Child Health Plus (CHPlus)

Coverage for Newborns
Change of Statute in New York

Chapter 31 of the Laws of 2015 as amended by Chapter 27 of the Laws of 2016 provides coverage for newborns in the Child Health Plus (CHPlus) program effective the first day of the month of the child’s date of birth if the family applies for and is determined eligible within sixty (60) days of the child’s date of birth.
## Change of Statute in New York

<table>
<thead>
<tr>
<th>Dates</th>
<th>Child Health Plus Plan Enrollment Policy</th>
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| Prior to the change in statute | All Child Health Plus enrollment is prospective based on the 15th day of the month rule.  
  • An application received between the 1st and the 15th day of a month will be effective the first day of the following month. If the application is received after the 15th day of the month, coverage will not be effective until the first day of the subsequent month.  
  • Newborns could have between a 15 and a 45 day delay in coverage depending on the date of the application.                                                                                                          |
| Effective January 1, 2017    | NY State of Health will provide Child Health Plus eligible newborns with CHPlus coverage effective as early as the first of the month in which they were born.  
  • If the family applies for and is found eligible for coverage within 60 days of the newborn’s date of birth, the newborn is eligible to enroll effective the first day of the month of the date of birth.  
  • All other applications, including newborns that apply later than 60 days after the date of birth continue to be enrolled based on the 15th day of the month rule.                                                                 |
How Does the New Statute Impact Newborns?

• Newborns who are eligible for CHPlus and who apply within the prescribed timeframe will no longer experience a gap in coverage. As long as the family applies and the newborn is found eligible within 60 days of their birth, CHPlus eligibility will start on the first day of the month in which the baby was born.

• The newborn will be automatically enrolled into the same plan that their siblings are currently enrolled in.
  - Plan selection will be required if there are no other children enrolled in CHPlus on an account.

• Consumers will be able to pick from a range of coverage start dates for their CHPlus eligible newborn.
What’s New

NY State of Health has been updated to allow CHPlus eligible newborns to enroll in a CHPlus plan retroactively.

• If the newborn cannot be enrolled automatically a plan and a coverage effective date for their CHPlus eligible newborn from a selection of dates.

  ✓ First of the month of the newborn’s birth month;
  ✓ First of the month after the newborn’s date of birth;
  ✓ First of the second month after the newborn’s date of birth; or
  ✓ Option to choose coverage effective date based on the 15th day of the month rule
Eligibility and Enrollment

**CHPlus Eligibility:** A CHPlus eligible newborn’s eligibility will always go back to the 1st of the month of the newborn’s date of birth, regardless of the enrollment start date chosen by the family.

1. CHPlus eligible newborns always get 12 months of eligibility. 12 months of eligibility starts on the 1st of their birth month.

2. CHPlus eligible newborns are allowed to choose from a selection of plan start dates. The plan end date will always be the same as the eligibility end date.

<table>
<thead>
<tr>
<th>DOB</th>
<th>Eligibility</th>
<th>Enrollment Start Date Choices</th>
<th>Months of CHPlus Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/16/2017</td>
<td>2/1/2017 – 1/31/2018</td>
<td>2/1/2017 – 1/31/2018</td>
<td>12</td>
</tr>
<tr>
<td></td>
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<td>3/1/2017 – 1/31/2018</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4/1/2017 – 1/31/2018</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5/1/2017 – 1/31/2018</td>
<td>9</td>
</tr>
</tbody>
</table>

3. Number of months of CHPlus coverage depends on the enrollment start date that the family chooses.
Eligibility and Enrollment

Please Note: If the newborn is temporarily eligible for CHPlus, documents are due starting from the date of the application, not from the retroactive eligibility date.

✓ CHPlus Policy: If the family needs to provide the newborn’s SSN and does not update their application and provide the SSN within 90 days, the newborn will be dis-enrolled.

In order for your eligibility to be finalized, you must submit documents by the date below to confirm that the information you provided in your application is accurate.

