

# REPORT

FINAL REPORT

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## **Congressionally Mandated Evaluation of the Children's Health Insurance Program: A Case Study of New York's Child Health Plus Program**

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## I. BACKGROUND AND RECENT HISTORY

The State of New York's *Child Health Plus (CHPlus)* is a "separate" program under Title XXI<sup>1</sup> and has its roots in a State-funded initiative of the same name that began in 1990. With the creation of the State Children's Health Insurance Program (SCHIP) by the Balanced Budget Act of 1997, New York's program was one of three that was "grandfathered" into Title XXI<sup>2</sup> based on its successful track record as a well-established State child health coverage initiative. Throughout its history, *CHPlus* has been one of the largest Title XXI programs in the nation, with enrollment peaking near 900,000 children ever enrolled in 2001, and never falling below 500,000 after 1998.

Since 2006—the end of the study period for the previous Congressionally Mandated SCHIP Evaluation—New York has implemented a small number of important changes for *CHPlus*. Most significantly, in 2009 eligibility was expanded to 400 percent of the federal poverty level—the highest level in the nation. This expansion was initially denied by the Bush Administration but enabled after the passage of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and President Obama's rescindment of the directive that had limited States' ability to expand beyond 250 percent of poverty. Other changes involved simplifying enrollment by eliminating the requirement that families submit income documentation at renewal, by implementing a data matching process with the Social Security Administration to document citizenship (for both CHIP and Medicaid), and by eliminating the Medicaid program's requirement of a face-to-face interview between applicants and eligibility workers. None of these expansions was politically controversial; indeed, *CHPlus* has always enjoyed tremendous support and popularity among politicians, providers, and consumers, owed in large part to the program's initial design to resemble private health insurance, which set it apart from Medicaid (Hill and Hawkes, 2002). These changes—and particularly the expansion of eligibility to 400 percent of poverty, according to key informants interviewed for this study—helped New York reach many of its remaining uninsured children and achieve a participation rate in CHIP and Medicaid of over 90 percent among eligibles (InsureKidsNow.gov, 2011). Over the last several years, the number of uninsured children in the State has been cut in half, according to child advocates, and currently stands at roughly 250,000 children (Lynch, et al, 2010).

*Child Health Plus* is administered by the New York State Department of Health (DOH), the single State agency that also has primary responsibility for managing Medicaid. This joint program administration by DOH has facilitated New York's alignment of CHIP and Medicaid policies and operations over time, to the extent that the two programs are now, broadly speaking, quite comparable and better integrated than they have been at any point in the past. *CHPlus* continues to oversee its innovative community-based application assistance program—called Facilitated Enrollment—that supports both CHIP and Medicaid enrollment, and is demonstrably effective in leveraging the marketing expertise of public and private managed care organizations

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<sup>1</sup> Child Health Plus initially had a Medicaid expansion component that covered children ages 6 through 18 who lived in families with incomes between 100 percent and 133 percent of the federal poverty level. These children were transitioned into the separate program in 2005.

<sup>2</sup> Florida and Pennsylvania also had their State-funded programs grandfathered into SCHIP.

to facilitate families' enrollment of their children into coverage, and to maintain continuity of coverage through effective renewal strategies. On the service delivery front, statewide managed care systems that possess nearly identical networks for CHIP and Medicaid appear to provide children with robust access to care—especially primary care—and also minimal disruptions in care as children move between the two programs.

All of these factors set the stage nicely for New York as it plans for health care reform under the Affordable Care Act. There was little doubt among stakeholders that *CHPlus*, given its broad popularity, would continue to exist as part of the State's reformed system, regardless of whether federal Title XXI funds were renewed in 2015. Informants also saw Facilitated Enrollment providing a strong base upon which to build "navigator" systems to support consumers shopping for coverage in a health insurance exchange. Furthermore, strong statewide managed care networks for CHIP and Medicaid provide a foundation for an exchange, as well as a Basic Health Program, which is currently under consideration by State officials. *Child Health Plus*, a popular program that has effectively served New York's children and families for over 20 years, appears well positioned to thrive on into the future.

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This case study is primarily based on a site visit to New York conducted in February 2012 by staff from the Urban Institute and Mathematica Policy Research, Inc.<sup>3</sup> New York was one of 10 States selected for study in the second Congressionally-mandated evaluation of the Children's Health Insurance Program (CHIP) called for by the CHIP Reauthorization Act of 2009 (CHIPRA) and overseen by the Assistant Secretary for Planning and Evaluation (ASPE). The report builds upon findings of the first Evaluation's case studies and highlights changes to the State programs that have occurred since 2006, with a particular focus on State responses to provisions of CHIPRA. The site visit included interviews with over 30 key informants, including State CHIP and Medicaid officials, legislators, health care providers and associations, health plans and associations, children's advocates, and community-based organizations involved in outreach and enrollment. (See Appendix A for a list of key informants and site visitors). In addition, three focus groups were conducted—in Albany, Columbia, and Manhattan—with parents of children enrolled in *CHPlus*, as well as parents whose children had been disenrolled from the program. Findings from these focus groups are included throughout the report and serve to augment information gathered through stakeholder interviews.

The remainder of this case study will describe recent *Child Health Plus* program developments and their perceived effects in the key implementation areas of: eligibility, enrollment, and retention; outreach; benefits; service delivery, quality, and access; cost sharing; crowd out; financing; and preparation for health care reform. The report concludes with cross-cutting lessons learned about the successes and challenges associated with administering New York's CHIP program.

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<sup>3</sup> Since our site visit was conducted before the Supreme Court ruled on the constitutionality of the Affordable Care Act, this case study report largely reflects the *CHPlus* program and policy developments prior to the ruling. Where relevant, updates have been made to the extent possible.

## II. ELIGIBILITY, ENROLLMENT, AND RETENTION

New York's *Child Health Plus* has long been a leader and innovator in designing eligibility policies and procedures that facilitate children's access to continuous coverage. This section describes the State's efforts with regard to eligibility standards, enrollment procedures, and retention.

**Eligibility Standards.** New York's CHIP program, *Child Health Plus (CHPlus)*, is available to all State residents under the age of 19.<sup>4</sup> The program is structured with staged premiums based on income level for families up to 400 percent of the federal poverty level, with a full buy-in option for families that exceed that threshold. In 2009, *CHP* was expanded to increase eligibility from 250 to 400 percent of poverty, representing a significant and widely supported change for the State. New York first requested this expansion in 2007, but approval from the Bush Administration was denied based on the August 17<sup>th</sup> directive that limited States' ability to expand coverage to children with family income above 250 percent of the poverty level. This directive was rescinded by President Obama in February 2009 and federal financial participation for the *CHPlus* expansion took place shortly thereafter. State officials note that, while this expansion supports the State's mission to cover all children, those affected represent a small proportion of kids in the program (about 7 percent).

Eligibility policies for Medicaid and *CHPlus* vary by income level and age. These standards are presented in Table II.1. In New York, all infants in families with incomes up to 200 percent of poverty are eligible for Medicaid, while infants between 200 percent and 400 percent of poverty are eligible for *CHPlus*. A similar structure exists for older children: children ages one through 18 with family incomes up to 133 percent of poverty are eligible for Medicaid, while those in families with income between 133 and 400 percent of poverty qualify for *CHPlus* coverage. This marks a recent change for 6-18 year olds in New York. Prior to December 2011, children 6-18 years of age with family incomes between 100 percent and 133 percent of poverty would have previously qualified for CHIP, but are now being shifted into Medicaid at enrollment or redetermination. This is a group that would have become Medicaid eligible in January 2014, with implementation of the Affordable Care Act, but New York officials chose to transition this group to Medicaid in advance of the Affordable Care Act's timetable. New York is using Express Lane Eligibility to assist in this transition so that the process is seamless.<sup>5</sup> The transition is being phased in as children come up for their annual renewal. In addition, there is considerable overlap in managed care networks for the two programs, so service delivery arrangements are not expected to be significantly disrupted. At the time of our visit, this policy change was fairly new, and the impact on children and their families was described as minimal. Some anticipate, however, that as more kids in this age group are moved into Medicaid, the State can expect some resistance, as *CHPlus* is viewed by families somewhat more favorably than

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<sup>4</sup> All citizen children receive federally-matched coverage, while non-citizen children are covered by State-only funds.

<sup>5</sup> A State Plan Amendment for Express Lane Eligibility was submitted to CMS in the summer of 2012; federal approval of the SPA was pending at the time of this writing.

New York's Medicaid program. This discrepancy has, however, decreased considerably in recent years.

**Table II.1. Eligibility Rules, By Age and Income (as % FPL) for Medicaid and CHIP**

|                                     | Age Categories |        |         |
|-------------------------------------|----------------|--------|---------|
|                                     | Infants        | 1 to 5 | 6 to 18 |
| Medicaid                            | 200%           | 133%   | 133%    |
| M-CHIP                              | N/A            | N/A    | N/A     |
| S-CHIP ( <i>Child Health Plus</i> ) | 400%           | 400%   | 400%    |

New York's eligibility requirements (detailed in Table II.2) are fairly generous, with continuous eligibility for 12 months, and no asset test requirements. Furthermore, there is presumptive eligibility for *CHPlus* in New York (meaning applicants have 60 days to produce documentation after initial enrollment if they appear eligible based on the completed application), and applicants can self-declare their citizenship status (now that the State has established a data matching arrangement with the Social Security Administration to verify citizenship). Applicants are, however, required to present income documentation and proof of residency, though New York does cover non-citizen children that are otherwise eligible with State funds. Enrollees declare insurance status at enrollment (i.e., that they do not possess private insurance). New York currently does not allow coverage of children who have access to State health benefits. This is verified through matching to New York State Employee Health Insurance Plan's database.

**Table II.2. CHIP and Medicaid Eligibility Policies**

|                           | CHIP           | Medicaid                    | Details                                                                            |
|---------------------------|----------------|-----------------------------|------------------------------------------------------------------------------------|
| Retroactive Eligibility   | No             | Yes                         |                                                                                    |
| Presumptive Eligibility   | Yes, 2 months  | Yes, 2 months               |                                                                                    |
| Continuous Eligibility    | Yes, 12 months | Yes, 12 months              |                                                                                    |
| Asset Test                | No             | No                          |                                                                                    |
| Income Test               | Gross income   | Net income after deductions | Documentation required                                                             |
| Citizenship Requirement   | Self-declare   | Self-declare                | New York conducts data match with SSA to verify citizenship                        |
| Identity Verification     | Yes            | Yes                         | Income, insured status, residency require documentation at the time of application |
| Redetermination Frequency | 12 months      | 12 months                   |                                                                                    |

In addition, families with children under 19 years of age with family incomes over 400 percent of poverty can buy in to the *CHPlus* program at full premium. According to the State, approximately 5,000 children have obtained *CHPlus* coverage via the buy-in. This number used to be closer to 20,000 children, but many became eligible for subsidized premiums after *CHPlus* expanded coverage to 400 percent of poverty. For many families, the price of the full buy-in

premium (roughly \$180 per child per month) is more affordable than employer sponsored insurance options for dependents, according to informants.

New York also has a Medicaid expansion waiver program for low-income adults called Family Health Plus (FHP). Family Health Plus was implemented in 1999, and is available to childless adults up to 100 percent of the federal poverty level and parents with dependent children up to 150 percent of poverty regardless.

