateofhealth.ny.gov/questions-about-appeals

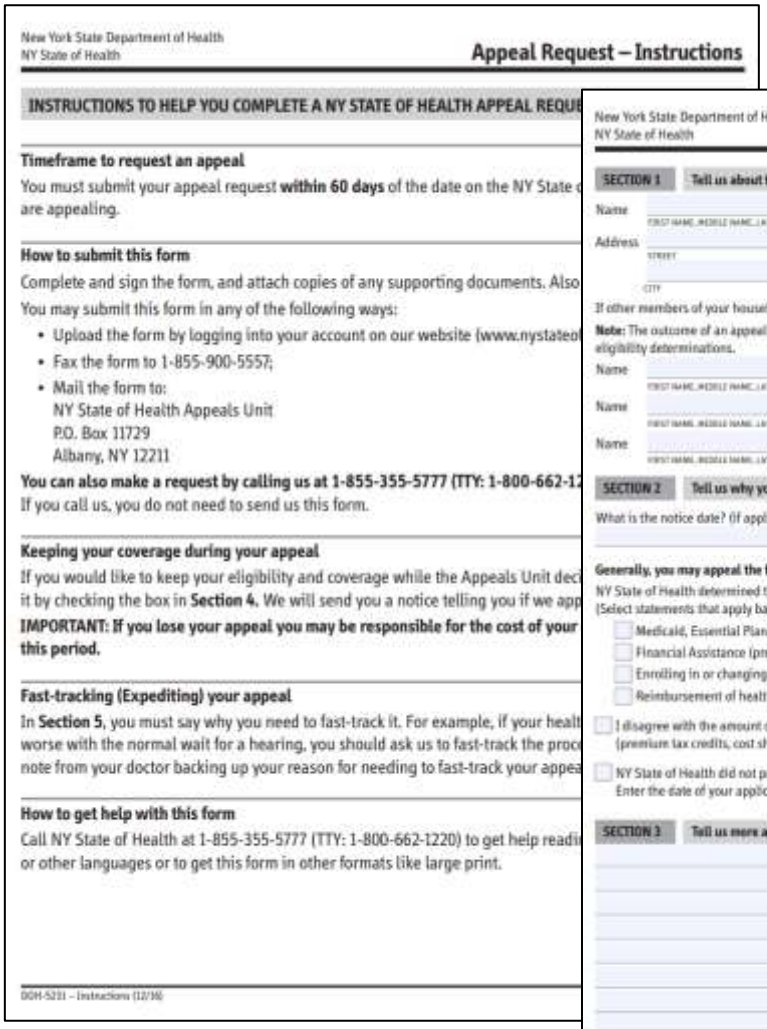
Visit the NYSOH Forms Page



https://nystateofhealth.ny.gov/forms

Appeal Request
(DOH-5231)

Fax form to
1-855-900-5557



New York State Department of Health
NY State of Health

Appeal Request – Instructions

INSTRUCTIONS TO HELP YOU COMPLETE A NY STATE OF HEALTH APPEAL REQUE

Timeframe to request an appeal

You must submit your appeal request **within 60 days** of the date on the NY State
are appealing.

How to submit this form

Complete and sign the form, and attach copies of any supporting documents. Also

You may submit this form in any of the following ways:

- Upload the form by logging into your account on our website (www.nystateo
- Fax the form to 1-855-900-5557;
- Mail the form to:
  NY State of Health Appeals Unit
  P.O. Box 11729
  Albany, NY 12211

You can also make a request by calling us at 1-855-355-5777 (TTY: 1-800-662-1
If you call us, you do not need to send us this form.

Keeping your coverage during your appeal

If you would like to keep your eligibility and coverage while the Appeals Unit dec
it by checking the box in **Section 4.** We will send you a notice telling you if we app
IMPORTANT: If you lose your appeal you may be responsible for the cost of your
this period.

