

public benefits

for low-income individuals and families
applying for and using
public benefit programs

child health plus

Center for
Benefits and
Services

Community
Service
Society | Fighting Poverty
Strengthening
New York

The Community Service Society of New York, a non-partisan social services agency, has been in the forefront of the fight against poverty for over 150 years. It has pioneered programs for school children, low-income tenants, health care patients, immigrants and poor people of every color and race throughout its history. At the midway point of its second century, CSS continues to do research on the causes and solutions to poverty-induced problems and to provide needy people with direct emergency help. Using advocacy and court challenges, CSS works to effect societal changes to improve the lives of those in poverty and empower them to provide better conditions for their children and communities.

Part of CSS, the Center for benefits and Services (CBS) is a single source for social service providers for information, training, and expert case assistance on the full range of government benefit and subsidized housing programs. The Center provides training on government benefits, telephone consultations to service providers, direct assistance to the general public and publications, including the *PBRC Manual*, a comprehensive guide to government benefit programs.

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Child Health Plus

Center for Benefits and Services

A PROGRAM OF THE COMMUNITY SERVICE SOCIETY

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Child Health Plus

What is Child Health Plus?



Child Health Plus is a federal and state funded health insurance program that offers free or low cost health insurance for uninsured children. The New York State Department of Health (DOH) combined New York State's two health insurance programs for children, Medicaid and Child Health Plus (CHPlus). These programs are now called CHPlus A (formerly Medicaid for children only) and CHPlus B (formerly CHPlus).

How is CHPlus A/Medicaid different from CHPlus B?

- The income guidelines for CHPlus A/Medicaid are stricter than they are for CHPlus B, so children whose family's income is too high for Medicaid may be able to get CHPlus B
- CHPlus A/Medicaid looks at children's immigration status while CHPlus B does not. Immigrant children without documentation from the U.S. Citizenship and Immigration Services can apply for CHPlus B.
- CHPlus A/Medicaid covers institutional care such as nursing homes, while CHPlus B does not.

What medical services does CHPlus A/Medicaid cover?

If your child is eligible, CHPlus A/Medicaid will pay for the following medical bills:

- doctors and dental visits
- hospital care
- medicine
- family planning services
- pregnancy care
- eye care and glasses
- hearing aids
- medical supplies like crutches
- health care for children and teens
- home health care
- nursing home care
- lab and X-ray services
- transportation to medical appointments



What bills will CHPlus B cover?

If your child is eligible CHPlus B will pay for the following medical bills:

- in-patient hospitalization
- regular physical check-ups
- services of physicians, optometrists, nurses, midwives and other related professional personnel
- immunizations
- diagnosis and treatment of illness and injury
- laboratory tests and diagnostic X-rays
- emergency room services
- emergency, preventive and routine vision care, including eye glasses
- emergency, preventive and routine dental care, except orthodontia and cosmetic surgery
- radiation therapy
- chemotherapy
- hemodialysis
- limited physical therapy
- outpatient mental health, alcohol and substance abuse services
- in-patient mental health, alcohol and substance abuse services
- prescription and non-prescription drugs
- speech and hearing services
- durable medical equipment
- diabetes treatment
- 24 hour telephone access to medical advice



How Do I Use CHPlus A/Medicaid?

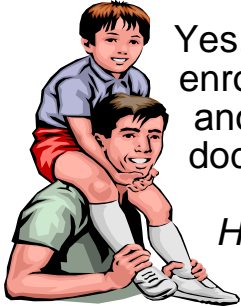
If your child is found eligible for CHPlus A/Medicaid he or she will probably be enrolled in a managed care plan. Medicaid applicants will enroll in a plan during the application process, or when they are called in to recertify for Medicaid.

How does a managed care plan work?

Under a managed care plan you will choose a personal doctor, who becomes your primary care physician (PCP). The doctor will provide you with medical care or, if necessary, send you to a specialist. If the plan does

not cover services like prescriptions or dental care, you can use the Medicaid benefit card to get them outside the managed care plan.

Can I change my child's managed care plan if I don't like it?



Yes, you can. You can change it within the first 90 days of enrolling. After the 90-day period, you can't change your plan for another 9 months. But, if you want, you can change your child's doctor up to twice a year.

How do I make a complaint about a managed care plan?

If you don't like the care you are getting at your managed care plan, you have the right to complain to the plan. You can also complain to the New York State Department of Health by calling **(800) 206-8125**.

How do I use CHPlus B?

If your child is found eligible for CHPlus B you will have to enroll him or her into a managed care plan. You will have a choice of joining any plan that serves your neighborhood. To find out which plans serve your neighborhood call the Child Health Plus Hotline at **(800) 522-5006**.

Can my child receive both CHPlus A/Medicaid and CHPlus B benefits?

No, your child can only receive one or the other, not both.