<table>
<thead>
<tr>
<th>Proof of Social Security Number</th>
<th>Choose File</th>
<th>Upload</th>
<th>Due Date: 4/30/2017</th>
</tr>
</thead>
</table>

Each file you upload must be smaller than 4 MB in size. The Marketplace cannot accept password-protected files.
How to Apply for the Newborn

1. The account holder must apply for coverage for their newborn and be found eligible within 60 days of the newborn’s date of birth.
   • There is no pre-enrollment. The account holder cannot apply for coverage for the baby prior to the date of birth.

2. The account holder must mark “Yes” to the financial assistance question.

3. The newborn must be eligible for CHPlus (subsidized or full-pay).
   • Not eligible for Medicaid
   • Must be a New York State resident
   • No enrollment in other health insurance
   • No access to or enrollment in a state health benefits program (NYSHIP)

4. Account holder must enroll the newborn in a CHPlus plan within 60 days of the newborn’s date of birth. (60 calendar days – not necessarily 2 months)
   • If the newborn is the only household member eligible for CHPlus, the family must select and enroll in a CHPlus health plan within 60 days of the newborn’s date of birth.
   • If there are siblings currently enrolled in CHPlus, then the newborn will automatically be enrolled in the same plan as his/her siblings. The account holder will need still to choose a coverage start date.

5. If the application for coverage is completed after 60 days of the newborn’s date of birth, or if the newborn is found eligible and a health plan was not selected within this time period, retroactive CHPlus enrollment will not be available.
   • In this scenario, the current “15th day of the month” rule applies.
Premium Payments

If there is a premium contribution due, coverage will not be effectuated until the retroactive premiums are received by the health plan.

• Payment due will include the retroactive months plus the subsequent month of prospective coverage.
  
  o If the consumer enrolls before the 15th day of the month, they will have until the 10th day of the following month to pay their premium contribution.
  
  o If the consumer enrolls after the 15th day of the month, they will have until the 10th day of the subsequent month to pay their premium contribution.
Simple Scenario...
Example 1 – Sasha
DOB: 1/18/2017

Example: Baby Sasha is born on 1/18/2017. There are no other children in this family. The account holder applies for health insurance for Sasha on 3/16/2017 and she is determined eligible for CHPlus with a $45 per month premium.

1. The account holder applied within 60 days of Sasha’s birth and she is fully eligible for CHPlus.

2. Her eligibility is effective as of 1/1/2017 since she applied and was found eligible within 60 days from her DOB.

3. The family must select and enroll Sasha in a CHPlus plan by 3/19/2017 (60 days from DOB) in order to have Sasha’s CHPlus coverage backdated to her birth month.
Example 1 – Sasha
Newborn with no siblings

DOB: 1/18/2017
Application Date: 3/16/2017

Notes:

Sasha
Child Health Plus

Congratulations! You qualify for Child Health Plus. You can enroll in a health plan for $45.00 per month. This decision is based on the number of people in your household and the income information listed in your application. The household income listed in your application is $78,000.00.

Pick a health plan - You must confirm your health plan selection by January 1, 2017, in order to enroll in coverage starting on 3/19/2017. If you miss this deadline, your coverage will start in the future.

Newborns who are determined eligible for Child Health Plus and who pick a plan within 60 days of their birth can enroll in coverage as early as the first of the month of their date of birth.

Certain groups of people, like people 65 or older, parents, children, people with disabilities or who are blind, may have their eligibility for Medicaid determined under a different basis, like through the Spenddown or Excess Income Program. This program allows individuals to subtract their medical expenses from their household income to become eligible for Medicaid. If your household income is above the Medicaid level or if your eligibility could not be determined through the Marketplace, you may be able to get help paying for your medical bills through this program. More detail is available in the plan selection section.

Next Steps for Picking a Plan:
You need to pick a plan as soon as possible. The date your plan starts depends on when you confirm your plan selection. Most people must be enrolled in a plan in order to receive health care services.

