CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

A full explanation of the use of Family Health Plus premium rates for adults, Medicaid Managed Care rates for children and Medicaid wrap-around service rates can be found in **CATEGORICAL FACTORS** <u>FAMILY HEALTH PLUS</u> and <u>FAMILY HEALTH PLUS PREMIUM</u> <u>ASSISTANCE PROGRAM</u>. The following rates are shown for effective April 1, 2008 through March 2009 and beginning January 1, 2010 for nine regions of the State:

WESTERN		FHP Adults		Expanded Children	
		4/08-3/09	ə 1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care	\$317.31	\$417.10	\$181.14	\$201.40
	Premiums				
	Cost of Wrap				
Erie	Vision	\$ 2.08	\$2.15	\$1.03	\$1.25
Genesee	DME	\$2.61	\$2.79	\$0.47	\$0.53
Monroe	ER Transportation	\$2.18	\$2.44	\$1.30	\$1.37
Niagara	Non-ER Transportation	\$0.00	\$0.00	\$1.20	\$1.76
Orleans	(\$0 for adults)				
Wyoming	Dental	\$16.16	\$18.34	\$14.47	\$16.19
	Pharmacy	\$66.78	\$155.00	\$41.00	\$46.47

NORTHEAST		FHP Adults		Expanded Children		
		4/08-3/09	1/01/10	4/08-3/09	1/01/10	
Counties	Monthly Managed Care	\$330.08	\$413.67	\$181.97	\$202.09	
	Premiums					
	Cost of Wrap					
Albany	Vision	\$2.25	\$2.27	\$1.50	\$1.59	
Fulton	DME	\$2.92	\$2.79	\$1.07	\$1.06	
Montgomery	ER Transportation	\$1.23	\$1.66	\$1.44	\$1.47	
Rensselaer	Non-ER Transportation	\$0.00	\$0.00	\$3.35	\$3.33	
Saratoga	(\$0 for adults)					
Schenectady	Dental	\$17.55	\$19.33	\$13.09	\$15.12	
Warren	Pharmacy	\$81.30	\$155.00	\$41.00	\$46.47	
Washington						

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

MID-HUDSON		FHP Adults		Expanded Children		
		4/08-3/09	1/01/10	4/08-3/09	1/01/10	
Counties	Monthly Managed Care	\$377.88	\$458.66	\$212.96	\$230.08	
	Premiums					
	Cost of Wrap					
Dutchess	Vision	\$1.35	\$1.55	\$1.08	\$1.25	
Orange	DME	\$1.31	\$1.62	\$0.63	\$0.61	
Sullivan	ER Transportation	\$1.68	\$1.95	\$1.11	\$1.24	
Ulster	Non-ER Transportation	\$0.00	\$0.00	\$4.01	\$3.81	
	(\$0 for adults)					
	Dental	\$17.30	\$19.15	\$14.21	\$15.93	
	Pharmacy	\$92.41	\$155.00	\$41.00	\$46.47	

UTICA-		FHP Adults		Expanded Children		
ADIRONDACK		4/08-3/09	1/01/10	4/08-3/09	1/10/10	
Counties	Monthly Managed Care Premiums	\$367.85	\$456.77	\$183.49	\$203.33	
	Cost of Wrap					
Clinton	Vision	\$1.92	\$2.11	\$1.15	\$1.32	
Essex	DME	\$1.67	\$1.82	\$0.59	\$0.61	
Franklin	ER Transportation	\$1.42	\$1.58	\$1.14	\$1.26	
Hamilton Herkimer	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$0.58	\$1.31	
Jefferson	Dental	\$21.55	\$22.15	\$14.45	\$16.11	
Lewis	Pharmacy	\$79.18	\$155.00	\$41.00	\$46.47	
Oneida						
Oswego						
St. Lawrence						

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

NORTHERN		FHP A	FHP Adults		Expanded Children		
METRO		4/08-3/09	1/01/10	4/08-3/09	1/01/10		
Counties	Monthly Managed Care	\$337.23	\$436.46	\$194.22	\$211.47		
	Premiums						
	Cost of Wrap						
Putnam	Vision	\$1.46	\$1.61	\$1.37	\$1.52		
Rockland	DME	\$1.04	\$1.10	\$0.67	\$0.70		
Westchester	ER Transportation	\$0.82	\$0.88	\$0.68	\$0.92		
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$2.54	\$2.74		
	Dental	\$17.92	\$19.59	\$17.28	\$18.17		
	Pharmacy	\$69.88	\$155.00	\$41.00	\$46.47		

NYC		FHP Adults		Expanded Children		
		4/08-3/09	1/01/10	4/08-3/09	1/01/10	
Counties	Monthly Managed Care	\$255.10	\$371.65	\$177.35	\$197.01	
	Premiums					
	Cost of Wrap					
	Vision	\$1.14	\$1.28	\$0.80	\$0.92	
	DME	\$0.59	\$0.68	\$0.51	\$0.58	
	ER Transportation	\$0.34	\$0.43	\$0.47	\$0.61	
	Non-ER Transportation	\$0.00	\$0.00	\$0.28	\$0.33	
	(\$0 for adults)					
	Dental	\$14.97	\$15.82	\$10.90	\$11.73	
	Pharmacy	\$52.73	\$155.00	\$41.00	\$46.47	

LONG		FHP Adults		Expanded Children		
ISLAND		4/08-3/09	1/01/10	4/08-3/09	1/01/10	
Counties	Monthly Managed Care	\$295.36	\$412.48	\$189.14	\$208.76	
	Premiums					
	Cost of Wrap					
Nassau	Vision	\$1.17	\$1.26	\$0.82	\$0.88	
Suffolk	DME	\$0.91	\$0.94	\$0.66	\$0.68	
	ER Transportation	\$0.29	\$0.31	\$0.55	\$0.82	
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$1.79	\$2.20	
	Dental	\$17.25	\$19.11	\$15.07	\$16.56	
	Pharmacy	\$50.06	\$155.00	\$41.00	\$46.47	

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

CENTRAL		FHP A	FHP Adults		Children
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care	\$339.85	\$436.75	\$169.43	\$188.15
	Premiums				
	Cost of Wrap				
Cayuga	Vision	\$2.02	\$2.20	\$1.15	\$1.23
Chenango	DME	\$1.71	\$1.79	\$0.49	\$0.53
Columbia	ER Transportation	\$1.94	\$2.14	\$1.47	\$1.49
Cortland	Non-ER Transportation	\$0.00	\$0.00	\$2.36	\$2.61
Delaware	(\$0 for adults)				
Greene	Dental	\$17.14	\$19.03	\$12.56	\$14.64
Madison	Pharmacy	\$76.32	\$155.00	\$41.00	\$46.47
Onondaga	-				
Otsego					
Schoharie					
Tomplins					

FINGER LAKES			FHP A 4/08-3/09	dults 1/01/10	Expanded Children 4/08-3/09 1/01/10	
Counties		Monthly Managed Care Premiums	\$362.70	\$457.02	\$186.76	\$217.47
		Cost of Wrap				
Allegany		Vision	\$2.12	\$2.44	\$1.17	\$1.41
Broome		DME	\$2.17	\$2.51	\$0.74	\$.079
Cattaraugus		ER Transportation	\$1.54	\$1.68	\$0.91	\$1.09
Chautauqua Chemung		Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$0.58	\$1.31
Livingston		Dental	\$19.58	\$20.76	\$0.00	\$8.37
Ontario Schuyler Seneca Steuben Tioga Wayne Yates		Pharmacy	\$79.52	\$155.00	\$41.00	\$46.47