If my child is eligible for both CHPlus A/Medicaid and CHPlus B, can we choose which one we want?

No. If your child is eligible for both CHPlus A/Medicaid and CHPlus B, your child can only get CHPlus A. If you do not want to apply for CHPlus A, you will not be allowed to apply for CHPlus B.

What if one of my children is eligible for CHPlus A, but my other children are not?

Because of the way CHPlus A/Medicaid's expanded eligibility guidelines operate; younger children may be eligible for CHPlus A/Medicaid, while older children in the same family may not. If this happens with your family,

one child may get CHPlus A/Medicaid, while your other children may get CHPlus B.

If one of my children is covered under CHPlus A/Medicaid and another child is covered under CHPlus B, will my children be seeing different doctors?



That could happen. However, most of managed care plans that offer CHPlus B also offer CHPlus A/Medicaid. But your children can be enrolled in different managed care plans.

If all my children are on CHPlus A/Medicaid, do they have to belong to the same managed care plan?

Yes, they do.

If all my children are on CHPlus B, do they have to belong to the same managed care plan?

No, children in the same family can sign up for different managed care plans that offer CHPlus B.

Will my child receive a card from the CHPlus B managed care plan?

Yes, after your child has been accepted into CHPlus B, he or she will receive a card in the mail from the managed care plan. You should use this card when your child is receiving care from his or her doctor.

How will I know which doctors to use?

Once enrolled into CHPlus B you will receive a “provider directory” that lists the doctors, hospitals, health centers, dentists and pharmacies you can use for your child.

How will I know how to use CHPlus B?

The plan you join must give you a “Member Handbook”. This handbook explains the rules you must follow to get the managed care plan.

Read your Managed Care Plan’s member handbook carefully. It will tell you how to use your Plan.

Who Can Get Child Health Plus?



Only children can get Child Health Plus. Lower income children would be eligible for CHPlus A/Medicaid. Those children, whose families who have a higher income or are not eligible for CHPlus A/Medicaid because of their immigration status, would get CHPlus B. The requirements are spelled out below.

How Old Can My Child Be?

For either CHPlus A or B, your child is eligible from their birth until the end of the month that they turn 19. That is, if your child turns 19 on January 12th, they would continue receiving CHPlus A or B until January 31st.

How Much Income Can I Have To Qualify For CHPlus A/Medicaid?

CHPlus A/Medicaid counts most, but not all, of the income you might have. CHPlus A/Medicaid adds your income from all sources and then subtracts certain deductions such as work-related expenses, insurance premiums, or other deductions to figure out your net monthly income. After the worker works out your net monthly income, he or she will compare it to the allowable income limits.

What are CHPlus A/Medicaid income limits?

The income limits that CHPlus A/Medicaid uses to decide your child's eligibility will depend on their ages. Younger children have higher income limits; older children have lower income limits.

What are the income levels if I have a child under 1?

In 2008 the net monthly income levels for children under one are:

| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | Each additional member |
|--------------------|---------|-------|-------|-------|-------|-------|------------------------|
| Net Monthly Income | \$1,734 | 2,334 | 2,934 | 3,534 | 4,134 | 4,734 | +600 |

What are the income levels if I have children age 1 through 5?

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$1,153 | 1,552 | 1,951 | 2,350 | 2,749 | 3,148 | +399 |

What are the income levels if I have children age 6 through 18?

| <i>Number in Family</i> | <i>1</i> | <i>2</i> | <i>3</i> | <i>4</i> | <i>5</i> | <i>6</i> | <i>Each additional member</i> |
|---------------------------|----------|----------|----------|----------|----------|----------|-------------------------------|
| <i>Net Monthly Income</i> | \$867 | 1,167 | 1,467 | 1,767 | 2,067 | 2,367 | +300 |

How Much Income Can I Have if I Want to Apply For CHPlus B?

CHPlus B counts most of the income you have in your household.

What are the income limits?

Your household's income cannot be more than 250% of the Federal Poverty Level (FPL), see chart below. However, CHPlus B may charge you a premium, depending on your income. The higher your income the more likely you will have to pay a premium.

What is a premium?

A premium is a monthly fee that a family pays to an insurance plan in order to get the benefits of that plan. If you do not pay this fee (your premium) you will not receive the benefits of the health insurance plan.

How much are the CHPlus B premiums?

That depends on how much income you have. If your income is less than 160% FPL you do not have to pay any premiums at all. If your income is between 160% and 222% FPL you will pay \$9 a month for each child. But if you have 3 or more children, the most you will have to pay each month is \$27. If your income is between 222%



and 250% FPL you will pay \$15 a month for each child. But if you have 3 or more children, the most you will have to pay each month is \$45. If your income is more than 250% FPL you can still get CHPlus B, but you will have to pay the full cost of the premium. The amount depends on which managed care plan you join.