**Enrollment Process.** New York's CHIP enrollment is largely administered by participating health plans, leveraging these plans' marketing expertise and built-in incentives to help children gain and retain coverage, and to relieve the State of an administrative burden. Many informants interviewed for this case study believe this approach has contributed to the program's success and positive image, given that eligibility determination does not involve State or county agencies, and thus resembles private insurance. Applications for *CHPlus* are either directly administered by health plan staff, or sent to health plans for eligibility determination when families complete applications on their own or with the help of a community-based Facilitated Enrollment agency (discussed below). Health plans also collect premium payments, and are responsible for sending members renewal packets and reminders. Furthermore, health plans grant presumptive eligibility (to children who appear eligible for *CHPlus* but who have not brought all of their required documentation), and screen for Medicaid eligibility—passing along applicants who appear Medicaid eligible to local social service departments for their formal review and determination. Utilizing health plans for enrollment has resulted in efficient application processing, which some report can take

#### **Focus Group Findings: Enrollment**

Parents drew contrasts between the Medicaid and CHIP application processes. They particularly emphasized how critical it was to receive help with the application from Facilitated Enrollment staff.

*"When I initially applied, I... had to go to the Medicaid office...and there you have to sit for hours. Eventually...I found [a Facilitated Enroller] and I started going in there. I felt more comfortable...they take care of it. And that's my approach as of today."*

*"The [facilitated enroller] was incredibly helpful...because I was really confused about how to do this."*

*"[Facilitated enrollers] were real people who could understand and answer my questions... I was much more comfortable and happy...[it was] very easy."*

*"You immediately get the impression they [facilitated enrollers] are on your side. She made it very clear exactly what we needed...it was very streamlined."*

*"About nine or ten of the people we knew who were eligible for Child Health Plus didn't have it because of the paperwork. They just gave up. Then we were at the library when one of the facilitators was there...so we made an appointment and...a month later we were signed up. It was like a breeze."*

*"It's been real smooth...you just bring your documents...and within 15 minutes [you're done]. They just make everything so relaxing for you."*

*Some parents who were self-employed, however, believed the application process was quite difficult. But once again, facilitated enrollers were able to help.*

*"That was a nightmare...being self-employed. I don't have the same tax papers...as a working person. I was trying to do it myself...and I would just tear my hair out every time. Until I found the [facilitated enroller]...and it was like the sun broke through the clouds."*

as little as one to two weeks. This is in sharp contrast to the Medicaid enrollment process—administered by autonomous local social service agencies in the State's 57 counties and the City of New York—which can take up to 45 days. In 2010, State legislation was passed that would centralize the Medicaid eligibility function at the State level, a controversial move that would eliminate the role of local departments of social services in eligibility determination. No funding

for the transition was included in the legislation, however, so work did not begin until this past year, when Governor Cuomo's Medicaid Redesign Team adopted a set of recommendations for centralizing the Medicaid eligibility and enrollment function in the context of implementation of health care reform and the Health Insurance Exchange. The Department of Health has started researching, designing and building a new IT systems for eligibility determination and enrollment in Medicaid and the exchange—discussed in greater detail in Section IX of this report—and is transitioning functions that are currently performed by local social services agencies to DOH.

New York has a common application for Medicaid, *CHPlus*, and FHP. The State had previously created a joint application early in the program's history to satisfy CHIP and Medicaid eligibility standards as well as to institutionalize the "screen and enroll" process; this child-only application was called "Growing Up Healthy." A common application which could be used for both children and adults called "Access New York Health Care" was also developed and then revised in 2010, eliminating the need for the "Growing Up Healthy" application. The Access New York Health Care application is nine pages long and is available in Spanish and English. The State has developed a "print and fill" version of the application available on the Internet; applicants can fill the application out electronically but must then print and submit it by mail. Completed applications cannot yet be filled out *and* submitted online. An electronic application will be put in place under federal health care reform. (Other *CHPlus* application procedures and requirements are presented in Table II.3.)

New York has long been a leader in supporting community-based application assistance and implemented its Facilitated Enrollment program in 1999. Facilitated Enrollment (FE) was initially designed to achieve several goals including enrolling hard-to-reach populations, satisfying the face-to-face interview requirement for Medicaid, and enabling the "screen and enroll" process. Today, while the face-to-face interview requirement has been eliminated for Medicaid (it never existed in CHIP), many applicants continue to rely on FEs for help in navigating the application process. Enrollees of *CHPlus* as well as FEs, report that the joint program application can be quite challenging to fill out and parents often seek help from an FE to gain added reassurance that their application will be completed accurately and processed quickly. FEs provide a quality assurance role in which they review applications for completeness prior to being submitted, and can flag missing items early, to ensure processing. As part of the application process families are required to select a plan, and completed applications are sent to and processed by selected health plans.

**Table II.3. Current CHIP Application Requirements and Procedures**

| <b>Form</b>                        |                                                                                                                                                                                                                                                                                       |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Joint Application with Medicaid    | Yes – children applying for health insurance are screened first for Medicaid, and if found ineligible, are screened for CHIP.                                                                                                                                                         |
| Length of Joint Application        | 9 pages; 4 pages of instructions, 5 pages of application; 3 page supplement                                                                                                                                                                                                           |
| Languages                          | English, Spanish                                                                                                                                                                                                                                                                      |
| <b>Application Requirements</b>    |                                                                                                                                                                                                                                                                                       |
| Age                                | Yes – self declared if the child successfully matches through the SSA data matching process. If not, age documentation is required.                                                                                                                                                   |
| Income                             | Yes – documentation required at the time of application                                                                                                                                                                                                                               |
| Deductions                         | No – gross income test                                                                                                                                                                                                                                                                |
| Social Security Number             | Not required for eligibility but children declaring to be US citizens must either provide their SSN to be used in the matching process or provide original citizenship documentation.                                                                                                 |
| Citizenship                        | Yes – uses Social Security Administration Data Match to verify citizenship                                                                                                                                                                                                            |
| <b>Enrollment Procedures</b>       |                                                                                                                                                                                                                                                                                       |
| Express Lane Eligibility           | Yes – for purposes of transitioning children from CHPlus to Medicaid at CHPlus renewal. (SPA pending federal approval)                                                                                                                                                                |
| Mail-In Application                | Yes                                                                                                                                                                                                                                                                                   |
| Telephone Application              | No                                                                                                                                                                                                                                                                                    |
| Online Application                 | No – application available via web but must be printed out and mailed in                                                                                                                                                                                                              |
| Hotline                            | Hotline available, but cannot apply by telephone                                                                                                                                                                                                                                      |
| Outstationed Application Assistors | Yes – website lists community organizations to help with enrollment                                                                                                                                                                                                                   |
| Community-Based Enrollment         | Yes – Facilitated Enrollers (FEs) include community based organizations and health plans who help applicants complete the joint Medicaid and CHIP application. Health plans determine eligibility for CHIP; local departments of Social Service (LDSS) determine Medicaid eligibility |

At this time, there are 41 community-based Facilitated Enrollment agencies that are funded by the State. Critically, 17 of the *CHPlus* program’s 19 participating health plans are also certified as FEs and deploy their own staff to find and enroll children into coverage. While there was initial concern that health plans might abuse this role and inappropriately steer applicants toward choosing their plans, those fears have been largely addressed by the State’s aggressive oversight of the arrangement. Specifically, the DOH monitors health plan practices through periodic audits as well as “secret shoppers” that pose as parents applying for their children who then observe employee behavior. If plans are found to be inappropriately marketing their services or coercing enrollees in any way, the State will freeze their activities.

**Renewal.** Simplification of the renewal process has been a priority for New York over the last several years and has resulted in significant gains, steadily increasing the retention rate to nearly 80 percent today. Notably, the most significant improvement in the State’s renewal process has been the adoption of self-attestation of both income and residency at the point of renewal. In addition, New York has worked to streamline renewal forms.

Once again, renewal is primarily handled by the health plans that serve *CHPlus* members. Health plans are responsible for sending renewal packets to *CHPlus* enrollees 90 days prior to their coverage anniversary, and also sending reminder notices 60 days and 30 days before coverage lapses for enrollees that have not submitted their renewal materials. All additional efforts are done at the discretion of the health plan, though most reported that they place reminder phone calls as well, and some will even send marketing staff to families' homes in an effort to keep their coverage current. Enrollees are required to complete the forms—which in most cases are blank unless the health plan has chosen to pre-populate them—and send back their required premiums to remain enrolled without interruption. Applicants are allowed to attest to their income and residency at renewal. No additional documentation is required at renewal as long as the individuals in the household attest to their income and provide their social security numbers. This information is used to do a data match with the wage and reporting system to verify income. New York also instituted in October 2005 a 30 day prospective grace period before cancelling coverage of a child with an unpaid premium. Key informant report that this grace period has been extremely helpful in reducing unnecessary “churning” and in helping children maintain continuous coverage.

Just as health plans have a direct interest in facilitating the enrollment of children into *CHPlus*, they also have a strong incentive to keep them enrolled. As such, most plans have prioritized the renewal function to ensure that their CHIP members stay continuously enrolled. One health plan we spoke with reported having a 70 person staff dedicated exclusively to renewals. Many noted that while the renewal process is easier than that required for initial enrollment, tracking members down at renewal can be very challenging, as this is a fairly transient population. To that end, health plans work hard to retain up-to-date contact information.

**Focus Group Findings: Renewal**

Parents generally felt that completing the renewal application was easier than the initial application. But they still appreciated getting help from facilitated enrollers.

*“When you get the [renewal] form, it’s not that difficult. And...I actually had all of the answers and all of the information. But it was more of the comfort of going to [an FE] to know this is accurate, [that] it’s going to be processed, as opposed to...going into a black hole.”*

*“The [the facilitated enroller] actually called me with a reminder...saying that my renewal was coming up and that I should’ve gotten my packet in the mail. I hadn’t, so I was grateful that they called...”*

Some key informants expressed the opinion that New York had considerable room to improve its renewal policies and procedures, pointing to the fact that the State does not conduct automatic or *ex parte* renewal, for example. Consumers participating in focus groups concurred that, while the renewal process is relatively easy, they still often seek the help of facilitated enrollers in completing their renewal packets to ensure there is no disruption in their children’s coverage. (Details of New York’s renewal procedures appear in Table II.4.)

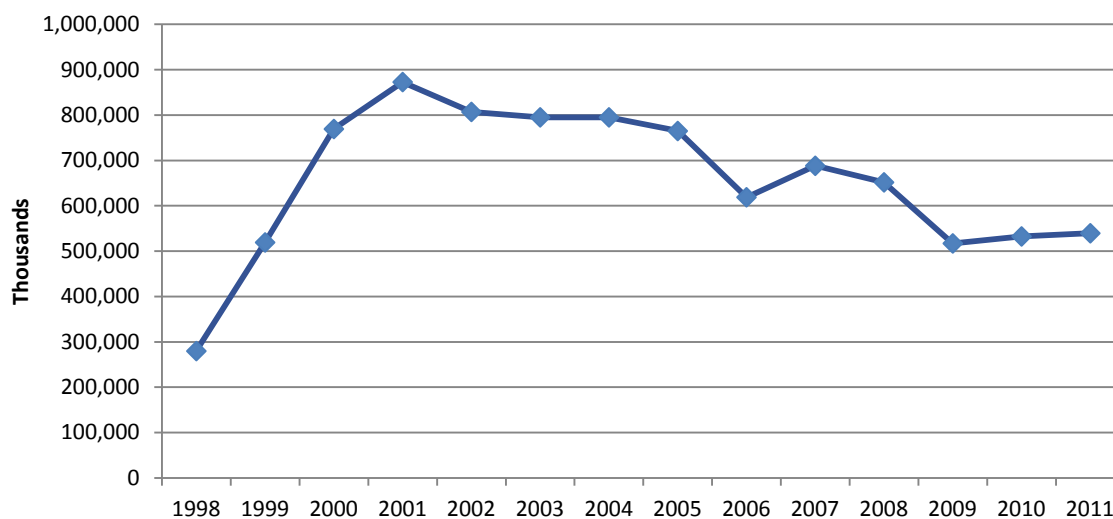
**Table II.4. Renewal Procedures in New York CHIP and Medicaid as of January 2012**

|                                          | Renewal Requirements                                                                                                                                |                                               |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|                                          | CHIP                                                                                                                                                | Medicaid                                      |
| Passive/Active                           | Active                                                                                                                                              | Active                                        |
| Ex-Parte                                 | No                                                                                                                                                  | No                                            |
| Rolling Renewal                          | No                                                                                                                                                  | No                                            |
| Same Form as Application                 | No - separate for CHIP and Medicaid (except for children transitioning to Medicaid at renewal, Medicaid will accept the CHPlus renewal application) | No - separate for CHIP and Medicaid           |
| Preprinted/Pre-populated Form            | No                                                                                                                                                  | Some demographic information is pre-populated |
| Mail-In or Online Redetermination        | Mail-in to health plan                                                                                                                              | Mail in to county                             |
| Income Documentation Required at Renewal | No                                                                                                                                                  | No                                            |
| State Administratively Verifies Income   | Yes                                                                                                                                                 | Yes                                           |
| Other Verification Required              | No                                                                                                                                                  | No                                            |

**Discussion.** New York is committed to providing an insurance option for every child in the State and has worked hard to meet that goal, adopting coverage expansions, implementing a full buy-in option, promoting simplification strategies, and funding application assistance. These efforts have paid off, with only seven percent of low-income children now uninsured (Lynch et al, 2010). With over two million children enrolled in both programs combined, Medicaid and CHIP have worked together to keep kids covered.

