

TO: All Local District Commissioners, Medicaid Directors

FROM: Kathryn Kuhmerker, Deputy Commissioner
Office of Medicaid Management

SUBJECT: Family Health Plus Reimbursement for Errors and Delays

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Liaison: Upstate (518) 474-8216
NYC (212) 268-6855

On December 31, 2002, GIS 02 MA/033 was issued to clarify the policy regarding reimbursement to eligible individuals for medical expenses paid as a result of an agency error or delay, which caused the individual to pay out-of-pocket for medical expenses before his/her Family Health Plus (FHPlus) enrollment became effective. That GIS addressed paid expenses only. The information that follows outlines appropriate policy when there are unpaid expenses.

In situations where the agency makes an error or there is a delay in enrollment in a FHPlus health plan (as described in GIS 02 MA/033), unpaid medical expenses may be paid to the medical provider that rendered the care, services or supplies for which payment is sought. The provider of service can be paid directly only if the provider is enrolled as a Medicaid provider. The provider will be reimbursed the Medicaid rate. There is no mechanism to make payments to providers not participating in the Medicaid program, however, if a provider wishes to enroll to receive payment for a service, they can be referred to the Bureau of Provider Enrollment at 518-486-9440 to request an application. Payment can only be made for those services that are covered under the FHPlus program.

Local districts have the option of processing claims and issuing the payment to the provider themselves, or having the New York State Department of Health process the claims and issue the required payments. Requests for payment must be handled in accordance with the procedures set forth in the New York State Fiscal Reference Manual for Local Departments of Social Services, Volume I, Chapter 7, pages 15-18, dated February 10, 2002, and Volume II, Chapter 5, pages 10-15, dated May 10, 1999. Districts requesting the Department to issue payments should indicate "Family Health Plus" in the "Court Case Name" field on the DSS 3664, Claim Transmittal Form.