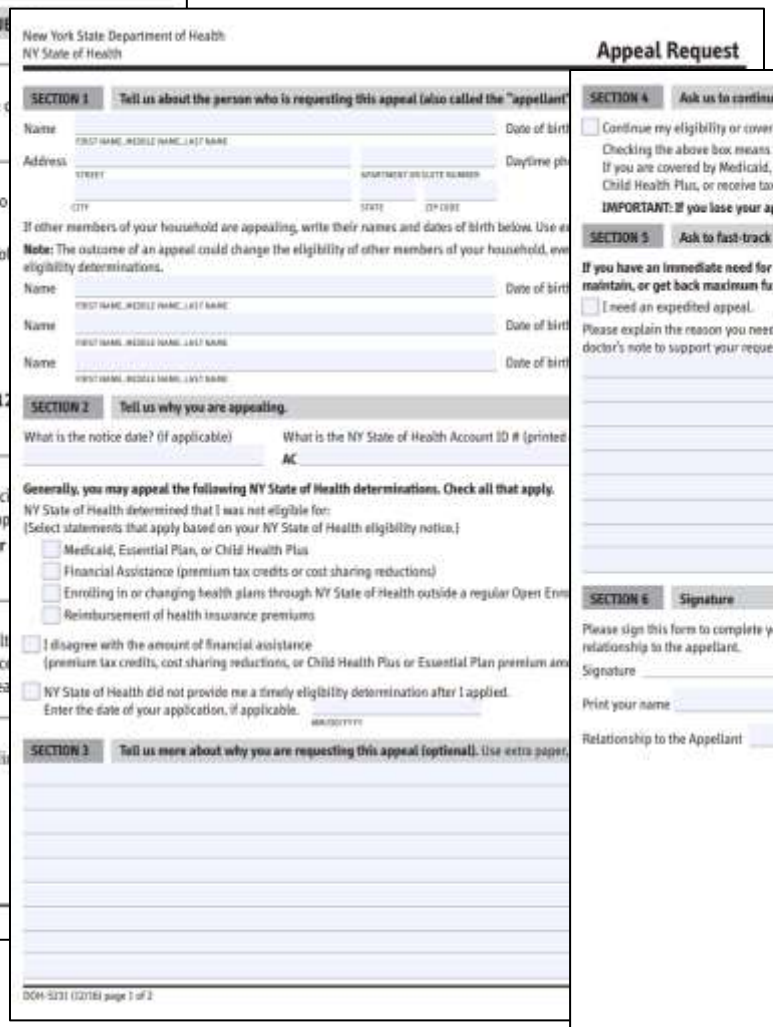
Fast-tracking (Expediting) your appeal

In **Section 5**, you must say why you need to fast-track it. For example, if your healt
worse with the normal wait for a hearing, you should ask us to fast-track the proc
note from your doctor backing up your reason for needing to fast-track your appea

How to get help with this form

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help readi
or other languages or to get this form in other formats like large print.

DOH-5231 – Instructions (12/16)



New York State Department of Health
NY State of Health

Appeal Request

SECTION 1 **Tell us about the person who is requesting this appeal (also called the "appellant"**

Name _____ Date of birt
FIRST NAME, MIDDLE NAME, LAST NAME

Address _____ Daytime ph
STREET APARTMENT OR SUITE NUMBER
CITY STATE ZIP CODE

If other members of your household are appealing, write their names and dates of birth below. Use e
Note: The outcome of an appeal could change the eligibility of other members of your household, eve
eligibility determinations.

Name _____ Date of birt
FIRST NAME, MIDDLE NAME, LAST NAME

Name _____ Date of birt
FIRST NAME, MIDDLE NAME, LAST NAME

Name _____ Date of birt
FIRST NAME, MIDDLE NAME, LAST NAME

SECTION 2 **Tell us why you are appealing.**

What is the notice date? (If applicable) _____ What is the NY State of Health Account ID # (printed
AC

Generally, you may appeal the following NY State of Health determinations. Check all that apply.
NY State of Health determined that I was not eligible for:
(Select statements that apply based on your NY State of Health eligibility notice.)