Figure II.1 demonstrates that, while enrollment in CHPlus grew quickly after initial implementation in 1998, it has been declining since its peak in 2001. Recent declines are likely attributable to the Great Recession and more families qualifying for Medicaid. Earlier declines were due in part to New York implementing more aggressive “screen and enroll” procedures, something they were not required to do when *CHPlus* was a State-funded program.

As mentioned above, *CHPlus* has long enjoyed strong bipartisan support from the New York State Legislature. Still, State officials pointed out that the Affordable Care Act’s “maintenance of effort” (MOE) requirements came in handy during the recent economic downturn, when some legislators pointed to the 400 percent expansion and the elimination of the face-to-face interview requirements as areas where cost savings could be harvested.

**Figure II.1. Number of Children Ever Enrolled in CHP (1998-2011)**

Source: SEDS.

The availability of CHIPRA bonus performance incentives were used by State officials to justify the adoption of various simplification policies that had previously been considered by the DOH but were politically unpopular. Specifically, elimination of the face-face interview was a controversial change that was made more appealing by the possibility of it generating additional federal financial support through a CHIPRA bonus. That said, actually receiving a bonus ended up being particularly challenging for New York, given that the State had already covered a very large share of Medicaid eligible children and was never able to achieve the enrollment increase targets required by CMS to receive a bonus (even though they had adopted at least five of the eight required ‘simplification strategies’ identified in CHIPRA).

Given the efficiency and effectiveness of health plans in enrolling *CHPlus* members, there is no interest among State officials in changing the CHIP eligibility process. Nonetheless, planned changes in the coming years associated with health care reform will strive to integrate and centralize the eligibility process for Medicaid and the HIX, and eliminate the role of local social service department workers in determining Medicaid eligibility. As New York pursues this transition there remain uncertainties about how this will affect the *CHPlus* enrollment process (as discussed below in section IX). Currently handled by the health plans, this process enjoys overwhelming support, but is ultimately not compatible with a centralized process administered by the State.

### III. OUTREACH

Like many States, outreach efforts in New York have been significantly curtailed in the past several years owing to budget constraints. The “Growing Up Healthy” campaign, conducted during the early years of *CHPlus*, involved a large and coordinated statewide media effort and millions of dollars. But it was zeroed out when Governor Spitzer came into office in 2007. The DOH has since shifted its strategy to target specific populations and to build upon existing relationships, such as that with the State’s Department of Labor. (For instance, using information provided by the Department of Labor, DOH routinely reaches out to employees who are anticipating lay-offs, or employees of businesses who are discontinuing health benefits, to share information about coverage available under *CHPlus*, FHP, and Medicaid.)

Marketing dollars extended to health plans have also been eliminated, but the plans (not surprisingly) continue to

invest their own resources in outreach and marketing, as these efforts ultimately benefit their business. As mentioned above, health plans typically have their own Facilitated Enrollment staff conducting outreach and application assistance, as well as marketing staff who promote the program (and their plan) through advertising and at community-based events, such as health fairs. This represents yet another

example of how the State is able to leverage private business interests to the benefit of the *CHPlus* program. Furthermore, outreach efforts directed at harder to reach populations have continued, relying, as always, on health plan and community-based Facilitated Enrollers throughout the State. Community-based FEs, however, have also experienced recent budget cuts, which has impacted the extent to which they can focus on outreach. Nonetheless, innovation continues. For example, one FE agency interviewed for this study reported that they are involved with a pilot program in which they are receiving lists of uninsured students from the State Department of Education, and reaching out to families to try to connect them with suitable health coverage programs. Health plan FEs also receive these lists, and use their own resources to outreach to these families.

#### **Focus Group Findings: Outreach**

Parents reported hearing about Child Health Plus from a broad range of sources, including health care providers, State and local agencies, community-based organizations, newspaper articles, friends and family members, insurance agents, advertisements, and online.

*“I heard about it from my OB/GYN... I needed a pediatrician...and she told us about Child Health Plus.”*

*“I got it from online...the information is there...[at] the NY State Department of Health [website].”*

*“I saw [an ad] in a laundromat in Chatham. I hadn’t been working [so] I contacted them. So that’s how we ended up with Child Health Plus.”*

*When asked about the importance of outreach, many parents said they thought there should be more publicity surrounding CHIP.*

*“I just don’t think a lot of people know about it [Child Health Plus], you know?”*

*“I don’t see much in terms of exposure... Different communities [and] ethnicities don’t know that something like this is available...so I think they should have [more] community outreach.”*

A handful of organizations in New York have received CHIPRA Outreach Grants, including the Mary Imogene Bassett Hospital and the Structured Employment Economic Development Corporation (SEEDCO). The Mary Imogene Bassett Hospital has focused its grant on reaching out to families in rural areas of the State, while SEEDCO is targeting minority populations and assisting them with signing up for a range of social service programs, including *CHPlus*, though

its own electronic eligibility system. These efforts are not closely coordinated with the State, however, to the dismay of CHIP administrators. Several additional CHIPRA outreach grants were awarded in the second cycle of funding. These included Hudson River Healthcare Inc., Community Service Society of New York, the Mothers and Babies Prenatal Network of South Central New York, and SEEDCO. The State has been working closely with these agencies in their CHIPRA projects.

Once again, leveraging the self-interest of health plans, the program continues to benefit from ongoing marketing efforts by health plans, with significant dollars behind them. One informant remarked that any billboards or subway advertisements you see for the program today are likely funded by and associated with a health plan. And while there are few remaining State resources dedicated to outreach for *CHPlus* in New York, some key informants were not terribly concerned, noting that the program had succeeded in establishing very strong brand recognition and promoted widespread popularity. Still, some focus group participants expressed that they wished the program was marketed more aggressively so that any family with an uninsured child could know of *CHPlus*' available benefits.

#### IV. BENEFITS

After *Child Health Plus* was grandfathered into Title XXI, the State legislature passed a benefits expansion in 1998 that made the program's coverage more comprehensive for children. Dental care, speech, vision and hearing services, durable medical equipment, nonprescription drugs, and broader inpatient and outpatient mental health and substance abuse services were added to a package that had primarily covered preventive and primary health care, as well as inpatient hospital services. While falling short of the breadth of services covered by Medicaid, *CHPlus* was still viewed by stakeholders interviewed for the first SCHIP evaluation, including child advocates, as providing very generous benefits that appeared to be meeting the needs of enrollees (Hill and Hawkes, 2002). Providers and health plan officials pointed out that it offered coverage that was broader than typical private insurance policies in the State, especially with regard to the inclusion of vision, hearing, and dental benefits.

**Focus Group Findings: Benefits**

Most parents reported that Child Health Plus covered all of the services their children needed. A few exceptions were noted, however, with regard to dental and medical equipment.

*"We haven't had anything yet that's not been covered."*

*"There are some things that aren't covered, and I can understand that. My daughter was told she needed braces...but that was something I would have had to pay for out of pocket."*

*"The foot doctor recommended that [my son] have inserts...orthotics...for his shoes...but they wouldn't cover it."*

Since 2006, no notable changes to benefits coverage have occurred under *CHP*. CHIPRA did include new requirements that programs cover dental services equivalent to certain benchmarks.<sup>6</sup> The law also required that mental health and substance abuse services, if covered, be covered at parity with medical or surgical benefits, in terms of financial requirements and treatment limitations. In response to CHIPRA, New York did add coverage of medically necessary orthodontia to *Child Health Plus*, and also removed patient limits on covered mental health and substance abuse services.

Key informants interviewed for this case study were unanimous in their view that *CHPlus* continues to provide very broad coverage to children. Differences with Medicaid are still present—with regard to full EPSDT protections, as well as coverage of personal care, home health, and air ambulance benefits—but no one perceived that CHIP coverage was falling short of meeting children's needs. Rather, most felt that the program offered coverage that was quite close to that of Medicaid, and at least as generous, if not more so, than private insurance.

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<sup>6</sup> States could choose between the following benchmarks: the most commonly selected Federal Employees Health Benefits Plan, the most widely used State employees benefit plan, or a commercial dental benefit plan with the largest non-Medicaid enrollment.

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## V. SERVICE DELIVERY, ACCESS, AND QUALITY OF CARE

From its inception, *Child Health Plus* strove to deliver services to children exclusively through prepaid managed care arrangements. Over time, New York has succeeded in achieving this goal, and recently complied with CHIPRA rules to offer families a choice of at least two health plans in each of the State's 57 counties, as well as the five boroughs of New York City. Medicaid, meanwhile, has steadily expanded its mandatory managed care program over the past decade and now reaches all but seven upstate counties (where managed care participation is still voluntary). Over this time, alignment of the two programs' systems has steadily increased, creating a nearly seamless overlap of networks in most parts of the State.

This section describes the service delivery and payment arrangements used for *CHPlus*, as well as perceptions of key informants regarding how well the program extends broad access to care for children. State efforts to improve and monitor the quality of care for children are also discussed. Where appropriate, comparisons to Medicaid are made.

**Service Delivery and Payment Arrangements.** New York currently contracts with 19 managed care organizations (MCOs) for *CHPlus*. Just over half of these plans (10) are not-for-profit "Prepaid Health Services Plans" (PHSPs) that participate only in government-sponsored programs (including Medicaid, *CHPlus*, FHP, and Medicare). The remaining nine plans are commercial, for-profit MCOs that mainly concentrate on serving privately insured individuals, but also participate in public programs to varying degrees. While the absolute number of health plans under contract with *CHPlus* has shrunk by one-third over the past 10 years, this reflects the fact that mergers and acquisitions have occurred, as opposed to plans leaving the market.

Roughly two-thirds of all *CHPlus* and Medicaid enrollees are served by PHSPs, according to State officials. PHSPs are quite different from their commercial counterparts; their networks are built around Federally Qualified Health Centers (FQHCs), hospital outpatient departments, and other clinic providers, and are concentrated in the New York City boroughs. Commercial MCOs tend to involve much larger numbers of private physician practices and are more widespread in upstate New York. Health plans participating in *CHPlus* are responsible for meeting all of the health needs of their child enrollees, including behavioral health and dental care. But roughly half of plans subcontract with behavioral health organizations for mental health and substance abuse services, while nearly all subcontract with dental networks for the delivery of dental care.

