

Questions and Answers

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Attachment 1

Allocation of 2007 Census Bureau Estimates of Uninsured by County

	Adults 19 to 64	Children Under 19		Adults 19 to 64	Children Under 19
STATEWIDE	2,030,054	434,481	STATEWIDE	2,030,054	434,481
NEW YORK CITY	1,128,143	210,674	NEW YORK CITY	1,128,143	210,674
REST OF STATE	901,911	223,807	REST OF STATE	901,911	223,807
ALBANY	22,715	4,711	NIAGARA	14,432	2,959
ALLEGANY	4,191	888	ONEIDA	16,873	3,226
BRONX	132,911	24,930	ONONDAGA	32,952	7,777
BROOME	17,477	3,114	ONTARIO	8,894	3,242
CATTARAUGUS	6,234	1,216	ORANGE	34,251	10,965
CAYUGA	6,237	1,273	ORLEANS	3,495	739
CHAUTAUQUA	9,425	3,031	OSWEGO	10,176	1,732
CHEMUNG	5,278	1,183	OTSEGO	6,929	1,674
CHENANGO	4,514	919	PUTNAM	8,518	3,794
CLINTON	7,235	1,166	QUEENS	357,524	64,701
COLUMBIA	6,475	1,508	RENSSELAER	12,775	2,656
CORTLAND	4,029	686	RICHMOND	49,658	14,175
DELAWARE	4,899	1,092	ROCKLAND	19,992	6,593
DUTCHESS	25,621	7,156	ST. LAWRENCE	8,923	1,601
ERIE	60,388	13,811	SARATOGA	15,527	4,038
ESSEX	4,133	800	SCHENECTADY	9,641	2,977
FRANKLIN	4,393	709	SCHOHARIE	3,039	684
FULTON	4,431	761	SCHUYLER	1,662	372
GENESEE	4,986	1,221	SENECA	2,849	912
GREENE	4,331	1,001	STEUBEN	7,448	1,549
HAMILTON	845	186	SUFFOLK	125,495	38,242
HERKIMER	6,066	1,468	SULLIVAN	8,215	2,326
JEFFERSON	10,778	2,485	TIOGA	4,428	1,137
KINGS	339,884	73,735	TOMPKINS	16,033	1,656
LEWIS	2,713	617	ULSTER	17,318	3,790
LIVINGSTON	4,892	1,031	WARREN	5,765	1,227
MADISON	5,757	1,189	WASHINGTON	5,335	1,095
MONROE	46,675	9,978	WAYNE	7,387	2,107
MONTGOMERY	3,502	888	WESTCHESTER	86,750	20,393
NASSAU	112,974	28,927	WYOMING	3,518	798
NEW YORK	248,167	33,132	YATES	2,097	571

Method: The 2007 ASEC estimates of uninsured adults 19-64 and uninsured children under 19 were allocated to NYC or rest-of-state counties based on each county's share of the NYC or rest-of-state uninsured adults 19-64 and uninsured children under 18 in the Census Bureau's small-area health insurance estimates (SAHIE) model for 2005.

Attachment 2

The initial peak hours were 10:00 a.m. to 11:00 a.m. with 1,720 calls, followed by the second peak hour of noon to 1:00 p.m. with 1,707 calls. See next exhibit for the daily peak hours for answered calls (highlighted in yellow) and secondary peak hours (highlighted in green).

Exhibit 12. Calls Received by Hour per Day for September 2008

Day	Date	8~9	9~10	10~11	11~12	12~1	1~2	2~3	3~4	4~5	5~6	6~7	7~8	Incoming
Monday	9/1/2008	Holiday												
Tuesday	9/2/2008	32	89	88	90	84	62	70	80	73	44	27	10	749
Wednesday	9/3/2008	36	73	84	75	89	71	78	70	61	23	15	11	686
Thursday	9/4/2008	35	72	75	66	71	59	75	57	52	31	20	10	623
Friday	9/5/2008	36	66	94	84	63	77	60	70	47	24	16	7	644
Saturday	9/6/2008					12	12	9	8	11				52
Weekly Ttls.		139	300	341	315	319	281	292	285	244	122	78	38	2754
Monday	9/8/2008	41	83	91	94	75	73	76	66	65	37	21	18	740
Tuesday	9/9/2008	29	73	81	80	85	83	53	80	68	31	25	16	704
Wednesday	9/10/2008	29	63	76	66	73	67	60	54	61	25	8	10	592
Thursday	9/11/2008	29	64	69	70	67	73	64	48	58	31	19	14	606
Friday	9/12/2008	29	58	63	56	74	76	65	44	50	24	17	16	572
Saturday	9/13/2008					10	17	12	13	6				58
Weekly Ttls.		157	341	380	366	384	389	330	305	308	148	90	74	3272
Monday	9/15/2008	39	80	96	107	107	101	76	90	80	35	23	15	849
Tuesday	9/16/2008	28	80	89	78	76	64	67	62	47	26	21	15	653
Wednesday	9/17/2008	31	79	85	70	72	54	88	60	56	30	24	15	664
Thursday	9/18/2008	26	74	90	77	82	71	71	52	59	38	23	11	674
Friday	9/19/2008	27	52	74	72	78	68	69	56	50	17	14	11	588
Saturday	9/20/2008					18	23	7	10	14				72
Weekly Ttls.		151	365	434	404	433	381	378	330	306	146	105	67	3500

Monday	9/22/2008	37	73	96	89	67	87	75	75	68	38	22	19	746
Tuesday	9/23/2008	35	62	86	86	68	73	61	61	66	36	20	9	663
Wednesday	9/24/2008	27	54	59	86	76	63	69	56	57	27	12	11	597
Thursday	9/25/2008	42	49	69	80	94	62	63	68	54	21	12	14	628
Friday	9/26/2008	21	59	67	72	77	60	57	53	44	22	12	6	550
Saturday	9/27/2008					20	12	12	17	16				77
		162	297	377	413	402	357	337	330	305	144	78	59	3261
Monday	9/29/2008	27	72	110	91	85	77	87	62	69	32	27	16	755
Tuesday	9/30/2008	28	60	78	86	84	56	77	64	62	24	21	15	655
Weekly Ttls.		55	132	188	177	169	133	164	126	131	56	48	31	1410
	Totals	664	1435	1720	1675	1707	1541	1501	1376	1294	616	399	269	14197

Attachment 3

DEPT OF HEALTH (FH+)

Toll Free: 1-877-934-7587

VDN: 16039

Vector: 170

1. You have reached the Family Health Plus information line. We record calls for quality assurance. Listen carefully to the following options. (Spanish) Family Health Plus is a NYS Program which provides comprehensive health insurance for adults age 19 through 64. To join Family Health Plus you must be a resident of New York State and without general health insurance. There are a maximum income limits to join based upon your family household size. For some basic eligibility information press 1. To learn about Family Health Plus from the internet press 2. To speak with a Customer Service representative press 3. To return to the main menu, press 4.
 1. If you have no children under 21 living with you, press 1. If you have children under 21 living with you, press 2.
 - i. If there is 1 adult the maximum monthly income is \$867, and for 2 adults the maximum monthly income \$1167. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
 1. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
 2. Please hold for the next available Customer Service Representative.
 3. (Main Menu)
 - ii. If your household has four members or less press 1. If your household has between 5 and 7 members press 2. If your household has more than 7 members press 3.
 1. Here's the maximum monthly income level to join. For 2 people it is \$1,750 and for 3 people it's \$2,200. For 4 people it's \$2,650. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
 - i. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply

in your neighborhood, press 2. If you would like to return to the main menu, press 3.

- i. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
- ii. Please hold for the next available Customer Service Representative.
- iii. (Main Menu)

2. Here is the maximum monthly income level to join. For 5 people is \$3,100; for 6 people \$3,550; and for 7 people it's \$4,000. Please listen to the following options. For information on the internet, press. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.

- i. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
- ii. Please hold for the next available Customer Service Representative.
- iii. (Main Menu)

3. Please listen to the following options. For information on the internet, press 1. To find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.

- i. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.
- ii. Please hold for the next available Customer Service Representative.
- iii. (Main Menu)

2. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.

1. Information and an application can be obtained from the NYS State Health Department's website at www.health.state.ny.us, that web address again is www.health.state.ny.us and click on the

Family Health Plus site. Please listen to the following options. For information on the internet, press 1. If you would like to find out where you can apply in your neighborhood, press 2. If you would like to return to the main menu, press 3.

2. Please hold for the next available Customer Service Representative.
3. (Main Menu)
3. Please hold for the next available Customer Service Representative.
4. (Main Menu)

Attachment 4

Medicaid Hotline IVR Tree

Main Menu Announcement 12711

You have reached the New York State Medicaid Helpline. Calls may be recorded for quality assurance. Please listen carefully as our menu options have changed.

To continue in English, Press 1 [Route to VDN 18434]

To speak with someone in Spanish, Press 2 [Route to VDN 18437]

If you are calling regarding your balance for Public Assistance of Food Stamps, or to obtain a PIN number to access these benefits, you need to call (888)328-6399.

If you are calling to report your card lost or stolen or if you are calling to order a new Medicaid card, please contact your local office. If you live in the five boroughs of New York City, you can obtain a new Medicaid card by calling 718-557-1399.

[Position 1] If you are calling about Fraud, Press 1

[Position 2] If you are calling in response to a letter received from Social Security concerning possible assistance with paying your Medicare premiums, Press 2.

[Position 3] If you are calling to obtain a list of Medicaid Providers in your area, please press 3.

[Position 4] All other issues, Press 4.

If you are calling from a rotary phone, please hold for the next available representative.

Attachment 5

Public Health Insurance Call Center Volumes for 2008

	January	February	March	April	May	June	July	August	September	TOTAL
Medicaid	63,853	54,339	54,845	50,943	51,262	53,395	58,517	59,687	68,338	515,179
FHP	7,274	9,736	8,911	4,106	3,372	2,861	3,167	3,193	4,053	46,673
CHPlus	14,924	13,009	17,424	17,021	12,522	9,384	9,428	10,224	16,231	120,167
TOTAL	86,051	77,084	81,180	72,070	67,156	65,640	71,112	73,104	88,622	682,019

Attachment 6

SECTION 1: MEDICAID HOTLINE

Eligibility Script

Eligibility Calls

My card is not working at the Pharmacy, Drs office or Hospital.

Let me see if I can help you. What is your Medicaid ID #?

Can I please have your name? Date of Birth? Social Security Number? And Address?

You need to make sure that the individual on the line is able to supply you with all the accurate information. If not, tell them you are unable to assist them and they need to contact their local Medicaid office.

If they are able to verify all the information above, then begin to check the file:

Check the "Begin" and "End" Date to see whether or not the individual has current coverage with the Medicaid program.

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client														
Trans						Change								
District: 66-NY CITY			Date Added: 2/9/2004			Date: 1/24/2006								
123-45-			12/01/000											
SSN: 6789			Date of Birth: 0			Sex: M-MALE								
CBIC Card						Relation to								
Code: P-PHOTOCD			Age: 22			HH:								
Sequence						Date of								
Number: 1			Death:											
Address														
Address: 123 SOME STREE						City: SOME CITY			State: NY			Postal Code: #####		
									Phone Number: (###)###-###					
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date				
1/1/2006	12/31/2006	006398351E	015RT	B-CLNT NO TM	30-MCAID PCP	32-LIF W DEP	66-NY CITY	548-RENEWAL	07-ACTIVE	1/24/2006				

If today's date was November 30, 2006 then the eMedNy screen above indicates that this person's coverage is currently active with the Medicaid program and they have coverage under a PCP. You would tell the caller that we show they are active today. WE DO NOT GIVE OUT END DATES unless the case is already closed.

Problem at the Pharmacy - refer to Pharmacy script

Problem at doctor's office or Hospital:

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client														
Trans						Change								
District: 66-NY CITY			Date Added: 2/9/2004			Date: 1/24/2006								
123-45-			12/01/000											
SSN: 6789			Date of Birth: 0			Sex: M-MALE								
CBIC Card						Relation to								
Code: P-PHOTOCD			Age: 22			HH:								
Sequence						Date of								
Number: 1			Death:											
Address														
Address: 123 SOME STREE						City: SOME CITY			State: NY			Postal Code: #####		
									Phone Number: (###)###-###					
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date				
1/1/2006	12/31/2006	006398351E	015RT	B-CLNT NO TM	30-MCAID PCP	32-LIF W DEP	66-NY CITY	548-RENEWAL	07-ACTIVE	1/24/2006				
MC (Managed Care)														
Provider ID	Provider Name	Plan Code	Package	Begin Date	End Date	Trans District	Case Worker	Change Date						
1182503	WELLCARE OF NEW YORK INC	WC-WELLCARE1	66-NEW YORK C	3/1/2006	12/31/9999	66-NY CITY	NYBPF	1/24/2006						

Your response to this caller would be:

We show that you have an HMO of Wellcare. Does the doctor/hospital accept Wellcare? Are you showing them your Wellcare card?

If you are unsure of the coverage code and what it means, please refer to your coverage codes in your binder.

Card Code

You should check the card code on the file to make sure the Benefit card is active. If you see X or R, then it is NOT an active card. This doesn't mean the recipient is NOT active on Medicaid. It means there could be an error on their file and you need to check the following information to determine how they need to proceed to get the CARD active.

"X" is usually an indicator that the recipient has/had FHPlus coverage. "R" means Roster ONLY and there is generally a principal provider on the file.

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client

Trans District: **66-NY CITY** Date Added: **2/9/2004** Change Date: **1/24/2006**
 123-45-12/01/000
 SSN: **6789** Date of Birth: **0** Sex: **M-MALE**

CBIC Card Code: **X** Age: **22** Relation to HH:

Sequence Number: **1** Date of Death:

Address

123 SOME
 Address: **STREE** City: **SOME CITY** State: **NY** Postal Code: **#####** Phone Number: **(###)###-###**

Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date
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If you see this card code, you need to check to see if the individual is actually covered under a Medicaid PCP or FHPlus.

MEDICAID PCP COVERAGE

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client

Trans District: **66-NY CITY** Date Added: **2/9/2004** Change Date: **1/24/2006**
 123-45-12/01/000
 SSN: **6789** Date of Birth: **0** Sex: **M-MALE**

CBIC Card Code: **X** Age: **22** Relation to HH:

Sequence Number: **1** Date of Death:

Address

123 SOME
 Address: **STREE** City: **SOME CITY** State: **NY** Postal Code: **#####** Phone Number: **(###)###-###**

Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date
1/1/2006	12/31/2006	006398351E	015RT	B-CLNT NO TM	30-MCAID PCP	32-LIF W DEP	66-NY CITY	548-RENEWAL	07-ACTIVE	1/24/2006

Your response to this caller would be:

We show there is a problem with your card code. You need to contact your local Medicaid office and ask them to reset your benefit card code so that you can use your Medicaid card for services that are not covered under your PCP.

FAMILY HEALTH PLUS COVERAGE

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client										
District: 66-NY CITY	Date Added: 2/9/2004	Change Date: 1/24/2006								
123-45-	12/01/000									
SSN: 6789	Date of Birth: 0	Sex: M-MALE								
CBIC Card Code: X	Age: 22	Relation to HH:								
Sequence: 1	Date of Death:									
Address										
Address: 123 SOME STREE	City: SOME CITY	State: NY								
	Postal Code: #####	Phone Number: (###)###-###								
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date
2/1/2006	12/31/2006	006398351E	015RT	B-CLNT NO TM	34-FAM HLTH P	69-FHPP A 155	66-NY CITY	548-RENEWAL	07-ACTIVE	1/24/2006

Your response to this caller would be:

We show that you have FHPlus coverage and you should be using your Health Plan Card for all medical services. Do you have that card? If not, let me get you the telephone number to your carrier and they should be able to assist you with getting a card and finding a provider you can go to in your area for services.

If the recipient has a Principal Provider on their file: (You need to click on "Principal Provider" and check to see if the dates are currently active)

Available Data

Restriction Principal Provider MC Exemption Principal Provider Third Party

If the Principal Provider is active, your response to this caller would be:

We show that you have a Principal Provider on your file. Were you recently discharged from (give the name of the facility -

Yes

No

You need to contact your local Department of Social Services to have this indicator removed from your file before you can get your prescriptions. What county do you reside in? Here is the telephone number you need to call (look up local Medicaid office in "County" tab or "NYC".)

The principal provider is responsible for providing all the care for this recipient. You need to contact them to arrange for the services.

If the recipient has an ACTIVE Restriction on their file:

If a Recipient has an ACTIVE restriction on their file you are NOT to release any information to them. You can tell them that their case is active or closed, but you can NOT tell them where they are restricted to. You need to refer all questions pertaining to the restriction to the county contact. Refer to "RRP" in your binder for the contact information. You need to click on "Restriction" and check to see if the dates are active.

Available Data



Restriction



Principal Provider



MC Exemption



Principal Provider



Third Party

Updated 9/30/2008

Billing Script

BILLING CALLS

When a recipient calls regarding a bill you should take the following steps:

What is your Medicaid ID #?

Pull up the Medicaid file. Verify name, date of birth, social security number and address. Ask the recipient the dates of service. If they had no coverage...**STOP**. Tell them they were not covered and they need to go to their local Medicaid office with the bills to see if they can get coverage for the dates of service. If they had coverage, continue.....

Who is billing you?

Have you spoken to them? If not, tell them to call them and make sure they have the recipient's correct Medicaid billing information.

Do they accept New York State Medicaid or Managed Care

Plan? If no, then they need to either take the bills to their local Medicaid office (Straight Medicaid ONLY) or contact the Managed Care to find out if the Managed Care will pay the provider.

What is the reason the bill is being denied? If they can not tell you, then they probably have not spoken to them. Tell them to call the provider, make sure they have the correct Medicaid/Managed Care information and find out what the denial reason is.

Reimbursement

If the Recipient has Straight Medicaid and is seeking reimbursement and resides in New York City, then give them the mailing address for the New York City Reimbursement unit. They will need to submit a copy of the receipt, their Medicaid ID Card and their Social Security Card. This applies to **both in-State and Out-of-State providers**. You are NOT to tell the recipient that Medicaid is not going to reimburse them for services, because we do not know the circumstances surrounding their coverage.

Taking a Fraud Report

HOW TO TAKE A FRAUD REPORT

CALLER INFORMATION

You need to request the following information from the caller:

Name

Address

Telephone # where the caller can be reached

Identify Caller ID # on sheet - if not shown on phone, indicate it so we know you checked

If the caller is a Recipient ask for CIN # and SSN #

If the caller is a Provider ask for Provider ID # - should be 8 digits

Many people making a complaint initially wish to remain anonymous. Explain that when the case is assigned to an investigator, it is very important that he/she be able to contact the caller in case there is information that needs to be clarified in order to proceed with the investigation.

Assure the caller that, if it is their wish, their identity will be kept confidential.

Many times the caller will change their mind when they understand how important it is for the investigator to be able to contact them.

PERSON COMMITTING THE FRAUD

Name

Address (you need to ask this, do not try to get it from the eMedNY system, the caller may have a new address that the county office has not been notified of)

Telephone #

If a Provider - make sure to get Provider ID if available

If a Client - make sure to get ID #, SSN, DOB or approximate age

DESCRIPTION OF THE COMPLAINT

Be a listener. Don't interrupt unless you have to; let the caller tell their story, and then go back over it to clarify any points

GET SPECIFIC INFORMATION!!

For example, if the caller states that a recipient is working off the books, ask where is he working, what shifts, what does he do, how much does he get paid, etc.

If the caller states that the recipient has a bank account, ask the caller if they know what bank the account is with and how much money is in the account.

If the caller states that a doctor is billing for services not rendered, you need to ask what services were billed, the names of the recipients; when these services were billed, etc.

Always ask the caller for the dates these activities took place.

We need to ensure that the investigators are getting enough information in order to conduct an investigation. Simply stating that the doctor is billing incorrectly or a Medicaid recipient is working is NOT sufficient information, we need specifics.

Read back any information you received from the caller, i.e., date of birth, current address, telephone number, etc. to make sure you have recorded the information properly. You should be filling out the form while you have the caller on the phone so that you do not forget to ask any questions.

A fraud report should NOT be rushed. It is imperative that you get the most information possible during the initial contact with the caller just in case they don't want to leave any information for the investigator to get back to them.

HOW TO HANDLE PHARMACY CALLS

I went to the Pharmacy and they told me my card wasn't working.

Can I have your Medicaid ID #. Can I have your name, dob, SSN and address please.

Verify that the Individual has active MEDICAID coverage for Prescriptions.

What did the Pharmacy tell you? Did they say that the medication is not covered by Medicaid?

Yes

You need to contact your doctor to see if they can prescribe a similar drug for you that Medicaid will cover

He just said my card was not working.

Did the pharmacy give you a reason why the card was not working? *(The 2 digit reject code is not useful information all the time so you really need to ask the specific reason why the card is not working)*

Are you trying to fill a prescription for a brand name drug?

Your doctor needs to call Medicaid to get approval for that prescription.

Does the caller have Medicare & Medicaid?

As of January 1st, 2006, Medicaid is no longer covering the majority of your prescriptions drugs. We show that you have Medicare & Medicaid. You need to contact Medicare to find out which plan you are enrolled in.

There is a two digit number on the bottom right hand corner of your card. It says SEQ #.

Please tell me what that number is. You are not to give out sequence numbers. *You can only verify that the one they have is right or wrong. You are simply asking this question to determine if they have the correct card for services.*

Wrong #

You need to request a new Benefit Card. The one you are trying to use has been shut off.

Where do you live?

New York City

Upstate

You need to call 718-557-1399 or 888-692-6116

You need to contact your local county department of social services office to request a new card. If you need a card right away, you can go there in person and request a temporary card until your new one arrives.

What is my sequence number?

We are not able to supply that information here. You will need to contact your local department of social services in order to get the valid sequence number or a new card.

If the sequence number is blank, ask the recipient if they recently requested or received a new card. The sequence number could be blank because of the issuance of a new card or all the cards have been shut off.

The Pharmacy said I was over my limit.

Check the Utilization screen. Since this is a Pharmacy issue, you need to ensure that you are looking at the Utilization amounts for Pharmacy (you need to check under Service Category) to find the most active Pharmacy file.

UT (Utilization Threshold)												
		Standard			Override		Actual					
Anniversary	Service Category	Limit	Effective	Warning Level	Limit	Effective	Limit	Use	Warning Level	Warning Date	Overuse	Overuse Date
1/1/2004	03-PHARMACY	40	1/1/2004	14			40	0	14		0	

In checking the screen above, if today's date was **November 15, 2003**, and this individual was trying to get his prescriptions, you could not go by this line. You would need refer to the Anniversary date of 1/1/03 to see if the individual exceeded their Uts during the correct eligibility year. The UTs for this individual are updated every January. The anniversary dates for Medicaid recipients are NOT the same.

If today's date was November 15, 2004, this individual clearly has not reached their limit, as the screen above (Use) amount shows 0. This means that NO prescriptions have been billed to Medicaid.

UT (Utilization Threshold)												
		Standard			Override		Actual					
Anniversary	Service Category	Limit	Effective	Warning Level	Limit	Effective	Limit	Use	Warning Level	Warning Date	Overuse	Overuse Date
1/1/2004	03-PHARMACY	40	1/1/2004	14			40	84	14	7/15/2004	44	#####

In checking the screen above, if today's date was **October 15, 2004**, and this individual was trying to get their prescription, you would let them know that we show they are over the limit and respond as follows:

We show that you have gone over the UT limit for Medicaid. You need to contact your doctor and ask them to request a Utilization Threshold Override application so that you can get your prescriptions.

I went to the Pharmacy to get my prescription and he said I need a new card.

Check the file to see if the individual is over the age of 65 or has been SSD for more than two years.

If so, ask them if they have Medicare. Just because it doesn't show up under our third party screen doesn't mean they don't have it.

I don't have Medicare.

Go back to your Pharmacy and tell them that you do not have Medicare and that Medicaid is still covering your prescriptions. We suggest that you contact Medicare to find out if you are eligible and if you should be enrolled in the Medicare program. The telephone number to Medicare is (800)633-4227. (1-800-MEDICARE)

I went to the Pharmacy and they are charging me a co-payment for my prescriptions.

How much money are they charging and how many prescriptions are you filling?

If the amount is \$1 or \$3 per prescription:

Check the "Co-Payment" tab on eMedNY to see if this individual is exempt from co-payments. The screen will say "Status as of (today's date).....EXEMPT or NOT EXEMPT.

