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- 1.) Children under age 21 are excluded based on a check of date of birth on the recipient file used during claim processing. The date of birth is printed on the plastic common benefit card.
- 2.) Pregnant women are excluded when requesting a service requiring copay. If not visibly apparent, a pregnant recipient can be determined by the type of drug or supply ordered, through a note signed by a physician which identifies the recipient as pregnant or through some other evidence which includes telephone contact with a physician or when the prescription source is a Prenatal Care Assistance Program (PCAP) or an obstetrician. The provider must indicate pregnancy on the claim form.
- 3.) Institutionalized individuals are identified and exempted during claims processing. These recipients usually do not leave the facility where they are institutionalized. When recipients require outside services, the facility makes arrangements and verifies the recipient exemption from copay.
- 4.) Emergency services are excluded by the providers indicating that the service is an emergency on the claim form.
- 5.) Family planning drugs and supplies are excluded from copay and are currently identified in the Provider Manuals under the headings of "Family Planning Products." Family planning items are also identified in the MMIS during claims processing.

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6.) Services provided by an HMO to an enrollee are identified [via] by the Electronic Medicaid Eligibility Verification System (EMEVS) to the provider of service. During claims processing, HMO enrollees and the services included in the capitation payment are identified as excluded.

Individuals enrolled in health maintenance organizations (HMO's) or other entities which provide comprehensive health services, or other managed care programs for services covered by such programs are exempt from co-payments, except that such persons shall be subject to co-payments for each generic prescription drug dispensed, each brand-name prescription drug dispensed, and each over-the counter medication ordered by a recognized practitioner.

7.) No service provided by a hospice is subject to co-pay. Services provided to individuals receiving hospice care are identified during MMIS claims processing and are exempted from co-pay requirements.

8.) Additional exclusions from co-payment may be made pursuant to state statute.

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