CATEGORICAL FACTORS

FAMILY HEALTH PLUS (FHPlus) and FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM (FHP-PAP)

Description: FHPlus provides comprehensive managed care health insurance to low-income adults who have income above the current Medicaid levels. With few exceptions, adults cannot have private health insurance. All adults age 19-64 who apply for Medicaid and appear to be ineligible for reasons of excess income are evaluated for their potential eligibility for FHPlus. (See **CATEGORICAL FACTORS** PREGNANCY for treatment of pregnant women).

The prescription drug benefit under the Family Health Plus Program is administered by the Medicaid Program, and not by the health plan. FHPlus recipients must use a NYS Common Benefit Identification Card (CBIC) to obtain pharmacy benefits.

The Family Health Plus Premium Assistance program is available to A/Rs who have or have access to qualified and cost-effective employer sponsored health insurance (ESI) and who are otherwise eligible for Family Health Plus. An A/R with access to ESI is an individual whose employer offers health insurance benefits to its employees, and the individual is eligible for those benefits. For example, an employer may only offer benefits to employees who work full-time. In addition, the ability of the applicant to enroll in those benefits must be reasonable and uncomplicated. For example, if the employer is not cooperative in providing necessary plan information to the applicant or to the district, then the district would be unable to determine if "access" exists.

Individuals in receipt of FHP-PAP shall have available to them health care services including: payment of the recipient's share of the premium, co-insurance, any deductible amount, and the cost sharing obligations for the A/R's employer-sponsored health insurance that exceed the amount of the person's FHPlus co-payment obligations. The A/R will also receive services and supplies otherwise covered by the FHPlus program, but only to the extent that such services and supplies are not covered by the person's employer sponsored health insurance.

NOTE: Although COBRA coverage is not considered employer sponsored insurance, if the health insurance meets the standard benefit package and passes the FHP-PAP cost effectiveness test, such COBRA payments qualify for payment under the FHP-PAP.

Policy: Applicants who meet the following criteria may be eligible for FHPlus:

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- are age 19 through 64,
- are New York State residents,
- meet certain citizenship/alien status requirements,
- are ineligible for Medicaid based on income,
- meet certain income requirements, and
- are **not** employees or family members who are federal employees who are eligible for and have access to employer-sponsored health coverage.

The majority of Medicaid eligibility standards and rules apply for FHPlus applicants; however, there are several differences such as a higher income level. Photo ID requirements do not apply to FHPlus.

Before eligibility for Family Health Plus can be established, the A/R must select a health plan. To avoid gaps in coverage in instances when the A/R changes from Medicaid eligibility to Family Health Plus eligibility, a daily benefit-package flip process will be applied in all local departments of social services.

Every month, on the Monday prior to the monthly primary pulldown, a systemic identification of current recipients authorized for Family Health Plus who are not enrolled in a health plan for the following month will be reported to the district on a Potential FHP Auto Assignment Report. On the Wednesday prior to the monthly pulldown, the recipient will be auto-assigned to a FHPlus plan for the first of the following month. Auto-assignments are done based on the following criteria:

- If the recipient has a history of enrollment within the past year with a Medicaid Managed Care or FHPlus quality plan, the individual will be assigned to that plan;
- If only one FHPlus plan operates in the district, the individual will be assigned to that plan;
- If more than one FHPlus plan operates in the district, the auto-assignments will be divided first among the quality plans in that district (utilizing the table of quality plans used in the Auto-assignment Algorithm for Medicaid Managed Care); and
- If no quality FHPlus plans operate in the district, assignments will be made among all FHPlus plans in the district that are open to auto-assignment for Medicaid Managed Care.

NOTE: If an adult applying for coverage under Family Health Plus has existing insurance coverage that is not specifically listed below, the

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adult is not eligible for Family Health Plus, regardless of the limited nature of the coverage:

- Accident-only coverage or disability income insurance;
- Coverage issued as a supplement to liability insurance;
- Liability insurance, including auto insurance;
- Worker's compensation or similar insurance;
- Automobile medical payment insurance;
- Credit-only insurance;
- Coverage for on-site medical clinics'
- Dental-only, vision only, or long term care insurance;
- Hospital indemnity or other fixed dollar indemnity coverage;
- Specified disease coverage;
- Prescription-only coverage.

References:

SSL Sect.	369-ee
ADMs	09 OHIP/ADM-1 09 OHIP/ADM-2 08 OHIP/ADM-1 05 OMM/ADM-4 01 OMM/ADM-6
INF	08 OHIP/INF-6
GISs	10 MA/07 09 MA/024 08 MA/034 08 MA/021 08 MA/007 08 MA/003