- ☐ Medicaid, Essential Plan, or Child Health Plus
- ☐ Financial Assistance (premium tax credits or cost sharing reductions)
- ☐ Enrolling in or changing health plans through NY State of Health outside a regular Open Enro
- ☐ Reimbursement of health insurance premiums

☐ I disagree with the amount of financial assistance
(premium tax credits, cost sharing reductions, or Child Health Plus or Essential Plan premium am

☐ NY State of Health did not provide me a timely eligibility determination after I applied.
Enter the date of your application, if applicable. _____
MM/DD/YYYY

SECTION 3 **Tell us more about why you are requesting this appeal (optional).** Use extra paper,

DOH-5231 (12/18) page 1 of 2

SECTION 4 **Ask us to continue your eligibility or coverage during your appeal.**

☐ Continue my eligibility or coverage until the Appeals Unit of NY State of Health makes a decision about my appeal.
Checking the above box means that your eligibility or coverage will stay the same until a decision is made about your appeal. If you are covered by Medicaid, you will continue to be covered by Medicaid. If you are enrolled in the Essential Plan or Child Health Plus, or receive tax credits to help pay for coverage, the level of help you receive will stay the same.
IMPORTANT: If you lose your appeal you may be responsible for the cost of your coverage during this period.

SECTION 5 **Ask to fast-track (expedite) your appeal.**

If you have an immediate need for health services and a delay would seriously jeopardize your life, health, or ability to gain, maintain, or get back maximum function, you can ask for an expedited (faster) appeal.

☐ I need an expedited appeal.

Please explain the reason you need an expedited appeal. Use extra paper, if necessary. You must include medical documents like a doctor's note to support your request. Please send us copies. Keep all original documents.

SECTION 6 **Signature**

Please sign this form to complete your appeal request. If someone other than the appellant is signing, please indicate your relationship to the appellant.

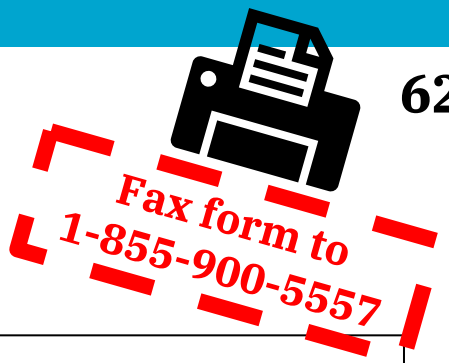
Signature _____

Print your name _____ Date _____
MM/DD/YYYY

Relationship to the Appellant _____

DOH-5231 (12/18) page 2 of 2

Appoint a Representative for My Appeal (DOH-5232)



New York State Department of Health
NY State of Health

Appoint a Representative for My Appeal – Instructions

You have the right to choose a representative to help you with your appeal.

If you want to appoint an appeal representative, complete and submit this form. This form allows your appeal representative to act for you on issues related to your appeal. This form also allows NY State of Health to talk to your appeal representative about your appeal and give your appeal representative information about you. You should choose someone you trust to be your appeal representative.

Your appeal representative can be an authorized representative, a lawyer, a relative, a friend, or another trusted person.

It is important for you to know:

- You do not need to have an appeal representative to qualify for health insurance.
- You do not need to have an appeal representative to make an appeal.
- If you want to have an appeal representative, you must allow your appeal representative to have access to your personal information and information about your health insurance plan.
- Your appeal representative may not be legally required to keep your personal and health insurance information confidential.

The person you choose will stay your representative through the whole appeals process, unless you tell us to remove him or her. To change or remove your appeal representative, or for more information, call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220).

This form is good for one appeal at a time. If you ask for another appeal, you must fill out this form again.

