STATE OF NEW YORK
DEPARTMENT OF HEALTH

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INFORMATIONAL LETTER

TRANSMITTAL: 02 OMM/INF-02

DIVISION: Office of Medicaid Management

TO: **Local District Commissioners**

DATE: August 22, 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: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6 02 OMM/INF-01	02 OMM/INF-01				GIS 02MA/013

On February 7, 2002, Informational Letter 02 OMM/INF-01 was issued to provide guidelines for eligibility determinations for Family Health Plus (FHPlus) program applicants who have existing health insurance coverage. These guidelines were subsequently revised in GIS 02 MA/013, issued on May 24, 2002. This INF provides these revised guidelines and cancels 02 OMM/INF-01.

The following guidelines for applicants having other health insurance should be followed when determining eligibility for FHPlus:

A. General Guidelines:

1. Unlike Medicaid, FHPlus applicants are not required to enroll in other insurance programs that 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.

2. To enroll in FHPlus, the applicant needs to be uninsured at the time of enrollment.

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

4. Individuals who are paying for private, non-employer based insurance, individually purchased Healthy NY, or COBRA will not be denied at the time of application for FHPlus if the applicant plans to terminate the current insurance. Applicants must provide a statement indicating that, if determined eligible for FHPlus, the applicant will terminate the private insurance coverage. The FHPlus enrollment should be coordinated with the termination of private insurance, whenever possible. This will prevent the individual from having a gap in insurance coverage. (NOTE: this does not pertain to such insurance provided by a non-custodial parent or absent spouse.)

5. Applicants who previously were insured, but are uninsured at the time of application, can be eligible. If the insurance was provided through an employer, applicants 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.

6. All individuals who are screened as ineligible for Medicaid and FHPlus 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 cannot begin until the month after the private insurance terminates.

C. 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 New York State resident would have the supplemental coverage without Medicare.

D. COBRA-based Coverage:

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

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management