

CATEGORICAL FACTORS**FAMILY HEALTH PLUS (FHPlus) and FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM (FHP-PAP)**

The majority of Medicaid eligibility standards and rules apply for FHPlus applicants; however, there are several differences such as a higher income level. Photo ID requirements do not apply to FHPlus.

Before eligibility for Family Health Plus can be established, the A/R must select a health plan. To avoid gaps in coverage in instances when the A/R changes from Medicaid eligibility to Family Health Plus eligibility, a daily benefit-package flip process will be applied in all local departments of social services.

Every month, on the Monday prior to the monthly primary pulldown, a systemic identification of current recipients authorized for Family Health Plus who are not enrolled in a health plan for the following month will be reported to the district on a Potential FHP Auto Assignment Report. On the Wednesday prior to the monthly pulldown, the recipient will be auto-assigned to a FHPlus plan for the first of the following month. Auto-assignments are done based on the following criteria:

- If the recipient has a history of enrollment within the past year with a Medicaid Managed Care or FHPlus quality plan, the individual will be assigned to that plan;
- If only one FHPlus plan operates in the district, the individual will be assigned to that plan;
- If more than one FHPlus plan operates in the district, the auto-assignments will be divided first among the quality plans in that district (utilizing the table of quality plans used in the Auto-assignment Algorithm for Medicaid Managed Care); and
- If no quality FHPlus plans operate in the district, assignments will be made among all FHPlus plans in the district that are open to auto-assignment for Medicaid Managed Care.

NOTE: If an adult applying for coverage under Family Health Plus has existing insurance coverage that is not specifically listed below, the adult is not eligible for Family Health Plus, regardless of the limited nature of the coverage, but may be eligible for Family Health Plus Premium Assistance:

- Accident-only coverage or disability income insurance;
- Coverage issued as a supplement to liability insurance;

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- Liability insurance, including auto insurance;
- Worker's compensation or similar insurance;
- Automobile medical payment insurance;
- Credit-only insurance;
- Coverage for on-site medical clinics'
- Dental-only, vision only, or long term care insurance;
- Hospital indemnity or other fixed dollar indemnity coverage;
- Specified disease coverage;
- Prescription-only coverage.

References:

SSL Sect. 369-ee

ADMs 09 OHIP/ADM-1
09 OHIP/ADM-2
08 OHIP/ADM-1
05 OMM/ADM-4
01 OMM/ADM-6GISs 09 MA/024
08 MA/034
08 MA/021
08 MA/007
08 MA/003