

Updated: April 2010

NYS Public Managed Care Programs

Managed Care Provider	Number Enrolled as of April 2010	Population Enrolled	Type of Managed Care Plan	Health Plan Benefit Package	Medicaid Fee- for- Service Pays for Some Services?	How to Identify Enrollment/ Plan Status	Access to Health Plan Services
Medicaid Managed Care	2,736,595	<ul style="list-style-type: none"> NYS residents with full Medicaid eligibility. Most Medicaid covered adults, children, & pregnant women. Enrollment mandatory in 37 counties and NYC. Voluntary enrollment in some counties. Some Medicaid covered populations exempt (can enroll voluntarily) or excluded (cannot enroll). Individuals with Medicare and permanent residents of nursing homes are excluded (cannot enroll). 	HMOs & PHSPs ¹ 84% eligibles are enrolled. ²	Comprehensive including in/outpatient hospital, physician, vision, some behavioral health, home health, home infusion, rehabilitation and other care provided by nursing homes. Dental and transportation are optional services and are covered by some plans.	Yes. Pays for pharmacy, hospice, personal care, some behavioral health and, in some counties, dental and transportation. Most behavioral health for SSI.	Use CIN # on patient plan card or CBIC "Benefit" card. Check MEVS**. Providers not enrolled in Medicaid check with plan.	<p>Yes</p> <p>No plan/PCP approval for services paid by Medicaid fee for service. Case management available if plan determines it is needed. May offer disease management.</p>
Family Health Plus	386,107	<ul style="list-style-type: none"> Uninsured adults ages 19 to 64. Not eligible for Medicaid. Gross Family Income: <ul style="list-style-type: none"> ➤ Young adults (age 19 up to age 21) residing with parents and parents with children under age 21 in their households: 150% FPL. ➤ Young adults (age 19 up to age 21) living alone and adults without children: 100% FPL. U.S. Citizen, National, Native American or an individual with satisfactory immigration status. <p>In order to receive coverage, eligible individuals must enroll in a health plan.</p>	HMO/PHSPs ¹ PPO in certain rural areas.	Comprehensive including in/outpatient hospital, physician with benefit limits for home health, rehabilitation in nursing homes, & behavioral health. Home infusion covered. Most plans cover dental services.	Family Planning Services covered by FFS if plan does not cover. Pharmacy benefits covered by FFS.	<p>Use CIN # on patient plan card. Check MEVS**.</p> <p>Use CIN# on CBIC "benefit" card. Check MEVS**.</p> <p>Providers not enrolled in Medicaid check with plan.</p>	<p>Yes</p> <p>Case management available if plan determines need. May offer disease management programs.</p> <p>No plan/PCP approval for services paid by Medicaid fee for service.</p>

¹Prepaid Health Service Plans (PHSPs) – Enrollment limited to Medicaid, FHPlus, CHPlus eligible individuals.

²There are Medicaid Physician Case Management programs (PCMP) in Broome, Erie, Chemung, Schuyler and Steuben Counties. These programs enroll approximately 17,000 Medicaid eligible individuals. These PCMPs provide physician and outpatient clinic medical services. Medicaid fee-for-service pays for all other Medicaid services but some fee-for-services require PCMP authorization: such as, inpatient hospital home health, and home infusion.