Eligibility Chart

| Child Health Plus B/Federal Poverty Levels (FPL's) 2008 (Gross Monthly Income) | | | | | | | |
|--|---------|-------|-------|-------|-------|-------|------------------------|
| Family Size | 1 | 2 | 3 | 4 | 5 | 6 | Each additional person |
| Free | \$1,368 | 1,866 | 2,346 | 2,826 | 3,306 | 3,786 | +480 |
| \$9 per child per month | \$1,924 | 2,590 | 3,256 | 3,922 | 4,588 | 5,254 | +666 |
| \$15 per child per month | \$2,167 | 2,917 | 3,667 | 4,417 | 5,167 | 5,917 | +750 |
| Over 250% FPL Full Premium <i>(varies from managed care plan)</i> | | | | | | | |

How Many Resources Can I Own?

Both programs, CHPlus A/Medicaid and CHPlus B have no resource limits. Resources are assets or possessions that you own or have partial interest in. Some examples of resources include a home, an automobile, life insurance policies, savings or checking accounts, CD's, or IRA's. This is not a complete list.

Where Must My Child Live?

Your child must be living in NYS. Your child can live in any county in NYS, but your child can only apply in the county where she or he is living.



Must My Child Be a U.S. Citizen?

Under CHPlus A/Medicaid all legal immigrants and U.S. citizens are eligible. Undocumented immigrants are not eligible; however, they can apply for CHPlus B.

CHPlus B does not have any citizenship rules. Even if a child is undocumented they can apply for CHPlus B, if they meet all the other criteria.

How Does My Child Apply for Child Health Plus?

You can apply for CHPlus A/Medicaid or CHPlus B by visiting community-based organizations, which are known as Facilitated Enrollers. Most of the managed care plans that offer CHPlus B are facilitated enrollers.

How do I find out which community-based organization or managed care plan is a Facilitated Enroller?

You can call the Child Health Plus Hotline at **(800) 698-4543** to find out which organizations serve as a Facilitated Enroller.

What happens when I go to a Facilitated Enroller?

If you go to a Facilitated Enroller they will screen you to determine if your child is eligible for CHPlus A/Medicaid or CHPlus B. Based on this screening, the Facilitated Enroller will help you apply for the appropriate health insurance program (CHPlus A/Medicaid or CHPlus B). The Facilitated Enroller will assist applicants in filling out the application, getting the right documentation, and acting as the applicant's representative.

What if I go directly to Medicaid to apply for CHPlus A?

If you go directly to Medicaid they will determine whether your child is eligible for CHPlus A/Medicaid. If your child is not eligible, you will get a

rejection letter. This letter will list the Facilitated Enrollers in NYC so you can apply for CHPlus B.

What kind of documents will I need to bring?

If your child is CHPlus A or B eligible, you must be able to prove your child's identity, your income, your child's residency and your child's age. You must also prove your child's immigration status, if applying for CHPlus A/Medicaid.

How Do I Keep CHPlus A/Medicaid for My Child?

You have to continue to prove that you meet all the eligibility criteria even after your child is first approved. This process is known as recertification.

How often must I recertify my child for CHPlus A/Medicaid?

After your child is accepted in CHPlus A/Medicaid they will be enrolled for 12 months. At that point, you must recertify in order to continue getting CHPlus A/Medicaid.

How Do I Keep CHPlus B for My Child?

On the anniversary of your child's initial enrollment with CHPlus B you will have to provide proof that your child continues to be eligible for CHPlus B. You will have to submit proof of your income, your child's residency, and whether they have other insurance or not.

What happens if I do not submit the proof?

If you do not submit this proof by the last day of the month before the child's anniversary date, your child will lose CHPlus B.

When else can my child lose CHPlus B?

There are several reasons that your child can lose CHPlus B. These reasons include:

- your child turning 19 (they will be disenrolled on the last day of the month that they turn 19)
- your income is more than the limits allow

- your child becomes eligible for Medicaid
- your child now has other health insurance
- your child no longer lives in the neighborhood that the CHPlus B plan covers

If my child loses CHPlus B because my income is too high, can he or she still get health coverage from that plan?



If your income is over the income limits your child can remain in the plan, but you will have to pay the full premium, it will no longer be funded with government money.

What happens if my child is no longer eligible for CHPlus B, but is now eligible for CHPlus A/Medicaid?

Your child will continue to receive CHPlus B until Medicaid has made the final determination for CHPlus A/Medicaid.



What if we move and the CHPlus B plan no longer covers my new neighborhood?

You will have to enroll your child in a plan that covers your new neighborhood.

What Are My Rights?

What are my rights under CHPlus A/Medicaid?

