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New York State to Resume Eligibility Reviews for Medicaid, Child Health Plus and the Essential Plan; Communicating Tool Kit Available to Help Educate Consumers on How to Renew Insurance

For the duration of the federal Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE), New York State (NYS) was authorized to suspend certain State rules requiring annual eligibility reviews and provide continuous coverage for Medicaid, Child Health Plus (CHP) and the Essential Plan (EP). Consumers enrolled in managed care plans will receive a letter from their health plan, the Centers for Medicare and Medicaid Services (CMS) in partnership with the local Department of Social Services (LDSS), to renew their coverage. Consumers should respond to these letters to renew their coverage. Deadlines will be based on the month/year enrollment and dates and will be staggered over a period of time. For more information, please refer to the *United States (U.S.) Department of Health and Human Services (HHS) Announces Waivers Providing Continuity of Coverage and Expanded COVID Testingandnbsp; a Public Health Emergency*" web page. For additional information, please refer to the *Medicaid, Child Health Plus and the Essential Plan*" web page.

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Beginning in Spring 2020, renewal notices will be sent to recertificationnbsp; based on their enrollment and dates. Renewal notices will include the deadline to return the form and information on what happens if the deadline is missed. Deadlines will be based on the month/year enrollment and dates and will be staggered over a period of time. For more information, please refer to the *Medicaid, Child Health Plus and the Essential Plan*" web page. The enrollment open to allow consumers who are no longer eligible for Medicaid, CHP or EP to stay covered by enrolling in a Qualified Health Plan (QHP) and receive financial assistance.

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All Providers

Attention Providers: Disclosure of Ownership and Control Information

This is a reminder that in order to receive payments from New York State (NYS) Medicaid, enrolled providers are required to inform the NYS Department of Health (DOH) within 35 days of any change in ownership or control information. Providers are required to inform the NYS DOH if they:

- has an ownership interest totaling five percent or more in a disclosing entity;
- has an ownership interest in a disclosing entity that is organized as a corporation;
- has a combination of ownership and control interest that equals or exceeds five percent or more in a disclosing entity;
- owns an interest of the percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least five percent of the value of the property or assets of the disclosing entity;
- is an officer or director of a disclosing entity that is organized as a corporation;
- is a partner in a disclosing entity that is organized as a partnership.

Ownership interest is defined as possession of equity in the capital, stock or profits of a provider. Changes of ownership or control interest must be reported to the NYS DOH within 35 days of the change. Providers who do not report such changes may be subject to civil monetary penalties and other sanctions. Based upon the information supplied, providers may also be required to complete a new NYS Medicaid provider enrollment application to reflect the change of ownership or control interest. Please refer to the *Medicaid Provider Enrollment Forms*" web page. Please refer to the *Medicaid Provider Enrollment*" web page for general information on Medicaid provider enrollment and billing rules and regulations. Please refer to the *Medicaid Provider Enrollment*" web page. Individual practitioners can complete and submit this form electronically on the *eMedNY "Provider Enrollment Forms"* web page. All other provider types must complete and submit the paper form. Providers can also contact the eMedNY Call Center at (800) 343-9600 for assistance.

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Postpartum Period for Pregnant Women Medicaid Individuals Increased from 60 Days to 12 Months

State and federal law defining the postpartum period for pregnant women covered by Medicaid during pregnancy has been recently changed. Previously in New York State (NYS), the postpartum period started on the last day of pregnancy and ended on the last day of the month in which the pregnancy ended plus 60 days. Effective January 1, 2020, the NYS Medicaid Program (Medicaid) covers the postpartum period for pregnant women beyond the last day of the pregnancy and ends on the last day of the 12th month. The change in length of the postpartum period is to state stable versions of pregnancy coverage, who are close relatives, will receive the same length of coverage at the conclusion of a pregnancy regardless of their circumstances.

The extension of the postpartum period for pregnant women covered by Medicaid during pregnancy has been recently changed. Previously in New York State (NYS), the postpartum period started on the last day of pregnancy and ended on the last day of the month in which the pregnancy ended plus 60 days. Effective January 1, 2020, the NYS Medicaid Program (Medicaid) covers the postpartum period beyond the last day of the pregnancy and ends on the last day of the 12th month. The change in length of the postpartum period is to state stable versions of pregnancy coverage, who are close relatives, will receive the same length of coverage at the conclusion of a pregnancy regardless of their circumstances.

Consumers will be renewed at the end of the 12-month postpartum period. If, at this renewal, they are determined ineligible for Medicaid, they will continue to be eligible for limited coverage through the Family Planning Extension Program (FPEP) for 24 months calculated from the end of the 60-day postpartum period.

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Office of the Medicaid Inspector General to Initiate Compliance Program Reviews

On December 20, 2002, Title 18 of the New York Codes, Rules and Regulations (NYCRR) Part 521, located in the *Office of the Medicaid Inspector General (OMIG) Compliance Program Regulations*" web page, was adopted. Part 521 requires Medicaid providers to establish compliance programs. The Medicaid Inspector General (MIG) within the Office of the Medicaid Inspector General (OMIG) will determine if required providers have adopted, implemented, and maintained an effective compliance program as required by 18 NYCRR Part 521. The MIG will initiate compliance program reviews beginning with those providers that have been in operation for at least one year.

- The adopted compliance program requirements are dependent on the provider's size and scope of operations.
- The adopted compliance program was implemented and continuously operated for the entire review period.
- The adopted compliance program is reasonable and adequate on its face.

Providers should be prepared to demonstrate compliance with 18 NYCRR Part 521 when the MIG initiates a review. Providers should be prepared to provide documentation to the MIG upon request. Providers should also be prepared to provide documentation to the MIG upon request. Providers should also be prepared to provide documentation to the MIG upon request. Providers should also