We show that you are NOT EXEMPT from a co-payment for your prescriptions. The pharmacy can not refuse to give you your prescription because of your inability to pay the co-payment. You need to go the pharmacy and tell the pharmacist that you do not have the money today. You are responsible for the co-payment and the Pharmacy can ask you for the payment the next time you come into the Pharmacy. The Pharmacy can bill you for these co-payments as well. You are ultimately responsible for paying them.

If the amount is \$3 or \$6, is the person on FHPlus?

If the amount is over \$6, ask the person if the Pharmacist told them the prescription was not covered by Medicaid or needed prior approval. If either applies, refer the recipient back to their doctor for an rx that is covered by Medicaid or to obtain prior approval.

If no, then check for a Third Party Insurance.

If the caller has a Third Party Insurance listed on the case that covers prescriptions:

We show that you have prescription coverage under (give the Insurance Company name). You need to use that coverage to obtain your prescriptions. (Insurance Company) is your primary coverage. You have to use that prior to using Medicaid.

But I don't have that coverage anymore.

You need to contact the insurance company and get a letter from them showing when coverage ended.

After you get this letter, you should call (refer them to Third Party Removal contact in their county - this list is in your binder under the tab "Third Party")

Card Code

You should check the card code on the file to make sure the Benefit card is active. If you see X or R, then it is NOT an active card. This doesn't mean the recipient is NOT active on Medicaid. It means there could be an error on their file and you need to check the following information to determine how they need to proceed to get the CARD active.

"X" is usually an indicator that the recipient has/had FHPlus coverage. "R" means Roster ONLY and there is generally a principal provider on the file.

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client										
Trans District:	00-NY CITY	Date Added:	2/9/2004	Change Date:	1/24/2006					
	123-45-		12/01/00							
SSN:	6789	Date of Birth:	00	Sex:	M-MALE					
CBIC Card Code:	X	Age:	22	Relation to HH:						
CBIC Sequence Number:	1	Date of Death:								
Address										
Address:	123 SOME STREE	City:	SOME CITY	State:	NY	Postal Code:	###	Phone Number:	(###)###-###	
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date

If the recipient has a Principal Provider on their file: (You need to click on "Principal Provider" and check to see if the dates are currently active)

Available Data

Restriction **Principal Provider** MC Exemption Principal Provider Third Party

If the Principal Provider is active, your response to this caller would be:

We show that you have a Principal Provider on your file. Were you recently discharged from (give the name of the facility - usually a nursing home, hospital)?

Yes

No

You need to contact your local Department of Social Services to have this indicator removed from your file before you can get your prescriptions. What county do you reside in? Here is the telephone number you need to call (look up local Medicaid office in "County" tab or "NYC".)

The principal provider is responsible for providing all the care for this recipient. You need to contact them to arrange for the services.

If the recipient has an ACTIVE Restriction on their file:

If a Recipient has an ACTIVE restriction on their file you are NOT to release any information to them. You can tell them that their case is active or closed, but you can NOT tell them where they are restricted to. You need to refer all questions pertaining to the restriction to the county contact. Refer to "RRP" in your binder for the contact information. You need to click on "Restriction" and check to see if the dates are active.

Available Data
 Restriction Principal Provider MC Exemption Principal Provider Third Party

If the caller has a Third Party Insurance listed on the case that covers prescriptions:

Available Data
 Restriction Exception MC Exemption Principal Provider **Third Party**

Once you click Third Party, you should see a screen that looks like this:

Resource Search Results										
Carrier Code	Cvrg Type	CIN	Policy / HIC No.	Begin Date	End Date	Coverages	Trans Source	Trans Date	County	Void Date
	MA	RK81139E	101165481A	8/1/1988	12/31/9999		2-TPC	12/17/2005	CITY	
	MB	RK81139E	101165481A	8/1/1988	12/31/9999		2-TPC	12/17/2005	CITY	
	MD	RK81139E	101165481A	1/1/2006	12/31/9999		7-CMS	2/2/2006	CITY	
	HC	RK81139E	101165481A	8/1/1988	12/31/9999		2-TPC	12/17/2005	CITY	

Click on the Policy/HIC No. It will give you the name of the insurance company and everything that is covered under that plan.

If the caller has coverage codes 04, 05, 06, 09, 31 and 33 - Medicaid IS NOT covering their prescription drugs.

06 PROVISIONAL COVERAGE- PENDING FAMILY HEALTH PLUS

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client

Trans District: **66-NY CITY** Date Added: **2/9/2004** Change Date: **1/24/2006**

SSN: **123-45-6789** Date of Birth: **12/01/00** Sex: **M-MALE**

Age: **22** Relation to HH: **HH:**

CBIC Card Code: **X**

CBIC Sequence Number: **1** Date of Death:

Address

Address: **123 SOME STREE** City: **SOME CITY** State: **NY** Postal Code: **###** Phone Number: **(###)###-###**

Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date
4/1/2005	3/31/2006	006398351E	015RT	B-CLNT NO TM	34-FAM HLTH P	69-FHPP A 155	66-NY CITY	548-RENEWAL	07-ACTIVE	
1/1/2005	3/31/2005	006398351E	015RT	B-CLNT NO TM	06 PROVISIONAL	63-FHPP	66-NY CITY	548-FHPP	07-ACTIVE	1/24/2005

MC (Managed Care)

Provider ID	Provider Name	Plan Code	Package	Begin Date	End Date	Trans District	Case Worker	Change Date
1182503	WELL-CARE OF NEW YORK INC	WC-WELL-CARE1	70-FHP	4/1/2005	12/31/9999	66-NY CITY	NYEMV	2/14/2004

If this person called you on February 20, 2005, to find out why their card was not working your response would be:

You do not have any coverage at this time. We show you are in the waiting period for FHPlus and are not eligible for services until April 1, 2005.

06 PROVISIONAL COVERAGE- SPENDDOWN

[Client Search > Client: DOE, JOHN - CIN: XX#####X](#)

Client										
66-NY		Date Added: 2/9/2004		Change Date: 1/24/2006						
Trans District: CITY		123-45-		12/01/00						
SSN: 6789		Date of Birth: 00		Sex: M-MALE						
CBIC Card Code: P - PHOTOCAR		Age: 22		Relation to HH:						
CBIC Sequence Number: 05		Date of Death:								
Address										
123 SOME		City: SOME CITY		State: NY		Postal ### Code: ##		Phone Number: (###)###-###		
Address: STREE										
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Change Date
3/1/2005	12/31/9999	006398351E	015RT	B-CLNT NO TM	06 - PROVISIONAL	21 - ADC	66-NY CITY	548-RENEWAL	07-ACTIVE	
1/1/2005	2/28/2005	006398351E	015RT	B-CLNT NO TM	02 - OUTPATIENT	21 - ADC	66-NY CITY	548 - RENEWAL	07-ACTIVE	1/24/2005

If today's date was March 3, 2005, your response to this caller would be:

We show that you have a Spend down (monthly premium) that has not been met. You will not be able to use your benefit card until you pay your spend down.

Updated 9/30/2008

Newborn Script

HOW TO HANDLE NEWBORN CALLS

Mom/Dad Calls:

The following applies **whether or not** Mom reported the pregnancy to her local Medicaid office.

When was the baby born? Do you have the birth certificate?

No, they need to call us back after they get the birth certificate so we can make sure the baby is in the system.

Yes, go to next question.

Was the baby born in a New York hospital?

No, tell mom/dad they need to wait for the birth certificate and take it to her local office in order to get the baby coverage—even if she has an UNBORN card. (Out-of-State Hospitals are not able to register New York State Medicaid babies).

Yes, go to next question.

Did mom provide the hospital with her Medicaid/Managed Care Insurance information?

No, tell mom/dad they need to call hospital to inform them that she has Medicaid/Managed Care/FHPlus Insurance.

Yes, go to next question.

Do you have an UNBORN/INFANT card?

Yes, tell them they can use that card until the new one comes in the mail. Normally 15 days after the receipt of the birth certificate.

No: get mom's ID # and see if the baby is listed under her case. If not, check by Baby Last Name, Baby First Name, DOB and see if the baby comes up.

If you find an active ID # for the baby, **DO NOT GIVE THE NUMBER TO MOM/DAD**...tell them a card should be arriving any day for the baby. If the ID # says NEWBORN, CHILDO or BABY BOY/GIRL and shows the correct date of birth, tell the parents they need to take the birth certificate to their local office to get the baby's name put on the card.

Tell mom/dad to contact their PCP to notify them of the baby's birth. If the PCP needs any information, they will let mom/dad know. (Baby will be covered as of the date of birth under the PCP as long as the baby is healthy—born on time, nothing medically wrong.)

I have to take my baby to the doctor and I don't have a Medicaid Card. The doctor won't see the baby without it. What can I do?

You need to take your insurance information with you to the pediatrician and tell them you are waiting for the new cards for the baby. Your baby will be covered under the same Health Plan as you (only if the baby is healthy). Tell the doctor you will call them with the insurance information once you receive the cards. It generally takes 15 days after receipt of the birth certificate for your baby's information to be updated in the system and for you to receive the cards.

You are not to try to explain the newborn process to anyone. If you have a case where you can not find the baby after following the steps above, refer the call to me. Please do not refer a mom to her local Medicaid office unless you are sure that is where she is supposed to go.

NEWBORN ELIGIBILITY

Summary

Client			
Trans District:	66-NY CITY	Date Added:	12/17/2005
		Change Date:	2/8/2006
SSN:		Date of Birth:	1/12/2006
		Sex:	F-FEMALE
CBIC Card Code:	P-PHOTOCD	Age:	0
CBIC Sequence Number:	1	Relation to HH:	
		Date of Death:	

Address			
Address:	some street	City:	some city
		State:	NY
		Postal Code:	11111
		Phone Number:	(xxx)xxx-xxx

Available Data			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restriction	Exception	MC Exemption	Principal Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Third Party

Eligibility											
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Override	Change Date
11/1/2005	6/30/2006	003307082C	340BB	B-CLNT NO TM	01-ALL BENEFI	27-ADC MN/FP	66-NY CITY	522-QUICK SERV	07-ACTIVE		2/8/2006

MC (Managed Care)								
Provider ID	Provider Name	Plan Code	Package	Begin Date	End Date	Trans District	Case Worker	Change Date
1350861	AMERCHOICE OF NEW YORK INC.	MK-AMERCHOIC	01-ALBANY CO	11/1/2005	12/31/9999	66-NY CITY	NYEMV	1/19/2006

This baby shows 01 coverage but the PCP is active as of the date of birth. You would tell mom that this baby is covered under the PCP even though it shows 01 coverage.

Summary

Client		Trans District: 66-NY CITY	Date Added: 2/8/2006	Change Date: 2/7/2006
SSN:	Date of Birth: 1/6/2006	Sex: M-MALE		
CBIC Card Code: P-PHOTOCD	Age: 0	Relation to HH:		
CBIC Sequence Number: 1	Date of Death:			

Address				
Address: 1234 ANY ST	City: SOME CITY	State: NY	Postal Code: 11111	Phone Number: (XXX)XXX-XXXX

Available Data				
<input type="checkbox"/>				
Restriction	Exception	MC Exemption	Principal Provider	Third Party

Eligibility											
Begin Date	End Date	Case Number	Case Worker	TMA Indicator	Coverage	Aid Category	Fiscal Dist	Office	Status	Override	Change Date
3/1/2006	12/31/2006	020157509J	KISLM	B-CLNT NO TM	30-MCAID PCP	27-ADC MN/FP	66-NY CITY	556-FHP-FEC	07-ACTIVE		2/8/2006
1/1/2006	2/28/2006	020157509J	KISLM	B-CLNT NO TM	01-ALL BENEFI	27-ADC MN/FP	66-NY CITY	556-FHP-FEC	07-ACTIVE		2/8/2006

MC (Managed Care)								
Provider ID	Provider Name	Plan Code	Package	Begin Date	End Date	Trans District	Case Worker	Change Date
477156	AFFINITY HEALTH PLAN INC	82-AFFINITY H	02-ALLEGANY C	3/1/2006	12/31/9999	66-NY CITY	NYONE	2/7/2006

If you pulled up this baby's case and compared it with mom's, this baby should have been covered by the PCP as of the date of birth. You would need to print out mom's ID and this baby's ID and give it to me. I can get it fixed so the PCP is back dated to January.

Medicare Part D Script

MEDICARE PART D

Commonly Used Terms

Dual Eligible - A person that is on both Medicare and Medicaid

Benchmark Plan - A plan that dual-eligibles have been enrolled. These plans offer coverage for no premium or deductible and the enrollees are charged minimal copayments of \$1.05 for generic drugs and \$3.10 for brand name drugs.

Medicare Part D - A prescription drug program available to all Medicare recipients.

Medicare Savings Program - A program available for income eligible individuals where Medicaid will cover the premiums for their Medicare Part B (doctors) premiums and/or their Medicare Part A (hospitalization) deductible. You will hear QMB, SLIMB, Q1 - these are all a part of this program.

I have both Medicare and Medicaid. Do I need to apply for extra help to pay for Medicare prescription drug coverage?

No. The "extra help" is a subsidy that people with Medicare and Medicaid automatically qualify for without having to complete an application. You will automatically be enrolled in a Part D benchmark plan. You need to contact Medicare at (800)633-4227 to find out which plan you were enrolled in and how to get your prescription drugs. When you call this number you need to say "Drug Coverage" and then say "Agent". This will put you in touch with a representative for the Medicare drug coverage program.

If I am enrolled in a Medicare Savings Program, do I have to apply for "extra help"?

If you do not have Medicaid, but Medicaid pays your Medicare Part B premium (QMB, SLIMB, Q1), you automatically qualify for "extra help" and you don't need to apply. You were automatically enrolled in a Medicare Part D plan. You need to contact Medicare at (800)633-4227 to find out which plan you were enrolled in and how to get your prescription drugs. When you call this number you need to say "Drug Coverage" and then say "Agent".

If I do not qualify for NYS Medicaid or the Medicare Savings Program, can I still qualify for "extra help"?

You may still be eligible for "extra help" to pay for the Medicare prescription drug plan premiums. To apply for extra help, you should visit or call your local Social Security Administration office or apply on line at www.ssa.gov. (If they ask you for the telephone number to their local Social Security Administration office, please let them know that we do not have that number. They can refer to the government section of their local telephone book for the nearest office.)

I went to the pharmacy and can not get my prescription drugs.

We show that you have both Medicare and Medicaid. Beginning January 1, 2006, Medicare Part D became your primary pharmacy coverage. You need to contact Medicare at (800)633-4227 to find out which plan you were enrolled in and how to get your prescription drugs. When you call this number you need to say "Drug Coverage" and then say "Agent". This will put you in touch with a representative for the Medicare drug coverage program.

What is the "extra help" that I am getting from Medicaid.

You do not have to pay premiums or deductibles for your prescription drug coverage through Medicare Part D if you are enrolled in a "benchmark" plan. (A benchmark plan is a plan that is available to "dual eligibles". Individuals enrolled in these plans do not have any premiums, deductibles and are not held to drug coverage cap). **Your co-payments are only \$1.05 for generic drugs or \$3.10 for brand name drugs.**

I went to the Pharmacy and they said I have to pay a co-payment of more than \$1 or \$3.

Did you enroll in a Medicare Part D plan or were you automatically enrolled in a plan as of January 1?

Enrolled in a Plan themselves

You may have enrolled in a Plan that is not a benchmark plan. Which plan are you enrolled in. (If the caller gives you the name of a plan that is NOT on the benchmark list, you need to tell them that they enrolled in a plan that is not a benchmark plan. They need to contact Medicare and ask to be enrolled in a "benchmark" plan because they have both Medicaid and Medicare).

Automatically Enrolled

You need to contact the plan you were enrolled in and see if they are aware that you are both Medicaid and Medicare eligible. If the plan does not have this information, you are going to have to get proof of Medicaid coverage from your local Medicaid office and supply it to the plan. They will place an indicator on your file so that you are only charged the co-payments of \$1.05 for generic drugs and \$3.10 for brand name drugs.

I can not afford to pay my co-payments and Medicare suggested that I call you.

The Medicaid program does not pay the Medicare Co-Payments for prescription drugs.

I simply can not afford to pay them. I am going to have to go without my medication.

We understand that you may not have the ability to pay these co-payments, but we are not able to assist you. We do have other programs under Medicaid that may be of assistance to you in offsetting these costs. Are you aware of the Medicare Savings Program? If income eligible, the Medicaid program could pay the premiums you have for Medicare Part B (doctors) and the Medicare Part A deductibles. Would you be interested in getting an application?

If the caller is interested in an application for the Medicare Savings Program you can refer them to their local county DSS office -Medicare Savings Unit - ("County" tab).

I went to the Pharmacy to get my prescription and he said I need a new card.

Check the file to see if the individual is over the age of 65 or has been SSD for more than two years.

If so, ask them if they have Medicare . Just because it doesn't show up under our third party screen doesn't mean they don't have it.

I don't have Medicare.

Go back to your Pharmacy and tell them that you do not have Medicare and that Medicaid is still covering your prescriptions. We suggest that you contact Medicare to find out if you are eligible and if you should be enrolled in the Medicare program. The telephone number to Medicare is (800)633-4227. (1-800-MEDICARE).

Yes, I have Medicare.

Beginning January 1, 2006, Medicare Part D became your primary pharmacy coverage. You need to contact Medicare at (800)633-4227 to find out if you were automatically enrolled into a benchmark plan because you have both Medicare and Medicaid. When you call this number you need to say "Drug Coverage" and then say "Agent". This will put you in touch with a representative for the Medicare drug coverage program. In addition, you need to contact your local Medicaid office to let them know that you have Medicare so they can indicate it on your file. This will alleviate any future problems at the pharmacy, doctor, etc.

My Managed Care (PCP) is no longer covering my prescription drugs. What can I do to get prescription drug coverage.

Check the file to see if the individual is over the age of 65 or has been SSD for more than two years.

If so, ask them if they have Medicare . Just because it doesn't show up under our third party screen doesn't mean they don't have it.

I don't have Medicare.

Go back to your Pharmacy and tell them that you do not have Medicare and that Medicaid is covering your prescriptions. We suggest that you contact Medicare to find out if you are eligible and if you should be enrolled in the Medicare program. The telephone number to Medicare is (800)633-4227. (1-800-MEDICARE)

Yes, I have Medicare.

Beginning January 1, 2006, Medicare Part D became your primary pharmacy coverage. You need to contact Medicare at (800)633-4227 to find out if you were automatically enrolled into a benchmark plan because you have both Medicare and Medicaid. When you call this number you need to say "Drug Coverage" and then say "Agent". This will put you in touch with a representative for the Medicare drug coverage program. In addition, you need to contact your local Medicaid office to let them know that you have Medicare so they can indicate it on your file. This will alleviate any future problems at the pharmacy, doctor, etc.

My prescription plan is not covering my drugs.

Is the drug a benzodiazepine or barbituate?

(Refer to your list of benzodiazepines and barbituates. Is the drug there?)

Yes

That drug is still being covered by Medicaid. You need to take your Medicaid card with you to the Pharmacy to fill that prescription.

No

Medicare Drug Plans are required to cover all medically necessary drugs even if the drugs do not appear on their formulary file. These drugs include Antidepressants, Antipsychotics, Anticonvulsants, HIV/AIDS drugs, Immunosuppressants, and Antineoplastics. Insulin, insulin syringes, needles, alcohol swabs and gauze are covered under each of the benchmark plans. (PLEASE NOTE: Glucose testing, test strips, lancets and meters are covered by Medicare Part B) . Drug plans have an exception and appeal process for drugs not on their formulary file. You need to contact your drug plan for information about this process. We suggest that you get your doctor to assist you with this exception and appeal process.

How long does this process take.

You need to contact your drug plan to request information pertaining to their exception and appeal process. Our understanding is that this process should not take more than 72 hours.

What happens if the plan does not approve this prescription?

Your doctor will need to contact Medicaid after he receives the denial from your drug plan to see if approval can be obtained for Medicaid to cover the prescription for you.

My plan is telling me that I have a premium/deductible due. Does Medicaid cover these costs?

No. Medicaid will not be covering the premiums or deductibles for Medicare prescription drug coverage. You can, however, contact Medicare and asked to be enrolled in a "benchmark" plan. Under a benchmark plan you do not have to pay any premiums or deductibles and your co-payment will never be more than \$3.10 for each prescription.

What happens if I enroll and in a plan and I am finding that I made the wrong choice or am unhappy with the chosen plan?

You can contact Medicare at (800)633-4227 for assistance in changing plans. When you call this number you need to say "Drug Coverage" and then say "Agent". This will put you through to a representative that deals with the drug coverage program. You have the option of doing this once a month until you find a plan that best suits your needs. It is best that you have a list of your prescriptions with you when you contact Medicare. A representative can review the formulary files with you to see which one covers the majority of your current prescriptions. If you are unable to get through to Medicare, we have another telephone number for you to call. This is a telephone number for HIICAP. A representative can answer your questions about Medicare drug coverage and can assist you in picking a plan.

PHARMACY CALLS

Before answering either of the questions below, you need to make sure that the Recipient is dual eligible (Medicare & Medicaid)

Available Data

Restriction Exception MC Exemption Principal Provider Third Party

Once you click Third Party, you should see a screen that looks like this:

Resource Search Results

Carrier Code	Cvrg Type	CIN	Policy / HIC No.	Begin Date	End Date	Coverages	Trans Source	Trans Date	County
	MA	RK81139	101165481	8/1/1988	#####		2-1PC	#####	66-NY CITY
	MB	RK81139	101165481	8/1/1988	#####		2-1PC	#####	66-NY CITY
	MD	RK81139	101165481	1/1/2006	#####		1-CMS	2/2/2006	66-NY CITY
	HC	RK81139	101165481	8/1/1988	#####		2-1PC	#####	66-NY CITY

I work for (Pharmacy) and don't know how to use the new verification process.

You need to call Medicare's dedicated pharmacy assistance line at (866)835-5795.

I work for (Pharmacy) and I have a drug that requires prior approval. The recipient has Medicare and Medicaid. How do we go about getting the approval.

You and the doctor must complete the PA process for dual eligibles by calling (800)292-7004.

Updated 9/30/2008

Eye Examinations and Eyeglass Medicaid Policy

EYE EXAMINATIONS AND EYEGLASS MEDICAID POLICY

An eye examination is allowed under Medicaid every two years. Whenever a recipient requires a complete optometric eye examination more frequently than every two years, and explanation of the condition which necessitated the condition must be provided.

Eyeglasses may be dispensed to a recipient only after a complete eye examination by and upon the written prescription of an ophthalmologist or optometrist. Eyeglasses may be prescribed when the initial correction or change in correction is at least .50 diopter. Any exception to this standard must be clearly document by the examining practitioner.

Eyeglasses should not be changed more frequently than every two years except in cases such as a rapidly changing cataract condition or a young person's progressive myopia. Whenever a recipient requires a change in eyeglasses more frequently than once every two years, and explanation of the condition which necessitated the change must accompany the claim form.

Impact resistant lenses must be supplied unless otherwise specified in the eyeglasses prescription.

Eyeglasses must be repaired without additional reimbursement when the repair or replacement of parts is required due to defects in quality of materials or workmanship. Reimbursement is available for repair or replacement of parts in situations where the damage is the result of causes other than defective materials or workmanship. Replacement parts should duplicate the original prescription and frames. Repairs to frames may be rendered as necessary. Reimbursement is available for replacement of lost or destroyed eyeglasses. The replacement for a complete pair of eyeglasses should duplicate the original prescription and frames.

FAQs Script

Information we do not give out

Sequence Numbers
Medicaid ID Numbers
End dates
Social Security Numbers
Addresses
Dates of Birth
Restricted Recipient Information
Telephone Numbers

Information we do not ask for

What is your medical diagnosis/what is wrong with you?
What did you have done at the hospital?
What where you seeing the doctor for?

