

**TO:** Local District Commissioners, Medicaid Directors, Third Party Supervisors

**FROM:** Betty Rice, Director  
Office of Medicaid Management

**SUBJECT:** Family Health Plus Applicants with Group Based Health Insurance  
(with no employer contribution)

**EFFECTIVE DATE:** Immediately

**CONTACT PERSON:** Local District Liaison: Upstate (518) 474-8216  
NYC (212) 268-6855

General Information System (GIS) 02 MA/013 and Informational Letter 02 OMM/INF-02 provide that persons who are paying for private, non-employer-based insurance can be found eligible for Family Health Plus if they plan to terminate the insurance. On the other hand, the general rule is that persons with current employer-based insurance cannot be eligible for Family Health Plus, even if they indicate an intention to drop the insurance. The purpose of this GIS is to inform districts of an exception to this general rule: if a person has group health coverage based upon employment, and the person is responsible for 100% of the cost of the coverage, the person can be found eligible for Family Health Plus if they plan to terminate such coverage.

1. The applicant will need to supply a statement from the employer, union or group through which the insurance is purchased to document the circumstances. The applicant should provide a statement indicating that if determined eligible for FHPlus, they will terminate the group coverage.
2. The Family Health Plus enrollment should be coordinated with the termination of the group coverage.
3. The applicant is expected to complete section C.4 of the Access NY Health Care application. The LDSS will record the response in the Health Insurance Indicator field on the WMS Application Entry Screen.

All other guidelines regarding the treatment of insurance remains unchanged.