

**NEW YORK TITLE XXI PROGRAM
FACT SHEET**

Name of Plan:	Child Health Plus (CHPlus)
Date State Plan Submitted:	November 15, 1997
Date State Plan Approved:	April 1, 1998
Date State Plan Effective:	April 15, 1998
Date Amendment #1 Submitted:	March 26, 1998
Date Amendment #1 Disapproved:	April 1, 1998
Date of Reconsideration Request:	May 26, 1998 (since withdrawn)
Date Amendment #2 Submitted:	March 30, 1999
Date Amendment #2 Approved:	September 24, 1999
Date Amendment #2 Effective:	January 1, 1999
Date Amendment #3 Submitted:	March 21, 2001
Date Amendment #3 Approved:	July 12, 2001
Date Amendment #3 Effective:	April 1, 2000
Date Amendment #4 Submitted:	March 27, 2002
Date Amendment #4 Approved:	June 25, 2002
Date Amendment #4 Effective:	September 11, 2001, and April 1, 2001
Date Amendment #5 Submitted:	March 31, 2003
Date Amendment #5 Approved:	June 27, 2003
Date Amendment #6 Submitted:	March 22, 2004
Date Amendment #6 Approved:	June 21, 2005
Date Amendment #6 Effective:	April 1, 2003
Date Amendment #7 Submitted:	March 30, 2005
Date Amendment #7 Approved:	August 3, 2005
Date Amendment #7 Effective:	April 1, 2004, and April 1, 2005
Date Amendment #8 Submitted:	March 31, 2006
Date Amendment #8 Approved:	June 23, 2006
Date Amendment #8 Effective:	April 1, 2005
Date Amendment #9 Submitted:	April 4, 2007
Date Amendment #9 Approved:	July 2, 2007
Date Amendment #9 Effective:	January 4, 2007
Date Amendment #10 Submitted:	April 12, 2007

Date Amendment #10 Disapproved:	September 7, 2007
Date Amendment #11 Submitted:	May 14, 2007
Date Amendment #11 Approved:	May 21, 2009
Date Amendment #11 Effective:	September 1, 2007
Date Amendment #12 Submitted:	March 18, 2009
Date Amendment #12 Approved:	June 11, 2009
Date Amendment #12 Effective:	September 1, 2008
Date Amendment #13 Submitted:	June 30, 2009
Date Amendment #13 Approved:	June 30, 2010
Date Amendment #13 Effective:	April 1, 2009
Date Amendment #14 Submitted:	July 6, 2009
Date Amendment #14 Approved:	September 30, 2009
Date Amendment #14 Effective:	July 1, 2009
Date Amendment #15 Submitted:	March 29, 2010
Date Amendment #15 Approved:	July 16, 2010
Date Amendment #15 Effective:	April 1, 2009, and October 1, 2009 (for PPS)

Background

- New York's Children's Health Insurance Program (CHIP) State plan was approved April 1, 1998, and increased children's health coverage by expanding the existing statewide Child Health Plus (CHPlus) program. CHPlus initially provided coverage for uninsured children under the age of 19 with net family income at or below 185 percent of the Federal poverty level (FPL). Effective April 1, 2000, New York expanded eligibility to children with gross family incomes at or below 250 percent of the FPL. New York has had approval to cover uninsured children with gross family incomes up to 400 percent of the FPL since June 11, 2009, effective as of September 1, 2008.

Amendments

- New York submitted its first amendment on March 27, 1998, to claim retroactive enhanced matching payments, effective October 1, 1997, through April 15, 1998, the effective date of the State's approved program. This amendment was denied April 1, 1998, because the State's program did not comply with the requirements of title XXI during that time period. The State submitted a reconsideration request for this amendment on May 26, 1998, which was later withdrawn.
- New York submitted its second amendment on March 30, 1999, establishing a CHIP Medicaid expansion program for children born before October 1, 1983, with net family income at or below 100 percent of the FPL, effective January 1, 1999. Eligibility in the separate child health program was expanded to include children with net family incomes at or

below 192 percent of the FPL. The State also reduced cost-sharing requirements and added new benefits to CHPlus.