Frequently Asked Questions

Applications

Where do I apply for Medicaid?	Ask where the individual lives then refer them to their local county DSS (Upstate) or HRA (NYC) office.
Do you know the nearest cross streets to the 34th Street office?	Between 8th and 9th Avenue.
What train do I take to get to the 34th Street office?	An train to the Penn Station stop, 34th Street is about 2 blocks from there.
I applied for Medicaid last month and have not heard anything. Can you tell me when my Medicaid is going to be active.	Medicaid takes 60 to 90 days to become active. You can call your local Medicaid office to find out the status of your application.
When does my case close/my coverage end?	Refer the individual to their local Medicaid DSS office.
How do I close my case?	Ask where the individual lives then refer them to their local DSS office unless they live in one of the five boroughs. New York City residents have to send a letter to HRA.
I am moving out of state, can I transfer my Medicaid.	No, you need to close your case in New York and apply in the new state. New York Medicaid is for New York residents only and can not be transferred. Each state has their own Medicaid programs.
Benefit Cards	
I lost my Medicaid card. How do I get a new one.	Ask the caller if they have Food Stamps or PA. Upstate - Refer caller to local DSS office. NYC - Refer to (718)557-1399.
How long does it take to get a new card?	10 Business Days from the date you request it.
I want to order a card with my baby's name on it.	Refer to the Newborn script.

What is my sequence number? Refer the caller to their Medicaid office for a new card. We do not supply sequence numbers over the telephone.

I just found a benefit card. Can you give me an address or phone number so I can return it to the individual. We appreciate your concern, but you need to drop the ID card in a mailbox. It will be returned to the Medicaid program. We are not able to provide you with any information regarding the card and who it belongs to or how to reach them.

My family applied for Medicaid and some of us received the cards but not all of us. Why? If the individuals have had Medicaid in the past, their old cards were reactivated. Let me check them for you.

Prescriptions

I went to the pharmacy and can't get my rxs. Check the coverage code for the recipient. Have they changed their coverage from Medicaid PCP to FHPlus? Or FHPlus to Managed Care? If they went from FHPlus to Medicaid PCP check to see if the package code "70" is still in effect. If it is, then there is a typographical error on the file. If the above does not apply, refer to your Pharmacy script to answer the call.

I am going on vacation and need additional medication. Refer back to Physician for assistance or to our Pharmacy department to see if they can get approval for a vacation supply.

I have a rx for a Nebulizer but can't get it. Refer caller to DME

Coverage Questions

What does Medicaid cover? Services that are medically necessary. If they need further clarification, refer them to their doctor.

Is this procedure covered by Medicaid? Refer the caller back to their doctor.

Does Medicaid cover Fertility Drugs? Refer back to prescribing Physician.

Does Medicaid cover abortions? Refer the caller to a Family Planning Clinic or to their primary care doctor.

What insurance does my newborn baby have. Newborn babies are covered under the same Managed Care as mom as long as the baby is healthy.

I need to change my Health Plan. Contact NY Medicaid Choice (NYC) or local DSS office (Upstate)

Co-Payment

I can't afford my co-payments for my prescriptions. Pharmacy can not refuse to supply medication for Medicaid recipients. Tell the recipient to go to the pharmacy and explain that they do not have the money for the co-payment. The Recipient will get their medication, but they are responsible for the co-payment and the pharmacy can bill them or ask them for it each time they come into the pharmacy. If the individual has Medicare Part D they are responsible for the co-payments. There is no program in place through the Medicaid program to assist with co-payments.

How can I become exempt from co-payments.

Refer to your co-pay tab in your binder. Read them the co-pay exemptions. If they feel they fit into one of those categories, and their file states that they are "not exempt," refer them to their county office or HRA for NYC.

Medicare Part D

I just enrolled in Medicare Part D but my coverage is not going to start until the beginning of the month. Will Medicaid continue to cover my prescriptions

Yes. Take your Medicaid card to the pharmacy until beginning of the month, then you need to use your new drug coverage.

Billing Issues

I received a bill from a doctor/facility. They said that Medicare and Medicaid already paid and that this was the left over amount, what do I do.

The recipient needs to call the biller and ask them why they are billing them, since they have been paid by both insurance companies. What generally happens is the facility realizes the error and tells the recipient that they will remove the amount from their system.

Provider Listings

I need a list of doctors that accept Medicaid.

Check the recipient's eligibility in the system. If they have a Managed Care, you need to refer them to the Managed Care for a list of doctors. If the recipient has straight Medicaid, tell them you will order the list for them.

I need a list of Orthodontists in my area.

Check eMedNy and verify the county the recipient resides in. If they are in New York City you are not going to send them a list, you need to refer them to the Orthodontic Screening number listed in your referral listing. All other counties, you will need to print the list and send it to them.

How long will it be before I get the list?

3 to 4 business days.

Complaints

I want to make a complaint against a hospital.

Refer the caller to Quality of Care

I want to make a complaint against a doctor/dentist

Refer the caller to the Quality of Care Phone number for Dentists

Fraud

I would like to report a Fraud

Fill out fraud report form.
If they say someone is working, ask them where they work.
If they say they have a lot of money in the bank, ask what bank. If they can not give you any information about the person (such as dob, ssn, MA ID #) ask for an approximate age. Ask if the person allegedly committing the fraud has any children. (This will assist us in identifying the person).
If pharmacy is calling, ask them to fax us the prescriptions.

Eligibility

A provider calls and wants to verify eligibility for a Medicaid Recipient.

We do not verify eligibility on the Helpline. Refer the caller to the eligibility phone numbers in your referral list

A police officer calls and says it is imperative that they reach the family of someone that has been arrested or injured.

Refer them to the local county office where the individual resides. We do not give out any information like this.

Calls from Caseworker/Social Worker

I am calling on behalf of a Medicaid Recipient who has questions about someone's coverage.

Ask the Caseworker/Social Worker if the individual is there so that you can get their okay to discuss their case with the Caller. If the individual is not available, the caller should be told to call back when the person is available. If the person is trying to determine eligibility in order to bill for services, give them the eligibility phone number from your referral list.

Managed Care

How do I get exempt from a Managed Care?

Refer the NYC callers to Maximus. All other callers should be referred to their LDSS.

How to I change my Managed Care Plan?

Refer the NYC callers to Maximus. All other callers should be referred to their LDSS.

Updated 9/30/2008

Medicaid Hotline Transfer Numbers

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
ABORTIONS	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MYRNA BERNSTEIN	
ACCIDENT	RECOVERIES		47(4-9193)		
ACUPUNCTURE	POLICY - PROVIDERS ONLY/ RECIPIENTS REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU	
ADAP	AIDS DRUG ASSISTANCE PROGRAM		(*99)459-1641		IN STATE ONLY 1-800-542-2437
ADM/INF	ADMINISTRATIVE DIRECTIVES, INFORMATIONAL LETTERS		48(6-9054)	CHRIS LARSEN	
ADOPTIONS	ELIGIBILITY ISSUES		48(6-6562)	PRISCILLA SMITH	
ADULT HOMES	COMPLAINTS ABOUT ADULT HOMES			(866)893-6772	
ADULT HOMES - ASSISTED LIVING	ELIGIBILITY QUESTIONS				(888)201-4563
ADULT HOMES-CONTINUING CARE	OFFICE OF CONINUING CARE		40(8-5400)	QUESTIONS ABOUT LEAVE DAYS CALL	
ADVERTISING	HEALTH MEDIA & MARKETING		47(4-5370)		
AID DEPENDENT CHILDREN	ELIGIBILITY - PUBLIC ASSISTANCE		County Office	(See Phone List)	
AIDES	HOME HEALTH, PERSONAL CARE - POLICY QUESTIONS - BUREAU OF LONG TERM CARE		47(4-5271)		
	HOME HEALTH, PERSONAL CARE - RECIPIENTS		County Office	(See County Listing)	
AIDS	AHIP - AIDS HEALTH INS PROGRAM	47(4-9193)	47(4-9193)	DENISE URBANO	
	AIDS DRUG ASSISTANCE PROGRAM - ADAP				IN STATE ONLY 1-800-542-2437
	GENERAL INFORMATION		(716)845-3380		IN STATE ONLY 1-800-541-2437
	GENERAL INFORMATION - SPANISH				IN STATE ONLY 1-800-233-7432
	SEROSTIM-HORMONE FOR AIDS WASTING		48(6-3209)		
AIDS-HOTLINE					1-800-541-AIDS
ALCOHOL/DRUG REHAB	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER TO OFFICE OF ALCOHOL AND SUBSTANCE ABUSE	47(3-2160)		MARK BERTOZZI	
ALCOHOL/SUBSTANCE ABUSE (OFFICE OF)	PROGRAM OPERATIONS-ADDITION TREATMENT CENTERS		45(7-7077)		
ALIENS	ELIGIBILITY		Local Support	(See Phone List)	
AMBULATORY SURGERY	OUTPATIENT SERVICES POLICY - PROVIDERS ONLY/RECIPIENT - REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU/MYRNA BERNSTEIN	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
ANTHRAX	PROVIDERS AND/OR RECIPIENTS				1-800-278-2965
ARTICLE 16	MENTAL RETARDATION - POLICY QUESTIONS - PROVIDERS ONLY	47(3-2160)		MARLENE DICKSON	
ARTICLE 28	HOSPITALS/CLINICS - INPATIENT PSYCHIATRIC SERVICES - POLICY QUESTIONS-PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
ARTICLE 31 OMH OUTPATIENT PROGRAM	POLICY INFORMATION-PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
ASSETS/TRUST FUNDS	ELIGIBILITY		County Office	(See County List)	
ASSISTED LIVING	CONTINUING CARE FACILITIES (OFFICE OF CONTINUING CARE)		40(8-1132)		
ASTHMA	POLICY ONLY (NOT SUPPLIES)	47(3-2160)	47(3-2160)		
AUDIOLOGY	EAR CARE		47(4-8161)		
AUDITS			47(4-9723)		
BED HOLDS/RESERVATIONS	NURSING HOMES (Medicaid Policy)		47(4-5271)	CHRIS PHILLIPS	
BILLING	OUT OF STATE PROVIDERS-ENROLLED IN NYS MEDICAID		See CSC for Provider Type		
	PHARMACY			COMP SCIENCE CORP	1-800-343-9000
	POLICY FOR OUT OF STATE PROVIDERS-ONLY IF ENROLLED			COMP SCIENCE CORP	1-800-343-9000
	QUESTIONS/PROBLEMS (OVER 2YRS) - ALL PROVIDERS	47(3-4029)	47(4-8161)	STATE MEDICAID	IN STATE ONLY 1-800-562-0856
	QUESTIONS/PROBLEMS (UNDER 2YRS) - ALL PROVIDERS			COMP SCIENCE CORP	1-800-343-9000
BILLING [EOMB]	PAYMENT/BILLING POLICY ONLY			COMP SCIENCE CORP	1-800-343-9000
	QUESTIONS ON REPORT FORM ONLY		47(3-2230)	JIM BOTTA	
BILLING AGENTS	SERVICE BUREAU		(800)343-9000 Option 5		
BLIND	COMM FOR THE BLIND & VISUALLY HANDICAPPED		47(4-7807)		
BREAST & CERVICAL CANCER SCREENING	PREVENTIVE SCREENING FOR LOW INCOME			(See Healthy Women Partnership Listing)	
BUDGET	MASS BUDGET LOGIC		48(6-7572)	DAVE VIELKIND	
BUDGETING	FOR ELIGIBILITY		Local Support	(See Phone List)	
BUR OF VITAL STATISTICS	BIRTH CERTIFICATE - NYC		(212)788-4502	www.health.state.ny.us	
	BIRTH CERTIFICATE - UPSTATE		(518)474-3077	www.health.state.ny.us	
BUREAU OF CHRONIC DISEASE SERVICES			47(4-1222)		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
BUREAU OF HEALTH RISK REDUCTION			47(4-6683)		
BUREAU OF INJURY PREVENTION			47(3-1143)		
BUY-IN PROGRAM (MEDICAID)	FOR WORKING PEOPLE W/ DISABILITIES (TO APPLY)		County MA Ofc		
	FOR WORKING PEOPLE W/DISABILITIES (COUNTY QUESTIONS)		Local Support	(See Phone List)	
	STATE POLICY INQUIRIES		47(3-5330)		
BUY-IN PROGRAM (MEDICARE)	MEDICARE SAVINGS PROGRAM/PART B PREMIUMS		(800)633-4227		
CANCER REGISTRY	DIVISION OF CHRONIC DISEASE PREVENTION	47(4-2255)			
CANCER SCREENING RESEARCH			47(3-4413)		
CANCER TREATMENT	CANCER TREATMENT PROGRAM				1-800-227-5753
CARE AT HOME PROGRAM FOR CHILDREN	ENROLLED RECIPIENTS		47(3-5157)	COLLEEN MALONEY	
	NEW RECIPIENTS, APPLICANTS	48(6-6562)	47(3-5339)	ELIZABETH MORALES	
	OFFICE OF MENTAL RETARDATION - OMRDD		47(4-5647)	SUE GRASSO	
CARE MANAGEMENT DEMONSTRATION PROJECTS	QUESTIONS, COMPLAINTS-PROVIDERS OR RECIPIENTS	47(3-2160)	47(3-2160)		
CASA HOME CARE FORMS	HOME CARE FORMS		(212)360-5061		
CASE MANAGEMENT	AIDS		48(6-1323)	JAY FRIEDMAN	
	OMH (ICM, SCM, BLENDED, FLEXIBLE CMCM)	47(3-2160)		LARRY MOSS	
	OMRDD (MEDICAID SERVICE COORDINATOR - MSC)	47(3-2160)		MARLENE DICKSON	
	TEENAGE SERVICES ACT - TASA	47(3-0926)	47(3-6020)	PEG SMITH/CINDY ROBINSON	
CASUALTY	RECOVERIES	47(4-9193)			
CERTIFICATE OF NEED	APPLICATIONS		40(2-0911)		
CERTIFICATE OF NEED(CON)	HOSPITALS, CLINICS, NURSING HOMES - QUESTIONS PERTAINING TO POLICY		47(4-7028)		
CERTIFICATION	PROFESSIONAL - MD, PHARMACIST, ETC		47(4-3817)		
CHAP-L	COMMUNITY HEALTH ASSESSMENT CLEARINGHOUSE - email only		listserv@health.state.ny.us		
CHECK AMOUNT	MANS MACHINE			518-472-1550	
	PROBLEMS WITH SYSTEM		447-9504	RAY KING	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
CHECK AMOUNT	TRANSFER ONLY IF PROVIDER CANNOT GET CHECK AMOUNT VIA MANS MACHINE		447-9504	RAY KING	
CHILD & ADULT CARE PROGRAM (CACFP)	DIVISION OF NUTRITION		40(2-7105)		(800)942-3585
	OUTREACH AND APPROVAL UNIT		40(2-7253)		
CHILD ABUSE AND NEGLECT PREVENTION INFO LINE					(800)342-7472
CHILD ABUSE HOTLINE	TO REPORT SUSPECTED CASES OF CHILD ABUSE				(800)342-3720
CHILD HEALTH PLUS					IN STATE ONLY 1-800-698-4543
CHILD HEALTH PLUS B	PROBLEMS WITH ENROLLMENT		47(3-4708)		
	PROVIDERS INTERESTED IN ENROLLING		47(3-5875)	PETER ENDRYK	
CHILD SUPPORT			47(4-9081)		
CHILD TEEN HEALTH PROGRAM CTHP			48(6-6562)		
CHILDREN AND FAMILY SERVICES (OFFICE OF)	DOWNSTATE				(212)961-4370
	UPSTATE				47(4-7078)
CHIROPRACTIC	ONLY IF QMB RECIPIENT- ACCORDING TO ANNETTE/PROVIDERS ONLY - RECIPIENTS REFER BACK TO PROVIDER		47(3-2160)	DEB BUSH	
CHRONIC CARE	ELIGIBILITY FOR NURSING HOME, ETC.			Local Support	(See Phone List)
CITIZENSHIP	ALIENS/IMMIGRANTS/ELIGIBILITY			Local Support	(See Phone List)
CLAIM DETAIL REPORT	NYC-DIV. OF LIENS & RECOVERIES PO BOX 3786 CHURCH STREET STATION NY NY 10008-3786				
	REPORT OF SERVICES RENDERED TO RECIPIENT'S (Only if there are questions after the report is received)		47(3-0769)	CONNIE SPAULDING	
	UPSTATE-NEED TO ASK IN WRITING TO: NYS DOH OMM, 99 WASHINGTON AVE - 7TH FL, ALBANY NY 12237 ATT: CONNIE SPAULDING				
CLAIMS	QUESTIONS/PROBLEMS (OVER 2YRS) - PROVIDER OF ALL TYPES		47(4-8161)	STATE MEDICAID	IN STATE ONLY 1-800-562-0856
	QUESTIONS/PROBLEMS (UNDER 2YRS) -PROVIDER OF ALL TYPES			COMP SCIENCE CORP	1-800-343-9000
CLIA-CLINICAL LAB.	PROVIDER ENROLLMENT		(800)343-9000 Option 5		
CLIENT NOTICES SYSTEM	CNS		47(2-9399)	40(2-6665)	PATTI BUTTINO

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
CLINICS			47(3-2160)	LINDA KELLY	
	MENTAL HEALTH-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	LARRY MOSS	
	MENTAL RETARDATION/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	MARLENE DICKSON	
	OHSM		47(4-7028)		
COBRA	THIRD PARTY ISSUES		47(4-9193)		
CODES	EMEVs MANUAL CODES SECTION ONLY			See CSC#'s for Providers	
	LOCATOR CODES - HOSPITALS, CLINICS, NH		47(4-8161)	PROV ENROLLMENT	
	LOCATOR CODES - MD, RN, DDS,		(800)343-9000 Option 5	PROV ENROLLMENT	
	MANAGED CARE			CODES in back of manual	
	MENTAL HEALTH/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	LARRY MOSS	
	MENTAL RETARDATION/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	MARLENE DICKSON	
	PROCEDURE CODES/BILLING - DENTAL, MEDICAL RATE			NYS MEDICAID See CSC #'s for Providers	IN STATE ONLY 1-800-562-0856
	RESTRICTION/EXCEPTION - RESTRICT RECIPIENT TO SPECIFIC PROVIDERS		47(4-6866)		
	THIRD PARTY		48(6-9057)	CODES in back of manual	
COINSURANCE	MEDICARE CO-INSURANCE QUESTIONS/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	MARK BERTOZZI	
COLLATERAL	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	LARRY MOSS	
COMMISSION FOR THE BLIND & VISUALLY HANDICAPPED			47(4-7807)		
COMMUNITY RESIDENCES	MENTAL HEALTH (ADULT)/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	LARRY MOSS	
COMMUNITY RESIDENCES	MENTAL RETARDATION/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	MARLENE DICKSON	
COMPLAINTS	ADULT DAY CARE				1-866-893-6772
	ADULT HOMES			(866)893-6772	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
COMPLAINTS	AGAINST DOCTORS			OFFICE OF PROFESSIONAL MEDICAL CONDUCT	1-800-663-6114
	DENTISTS		(1-1516)		
	FRAUD, ABUSE			(Take Fraud Report)	
	HEALTH INSURANCE CARRIERS OTHER THAN MEDICAID OR MEDICARE				IN STATE ONLY 1-800-206-8125
	HOME HEALTH CARE				1-800-628-5972
	HOSPITALS, CLINICS			1-800-804-5447	
	NURSING HOMES				1-888-201-4563
	PHARMACY	48(6-3209)	47(4-3848)		
COMPUTER SCIENCES CORPORATION (CSC)					800-343-9000
CONSUMER DIRECTED PROGRAM (CDPAP)	LOCAL DISTRICT PROGRAM FOR CONSUMERS TO WORK WITH MEDICAID HOME CARE RECIPIENTS		47(4-5271)	LESLIE GALUSHA	
CONTINUING CARE (OFFICE OF)	OFFICE OF CONTINUING CARE	40(8-1132)	40(8-1132)		
CONTINUING DAY TREAT	MENTAL HEALTH/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		LARRY MOSS	
CO-PAYMENTS	FAMILY HEALTH PLUS			Refer to FHPlus Carrier	
	MEDICAID COPAYMENT/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER TO COUNTY OFFICE	47(3-2160)		POLICY UNIT	
	MEDICARE PART D			Refer to Drug Plan	
	PRIVATE MANAGED CARE			Refer to Third Party Contact	
CORRECTIONS/PAROLE				Local Support	
COST REPORTS - NURSING HOMES	OFFICE OF HEALTH SYSTEMS MANAGEMENT		47(4-1057)		
CRIME VICTIMS BOARD			(800)247-8035		
CRIMES VICTIM UNIT	NYC-VICTIMS OF A CRIME				1-212-417-5160
	UPSTATE-VICTIMS OF A CRIME		(7-8727)		
CROSS OVER CLAIMS	20% OF 20% QUESTIONS/POLICY - PROVIDERS ONLY MEDICAID/MEDICARE	47(3-2160)		MARK BERTOZZI	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
CSC (COMPUTER SCIENCES CORPORATION)			447-9860	COMP SCIENCE CORP	1-800-343-9000
DATA/STATISTICS	REPORTS ON MEDICAID		47(3-2230)	PETER GALLAGHER	
DAY TREATMENT	MENTAL HEALTH/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		LARRY MOSS	
	MENTAL RETARDATION/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARLENE DICKSON	
DENTAL	PENDING		(6-0746)		
	PRIOR APPROVAL/ALL POLICY		(1-1516)		
	PROVIDER ENROLLMENT		(800)343-9000 Option 5		
DENTISTS	LOCATING IN NYC			Provider Database	
	LOCATING UPSTATE			Provider Database	
DERMATOLOGY	POLICY QUESTIONS-PROVIDERS ONLY/RECIPIENTS REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU	
DIABETES	LIBERTY PROGRAM SUPPLIES-MEDICARE/MEDICAID POLICY INFORMATION ONLY (NOT SUPPLIES)		47(4-9219)		1-800-770-4419
DIALYSIS	CLINIC CLAIMS ISSUES		47(4-8161)	RON KAISER	
	CLINIC COVERAGE ISSUES/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MYRNA BERNSTEIN/MARY RONDEAU	
DISABILITY	NYS MEDICAID	47(3-5330)		PEGGY WILLIAMS	
	SOCIAL SECURITY		47(3-2262)		IN/OUT STATE 1-800-522-5511 IN/OUT STATE 1-800-343-9000
DISPENSING VALIDATION					
DIXON - NYC	NOTICE OF POSSIBLE MEDICAID BENEFITS		(212)265-6855		
DIXON - UPSTATE	NOTICE OF POSSIBLE MEDICAID BENEFITS	47(4-8887)			
DOCS PROJECT	EYEGLOSS PROJECT/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MYRNA BERNSTEIN	
DOMESTIC VIOLENCE HOTLINE			(800)942-6906	(800)942-6908 (SPANISH)	
DRUGS	ANTI-HISTAMINE PRIOR AUTHORIZATION		See Websites	Option #2	1-877-309-9493
	IF PROBLEM WITH PRIOR AUTHORIZATION LINE		48(6-3209)		
	MANDATORY PRIOR APPROVAL		See Websites	Option #2	1-877-309-9493
	MEDICAID COVERED-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		48(6-3209)		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
DRUGS/POSSIBLE SOURCES	NORD - PATIENT ASSISTANCE PROGRAM				IN STATE ONLY 1-800-999-6673
	NYS ADV. FOR DISABLED				IN STATE ONLY 1-800-522-4369
	PATIENT ASSISTANCE PROGRAM (PAP)				1-800-424-3727
	PEOPLE PRESCRIPTION PLAN \$8.95MONTHLY				1-800-218-1717
	PFIZER PROGRAM-APPLICATION/INFO.			pfizerforliving.com	1-800-717-6005
	SOURCES FOR POSSIBLE "FREE" MEDICATIONS			Website address only WWW.NEEDYMEDS.COM	
	THE MEDICINE PROGRAM-APPLICATIONS			themedicineprogram.com	
	TOGETHER RX PROGRAM				1-800-865-7211
DUR	DRUG UTILIZATION REVIEW	47(4-6866)	47(4-6866)		IN/OUT STATE 1-800-343-9000
DURABLE MEDICAL EQUIP	DME SUPPLIES, ENTENAL FORMULA, ORTHHTICS, PROSTHETICS, ORTHOPEDIC SHOES, DIAPERS, WIGS, ETC			40(2-3260)	
DURABLE MEDICAL EQUIPMENT	PRIOR APPROVAL/POLICY QUESTIONS			40(2-3260)	(800)342-3005
DVS	DISPENSING VALIDATION SYSTEM				IN/OUT STATE 1-800-343-9000
EAR CARE	EAR AUDIOLOGY		47(4-8161)		
EARLY INTERVENTION	EARLY INTERVENTION MEDICAID QUESTIONS ONLY	48(6-6562)	47(3-0149)	PEGGY SMITH	
	GENERAL QUESTIONS/PROVIDER ENROLLMENT		47(3-7016)		
EARLY PERIODIC SCREENING DIAGNOSIS & TREATMENT (EPSDT)			6-6562		
EBT/ELECTRONIC BENEFIT TRANSFER	ATM LOCATIONS				IN STATE ONLY 1-888-328-6399
	BALANCES, HISTORY, CHANGE PIN#				IN STATE ONLY 1-888-328-6399
EDIFECS	CLINICS, HOSPITALS, RATE-BASED; ORDERED/REFERRED AMBULATORY - PROVIDERS		(800)522-1892		
	DME, PHYSICAL THERAPY, RN, ETC.		(800)522-5535		
	PRACTIONERS ONLY - MDS, DENTISTS		(800)522-5518		
ELDER ABUSE HOTLINE			(800)342-9871		
ELIGIBILITY	DOWNSTATE NY (with CIN #)				IN STATE ONLY 1-800-997-1111
	OUT OF STATE				IN/OUT STATE 1-800-343-9000
	UPSTATE NY (with CIN #)				IN STATE ONLY 1-800-394-1234
	WITHOUT CIN #, NEED NAME, SSN AND DOB		518-472-1550		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
EMEDNY/MEVS	DISCREPANCIES MANUAL-CODE SECTION ONLY ORDERS/PROBLEMS - WITH MACHINE, MANUALS- HOW TO USE ONLY SECTION VERIFY RECIPIENT MA - WITH CIN# VERIFY RECIPIENT MA - WITHOUT CIN# NEED NAME, SS#, DOB		257-4557	STEPHANIE COONS See CSC#'s for Providers	IN/OUT STATE 1-800-343-9000 IN/OUT STATE 1-800-343-9000 IN STATE ONLY 1-800-997-1111
eMEVS/VERIFONE ENROLLMENT/PROVIDER	PROVIDERS ONLY HOSPITALS, CLINICS, NH, OUT-OF-STATE MD, RN, DDS, DME, PHARMACY, TRANSPORT, LAB		(800)343-9000 47(4-8161) (800)343-9000 Option 5		518-472-1550
ENSURE/PEDISURE	ENTERAL FORMULA - REQUIRES PRIOR APPROVAL - FOR GENERAL QUESTIONS CALL ALBANY # - FOR AUTHORIZATION CALL TOLL FREE #		40(2-3260)		1-866-211-1736
EOMB	PAYMENT/BILLING POLICY ONLY QUESTIONS ON REPORT FORM ONLY		47(3-1984)	CSC	1-800-822-5527 NORA - (3-2230)
EPACES	ALL PROVIDERS ALL PROVIDERS		(800)343-9000 (800)343-9000		
EPIC	FRAUD AND ABUSE HOTLINE PROVIDER RECIPIENT		(800)542-0424		IN STATE ONLY 1-800-634-1340 IN STATE ONLY 1-800-332-3742
ESTATE RECOVERY/LIENS	NYC (ESTATE OF SOMEONE UNDER 55 YEATS OF AGE AND OVER) UPSTATE		(212)331- 5984/(212)331- 5885) 47(4-9193)		
EXCESS INCOME/RESOURCES	ELIGIBILITY		Local Support	(See Phone List)	
EYE CARE/EYE GLASSES	EYE, OPTICAL-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)	MARY HORSMAN	
FAIR HEARINGS	STATEWIDE ADJOURNMENT LINE STATEWIDE REQUEST LINE		(877)209-1134 (800)342-3334		
FAMILY HEALTH PLUS	FOR ADULTS/FAMILIES OVER THE INCOME LIMITS FOR MEDICAID				1-877-934-7587
FAMILY PLANNING	BENEFIT PACKAGE INFO ONLY/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR BENEFIT PROGRAM INFORMATION		47(3-2160) Local Support	MYRNA BERNSTEIN See Phone List	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
FAMILY PLANNING	PROVIDERS ONLY-POLICY		47(3-2160)	MYRNA BERNSTEIN/DEB BUSH	
FEES/RATES	ALL PROVIDERS			COMP SCIENCE CORP	1-800-343-9000
	ALL PROVIDERS IN/OUT OF STATE			COMP SCIENCE CORP	1-800-343-9000
FOOD/FEEDING	PARENTERAL, ENTERAL/BY MOUTH ENSURE		40(2-3260)		
FORGED PROOF PRESRIPTION HOTLINE				(866)811-7957	
FORMS	MEDICAID FORMS ONLY		47(3-4852)	MICHAEL MARGIASSO	
FORMS - HOME CARE	CASA HOME CARE FORMS		(212)360-5061		
FORMS (DSS & CSW)	IF HEADER ON THE FORM IS FOR CHILDREN REFER TO OCFS		47(3-4193)	JACKIE JENSEN	
FORMS (PA/FS/RESIDENCY)	REFER TO OTDA		48(6-6302)	STEPHANIE PHILLIPS	
FOSTER CARE	HIPPA QUESTIONS		47(4-9778)	NORMAN MASSRY	
	MEDICAID PAYMENT		48(6-6562)		
	MEDICAID ELIGIBILITY POLICY		48(6-6562)	PRISCILLA SMITH	
FRAUD	ALL OTHER INSURANCE CARRIERS				IN STATE ONLY 1-800-314-0025
	FRAUD MEDICAID REPORT		(877)873-7283	(Take Report)	
	MANAGED CARE CARRIERS		47(4-4156)		
	NYC FRAUD OFFICE - AFTER REPORT IS FILED		(212)274-4777		
FREE MEDICINE FOUNDATION	FREE PRESCRIPTION DRUGS (FREEMEDICINEFOUNDATION.COM)		(573)996-3333		(888)812-5152
FREEDOM OF INFORMATION	FOIL		47(4-8734)		
FUNERAL EXPENSES	NYC-ELIGIBILTY - INDIVIDUAL MUST BE ON TEMPORARY ASSISTANCE (CASH) - NOT MEDICAID		(718)488-5489		
	UPSTATE-ELIGIBILITY - INDIVIDUAL MUST BE ON TEMPORARY ASSISTANCE (CASH) - NOT MEDICAID		County MA Ofcs	(See Phone List)	
GOOD CAUSE WAIVER	POLICY QUESTIONS ONLY!! PROVIDER ASKING FOR WAIVER-GIVE HELPLINE WORKER'S NAME AND APPROVAL ALL REQUESTS		47(3-2160)	ROBIN JOHNSON	
GROWING UP HEALTHY	WIC, CHILD HEALTH PLUS, PCAP				IN STATE ONLY 1-800-522-5006
HEALTH INSURANCE INFO	CONSUMER GUIDE			www.ins.state.ny.us	IN STATE ONLY 1-800-342-3736
HEALTH PROVIDER NETWORK HEALTHY NY	RATE ACCESS/INPATIENT HOSPITAL RATES		47(4-3267)	JOHN GAHAN www.ins.state.ny.us	IN STATE ONLY 1-866-432-5849