Note: An appeal representative is not the same as an authorized representative. If you want someone to be able to sign your health insurance application, submit an update, respond to a redetermination, or act on your behalf with NY State of Health on any issues not related to your appeal, you must choose an authorized representative. To choose an authorized representative, complete form DOH-5085 Authorized Representative Designation Form.

Authorized representatives, legal guardians, those who you have given power of attorney, and others who have legal authority to act on your behalf may sign this form for you if you have given them the power to do so. To let NY State of Health know about these people, follow the instructions on form DOH-5085 or upload to your account the legal document giving someone else the authority to act on your behalf.

How to submit this form

Keep a copy of this for your records. You may submit this form in any of the following ways:

- Upload the form by logging into your account on our website (www.nystateofhealth.ny.gov);
- Fax the form to 1-855-900-5557;
- Mail the form to:

  NY State of Health Appeals Unit

  P.O. Box 11729
  Albany, NY 12211

How to get help with this form

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help reading this form in English or other languages or to get this form in other formats like large print.

New York State Department of Health
NY State of Health

Appoint a Representative for My Appeal

SECTION 1 Information About You

Name
FIRST NAME, MIDDLE NAME, LAST NAME

NY State of Health Account ID: AC

Date of birth
MM/DD/YYYY

SECTION 2 Information about Your Representative

Name
FIRST NAME, MIDDLE NAME, LAST NAME

Mailing address
STREET OR PO BOX | APARTMENT OR SUITE NUMBER

CITY | STATE | ZIP CODE

Phone number
AREA CODE

Organization name (if applicable)

SECTION 3 Your Signature

By signing below, you allow the person in **Section 2** to:

- make or sign your appeal request;
- get official information about your appeal;
- act for you on all future matters related to this appeal; and
- have access to your personal and insurance information.

Note: Signing this form does not authorize your representative to make changes to your NY State of Health account.

Signature

Date
MM/DD/YYYY

Relationship (if person signing is not on the NY State of Health account)