To pick a plan, you can:
- Click on Choose a Plan to see all of the plans that are available to you.
- Call NY State of Health at 1-855-355-5777 to review the plans available to you.
- Sign into your NY State of Health account at a later time and click on the Plans Tab.
4. The account holder proceeds to plan selection immediately and enrolls.

5. The account holder will be given different coverage start dates to choose from:
   - 1/1/2017
   - 2/1/2017
   - 3/1/2017
   - 4/1/2017
   - 5/1/2017

6. The account holder chooses 1/1/2017 as Sasha’s start date. The family must now pay for
premiums from January through April of $45/month or $180 total. Since the enrollment
was after the 15th day of the month, the premium is due by the tenth day of the
subsequent month of the enrollment, 5/10/2017. If payment is not made by 5/10/2017,
coverage will not be effectuated by the health plan.

7. Sasha’s continuous coverage eligibility will be from 1/1/2017 – 12/31/2017 as long as
the premium is paid on time.
Example 1 – Sasha
Newborn with no siblings

DOB: 1/18/2017

As always, be sure to click on “Confirm and Check Out”
What happens when there are siblings already enrolled in CHPlus?
Automatic Enrollment

Updates are being made to Marketplace in two (2) stages in order to automatically enroll CHPlus newborns retroactively.

- Through the end of January, some consumers may also receive a message asking them to call the Call Center for retroactive enrollment.
- At the end of January, these consumers will no longer receive the message asking them to call the Call Center.
Automatic Enrollment Functionality

Two Stages:

1. **Stage 1:** If the newborn is auto-enrolled into the same plan as his/her siblings, the Marketplace will automatically enroll the newborn back to the first of the month of their date of birth.

   - Example: Jenny is born on 1/5/2017. The family applies for CHPlus for Jenny on 1/10/2017. NY State of Health will automatically enroll Jenny in the same CHPlus plan that her siblings are already enrolled in. Her automatic enrollment will be effective 1/1/2017.

2. **Stage 2:** At the end of January 2017, NY State of Health will update this functionality so that the newborn can still be automatically enrolled in the same plan as his/her siblings. However, the system will give the family a choice of enrollment start dates to select from. Choices will be the same as a newborn who is unable to be auto-enrolled.

   - Example: Jenny is born on 1/5/2017. The family applies for CHPlus for Jenny on 3/1/2017. NY State of Health will automatically enroll Jenny in the same CHPlus plan that her siblings are already enrolled. The family will be given a selection of start dates to choose from.
     - 1/1/2017 - First of the month of the newborn’s birth month;
     - 2/1/2017 - First of the month after the newborn’s date of birth;
     - 3/1/2017 - First of the second month after the newborn’s date of birth; or
     - 4/1/2017 - Option to choose coverage effective date based on the 15th day of the month rule.
Example 2 – Micah
Newborn with CHPlus enrolled siblings
DOB: 1/6/2017

Example: Baby Micah is born on 1/6/2017. Micah has two (2) older sisters who are already enrolled in CHPlus. The account holder updates their current NY State of Health application. They add their newborn as a household member and apply for health insurance for Micah on 1/31/2017. Micah is determined eligible for CHPlus with a $15 per month premium.

1. The account holder applied within 60 days from Micah’s date of birth and he is fully eligible for CHPlus.

2. His eligibility is effective 1/1/2017 since he applied and was found eligible within 60 days from his DOB.

3. **Stage 1:** Remember, if the account holder applies for Micah toward the beginning of January, Micah will be automatically enrolled in the same CHPlus plan that his sisters are currently enrolled with and his coverage start date will automatically be retroactive to the first of the month of his DOB (1/1/2017).

4. **Stage 2:** Since the account holder applied in the end of January, Micah will be presented with a set of coverage start dates for the family to choose from.
   - The family chooses a start date of 1/1/2017.
5. The family must now pay for premiums for Micah for January and February before coverage can begin. Since the family enrolls after the 15th day of the month, the premium is due on the tenth day of the subsequent month of the enrollment, 3/10/2017.