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
HEALTHY WOMEN PARTNERSHIP	NO OR LOW COST BREAST AND CERVICAL CANCER SCREENING (40+ YEARS) OR 18+ FOR PELVIC & PAP TESTS)		268-5458		
HEARING AIDS	POLICY-ONLY REPAIRS-PRIOR APPROVAL	47(4-8161)			
HEMODIALYSIS	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MYRNA BERNSTEIN	
HIICAP (MEDICARE PART D ENROLLMENT HELP)	HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE HOTLINE		(800)701-0501		
HIPAA	POLICY QUESTIONS		257-4496	MARIO TEDESCO	
HIPAA PRIVACY COMPLIANCE OFFICER	NYS DEPT OF HEALTH, ONE COMMERCE PLAZA, RM 720, ALBANY, NY, 12210 - do not give out #, transfer call		47(3-4848)	JIM BOTTA	
HIPAA: FAIR HEARING	FAIR HEARING HEALTH INFORMATION		47(4-3265)		
HIPAA: MANAGED CARE INFO.	QUESTIONS ON MANAGED CARE COVERAGE		47(3-7467)	Barbara Frankel	
HIPAA: PRIOR APPROVAL INFO.	REQUEST IN WRITING: SEE CLAIMS DETAIL REPORT FOR ADDRESS				
HIPAA:NOTICE OF PRIVACY/COVERAGE	FOR NYC: NEEDS TO BE IN WRITING TO: OFFICE OF PROGRAM ENTITY 330 W. 34TH STREET 5TH FLOOR NY NY 10001 MORE INFORMATION OR ADD'L QUESTIONS UPSTATE IN WRITING ONLY: SEE CLAIMS DETAIL REPORT FOR ADDRESS		40(2-5317)	47(3-4848)	
HMO PLANS			47(4-5050)		
HOME CARE	PERSONAL CARE		County MA ofc	(See phone list)	
HOME HEALTH	OFFICE OF HEALTH SYSTEMS MANAGEMENT (OHSM)		40(8-1638)		
HOMELESS	ELIGIBILITY		Local Support	(See Phone List)	
HOSPICE-MEDICAID	QUESTIONS ON MEDICAID COVERAGE		47(4-6580)	DIANE JONES	
HOSPITALS	OFFICE HEALTH SYSTEMS MANAGEMENT (OHSM)		40(2-1003)		
ICF/MR QUALITY AND SURVEILLANCE	SURVEILLANCE OF INTERMEDIATE CARE FACILITIES/MENTAL RETARDATION FACILITIES	40(8-1290)	40(8-1290)	ICF/MR QUALITY AND SURVEILLANCE	
IMMUNIZATION	BILLING/PROCEDURES CODES INFORMATION/IMMUNIZATION SCHEDULES (DOCTORS ONLY!!) MEDICAID POLICY		447-9860 47(3-4437) 47(4-8161)	CSC	1-800-343-9000
INJECTABLES	AT HOME (REFER TO PHARMACY UNIT)		48(63209)		(518)486-3209

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
INJECTABLES	IN OFFICE INJECTABLES POLICY QUESTIONS		47(32160)	MARY RONDEAU	
INSPECTOR GENERAL (MEDICAID)			47(3-1984)	GAIL/SECRETARY	
INTERPRETERS	LANGUAGE, HEARING, ETC.-MUST BE SUPPLIED BY LDSS			County MA Ofc	
IUD	ISSUES WITH MANAGED CARES COVERING IUDS		47(3-0122)		
J CODES			Refer to CSC		(800)343-9000
KATIE BECKETT	CARE AT HOME	48(6-6562)	47(3-5339)		
KIDS ONEIDA	MENTAL HEALTH CHILDREN'S PROGRAM/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		SAUNDRA GRIFFIN	
LABORATORY	POLICY QUESTIONS - PROVIDERS ONLY	47(3-2160)		DEBI BUSH	
LEAD	FOR CHILDREN UNDER THE AGE OF 21	48(6-6562)			
LEAVE DAYS	QUESTIONS ABOUT LEAVE DAYS FROM ADULT HOMES/ASSISTED LIVING FACILITIES		40(8-5400)		(866)893-6772
LEGAL	LEGAL MATTERS - MA REGS/SOCIAL SRVS LAW/OTHER		47(4-7554)		
LEGISLATIVE REQUESTS	OFFICE OF GOVERNMENT AFFAIRS -- ALL		47(3-1124)		
LICENSING	PROFESSIONAL-(MD, DDS, ETC.)		47(4-3817)	STATE ED. DEPT	
LICENSING/CERTIFICATION	CLINICS/HOSPITALS, NURSING HOME		47(4-7028)	OHSM	
	HOMECARE ONLY (ONLY COUNTIES UPSTATE ON THE EAST SIDE OF NY)		40(8-5413)		
LIENS	NYC - RECOVERY/LIENS	(212)274-5576	(212)274-5576	JIM MALONE	
	POLICY QUESTIONS ONLY		47(4-9193)		
	UPSTATE NY		County MA Ofc	(See Phone List)	
LIFELINE	PERSONAL EMERGENCY RESPONSE SYSTEM		County MA Ofc	(See Phone List)	
	PROVIDER/CASE WORKERS WITH QUESTIONS		47(4-8338)		
LOCATOR CODES	PROVIDERS ONLY - MDS, RNS, DENTAL, LABS, TRANSPORTATION, PSYCHOLOGISTS, SOCIAL WORKERS, THERAPISTS, CHIROPRACTORS, DME, OPTICAL, AUDIOLOGIST, PODIATRIST		(800)343-9000 Option 5		
	PROVIERS ONLY - CHILD CARE, NURSING HOME, ASSISTED LIVING, HMO SERVICES, HOSPITAL, HOME HEALTH, CLINICS, OMF/OMR CASE MGMT, TBI		47(4-8161)		
LOMBARDI PROGRAM/LONG TERM HOME HEALTH CARE PROGRAM	LTHHCP		County MA Ofc		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
LONG TERM CARE	MEDICAID ELIGIBILITY		Local Support	(See Phone List)	
	MEDICAID SERVICES - PERSONAL CARE, HOME HEALTH, CDPAP, PERS		47(4-5271)		
	NYS PARTNERSHIP FOR LTC-INSURANCE RELATED (PROGRAM INFO AND INFO REGARDING INDEPENDENT ASSESSMENT RELATED)		47(4-0662)		
	OHSM/DIVISION OF HOME AND COMMUNITY BASED CARE		40(8-5372)		
LONG TERM HOME HEALTH CARE PROGRAM	CALLS DEALING WITH LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP), NOT INSURANCE RELATED		47(4-6580)	DIANE JONES	
MANAGED CARE	COMPLAINT LINE - RESOLVING MEDICAL COMPLAINTS, QUALITY/ACCESS ISSUES		47(3-4842)		IN STATE ONLY 1-800-206-8125
	COUNTY ISSUES - ENROLLMENT/DISENROLLMENT INFO		County MA Ofc	(See Phone List)	
	NYC/MAXIMUS - ALL NYC ISSUES - NY MA CHOICE PROVIDER PAYMENT ISSUES		(212)268-6306		IN STATE ONLY 1-800-505-5678 800-358-9260
	STATEWIDE PLANS - GENERAL INFO., ENROLLMENT, SRV COVERAGE, COMPLAINTS/APPEALS				IN STATE ONLY 1-800-367-6557
MANAGED LONG TERM CARE/HMO			47(4-1590)		
MANS	CHECK AMOUNTS			518-472-1550	
	SYSTEM PROBLEMS		447-9504	RAY KING	
	TRANSFER ONLY IF PROVIDER CANNOT GET CHECK AMOUNT VIA MANS MACHINE		447-9504	RAY KING	
	VERIFY ELIGIBILITY - WITHOUT CIN# - NEED NAME/SS#/DOB			518-472-1550	
MANUALS	EMEDNY/MEVS PROVIDER				IN/OUT STATE 1-800-343-9000 IN/OUT STATE 1-800-343-9000
MARKETING SUPPLIES	CHPLUS HOLTINE		(800)698-		
MASS BUDGET LOGIC	MBL	47(3-8856)	48(6-7572)	DAVE VIELKIND	
MASS REBUDGETING	MRB		48(6-7572)	DAVE VIELKIND	
MATERNAL/CHILD HEALTH		48(6-6562)	48(6-6562)		
MAXIMUS	ALL NYC MANAGED CARE ISSUES		(212)268-6306		IN STATE ONLY 1-800-505-5678
MEALS ON WHEELS	REFER TO BLUE PGS OF PHONE BOOK - COUNTY DEPT OF AGING OR LOCAL SENIOR CITIZEN CENTER				

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
MEDIA	PAG - PUBLIC AFFAIRS GROUP - MEDIA CALLS		47(4-7354)		
MEDICAID	ELIGIBILITY VERIFICATION			(See ELIGIBILITY)	
	INFORMATION PAMPHLETS		Mail out	www.health.state.ny.us	
	POLICY - ELIGIBILITY		Local Support	(See Phone List)	
MEDICAID BUY-IN PROGRAM	FOR WORKING PEOPLE W/DISABILITIES		County MA Office	add'l "s" 47(3-5330)	
MEDICAID CARDS	NYC-PROBLEMS, LOST CARD, ERRORS, NEED NEW CARD		(718)557-1399	OPTION 5	1-877-472-8411
	UPSTATE-PROBLEMS, LOST CARD, ERRORS, NEED NEW CARD		County MA Ofc		
MEDICAID CHOICE	ALL NYC MANAGED CARE ISSUES		(212)268-6306		IN STATE ONLY 1-800-505-5678
MEDICAID INSPECTOR GENERAL			47(3-3782)	SECRETARY - GAIL	
MEDICAID MANAGED LONG TERM CARE			40(8-1245)	LINDA GOWDY	
MEDICAID POLICY	PROVIDERS ONLY	47(3-2160)			
MEDICAID POLICY UNIT	PROVIDERS WITH POLICY QUESTIONS	47(3-2160)			
MEDICAID UPDATE	SEE WEBSITE: www.nyhealth.gov	47(3-2160)	47(3-2160)	TIM PERRY-COON	
MEDICAID/MEDICARE	CROSS OVER CLAIMS				
MEDICAL PRIOR APPROVAL	GENERAL INFORMATION		40(2-3260)		800-342-3005
MEDICAL PROCEDURES	ALL PROVIDERS		IN/OUT OF STATE	COMP SCIENCE CORP	1-800-343-9000
	POLICY QUESTIONS - PROVIDERS ONLY	47(3-2160)		MARY RONDEAU	
	RECIPIENTS WITH QUESTIONS ABOUT WHAT IS COVERED - REFER BACK TO DOCTOR				
MEDICARE	20% OF 20% QUESTIONS/POLICY - PROVIDERS ONLY- RECIPIENT REFER TO LOCAL DSS OFFICE	47(3-2160)		MARK BERTOZZI	
	HOTLINE - FEDERAL				IN/OUT STATE 1-800-633-4227
	MEDIGAP-FILLS GAPS IN MEDICARE PLAN				IN/OUT STATE 1-800-633-4227
	OTHER/POLICY - BUY IN/PART A OR B, QMB, SLIMB, QI 1 AND QI 2		County MA Offices	See phone lists	
	THIRD PARTY HEALTH INSURANCE - SEE CODES IN BACK OF MANUAL			See Third Party County List	
MEDICARE FRAUD	TO REPORT MEDICARE FRAUD		(877)678-4697		
MEDICARE PART D	ASSISTANCE WITH ANSWERING QUESTIONS		(800)701-0501	HIICAP	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
MEDICARE PHARMACY LINE	FOR PHARMACISTS ONLY - MEDICARE DRUG PLAN INFORMATION		(866)835-7595		
MEDIGAP	FILLS GAP IN MEDICARE PLAN			www.medicare.gov	IN/OUT STATE 1-800-633-4227
MEDS FOR SENIORS PROGRAM	INFO ON COMMON MEDICATION-RELATED PROBLEMS IN THE ELDERLY		SENIORCAREP HARMACIST.C OM		
MENTAL HEALTH	CLINICS/DAY TREATMENT - ARTICLE 31 OMH OUTPATIENT PROGRAM/POLICY - PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
	COMMUNITY RESIDENCES - OFC MENTAL HEALTH/POLICY - PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
	COPS (Comprehensive Outpatient Program Services)/POLICY - PROVIDERS ONLY			LARRY MOSS	
	INPATIENT PSYCHIATRIC SERV - ARTICLE 28 HOSP & CLINICS/POLICY - PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
	MANAGED CARE COVERAGE OF MENTAL HEALTH SERVICES (CARVED OUT FROM MOST MANAGED CARES IF SSI/SSD)	47(3-0122)	47(3-0122)		
	OMH CASE MGMT, SERVICES/POLICY - PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
	OMH CHILDREN'S SERVICES/POLICY - PROVIDERS ONLY-RECIPIENT REFER TO OFFICE OF MENTAL HEALTH	47(3-2160)		SAUNDRA GRIFFEN	
	PSYCHIATRY, PSYCHOLOGY, PRACTITIONERS/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARY HORSMAN	
MENTAL HEALTH (CHILDREN)	OMH WAIVER, RTFS/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		SAUNDRA GRIFFIN	
MENTAL HEALTH (OFFICE)	DIVISION OF STATE PSYCHIATRIC CENTER MANAGEMENT - ADULT SERVICES		47(4-0121)		
	DIVISION OF STATE PSYCHIATRIC CENTER MANAGEMENT - CHILDREN SERVICES		47(4-1704)		
MENTAL RETARDATION	HCBS WAIVER, ARTICLE 16, OMRDD PROGRAMS/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARLENE DICKSON	
MENTAL RETARDATION (OFFICE OF)	NEW YORK CITY		212-229-3231		
	UPSTATE REGIONAL OFFICE		474-9897		
MIGRANTS	ELIGIBILITY		Local Support	(See Phone List)	

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
MMTP	METHADONE MAINTENANCE TREATMENT/POLICY - PROVIDERS ONLY	47(3-2160)		MARK BERTOZZI	
MOMS	MEDICAID OBSTET MATERNAL SRVS - APPLICATIONS		47(4-1911)	QUEEN JONES	
	MEDICAID OBSTET MATERNAL SRVS - GENERAL QUESTIONS	48(6-6562)			
MRB	MASS REBUDGETING	47(3-8856)			
MRG	MEDICAID REFERENCE GUIDE - DISTRIBUTION		47(3-5458)	YVONNE	
MRIs	PORTABLE X-RAY/POLICY - PROVIDERS ONLY	47(3-2160)		MARY RONDEAU	
NATIONAL PROVIDER IDENTIFIER (NPI)			(866)282-0659		
NEW YORK MEDICAID	ALL NYC MANAGED CARE ISSUES		(212)268-6306		IN STATE ONLY 1-800-505-5678
NEWBORN BABY ROSTERS	HOSPITALS THAT HAVEN'T RECEIVED THEIR NEWBORN ROSTER		6-3967	DEB DEPAOLO	
NEWBORN SCREENING	SCREENING RESULTS			WADSWORTHS LAB	IN STATE ONLY 1-800-535-3079
NON- PRESCRIPTION DRUGS	OVER - THE - COUNTER DRUGS		48(6-3209)		
NURSES	MIDWIVES, PRACTITIONERS		47(3-2160)	MYRNA BERNSTEIN	
	PRIVATE DUTY		40(2-3260)		
NURSING HOMES	INCOME, RESOURCES, ELIGIBILITY		County Office\Local Support	(See County Listing)	
	INVESTIGATION AND PROCESSING OF DISCHARGE APPEALS, OFFSITE COMPLAINT INVESTIGATION		40(2-5447)	CASE RESOLUTION BUREAU	
	MEDICAID - BED HOLDS AND SHORT TERM STAY		40(8-1129)	OFFICE OF CONTINUING CARE	
	NURSING HOME ADMINISTRATOR LICENSURE, NYS NURSE AIDE REGISTRY		40(8-1297)	BUREAU OF PROFESSIONAL CREDENTIALING	
	PATIENT CARE COMPLAINTS- CENTRALIZED COMPLAINT INTAKE PROGRAM, 161 DELAWARE AVE, DELMAR, NY 12054				1-888-201-4563
	POLICY QUESTIONS		40(8-1267)		
	POLICY QUESTIONS, INFORMAL DISPUTE RESOLUTION PROCESS, PROCESSING OF SECTION 12 FINES		40(8-1282)	BUREAU OF QUALITY ASSURANCE	
	QUESTIONS ABOUT BILLING FOR PRESCRIPTIONS		40(8-1267)		
NUTRITION	BILLING	47(4-8161)	47(3-4029)		IN STATE ONLY 1-800-562-0856