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Family Health Plus Premium Assistance Program	1,786	<ul style="list-style-type: none"> Adults ages 19 to 64. Not eligible for Medicaid. Gross Family Income and resource limits: <ul style="list-style-type: none"> ➤ Young adults (age 19 up to age 21) residing with parents and parents with children under age 21 in their households: 150% FPL. ➤ Young adults (age 19 up to age 21) living alone and adults without children: 100% FPL. U.S. Citizen, National, Native American or an individual with satisfactory immigration status. <p>In order to receive coverage, eligible individuals must enroll in an employer sponsored health insurance plan that is deemed by NYS to be qualified and cost effective. The FHPlus program will then pay for the individual's share of the premium.</p>	Employer plan may be an HMO or private fee for service plan.	Comprehensive including in/outpatient hospital, physician with benefit limits for home health, rehabilitation in nursing homes, & behavioral health. Home infusion covered.	Services and supplies not covered by the employer plan, but otherwise covered by the FHPlus program are covered by Medicaid.	Use ID on patient plan card. Check with plan. and Use CIN# on CBIC "benefit" card. Check MEVS**.	<ul style="list-style-type: none"> All patients have primary care practitioner (PCP). Must use network provider (seek plan approval for exceptions). Need plan/PCP referral/approval for most plan services. <p>No plan/PCP approval for services paid by Medicaid fee for service.</p>
CHPlus	393,328	<ul style="list-style-type: none"> Uninsured children one month up to age 19. Not eligible for Medicaid. Premium subsidized for incomes at 160% to below 400% FPL. Full premium available for incomes above 400% FPL. No premium below 160%. No citizenship requirements. <p>In order to receive coverage, eligible individuals must enroll in a health plan.</p>	HMOs PHSPs ³	Comprehensive - includes in/outpatient hospital, physician, behavioral health including in/outpatient mental health, alcohol and substance abuse. Benefit limits for home health (subject to annual limit of 40 visits in lieu of hospitalization).	No.	Use ID on patient plan card. Check with plan.	Yes Case management available if plan determines needed. May offer disease management programs.
Managed Long Term Care <ul style="list-style-type: none"> PACE MAP Partial Cap 	30,364	<ul style="list-style-type: none"> Enrollment is voluntary. Eligible for nursing home care using the Semi-Annual Assessment of Members. Able to live safely in the community upon enrollment. In need of the long term care services of the plan for at least 120 days (nursing, therapy or aide services in the home; or adult day health care; or social day care if used as a substitute for personal care services). <u>PACE</u>: Adults 55 and older. Members must have Medicaid and/or Medicare and/or willingness to pay privately. Must disenroll from any facility or HCBS 	PACE Operates like HMO delivery system.	PACE Comprehensive including Interdisciplinary Team Care Management, In/outpatient hospital, PCP and specialty physician, prescription and OTC drugs, dental, audiology, podiatry, optometry eyeglasses, rehabilitation, PT/OT/ST, adult day center, nursing home, home health care, personal care, home infusion, DME and transportation.	PACE No	Use CIN# on plan card or CBIC "benefit" card. Check MEVS**.	Yes All patients have multidisciplinary case management teams.