Visit the NYSOH Decision Archive

https://info.nystateofhealth.ny.gov/appeal-decision-archive

WHERE TO GO FOR HELP

NYLAG
New York Legal Assistance Group

Email DOH

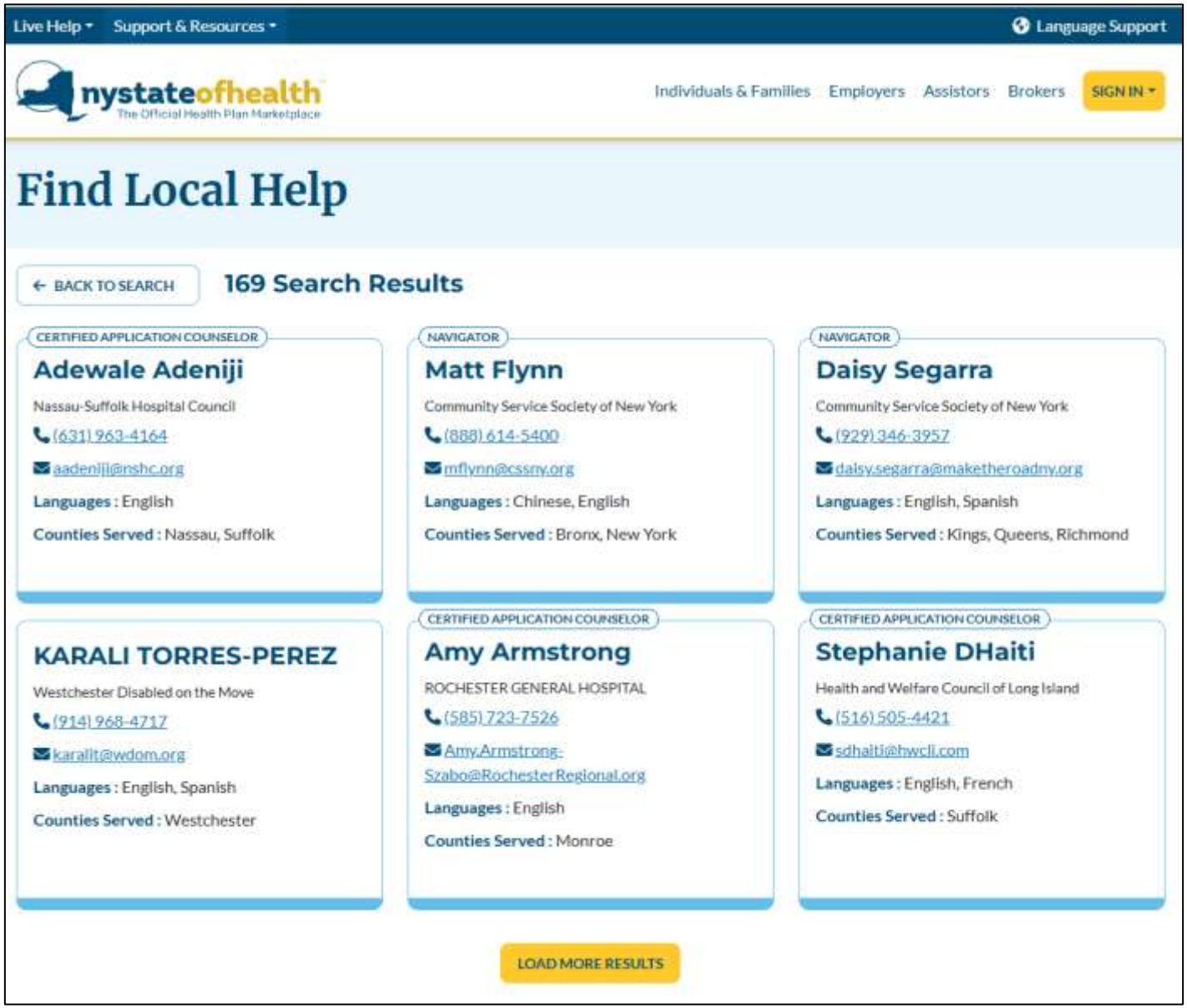
- If your client's Medicaid and/or MSP case is in NYSOH/MECM and it needs to be sent back to HRA, email:
  - hxfacility@health.ny.gov
- If you have other questions about your client's Medicaid and/or MSP case, please contact a MECM Assistor (also known as an FE-ABD).