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
NUTRITION	PRIOR APPROVAL/AUTH - GENERAL INFO, OTHER, PROBLEMS		47(4-3575)		IN STATE ONLY 1-800-342-3005
OAPwD	OFFICE OF ADVOCATE FOR PERSONS WITH DISABILITIES		47(3-4129)		(800)522-4369
OASAS	OFFICE OF ALCOHOL AND SUBSTANCE ABUSE - TREATMENT POLICY		48(5-1156)		
	OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE - ADDICTION TREATMENT CENTERS		45(7-7077)		
	OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (POLICY QUESTIONS)-PROVIDERS ONLY	47(3-2160)		MARK BERTOZZI	
OBSTETRIC FEE	PREGNANCY	47(4-1911)		DENISE HERNAS-Bureau of Women's Health	
OCCUPATIONAL THERAPY	POLICY QUESTIONS - PROVIDERS ONLY		47(3-2160)	MARY RONDEAU	
OFFICE OF ADVOCATE FOR PERSONS W/DISABILITIES	INFORMATION AND REFERRAL		473-4129		(800)522-4369
OFFICE OF CHILDREN AND FAMILY SERVICES	DOWNSTATE		(212)961-4370		
	UPSTATE		47(4-7078)		
OFFICE OF CONTINUING CARE	OFFICE OF CONTINUING CARE	40(8-1132)	40(8-1132)		
	QUESTIONS ABOUT LEAVE DAYS		408-5400		866-893-6772
OFFICE OF MENTAL HEALTH	DIVISION OF STATE PSYCHIATRIC CENTER MANAGEMENT - ADULT SERVICES		474-0121		
	DIVISION OF STATE PSYCHIATRIC CENTER MANAGEMENT - CHILDREN SERVICES		474-1704		
OFFICE OF MENTAL RETARDATION & DEVELOPMENTAL DISABILITIES	NEW YORK CITY		(212)229-3231		
	UPSTATE REGIONAL OFFICE		474-9897		
OFFICE OF PROFESSIONAL MEDICAL CONDUCT	OPMC - NEGLIGENCE/SEXUAL MISCONDUCT, COMPLAINTS, ETC. - ONLY FOR MD, MD ASST, DDS			www.health.state.ny.us	IN STATE ONLY 1-800-663-6114
OFFICE OF THE AGING	ASSIST W/MEDICAID, CONTINUING CARE & HEAP ASSISTANCE WITH MEDICARE PART D QUESTIONS (HIICAP)		(800)701-0501		1-800-342-9871 hiicap.state.ny.us
OFFICE OF THE GOVERNOR	NEW YORK CITY		(212)681-4580		
	UPSTATE		474-8390		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
OLMSTEAD	POLICY QUESTIONS	47(3-2160)			
OMH DAY TREATMENT	DAY & CONTINUING DAY TREATMENT - OFC MENTAL HLTH-PROVIDERS ONLY	47(3-2160)		LARRY MOSS	
OMH WAIVER	MENTAL HEALTH CHILDREN'S WAIVERS-PROVIDERS ONLY-RECIPIENTS REFER TO LOCAL SUPPORT	47(3-2160)		SAUNDRA GRIFFIN	
OMH/OMRDD	ELIGIBILITY/POLICY ISSUES - PROVIDERS ONLY/RECIPIENTS REFER TO LOCAL SUPPORT	47(4-8887)		EILEEN LOMBARDO	
	PROGRAM ISSUES - OFFICE OF MENTAL HEALTH- PROVIDERS ONLY-RECEIPIENTS REFER TO LOCAL SUPPORT	47(3-2160)		LARRY MOSS	
	PROGRAM ISSUES-OFFICE OF MENTAL RETARDATION-PROVIDERS ONLY-RECIPIENTS REFER TO LOCAL SUPPORT	47(3-2160)		MARLENE DICKSON	
OPTOMETRY	EYE CARE - POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARY HORSMAN or MYRNA BERNSTEIN	
ORDERED AMBULATORY	OUTPATIENT (AKA-REFERRED AMBULATORY)-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR			MARLENE DICKSON/MARY RONDEAU	
ORTHODONTICS	POLICY		40(1-1516)		
ORTHODONTICS - NYC SCREENING	SCREENING FOR NEW YORK CITY ORTHODONTICS		(212)788-9410		
ORTHOTICS		47(4-8161)	47(4-8161)		
OTADA	OFFICE TEMPORARY DISABILITY ASSISTANCE		47(3-3170)		IN STATE ONLY 1-800-342-3009
OUT OF STATE SERVICES	PRIOR APPROVAL/AUTH	40(2-3260)	40(2-3260)	OUT OF STATE PRIOR APPROVAL	
OXFORD HOME PACE	PROGRAM FOR ALL INCLUSIVE CARE FOR ELDERLY		County Office 47(4-6965)	(See County Listing)	
PAG	PAG - PUBLIC AFFAIRS GROUP		47(4-7354)		
PAIN MANAGEMENT	POLICY-QUESTIONS/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU	
PAROLE/INMATES	CORRECTIONS		Local Support		
PARTICIPATING PROVIDERS	ANY TYPE			www.nyhealth.gov - Doctors Profile	
PARTNERSHIP FOR LTC	QUESTIONS PERTAINING TO LONG TERM CARE INSURANCE PROIGRAM AND PARTNERSHIP AGENT TRAINING, AND INDEPENDENT		47(4-0662)		IN STATE ONLY 1-888-697-7582

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
PATIENT ADVOCATE FOUNDATION	ASSISTANCE WITH INSURANCE, LEGAL, CREDITORS ETC.				1-800-532-5274
PATIENT REVIEW INSTRUMENT	QUESTIONS ABOUT PRI NUMBERS FOR NURSING HOMES		47(4-1673)		
PCAP	APPLICATION AND GENERAL INFORMATION PRENATAL CARE ASSISTANCE PROGRAM - POLICY	47(4-1911)		DENISE HERNAS-Bureau of Women's Health	IN STATE ONLY 1-800-522-5006
PCP	VERIFY ELIGIBILITY IN NYC PRE PAID CAPITATION PLAN - MANAGED CARE PLAN		(212)-273-0047 Managed Care Codes		IN STATE ONLY 1-800-206-8125
PENDING/DENIED CLAIMS	IF CSC WON'T/CAN'T HELP-PROVIDERS ONLY MANAGED CARE ONLY		47(3-4029)	OPTION #4	IN/OUT STATE 1-800-343-9000 IN STATE ONLY 1-800-562-0856 IN/OUT STATE 1-800-206-8125
PERSONAL CARE PHARMACY	AIDES/AUTHORIZATION BILLING-DISCREPENCIES GENERAL QUESTIONS MEDICARE PHARMACY LINE - FOR PHARMACISTS NURSING HOME PRESCRIPTIONS SEROSTIM-HORMONE FOR AIDS WASTING		County Office 48(6-3209) 40(8-1267) 48(6-3209)		1-800-343-9000 (866)835-7595
PHARMACY (STATE BOARD)	FOR COMPLAINTS AND LICENSING INFORMATION PERTAINING TO PHARMACISTS		47(4-3817)		
PHYSICAL THERAPY PHYSICALLY HANDICAPPED CHILDREN'S PROGRAM			47(3-2160) 48(6-4966)	MARY RONDEAU	
PHYSICIAN	BILLING/CODES/RATES EXTENDERS - NURSE PRACTITIONERS, MIDWIVES MEDICAID PROVIDERS PROVIDER ENROLLMENT TO FIND OUT IF DISCIPLINARY ACTION VERIFY MEDICAL PROCEDURE COVERAGE/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		447-9860 47(3-2160)	COMP SCIENCE CORP MARY RONDEAU www.nyhealth.gov Doctors Profile	1-800-343-9000
PHYSICIAN ASSISTANTS	POLICY - PROVIDERS ONLY		(800)343-9000 Option 5 47(3-2160)	www.nyhealth.gov MYRNA BERNSTEIN/MARY RONDEAU MARY RONDEAU	Go to consumer then physician

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
PHYSICIAN FINDER	COLUMBIA MEMORIAL HOSPITAL		(518)828-8216		
PODIATRY	POLICY QUESTIONS - PROVIDERS ONLY/RECIPIENT REFER BACK TO DOCTOR	47(3-2160)		DEBBIE BUSH	
POLICY UNIT	PROVIDERS WITH POLICY QUESTIONS	47(3-2160)			
PORTABLE X'RAY	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU	
POST AND CLEAR	PHARMACY PROCEDURE- PROVIDERS ONLY		518-474-2239		
PPAC	GENERAL INFORMATION	48(6-6562)			
	PROVIDER ENROLLMENT		(800)343-9000 Option 5		
PRENATAL CARE	PROVIDERS				IN STATE ONLY 1-800-522-5006
PRE-PAID MENTAL HEALTH	PMHP/POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		LARRY MOSS	
PRESCRIPTION DRUGS	CO-PAYMENTS-PROVIDERS ONLY/RECIPIENTS -ARE RESPONSIBLE FOR MEDICAID COPAYMENTS		48(6-3209)	MYRNA BERNSTEIN	IN STATE ONLY 1-800-541-2831
	DISPENSING VALIDATION - POLICY - ENTERALS FOOD & OTHERS		(6-0298)		IN/OUT STATE 1-800-343-9000
	EPIC - ELDERLY PHARMACEUTICAL INSURANCE - PROVIDER				IN STATE ONLY 1-800-634-1340
	EPIC - ELDERLY PHARMACEUTICAL INSURANCE - RECIPIENT				IN STATE ONLY 1-800-332-3742
	FREE DRUGS - FREE MEDICINE FOUNDATION		(573)996-3333		(888)812-5152
	MANDATORY/ANTI-HISTAMINE PRIOR APPROVAL		See Websites	Option #2	1-877-309-9493
	MEDIGAP - MEDICARE INSURANCE PLAN				IN STATE ONLY 1-800-342-3736
	NORD - PATIENT ASSISTANCE PROGRAM				IN STATE ONLY 1-800-999-6673
	PATIENT ASSISTANCE PROGRAM (PAP)				1-800-424-3727
	PEOPLE PRESCRIPTION PLAN \$8.95MONTHLY				1-800-218-1717
	PFIZER PROGRAM-APPLICATION/INFO.			pfizerforliving.com	1-800-717-6005
	POSSIBLE SOURCES OF COVERAGE- STATE ADVOCATE FOR THE DISABLED				IN STATE ONLY 1-800-522-4369
	PROBLEMS AFTER GETTING PRIOR AUTHORIZATION		48(6-3209)		
	SOURCES FOR POSSIBLE "FREE" MEDICATIONS		Website address only	WWW.NEEDYMEDS.COM	
	THE MEDICINE PROGRAM-APPLICATIONS			themedicineprogram.com	
	TOGETHER RX PROGRAM				1-800-865-7211

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
PRIOR APPROVAL/AUTH	BRAND NAME DRUGS				1-877-309-9493
	DURABLE MEDICAL EQUIPMENT, PRIVATE DUTY NURSING, OUT OF STATE SERVICES		40(2-3260)		
	ENTERAL FORMULA - GENERAL QUESTIONS REFER TO ALBANY # - AUTHORIZATION REFER TO TOLL FREE #		40(2-3260)		1-866-211-1736
	GENERAL INFORMATION		40(2-3260)		IN STATE ONLY 1-800-342-3005
	HEMOCARE, PERSONAL CARE - NYC ONLY		NYC Medicaid CASA Offices	(See Phone List)	
	HEMOCARE, PERSONAL CARE - UPSTATE ONLY		County MA Ofc	(See Phone List)	
	MENTAL HEALTH AND/OR SUBSTANCE ABUSE OUTPATIENT (WITH MANAGED CARE ONLY!!)				
	MENTAL HEALTH-DIVISION OF STATE PSYCHIATRIC CENTER MANAGEMENT - ADULT SERVICES		47(4-0121)		
	RISPERBAL CONSTA (INJECTABLE)				(800)778-6052
	SEROSTIM-HORMONE FOR AIDS WASTING SURGERY				IN STATE ONLY 1-877-309-9493 800-342-3005
	TRANSPORTATION		40(2-3260)	County MA Ofc	(See Phone List)
	TRANSPORTATION - NYC				IN STATE ONLY 1-800-243-7842
	TRANSPORTATION OMH CO CODE 97		47(4-3596)		
	TRANSPORTATION OMRRDD CO CODE 98		40(2-4383)		
ZYVOX DRUG - PROVIDERS				IN STATE ONLY 1-877-309-9493	
PRIVATE DUTY NURSES			40(2-3260)		
PROCEDURE CODES	BILLING QUESTIONS/PROBLEMS - DENTAL, MEDICAL		See Provider Manual	(NYS Medicaid) - IN STATE ONLY	1-800-562-0856 OPTION 6
PROCEDURES COVERED	MEDICAID/PROVIDERS				800-343-9000
	PROVIDERS FEE SCHEDULES				800-343-9000
	RECIPIENTS		Refer back to their physician		
PROCEDURES: X-RAYS, RADIOLOGIC	PHYSICIAN, HOSPITAL, CLINIC OR ARTICLE 28 (NUCLEAR MEDICINE TEST)/PROVIDERS ONLY	47(3-2160)	47(3-2160)	MARY RONDEAU	
PROVIDER ENROLLMENT	CLIA-CLINICAL LABORATORY IMPROVEMENT		(800)343-9000 Option 5		
	HOSPITALS, CLINICS, FACILITIES		47(4-8161)		
	MD, DDS, NUR, DME, PHAR, TRANS, LAB		(800)343-9000 Option 5		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
PROVIDER ENROLLMENT	PROVIDERS TO ENROLL IN MANAGED CARE PLANS		47(4-5515)		
PROVIDER MANUALS	EMEVs PROVIDER				IN/OUT STATE 1-800-343-9000 IN/OUT STATE 1-800-343-9000
PROVIDER SEMINARS	FOR NEW PROVIDERS ONLY-SPONSORED BY CSC				IN/OUT STATE 1-800-343-9000
PROVIDERS	LONG TERM CARE REQUEST FOR MEDICAID PROVIDERS		40(8-1267)	Ofc. Of Health Systems Mgment (Provider Database) www.nyhealth.gov/ Doctors Profile	
PSHSP	PRE-SCHOOL SUPPORTIVE HLTH SERVICES PROG		47(3-9059)	MICHAEL ALBINO	
PSYCHIATRIC	INPATIENT SERVICES (ARTICLE 28 HOSP)/POLICY - PROVIDERS ONLY	47(3-2160)	47(3-2160)	LARRY MOSS	
	POLICY ISSUES ONLY-POLICY - PROVIDERS ONLY	47(3-2160)		MARY HORSMAN	
PSYCHIATRY/PSYCHOLOGY	PRACTITIONERS-POLICY - PROVIDERS ONLY	47(3-2160)		MARY HORSMAN	
PUBLIC INFORMATION OFC	PAG - PUBLICATIONS, DESIGN, PRESS		47(4-7354)		
QDWI	APPLICATIONS OR POLICY QUESTIONS - (MEDICARE SAVINGS PROGRAM)		County MA Offices	See phone lists	NYC - (888)692-6116
QI-1	APPLICATIONS OR POLICY QUESTIONS - (MEDICARE SAVINGS PROGRAM)		County MA Offices	See phone lists	NYC - (888)692-6116
QMB	APPLICATIONS OR POLICY QUESTIONS - (MEDICARE SAVINGS PROGRAM)		County MA Offices	See phone lists	NYC - (888)692-6116
QUALITY OF CARE	COMPLAINTS - HOSPITALS/CLINICS COMPLAINTS - NURSING HOMES COMPLAINTS - PROVIDERS		See Reg'l Ofc See OPMC		IN/OUT STATE 1-888-201-4563
RABIES	COVERAGE/FEE SCHEDULE		47(4-8161)		
RATES/COST RPTS	HOSPITALS/CLINICS		47(4-3267)	JOHN GAHAN	
	INPATIENT HOSPITAL RATES-HEALTH PROVIDER NETWORK		47(4-3267)	JOHN GAHAN	
	NURSING HOMES		47(4-1057)	KATHY GILL	
RATES/FEES	BILLING QUESTIONS/PROBLEMS (UNDER 2YR) - ALL PROVIDERS IN STATE ONLY		447-9830	COMP SCIENCE CORP	1-800-343-9000
	BILLING QUESTIONS/PROBLEMS (UNDER 2YR) - ALL PROVIDERS IN/OUT STATE			COMP SCIENCE CORP	IN/OUT STATE 1-800-343-9000
	LONG TERM CARE		47(3-8910)	Ofc. Of Health Systems Mgment	
RECOVERY	LIENS - CASUALTY, OR ESTATE RECOVERY POLICY		47(4-9193)		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
REFUGEES	ELIGIBILITY		County Office/LOCAL SUPPORT		
REGULATIONS	LEGAL MATTERS - MA REGS, SOCIAL SRVS LAW, OTHER		47(3-3233)		
REHAB SERVICES	THERAPY - SPEECH, PHYSICAL, OCCUPATIONAL/POLICY - PROVIDERS ONLY	47(3-2160)	47(3-2160)	MARY RONDEAU	
REIMBURSEMENT TO RECIPIENTS	NEW YORK CITY- SUBMIT COPY OF BILLS/RECEIPTS TO MEDICAID REIMBURSEMENT, 330 W. 34TH ST, 9TH FLOOR, NY, NY 10001 UPSTATE - RECIPIENTS MUST GO THROUGH COUNTY OFFICE REIMBURSEMENT UNIT		(212)643-3386		
REIMBURSEMENT CHECK STATUS	ONLY IF COUNTY SUBMITTED FORMS FOR REIMBURSEMENT		47(3-5892)	TOM GRESTINI	
RELEASE OF MEDICAID DATA	REQUEST FOR RELEASE OR AUTHORIZATIONS TO RELEASE MEDICAID DATA		47(3-0769)	CONNIE SPAULDING OR BRUCE LOMBARDO 47(4-3887)	
REPLACEMENT CARDS	TOLL-FREE NUMBER USED IN 5 BOROUGHES ONLY		(877)472-8411 OR (718)557- 1399	OPTION 4	
RESIDENCY/ALIENS	UPSTATE NEW YORK ELIGIBILITY		County Office County Office/LOCAL SUPPORT	(SEE PHONE LIST)	
RESIDENTIAL TREATMENT	OFFICE OF MENTAL HEALTH CHILDREN'S RESIDENTIAL TREATMENT FACILITY/PROVIDERS ONLY	47(3-2160)		SAUNDRA GRIFFIN	
RESPIRE-NURSING HOME RESTRICTED RECIPIENT	SHORT TERM NURSING HOME STAY ALL NEW YORK MEDICAID RECIPIENTS		47(4-5271) Refer to RRP Listing	CHRIS PHILLIPS	
RFI	NEW YORK CITY PROVIDER CALLS ONLY RESOURCE FILE INTERGRATION	47(3-8856)			NYC (212)630-1089
RISPERBAL CONSTA ROSTERS	POLICY QUESTIONS NURSING HOME, CHILD CARE, PERSONAL CARE, TRANSPORT, MANAGED CARE		40(2-6668) 47(46911) 47(3-5378)	GARY FEIGENBAUM MAIL ROOM	
SCHOOL HEALTH SCREENING RESULTS SDX	NEWBORN SCREENING STATE DATA EXCHANGE		47(3-5157) Local Support	COLLEEN MALONEY WADSWORTHS LAB (See Phone List)	IN STATE ONLY 1-800-535-3079

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
SEQUENTIAL	BUREAU OF NARCOTIC ENFORCEMENT		40(2-0707)		
SEROSTIM DRUG	INFORMATIONAL LINE - PROVIDERS, RECIPIENTS		48(6-3209)		
	PRIOR APPROVAL/AUTH -PROVIDERS ONLY				IN STATE ONLY 1-877-309-9493
SERVICE BUREAU	BILLING AGENTS		(800)343-9000 Option 5		
SERVICES COVERED BY MEDICAID	PROVIDERS - REFER TO CSC 800-343- 9000/RECIPIENTS - REFER BACK TO DOCTOR				
SIDS-SUDDEN INFANT DEATH SYNDROME	SIDS-COUNSELING(LOSS OF INFANT)			National SIDS Alliance Hotline	1-800-221-SIDS
	SIDS-COUNSELING(LOSS OF INFANT)			Eastern NY SIDS Ctr.	1-516-444-3690
	SIDS-COUNSELING(LOSS OF INFANT)			Western NY SIDS Ctr.	1-716-223-5110
	SIDS-COUNSELING(LOSS OF INFANT)			NYC SIDS Ctr.	1-212-686-8854
SLIMB	APPLICATIONS OR POLICY QUESTIONS		County MA Offices	See phone lists	
SMOKERS QUITLINE					1-888-609-6292
SOCIAL SECURITY	SSI/SSD - TICKET TO WORK		Local Support	(SEE PHONE LIST)	(888)224-3272
	SSI/SSD - TO OBTAIN SS#			www.SSA.gov	IN/OUT STATE 1-800-772-1213
SOCIAL WORK	CLINICAL SOCIAL WORKER/PROVIDERS ONLY	47(3-2160)		MARLENE DICKSON	
SPECIALITY CODES	CHILD CARE, NURSING HOME, FACILITIES, ASSISTED LIVING, HMO SERVICES, HOSPITAL, HOME HEALTH, CLINCIS, OMF/OMR CASE MGMT, TBI		47(4-8161)		
	MD, RN, PHARMACY, DENTAL, LABS, TRANSPORTATION, PSYCHOLOGISTS, SOCIAL WORKERS, THERAPISTS, CHIROPRACTORS, DME, OPTICAL, AUDIOLOGIST, PODIATRIST		(800)343-9000 Option 5		
SPEECH THERAPY	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)	47(3-2160)	MARY RONDEAU	
SPENDDOWN	ELIGIBILITY		County Office/LOCAL SUPPORT	(See Phone List)	
SPOUSAL IMPOVERISHMENT	ELIGIBILITY		County Office/LOCAL SUPPORT	(See Phone List)	
SSHSP	SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM		47(3-9059)	MICHAEL ALBINO	
STANDARDS/SURVEILLANCE	HOSPITAL, CLINICS		40(2-1003)		
	NURSING HOMES		40(8-1267)		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
STATE BOARD OF PHARMACY	FOR COMPLAINTS AND LICENSING INFORMATION PERTAINING TO PHARMACISTS		47(4-3817)		
STATE MEDICAID PLAN	POLICY - PROVIDERS ONLY	47(3-2160)		CYNTHIA BUSWELL	
STATE OPERATOR			47(4-2121)		
STATISTICS/DATA	REPORTS ON MEDICAID		47(3-2230)	PETER GALLAGHER	
STERILIZATION	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)	47(3-2160)	MYRNA BERNSTEIN/DEB BUSH	
	STERLIZATION/HYSTERECTOMY FORMS- - - TO VERIFY ORDER ONLY		47(3-4852)		
	STERLIZATION/HYSTERECTOMY FORMS NEED TO BE REQUESTED BY PROVIDER IN WRITING TO: FORMS & PRINT MANAGEMENT-PO BOX 1990 ALBANY NY 12201				
SUBSTANCE ABUSE/ALCOHOL	POLICY QUESTIONS/PROVIDERS ONLY	47(3-2160)		MARK BERTOZZI	
SURCHARGES	QUESTIONS REGARDING SURCHARGES-IF THEY NEED TO PAY OR WHY THE CHARGE		47(4-1673)		
SURGICAL	DENIALS				(800)343-9000
	POLICY QUESTIONS		47(3-2160)	MARY RONDEAU/MYRNA BERNSTEIN	
	PRIOR APPROVAL/QUESTIONS (OUT-OF-STATE MEDICAL PRIOR APPROVAL UNIT		40(2-3260)		(800)342-3005 Option 1 (800)342-3005 Option 1
SURGICAL PRIOR APPROVAL	TEENAGE SERVICES ACT PROGRAM	48(6-6562)	47(3-6020)	CYNTHIA ROBINSON	
TASA	HOSPITALS, CLINICS, NH		47(4-8161)		
TAX FORMS 1099	MD, DDS, RN, DME, PHAR, TRANS, LAB		(800)343-9000 Option 5		
THERAPY	OCCUPATIONAL, PHYSICAL, SPEECH, REHAB		47(3-2160)		
THIRD PARTY	POLICY	47(4-9193)			
	REMOVAL OF CODE - REFER TO THIRD PARTY LISTING BY COUNTY				
	SEE CODES IN BACK OF HELPLINE MANUAL		48(6-9057)		
TICKET TO WORK	SSI/SSD - TICKET TO WORK		Local Support	(See Phone List)	(888)224-3272
TOA	THRESHOLD OVERRIDE APPLICATIONS				(800)343-9000
TRANSFER OF ASSETS	ELIGIBILITY		Local Support	(See Phone List)	
TRANSPLANTS - IN STATE	MEDICAL REVIEW, PAYMENT AND ENROLLMENT		47(4-8161)		
TRANSPLANTS - OUT OF STATE	PRIOR APPROVAL UNIT		40(2-3260)		

