

# public benefits

for low-income individuals and families  
applying for and using  
public benefit programs

family health plus

Center for  
Benefits and  
Services

Community  
Service Society | Fighting Poverty  
Strengthening  
New York

The Community Service Society of New York, a non-partisan social services agency, has been in the forefront of the fight against poverty for over 150 years. It has pioneered programs for school children, low-income tenants, health care patients, immigrants and poor people of every color and race throughout its history. At the midway point of its second century, CSS continues to do research on the causes and solutions to poverty-induced problems and to provide needy people with direct emergency help. Using advocacy and court challenges, CSS works to effect societal changes to improve the lives of those in poverty and empower them to provide better conditions for their children and communities.

Part of CSS, the Center for benefits and Services (CBS) is a single source for social service providers for information, training, and expert case assistance on the full range of government benefit and subsidized housing programs. The Center provides training on government benefits, telephone consultations to service providers, direct assistance to the general public and publications, including the *PBRC Manual*, a comprehensive guide to government benefit programs.

**Community Service Society of New York**  
**105 East 22<sup>nd</sup> Street**  
**New York, NY 10010**  
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# **Family Health Plus**

## **Center for Benefits and Services**

**A PROGRAM OF THE COMMUNITY SERVICE SOCIETY**

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# Family Health Plus

## What is Family Health Plus?

Family Health Plus (FHPlus) is a program that provides health insurance for adults under the age of 65 who do not have any other health insurance and who make too much money to qualify for Medicaid.

*What kind of medical bills does FHPlus pay for?*

FHPlus will pay for the following medical bills:

- Hospital care
- Doctors visits
- Lab and x-ray services
- Medicine
- Durable medical equipment
- Speech and hearing services
- Ambulance and emergency care
- Vision care
- Drug, alcohol, and mental health care
- Family planning
- Dental services (if offered by the managed care plan)



*Who operates the Family Health Plus program?*

FHPlus is an expansion of the Medicaid program. In NYS the program is run by the NYS Department of Health. In NYC, the local Human Resources Administration (HRA) operates it through its Medical Assistance Program (MAP). MAP determines whether you qualify for Medicaid, and if not, they will determine if you qualify for FHPlus.

## How Do I Use Family Health Plus?

FHPlus offers health coverage through a managed care plan. You must join a managed care plan to get your health care services.

*What is a managed care plan?*

A managed care plan provides health care through a network of doctors,

hospitals, and other health care professionals. People who join a managed care plan can only get their health care from the doctors and hospitals that are part of the plan's network.



*How does a managed care plan work?*

You will get a card from the managed care plan that you choose. You must use this card whenever you get medical services. You will choose a personal doctor, who becomes your primary care physician (PCP). Whenever you have a health problem, you must visit your PCP, who will treat you. If it is necessary, your PCP may send you to see a specialist. Usually you cannot see a specialist, unless your PCP sends you to a specialist.

*Do I have a choice which FHPlus plan I can join?*

Yes, there are different plans to choose from in NYC. As long as the plan is in the neighborhood where you live you can choose any plan you want. There are 69 health plans in NYC, in all 5 boroughs.

*How do I know which managed care plan I should join?*

If you have a doctor already you might want to ask him/her if they are part of a FHPlus managed care plan. If your doctor is in a FHPlus plan you may want to join that plan.

If you don't have a doctor, or if your doctor isn't a part of any FHPlus plan, you can call the Managed Care Consumer Assistance Program Hotline at **212-614-5400** and have someone help you choose a plan.

Or you can find out about the different plans available in your neighborhood by calling **877-934-7587** or you can visit the following web site: [www.health.state.ny.us/nysdoh/fhplus/index.htm](http://www.health.state.ny.us/nysdoh/fhplus/index.htm) and click on "How do I Choose a Health Plan?"

*How do I join a plan?*

When you fill out your application for FHPlus you will have to pick a managed care plan at that time.



*Can I change my managed care plan if I don't like it?*

Yes, you can. When you first join FHPlus you can change your plan within the first 90 days of enrolling. After the 90-day period, you can't change your plan for another 9 months, without good cause. After the first year you can switch into another plan at any time and for any reason. To change your managed care plan, you can call NY Medicaid CHOICE at 1-800-505-5678.