- New York submitted its third amendment on March 21, 2001, to expand income eligibility in CHPlus to children with gross family incomes at or below 250 percent of the FPL or the net equivalent of 200 percent of the FPL after application of income disregards.
- New York submitted its fourth amendment on March 27, 2002, to provide coverage for children ages 6 through 18 with net family income at or below 133 percent of the FPL in the State's CHIP Medicaid expansion effective April 1, 2002. These children were previously covered under the State's separate child health program. The State also implemented two temporary modifications to its program as a result of the events of September 11, 2001, and added a benefit to its state plan.
- New York submitted its fifth amendment on March 31, 2003. This amendment updated and amended the CHIP State plan to indicate the State's compliance with the final CHIP regulations and to add a hospice benefit.
- The State submitted its sixth amendment on March 22, 2004, to revise the CHIP plan to implement a simplified renewal application, provide a 2-month grace period of eligibility at renewal, change the income verification process at renewal, and update other portions of the State plan.
- The State submitted its seventh amendment on March 30, 2005, to begin the phase-out of the CHIP Medicaid expansion program effective April 1, 2005, for children ages 6 through 18 with family income between 100 percent and 133 percent of the FPL and transition them into either Medicaid or the separate child health program at the annual redetermination of eligibility. The amendment also updated other portions of the State plan effective April 1, 2004.
- New York submitted its eighth amendment on March 31, 2006, with a retroactive effective date of April 1, 2005. This amendment instituted 12 months of continuous eligibility without regard to changes in income, although families are required to report changes in residency and access to other health insurance coverage. The amendment allowed for termination of the continuous eligibility period once the child reaches the age of 19, becomes enrolled in Medicaid, or for non-payment of the applicable premium.
- New York submitted its ninth amendment on April 4, 2007, to implement changes in the purchasing and distribution of immunizations to CHIP children. New York will be distributing State purchased vaccines to participating program providers for all CHIP enrollees. Prior to this change, health plans were responsible for obtaining and providing all required immunizations to CHIP enrollees, and vaccine costs were included in the capitated payments made to the health plans. Additionally, this amendment verifies completion of the phase-out of the CHIP Medicaid expansion during Federal fiscal year (FFY) 2006.

- On April 12, 2007, New York submitted its tenth amendment seeking to increase the financial eligibility standard for its separate CHIP from the current family income eligibility level at or below 250 percent of the FPL to family income at or below 400 percent of the FPL. The amendment also proposed to implement a 6-month waiting period of prior uninsurance for children with family incomes above 250 percent of the FPL, with certain listed exceptions. This amendment was disapproved.
- On May 14, 2007, New York submitted its eleventh amendment to eliminate temporary enrollment in CHIP of children who appear to be Medicaid eligible at the time of initial application, while their Medicaid eligibility is being determined for up to a 2-month period. The amendment also allows children to remain enrolled in CHIP at the annual re-determination when they appear to be Medicaid eligible until the Medicaid eligibility determination is completed and the child is enrolled in Medicaid. For a child enrolled in Medicaid, expenditures made after the CHIP redetermination and during the Medicaid retroactive eligibility period will be claimed under the Medicaid program (and no payment will be made for duplicative payments). This provision ensures continuity of care for children during the transition between programs and fiscal integrity for the CHIP program.
- New York submitted its twelfth amendment on March 18, 2009, as the replacement for its tenth amendment. This amendment increases the effective financial eligibility standard for New York's separate CHIP from the current family income level at or below 250 percent of the FPL to the family income level at or below 400 percent of the FPL. The amendment also implements a 6-month waiting period of prior uninsurance for children with family incomes above 250 percent of the FPL, allows ten exceptions to this waiting period, and imposes premiums for children in this income range.
- On June 30, 2009, New York submitted its thirteenth amendment to implement the new provision permitted by section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which gives States the option to provide coverage with Federal funds under Medicaid and CHIP to certain non-citizen children who are lawfully residing in the United States.
- On July 6, 2009, New York submitted its fourteenth amendment to implement premium increases for children with gross family incomes between 251 and 400 percent of the FPL, as approved by its State legislature as part of the 2009-2010 State budget.
- New York submitted its fifteenth amendment on March 29, 2010, to demonstrate compliance with CHIPRA provisions regarding the premium grace period, mental health parity, and reimbursement of federally qualified health centers (FQHCs) and rural health clinics (RHCs) using a prospective payment system (PPS). The amendment also makes minor programmatic updates regarding the application form and outreach activities.

Children Covered Under the Program

- The State reported that 532,635 children were ever enrolled in its program during FFY 2009.

- New York estimates that an additional 18,500 children will immediately be made eligible in CHIP as a result of the CHIPRA section 214 eligibility expansion. The State anticipates that an additional 360 children will become eligible in FFY 2010 through this option.

Administration

- The New York Department of Health (DOH) administers CHPlus. Insurers are chosen to participate in the program through a competitive request for proposals (RFP) process and contract with the State to provide a managed care product. Approved New York State Medicaid Managed Care insurers may participate in the CHPlus without a competitive bid or the RFP process.

Health Care Delivery System

- New York uses a managed care insurance product to deliver health services to CHPlus members. Children have primary care providers who coordinate all health care, including referrals to specialists. To the extent possible, CHPlus providers are also Medicaid providers, to ensure a link between Medicaid and CHPlus. Insurers are selected in every geographic region of the State to assure statewide coverage.