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
TRANSPORTATION	POLICY/PROBLEMS	47(4-5187)		TIM PERRY-COON	
	PRIOR APPROVAL/AUTH		County MA Ofc	(See Phone List)	
	PRIOR APPROVAL/AUTH - NYC				IN STATE ONLY 1-800-243-7842
	PRIOR APPROVAL/AUTH - OMH CO CODE 97		47(4-3596)		
	PRIOR APPROVAL/AUTH - OMRDD CO CODE 98		40(2-4383)		
	PROVIDER ENROLLMENT		(800)343-9000 Option 5		
TRANSPORTATION - ORANGE COUNTY ONLY	ORANGE COUNTY DSS				1-866-591-4066
TRAUMATIC BRAIN INJURY	WAIVER PROGRAM		47(4-6580)	PAT GUMSON	
TRUST FUNDS/ASSETS	ELIGIBILITY		Local Support	(See Phone List)	
TUBERCULOSIS	POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		COLLEEN MALONEY	
TWO YEAR OLD CLAIMS	CLAIMS - BILLING QUESTIONS/PROBLEMS - PROVIDER OF "ALL TYPES"		47(4-8161)		IN STATE ONLY 1-800-562-0856
UTILIZATION THRESHOLD	PROVIDERS - THRESHOLD OVER-RIDE APPLICATION (TOA) or MAIL TO: CSC ATTN: MEDICAID OVERRIDE APPLICATION SYSTEM, BOX 4420, ALBANY, NY 12204				IN STATE ONLY 1-800-421-3893
	RECIPIENTS - CHECK ON STATUS OF UT REQUEST AFTER DOCTOR HAS SUBMITTED TO CSC				IN STATE ONLY 1-800-421-3891
VACCINATION	BILLING/PROCEDURES CODES-PROVIDERS ONLY		447-9860	CSC	1-800-343-9000
	SCHEDULE OF DELIVERY/GENERAL INFO (DOCTORS ONLY!!)		47(4-4578)	(212)447-8175 NYC	
VACCINES FOR CHILDREN PROGRAM	ENROLLMENT/ELIGIBILITY CRITERIA		47(3-4437)		
VERIFONE	PROVIDERS ONLY - NEED NAME/DOB/SSN IN/OUT OF STATE		518-472-1550		
	PROVIDERS ONLY - NYC W/CIN #		800-997-1111		
	PROVIDERS ONLY - UPSTATE W/CIN #		800-394-1234		
VETERANS	ELIGIBILITY		Local Support	(See Phone List)	
VETERANS HEALTH INFO CLEARING HOUSE	INFO ON HEALTH CARE RESOURCES FOR VETERANS, THEIR FAMILIES, PHYSICIANS AND OTHER HEALTH CARE PROVIDERS		(800)211-1975		
VIRUSES	ENCEPHALITIS/MOSQUITOS/WEST NILE				IN STATE ONLY 1-800-962-7366
VOIDS	CHECKS LISTED ON REMITTANCE FORMS - ALL PROVIDERS - IN STATE ONLY			COMP SCIENCE CORP	1-800-343-9000

SUBJECT	BRIEF DESCRIPTION	SECRETARY #	CONTACT #	CONTACT NAME	TOLL FREE
VOIDS	CHECKS LISTED ON REMITTANCE FORMS - ALL PROVIDERS IN/OUT OF STATE			COMP SCIENCE CORP	1-800-343-9000
WAIVERS	CARE AT HOME	48(6-6562)	47(3-5157)	COLLEEN MALONEY	
	HCBS - HOME & COMM BASED SRVS - OFC MENTAL HLTH -	47(3-2160)		SAUNDRA GRIFFIN	
	LONG TERM HOME HEALTH CARE (LOMBARDI)		47(4-6580)	DIANE JONES	
	OMRDD HCBS-POLICY	47(3-2160)		MARLENE DICKSON	
	TRAUMATIC BRAIN INJURY		47(4-6580)	PAT GUMSON	
WEST NILE					IN STATE ONLY 1-800-458-1158
WIC	WOMAN, INFANT AND CHILDREN NUTRITION PROGRAM				IN STATE ONLY 1-800-522-5006
WIGS	CHEMOTHERAPY, MEDICAL CONDITIONS		47(4-8161)		
WMS	EQUIPMENT PROBLEMS - SUCH AS PRINTERS		47(3-5613)		
	SCREEN RELATED PROBLEMS - ERRORS, INCORRECT DATA ON SCREEN		47(3-8654)	NEIL JOHANNING	
X-RAY	PORTABLE-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR	47(3-2160)		MARY RONDEAU	
X-RAYS,RADIOLOGIC OR PROCEDURES	PHYSICIAN, HOSPITAL, CLINIC OR ARTICLE 28 (NUCLEAR MEDICINE TEST) -POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		47(3-2160)		
ZYVOX DRUGS	INFORMATIONAL LINE - PROVIDERS, RECIPIENTS				IN STATE ONLY 1-800-242-7014
	POLICY INFORMATION-POLICY - PROVIDERS ONLY/ RECIPIENTS - REFER BACK TO DOCTOR		48(6-3209)		
	PRIOR APPROVAL/AUTH -PROVIDERS ONLY				IN STATE ONLY 1-877-309-9493

SECTION 2: CHPlus HOTLINE

IV. Caller Requests Eligibility Screening:

[Explain to callers that all applications are screened for Children's Medicaid eligibility first. Tell them if the child(ren) is eligible for Children's Medicaid, s/he is not eligible for Child Health Plus. This is a federal rule.]

I can do a quick screen for you now if you provide me with some information on your income and family size. This information helps us determine which program you may qualify for and which application we need to mail to you.

Do you want to be screened? (If yes, proceed. If no, offer to mail an application packet, which has a brochure with eligibility guidelines.)

1. How many people are in your household? (You should only count yourself, your children and their mother/father or stepparent.)
 - a. Of the children, are any under 1 year of age? How many?
 - b. How many are 1 through 18 years of age?
 - c. How many are 6 through 18 years of age?
2. Because we can count a pregnant woman as two people in the household, please tell me if anyone is pregnant.
3. I need to know your estimated household income before taxes are taken out (this is called gross). And if anyone is self-employed, I need to know that also.

4. How often are you paid? (Or others in household?) Monthly, weekly or yearly?
5. Is anyone a New York State employee or does anyone have access to the State Health Benefit Fund (NYSHIP)? If yes, you are not eligible for CHPlus, but you may be eligible for Children's Medicaid.

(After using the Tools and Resources to screen for eligibility, advise the caller about which program it appears they may be eligible for. If the program is not Child Health Plus, advise the caller a face-to-face interview with a LDSS or a Facilitated Enroller will be necessary.)

V. Help with Application

(If the caller has the application close by, ask for the name of the application to see which one they have. The sections of the Growing Up Healthy application and Access New York application are numbered differently.)

1. Ask what section(s) the caller is having problems/troubles completing.
2. For either application, remind the caller that if s/he is Medicaid eligible (i.e., Children's Medicaid, or Family Health Plus) or anyone 19 years and over who is applying will need a face-to-face interview. Offer to help locate the LDSS or a Facilitated Enroller in her/his county.
3. If at any point the caller has too many problems with either the application or any program OR cannot understand the basic help you offer, reassure the caller that assistance is available from the LDSS and/or a Facilitated Enroller.

4. Remind the caller to complete each and every section, and to sign and date the application. The signature and date are the last things s/he should complete before mailing the application.
5. Offer to review the document checklist with the caller.

VI. Referral Script (Resource Directory)

If the caller needs help on any part of the application process, including eligibility screening, beyond basic assistance via the hotline or would be more comfortable meeting with someone in person, offer a referral for help at a LDSS or FE.

1. You will need her/his zip code to determine the right county. Confirm the city/county with the caller.
2. If you have screened the caller and s/he appears to be eligible, use the Resource Directory to find a Facilitated Enroller nearest her/his home.
3. If you know the program is Children's Medicaid, Family Health Plus or Medicaid (adult), use the Resource Directory to find the LDSS or a Facilitated Enroller nearest her/his home.
4. If you do not know the program the caller is applying for to get children's health insurance, use the Resource Directory to find a Facilitated Enroller nearest her/his home.

For callers with questions about his/her health plan, refer the caller back to the health plan. Some reasons to refer may be:

- Application status for Child Health Plus
- Change of health plan

- Complaint about Child Health Plus benefits
 - Monthly premiums for Child Health Plus
 - Inquiries on participating physicians
1. You will need her/his zip code to determine the county where s/he lives. Confirm the city with the caller.
 2. Ask the caller the name of the health plan. If not known, it is on her/his benefits card. If still not known, look up her/his county and read health plan names. If all else fails, we will contact the New York State Department of Health via a Complaint/Incident Report to obtain her/his plan name and the NYSDOH will call the consumer.

In the event we get calls for other programs, offer the caller a phone number found in the Quick Phone List. At this time, we have numbers for:

- Cash Assistance
- Child Support
- Food Stamps
- Medicaid
- Medicare
- NYS Early Intervention Program
- WIC

VII. Application Status Script

You will need her/his zip code to determine the county where s/he lives. Confirm the city/county with the caller.

Ask the caller if s/he applied and if s/he knows the health insurance that was applied for. Ask if coverage was just for the child(ren) or children and adults.

Ask for an approximate date s/he mailed the application. If applicable, ask the date of the interview with the Facilitated Enroller or LDSS. Tell caller that for Child Health Plus, completed, signed and dated application must be to the plan by 20th of the month to have coverage for the 1st day of the next month. If it was close to 20th or after, it likely will not be until the 1st day of the second month.

If caller states the need for Child Health Plus coverage is urgent for next month, and they s/he has already called the health plan, then contact NYS DOH on his/her behalf.

If it appears to be that the Child Health Plus application and the time lines were met and no letter has been received, refer them to the health plan if s/he has not already done so. If s/he has tried the health plan already, contact NYS DOH on his/her behalf.

If face-to-face session with LDSS or FE was prior to the 20th of month, refer the caller back to the LDSS or FE for application status, if they have not already done so.

VIII. Renewal Script

When callers state they have lost/misplaced their renewal form, ask them if they have their health plan card available. Also ask if they have another card they use for prescriptions and dental care (it is their Medicaid card).

Children's Medicaid renewals are mailed 60 days before coverage ends. Child Health Plus renewals are mailed 90 days before coverage ends.

Offer to send a replacement Renewal Health Insurance Form for Child Health Plus if it is prior to the end date or within 30 days thereafter. If a replacement Renewal Health Insurance Form for Children's Medicaid is needed and it is prior to the end date or within 30 days thereafter, refer the caller to the LDSS.

The following information is needed for a Child Health Plus replacement renewal form:

1. What is your full name and address that you would like the replacement renewal form sent to.
2. After you receive the CHPlus renewal form, if you need help filling it out, you can either call us for assistance on the application or the health plan you are enrolled with.
3. We need to identify your health plan so I can give you a mailing address for the form over the phone now. Do you remember the health plan name? If they do not remember, use the Resource Directory to read the plan names in their county. In the event the plan cannot be identified, we will contact NYS DOH to obtain this information and call you back.

For Child Health Plus, if it is 30 days after the end date, tell them a renewal is not possible and they need to start the process again. We would be happy to mail them an application and answer any questions at this time.

Other conversations points:

- Some renewal forms may be pre-filled with information, note to callers that they need to review the form and, if it is correct, send the form back signed and dated. If corrections are needed, they can cross out the wrong information, write the correct information, and send the form back signed and dated.
- If they ask about the face-to-face interview for renewals or recertifications, tell them it is no longer required unless they have been told otherwise.
- Once they are enrolled in Children's Medicaid and/or CHPlus, advise callers not to disregard communication from the LDSS, FE, or health plan.

IX. Complaints Script

[Your conversation with callers will start with putting them at ease, then obtaining the complaint, reiterating the complaint to callers and prescribing a course of action (internal review or referred to NYS DOH).]

1. I understand that you have a complaint/are upset/have a problem with/similar statement that echoes the caller's statement of problem. I am here to help you with your complaint/grievance. Have you already talked with anyone at the (health plan, providers, LDSS, FES, agency)?* If yes, what happened and when?

* If the problem could possibly be resolved with a phone call first to the health plan, LDSS, Facilitated Enrollers, providers and/or agency, you may refer the caller to that entity to attempt direct resolution prior to submitting this formal complaint/grievance.

If you have spoken with a supervisor at the health plan, providers, LDSS, Facilitated Enrollers, agency, and are not satisfied with the resolution, I can transfer you to a Complaint Specialist. The Complaint Specialist will take the details of your complaint and forward it to the State DOH who will contact you regarding your complaint.

What/When? (Complaint Specialist)

1. Describe/explain in detail the problem to me. If this happened over more than one day or phone call, start at the beginning.
2. Whom did you speak with at the (health plan, providers, LDSS, FES, agency)?*
What happened and when?
3. You may ask, What would you like to have happen? OR: What would you like to see done to rectify this problem?
4. What type of interaction occurred (face-to-face, letter, over the phone)?

Who/Where?

1. Ask for the name of the LDSS, FE, health plan or other involved party. If a health plan, LDSS, or FE was involved, obtain the name(s) or the person(s) the caller spoke with. Did they talk to a manager? A Customer Service Representative? A Facilitated Enroller? Do they know the title/job of each person they spoke to?
2. Which child or what children are involved? Can you give me their *name(s), *date(s) of birth, social security number(s), case number(s), insurance number(s), *relationship(s) to you.

*Mandatory information for child(ren)

When did it begin?

1. Do you know the date(s) the initial problems occurred? Are there any additional dates you can recall?

If it seems that all relevant information has been obtained from the caller, reiterate the entire problem with the caller, and correct/add/delete details, as needed. To close the complaint with the caller, explain the course of action you will take.

Internal Complaints

My manager reviews all complaints. If your problem is with the Hotline, it will be corrected, if possible. (For example: Issues with staff will be handled between the Manager and that staff person. Hours of access may not change at this time, but your problem will be documented and reported to NYS DOH.)

External Complaints

My manager reviews all complaints. Your complaint will be forwarded to the Department for review; along with all of the information and details you gave me today. It will be forwarded shortly. The Department will complete any follow up with you.

X. Self Employment Eligibility Screening Script

I can do a quick screen for you now if you provide me with some information on your income and family size. Since you are self-employed, you need your tax return and supporting documents (1040 form) so I can help you determine eligibility. Do you want to do this and call me back? I also need the gross monthly income of anyone else in the household who works.

If you have these documents handy, I need the income reported on lines 12, 17, and 18 from the 1040. I also need any wages reported on line 7 if they are wages paid to the self-employed by the business. From that total I will then subtract any amounts listed on lines 27 and 29. This will give us the adjusted gross annual income. Dividing that amount by 12 will give us the monthly income that will be used to determine eligibility.

Is there any other income (that is not self-employed) from any other family member?

I now need to ask about household size. Together, income and family size will help me determine which program you may qualify for and which application we need to mail you.

Do you want to do this? (If yes, proceed. If no, offer to mail an application packet, which has a brochure with eligibility guidelines.)

1. How many people are in your household? (You should only count yourself, your children and their mother/father or stepparent.)
 - a. Of the children, are any under 1 year of age? How many?
 - b. How many are 1 through 5 years of age?
 - c. How many are 6 through 18 years of age?
2. Also let me know if anyone is pregnant, because that would count as 2 people in the household.

3. I need to know your estimated household income before taxes are taken out. (This is called "gross income"). And if anyone is self-employed, I need to know that also.
4. How often are you paid? (Or others in household?) Monthly, weekly or yearly?
5. Is anyone a New York State employee or uses the State Health Benefit Fund? This is because you may be eligible for Children's Medicaid but not CHPlus.

XI. Organization Requests for Materials

I need your name, the name of the organization and mailing address to send you materials.

I have a one-page fact sheet and/or a brochure available. Which would you like to have? What quantity would you like?

We cannot send you applications in bulk unless you arrange for a Facilitated Enroller to be present to work with people to enroll.

If you would like I can give you the names and phone numbers of the Facilitated Enrollers in each county. You can contact them directly to check on their availability to attend your event and take applications.

L. Referring Callers

Most callers will make inquiries about the Children's Medicaid and Child Health Plus programs. We will provide information and application assistance to these callers. In addition, we provide general managed care information.

We anticipate callers may also be interested in information about the adult health insurance programs: Medicaid and Family Health Plus. When requests for information go beyond basic program knowledge or when a face-to-face meeting is required or in other circumstances, we will refer callers to the appropriate entity in their county.

The Resource Directory contains by county, a listing of Local Department of Social Services, locations of Facilitated Enrollers, including the lead agency for each county, and health plans. When referring a caller, we will use the Directory to:

- Identify to the caller the appropriate location for Facilitated Enrollers where the caller can receive application assistance (all programs);
- Tell the caller that you will have to contact the CHPlus program and get back to them;
- Identify to the caller the appropriate LDSS (for all programs except Child Health Plus);
- Identify the names and locations of participating health plans in the caller's county (for Child Health Plus);
- Offer the phone number (if available) for inquiries on other NY programs (Important Numbers).

There are two approaches for referring callers, providing the referral information or a "dropped transfer". Many callers may prefer to initiate contact with the referral entity. In these cases, we will provide the referral name, address, phone number and if available, hours of operations. When a caller needs extra assistance, we will offer to dial the referral entity while the caller is on the line and transfer the caller.

M. Respect for the Consumer

Confidentiality & HIPAA

The Hotline assures that all Customer Service Representatives and supporting staff adhere to established ethical principles and codes of professional practice including consumer confidentiality, privacy, dignity, and informed consent. All database information is held in the same strict confidence as in other health care settings.

It is vital that all employees recognize the sensitive nature of the information that is entrusted to them, and they should strictly follow all Confidentiality Procedures. Similarly, it is very important that all employees be aware that they have signed a contract agreeing to honor the confidential nature of all consumer information. **There are serious consequences to betraying this agreement to treat all information as confidential. These include inclusion in the employee's file, immediate dismissal with no possibility of being rehired as well as legal action.**

Documentation of this training is logged into the employee's file for quality assurance purposes. New employees are fully advised of current policies and we keep on file the signed confidentiality statement.

Incidents and Complaints

Our role is to accept information on incidents and complaints, then provide the information to NYS DOH via a written report. Complaints within the scope of services (hours of operations, mailings, customer service) may be handled internally by a Complaint Specialist, reviewed by the Manager and reported in writing to NYS DOH for necessary follow-up.

There are complaints where the caller has not requested to speak with the responsible party or a Supervisor prior to reporting to the Hotline. For example, issues with the health plan should go to the plan's member services and if resolution does not occur or is not satisfactory, then reporting to the Hotline may occur.

Reports are faxed directly to NYS DOH by a manager. Specific subjects may require an email to alert NYS DOH staff of an escalated caller (i.e., threats of media contact).

Appeals

For Child Health Plus, if the family is unhappy with the decision by the health plan for a denial, you can forward the issue to the CHPlus program at NYS DOH. People applying for Children's Medicaid, Medicaid, Family Health Plus or PCAP also have the right to appeal the decision himself/herself by requesting a fair hearing within 60 days of receiving the notice of denial. The telephone number to request a fair hearing is listed on the bottom of the letter of denial. If someone disagrees with a decision from one of these programs, it is often best for them to request a fair hearing immediately, to ensure that they do not lose their right to a hearing.

O. Consumer Materials

A variety of materials is available for consumers calling the Hotline. These materials include the following:

- Cover letter for application packets (English & Spanish),
- Access New York (ANY) application (English & Spanish),
- Growing Up Healthy (GUH) application,
- Child Health Plus booklet*,
- F.E. Site Directory (Resource Guide),
- GUH fact sheet (English & Spanish on one page),
- Cover letter for renewal packets (English & Spanish),
- Renewal form and
- Request for Premium Review Letter.

*Not currently available in electronic format

Role Play Scenarios

The following are examples of specific dialogued scripts (between caller and Customer Service Representative) for inbound calls using the Consumer Education Guide found in Section V - A. These scripts were provided by the staff at NYS DOH and are composites of caller's possible questions.

1. Caller Requests General Program Information
2. Caller Requests An Application (no Eligibility Screening)
3. Caller Requests An Application (with Eligibility Screening)
4. Caller Requests Eligibility Screening
5. Complaint
6. Organization Requests Materials

Example of # 1 and 3 - Caller Requests General Information and Application (with Eligibility Screening)

CSR: Hello, you have reached the Child Health Plus Hotline, how may I help you?

CALLER: I would like to get an application for Child Health Plus for my children. Can you send me one?

CSR: Certainly. How did you hear about us?

CALLER: Your number was on the television.

CSR: Is this just for your children or will you also be applying for insurance for yourself? There are different applications for children only and for children and adults.

CALLER: It's just for my children.

CSR: OK, I will send you an application packet that includes a *Growing Up Healthy* application, a brochure and a *Resource Guide* containing information on where you can go to get assistance in completing the application.

I will need your full name, and address to which you would like this information sent. Do you have a phone number where I can reach you if I have questions?

FILL IN CONTACT SHEET - PERSONAL INFORMATION

CALLER: Gives the requested information and asks, "This is for Child Health Plus not Medicaid, right?"

CSR: The *GUH* application is for children's health insurance. All applications are first screened for Medicaid eligibility. If your child is eligible for Children's Medicaid, s/he is not eligible for Child Health Plus. This is a federal rule.

When you get the application, please fill it out, sign and date it and gather the appropriate documentation. You can either send the application to the health plan you select, or you can make an appointment with a facilitated enroller who can assist you in completing the application and screen you for the program you are eligible for.

If your child(ren) is found eligible for Children's Medicaid, you will need to have a face to face interview with either the LDSS or with a Facilitated Enroller.

CALLER: Well, how will I know that?

SECTION 3: FHPlus HOTLINE

FHPlus Information

Revised July 2008

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Transfer/Referrals

- The Health Dept link for more information is <http://www.health.state.ny.us/nysdoh/fhplus/index.htm>
- Questions on the Medicaid Program: 1-800-541-2831
- Questions on the Child Health Plus Program: 1-800-698-4543.
- Questions from pregnant women should be directed to PCAP (Prenatal Care Assistance Program) at the Healthy Baby Hotline: 1-800-522-5006
- **Downstate** Callers from New York City, **Dutchess, Fulton, Montgomery, Nassau, Orange, Otsego, Putnam, Schenectady, Suffolk, Sullivan, Ulster, Washington, and Westchester** who rec'd a FHPlus acceptance notice from LDSS or HRA with questions about not receiving welcome letters or cards, OR to find out what plan they chose, should call NY Medicaid Choice (Maximus):
 - **In NYC:** 1-800-505-5678
 - ~~In Nassau County: 1-888-562-9092~~
 - ~~In Suffolk County: 1-888-566-9799~~
- NYC Human Resources Administration (HRA) GENERAL INFOLINE,
 - in Bronx, Brooklyn, Manhattan, Queens & Staten Island: 1-877-472-8411;
 - outside the boroughs: 1-718-557-1399

- NYS Department of Health’s Complaint Hotline (FHPlus Health Plan problems with doctors, treatment, services): 1-800-206-8125
- EPIC (Elderly Pharmaceutical Insurance Program) Drug coverage for seniors: 1-800-332-3742
- Healthy NY (lower cost health insurance for individuals and small businesses): 1-866-432-5849
- NYS Insurance Department: 1-800-342-3736
- Medicare: 1-800-633-4227
- Social Security: 1-800-772-1213
- Questions from Facilitated Enrollers should be directed to the FE Hotline at 1-800-757-8775
- All calls from newspapers, magazines or other media should be directed to the SDOH Public Affairs Group, (518) 474-7354
- Questions from Legislators; if there are specific questions which cannot be addressed by the hotline operators, they should be forwarded to the FHPlus program, (518) 473-5330
- Questions from health plans who call to ask how to participate in FHPlus should be forwarded to the FHPlus program, (518)473-5330; questions from individual providers who want to be able to treat FHPlus enrollees should be directed to the health plans in their area.

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Questions and Answers on FAMILY HEALTH PLUS

What is FAMILY HEALTH PLUS?

Family Health Plus (FHPlus) is a public health insurance program for lower income adults who have income ~~or resources~~ which disqualify them for other public programs (like Medicaid). Family Health Plus provides comprehensive health care coverage for adults ages 19 through 64.

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FAMILY HEALTH PLUS Eligibility

Who can join?

Parents and childless adults aged 19 through 64 are eligible if they live in New York State and are not eligible for employer-sponsored health coverage through federal, state, county, municipal or school district benefit plans. They must meet certain income and resource tests (see chart below).

Countable income for health insurance includes wages and salary, unearned income such as Social Security Benefits, and contributions from relatives or friends, etc... The application explains what types of income must be reported.

Resources mean money in a bank or credit union, stocks, bonds, mutual funds, certificate of deposit, money market accounts, 401k plans, trust funds, the cash value of life insurance, motor vehicles, or property that someone owns. The value of your home will not be counted. The value of all resources owned by the persons applying cannot exceed the amount in the chart below for the household size.

