



# Department of Health

**KATHY HOCHUL**  
Governor

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

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

## LOCAL COMMISSIONERS MEMORANDUM

**Transmittal No:** 23 OHIP/LCM-01

**Date:** December 26, 2023

**Division:** Office of Health Insurance  
Programs

**TO:** Local District Commissioners

**SUBJECT:** Administrative Renewals for Family Planning and certain other MAGI cases in the Unwind Period

**ATTACHMENTS:** Notice: "MA Renewal Based on RFI Data Sources"

The purpose of this Local Commissioner Memorandum (LCM) is to inform local departments of social services (LDSS) in the Rest of State (ROS) of action Department of Health (DOH) staff will take on certain cases where an individual has failed to return their renewal during the Unwind of the Medicaid Continuous Coverage Requirement period. Information regarding action taken on cases in New York City (NYC) will be forthcoming, at the time system support is available in the NYC Welfare Management System (WMS). This action extends to individuals with eligibility for family planning-only coverage, individuals who have pregnancy coding but a due date indicating they are no longer pregnant, and individuals who are aging out of former foster care protections by turning age 26. These individuals are not currently included in the population selected for transition to NY State of Health.

Federal regulation, found at 42 CFR § 435.916, requires states to attempt to renew Medicaid eligibility by first using available information, such as information from databases, prior to requesting information from individuals. The Medicaid Budget Logic (MBL), present in the Welfare Management System (WMS), cannot renew Medicaid coverage for individuals as set forth in federal regulation. As a mitigation, DOH staff will be attempting to renew certain individuals who have not returned their renewal using data available in the Resource File Integration (RFI) subsystem within WMS. DOH staff will be performing reasonable compatibility calculations, when necessary, to determine if individuals can have their eligibility renewed using data sources. Reasonable compatibility requires a comparison of the income reported by the individual to available electronic data sources and evaluation of whether any difference affects eligibility. The data sources may show income above the individual's threshold, but when it is within a certain percentage of the individual's previously reported income, the individual can be found eligible.

Additionally, CMS has approved a temporary waiver under 1902(e)(14)(A) of the Social Security Act which allows New York to renew eligibility for individuals without documentation if no information is found on data sources, when the previously verified income is at or below 100% of the Federal Poverty Level (FPL). This authority will be used for individuals who do not have information available in the RFI subsystem. DOH staff will identify the applicable cases and take necessary action to review data source information and process the renewal.

Whenever an administrative renewal is successful, the individual(s) will receive a notice, "MA Renewals based on RFI Data Sources," provided as an attachment to this LCM. The notice is available in CNS for ROS currently, using code CA1 "MA Renewal Based on RFI Data Sources."

If data sources indicate income above the applicable FPL for the individual or data sources are not available and the previously verified income is above 100% of the FPL, a letter requesting income documentation will be sent to the individual. The letter will instruct individuals to return documentation to their LDSS. If the individual does not provide the requested information to the district by the due date, DOH staff will discontinue coverage. Districts are required to act on any documentation received as a result of the request sent by DOH staff.

If a renewal or renewal documentation is received by the district after DOH staff have completed an administrative renewal for an individual, district staff should review the material. The review will be primarily of non-financial factors like the presence of third-party health insurance or a change of address. Districts are required to act on these reported changes. All outcomes must be entered as comments. If the income information provided would result in the individual being determined ineligible, the district is reminded that MAGI consumers are entitled to 12 months of continuous coverage. The 12 months of continuous coverage is based on the last time the consumer was determined or re-determined eligible, which would be the successful administrative renewal conducted by DOH staff. If the income information provided would result in continued eligibility, the district does not need to re-budget the individual. As a reminder, any documentation received by the district should be scanned into the imaging system.

If you have any questions regarding this LCM, please contact your local district liaison.



---

Amir Bassiri  
Medicaid Director  
Office of Health Insurance Programs