



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

March 18, 2024

Andrea Inman
Audit Director
Division of State Government Accountability
NYS Office of the State Comptroller
110 State Street, 11th Floor
Albany, New York 12236
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Dear Andrea Inman:

Pursuant to the provisions of Section 170 of New York State Executive Law, I hereby transmit to you a copy of the New York State Department of Health's comments related to the Office of the State Comptroller's final audit report 2021-S-16 entitled, "Medicaid Program: Reducing Medicaid Costs for Recipients Who Are Eligible for Medicare."

Please feel free to contact Mischa Sogut, Assistant Commissioner for Governmental Affairs, at (518) 473-1124 or Mischa.sogut@health.ny.gov, with any questions.

Sincerely,

Johanne E. Morne, M.S.
Executive Deputy Commissioner

Enclosure

cc: Mischa Sogut

**Department of Health Comments
on the Office of the State Comptroller's
Final Audit Report 2021-S-16 entitled, "Medicaid Program: Reducing
Medicaid Costs for Recipients Who Are Eligible for Medicare."**

The following are the Department of Health's (Department) comments in response to Final Audit Report 2021-S-16 entitled, "Medicaid Program: Reducing Medicaid Costs for Recipients Who Are Eligible for Medicare" by the Office of the State Comptroller (OSC).

Recommendation #1:

Follow up with the identified recipients who appeared eligible for Medicare, including those with SSI, and ensure they apply for Medicare, as appropriate.

Response #1:

The Department issued General Information System message (GIS) 23 MA-03 to the Local Departments of Social Services (LDSS) instructing them to resume the requirement that individuals over 65 need to provide proof of applying for Medicare.

Beginning July 1, 2023, with the end of the federal Medicaid continuous coverage requirement, failure to provide proof of application has resulted in individuals losing Medicaid coverage, including consumers who turned age 65 during the public health emergency (PHE) and continuous coverage period.

Recommendation #2:

Work with Local Districts to develop and implement procedures to ensure that information on file is correct and all recipients, including those with SSI, are asked to apply for Medicare when they appear eligible.

Response #2:

The Department issued 17 ADM-01 instructing LDSS offices that individuals aged 65 years and over must apply for Medicare. The Department also issued GIS 23 MA-03 notifying LDSS offices that the requirement was reinstated due to the end of the PHE.

LDSS staff are directing individuals to apply for Medicare and to provide proof of application. Failure to provide that proof has resulted in case closings. In addition, individuals, including those on SSI, are sent letters by the State telling them they need to apply.

Recommendation #3:

Evaluate the cost-benefit of developing and implementing processes to periodically identify recipients with SSI who appear eligible for Medicare and refer them to SSA for Medicare eligibility determinations.

Response #3:

The Department notifies individuals in multiple ways that they need to apply for Medicare. Warning letters are sent to all individuals, including SSI recipients, that they must apply for Medicare and provide proof of application. The Department contracts with Facilitated Enrollers (FE) to assist Medicaid members in the Aged, Blind and Disabled (ABD) eligibility categories. ABD FEs provide outreach to Medicaid members who are turning 65 in the next three months to

remind them that they need to apply for Medicare. ABD FEs also provide assistance with the application process. If Medicaid members fail to provide proof of their Medicare application, LDSS sends closing notices informing the member their case is being closed because they failed to provide proof of their Medicare application.

Given all the steps the Department already takes, creating a new process would not be a constructive use of the State's limited resources. The State has an agreement with the SSA pursuant to Sec 1634 [42 U.S.C. 1383c], under which SSA makes Medicaid determinations for New York residents in receipt of SSI. SSA also initiates Part B Buy-In for individuals receiving SSI on behalf of the State. Our research shows that 237,013 recipients aged 65 and older with SSI are in receipt of Medicaid. Of these, 232,992 have Medicare Part A and/or B. The remaining 4,021, approximately 1.7% of the individuals over 65, do not have Medicare. The Department will engage with SSA to try to elicit and address the circumstances that would result in an SSI recipient not getting a Medicare determination.