ELIGIBILITY FOR FAMILY HEALTH PLUS				
Maximum Gross Annual Income/Resource Guide				
Effective January 1, 2008 (Resource levels for families of 3 and up are eff. 4/1/08)				
Family Size	Yearly Income	Monthly Income	Weekly Income	Resource Level
Single Adult	\$10,400	\$867	\$200	\$13,050
Couples with No Children	\$14,000	\$1,167	\$269	\$19,200
Parents/Guardians Living with at Least 1 Child Under 21				
Family Size 2	\$21,000	\$1,750	\$404	\$19,200
Family Size 3	\$26,400	\$2,200	\$507	\$19,800 22,200
Family Size 4	\$31,800	\$2,650	\$611	\$19,950 25,050
Family Size 5	\$37,200	\$3,100	\$715	\$20,100 27,900
Family Size 6	\$42,600	\$3,550	\$819	\$20,400 30,750
Family Size 7	\$48,000	\$4,000	\$923	\$22,950 33,600
For each additional person add:	+ \$5,400	+ \$450	+ \$103	+ \$2,550 2,850

NOTE: Income and resource levels change annually; this is just a guide. For the latest figures, go to: http://www.nyhealth.gov/nysdoh/fhplus/who_can_join.htm

What if I have, or have access to, health insurance from my employer?

There is a change in legislation effective January 1, 2008. Individuals eligible for Family Health Plus and who have access to employer sponsored health insurance can enroll in their employer's health insurance plan at no cost to the individual if it is determined to meet standard benefit requirements and is cost effective.

How is New York State residency defined?

There is no time period in which an individual must reside in NYS before becoming eligible for FHPlus. However, the person must be residing in New York State with the intent to remain permanently or indefinitely. Persons residing in New York State temporarily, such as students, do not meet residency requirements. However, a student who is a New York State resident attending college outside of the State could be eligible for FHPlus.

Are there any other FHPlus eligibility rules?

Those who join must be financially ineligible for Medicaid, or eligible for Medicaid only because of medical costs. Coverage will begin when the member has been determined eligible and has enrolled in a health plan.

What if an individual's income or resources is too high for Family Health Plus?

Persons whose income or resources exceed the Family Health Plus levels may be eligible for the Healthy NY Program. Contact Healthy NY at 1-866-HEALTHYNY (1-866-432-5849) or at their website: www.ins.state.ny.us/healthny.htm

Will Family Health Plus cover people with existing medical conditions? Do applicants have to get a physical?

There are no reviews of current medical conditions or requirements for a physical exam. Health plans must enroll individuals regardless of pre-existing health conditions.

Can people “spenddown” to get Family Health Plus coverage (as Medicaid allows)?

Family Health Plus does not have the same rules about spenddown as Medicaid. You cannot “spenddown” your income by paying medical expenses in order to be eligible for Family Health Plus. If your income is above the Family Health Plus limits, you are not eligible.

If I am eligible for Medicaid with a “spenddown” (because of medical costs) can I get Family Health Plus?

If you are eligible for Medicaid with a spenddown, you may also be eligible to enroll in Family Health Plus. Generally, non-disabled, single individuals and childless couples, between the ages of 21 to 64, are not eligible to participate in the Medicaid spenddown program. If you are eligible for both Medicaid with a spenddown and Family Health Plus, you can decide which program is better for you. The local social services district or facilitated enroller can help you make this decision.

Are students eligible for Family Health Plus?

Persons under the age of 21 generally need to have the income and resources of their parents considered, but they can receive FHPlus if they are financially and otherwise eligible. The

earnings of full-time students under the age of 21 are not counted as long as they are only working part-time. If a student is living in New York to go to school, but has his/her legal residence in another state, that student is not eligible. However, a student who is a New York State resident attending college outside of the State could be eligible for FHPlus.

Are college student loans considered as income?

Neither graduate nor undergraduate student loans are considered as income.

Are undergraduate educational grants, scholarships, or work-study considered as income?

Undergraduate educational grants, scholarships, or work-study are not considered as income.

Are graduate educational grants or scholarships considered as income?

The portion of a graduate student's educational grant, fellowship or scholarship used for educational purposes only is disregarded as income. Stipends for living expenses, housing, food, etc. are counted.

Can non-citizens, including green card holders, get FHPlus?

Yes, citizenship and immigration status requirements for FHPlus are the same as those under the Medicaid Program. Immigrants in many categories, including lawfully admitted permanent residents (green card holders) and persons permanently residing in the United States under color of law (PRUCOL), are eligible for FHPlus. Legal aliens who are PRUCOL or who are lawfully admitted permanent residents (green card holders), are eligible to join FHPlus, if they meet other FHPlus requirements. In addition, those otherwise eligible qualified aliens who entered the US on or after August 22, 1996 may also qualify for FHPlus benefits. Callers should be referred to their local county departments of social services (LDSS) for further clarification.

Are persons who are in the US on visa eligible for Family Health Plus?

No. Generally these persons are residing in this country on a temporary basis and would not meet the residency requirement. Callers should be referred to their local county department of social services (LDSS) for further clarification.

Is the income of the "whole" household taken into consideration or just the person applying?

The rules for whose income is counted will vary depending on each household's circumstances. As a general rule, the income of anyone applying and anyone living with the applicant who is legally responsible for them is counted. A spouse is legally responsible for his/her spouse, and parents are legally responsible for their children under the age of 21.

Children are not financially responsible for their parents, and parents are no longer financially responsible for their children once they turn 21, even when the parents can claim a child over 21 as a dependent for tax purposes. The income of a parent of a person over age 21 would not be counted in determining that individual's eligibility for FHPlus, even if that individual was claiming his/her parent as a dependent for tax purposes.

What are the income levels if there are more than 2 adults in the household?

For FHPlus, there can never be a household size of more than 2 adults. There can be 3 unrelated adults living together, each a household size of 1. Or, there can be two parents (1 household) and a child over age 21 (1 household).

What if one member of the couple enrolled in FHPlus turns 65 – can the other member stay in FHPlus?

Yes, the person turning 65 will be re-evaluated for Medicaid coverage because (s)he is no longer eligible for FHPlus, but the spouse below age 65 would continue in FHPlus.

If a person has income from interest (such as interest and dividends from stocks, savings, bonds, etc.), is that money counted as a resource and/or income?

Interest earned on resources is considered income in the month it is received. The value of the stocks, savings, bonds, etc, would be counted toward the resource test.

If an unemployed person is enrolled in FHPlus, would coverage continue if he were to return to work?

FHPlus enrollees are required to report changes in their situation, e.g., income, family size, new health insurance coverage, that would affect their continued eligibility. The local district would re-evaluate eligibility based on the new information.

If two unmarried people have a joint food stamp case, is this a household size of two for FHPlus?

Each adult would be considered single—separate households of one.

Is child support counted as income for FHPlus?

If the child is not included in the household size – no. If the child is included in the household size – yes.

If an individual receives Supplemental Security Income (SSI) or Temporary Cash Assistance, is this counted in the household income?

If an individual receives Supplemental Security Income (SSI) or Temporary Cash Assistance, this income would **NOT** be counted, and the individual is also **NOT** included in the family size.

If an individual receives Social Security (ie: Dependent Benefits, Disability, Survivor's Benefits) would this be counted in the family's income?

Yes, these types of income are all counted, if the individual would be included in the family size.

We have our own business. Do you count our gross income or the net income when measuring eligibility?

Some expenses are not counted toward the self-employed persons' income. But there are many different rules about allowable costs which can be complicated. Specific questions should be referred to the local county department of social services (LDSS).

Note: If a family has self-employment income, they will need to bring a signed copy of their prior year's complete Income Tax return when they apply.

How do I verify my income?

Your four (4) most recent pay stubs are verification of income. If not available, check with the local county department of social services (LDSS) for guidance on verifying income.

How do I verify my resources?

Usually, you can just tell us the value of each resource you own.

I am pregnant. What health insurance coverage can I get?

A pregnant woman applying for health insurance is not eligible for Family Health Plus but may receive full coverage under Medicaid and/or New York's Prenatal Care Assistance Program (PCAP). Pregnant women should call the Healthy Baby Hotline at 1-800-522-5006, where they can receive answers to questions regarding income eligibility and find out about PCAP providers by location.

If a woman becomes pregnant after enrolling in Family Health Plus, she will be given the option of continuing her enrollment with Family Health Plus or changing to Medicaid. She should contact her health plan and her local social services office in order to discuss her options and to be sure that her baby will get health care coverage.

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Family Health Plus Application/Enrollment

How can I apply for Family Health Plus?

To apply for Family Health Plus, you need to have a personal interview where you will complete an application, provide proof of certain information, and select a health plan. Facilitated enrollers are located near your home or work, to help you apply, ease the enrollment process and answer your questions. Many facilitators are available during weekend and evening hours at locations around the State. Local social services districts can also help you apply.

Do I need to have an application in hand before I apply? Should I complete the application before my personal interview?

No, you can get an application from the local social services district office or a facilitated enroller. You may also download an application from the FHPlus website. You should call your local social services district or a facilitated enroller in your county to find out how to apply for FHPlus.

Before you sign an application, you must meet with a facilitated enroller or with staff from your local social services district. Your application cannot be processed without a personal interview.

What if callers want a general brochure?

A general brochure is available. Publication number 5100 gives a brief description of the Family Health Plus program. There are versions in Spanish, Haitian-Creole, Chinese and Russian also. Copies of these publications can be ordered as follows: individually 1 to 5, and bulk orders of 25, 50, 75 or 100 copies. Pub 5100 is only available through the FHP website.

(Exception: If the caller is an organization, ask if they are a facilitated enroller. If they are, they must contact their lead agency to request brochures; if they are not a facilitated enroller, they must contact a facilitated enroller.)

Can I walk into a local social services district or facilitated enrollment organization to apply for FHPlus or must I call for an appointment?

We are recommending that applicants call the local social services district or a facilitated enrollment organization in their county to make an appointment and to ask about their county's procedures to apply for Family Health Plus. Procedures may vary from county to county. Please follow the directions provided by your local social services district. Applicants can choose to walk into a local social services district office; however, the district may not be able to help them file an application on the day they walk in.

I've called the number of the local social services district and was told: they are not accepting Family Health Plus applications -or- no one's available to take FHPlus applications -or- the county people weren't helpful. What should I do?

All local districts are taking applications for FHPlus. I can also give you the names and phone numbers of facilitated enrollment organizations in your county who can give you an appointment to apply for FHPlus.

For New York City, Dutchess, Fulton, Montgomery, Nassau, Orange, Otsego, Putnam, Schenectady, Suffolk, Sullivan, Ulster, Washington, and Westchester County residents only: I received a letter saying that I am eligible for FHPlus and that I will be getting a letter from the plan I chose telling me when my coverage will begin. I haven't received this letter or my cards. What should I do?

You should call NY Medicaid Choice (Maximus) at ~~one of~~ the numbers listed below. Make sure you have your eligibility letter when you call. NY Medicaid Choice (Maximus) will look up your case on their system and tell you when your coverage will begin.

- In New York City: 1-800-505-5678
- ~~In Nassau County: 1-888-562-9092~~
- ~~In Suffolk County: 1-888-566-9799~~

For New York City, Dutchess, Fulton, Montgomery, Nassau, Orange, Otsego, Putnam, Schenectady, Suffolk, Sullivan, Ulster, Washington, and Westchester County residents only: I received a letter saying that I am eligible for FHPlus but I don't remember what plan I have OR I haven't chosen a plan. How can I find out what plan I have? How can I choose a plan?

You should call NY Medicaid Choice (Maximus) at ~~one of~~ the numbers listed below. Make sure you have your eligibility letter when you call. NY Medicaid Choice (Maximus) will look up your case on their system and tell you what plan you chose. For applicants who don't have a plan choice on file, NY Medicaid Choice (Maximus) will send you a letter to complete the FHPlus enrollment process.

- In New York City: 1-800-505-5678
- ~~In Nassau County: 1-888-562-9092~~
- ~~In Suffolk County: 1-888-566-9799~~

The Access NY Health Care application tells applicants to call the hotline if they have questions or need help completing this form. Should hotline staff be prepared to help complete the application?

Wherever possible, hotline staff should answer a caller's general questions concerning the application as many of these questions will be the same FHPlus Q&As that hotline staff are already addressing. **If there are frequent questions related to the application, please advise SDOH so we can develop a response.**

If there are questions that hotline staff are unable to answer, they can apologize for any confusion, and indicate that the caller does not have to have the application filled out before they apply. The caller can look over the application, fill out the first section on contact information, and read over the documentation checklist to gather the information they might need at the interview. Give them the name and phone number of their local department of social services or a facilitated enroller near their home or work. The caller can then sit down with an expert to help them fill out the application and gather any required documentation.

Is the Access NY Health Care application on the SDOH website?

Yes. The application, plus a lot of information on Family Health Plus, is available on the SDOH website at www.health.state.ny.us. Click on Family Health Plus.

What FHPlus health plans are available in my county?

Refer to the health plan listing on the Department of Health web site and provide callers with plans available in the county where they live.

I had my appointment and haven't heard anything -or- I sent in additional documentation after my appointment but I haven't heard anything?

Contact the facilitated enroller or the LDSS where you applied.

I understand it could take a couple of months before I will know if I have coverage. What happens if I need medical care in the meantime?

If you need medical care while you are waiting and you are eligible to participate in the Medicaid spenddown program you should tell your LDSS about the expense. Generally, non-disabled, single individuals and childless couples, between the ages of 21 to 64, are not eligible to participate in the Medicaid spenddown program. There is no retroactive coverage in the FHPlus program. If you are eligible, your coverage will start once you are enrolled in a plan.

I applied for FHPlus, but it took more than 2 months before I was notified I was eligible. While I was waiting I had to pay for some medical care. Is there some way I can be reimbursed for this?

If there was an unusual delay or there was an error in processing your application that delayed your enrollment in FHPlus (generally 90 days or more), the local social services district office may be able to reimburse you for medical bills you had to pay, as long as the services you received were services that are covered under FHPlus. Contact the local social services district office.

I've received a Family Health Plus acceptance letter from my LDSS, and it indicates which health plan I have chosen. When can I start receiving services? I called the health plan I chose, and they were unable to tell me at this time.

As stated in your Acceptance Letter from your LDSS, the health plan will notify you of the date that you can start using medical services provided by that plan. You will receive a “Welcome Letter” from your health plan that will tell you the date you can begin receiving health services. If you have not received a Welcome Letter within 30 days of your LDSS Acceptance Letter, callers from counties other than New York City, Dutchess, Fulton, Montgomery, Nassau, Orange, Otsego, Putnam, Schenectady, Suffolk, Sullivan, Ulster, Washington, and Westchester should call the LDSS. Callers from ~~Nassau, Suffolk and NYC~~ the above counties should call NY Medicaid Choice (Maximus) ~~in NYC: 1-800-505-5678; in Nassau County: 1-888-562-9092; in Suffolk County: 1-888-566-9799.~~

After I received my Acceptance letter from my LDSS, I got a plastic card called a New York State Common Benefit Identification Card (CBIC) in the mail. Is this my plan card? What can I use it for?

No, this card is not from your FHPlus plan; you will receive another card from your health plan. This card is for the pharmacy portion of your coverage. Effective October 1, 2008, the pharmacy benefit under FHPlus will be administered by the Medicaid Program. On and after 10/1, you must use this card for the following items:

- Prescription drugs
- 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 over-the-counter (OTC) products
- Select over-the-counter medications covered on the Medicaid Preferred Drug List (Prilosec OTC, Loratadine, Zyrtec)
- Hearing aid batteries
- Enteral formulae

Does this change affect my copays, or which pharmacy I use?

No, your copays remain the same, but you must be sure that you use a pharmacy that accepts Medicaid. Ask your current pharmacy; if it doesn't accept Medicaid, you will need to use another pharmacy, and you will also need to ask your doctor for a new prescription to take to your new pharmacy.

Are the same drugs that I currently use going to be covered?

Ask your pharmacist if your drugs are covered by Medicaid. If not, your doctor may need to prescribe another drug. Your doctor may need to request a prior authorization for some drugs to be covered by Medicaid.

What should I do if I lose my Benefit Identification Card?

If you lose or damage your card, you can get a new one from your LDSS.

I had my appointment with the LDSS and submitted my application. I was told I was ineligible for FHPlus. I believe I should be eligible based on the income and other guidelines for FHPlus. What should I do?

You will receive a written denial from your LDSS telling you the reason(s) you were determined ineligible for FHPlus. If you feel a wrong decision was made, you should follow the instructions on the notice by contacting your LDSS to request a conference, or by calling the telephone number in the instructions to request a fair hearing.

I'm enrolled in a FHPlus health plan but haven't received more than a Welcome Letter. What's covered, and what providers participate?

Call your plan's Member Services at the number on your letter. They should send you a member identification card, a provider directory and a member handbook that tells you how to access services.

I am enrolled but can't find a provider in my area.

Call your plan's Member Services. They should send you a current provider directory or assist you in locating the type of provider you need.

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How much does FAMILY HEALTH PLUS cost?

How much does it cost to join?

There is no cost to apply for Family Health Plus. Once enrolled you may be asked to pay part of the cost of some medical care/services. This cost is called a co-payment or co-pay.

If accepted in Family Health Plus are there co-pays and/or deductibles for services?

There are no premiums or deductibles for Family Health Plus. The following co-payments are applied:

- Brand Name Prescription Drugs - \$6 for each prescription and each refill
- Generic Prescription Drugs - \$3 for each prescription and each refill
- Clinic visits - \$5 per visit
- Physician visits - \$5 per visit
- Dental Service visits -\$5 per visit up to a total of \$25 per year
- Lab tests - \$0.50 per test

- Radiology Services (like diagnostic x-rays, ultrasound, nuclear medicine, and oncology services) -\$1 per radiology service
- Inpatient hospital stay - \$25 per stay
- Non-urgent emergency room visit - \$3 per visit
- Covered over-the-counter drugs (e.g., smoking cessation products, insulin) -\$0.50 per medication
- Covered medical supplies (e.g. diabetic supplies such as syringes, lancets, test strips, enteral formula) - \$1 per supply

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

- Emergency services
- Family planning services and supplies
- Mental health clinics
- Chemical dependence clinics
- Psychotropic drugs
- Tuberculosis drugs
- Prescription drugs for a resident of an Adult Care Facility licensed by the State Department of Health

If enrolled in Family Health Plus Premium Assistance program, the individual will only be responsible for co-payments at the Family Health Plus amounts. Co-payments above the FHP amount will be reimbursed to the individual by the LDSS when submitted to the LDSS for payment.

~~I never had to pay co-payments before, why do I have to now?~~

~~A recent change in legislation requires individuals enrolled in Family Health Plus to pay part of the cost of some medical care/services through co-payments.~~

Does everyone have to pay co-payments?

You do not have to pay the co-payment if:

- You are under 21 years old;
- You are pregnant;
- You are getting family planning (birth control) services;
- You are a permanent resident of a Nursing Home;
- You are a resident of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD); or
- You are a resident of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified Community Residence.

What if I can't afford the co-payment?

If you cannot afford the co-payment at the time of service, tell your provider. The provider must still provide services but can bill you later.

Can you buy into Family Health Plus (like you can buy into Child Health Plus)?

No, unlike CHPlus, there are maximum income levels in Family Health Plus, and no “buy-in” provisions. If the caller thinks s/he does not qualify for Family Health Plus, refer caller to NYS Insurance Department for information on Healthy New York - 1-866-HEALTHYNY (1-866-432-5849) or other insurance options (1-800-342-3736) and/or SID website: www.ins.state.ny.us/healthny.htm.

Does Family Health Plus have a sliding scale of premiums like Child Health Plus?

No, there are no premiums for Family Health Plus. If you exceed the Family Health Plus income or resource level you are not eligible to enroll.

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FAMILY HEALTH PLUS Relationship To Child Health Plus

Will children who are in Child Health Plus have to transfer to Family Health Plus?

No. Children will still be covered under the CHPlus program. CHPlus is a program for children; FHPlus is a program for adults. Parents may enroll in the same health plan as their children if that plan is also a FHPlus plan.

My child turns 19 in a few months. Will she automatically be transferred to FHPlus?

No. Children who lose eligibility for Child Health Plus because they turn 19 should apply for Family Health Plus.

If my children are in Child Health Plus, does that mean I'm eligible for Family Health Plus?

Not necessarily. The maximum income levels for FHPlus differ from CHPlus and CHPlus has no resource test. You cannot assume that you will be eligible for FHPlus if your child or children are in CHPlus.

FAMILY HEALTH PLUS and Other Health Insurance

Can a person drop health insurance to join this program?

No. Family Health Plus is a health care program for persons who do not already have health insurance. “Dropping” insurance for the purpose of becoming eligible for FHPlus is discouraged because the person may be determined ineligible for FHPlus, and the former insurer may: (1) refuse to re-enroll the individual, (2) offer to re-enroll but at a higher premium, or (3) offer to re-enroll but exclude services for a pre-existing condition.

However, if an adult applying for Family Health Plus is only covered by one or more of the following **excepted** benefits, the adult would be eligible for Family Health Plus assuming all other eligibility requirements are met.

- A. Accident-only coverage or disability income insurance
- B. Coverage issued as a supplement to liability insurance
- C. Liability insurance, including auto insurance
- D. Workers compensation or similar insurance
- E. Automobile medical payment insurance
- F. Credit-only insurance
- G. Coverage for on-site medical clinics
- H. Dental-only, vision-only, or long-term care insurance
- I. Specified disease coverage
- J. Hospital indemnity or other fixed dollar indemnity coverage
- K. Prescription-only coverage

If an applying adult has coverage that is not specifically listed among the above exceptions, the adult is not eligible for FHPlus, regardless of the limited nature of such coverage.

If someone has health insurance now, but they can’t afford to pay for it anymore and lets coverage lapse, what is the waiting period to be eligible for FHPlus?

If someone currently has health insurance, he/she is not eligible for FHPlus. If someone is not covered by health insurance, and qualifies for FHPlus in every other respect, there is no waiting period to be eligible for FHPlus.

If someone has employer sponsored health insurance and they state they can no longer afford to pay the premiums, they should not cancel it. They should first apply for the Family Health Plus Premium Assistance Program and if found eligible, the health insurance premium will be paid by the LDSS.

I am paying for my own health insurance – or – someone else is paying for my insurance. Can I join Family Health Plus?

Adults who have their own non-employer-based insurance, COBRA or Healthy NY may still be eligible for Family Health Plus, assuming all other eligibility requirements are met. Adults cannot enroll in Family Health Plus while their other insurance is still in effect, unless the other insurance is Healthy NY, COBRA, or the person pays 100% of the cost of the insurance.

Adults who have health insurance through their employers are not eligible for Family Health Plus. They may, however, be eligible for the Family Health Plus Premium Assistance Program. If income and resources are within the FHPlus guidelines, a cost determination to pay the premiums will be done at the LDSS. If it is determined cost effective, and if the employer plan provides a standard scope of benefits, the LDSS will pay the cost of the health insurance premiums.

Will the Premium Assistance Program also pay for the deductibles and co-payments required by my employer's health insurance plan?

Yes. You will only be responsible for the minimal co-pay amounts required under the Family Health plus program. Any co-payments made above the Family Health Plus amounts can be submitted to the local department of social services for reimbursement.

Can Medicare recipients use Family Health Plus to subsidize their health care?

People who have Medicare are not eligible for Family Health Plus because they already have health insurance. Also, people who are age 65 or over do not qualify for Family Health Plus. If a person over age 65 needs prescription drug coverage, New York State's Elderly Pharmaceutical Insurance Coverage (EPIC) program may be able to help. EPIC's toll free number is 1-800-332-3742.

Are people enrolled in HealthyNY eligible for FHPlus?

Adults, who have Healthy NY at the time of application and meet all eligibility requirements for Family Health Plus, may be able to keep the Healthy NY insurance and get assistance with paying the premiums if it is cost effective. Or, the adult may choose to drop the Healthy NY benefit and enroll in a Family Health Plus managed care plan.

I am enrolled in the AIDS Drug Assistance Program (ADAP or ADAP Plus). Can I also be enrolled in Family Health Plus?