*What is good cause?*

Good cause means you have a good reason for changing plans. For example, you can't get the services you need in your language or if your plan is not able to give you the medical care you need for your condition.

*Are there any co-payments?*

Effective September 1, 2005 individuals enrolled in FHPlus will be responsible for a co-payment for certain medical services. All co-payments should be paid directly to the medical provider, not to Medicaid. Providers should not refuse to treat those who are unable to pay the co-payment, however the provider may bill the individual for the co-payment amount owed.

The following FHPlus enrollees are exempt from co-payments:

- Minors under 21 years of age
- Pregnant women
- A permanent resident of a nursing home
- A resident of a community based residential facility licensed by the Office of Mental Health (OMH)MH or Office of Mental Retardation and Developmental Disability (OMRDD)

Co-payments will not be applied to the following FHPlus services:

- Emergency services
- Family planning services and supplies
- Mental health clinics
- Chemical dependence clinics

- Psychotropic drugs and tuberculosis drugs
- Prescription drugs for residents of an Adult Care Facility licensed by State Department of Health (SDOH)

### **Who Can Get Family Health Plus?**

You can get FHPlus if you or family members pass certain eligibility tests, called eligibility criteria. These criteria are explained below.

#### **How Old Must I Be to Get FHPlus?**

You must be between the ages of 19 and 64.

#### **How Much Income Can I Have?**

You must have limited income.

##### *What is income?*

Income is an ongoing payment from any source such as salary, Social Security, a pension, unemployment insurance, disability benefits, bank interest, etc.

##### *How much of my income is counted?*



FHPlus counts most, but not all, of the income you might have. FHPlus adds all your income from all sources and then subtracts certain deductions such as loans from friends or family, foster care payments, in-kind support, or other deductions to figure out your monthly income. The worker will compare your income to the FHPlus allowable income limits. For more information about allowable deductions, you can call the Center for Benefits and Services (CBS), see below.

*What is in-kind support?*

In-kind support is not cash; rather it is goods or services that someone else gives you that you can use for food, shelter, or clothing. Thus, a bag of groceries, a winter coat, or someone paying your rent directly to your landlord would all be considered in-kind support.

*What if someone is giving me cash to help me pay my rent or utility bills? Is this in-kind income?*

No, if friends or family give you the money and you pay your bills yourself FHPlus will count it as income. You may want to ask your family or friends to pay the bills for you. For example, you can ask them to pay your landlord or utility company directly, and then FHP will not count it as income.

*What are the income limits?*

The income limits will depend on your family size and whether or not you have children.



*What are the income levels if I am a single person without children under 21?*

Single adults must have a monthly income below \$867 to be eligible for FHPlus. An adult married couple with no children would have to have a monthly income below \$1,167.

*What are the income levels if I have children under the age of 21 living with me?*

Number in Family	1	2	3	4	5	6	Each extra person
Income	1,300	\$1,750	\$2,200	\$2,650	\$3,100	\$3,550	+ \$450

*What happens if I am over the income limits?*

If you are over the income limits you do not qualify for FHPlus.

## How Many Resources Can I Own?

Resources are considered when determining Family Health Plus eligibility for applications filed on or after August 1, 2005 and renewals with authorization dates from August 1, 2005 or later.

Number in Family	1	2	3	4	5	6	Each extra person
Resource Guidelines	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	+\$2,850

### *What are resources?*

Resources are defined as cash or other liquid assets or any real or personal property that you own and could be converted to cash. Some examples include savings and checking accounts, stocks, CD's, real property, automobiles, life insurance, etc.

### *Are there resources that FHPlus does not count?*



Countable resources and exemptions for FHPlus are the same as for Medicaid, **see Medicaid brochure**. Applicants/recipients who are single adults or childless couples are subject to a transfer of assets penalty, a 12-month ineligibility period after a prohibited transfer of assets.

## Can I Have Other Insurance and Still Get Family Health Plus?

Usually not. However, if you have a limited health policy (e.g. dental-only or vision-only) you may still qualify for FHPlus.

If you have health insurance from your job, you may be eligible for the Family Health Plus Premium Assistance Program, see below for more information.

