



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

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Chief of Staff

INFORMATIONAL LETTER

TRANSMITTAL: 09 OHIP/INF-2

DIVISION: Office of Health
Insurance Programs

TO: Commissioners of
Social Services

DATE: March 23, 2009

SUBJECT: Revised DOH-4220: ACCESS NY Healthcare
Application

SUGGESTED

DISTRIBUTION: Local District Commissioners
Medical Assistance Staff
Public Assistance Staff
Staff Development Coordinators

CONTACT PERSON: Local District Liaison
Upstate: (518)474-8887
New York City: (518)417-4500

ATTACHMENTS: DOH-4220, rev. 05/08, "Access NY Healthcare" Application

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
01 OMM/ADM-6					
03 OMM/INF-02					
05 OMM/ADM-4					
06 OMM/INF-1					

The purpose of this Office of Health Insurance Programs Informational Letter (OHIP/INF) is to familiarize local districts and other users with the revised DOH-4220, "Access NY Healthcare" application and companion forms.

The "Access NY Healthcare" application was revised in part to reflect the Child Health Plus Program expansion, the implementation of the Family Health Plus Premium Assistance Program (FHP-PAP), the additional documentation requirements imposed by the Deficit Reduction Act of 2005 (DRA), and to accommodate future enhancements to computer matches that will simplify the application process for some individuals. The application has been reprinted and is available in the Department of Health (DOH) warehouse upon request, and also on the DOH website.

A summary of the revisions follows.

The revision date on all forms has been changed from 2/07 to 5/08.

Child Health Plus A has been changed to Medicaid, and Child Health Plus B has been changed to Child Health Plus in all sections.

DOH-4220 and corresponding sections of DOH-4220D, Additional Information:

Page 1:

- o Section A, Contact Information: The following has been added: daytime phone #; evening phone #; primary language read; and mailing address of the persons applying for health insurance.
- o Section B, Household Information: Now asks for the full legal names of the persons applying for or already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. The following has been added: Mother's Full Maiden Name, and City and State of Birth. Although WMS cannot capture this information at the present time, it will be updated in the future to record this data so that an automated request for a birth certificate can be generated (within New York State only). The wording over the social security number has been changed from "APPLICANTS ONLY" to "OPTIONAL FOR NON-APPLICANTS". This was changed due to recently enacted legislation that enables the Department to conduct a match with the State Department of Taxation to verify the income of a parent of a child on Medicaid at renewal, if the parent is willing to supply his/her social security number.

Page 2:

- o Section C, Health Insurance: After Question #6, the following was added: "If yes, what date did you lose employer coverage? (mm/dd/yyyy)_____". This was added due to the Child Health Plus expansion implemented in September 2008. If employer insurance was voluntarily dropped within six months of application, children in certain income brackets can be subject to a waiting period for Child Health Plus.

- o Section D, Citizenship: A box was added, choice C, for non-immigrants. Date of Status (DOS) (mm/dd/yyyy), Date Entered Country (DEC) (mm/dd/yyyy), has been added. The explanations of categories A and B have been revised, and C has been added.

Page 3:

- o Section E, Household Income: After the question, "Does your employer offer health insurance? Yes - No", the following sentence was added, "If yes, please complete a 'Request for Information-Employer Sponsored Health Insurance' form. We may be able to pay the cost of your health insurance premium if it is cost effective." This has been added to support the Family Health Plus-Premium Assistance Program (FHP-PAP).
- o Section F, Housing Expenses: Removed the sentence, "Answering these questions is optional if this application is only for children under the age of 19, or a pregnant woman." The Department has determined that this information should be captured for all applicants to help establish a clear maintenance picture.

Page 4:

- o Section I, Resources: Question #2, regarding transfers, has been removed. Singles/Childless Couples are no longer subject to the 12-month transfer penalty.

Page 5:

- o Terms, Rights, and Responsibilities: In the Family Health Plus and Medicaid Managed Care section, the language was updated to conform more closely to the managed care enrollment form.