You have the right to request a conference at the local Medicaid center to resolve any problems you have with your child's CHPlus A. To request a conference call: **(212) 630-0994, 5, 6.**

You also have the right to request a fair hearing within 60 days of the date on your notice. To request a fair hearing call: **(800) 342-3334**

To write for a fair hearing:
 New York State OTDA
 Office of Administrative Hearings
 P.O. Box 1930
 Albany, New York 12201



To Fax for a fair hearing: FAX Number: **(518) 473-6735**

For more information about fair hearings under Medicaid, please see the brochure, *Community Medicaid*.

What are my rights under CHPlus B?

Since CHPlus B is a managed care plan, members can file a grievance and or appeal the same way they do for other managed care plans.

What do I do if I have a problem with my CHPlus B plan?

The first step you should take is to call your Member Services Department and tell them about your problem. All managed care plans are required to have a toll-free “**800 number**” to help you. If the person you speak with does not help you, ask to speak with a supervisor.

What should I do if they don't fix my problem?

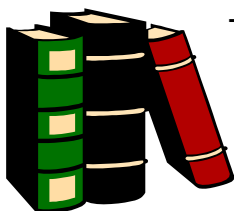
If they do not fix your problem you should file a grievance or an appeal.

What is a grievance?

A grievance is a complaint about your plan. Complaints can include such things as difficulty in getting an appointment to see your child's doctor, waiting too long in the doctor's office, difficulty in getting a referral to a specialist, sensing that your child's doctor did not treat your child with respect, being told your child's care has to end and you think it is too soon, or the plan denies your child the care you think he or she needs. These are just a few of the complaints you may have, there may be others as well.

If you have a complaint about the plan denying care for your child because they have said it is not medically necessary, you cannot file a grievance. The plan will do a utilization review, described below.

How do I file a grievance?



The “Member Handbook” explains how you can file a grievance, how long the process will take, and your rights to have someone represent you. You should call your plan's 800 toll-free number and let them know you want to file a grievance. Sometimes you

can file a grievance over the phone, but it is better if you put it in writing and mail it to your plan. In addition, whenever a plan denies care or refuses to pay for care, they must send you a “Notice of Grievance”.

What if I lose my grievance?

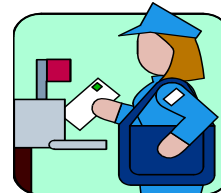
You have the right to appeal your plan’s decision if you lose your grievance. All appeals must be in writing. You have 60 days to appeal. The 60 days starts from when you get your plan’s notice turning you down. This notice will tell you how to appeal.



What does it mean when my plan says the care I think my child needs is not medically necessary?

Care is considered medically necessary if it is needed to prevent, diagnose, correct or cure conditions that cause suffering, endanger one’s life, results in illness or infirmity, interferes with ones’ capacity for normal activity, or threatens a significant handicap. Each plan has its own definition of what is medically necessary. Managed care plans use a process called utilization review to decide whether a treatment is medically necessary or not.

How will I know if a plan has decided that the treatment is not medically necessary?



The plan must send you a notice explaining the reasons why the plan made this decision, and how you can appeal the decision. If you do not receive this notice, and you are denied care, you should call your plan to find out if they decided whether the care is medically necessary. If they say the care is medically necessary, you must use the grievance procedure described above. If they say it is not medically necessary, you should first check to see if they did a utilization review, if they did not, ask them to do so. If they say it is not medically necessary and they did do a utilization review, you can appeal the utilization review decision.

How do I appeal the utilization review decision?

Within 60 days

If you disagree with your plan’s decision you can appeal by calling the plan’s toll-free “800” number. You must file an appeal within 60 days from the time you receive your denial from the plan. A utilization

review appeal is an “in-plan process”. This means your plan’s employees, not independent judges, will review the decision.

What if I lose, can I do anything else?

You can ask for an external review when you lose your utilization review appeal. You can only go directly to the external review if both you and your plan agree to skip the internal appeals process.

How do I ask for an external review?

You must ask for an external appeal in writing with the State Insurance Department within 45 days of receiving your plan’s denial of your utilization review appeal. Your plan should send you the forms you must file. If they do not send you the forms, call the State Department of Insurance at **(800) 400-8882** and ask for the forms. An independent review agency, not associated with your plan, will make the decision.

Where Can I Turn for Help?

Medicaid Client Services Office (Medicaid Managed Care questions)
(212) 273-0063

Community Service Society
Center for Benefits and Services Benefit Counseling Helpline
(212) 614-5552
www.cssny.org/pbrc

Managed Care Consumer Assistance Program (MCCAP) Helpline
(212) 614-5400
www.nycmccap.org

NYS Department of Health
Growing Up Healthy Hotline
(800) 522-5006

New York State Department of Health’s Managed Care Hotline
(800) 206-8125

New York State Department of Insurance, External Review
(800) 400-8882