ADAP/ADAP Plus is intended to help HIV-positive people stay healthy by paying for medications, medical care and home care. ADAP/ADAP Plus pays for care for individuals who do not qualify for Medicaid or Family Health Plus. If an adult is eligible for Family Health Plus, he or she should enroll in Family Health Plus instead of ADAP/ADAP Plus because Family Health Plus covers more medical services. Adults cannot be enrolled in Family Health Plus and ADAP/ADAP Plus at the same time. The toll-free number for HIV Uninsured Care Programs is 1-800-542-2437.

Can an applicant opt for FHPlus instead of Medicaid?

No, they have to be ineligible for Medicaid in order to be eligible for FHPlus; they cannot choose FHPlus over Medicaid.

Can I change health plans?

To change FHPlus health plans, call your LDSS. You have 90 days after you join a FHPlus plan to decide if that health plan will meet your needs. If there is another FHPlus plan available in your county, you can change health plans at any time during that 90-day period. After the 90-day trial period, you must stay with your FHPlus health plan for the next 9 months. You can only change plans during the trial period, or when you have a special reason to do so after the 90-day trial period.

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FAMILY HEALTH PLUS Services/Coverage

What services are covered under Family Health Plus?

- physician services;
- inpatient and outpatient health care;
- prescription drugs and smoking cessation products (**through the Medicaid Program**);
- lab tests and x-rays;
- vision, speech and hearing services;
- rehabilitative services (some limits apply);
- durable medical equipment;
- emergency room and emergency ambulance services;
- behavior health and chemical dependence services (some limits apply);
- diabetic supplies and equipment (**through the Medicaid Program**);
- hospice care;
- radiation therapy, chemotherapy and hemodialysis; and
- dental services (if offered by the plan).

How is care provided?

Health care will be provided through managed care plans or insurance plans, **and through Medicaid-participating pharmacies, for the prescription benefit.** You should check to see if the doctor who currently cares for you participates in one of the FHPlus health plans you can join.

Will a person have a choice of FHPlus managed care plans?

In some areas (with larger populations), there will be a choice of plans, but in other less densely populated areas there may be only one plan providing the service.

My FHPlus plan will not cover the cost of my treatment for a pre-existing condition (i.e., an illness that existed before I enrolled in this plan). What should I do?

FHPlus plans cannot refuse to treat you based on a pre-existing condition. You should call the DOH Complaint Hotline at 1-800-206-8125.

For Service Related Questions/Complaints such as:

- My plan gave me a choice of doctors that aren't near my home -or-
- I disagree with a decision about medical/dental care I feel the plan should provide -or-
- I don't think the health care provider gave me appropriate care -or-
- I don't like the way the staff at my plan treated me:

Call member services at the number provided in your health plan's Member Handbook to file a complaint with your plan or call the DOH Complaint Hotline at 1-800-206-8125.

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FAMILY HEALTH PLUS Renewal/Recertification

I just received a letter stating that I need to renew my eligibility for Family Health Plus. What do I need to do?

You must complete the paperwork that was enclosed with your letter and return it, along with certain documents, by the date shown on your letter. Be sure to include proof of new health insurance and any health insurance premiums and any other changes that might have occurred since last year. The package contains a "Documentation Checklist", which shows you what documents can be used to document changes. If the information is not received by the date given in your letter, your coverage will end.

I had help when I first applied. Can someone help me with my renewal?

You can call your local social services office or see a facilitated enroller for help. Be sure to bring your paperwork with you, including the documentation. The package contains a "Documentation Checklist", which shows you what documents can be used to document changes. Please remember that if you do see a facilitated enroller, it is still your responsibility to return the paperwork to the local district office before the deadline or your coverage will end.

Attachment 7

NYC Managed Care Organizations Products By County

County	MA/MC	FHP	Medicaid Advantage	CHPlus
Bronx	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.
Bronx	AMERIGROUP New York, LLC/formerly CarePlus, LLC	AMERIGROUP New York, LLC/formerly CarePlus, LLC		AMERIGROUP New York, LLC/formerly CarePlus, LLC
Bronx	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO
Bronx	HealthFirst PHSP, Inc.	HealthFirst PHSP, Inc.		HealthFirst PHSP, Inc.
Bronx	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York
Bronx	Health Plus Prepaid Health Services Plan, Inc.	Health Plus Prepaid Health Services Plan, Inc.		Health Plus Prepaid Health Services Plan, Inc.
Bronx			Liberty Health Advantage	
Bronx			Managed Health, Inc. (MHI)	
Bronx	MetroPlus Health Plan, Inc. ND	MetroPlus Health Plan, Inc.	MetroPlus Health Plan, Inc.	MetroPlus Health Plan, Inc.
Bronx	MetroPlus Health Plan, Inc. HIV SNP ND			
Bronx	Neighborhood Health Providers, LLC	Neighborhood Health Providers, LLC	Neighborhood Health Providers, LLC	Neighborhood Health Providers, LLC
Bronx	New York-Presbyterian System Select Health LLC HIV SNP ND			
Bronx	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY
Bronx			Oxford Health Plans (NY), Inc.	
Bronx	The New York-Presbyterian Community Health Plan	The New York-Presbyterian Community Health Plan		The New York-Presbyterian Community Health Plan
Bronx			Touchstone Health HMO, Inc.	
Bronx	UnitedHealthcare of New York, Inc.	UnitedHealthcare of New York, Inc.		United Healthcare of NY, Inc. ¹
Bronx	VidaCare, Inc. HIV SNP ND			
Bronx	WellCare of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Kings	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.
Kings	AMERIGROUP New York, LLC/formerly CarePlus, LLC	AMERIGROUP New York, LLC/formerly CarePlus, LLC		AMERIGROUP New York, LLC/formerly CarePlus, LLC
Kings				Empire HealthChoice HMO, Inc./Empire BCBS
Kings	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO
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¹ Currently not accepting new enrollment

ND Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

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Richmond	UnitedHealthcare of New York, Inc.	UnitedHealthcare of New York, Inc.		UnitedHealthcare of New York, Inc. ¹

¹ Currently not accepting new enrollment

ND Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Albany	M	Capital District Physicians' Health Plan, Inc. ^{N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Albany	M				Empire Health Choice/Empire BCBS
Albany	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Albany	M			HealthNow New York Inc./ BCBS of Western NY ^{N/D}	
Albany	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY
Albany	M			Senior Whole Health of New York, Inc.	
Albany	M	WellCare of New York, Inc. of New York, Inc. ^{N/D}	WellCare of New York, Inc.	WellCare of New York, Inc. ^{N/D}	WellCare of New York, Inc.
Allegany	M	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY
Allegany	M	Univera Community Health, Inc. ^{N/D}	Univera Community Health, Inc.		Univera Community Health, Inc.
Broome	M	Broome Max(Partial)			
Broome	M	Capital District Physicians' Health Plan, Inc. ^{1 N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Broome	M	Excelsus Health Plan, Inc./Excelsus BCBS ^{N/D}	Excelsus Health Plan, Inc./Excelsus BCBS		Excelsus Health Plan, Inc./Excelsus BCBS
Broome	M	GHI HMO Select, Inc./GHI HMO ^{N/D}	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Broome	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		
Broome	M			Touchstone Health HMO, Inc. ^{N/D}	
Cattaraugus	M	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY
Cattaraugus	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Cattaraugus	M	Univera Community Health, Inc. ^{N/D}	Univera Community Health, Inc.		Univera Community Health, Inc.
Cayuga	V				Excelsus Health Plan, Inc./Excelsus BCBS
Cayuga	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		
Cayuga	V		United HealthCare of New York, Inc.		United HealthCare of New York, Inc. ¹
Chautauqua	M	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY ^{N/D}	HealthNow New York Inc./ BCBS of Western NY
Chautauqua	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Chautauqua	M	Univera Community Health, Inc., Inc. ^{N/D}	Univera Community Health, Inc.		Univera Community Health, Inc.
Chemung	V		Excelsus Health Plan, Inc./Excelsus BCBS		Excelsus Health Plan, Inc./Excelsus BCBS
Chemung	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Chemung	V	Southern Tier Pediatrics (Partial) ^{N/D}			
Chemung	V	Southern Tier Priority Healthcare(Partial) ^{N/D}			
Chenango	V				Excelsus Health Plan, Inc./Excelsus BCBS
Chenango	V				Capital District Physicians' Health Plan, Inc. ¹
Chenango	V		Group Health Incorporated/GHI (PPO) FHP Indemnity ^{N/D}		
Chenango	V			Touchstone Health HMO, Inc. ^{N/D}	
Clinton	V				Empire HealthChoice HMO, Inc./Empire BCBS
Clinton	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{1 N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
Clinton	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Columbia	M	Capital District Physicians' Health Plan, Inc. ^{N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Columbia	M				Empire HealthChoice HMO, Inc./Empire BCBS
Columbia	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Columbia	M			HealthNow New York Inc./ BCBS of Western NY ^{N/D}	
Columbia	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY
Columbia	M	WellCare of New York, Inc. ^{N/D}	WellCare of New York, Inc.		WellCare of New York, Inc.
Cortland	M				Excelsus Health Plan, Inc./Excelsus BCBS
Cortland	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY

¹Currently not accepting new enrollment

^{N/D} Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Cortland	M	SCHC Total Care, Inc. ^{N^D}	SCHC Total Care, Inc.		SCHC Total Care, Inc.

¹Currently not accepting new enrollment

^{N^D} Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Delaware	V				Capital District Physicians' Health Plan, Inc.
Delaware	V				Empire HealthChoice HMO, Inc./Empire BCBS
Delaware	V		Excellus Health Plan, Inc./Excellus BCBS ^{1 ND}		Excellus Health Plan, Inc./Excellus BCBS
Delaware	V		GHI HMO Select, Inc./GHI HMO		
Delaware	V			Touchstone Health HMO, Inc. ND	
Dutchess	M				Capital District Physicians' Health Plan, Inc.
Dutchess	M				Empire HealthChoice HMO, Inc./Empire BCBS
Dutchess	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ND	GHI HMO Select, Inc./GHI HMO
Dutchess	M	Hudson Health Plan, Inc./HealthSource, Inc.	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Dutchess	M	MVP Health Plan, Inc.	MVP Health Plan, Inc.		MVP Health Plan, Inc.
Dutchess	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Dutchess	M			Senior Whole Health of New York, Inc.	
Dutchess	M	WellCare of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Erie	M	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY
Erie	M	Independent Health Association, Inc. ND	Independent Health Association, Inc.		
Erie	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Erie	M	PCMP II-A/Gold Choice (Partial) ND			
Erie	M	Univera Community Health, Inc., Inc. ND	Univera Community Health, Inc.		Univera Community Health, Inc.
Essex	V				Capital District Physicians' Health Plan, Inc.
Essex	V				Empire HealthChoice HMO, Inc./Empire BCBS
Essex	V		Excellus Health Plan, Inc./Excellus BCBS ^{1 ND}		Excellus Health Plan, Inc./Excellus BCBS
Essex	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Franklin	V		Excellus Health Plan, Inc./Excellus BCBS ^{1 ND}		Excellus Health Plan, Inc./Excellus BCBS
Franklin	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Fulton	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Fulton	M				Empire HealthChoice HMO, Inc./Empire BCBS
Fulton	M		Excellus Health Plan, Inc./Excellus BCBS ^{1ND}		Excellus Health Plan, Inc./Excellus BCBS
Fulton	M			HealthNow New York Inc./ BCBS of Western NY ND	
Fulton	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Genesee	M		Excellus Health Plan, Inc./Excellus BCBS ^{1ND}		
Genesee	M	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY
Genesee	M	Rochester Area HMO/Preferred Care ND	Rochester Area HMO/Preferred Care ND		
Greene	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Greene	M				Empire HealthChoice HMO, Inc./Empire BCBS
Greene	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Greene	M			HealthNow New York Inc./ BCBS of Western NY ND	
Greene	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Greene	M	WellCare of New York, Inc. of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Hamilton	V		Excellus Health Plan, Inc./Excellus BCBS ^{1 ND}		Excellus Health Plan, Inc./Excellus BCBS
Hamilton	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Herkimer	M				Capital District Physicians' Health Plan, Inc.
Herkimer	M	Excellus Health Plan, Inc./Excellus BCBS ND	Excellus Health Plan, Inc./Excellus BCBS ND		Excellus Health Plan, Inc./Excellus BCBS
Herkimer	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY

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ND Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Herkimer	M	United HealthCare of New York, Inc. ^{1 ND}	United HealthCare of New York, Inc. ¹		United HealthCare of New York, Inc. ¹

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M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Jefferson	V				Excelsus Health Plan, Inc./Excelsus BCBS
Jefferson	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Lewis	V				Excelsus Health Plan, Inc./Excelsus BCBS
Lewis	V		Group Health Incorporated/GHI (PPO) FHP Indemnity ND		
Livingston	M	Excelsus Health Plan, Inc./Excelsus BCBS ND	Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Livingston	M	Rochester Area HMO/Preferred Care ND	Rochester Area HMO/Preferred Care ND		
Madison	V				Capital District Physicians' Health Plan, Inc.
Madison	V		Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Madison	V		United HealthCare of New York, Inc.		United HealthCare of New York, Inc. ¹
Monroe	M	Excelsus Health Plan, Inc./Excelsus BCBS ND	Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Monroe	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Monroe	M	Rochester Area HMO/Preferred Care ND	Rochester Area HMO/Preferred Care ND		
Montgomery	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Montgomery	M				Empire HealthChoice HMO, Inc./Empire BCBS
Montgomery	M		Excelsus Health Plan, Inc./Excelsus BCBS ^{1 ND}		Excelsus Health Plan, Inc./Excelsus BCBS
Montgomery	M		GHI HMO Select, Inc./GHI HMO		
Montgomery	M			HealthNow New York Inc./ BCBS of Western NY ND	
Montgomery	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Nassau	M	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.		Affinity Health Plan, Inc.
Nassau	M				Empire HealthChoice HMO, Inc./Empire BCBS
Nassau	M			GHI HMO Select, Inc./GHI HMO ND	
Nassau	M	HealthFirst PHSP, Inc.	HealthFirst PHSP, Inc.		HealthFirst PHSP, Inc.
Nassau	M	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York
Nassau	M	Health Plus Prepaid Health Services Plan, Inc.	Health Plus Prepaid Health Services Plan, Inc.		Health Plus Prepaid Health Services Plan, Inc.
Nassau	M			Liberty Health Advantage	
Nassau	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Nassau	M	United HealthCare of New York, Inc.	United HealthCare of New York, Inc.		United HealthCare of New York, Inc.
Niagara	M	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY
Niagara	M	Independent Health Association, Inc. ND			
Niagara	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Niagara	M	Univera Community Health, Inc. ND	Univera Community Health, Inc.		Univera Community Health, Inc.
Oneida	M				Capital District Physicians' Health Plan, Inc.
Oneida	M	Excelsus Health Plan, Inc./Excelsus BCBS ND	Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Oneida	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Oneida	M	United HealthCare of New York, Inc. ND	United HealthCare of New York, Inc.		United HealthCare of New York, Inc. ¹
Onondaga	M	Excelsus Health Plan, Inc./Excelsus BCBS ND	Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Onondaga	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Onondaga	M	SCHC Total Care, Inc. ND	SCHC Total Care, Inc.		SCHC Total Care, Inc.
Onondaga	M	United HealthCare of New York, Inc. ND	United HealthCare of New York, Inc.		United HealthCare of New York, Inc. ¹
Onondaga	M			Touchstone Health HMO, Inc. ND	
Ontario	M	Excelsus Health Plan, Inc./Excelsus BCBS ND	Excelsus Health Plan, Inc./Excelsus BCBS ND		Excelsus Health Plan, Inc./Excelsus BCBS
Ontario	M	Rochester Area HMO/Preferred Care ND	Rochester Area HMO/Preferred Care ND		

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Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Orange	M	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.		Affinity Health Plan, Inc.
Orange	M				Capital District Physicians' Health Plan, Inc.
Orange	M				Empire HealthChoice HMO, Inc./Empire BCBS
Orange	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ND	GHI HMO Select, Inc./GHI HMO
Orange	M	Hudson Health Plan, Inc./HealthSource	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Orange	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Orange	M			Touchstone Health HMO, Inc. ND	
Orange	M	WellCare of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Orleans	M	Excellus Health Plan, Inc./Excellus BCBS ND	Excellus Health Plan, Inc./Excellus BCBS ND		Excellus Health Plan, Inc./Premier Health
Orleans	M	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY
Orleans	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Oswego	M	Excellus Health Plan, Inc./Excellus BCBS ^{1ND}	Excellus Health Plan, Inc./Excellus BCBS ^{1ND}		Excellus Health Plan, Inc./Excellus BCBS
Oswego	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Oswego	M	SCHC Total Care, Inc. ND	SCHC Total Care, Inc.		SCHC Total Care, Inc.
Oswego	M	United HealthCare of New York, Inc. ND	United HealthCare of New York, Inc.		United HealthCare of New York, Inc. ¹
Otsego	M				Capital District Physicians' Health Plan, Inc.
Otsego	M	Excellus Health Plan, Inc./Excellus BCBS ND	Excellus Health Plan, Inc./Excellus BCBS ND		Excellus Health Plan, Inc./Excellus BCBS
Otsego	M		GHI HMO Select, Inc./GHI HMO		
Otsego	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY		
Putnam	M	AMERIGROUP of New York, LLC/formerly CarePlus, LLC ND			
Putnam	M				Empire HealthChoice HMO, Inc./Empire BCBS
Putnam	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ND	GHI HMO Select, Inc./GHI HMO
Rensselaer	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Rensselaer	M				Empire HealthChoice HMO, Inc./Empire BCBS
Rensselaer	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Rensselaer	M			HealthNow New York Inc./ BCBS of Western NY ND	
Rensselaer	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY
Rensselaer	M			Senior Whole Health of New York, Inc.	
Rensselaer	M	WellCare of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Rockland	M	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.		Affinity Health Plan, Inc.
Rockland	M				Empire HealthChoice HMO, Inc./Empire BCBS
Rockland	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ND	GHI HMO Select, Inc./GHI HMO
Rockland	M	Hudson Health Plan, Inc./HealthSource	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Rockland	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Rockland	M	WellCare of New York, Inc. ND	WellCare of New York, Inc.		WellCare of New York, Inc.
Saratoga	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Saratoga	M				Empire HealthChoice HMO, Inc./Empire BCBS
Saratoga	M		GHI HMO Select, Inc./GHI HMO		
Saratoga	M			HealthNow New York Inc./ BCBS of Western NY ND	
Saratoga	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Saratoga	M			Senior Whole Health of New York, Inc.	

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M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Schenectady	M	Capital District Physicians' Health Plan, Inc. ^{N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Schenectady	M				Empire HealthChoice HMO, Inc./Empire BCBS
Schenectady	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Schenectady	M			HealthNow New York Inc./ BCBS of Western NY ^{N/D}	
Schenectady	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY
Schenectady	M			Senior Whole Health of New York, Inc.	
Schoharie	V	Capital District Physicians' Health Plan, Inc. ^{N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Schoharie	V				Empire HealthChoice HMO, Inc./Empire BCBS
Schoharie	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Schuyler	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
Schuyler	V		Group Health Incorporated/GHI (PPO) FHP Indemnity ^{N/D}		
Schuyler	V	Southern Tier Priority Healthcare(Partial) ^{N/D}			
Seneca	M	Excelsus Health Plan, Inc./Excelsus BCBS ^{N/D}	Excelsus Health Plan, Inc./Excelsus BCBS ^{N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
St. Lawrence	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
St. Lawrence	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Steuben	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{1N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
Steuben	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Steuben	V	Southern Tier Pediatrics (Partial) ^{N/D}			
Steuben	V	Southern Tier Priority Healthcare (Partial) ^{N/D}			
Suffolk	M	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.		Affinity Health Plan, Inc.
Suffolk	M				Empire HealthChoice HMO, Inc./Empire BCBS
Suffolk	M			GHI HMO Select, Inc./GHI HMO ^{N/D}	
Suffolk	M	HealthFirst PHSP, Inc.	HealthFirst PHSP, Inc.		HealthFirst PHSP, Inc.
Suffolk	M	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York
Suffolk	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Suffolk	M	Neighborhood Health Providers, LLC dba Suffolk Health Plan ^{N/D}	Neighborhood Health Providers, LLC dba Suffolk Health Plan		Neighborhood Health Providers, LLC dba Suffolk Health Plan
Suffolk	M	United Healthcare of NY, Inc.	United HealthCare of New York, Inc.		United HealthCare of New York, Inc.
Sullivan	M				Empire HealthChoice HMO, Inc./Empire BCBS
Sullivan	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO		GHI HMO Select, Inc./GHI HMO
Sullivan	M	Hudson Health Plan, Inc./HealthSource	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Sullivan	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		
Tioga	V	Capital District Physicians' Health Plan, Inc. ^{N/D}	Capital District Physicians' Health Plan, Inc. ^{N/D}		Capital District Physicians' Health Plan, Inc.
Tioga	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{1N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
Tompkins	V		Excelsus Health Plan, Inc./Excelsus BCBS ^{1N/D}		Excelsus Health Plan, Inc./Excelsus BCBS
Tompkins	V		Group Health Incorporated/GHI (PPO) FHP Indemnity		
Tompkins	V	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY		
Tompkins	V	SCHC Total Care, Inc. ^{N/D}	SCHC Total Care, Inc.		SCHC Total Care, Inc.
Ulster	M				Capital District Physicians' Health Plan, Inc.
Ulster	M				Empire HealthChoice HMO, Inc./Empire BCBS
Ulster	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ^{N/D}	GHI HMO Select, Inc./GHI HMO
Ulster	M	Hudson Health Plan, Inc./HealthSource	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Ulster	M	MVP Health Plan, Inc.	MVP Health Plan, Inc.		MVP Health Plan, Inc.
Ulster	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY ^{N/D}	NYS Catholic Health Plan, Inc./Fidelis Care NY

¹Currently not accepting new enrollment

^{N/D} Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Ulster	M			Senior Whole Health of New York, Inc.	
Ulster	M	WellCare of New York, Inc. ^{N^D}	WellCare of New York, Inc.		WellCare of New York, Inc.

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^{N^D} Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county

Managed Care Organizations Products by County

County	M/V	Medicaid Managed Care	Family Health Plus	Medicaid Advantage	CHPlus
Warren	V				Capital District Physicians' Health Plan, Inc.
Warren	V				Empire HealthChoice HMO, Inc./Empire BCBS
Warren	V		GHI HMO Select, Inc./GHI HMO		
Warren	V			HealthNow New York Inc./ BCBS of Western NY ND	
Warren	V	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Washington	M	Capital District Physicians' Health Plan, Inc. ND	Capital District Physicians' Health Plan, Inc. ND		Capital District Physicians' Health Plan, Inc.
Washington	M				Empire HealthChoice HMO, Inc./Empire BCBS
Washington	M		GHI HMO Select, Inc./GHI HMO		
Washington	M			HealthNow New York Inc./ BCBS of Western NY ND	
Washington	M	NYS Catholic Health Plan, Inc./Fidelis Care NY ND	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Wayne	V	Excelsius Health Plan, Inc./Excelsius BCBS ND	Excelsius Health Plan, Inc./Excelsius BCBS ND		Excelsius Health Plan, Inc./Excelsius BCBS
Westchester	M	Affinity Health Plan, Inc.	Affinity Health Plan, Inc.		Affinity Health Plan, Inc.
Westchester	M				Empire HealthChoice HMO, Inc./Empire BCBS
Westchester	M	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO	GHI HMO Select, Inc./GHI HMO ND	GHI HMO Select, Inc./GHI HMO
Westchester	M	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York	Health Insurance Plan of Greater New York
Westchester	M	Hudson Health Plan, Inc./HealthSource	Hudson Health Plan, Inc./HealthSource		Hudson Health Plan, Inc./HealthSource
Westchester	M	NYS Catholic Health Plan, Inc./Fidelis Care NY	NYS Catholic Health Plan, Inc./Fidelis Care NY		NYS Catholic Health Plan, Inc./Fidelis Care NY
Westchester	M			Touchstone Health HMO, Inc. ND	
Wyoming	V		Excelsius Health Plan, Inc./Excelsius BCBS ^{1ND}		
Wyoming	V		HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY ND	HealthNow New York Inc./ BCBS of Western NY
Yates	M	Excelsius Health Plan, Inc./Excelsius BCBS ND	Excelsius Health Plan, Inc./Excelsius BCBS ND		Excelsius Health Plan, Inc./Excelsius BCBS

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ND Dental is excluded from MCO's benefit package; Medicaid Managed Care enrollees access dental through Medicaid fee-for-service

M = mandatory county; V = voluntary county