As mentioned above, enrollees choose their health plan, as well as their primary care provider, as part of the *CHPlus* application process. Plan and provider information is available on the DOH website for families that apply on their own. For applicants receiving assistance in the process, Facilitated Enrollers present families with general descriptive information about each available plan, as well as lists of participating providers in each plan, when helping with the "Access NY" application.

Once again, mandatory Medicaid managed care has expanded nearly statewide over the past decade. At this time, roughly the same mix of public and commercial health plans participate in Medicaid as do in *CHPlus*. The most significant exception to this status is that Empire Blue Cross/Blue Shield—one of the largest commercial carriers in the State—participates in *CHPlus*,

but not Medicaid. Except for this distinction, key informants were almost unanimous in their assessment that *CHPlus* and Medicaid networks were nearly identical.

Payment arrangements for the *CHPlus* and Medicaid are quite different. Health plans participating in *CHP* individually negotiate with the New York State Department of Insurance (DOI) to arrive at their single, per child capitation rate. Medicaid plans, meanwhile, have their various risk-adjusted rates set by the DOH. This approach means that *CHPlus* plans can be paid significantly different rates by the State—one informant suggested that Empire Blue Cross/Blue Shield receives a rate that is 50 percent higher than that received by PHSPs, since it pays its providers based on the Medicare fee schedule—while Medicaid plans tend to receive more uniform rates that vary based on case mix and geographic location. Because rate setting is so different between the two programs, informants were unable to make direct comparisons. Generally speaking, though, it was reported that Medicaid rates are somewhat higher than *CHPlus* rates. State officials told us that *CHPlus* plans had consistently received rate increases in the 5 to 6 percent range for many years, but that rates had been cut in recent years due to the recession. *CHPlus* health plans have increasingly begun to pass risk along to their network providers, according to informants. This development is advantageous for FQHCs, as they perform well relative to other primary care providers in managing care and cost.

**Access to Care.** Key informants of all types agreed that access to care under *CHPlus* was quite strong. What's more, given the overlap in networks across *CHPlus* and Medicaid, it was expressed that children do not experience many disruptions in continuity of care when they move between the programs. While some advocates believe that private physicians are still somewhat less likely to participate in Medicaid than they are in *CHPlus*, they also acknowledged that that dichotomy had diminished over the years. Access to primary care was described as particularly strong, though access to certain pediatric subspecialists—such as child psychologists—was problematic upstate.

Access to dental care was less highly praised by informants. State officials believe that dental access has improved in recent years due to modest fee increases, but acknowledge that there are still a large number of dentists that choose not to participate in either *CHPlus* or Medicaid. Informants even said that State employees can face difficulties accessing dental care, given overall

**Focus Group Findings: Access to Care**

Parents were mostly quite happy with the pediatric providers serving their children, describing ample numbers to choose from, and ease of changing doctors, when needed. Some had more difficulty, however, finding dentists who would take care of their children.

*"We've had wonderful doctors up here...and an abundance of choices...all just 20 minutes away."*

*"We love our pediatrician. It's beautiful...you wait maybe two minutes before you're in...I can't say enough good things about it..."*

*"We did have problems with the first doctor we were seeing...but we had no problem switching. There was plenty to choose from, and now we love where we're going."*

*"[For dentists], I didn't see that we had a lot of choices [that were] convenient. I called...and some of them were heavily overbooked."*

*"I haven't found [a dentist]...the ones near my home were so disappointing..."*

shortages and less-than-adequate participation of dentists in public programs. Behavioral health access was also described as somewhat more problematic than was access to health services.

**Quality of Care.** For nearly two decades, New York’s Quality Assurance Reporting Requirements (QARR) system has collected and reported data to enable consumers to evaluate the quality of health care services provided by the State’s managed care plans. QARR assesses health plan performance in the areas of network adequacy, child and adolescent health, women’s health, adults living with illness, behavioral health, and satisfaction with care. QARR measures are largely adopted from the National Committee for Quality Assurance’s (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) with New York State-specific measures added to address public health issues of particular importance in New York. QARR also includes consumer satisfaction information from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey.

QARR data bolster informants’ claims that access to care under *CHPlus* is robust. Across all plans participating in *CHPlus*, for example, fully 99 percent of children under age two had received at least one primary care visit in 2010 (NYSDOH, 2011). This rate only decreases to 96 percent for youth ages 12 to 19. For children in Medicaid, these rates are only slightly lower—96 percent and 92 percent, respectively—supporting the notion that access to care under Medicaid is nearly comparable to that of *CHP*.

New York has only recently begun implementing Patient Centered Medical Home initiatives within *CHPlus*, with pilot projects paying graduated incentive bonuses on a per member per month basis for providers achieving NCQA Level I, II, or III status. The program does not have any “pay for performance” programs, as rate negotiation is overseen within DOI and DOH officials have not succeeded in inserting themselves into that process and influencing its design.

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## VI. COST SHARING

Cost sharing for *CHPlus* is limited to premiums and is closely tied to family income level. There is no monthly premium responsibility for families below 160 percent of the federal poverty level, and there are no copayments or deductibles for any member enrolled in the program. Families with income that exceeds 160 percent of FPL are responsible for paying monthly premiums which start at \$9 per child for families between 160 and 222 percent of poverty and climb incrementally up to \$60 per child for families between 351 and 400 percent of poverty. A family maximum per month also exists, limiting monthly expenditures for families with multiple children. Table VI.1 details the premium schedule by income level.

**Table VI.1. Premiums, Enrollment Fees and Cost Sharing**

|                          | Income Level | Premium/Month | Family Max/Month | Enrollment Fees |
|--------------------------|--------------|---------------|------------------|-----------------|
| Premiums by income level | 133-159% FPL | \$0/child     | \$0              | N/A             |
|                          | 160-222%     | \$9/child     | \$27             | N/A             |
|                          | 223-250%     | \$15/child    | \$45             | N/A             |
|                          | 251-300%     | \$30/child    | \$90             | N/A             |
|                          | 301-350%     | \$45/child    | \$135            | N/A             |
|                          | 351-400%     | \$60/child    | \$180            | N/A             |
| Full Buy-in              | >400%        | \$176/child   | N/A              | N/A             |

Premiums for the lowest income families have not changed since the inception of the program. And despite minor premium increases for higher income families in recent years, the program is perceived as eminently affordable by both informants interviewed for this study and parents who

participated in this study's focus groups. In fact, the DOH has been advocating for small premium increases for the lower income members in recent years, as well as copayments on selected services (such as emergency room visits) to help control costs, but has been consistently met with resistance from legislators and advocates. Some of these informants expressed concern that, for lower income members with premium responsibilities, any further cost sharing may be a

### **Focus Group Findings: Cost Sharing**

Monthly premiums were described by parents as reasonable and affordable, especially in comparison to private insurance. None said that they posed a barrier to initial or ongoing enrollment.

*"This many years we've been on [the program], you know, it's all been affordable based on my income."*

*"I actually think it could be a little more..."*

*"I like getting THAT bill because I can write the check so easily! It actually makes me happy when I see it, believe it or not, because every other bill is big."*

*"This is so affordable...you almost feel guilty that it is what it is."*

*"I look at it this way, ... with a little one, you go to the doctor so often, when they have a cold, when they have a cough, ...So [with] that premium every month, even if you don't use [the insurance], it's still a good deal in the end."*

*"We pay \$15 [for] each boy, so it's \$30 a month, which is great because they get prescriptions, dental, eye care. They get everything!"*

*"With private insurance... I paid \$680 a month plus a \$3,500 deductible. I [didn't] get any prescriptions, no eye care, no dental, just doctor's visits and hospital visits."*

*"We had [private insurance]...but we simply couldn't afford it anymore."*

barrier to remaining enrolled. Furthermore, keeping track of copayments against allowed maximums could be administratively burdensome for families, the State or for health plans, and ultimately may not be worth the added income. In all, New York has designed and maintained affordability and simplicity in its CHIP product.

## VII. CROWD OUT

When initially developing its CHIP program, New York had no significant concerns and subsequently no policies in place to address the potential for families to substitute government-sponsored insurance for private coverage. As reported in the first SCHIP evaluation's New York case study, the need for crowd out policy was first identified by the federal government, which suggested that all CHIP programs that cover children with family income above 200 percent FPL should take steps to prevent crowd out. Federal guidance, however, allowed that States could simply monitor whether or not crowd out was occurring and take action only if problems arose (Hill and Hawkes, 2002). This monitoring approach was sufficient for New York until the State expanded *CHIP* eligibility from 250 percent to 400 percent of poverty in 2009. At that time, New York was required by CMS to implement a six-month waiting period for families during which their child would have to be uninsured before being able to enroll in *CHPlus*. With this policy, however, New York included ten exemptions to the waiting period. The full list, which is quite broad in scope, allows families to be exempt from the waiting period if any of the following circumstances apply to them and their children:

- Involuntary job loss resulting in loss of health insurance
- Death of a family member resulting in termination of child's health insurance
- Changed jobs and new employer does not provide health benefits coverage
- Moved and no employer-based coverage is available
- Employer stopped offering health benefits to all employees
- Health benefits terminated due to long-term disability
- COBRA coverage expired
- Child applying for *CHPlus* coverage is pregnant
- Cost of the child's portion of employer-based coverage is more than five percent of the family's gross income
- Child applying for *CHPlus* coverage is at or below the age of five.

Even with the eligibility expansion to 400 percent FPL, few informants regard crowd out to be a significant problem in New York. Child advocates in the State who are in favor of eliminating any barriers to covering children, believe that families don't disenroll from or decline coverage they are satisfied with in order to take advantage of State subsidized programs, and therefore also believe that crowd-out prevention strategies are unnecessary.

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## VIII. FINANCING

With the passage of the CHIPRA, funding for the program was extended through 2013. The Affordable Care Act then extended that funding for two more years, through 2015. CHIPRA set new total annual allotments for the program and also revised the formula for calculating State-specific allotment amounts. This new method for determining State allotments was designed to account for States' actual and projected spending, adjusting for inflation and child population growth, rather than focusing on each State's share of uninsured/uninsured low-income children, as was previously the case. Drafters of the rule changes believe that it will lead to more appropriate distribution of CHIP funds at the beginning of each year and avoid the need for massive re-allocations of funds from States unable to spend their allotment at the end of each year.

New York, historically, has been a State that received a lower allotment than it needed, and had to rely on large re-allocations of unspent funds from other States at the end of each fiscal year. With the passing of CHIPRA and implementation of the new formula, New York's CHIP allocation increased more than 30 percent in 2009 compared with the previous year, and has continued to climb since. Table VII.1 details New York's federal allotment for CHIP over the past several years.

The State reports that this new method for determining the State's allocation has improved the adequacy and stability of funding for the program; in recent years, New York has actually had to return unspent funds to the federal government. The State's share of funding for *CHPlus* is 35 percent, which has not changed. In contrast to the Medicaid program in New York, however, none of the State funds for *CHPlus* are supported by county governments. This has historically been viewed as an advantage for *CHPlus*, and the State is transitioning away from this structure for Medicaid by limiting county contributions to Medicaid since 2006 with the goal of ultimately eliminating them altogether.

Despite significant budget crises in New York in recent years, the *CHPlus* program has enjoyed relative security, with few challenges to the program. Any challenges that have arisen—for example calls for reinstating face-to-face interviews for Medicaid and reversing the CHIP expansion to 400 percent FPL—have been rebuffed with the help of MOE rules enacted with CHIPRA.