NYLAG
New York Legal Assistance Group

Contact a MECM Assistor

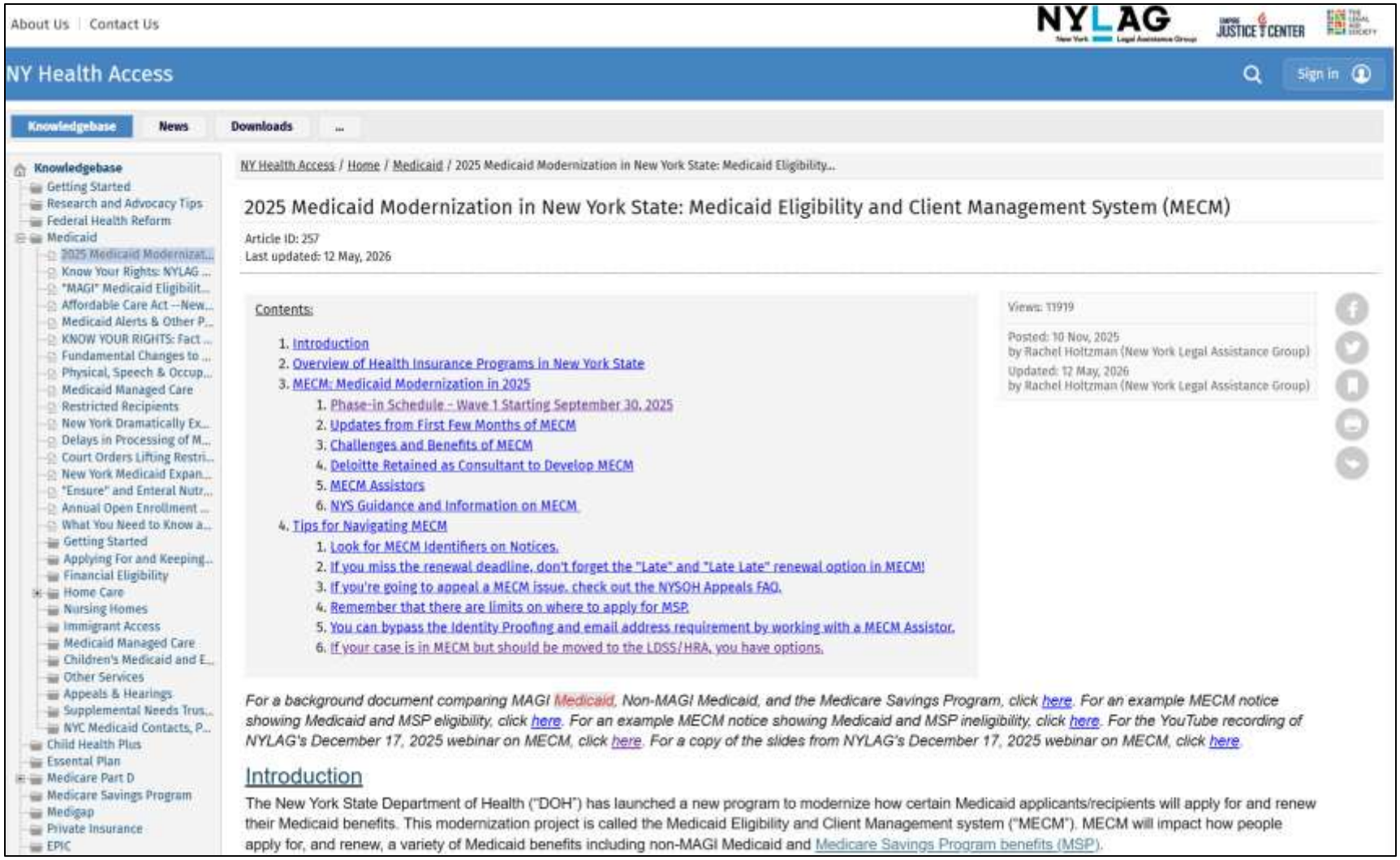
- MECM Assistors each complete an online training and are certified by the Department of Health before assisting consumers.
- MECM Assistors can:
  - help consumers with their applications on MECM
  - help consumers with renewals on MECM
  - help consumers with other case actions
  - help consumers troubleshoot problems/issues that arise
- MECM Assistors are:
  - Currently: individuals who have already been trained as Facilitated Enrollers for Aged, Blind, Disabled (FE-ABDs)
  - In the future (date TBD): additional groups, such NYSOH Navigators, NYSOH CACs, and HIICAP Counselors

NYLAG
New York Legal Assistance Group



https://nystateofhealth.ny.gov/agent/hx_brokerSearch

Read our MECM page on NYHA!



https://nyhealthaccess.org/entry/257/

Q&A

NYLAG
New York Legal Assistance Group

Keep in Touch!

Join our newsletter	https://go.nylag.org/Subscribe-to-EFLRP
EFLRP Intake	Email intake: eflrp@nylag.org Phone intake hotline open Mondays, 10am-2pm: 212-613-7310 **Do not delay in requesting the fair hearing!**
Other Legal Services	www.Lawhelpny.org

NYLAG
New York Legal Assistance Group

THANK YOU!

More information at nylag.org

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New York Legal Assistance Group