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		<p>waiver program, Hospice, or any MCO before enrolling.</p> <ul style="list-style-type: none"> • Medicaid Advantage Plus (MAP): Adults 18 and older. Members must be dually-eligible for Medicaid and Medicare; must also be enrolled in a companion Medicare Advantage Plan. • Partial Cap MLTC: Adults 18 and older (for most plans). Members must have Medicaid or willingness to pay privately (in some plans); can be enrolled in Medicare MCO concurrently but not Medicaid. <hr/> <ul style="list-style-type: none"> • MAP and Partial Cap: May be in a nursing home upon enrollment if expected to be discharged. Must disenroll from any HCBS waiver program; OMRDD day treatment; Hospice or any Medicaid MCO before enrolling. 	<hr/> <p>MAP HMO</p> <hr/> <p>Partial Cap HMO</p>	<hr/> <p>MAP Comprehensive including Care Management, Inpatient/outpatient hospital, PCP and specialty physician, mental health inpatient/outpatient and chemical dependency, DME, dental, audiology, podiatry, chiropractic, optometry/eyeglasses, transportation, prescription drugs, PT/OT/ST, nursing home, home health care, home infusion, adult day care, personal care, etc.</p> <hr/> <p>Partial Cap Care Management, Dental, Audiology, Podiatry, Optometry/Eyeglasses, Nursing Home, adult Day Health Care, PT/OT/ST, Home Health Care, personal care, DME & transportation.</p>	<hr/> <p>MAP Yes. Limited special needs services and OTC pharmacy</p> <hr/> <p>Partial Cap Yes. Pays for all in/outpatient hospital, physician, pharmacy, and all other Medicaid services not covered by the plan.</p>		<hr/> <p>Yes</p> <p>All members have case managers.</p> <hr/> <p>Yes – PCP is not part of plan</p> <p>All members have care managers.</p>
Medicaid Advantage	5,133	<ul style="list-style-type: none"> • Enrollment is voluntary for eligible recipients. • Eligibility criteria: <ul style="list-style-type: none"> ➢ Must have Medicare Part A and Part B coverage. ➢ Must have full Medicaid coverage. ➢ Must be 18 years of age or older. ➢ Must otherwise not be excluded from enrolling in Medicaid managed care. • Must enroll in the same plan for both Medicare and Medicaid services. 	HMO PHSPs ³ Must have Federal approval to operate as a Medicare Plan.	Comprehensive including all Medicare primary care, acute and post acute services including in/outpatient hospital, some mental health/inpatient chemical dependency, physician, home health, home infusion, rehabilitation services, prescription drugs Medicare and includes up to first 100 days nursing home.	Yes. Pays for prescription drugs not covered by Part D, long term care services including personal care services. Some services are carved out under Medicare FFS. Must disenroll if nursing home placement is permanent.	Use patient's CIN # on plan card or CBIC "benefit" card. Check MEVS**.	Yes for most services. No plan/PCP approval for services paid by Medicaid fee-for-service. Case management if plan determines needed. May offer disease management programs.

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Healthy New York	161,000 (approx)	<p>Available to:</p> <ul style="list-style-type: none"> Small business owners providing health insurance to their employees and their families. Working individuals whose employers do not provide health insurance. <p>Individuals may participate if:</p> <ul style="list-style-type: none"> they have been employed at some time during the past year or your spouse has been employed in the past year or you are a sole proprietor. they have been without health insurance for 12 months or have lost coverage for certain reasons. are ineligible for Medicare or employer coverage. total household income is within the annual limits. <p>In order to receive coverage, eligible individuals must enroll in a health plan.</p>	HMO	<p>Comprehensive including acute care/primary services, in/out patient hospital, physician, preventive, lab x-ray, ER, diabetic supplies, post-hospital and post-surgical home health care, including PT and OT. Pharmacy optional.</p> <p>Not Covered: skilled nursing facility, hospice, OT, nursing home, rehabilitation, chiropractic care, chemical dependence treatment or mental health.</p>	No.	Use patient ID on patient's card. Check with plan.	<ul style="list-style-type: none"> All patients have primary care practitioner (PCP). Must use network provider (seek plan approval for exceptions). Need plan/PCP referral/approval for most plan services.

**** Methods of Determining Enrollee Status through MEVS**

MEVS is an acronym for the Medicaid Eligibility Verification System

Four ways to access MEVS are:

- Audio Response Unit – ARU (touch tone telephone system)
- VeriFone OMNI 3750 MEVS Terminal – Information about how to obtain an Omni 3750 can be accessed on the website <http://www.emedny.org/HIPAA/SupportDocs/Omni.html> (or by calling 1-800-343-9000)
- ePACES – web-based application – For instructions on how to enroll in ePACES call 1-800-343-9000 or visit the website <http://www.emedny.org/HIPAA/SupportDocs/ePACES.html>.
- 270/271 Eligibility Inquiry/Response electronic transactions – The 270/271 Eligibility Inquiry and Response Companion Guides for designing HIPAA compliant electronic transactions are available at http://www.emedny.org/HIPAA/eMedny_transactions/transactions.html/

MEVS manuals are available on-line at www.emedny.org or can be obtained by submitting a written request to eMedNY Provider Services.