**Table VIII.1. CHIP Allotments and Expenditures (in millions of dollars)**

| FFY  | Federal Allotment | Federal Expenditures | Federal Matching Rate |
|------|-------------------|----------------------|-----------------------|
| 2005 | \$270.1           | \$362.5              | 65                    |
| 2006 | \$272.5           | \$328.5              | 65                    |
| 2007 | \$340.8           | \$324.4              | 65                    |
| 2008 | \$328.7           | \$326.9              | 65                    |
| 2009 | \$433.5           |                      | 65                    |
| 2010 | \$453.8           | \$499.4              | 65                    |
| 2011 | \$525.8           | \$533.3              | 65                    |
| 2012 | \$548.8           | \$557.8              | 65                    |

Sources: 2005—2008 allotment data: Georgetown University Health Policy Institute, Center for Children and Families, 2009. *Original SCHIP Allotment by State, 1998-2008*. Available at: <http://ccf.georgetown.edu/index/cms-filesystem-action?file=statistics/historic%20schip%20allotments.pdf>; 2009—2012 allotment data: Georgetown University Health Policy Institute, Center for Children and Families, 2012. *FY 2009 - FY 2012 CHIP Allotments, in Millions, by State*. Available at: [http://ccf.georgetown.edu/index/cms-filesystem-action?file=statistics/chipra allotments.pdf](http://ccf.georgetown.edu/index/cms-filesystem-action?file=statistics/chipra%20allotments.pdf)

Georgetown University Health Policy Institute, Center for Children and Families, 2009. *Federal SCHIP Expenditures by State, 1998-2008*. Available at: [http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/financing/historic schip expenditures.pdf](http://ccf.georgetown.edu/index/cms-filesystem-action?file=policy/financing/historic%20schip%20expenditures.pdf).

Medicaid and CHIP Payment and Access Commission, March 2010, 2011, March 2012, and March 2013 Reports to Congress were the source of expenditure data for 20010-2012.

The Henry J. Kaiser Family Foundation, State Health Facts. *New York: Enhanced Federal Medical Assistance Percentage (FMAP) for the Children's Health Insurance Program (CHIP)*, Available at: <http://www.statehealthfacts.org/profileind.jsp?rgn=2&cat=4&ind=239>

## IX. PREPARATION FOR HEALTH CARE REFORM

New York has been proactive in preparing for and implementing the Affordable Care Act. After the State legislature failed to enact legislation to establish a health insurance exchange (HIX) in 2011, Governor Cuomo in April 2012 issued an executive order to do so. The legislature has passed laws amending the State's insurance codes to meet standards set out in the Affordable Care Act. New York was also a recipient of a federal Early Innovator grant and has used those funds to make headway in designing a new information technology (IT) system that will be used to enroll New Yorkers into subsidized coverage in the HIX and into expanded Medicaid coverage.

Notably, the Medicaid expansion under the Affordable Care Act is not expected to have a significant effect on New York's program, since the State has such a long history of generous publicly-sponsored insurance program. Specifically, as described above, *Family Health Plus* already covers parents with children at 150 percent of poverty, and childless adults at 100 percent of poverty, so the only new population that will be affected by the mandated Medicaid expansion will be childless adults with incomes between 100 and 133 percent of poverty. It is estimated that 100,000 individuals will gain coverage under this provision, in a program that currently serves more than 5 million people (Coughlin et al, 2012).

Notably, *Child Health Plus* has not been prominent in State officials' discussions of reform; plans call for continuing the program as it is, at least until current federal funding for CHIP expires at the end of 2015. As mentioned above, to align Medicaid income eligibility for all children ages one through 18, New York did begin transitioning its *CHPlus*-enrolled children ages six through 18 in families with incomes between 100 percent and 133 percent of poverty into Medicaid beginning in November 2011, ahead of the federal timeline that would have moved these children into Medicaid in 2014. The State is doing so incrementally, making the shift as children come up for their annual renewal. In total, State officials estimate that between 70,000 and 100,000 of its total *CHP* population (roughly 20-25 percent) will shift into Medicaid as a result of this Affordable Care Act provision. Beyond this, with regard to eligibility, there has been some speculation that *CHPlus* might do away with its full-premium buy-in for families above 400 percent of poverty once the State's HIX is in place after 2014.

The other Affordable Care Act-related development that probably holds the largest implication for *CHPlus* is the development of the new eligibility system for Medicaid and the exchange. If implemented as currently envisioned, it is likely that *CHPlus* eligibility will eventually be determined through the new system alongside that of Medicaid, which would result in health plans losing their current role in determining children's eligibility for the program and renewing that coverage annually. Some key informants were disappointed by this prospect, not wanting to disrupt or lose an enrollment system that was working so well for *CHPlus*. But many informants also expressed hope that Facilitated Enrollment, in one form or another, would remain after 2014. Since the Affordable Care Act explicitly identifies a role for "navigators" to help individuals, families, and small businesses to apply for coverage, Facilitated Enrollment may provide a strong foundation of community-based organizations and providers to play this role after implementation of reform.

With regard to health plan participation in the exchange, commercial plans that currently serve *CHPlus* and Medicaid enrollees are most likely to also compete for enrollees in the HIX.<sup>7</sup> Whether or not PHSPs—which dominate the public insurance markets in New York City—will be able to participate in the HIX is still an open question. Such participation would likely require these plans to expand their capacity, convert their current licenses to HMO licenses, and perhaps require them to pay hospitals and providers more favorable rates than they currently do under Medicaid. But the extent to which PHSPs are able to participate in the HIX will dramatically affect the extent to which families may experience disruptions to the continuity of their care as they move between Medicaid, *CHPlus*, and subsidized coverage products available in the HIX. Generally speaking, however, stakeholders were not concerned about the capacity of New York’s robust service delivery system to absorb the newly insured, regardless of how the specifics of plan participation played out.

New York is also weighing the pros and cons of adopting the Basic Health Program (BHP) option permitted by the Affordable Care Act, to serve individuals and families with incomes between 133 percent and 200 percent of poverty. Strong arguments expressed by informants in favor of a BHP stressed that such a program would likely be much more similar to Medicaid and *CHPlus* than private insurance, and thus provide better continuity of care (and less churning) to working poor individuals and families. (PHSP representatives were very supportive of the BHP option, seeing the likely enrollees as very much like the *CHPlus* families they currently serve, and seeing the program as providing a seamless opportunity for their network to serve an even larger swath of the State’s population under 200 percent of poverty.) A BHP would also be significantly more affordable for these populations than subsidized coverage through the HIX. The standard argument against a BHP is that it would take enrollees out of the HIX, thereby undermining the risk pool and making the HIX less attractive to health plans. But State officials countered that argument by pointing to estimates that a BHP in New York would only reduce the HIX pool by 20 percent, leaving a robust 800,000 individuals still available to participate in the exchange.

Finally, with regard to the uncertain status of federal funding for CHIP after 2015, informants were unanimous in their belief that *Child Health Plus* would continue on, in one form or another, regardless of whether or not Congress reauthorized the program. These informants pointed out that *CHPlus* predated Title XXI as a State-funded program, that it had always garnered tremendous political, provider, and consumer support, and that they could not imagine that, because of this support, the program would ever be permitted to “go away.”

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<sup>7</sup> The same is true for health plans that participate in Healthy New York, a state subsidized program for eligible individuals and families with income less than 250 percent of the Federal Poverty Level and eligible small businesses.

## X. CONCLUSIONS AND LESSONS LEARNED

Moving into its third decade, *Child Health Plus* appears to be thriving. The program remains enormously popular among consumers and providers, as well as political leaders. Its enrollment systems facilitate broad participation among eligibles, and its service delivery networks allow good access to high quality care. *CHPlus* is so well ensconced in the fabric of New York’s public insurance infrastructure that stakeholders believe it will survive the transition during implementation of the Affordable Care Act.

Conclusions and lessons learned from this case study of New York’s CHIP program include:

- *CHPlus*’ expansion of eligibility to children with family income up to 400 percent of the federal poverty level—the highest threshold in the nation—was identified by informants as the most important change to the program in the last several years. While not part of the CHIPRA statute, President Obama’s rescinding of the CMS August 17 directive that had kept New York from enacting this expansion coincided with the signing of the law in early 2009. The subsequent expansion allowed New York to feasibly reach every uninsured child in the State and promises to help it further reduce the rate of uninsurance among children below the five percent level that existed at the time of enactment.
- CHIPRA did not greatly impact *CHPlus*, as the program already had broad eligibility criteria, rich benefits coverage, and a robust quality monitoring system in place. Compliance with required changes—such as expanding dental coverage of medically necessary orthodontia, reaching behavioral health parity, and paying FQHCs based on Medicaid prospective payment methods—was smoothly and easily achieved, according to State officials. The newly required 30-day grace period before cancellation of coverage was described as very helpful in reducing “churn” and unnecessary disenrollment, and CHIPRA’s revision to the State funding formula has certainly provided New York with more stable and predictable allotments to support service delivery. (Details regarding CHIPRA compliance appear in Table X.1.)
- New York’s enrollment system for *CHPlus* is quite unique and offers a model for other States to consider. Specifically, with its Facilitated Enrollment system, the State has succeeded in leveraging health plans’ marketing expertise and built-in incentives to help children gain and retain coverage, while enforcing rules that effectively prohibit these plans from inappropriate behavior. Both health plans and a wide network of community-based agencies participate as FEs and extend critical help to families attempting to navigate the application and renewal processes for *CHPlus* and Medicaid. Parents participating in this study’s focus groups repeatedly described how helpful FEs were in resolving problems, clarifying questions, and ensuring that applications were submitted completely and accurately, thus facilitating children enrollment into coverage.
- Officials in the State DOH, who jointly administer both *CHPlus* and Medicaid, have succeeded in developing a nearly seamless service delivery system for the two programs with robust and diverse health plan participation, strong provider participation and very similar networks, and ample choice (of both plans and providers) across the State. This, coupled with a benefits package that was widely

praised as comprehensive and cost sharing that was described as fair and affordable, has allowed *CHPlus* to provide children and their families with very good access to care. Furthermore, a well-established quality monitoring system helps ensure that this access is maintained. Weak spots do exist—for example, with regard to access to dental care and some pediatric specialists, upstate—but none were considered severe, and State officials hope to continue strengthening *CHPlus* service delivery moving forward.

**Focus Group Findings: Implications of having health insurance**

Parents were unanimous in their extreme appreciation of having coverage for their children.

*"It's, you know, a blessing to have it..."*

*"It's hard to put into words...but it means that I can take care of my kids and have such great healthcare coverage."*

*"I can have peace of mind..."*

*"You can sleep at night..."*

*"I think every kid should have that privilege..."*

- New York has been proactive in implementing the Affordable Care Act, taking steps to establish a health insurance exchange, amend insurance codes to meet new standards, and begin the design of a new and modern eligibility and enrollment system for Medicaid and the exchange. Throughout these efforts, discussion of the future role of *CHPlus* has been decidedly absent. To informants, it seems a foregone conclusion that *CHPlus* will be maintained; the program is that popular. The fact that *CHPlus* pre-dated the creation of CHIP at the federal level by nearly a decade was also cited as evidence that New York will remain committed to the program, even in the face of uncertain future federal funding after 2015.

In conclusion, *Child Health Plus* appears well positioned to continue its effective operations into the future.

