STATE OF NEW YORK
DEPARTMENT OF HEALTH

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INFORMATIONAL LETTER

TRANSMITTAL: **02 OMM/INF-01**

DIVISION: Office of Medicaid Management

TO: **Local District Commissioners**

DATE: February 7, 2002

SUBJECT: Family Health Plus Eligibility Guidelines Relating to Other Insurance

SUGGESTED DISTRIBUTION: Medicaid Directors
Public Assistance Directors

CONTACT PERSON: Upstate: Local District Liaison (518) 474-8216
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ATTACHMENTS:

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6					

On November 2, 2001, Administrative Directive 01 OMM/ADM-6 was issued providing guidelines for eligibility and enrollment under Family Health Plus (FHPlus). The following information provides additional guidance regarding eligibility determinations for FHPlus based on the applicant's having other health insurance.

GENERAL STATEMENT OF PURPOSE:

FHPlus is designed for those who are uninsured, and is not meant to replace existing insurance coverage either provided through employers, or purchased by the individual.

A. General Guidelines:

1. To be eligible for FHPlus, the applicant needs to be uninsured at the time of application.

2. Unlike Medicaid, uninsured FHPlus applicants are not required to enroll in other insurance programs which are available to them. There is no coordination of benefits under FHPlus. See Attachment IX in 01 OMM/ADM-6 for a listing of those types of health coverage exceptions that an applicant can have and still qualify for FHPlus.

3. Applicants who indicate they have current insurance, either employer-based or private pay, but plan to drop the insurance voluntarily in the future, are ineligible. It is not acceptable to provide documentation of voluntary future termination of insurance.

4. Applicants who previously were insured, but are uninsured at the time of application, are not ineligible. They are expected to complete Section C.4. of the Access NY Health Care application (or supplement to the form LDSS 2921) indicating the reason why they no longer have health insurance.

5. All individuals who are screened as ineligible for health insurance by an enrollment facilitator should be informed that they have the right to apply and have their eligibility for Medicaid and FHPlus determined at the local social services district.

B. Special Circumstances for Involuntary Employer Insurance Termination:

If the employer has notified the applicant that his/her employer insurance is to be involuntarily ended, (e.g., the employee is being laid off, or work is being terminated) and no coverage will be available to the applicant in the near future, the applicant is not ineligible based on having other insurance. In this case, the individual must provide documentation from the employer that the termination of coverage will be occurring. The documentation should include the date of coverage termination and must be supplied at the time of application. FHPlus coverage can not begin until the month after the private insurance terminates.

C. Non-employer Insurance:

If the applicant has privately-purchased coverage, or other non-employer provided coverage at the time of application, they are ineligible. It is not acceptable to provide documentation that non-employer insurance is being voluntarily ended. The applicant may re-apply for FHPlus after their private health insurance has terminated.

D. Medicare:

1. If the applicant has Medicare A, Medicare B or both A and B at the time of application, they are ineligible based on having other insurance

2. If an individual has a Medicare supplement policy only, without Medicare, they are eligible based on the allowable exceptions. However, it is very unlikely that a NYS resident would have the supplemental coverage without Medicare.

E. COBRA-based Coverage:

1. Individuals with self-funded insurance under COBRA are expected to maintain that insurance if it is already in place. Those with such insurance coverage in place at the time of application are not eligible for FHPlus. If an individual has such coverage, it is not acceptable to provide documentation that they intend to voluntarily drop their insurance in the future.

2. The fact that an individual is eligible for insurance coverage under COBRA does not make them ineligible. However, if they have insurance coverage in place, including under COBRA, they are ineligible.

3. If an individual has insurance coverage in effect under COBRA and the 18 months of coverage is due to expire shortly, the individual can provide documentation that the COBRA coverage is due to be terminated involuntarily. In this situation, the individual can be eligible for FHPlus as of the date of termination.

Kathryn Kuhmerker
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Office of Medicaid Management