

## Summary of Revisions to DOH-4220, Access NY Health Care Application

The purpose of this document is to familiarize local departments of social services (LDSS) and other users with the revised DOH-4220, Access NY Health Care application and companion forms.

A summary of the revisions follows:

The revision date on the application has been changed from 5/08 to 2/10.

All references to the Prenatal Care Assistance Program (PCAP) and Women, Infants, Children (WIC) have been removed from the application.

The formatting of the application has been changed to landscape while the instructions remain in portrait format.

The DOH-4220D, “Additional Information” page has been eliminated.

DOH-4220-I, Instructions:

- “PURPOSE OF THIS APPLICATION” has been added to this section to describe why an applicant would use this form and how to obtain assistance if needed.
- “PLEASE READ” includes additional information pertaining to Supplement A. It reads, “If you are 65 years old or older, certified blind, certified disabled, or institutionalized and applying for coverage of nursing home care, you must **also complete Supplement A**. The supplement includes questions about your resources, such as money in the bank or property you own.”
- Added, “Whenever you see the words **SEND PROOF** on the application, refer to the ‘Documentation Needed When You Apply for Health Insurance’ section for a listing of acceptable supporting documents.”
- “HOW TO GET HELP” is new and was added to tell the applicant that he/she **does not** need to visit his/her LDSS or Facilitated Enroller (FE) to complete the application process. The applicant may, however, contact the LDSS or an FE for help understanding or completing the application. A toll-free hotline number is also provided for applicants in need of assistance.

DOH-4220, Application:

Section A, *Applicant’s Information*:

- The title of this section has been changed from “Contact Information” to “Applicant’s Information”.

- The word “Legal” has been added to all first and last name requests in this section and throughout the application.
- The word “Primary” was added to “Phone #” and a list of check boxes was added to define whether the phone number is “Home”, “Cell”, “Work” or “Other”.
- Evening phone has been changed to “Another Phone #” and a list of check boxes was added to define if the additional phone number is “Home”, “Cell”, “Work” or “Other”.
- “Primary Language Spoken” and “Primary Language Read” have been changed to, “What Language Do You Speak? Read?”.
- A **SEND PROOF** box has been added to the “Home Address” field, as well as a check box that reads, “Check here if homeless”.
- The second request for a mailing address has been changed to an “Optional” section to give the applicant the option of designating an additional contact person to receive correspondence, discuss the application, or to apply or renew on his/her behalf.

Section B, *Household Information*:

- Removed the “City” and “State of Birth” column and moved that information under each applicant’s name with the addition of “Country of Birth”.
- **SEND PROOF** has been added to the Date of Birth column.
- The next column reads, “Is this person applying for health insurance?”.
- Added in the next column to the question, “Is this person pregnant?”, is a **SEND PROOF** notation and a line for the due date of the pregnant woman.
- “Relationship to Head of Household”, has been changed to, “What is the relationship to the person in Box 1?”. “Head of Household” has been changed to, “Self”.
- Added a column that asks, “If this person has or had public health insurance in the past, check the box that applies.” Check boxes were added for the applicant to select, “Child Health Plus”, “Medicaid” or “Family Health Plus”, and a space was added for the applicant to provide “ID Number from Benefit Card/Plan Card, if known”.
- “Optional for Non-Applicants” has been removed as a header over the Social Security Number box. “Social Security Number (if available) Not needed for

pregnant women” has been changed to, “Social Security Number (if you have one)”.

- The citizenship section (previously Section D) of the application has been removed. It is now a column in Section B and asks for current citizenship or immigration status. The **SEND PROOF** notation and, “Not needed for pregnant women”, were added.
- A footnote was added that reads, “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.”
- A footnote was added to refer applicants to the “Documents Needed When You Apply for Health Insurance” which includes a list of documents that provide identity, citizenship and immigration status.
- The last column in this section is “Race/Ethnic Group” with an asterisk that refers to a footnote indicating that this information is optional.

#### Section C, *Household Income*:

- This section has been changed from “Health Insurance” to “Household Income”.
- Each section, “Earnings from Work”, “Unearned Income”, “Contributions” and “Other”, has been expanded to create space for four people per type of income. A check box was added to each income section so the applicant can check if there is no income.
- Added, “Do you or any applying adult in Section B have no income? Yes\_\_\_ No\_\_\_ Who?\_\_\_\_\_”.
- “If no income, please explain”, was changed to, “If there is no income listed above, please explain how you are living. (For example: living with a friend or relative)”.
- Added, “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: \_\_\_\_\_”.
- Added, “Are you or anyone who is applying a student in a vocational, under graduate, or graduate program? No\_\_\_ Yes\_\_\_ If yes: \_\_\_Full Time \_\_\_Part Time\_\_\_ Undergraduate\_\_\_ Graduate \_\_\_\_\_ Student’s name:\_\_\_\_\_”.
- Added, “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”.