**Table X.1. New York's Compliance with Key Mandatory and Optional CHIPRA Provisions**

| Provision                                                                                                                                                                     | Implemented in New York? |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>Mandatory CHIPRA provisions</b>                                                                                                                                            |                          |
| Mental health parity required for States that include mental health or substance abuse services in their CHIP plans by October 1, 2009                                        | Yes                      |
| Requires States to include dental services in CHIP plans                                                                                                                      | Yes                      |
| Medicaid citizenship and identity documentation requirements applied to Title XXI, effective January 1, 2010                                                                  | Yes                      |
| 30-day grace period before cancellation of coverage                                                                                                                           | Yes                      |
| Apply Medicaid prospective payment system to reimburse FQHCs and RHCs effective October 1, 2009                                                                               | Yes                      |
| <b>Optional CHIPRA provisions</b>                                                                                                                                             |                          |
| Option to provide dental-only supplemental coverage for children who otherwise qualify for a State's CHIP program but who have other health insurance without dental benefits | No                       |
| Option to cover legal immigrant children and pregnant women in their first 5 years in the United States in Medicaid and CHIP                                                  | Yes                      |
| Bonus payments for those implementing five of eight simplifications                                                                                                           | No                       |
| Contingency funds for States exceeding CHIP allotments due to increased enrollment of low-income children                                                                     | TBD                      |
| CHIPRA Outreach Grants                                                                                                                                                        | Yes                      |
| Quality initiatives, including development of quality measures and a quality demonstration grant program                                                                      | Yes                      |

FQHC = Federally qualified health center; RHC = rural health clinic.

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- Hill, Ian and Corrina Hawkes. “Congressionally Mandated Evaluation of the State Children’s Health Insurance Program: Site Visit Report—The State of New York’s Child Health Plus Program.” Washington, DC: The Urban Institute, December 2002.
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- New York State Department of Health, *Managed Care Plan Access and Utilization Report, 2011*.  
[http://www.health.ny.gov/health\\_care/managed\\_care/qarrfull/qarr\\_2011/docs/access\\_util11.pdf](http://www.health.ny.gov/health_care/managed_care/qarrfull/qarr_2011/docs/access_util11.pdf)
- Reports and Data: Medicaid/CHIP Participation Rates, InsureKidsNow.gov, 2011. Available at: <http://www.insurekidsnow.gov/professionals/reports/index.html>.

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## **APPENDIX A**

### **SITE VISITORS AND KEY INFORMANTS**

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## New York Site Visit

February 13-16

### Site Visitors

---

*Urban Institute*

Ian Hill

Sarah Benatar

*Mathematica Policy Research*

Sheila Hoag

*U.S. Department of Health and Human Services*

Wilma Robinson

### Key Informants: Albany and Hudson, NY

---

*New York State Department of Health, Child Health Plus*

Judith Arnold

Gabrielle Armenia

Ralph Bielefeldt

*Governor Andrew Cuomo's Office*

Donna Frescatore

*Albany Medical Group*

Debbie Pistilli

Peter Hilchrist

*Capital District Physician's Health Plan*

Sheila Nelson

Chris Grant

Shari Barnardo

*American Academy of Pediatrics*

Elie Ward

*Columbia Healthcare Consortium*

Lisa Thomas

Rachel VanDenbergh

Dodie Rollins

## **Key Informants: New York City, NY**

---

*Coalition of New York State Public Health Plans*

Tony Fiori

*Children's Defense Fund*

Lorraine Gonzalez

Erin Hoven

*Community Health Care Association of NYS*

Elizabeth Swain

Beverly Grossman

*Children's Aid Society*

Akash Mangar

*Fidelis Catholic Health Plan*

Richard Fazzolari

John Kaplan

*William F. Ryan Community Health Center*

Informant Name/TBD

*Seedco*

Michelle Henry

Andrew Stettner

Susmitha Nallamshetty

**APPENDIX B**  
**APPLICATION**

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| ACCESS NY HEALTH CARE Medicaid / Family Health Plus / Child Health Plus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PLEASE READ the entire application and INSTRUCTIONS before you fill it out. Print clearly in blue or black ink. An incomplete application cannot be processed and will result in a delay of a decision on your application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| Section A Applicant's Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| Legal First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                             | Middle Initial                                                                                                           |                                                             |                                                                                                                                                                                                             | Legal Last Name                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| Primary Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                             | Another Phone #                                                                                                          |                                                             |                                                                                                                                                                                                             | What Language Do You Speak?                                                                                                                                                                                 |                                                                                                                                                                          |                                                                                                                                                                          | Read?                                                                                                                                                                    |
| <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                             | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| HOME ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                             | SEND PROOF                                                                                                               |                                                             |                                                                                                                                                                                                             | Apt. #                                                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| of the persons applying for health insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| <input type="checkbox"/> Check here if homeless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | Zip Code                                                                                                                                                                                                    |                                                                                                                                                                          |                                                                                                                                                                          | County                                                                                                                                                                   |
| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | Apt. #                                                                                                                                                                                                      |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| of the persons applying for health insurance if different from above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | State                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                                                          | Zip Code                                                                                                                                                                 |
| OPTIONAL: If there is another person you would like to receive your Medicaid notices, please provide this person's contact information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | State                                                                                                                                                                                                       |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| I want this contact person to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | Zip Code                                                                                                                                                                                                    |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| <input type="checkbox"/> Apply for and/or renew Medicaid for me<br><input type="checkbox"/> Discuss my Medicaid application or case, if needed<br><input type="checkbox"/> Get notices and correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             | Phone #                                                                                                                                                                                                     |                                                                                                                                                                          |                                                                                                                                                                          | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other                                                 |
| Check all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| Section B Household Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| If you live in the household, start with yourself. If you do not, start with any adults who live in the household. List the full legal names of the persons applying for or already receiving Medicaid, Family Health Plus or Child Health Plus and list the ID Number from their Benefit Card or health plan ID card. You must provide information for household members including: parents, step-parents, and spouses. You may provide information for other household members (for example, a dependent child under the age of 21). Listing other household members may allow us to give you a higher eligibility level. Pregnant women and children under 19 may be eligible for health insurance regardless of immigration status. |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| Legal First, Middle, Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Birth                                                    | Is this person applying for health insurance?               | Is this person pregnant?                                                                                                 | Is this person the parent of an applying child?             | What is the relationship to the person in Box 1?                                                                                                                                                            | If this person has or had public health coverage in the past, check the box that applies.                                                                                                                   | Social Security Number (if you have one)                                                                                                                                 | Please mark one box that indicates your current Citizenship or Immigration Status. Not needed for pregnant women                                                         | *Race/Ethnic Group                                                                                                                                                       |
| 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | SELF                                                                                                                                                                                                        | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: |
| City of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State of Birth                                                   | Country of Birth                                            |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| This Person's Mother's Full Maiden Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status:                                    | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br><input type="checkbox"/> Enter the date you received your immigration status: |
| City of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State of Birth                                                   | Country of Birth                                            |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |
| This Person's Mother's Full Maiden Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                             |                                                                                                                          |                                                             |                                                                                                                                                                                                             |                                                                                                                                                                                                             |                                                                                                                                                                          |                                                                                                                                                                          |                                                                                                                                                                          |

Effective 7/1/10, citizen children who provide a SSN are not required to provide identity or citizenship documentation if eligible for Child Health Plus.

SEND PROOF: Refer to the "Documents Needed When You Apply for Health Insurance" in the instructions on pages 1-3. "Documentation Checklist for Health Insurance", for a list of documents that prove identity, citizenship or immigration status.

\*Race/Ethnic Group Codes (optional): A-Asian, B-Black or African-American, I- Native American or Alaskan Native, P- Native Hawaiian or other Pacific Islander, W-White, U-Unknown. Please also tell us if you are Hispanic or Latino-H

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**FOR OFFICE USE ONLY**

To be completed by the person assisting with the application

Signature of Person Who  
Obtained Eligibility Information:

Employed By: (check one)

☐ Community-Based Facilitated Enrollment Agency ☐ Health Plan ☐ Social Services District ☐ Provider Agency ☐ Qualified Entities

X \_\_\_\_\_

Employer Name: \_\_\_\_\_

To be completed by Facilitated Enrollers

Facilitated Enroller:

Lead Agency/Plan Name:

Lead Org/Plan ID:

Language Used for Application Assistance:

Application Start Date:

Application  
Sequence Number:Application Completion  
Date:

Enter Code of Applying Child:

Medicaid \_\_\_\_\_ CHPlus \_\_\_\_\_

To be used by the local Social Services District

Eligibility Determined By:

Date:

Eligibility Approved By:

Date:

Center Office:

Application Date:

Unit ID:

Worker ID:

Case Name:

District:

Case Type:

Case #:

Effective Date:

MA Disposition Reason Code:

☐ Denial Code ☐ Withdrawal

Proxy:

☐ Yes ☐ No

Registry #:

Ver:

To be used by Child Health Plus Plans

CHPlus Disposition:

☐ Approved ☐ Denied

Denial Code:

Effective Date:

# Children Enrolled (CHPlus):

## TERMS, RIGHTS AND RESPONSIBILITIES

- **Reimbursement of Medical Expenses**

I understand that I have a right as part of my Medicaid application, or later, to request reimbursement of expenses I paid for covered medical care, services and supplies received during the three month period prior to the month of my application. After the date of my application, reimbursement of covered medical care, services and supplies will only be available if obtained from Medicaid enrolled providers.

#### FAMILY HEALTH PLUS AND MEDICAID MANAGED CARE

I understand that in order to receive Family Health Plus benefits, I must join a managed care health plan. I also know that in some counties, joining a health plan may be required to receive Medicaid. I have read how to find out whether my county requires Medicaid enrollees to join a health plan, and how to find out what health plans are available to me in Family Health Plus and in Medicaid managed care. I understand that if I am found eligible for Family Health Plus, I will be enrolled in the Family Health Plus plan I have chosen. I/we also understand that if I/we are found eligible for Medicaid instead of Family Health Plus and I/we are in a county that requires Medicaid enrollees to be in a managed care health plan, I/we will be enrolled in the health plan I/we chose unless that health plan does not participate in Medicaid managed care. If I/we are in a county that does not require enrollees to be in a Medicaid managed care health plan, I/we will still be enrolled in the health plan I/we chose unless I/we notify my local social services department in writing, or I/we check the box in Section I, that I/we do not want to be in that plan.

I have read how to find out the rights and benefits that I will have as a member of a managed care health plan and the benefit limitations of managed care membership.

I understand that in both Family Health Plus and Medicaid managed care, I must choose a Primary Care Provider (PCP) and that I will have a choice from at least three PCPs in my health plan. I understand that once I enroll in a health plan, I will have to use my PCP and other providers in my health plan except in a few special circumstances.

I understand that if a child is born to me while I am a member of a Medicaid managed care health plan, my child will be enrolled in the same health plan that I am in. I understand that if a child is born to me while I am a member of a Family Health Plus plan that also participates in Medicaid managed care, my child will be enrolled in the same health plan that I am in.

- **Release of Medical Information**

I consent to the release of any medical information about me and any members of my family for whom I can give consent:

- By my PCP, any other health care provider or the New York State Department of Health (NYSDOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations. This may include pharmacy and other medical claims information needed to help manage my care;

- By my health plan and any health care providers to NYSDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid, Child Health Plus, and Family Health Plus programs; and

- By my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations.

I also agree that the information released for treatment, payment and health care operations may include HIV, mental health or alcohol and substance abuse information about me and members of my family to the extent permitted by law, until I revoke this consent.

If more than one adult in the family is joining a Family Health Plus or Medicaid health plan, the signature of each adult applying is necessary for consent to release information.

- **Reimbursement of Medical Expenses**

I understand that if I am determined eligible for Family Health Plus my enrollment will be effective no later than 90 days from the date of submission of a completed application. In the event of an error or delay in my enrollment, Medicaid may be able to reimburse me for reasonable medical expenses I pay as a result of the error or delay. Medicaid may pay my provider for any unpaid expenses only if that provider is a Medicaid enrolled provider.

## TERMS, RIGHTS AND RESPONSIBILITIES

By completing and signing this application, I am applying for Medicaid, Family Health Plus, and Child Health Plus. I understand that this application, notices and other supporting information will be sent to the program(s) for which I want to apply. I agree to the release of personal and financial information from this application and any other information needed to determine eligibility for these programs. I understand that I may be asked for more information. I agree to immediately report any changes to the information on this application.