*If I have Medicare, can I get FHPlus to supplement my Medicare coverage for things like prescription drugs?*

No. If you have Medicare you do not qualify for FHPlus.

*If I qualify for Medicaid can I get Family Health Plus instead?*

No. If you qualify for Medicaid, you must get Medicaid. You cannot choose FHPlus over Medicaid. When you apply, the worker will first screen you for Medicaid. If the worker says you do not qualify for Medicaid, they will then screen you for FHPlus.

*If I am enrolled in the AIDS Drug Assistance Program (ADAP or ADAP Plus) can I enroll in FHPlus?*

No, you cannot be enrolled in ADAP/ADAP Plus and FHPlus at the same time. ADAP/ADAP Plus helps HIV+ people pay for drugs, medical care and home care and covers those people who do not qualify for Medicaid or FHPlus. If you qualify for FHPlus you may want to consider enrolling in it instead of ADAP/ADAP Plus because FHPlus covers more medical services.

*If I am paying for my own private health insurance can I join FHPlus?*

If you are paying for your own private health insurance, or if you have COBRA, you can apply for FHPlus, but only if you plan on ending your other insurance. HRA should try to get FHPlus active at the time your other health insurance is ending.



### **Where Must I Live?**

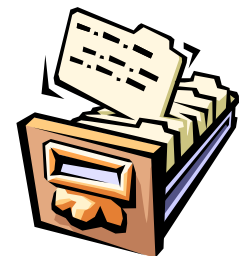
You must be living in New York State. However, there are no time requirements for how long you need to have lived here. See below, for a list of documents to proof residence.

### **Must I Be a U.S. Citizen?**

No, you can be an immigrant and still get FHPlus.

*Do all immigrants qualify for FHPlus?*

All legal immigrants permanently residing in the United States are eligible for Family Health Plus, including Persons Residing Under the Color of Law (PRUCOL).



### *What is PRUCOL?*

PRUCOL stands for “persons residing under the color of law”. This means any person who is residing in the U.S. with the knowledge and permission of the Immigration and Naturalization Service (INS) and the INS has no plans to make them leave this country.

### *What kind of immigrants do not qualify for FHPlus?*

Undocumented immigrants, tourists, and foreign students do not qualify for FHPlus.

### **Must I Have a Job?**

You don't have to hold a job to qualify for FHPlus.



### **How Do I Apply for Family Health Plus?**

You can apply for FHPlus in several ways.

1. You can apply at one of the health plans that offer Family Health Plus.
2. You can apply at any of the Medicaid Offices located in the five boroughs of NYC. Call the HRA information line at **(877) 472-8411** for the closest Medicaid Office. A relative or a friend can also apply for you who can act as your representative.
3. You can apply at a facilitated enroller. You can find a facilitated enroller by calling the New York State FHPlus Information Line at **(877) 934-7587** or for a listing of FE's go to:  
[www.health.state.ny.us/nysdoh/fhplus/index.htm](http://www.health.state.ny.us/nysdoh/fhplus/index.htm)

### *What is a Facilitated Enroller?*

Facilitated enrollers are community-based organizations that help uninsured people apply for FHPlus. They will screen you for Medicaid and FHPlus, conduct the face-to-face interview, help you gather your documentation, and submit your application to be reviewed.

### *What application must I complete?*

You must fill out the **Access NY Health Care Application**. These applications are available at Medicaid offices and facilitated enrollers.

### *What documents must I bring?*

You must be able to prove all the statements you made on the application, including proof of identity, proof of income, proof of residency, proof of age, and proof of citizenship/immigration status. You will be given a checklist of documentation requirements. The following documents are the types of documents you will be asked to bring:

- Proof of Identity
  - Driver's License
  - Photo ID
  - Birth certificate
- Proof of Income
  - Pay stub for the previous four weeks
  - Award letters for other benefits
- Proof of Residence
  - Rent receipt
  - Recent utility bill
  - Lease
- Proof of Immigration Status
  - U.S. Passport
  - Citizenship papers
  - INS Documentation



### *What happens during the application process?*

You or your representative must have a face-to-face interview with an eligibility specialist at the Medicaid office or with a facilitated enroller. They will review your application and documents. Based on the information and documentation you give them, they will determine whether you qualify for Medicaid or not. If you do not qualify for Medicaid you will then be screened to determine if you qualify for FHPlus.

