

**TO:** Local District Commissioners, Medicaid Directors, Temporary Assistance Directors, CNS Coordinators, and Managed Care Coordinators

**FROM:** Judith Arnold, Director  
Division of Coverage and Enrollment

**SUBJECT:** Family Health Plus Premium Assistance Program: Revised Forms and Guide To Reimburse Co-payments

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Liaison  
Upstate (518)474-8887 NYC (212)417-4500

This message is to provide local districts with additional guidance for processing Family Health Plus Premium Assistance Program cases and to distribute revised documents for use with this program.

#### **I. Pharmacy Co-Payment Reimbursements**

Districts may find the eMedNY formulary file a useful tool when reimbursing FHPlus Premium Assistance enrollees for drug co-payments. Co-payments for Family Health Plus enrollees are \$6.00 for brand-name drugs, \$3.00 for generic drugs, \$1.00 for diabetic supplies, hearing aid batteries and enteral formulae, and \$0.50 for covered over-the-counter drugs. Covered over-the-counter drugs include:

- Insulin and diabetic supplies currently covered as a pharmacy benefit by Medicaid (e.g., insulin syringes, blood glucose test strips, lancets, alcohol swabs)
- Smoking cessation agents, including OTC products
- Select over-the-counter medications covered on the Medicaid Preferred Drug List (Prilosec OTC, loratadine, Zyrtec, Cetirizine)
- Hearing aid batteries
- Enteral formulae
- OTC vitamins

A list of Medicaid reimbursable drugs may be found in eMedNY, under the eMedNY Reference tab. Click on "Drug" and search by the National Drug Code (NDC) or by the drug name. The results page will include a "Generic Product Indicator" column, which indicates whether the drug is brand named or generic. The "Cancel Reason" column indicates if the drug is a Medicaid reimbursable drug. Only drugs with a Cancel Reason code of "0" are reimbursable by Medicaid.

For workers who do not have direct access to eMedNY, use the following IP address to access eMedNY resources on the web: <http://www.emedny.org/info/formfile.html>. There is a downloadable version of the Medicaid formulary file. Use the drop down to define the Field, and search by NDC, or by description. The results page will include a "Type" column which indicates whether the drug is brand named or generic. "BND" is brand named drug requiring co-payment, "BEX" is a brand named drug that is co-payment exempt, "GEN" is a generic drug requiring co-payment, and "GEX" is a generic drug that is co-payment exempt.

**II. Mobius Report: BRMP0010 MA MC/TPHI Monthly report.**

For each district, this report lists clients enrolled in Medicaid Managed Care, but who also have third party health insurance (TPHI) posted in eMedNY. Recipients in receipt of TPHI are generally excluded from enrollment in managed care. Districts must: review the report to identify current FHPlus cases (identified in the "Ben-Pkg" field with a code of 70), verify that the insurance is through an employer, and obtain the information needed to determine if the plan includes the standard benefits and is cost effective. If the insurance meets all the criteria for the Family Health Plus Premium Assistance Program, the case should be flipped From FHPlus to FHP PAP. Otherwise, the FHPlus case should be closed for having equivalent insurance, as long as the insurance is not one of the FHPlus excepted benefits.

**III. Districts are reminded of the following when creating FHP PAP cases:**

- Case Type must be 24 for adults.
- Coverage code must be 20 for adults.
- The Employer Sponsored Insurance must be entered into the commercial screens of the eMedNY Third Party subsystem for each recipient covered by the policy. This includes children of the FHP PAP recipients receiving benefits under that policy.
- EPI code of A must be entered on each individual in the household that is covered by the Employer Sponsored Health Insurance. This includes children on the Case Type 24 or children on their own Case Type 20 who are covered by the parent's insurance. This EPI code applies to Upstate districts only.
- The Policy Source code in eMedNY must be "H" Employer Insurance.
- When writing a pay line, Special Claiming Code of "V" must be entered in WMS. This applies to Upstate districts only as NYC does not use WMS for paying premiums.

**IV. There are three attachments to this GIS:**

1. The Manual Notice of Decision for Family Health Plus - Premium Assistance Program, OHIP-0011, includes revised discontinue and new denial language. This version replaces Attachment E of 08 OHIP/ADM-01. It is available on the DOH Intranet site.

2. The Employer Sponsored Health Insurance Form Request for Information is reformatted and is now a one page document. Space has been provided for the employer to include a FEIN or Social Security number. This form has been assigned DOH number 4450 and replaces Attachment C of 08 OHIP/ADM-01 and form OHIP-0016. It is available on the DOH Intranet site.

3. The Premium Assistance Program Recipient Brochure has been revised to reflect the alignment of resource levels among Medicaid programs. This version replaces Attachment A of 08 OHIP/ADM-01. This document may also be found on the DOH intranet site.