- I understand that I must provide the information needed to prove my eligibility for each program. If I have been unable to get the information for Medicaid or Family Health Plus, I will tell the social services district. The social services district may be able to help in getting the information.

- If I am applying at a place other than a local department of social services, and my children are not found eligible for Medicaid using this application, I can contact the local department of social services to see if my children are eligible for Medicaid on some other basis.

- I understand that workers from the programs for which family members or I have applied may check the information given by me for this application. The agencies that run these programs will keep this information confidential according to 42 U.S.C. 1396a (a) (7) and 42 CFR 431.300-431.307, and any federal and state laws and regulations.

- By applying for Child Health Plus, I agree to pay the applicable premium contribution not paid by New York State.

- I understand that Medicaid, Family Health Plus, and Child Health Plus will not pay medical expenses that insurance or another person is supposed to pay, and that if I am applying for Medicaid or Family Health Plus,

I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits.

- I will file any claims for health or accident insurance benefits or any other resources to which I am entitled. I understand that I have the right to claim good cause not to cooperate in using health insurance if its use could cause harm to my health or safety or to the health and safety of someone I am legally responsible for.

- I understand that my eligibility for these programs will not be affected by my race, color, or national origin.

I also understand that depending on the requirements of these individual programs, my age, sex, disability or citizenship status may be a factor in whether or not I am eligible.

- I understand that if my child is on Medicaid or Family Health Plus, he or she can get comprehensive primary and preventive care, including all necessary treatment through the Child/Teen Health Program. I can get more information on this program from the local department of social services.

- I understand that anyone who knowingly lies or hides the truth in order to receive services under these programs is committing a crime and subject to federal and state penalties and may have to repay the amount of benefits received and pay civil penalties. The New York State Department of Tax and Finance has the right to review income information on this form.

## SOCIAL SECURITY NUMBER

Child Health Plus: SSNs are not required to enroll in Child Health Plus. If available, I will include it for children applying for Child Health Plus.

Medicaid, or Family Health Plus: SSNs are required for all applicants, unless the person is pregnant or a non-qualified alien. SSNs are not required for members of my household who are not applying for benefits. I understand that this is required by Federal Law at 42 U.S.C. 1320b-7 (a) and by Medicaid regulations at 42 CFR 435.910. SSNs are used in many ways, both within department of social services (DSS) and between the DSS and federal, state, and local agencies, both in New York and other jurisdictions. Some uses of SSNs are: to check identity, to identify and verify earned and unearned income, to see if non-custodial parents can get health insurance coverage for applicants, to see if applicants can get medical support, and to see if applicants can get money or other help. SSNs may also be used for identification of the recipient within and between central governmental Medicaid agencies to insure proper services are made available to the recipient. Also, if I apply for other programs in this joint application, those programs will have access to my SSN and could use it in the administration of the program.

## FOR MEDICAID APPLICANTS ONLY

## • Release of Educational Records

I give permission to the local department of social services and New York State to obtain any information regarding the educational records of my child(ren), herein named, necessary for claiming Medicaid reimbursements for health-related educational services, and to provide the appropriate federal government agency access to this information for the sole purpose of audit.

## • Early Intervention Program

If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the local department of social services and New York State to share my child's Medicaid eligibility information with my county Early Intervention Program for the purpose of billing Medicaid.

**Section I**    **Health Plan Selection**If you are in receipt of Medicare, **STOP** skip this section.

**IMPORTANT:** People with Family Health Plus and Child Health Plus must choose a health plan to get their health services. Most people with Medicaid must choose a health plan; if you don't choose a health plan you may be automatically enrolled in one unless it is determined you are exempt. For Medicaid and Family Health Plus: if you need information about what plans are available in your county, what plans your doctor is in and if you have to join, please call **New York Medicaid CHOICE** at 1-800-505-5678. You can also call or visit your local Department of Social Services. For information about Child Health Plus plans, call 1-800-698-4543. If you already know what plan you want, use this section for your plan choice.

**NOTE:** If you or family members are found eligible for Medicaid, you will be enrolled in the health plan you choose if it provides Medicaid. If you live in a county that does not require people on Medicaid to join a health plan, you can tell us you do not want to be in a health plan by calling or writing to your local Department of Social Services or by checking this box ☐

| Legal Last Name | Legal First Name | Date of Birth | Social Security # | Name of Health Plan You are Enrolling in | Preferred Doctor or Health Center (optional) Check Box if Your Current Provider | OB/GYN (optional) |
|-----------------|------------------|---------------|-------------------|------------------------------------------|---------------------------------------------------------------------------------|-------------------|
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |
|                 |                  |               |                   |                                          | <input type="checkbox"/>                                                        |                   |

**Section J**    **Signature**

I agree to have the information on this application and on the annual renewal shared only among Medicaid, Family Health Plus, Child Health Plus, the health plans indicated in Section I, the local social services district, and the facilitated enrollment organization providing the application assistance. I also consent to sharing this information with any school-based health center that provides services to the applicant(s). I understand this information is being shared for the purpose of determining the eligibility of those individuals applying for Medicaid, Family Health Plus, Child Health Plus, or to evaluate the success of these programs. Each applying adult must sign this application in the space below. By signing this application, I understand that each person applying for Medicaid, Family Health Plus, Child Health Plus, will be enrolled in the appropriate program, if eligible. **I have also read and understand the Terms, Rights and Responsibilities included in this application booklet on the next page.** I certify under penalty of perjury that everything on this application is the truth as best I know.

Date

Signature of adult applicant or authorized representative for the applicant

Date

Signature of adult applicant or authorized representative for the applicant

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NYSDOH

## Section G Additional Health Questions

1. Does anyone applying have paid or unpaid medical or prescription bills for this month or the three months before this month? Medicaid may be able to pay these bills or reimburse you.  
☐ No ☐ Yes If yes: Name: \_\_\_\_\_ In which month(s) of the previous three months do you have medical bills? \_\_\_\_\_

**SEND PROOF** of income for any month in the three-month period for which you have bills. If you have paid medical bills for which you are seeking reimbursement, you must send copies and proof of payment.

2. Do you, or anyone applying, have any unpaid medical or prescription bills older than the previous three months? ☐ No ☐ Yes

3. Have you, or anyone who lives with you and is applying, moved into this county from another state or New York State county within the past three months? ☐ No ☐ Yes

If yes, who? \_\_\_\_\_ Which state? \_\_\_\_\_ Which county? \_\_\_\_\_

4. Does anyone who is applying have a pending lawsuit due to an injury? ☐ No ☐ Yes If yes, who: \_\_\_\_\_

5. Does anyone applying have a Workers' Compensation case or an injury, illness, or disability that was caused by someone else (that could be covered by insurance)? ☐ No ☐ Yes

If yes, who? \_\_\_\_\_

## Parent or Spouse Not Living in the Household or Deceased

Families who are applying for their children and pregnant women are **NOT** required to fill out this section. All other people who are applying and are age 21 or over must be willing to provide information about a parent of an applying minor or a spouse living outside the home to be eligible for health insurance, unless there is good cause. Children may still be eligible even if a parent is not willing to provide this information. If you fear physical or emotional harm as a result of providing information about a parent or spouse not living in the home, you may be excused from providing this information. This is called **Good Cause**. You may be asked to show that you have a good reason for your fears.

## Section H

1. Is the spouse or parent of anyone applying deceased? ☐ No ☐ Yes  
 If yes, name of applicant with deceased parent or spouse: \_\_\_\_\_ (If spouse or parent is deceased go to question 3.)

2. Does a parent of any applying child live outside the home? (If no, skip to question 3) ☐ No ☐ Yes

If you fear physical or emotional harm if you provide information about a parent who does not live in the home, check this box ☐

|               |                                          |  |                                |                   |
|---------------|------------------------------------------|--|--------------------------------|-------------------|
| Child's Name: | Name of parent living outside the home   |  | Current or last known address: |                   |
|               | _____                                    |  | Street: _____                  | City/State: _____ |
| Child's Name: | Date of Birth (if known): ____/____/____ |  | SSN (if known): _____          |                   |
|               | Name of parent living outside the home   |  | Current or last known address: |                   |
|               | _____                                    |  | Street: _____                  | City/State: _____ |
|               | Date of Birth (if known): ____/____/____ |  | SSN (if known): _____          |                   |

3. Is anyone applying still married to someone who lives outside the home? ☐ No ☐ Yes If yes, name of person applying who is still married: \_\_\_\_\_

If you fear physical or emotional harm if you provide information about a spouse who does not live in the home, check this box ☐

|                                                  |                           |                       |                                |                   |
|--------------------------------------------------|---------------------------|-----------------------|--------------------------------|-------------------|
| Legal name of spouse living outside of the home: | Date of Birth (if known): |                       | Current or last known address: |                   |
|                                                  | _____                     |                       | Street: _____                  | City/State: _____ |
|                                                  |                           | SSN (if known): _____ |                                |                   |

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NY'S DOH

**Section D Health Insurance**

You and your family may still be eligible even if you have other health insurance.

1. Does anyone who is applying have Medicare? ☐ No ☐ Yes If yes, include a copy of your card (red, white and blue card), for each Medicare beneficiary. **SEND PROOF**  
Complete the rest of this application and complete Supplement A.

2. Does anyone who is applying already have other commercial health insurance, including long term care insurance? ☐ No ☐ Yes If yes, you must send a copy of the front and back of the insurance card with this application. **SEND PROOF**

Name of insured (primary) \_\_\_\_\_ Persons Covered \_\_\_\_\_ Cost of Policy \_\_\_\_\_ End date of coverage, if ending soon \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
**Note:** If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do NOT need to complete Supplement A.

3. Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? (see instructions) ☐ No ☐ Yes  
If yes, does the public agency where that person works pay all or part of the cost of the health plan? ☐ No ☐ Yes

4. In the past 6 months, has anyone lost or cancelled any type of health insurance that was provided through an employer? ☐ No ☐ Yes (If no, skip to question 5) If yes, what date did you lose coverage? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Your answer to this question will help us understand why people change their health insurance.

**Why do the person(s) no longer have the health insurance? (Check only one)**

- ☐ 1. The person who had the insurance no longer works for the employer that provided the insurance.  
☐ 2. The employer stopped offering health insurance.  
☐ 3. The employer stopped offering health insurance for the child(ren) or stopped paying for health insurance for the child(ren) but continued to cover the working parent.  
☐ 4. The cost of health insurance went up and it was no longer affordable.  
☐ 5. Child Health Plus or Family Health Plus costs less than the insurance the person(s) used to have.  
☐ 6. Child Health Plus or Family Health Plus offers better benefits than the insurance the person(s) used to have.

5. Does your current job offer health insurance? We may be able to help pay for it. ☐ No ☐ Yes If yes, a "Request for Information Employer Sponsored Health Insurance" form will be sent to you.

**Section E Housing Expenses**

1. Monthly housing payment such as rent or mortgage, including property taxes (just your share). \$ \_\_\_\_\_  
 2. If you pay for water separately how much do you pay? \$ \_\_\_\_\_ How often do you pay? ☐ every month ☐ 2 times a year ☐ quarterly (4 times a year) ☐ once a year  
**SEND PROOF**  
 3. Do you receive free housing as part of your pay? ☐ No ☐ Yes

**Section F****Blind, Disabled, Chronically Ill or Nursing Home Care**

These questions help us determine which program is best for the applicants.

**If no one applying is Blind, Disabled, Chronically Ill or in a Nursing Home STOP please go to Section G.**

1. Are you, or anyone who lives with you, and is applying, in a residential treatment facility or receiving nursing home care in a hospital, nursing home or other medical institution? ☐ No ☐ Yes  
If yes, finish completing this application AND complete Supplement A.