*When do I choose a managed care plan?*

You need to be ready to pick a plan when you fill out the application. If you do not pick a plan your application will not be complete.

*How and when will I know if I am accepted?*

You should be notified in writing whether your case is accepted or denied within 45 days from the time of your application. You will be sent a notice in the mail.

*What if I don't receive a notice in the mail?*

You should contact the Facilitated Enroller, the Medicaid office or the health plan where you first applied.

*Will I be able to see a doctor when I receive the notice telling me I have been accepted?*

Even though you have been accepted into FHPlus, you cannot see a doctor until you are enrolled in the managed care plan that you chose. This can take as long as 3-5 months from the date of your application. Your managed care plan will send you a notice telling you once you are enrolled.

*Will FHPlus cover any of my old medical bills while I am waiting to be enrolled in a plan?*

Possibly, If the Medical Assistance Program (MAP) made a mistake when they first made a decision about your eligibility, you should be paid back for medical bills that you paid. MAP should pay you for these bills starting from the time that they made a mistake.

Also, if MAP or the FE or the health plan made you wait longer than you should have, usually more than 45 days, before they made a decision about your eligibility, you should be paid back for medical bills that you paid. MAP should pay you for these bills starting from the time eligibility should have been determined until you enroll in your plan.

*Will MAP cover all medical bills?*

No, MAP will only pay for those medical bills that are covered under FHPlus.

## **How Do I Keep Family Health Plus?**

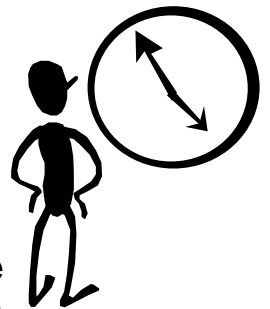
You have to continue to prove that you meet all the eligibility criteria. This process is known as renewal or recertification.

*How often must I renew/recertify?*

After you qualify for FHPlus, you will renew once a year so you can keep your benefits.

*How will I know when to renew?*

Approximately 75 to 90 days before your FHPlus will end; the Medical Assistance Program (MAP) will send a renewal notice in the mail.



*What must I do during a renewal?*

You must complete and sign the Medicaid/Family Health Plus *Mail Renewal Notification* form, as well as the *Terms, Rights and Responsibilities* form, and return both in the postage-paid envelope by the date on the renewal form. The renewal form will be pre-printed with the current information about your household, such as size, residency, income, etc. You must indicate any changes on this form.

*Where Can I go to get help with renewing FHPlus?*

If need help with renewing FHPlus, you can call the HRA Medicaid Helpline at 1-888-692-6116. Or you can go to a Facilitated Enroller (FE) or go to the Medicaid Renewal Center at 340A West 34<sup>th</sup> Street, 1<sup>st</sup> Fl., in Manhattan.

*Will I need to send in any documents?*

If there are no changes, the only documentation you need to send in is documentation on your income. However, if you do have changes, you

must document these changes. In the renewal package you will have a documentation guide that will tell you what documents you can send in.

*What if I don't send in all the documents I need to?*

If you don't send all the documents you need to, MAP will hold off on doing any action for two weeks. MAP will also send you a notice reminding you what documentation is missing.

## **What are My Rights?**

Almost any time that MAP makes a decision about your case, they must send you a written notice. This includes when MAP accepts your case, rejects your case, closes your case, or will not let you transfer from one managed care plan to another. MAP must send you a notice that describes what they are going to do and why. You have the right to appeal any MAP decision by requesting fair hearing within 60 days of the date on your notice, if you think they did something wrong.



*How Do I Ask for a Fair Hearing?*

To request a fair hearing call: **(800) 342-3334**.

To write for a fair hearing:  
New York State OTDA  
Office of Administrative Hearings  
P.O. Box 1930  
Albany, New York 12201

To fax for a fair hearing: **(518) 473-6735**

To go in person:  
Medical Assistance Program  
330 West 34<sup>th</sup> Street, 3<sup>rd</sup> floor, room 300

Or make a request online at:  
[www.otda.state.ny.us/oah/oahforms/erequestform.asp](http://www.otda.state.ny.us/oah/oahforms/erequestform.asp)

### *How do I prepare for a fair hearing?*

When you prepare for a hearing, you should think about whether there are documents or witnesses that can help you win your case. You can also have a lawyer, para-legal, social worker, a community advocate or even a friend; help you at your hearing.