DOH-4220-I, Instructions:

Page 2:

- o Section B, Household Information: Added "Mother's maiden name and City and State of Birth. This information may be used to obtain a copy of your birth certificate under certain circumstances." As noted above, this refers to a future system enhancement. In the explanation of Social Security Number, the first sentence ends after pregnant women. The following was deleted, "or any household member who is not applying for health insurance." Instead, the following sentence was added, "Parents may choose to provide their social security numbers instead of providing income documentation at renewal".
- o Section C, Health Insurance: Added a bullet that reads, "We may be able to pay the cost of your health insurance premium if we determine it is cost effective." Also added the following, "Some children who were covered by employer-based health insurance within the past six months may be subject to a waiting period before they can be enrolled in Child Health Plus. This will depend on your household income and the reason your child(ren) lost employer-based coverage."

Page 3:

- o Section F, Housing Expenses: Removed the entire paragraph that begins with, "If this application is only for children...". Reporting housing expenses is no longer optional.

Page 4:

- o Child Health Plus Premium: The Child Health Plus premium chart was removed from this page and moved to the Fact Sheet for ease of updating.

DOH-4220B, Documentation Checklist for Health Insurance:

Page 1:

- o Date of Birth: Moved "Proof of Identity" to page 3 of 4 with Citizenship or Immigration. Removed asterisks from Birth Certificate, Baptismal/other religious certificate, and Official Hospital/doctor birth records because, due to the DRA, these can no longer be used to document both citizenship and identity. Added "Medicaid Card".
- o Residency/Home Address: Added "Government" to "ID card with address". Removed "or magazine label with name and date". Added "Federal or State income tax return".
- o Proof of Current Income: Added to the instructions, "and any other deductions".
- o Wages and Salary: After "4 consecutive weeks", added "preceding application/signature date". After "Income tax return", removed "/W-2". Added "/payroll" to "Business records".
- o Unemployment Benefits: Removed "benefit check"; added "Monthly benefit statement from NYS Department of Labor". Added "Printout of recipient's account information from the NY State Department of Labor's website". Added "Copy of Direct Payment Card with printout".
- o Social Security: Removed "benefit check"; added "Annual benefit statement".
- o Child Support/Alimony: Added "Copy of NY Eppicard with printout". Added "copy of child support account information from www.newyorkchildsupport.com".
- o Interest/Dividends/Royalties: Added "Recent" to "statement from bank, credit union or financial institution". Added "1099 or tax return (if no other documentation is available)".

Page 2:

- o Removed "Immigration Status" section from page 2 and moved it to page 4.
- o Removed "Citizenship" section from page 2 and moved it to pages 3 & 4.

Page 3 & 4:

- o Identity and Citizenship or Immigration Status for the Medical Assistance Program: This entire section was added to conform with the requirements of the DRA regarding the documentation of citizenship and identity.

DOH-4220C, Health Insurance and Nutrition Fact Sheet:

- o Income level chart updated with 2008 levels.
- o Child Health Plus premium chart was moved from page 4 of the instructions to the Fact Sheet, and levels were updated using 2008 figures.

Local districts and community-based lead agencies for facilitated enrollment may obtain supplies of the DOH-4220 from the DOH warehouse:


By mail, with the request addressed to:

New York State Department of Health
21 Simmons Lane
Albany, New York 12204

By fax, to (518) 465-0432

By e-mail to: b0019w@albnydh2.health.state.ny.us.

Local districts are reminded that only districts and community-based facilitated enrollment lead agencies may order directly from the DOH warehouse. Health plans performing facilitated enrollment activities are responsible for printing their own supplies of the DOH-4220. It is the responsibility of the local social services district to provide supplies of the DOH-4220 to all other outreach organizations (e.g., hospitals, PCAPs).



Deborah Bachrach
Deputy Commissioner
Office of Health Insurance Programs