Section D, *Health Insurance*:

- This section was changed from “Citizenship” to “Health Insurance”.
- Question 1 in the previous “Health Insurance” section (Section C), which asked, “Does anyone in the household already get Medicaid, Family Health Plus, Child Health Plus or PCAP?”, was deleted.
- Question 2, regarding Medicare, is now Question 1. “Medicare #” was deleted. Text was added that reads, “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.”
- “Does anyone who is applying already have other health insurance?”, was changed to, “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**”.
- Added, “Note: If you are applying for the Medicare Savings Program only (MSP), go to Section G. You do NOT need to complete Supplement A.”
- The question was deleted that read, “Can anyone over age 19 get coverage through a federal, state, county, municipal or school district health benefits plan? \_\_Yes \_\_No If Yes, Name\_\_\_\_ Employed by\_\_\_\_\_”.
- The following question was moved from the “Income” section to the “Health Insurance section”: “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 Expense*:

- “Monthly housing payment” has been changed to “Monthly housing payment such as rent or mortgage, including property taxes (just your share). \$\_\_\_\_\_”.
- The questions, “Type of heat (gas, oil, etc.)” and “Is heat included in your housing payment? \_\_Yes \_\_No”, have been deleted.
- Added, “If you pay for water separately how much do you pay? \$\_\_\_\_ **SEND PROOF** How often do you pay? \_every month \_ 2 times a year \_quarterly (4 times a year) \_once a year”.
- Added, “Do you receive free housing as part of your pay? \_No \_Yes”.

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

- Section G, “Illness/Injury”, has been changed and the questions have been divided into two sections, Section F, “Blind, Disabled, Chronically Ill or Nursing Home Care,” and Section G, “Additional Health Questions”.
- Added, “If no one applying is Blind, Disabled, Chronically Ill or in a Nursing Home **STOP** please go to Section G.”
- Added, “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.”
- “Is anyone who is applying blind, disabled, handicapped, or have a chronic illness or special health care need? Yes No If yes Names:\_\_\_”, has been changed to, “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.”
- Added, “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 G, *Additional Health Questions*:

- Added, “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.”
- Added, “Do you, or anyone applying, have any unpaid medical or prescription bills older than the previous three months? No Yes”.
- Added, “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?    ”.
- Added, “Does anyone who is applying have a pending lawsuit due to an injury? No Yes If yes, who:    ”.
- Added, “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?    ”.

Section H, *Parent or Spouse Not Living in the Household or Deceased*:

- Section H was previously the WIC section. All references to WIC have been deleted.
- Added, “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.)”.
- Added, “If you fear physical or emotional harm if you provide information about a parent who does not live in the home, check this box \_\_\_”.
- The question, “Does a spouse (husband or wife) of anyone applying live outside the home?”, has been changed to, “Is anyone applying still married to someone who lives outside the home? \_\_\_No \_\_\_Yes If yes, name of person applying who is still married:\_\_\_\_\_”.
- Added, “If you fear physical or emotional harm if you provide information about a spouse who does not live in the home, check this box \_\_\_”.
- Boxes were added for the following items: “Child’s Name”; “Name of parent living outside the home”; “Date of Birth (if known)”; “Current or last known address”; “SSN (if known)”; “Legal name of spouse living outside of the home”; “Date of Birth (if known)”; and “Current or last known address”.

Section I, *Health Plan Selection*:

- Section I was previously the resource section. The resource questions have been removed from the DOH-4220 and moved to Supplement A.
- Added, “If you are in receipt of Medicare, STOP skip this section.”
- Deleted the column titled “Dentist”.
- Added a column titled “OB/GYN (optional)”.

Section J, *Signature*:

- The signature lines have been moved to before the “Terms, Rights and Responsibilities”.
- “Signature of adult applicant or authorized representative for the applicant” was added under the signature line.

*Terms, Rights and Responsibilities:*

- All references to WIC and PCAP have been removed.
- Family Health Plus and Medicaid Managed Care: In this section the word “know” has been changed to “understand”, and the phrase, “I have been told”, has been changed to, “I have read how to find out”.

*For Office Use Only:*

- Added, “Qualified Entities” to the “Employed By: (check one)”. Also added a space for “Employer Name: \_\_\_\_\_”.
- In the section, “To be completed by Facilitated Enrollers”, the FE is asked to identify “Language Used for Application Assistance”.

DOH-4220B, Documents Needed When You Apply for Health Insurance:

- The title “Documentation Checklist for Health Insurance” has been changed to “Documents Needed When You Apply for Health Insurance”.
- The section, “Identity and Citizenship or Immigration Status for the Medical Assistance Program”, which was the last section of the DOH-4220B, has been moved to the first section and shortened to the most commonly used documents.
- All of the boxes in this section have been changed to bullets.

DOH-4220C, Health Insurance Fact Sheet:

- All references to Nutrition, PCAP and WIC have been removed from the fact sheet.
- Income levels and Child Health Plus Premium levels were revised to reflect the 2009 levels.