Benefit Package

- The benefit package for enrollees in the separate child health program is the comprehensive benefit package offered under the State-funded CHPlus program that was in effect prior to the establishment of the State CHIP, plus several added benefits, including durable medical equipment, inpatient and outpatient mental health, speech therapies, and some non-prescription medications. The fourth amendment added non-airborne pre-hospital emergency medical services provided by an ambulance service, and the fifth amendment added a hospice benefit.

Cost Sharing

- Cost sharing is limited to premiums for families with income above 160 percent of the FPL. Families with income between 160 percent and 222 percent of the FPL pay premiums of \$9 per child per month to a family maximum of \$27 per month. Families with income between 223 percent and 250 percent of the FPL pay premiums of \$15 per child per month to a family maximum of \$45 per month.
- Effective July 1, 2009, premiums for children having gross family incomes from 251 through 300 percent of the FPL will be increased from \$20 per month per child, with a family maximum of \$60 per month, to \$30 per month per child, with a family maximum of \$90 per month. For those with family incomes from 301 through 350 percent of the FPL, premiums will be increased from \$30 per month per child, with a family maximum of \$90 per month, to \$45 per month per child, with a family maximum of \$135 per month. Children having family incomes from 351 through 400 percent of the FPL will have premiums increased from \$40 per month per child, with a family maximum of \$120 per

month, to \$60 per month per child, with a family maximum of \$180 per month. These premium increases do not exceed the 5 percent cap on cost sharing.

- There are no deductibles or copayments.
- American Indians/Alaskan Native children are exempt from cost sharing.

Coordination between CHPlus and Medicaid

- The State has a common application form, “Access New York (NY) Health Care,” for both children and adults applying for Medicaid, CHPlus, or Family Health Plus. Children applying for health insurance are screened first for Medicaid, and if found ineligible, are screened for CHPlus. Previously, New York had another common application form named “Growing Up Healthy” (GUH), which was used exclusively for families applying for Medicaid or CHPlus for their children, but not for adults. The State no longer uses the GUH application form.
- New York has contracted with 41 “facilitated enrollers,” responsible for assisting families in applying for and enrolling in Medicaid or CHPlus. Facilitated enrollers provide families with eligibility and application information for both Medicaid and CHPlus, process applications for children who appear to be eligible for CHPlus, and submit applications to local social services offices when children appear to be eligible for Medicaid.
- To the extent possible, CHPlus providers are also Medicaid providers, allowing children to move between insurance programs without changing providers.

Crowd-Out Strategy for Children at or Below 250 Percent of the FPL

- The State monitors prior insurance of applicants to ensure the program does not substitute for coverage under group health plans. The State collects information quarterly from the plans on prior health insurance status to detect potential crowd out. In addition, the responsible adult completing an application must attest to the source and nature of any health care coverage the child is receiving or has received in the past 6 months.
- Data will be analyzed quarterly to determine whether crowd out is occurring. The State will impose a required period of uninsurance if the State finds that greater than 8 percent of total enrollment has dropped employer-based health insurance to enroll in CHPlus.

Crowd-Out Strategy for Children Above 250 Percent of the FPL

- There is a 6-month waiting period of prior uninsurance for children with family incomes above 250 percent of the FPL with ten allowable exceptions.
- Exceptions to the 6-month waiting period will be allowed for the following situations: when the family has experienced the involuntary loss of employer-based coverage for one of seven specific reasons; when the applicant child is pregnant; when the applicant child is at or below

the age of 5; or when the cost of the child's portion of the family's employer-based health insurance premium is more than 5 percent of family income.

- New York will monitor families who apply for coverage under CHIP that have private coverage at the time of application or have dropped that coverage within the past 6 months. New York will also track those applicants who have dropped coverage within 6 months of applying for CHIP, but qualify for an exemption of the waiting period because they meet one of the program's specific exemptions, and the State will track the incidence of each exemption category.

Outreach Activities

- The Connections to Coverage Campaign, the New York DOH multi-faceted outreach campaign, is used to identify and assist in enrolling uninsured children into the CHPlus and Medicaid programs. Campaign strategies include developing community partnerships, conducting outreach at community events, training community partners about public health insurance, and raising public awareness of the programs through distribution of health education materials. New York also conducts community outreach and marketing through participating health plans.

Financial Information

Total FFY '09 CHIP Allotment: \$433,472,600
FFY '09 Enhanced Federal Matching Rate: 65.00 percent

Total FFY '10 CHIP Allotment: \$453,795,878
FFY '10 Enhanced Federal Matching Rate: 65.00 percent

Date Last Updated: CMS, CMCS, FCHPG, DSCHI, July 16, 2010