### *What happens at the fair hearing?*

At the fair hearing, there will be a judge who works for NYS, MAP will have someone there to explain why they believe MAP is doing the right thing, and you will have the opportunity to explain why you believe MAP is wrong.

### **What Do I Do if I Have a Problem with my Managed Care Plan?**

Every plan has a member services department that should help you with your problem. You can call the plan's toll-free 800 number, which is printed on the back of the plan card, and ask for help with your problem.

### *What if the 800 number doesn't help me?*

If you didn't get the help you needed by calling the 800 number, your next step depends on the type of problem you have. If you have a problem with how the plan is treating you, you should ask for a grievance. If your plan is denying you medical treatment you should ask for a fair hearing.

### *When would I ask for a grievance?*

You would ask for a grievance when you think the plan is not treating you right. For example your plan will not let you get a second opinion, or your doctor won't refer you to a specialist, or you have to wait a long time to make an appointment.

### *How would I ask for a grievance?*

The plan's *Member Handbook* tells you how to file a grievance. Although you can file a grievance over the phone, it is best to do it in writing.

*What if I lose the grievance?*

If you lose your grievance, you have the right to appeal the decision. Call the plan's toll free number and ask to appeal the grievance decision.

*When would I ask for a fair hearing?*

You can ask for a fair hearing when your plan denies you medical treatment. For example, your plan does not let you get a second opinion, or they will not pay for surgery that you and your doctor think you need, or your plan cuts off a medical benefit, like physical therapy, even though your doctor ordered it.

*Can I do anything else besides ask for a fair hearing when my plan denies me treatment?*

Your plan must do a "utilization review" when deciding whether treatment is "medically necessary" or not. If your plan says the treatment is not medically necessary, you can also ask for a "utilization review appeal", as well as a fair hearing. Call your plan's toll free number to file a utilization review appeal.

## **What is the Family Health Plus Premium Assistance Program**

Family Health Plus Premium Assistance is a government program that can help you pay your monthly health insurance premium and other medical services or fees that you have with your job's health plan.

*What will the FHPlus Premium Assistance Program pay for?*

- It will pay for your share of the health plan premium.
- It will pay for any deductible or co-payment amounts.
- It will pay for medical services and supplies that your job's health plan will not pay for.

*How Do I Use FHPlus Premium Assistance Program?*

You will receive a benefit card. You will also have a card from your job's health plan. When your job's health plan does not pay for medical services you will use your FHPlus Premium Assistance benefit card.

When you go to a doctor, try to find a doctor that accepts Medicaid. When you do, FHPlus Premium Assistance Program will pay for the co-payments under your job's health plan.

### *How Do I Apply for FHPlus Premium Assistance Program?*

You can apply for the FHPlus Premium Assistance Program at any Medicaid office in New York City or facilitated enrollers, see above *How Do I Apply for FHPlus?*

You will be asked if you have a health plan from your job. If yes, you will be asked to bring documentation about your job's health plan coverage.

### **Where Can I Turn for Help?**

#### **New York State Department of Health's Family Health Plus**

(877) 934-7587

[www.health.state.ny.us/nysdoh/fhplus/index.htm](http://www.health.state.ny.us/nysdoh/fhplus/index.htm)

Provides information on FHP, choosing a health plan, recertification procedures, etc.

#### **New York Medicaid Choice**

(800) 505-5678

NYC agency dealing with managed care plan enrollment

#### **Community Service Society**

##### **Center for Benefits and Services**

(212) 614-5552

Answers questions on FHPlus eligibility and recertification

#### **Managed Care Consumer Assistance Program**

(212) 614-5400

Answers questions on FHPlus managed care plans and help with appealing any problems with the managed care plan.

**Get an application online at:**

[www.health.state.ny.us/nysdoh/fhplus/application.htm](http://www.health.state.ny.us/nysdoh/fhplus/application.htm)