2. Are you or anyone who lives with you blind, disabled or chronically ill? ☐ No ☐ Yes If yes, finish completing this application AND complete Supplement A.  
**Note:** If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do not need to complete Supplement A.

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NY'S DOH

**Section C Household Income****SEND PROOF**

Write the types of money and the amount received by everyone listed in Section B and

Earnings from Work: Includes wages, salaries, commissions, tips, overtime, self-employment. If you are self-employed check here: ☐ Check here if no earnings from work: ☐

| Name of Person | Type of Income/Employer Name | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|------------------------------|--------------------------|------------------------------|
|                |                              |                          |                              |
|                |                              |                          |                              |
|                |                              |                          |                              |

Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veterans' benefits, Workers' Compensation, child support payments/alimony, rental income, pension, annuities and trust income. Check here if no unearned income: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

Contributions: Money from relatives or friends, roomers or boarders (include money that anyone gives you each month to help meet living expenses). Check here if no contributions: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

Other: Temporary (cash) Assistance, Supplemental Security Income (SSI) payments, student grants, or loans. Check here if none: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

1. Do you or any applying adult in Section B have no income? ☐ No ☐ Yes Who? \_\_\_\_\_
2. If there is no income listed above, please explain how you are living:  
(For example: living with friend or relative)
3. Have you or anyone who is applying changed jobs or stopped working in the last 3 months? ☐ No ☐ Yes  
If yes: Your last job was: Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
If yes: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate Student's Name: \_\_\_\_\_
4. Are you or anyone who is applying a student in a vocational, undergraduate, or graduate program? ☐ No ☐ Yes  
If yes: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate Student's Name: \_\_\_\_\_
5. Do you have to pay for childcare (or for care of a disabled adult) in order to work or go to school? ☐ No ☐ Yes  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)
6. If you are not eligible for Medicaid or Family Health Plus coverage, you may still be eligible for the Family Planning Benefit Program. Are you interested in receiving coverage for Family Planning Services only? ☐ No ☐ Yes

NYS DOH

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## Section B Household Information (Continued from previous page)

| Legal First, Middle, Last Name                                                                                                                | Date of Birth<br><b>SEND PROOF</b>                                                                                                                         | Is this person applying for health insurance?<br><b>SEND PROOF</b> | Is this person the parent of an applying child?<br><b>SEND PROOF</b> | What is the relationship to the person in Box 1?                                                                                                                                                            | If this person has or had public health coverage in the past, check the box that applies.                                                                                                                                                                                  | Social Security Number (if you have one) | Please mark one box that indicates your current Citizenship or Immigration Status. Not needed for pregnant women <b>SEND PROOF</b> | *Race/<br>Ethnic Group |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 03                                                                                                                                            | <div> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Male<br/> <input type="checkbox"/> Female </div> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br>Enter the date you received your immigration status<br>Month / Day / Year<br><input type="checkbox"/> Non-immigrant (Visa holder)<br><input type="checkbox"/> None of the above |                                          |                                                                                                                                    |                        |
| Full Maiden Name (person's birth name before they were married)<br>State of Birth Country of Birth<br>This Person's Mother's Full Maiden Name |                                                                                                                                                            |                                                                    |                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                    |                        |
| 04                                                                                                                                            | <div> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Male<br/> <input type="checkbox"/> Female </div> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br>Enter the date you received your immigration status<br>Month / Day / Year<br><input type="checkbox"/> Non-immigrant (Visa holder)<br><input type="checkbox"/> None of the above |                                          |                                                                                                                                    |                        |
| Full Maiden Name (person's birth name before they were married)<br>State of Birth Country of Birth<br>This Person's Mother's Full Maiden Name |                                                                                                                                                            |                                                                    |                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                    |                        |
| 05                                                                                                                                            | <div> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Male<br/> <input type="checkbox"/> Female </div> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br>Enter the date you received your immigration status<br>Month / Day / Year<br><input type="checkbox"/> Non-immigrant (Visa holder)<br><input type="checkbox"/> None of the above |                                          |                                                                                                                                    |                        |
| Full Maiden Name (person's birth name before they were married)<br>State of Birth Country of Birth<br>This Person's Mother's Full Maiden Name |                                                                                                                                                            |                                                                    |                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                    |                        |
| 06                                                                                                                                            | <div> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Male<br/> <input type="checkbox"/> Female </div> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br>Enter the date you received your immigration status<br>Month / Day / Year<br><input type="checkbox"/> Non-immigrant (Visa holder)<br><input type="checkbox"/> None of the above |                                          |                                                                                                                                    |                        |
| Full Maiden Name (person's birth name before they were married)<br>State of Birth Country of Birth<br>This Person's Mother's Full Maiden Name |                                                                                                                                                            |                                                                    |                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                    |                        |
| 07                                                                                                                                            | <div> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No </div> <div> <input type="checkbox"/> Male<br/> <input type="checkbox"/> Female </div> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No          | <input type="checkbox"/> Child Health Plus<br><input type="checkbox"/> Medicaid<br><input type="checkbox"/> Family Health Plus<br><input type="checkbox"/> ID Number from Benefit Card/Plan Card, if known: | <input type="checkbox"/> U.S. Citizen<br><input type="checkbox"/> Immigrant/non-citizen<br>Enter the date you received your immigration status<br>Month / Day / Year<br><input type="checkbox"/> Non-immigrant (Visa holder)<br><input type="checkbox"/> None of the above |                                          |                                                                                                                                    |                        |
| Full Maiden Name (person's birth name before they were married)<br>State of Birth Country of Birth<br>This Person's Mother's Full Maiden Name |                                                                                                                                                            |                                                                    |                                                                      |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                    |                        |

Is anyone in your household a veteran? ☐ Yes ☐ No If yes, name: \_\_\_\_\_

Effective 7/1/10, citizen children who provide a SSN are not required to provide identity or citizenship documentation if eligible for Child Health Plus.

**SEND PROOF** Refer to the "Documents Needed When You Apply for Health Insurance" in the instructions on pages 1-3. "Documentation Checklist for Health Insurance" for a list of documents that prove Identity, Citizenship or Immigration Status.\*Race/Ethnic Group Codes (optional): A-Asian, B-Black or African-American, I- Native American or Alaskan Native, P- Native Hawaiian or other Pacific Islander, U-Unknown. Please also tell us if you are Hispanic or Latino: **H**

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NYS DOH

**Section D Health Insurance**

You and your family may still be eligible even if you have other health insurance.

1. Does anyone who is applying have Medicare? ☐ No ☐ Yes If yes, include a copy of your card (red, white and blue card), for each Medicare beneficiary. **SEND PROOF**  
Complete the rest of this application and complete Supplement A.

2. Does anyone who is applying already have other commercial health insurance, including long term care insurance? ☐ No ☐ Yes If yes, you must send a copy of the front and back of the insurance card with this application. **SEND PROOF**

Name of insured (primary) \_\_\_\_\_ Persons Covered \_\_\_\_\_ Cost of Policy \_\_\_\_\_ End date of coverage, if ending soon \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year  
**Note:** If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do NOT need to complete Supplement A.

3. Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? (see instructions) ☐ No ☐ Yes  
If yes, does the public agency where that person works pay all or part of the cost of the health plan? ☐ No ☐ Yes

4. In the past 6 months, has anyone lost or cancelled any type of health insurance that was provided through an employer? ☐ No ☐ Yes (If no, skip to question 5) If yes, what date did you lose coverage? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Your answer to this question will help us understand why people change their health insurance.

**Why do the person(s) no longer have the health insurance? (Check only one)**

- ☐ 1. The person who had the insurance no longer works for the employer that provided the insurance.  
☐ 2. The employer stopped offering health insurance.  
☐ 3. The employer stopped offering health insurance for the child(ren) or stopped paying for health insurance for the child(ren) but continued to cover the working parent.  
☐ 4. The cost of health insurance went up and it was no longer affordable.  
☐ 5. Child Health Plus or Family Health Plus costs less than the insurance the person(s) used to have.  
☐ 6. Child Health Plus or Family Health Plus offers better benefits than the insurance the person(s) used to have.

5. Does your current job offer health insurance? We may be able to help pay for it. ☐ No ☐ Yes If yes, a "Request for Information Employer Sponsored Health Insurance" form will be sent to you.

**Section E Housing Expenses**

1. Monthly housing payment such as rent or mortgage, including property taxes (just your share). \$ \_\_\_\_\_  
 2. If you pay for water separately how much do you pay? \$ \_\_\_\_\_ How often do you pay? ☐ every month ☐ 2 times a year ☐ quarterly (4 times a year) ☐ once a year  
**SEND PROOF**  
 3. Do you receive free housing as part of your pay? ☐ No ☐ Yes

**Section F Blind, Disabled, Chronically Ill or Nursing Home Care**

These questions help us determine which program is best for the applicants.

**If no one applying is Blind, Disabled, Chronically Ill or in a Nursing Home STOP please go to Section G.**

1. Are you, or anyone who lives with you, and is applying, in a residential treatment facility or receiving nursing home care in a hospital, nursing home or other medical institution? ☐ No ☐ Yes  
If yes, finish completing this application AND complete Supplement A.

2. Are you or anyone who lives with you blind, disabled or chronically ill? ☐ No ☐ Yes If yes, finish completing this application AND complete Supplement A.  
**Note:** If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do not need to complete Supplement A.

**Section C Household Income**

Write the types of money and the amount received by everyone listed in Section B and

**SEND PROOF**Earnings from Work: Includes wages, salaries, commissions, tips, overtime, self-employment. If you are self-employed check here: ☐ Check here if no earnings from work: ☐

| Name of Person | Type of Income/Employer Name | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|------------------------------|--------------------------|------------------------------|
|                |                              |                          |                              |
|                |                              |                          |                              |
|                |                              |                          |                              |

Unearned Income: Includes Social Security Benefits, disability payments, unemployment payments, interest and dividends, veterans' benefits, Workers' Compensation, child support payments/alimony, rental income, pension, annuities and trust income. Check here if no unearned income: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

Contributions: Money from relatives or friends, roomers or boarders (include money that anyone gives you each month to help meet living expenses). Check here if no contributions: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

Other: Temporary (cash) Assistance, Supplemental Security Income (SSI) payments, student grants, or loans. Check here if none: ☐

| Name of Person | Type of Income/Source | How Much? (before taxes) | How Often? (weekly, monthly) |
|----------------|-----------------------|--------------------------|------------------------------|
|                |                       |                          |                              |
|                |                       |                          |                              |
|                |                       |                          |                              |

1. Do you or any applying adult in Section B have no income? ☐ No ☐ Yes Who? \_\_\_\_\_
2. If there is no income listed above, please explain how you are living:  
(For example: living with friend or relative)
3. Have you or anyone who is applying changed jobs or stopped working in the last 3 months? ☐ No ☐ Yes  
If yes: Your last job was: Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name of Employer: \_\_\_\_\_  
If yes: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate Student's Name: \_\_\_\_\_
4. Are you or anyone who is applying a student in a vocational, undergraduate, or graduate program? ☐ No ☐ Yes  
If yes: ☐ Full Time ☐ Part Time ☐ Undergraduate ☐ Graduate Student's Name: \_\_\_\_\_
5. Do you have to pay for childcare (or for care of a disabled adult) in order to work or go to school? ☐ No ☐ Yes  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)  
Child's/adult's name: \_\_\_\_\_ How much? \$ \_\_\_\_\_ How Often? (weekly, every two weeks, monthly)
6. If you are not eligible for Medicaid or Family Health Plus coverage, you may still be eligible for the Family Planning Benefit Program. Are you interested in receiving coverage for Family Planning Services only? ☐ No ☐ Yes

NYS DOH

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