6. Micah’s continuous coverage eligibility and CHPlus premium lock will be from 1/1/2017 – 12/31/2017.
More on Functionality Updates

In order to accommodate for the updated CHPlus newborn policy changes, some consumers will receive a message asking for them to call the Call Center.

- This will only occur for a short period of time, approximately four (4) weeks until the end of January 2017.
- NYSDOH will also receive a report of these cases and will be working to manually update those accounts.
- At the end of January, NY State of Health will have implemented additional functionality and consumers will no longer receive this message.
Example 3 – Chloe
DOB: 12/22/2016

Example: Baby Chloe is born on 12/22/2016. Chloe has an older sister, Emily, who was enrolled in CHPlus. Emily turned 19 in December, and her CHPlus plan ended 12/31/2016. The account holder updates their current NY State of Health application on 1/12/2017. They add their newborn as a household member and apply for health insurance for Chloe. Chloe is determined eligible for CHPlus with a $45 per month premium.

1. The account holder applied within 60 days from Chloe’s birth and she is fully eligible for CHPlus.

2. Her eligibility is effective as of 12/1/2016 since she applied and was found eligible within 60 days from her DOB.

3. The account holder will receive a message asking them to contact NY State of Health in order to enroll Chloe in CHPlus effective 12/1/2016.
Example 3 – Chloe
Newborn with a sibling who has aged out.

DOB: 12/22/2016

Needs enrollment to start on 12/1/2016

Turned 19 on 12/3/2016

Was enrolled in CHPlus through 12/31/2016

NY State of Health needs to add the newborn to a terminated plan. Due to this challenge, they need to call the Call Center.

Application updated
1/12/2017

DOB: 12/22/2016
Needs enrollment to start on 12/1/2016
Example 3 – Chloe
Newborn with a sibling who has aged out.

DOB: 12/22/2016

Notes:

Congratulations! You qualify for Child Health Plus. You can enroll in a health plan for $45.00 per month. This decision is based on the number of people in your household and the income information listed in your application. The household income listed in your application is $78,000.00.

Action Needed - Call NY State of Health at 1-855-355-5777 by March 24, 2017 to enroll in coverage starting in December 1, 2016.

Certain groups of people, like people 65 or older, parents, children, people with disabilities or who are blind, may have their eligibility for Medicaid determined under a different basis, like through the Spenddown or Excess Income Program. This program allows individuals to subtract their medical expenses from their household income to become eligible for Medicaid. If your household income is above the Medicaid level or if your eligibility could not be determined through the Marketplace, you may be able to get help paying for your medical bills through this program. More detail is available in the plan selection section.

Once the family calls, they will be able to enroll Chloe back to the first of the month of her DOB or choose a different enrollment start date.
Key Takeaways for Assistors
Key Takeaways for Assistors

1. The new policy states that NY State of Health will provide CHPlus eligible newborns with CHPlus coverage effective as early as the first of the month in which they were born as long as the family applies for and is found eligible for coverage (and enrolls in a plan) for the newborn within 60 days of the newborn’s date of birth.

2. Families will be able to choose an enrollment start date for their CHPlus eligible newborn from a selection of dates.

3. CHPlus eligible newborns will be automatically enrolled in the same CHPlus plan as their siblings.
   - At first, CHPlus eligible newborns will be auto-enrolled in the same plan as their siblings retroactive to the 1st of their birth month. After we implement the change in the end of January, families will be able to choose their newborn’s start date from a selection of possible dates.
   - At first, some consumers will get a message asking them to contact the Call Center in order to enroll in coverage. At the end of January, they will not receive this message and they will be able to proceed to plan selection and enrollment.
4. After the family completes enrollment for the newborn, the Assistor should remind the consumer that coverage will not be effectuated until the consumer pays the premium amount due.
   - The consumer should expect to receive a bill from the plan by mail.

5. The Assistor can also help the consumer if they want to pay their bill prior to receiving it in the mail by printing or writing down the transaction identification number, date the enrollment was completed, and contact information for the plan. In order to do this:
   - Click on “Show More” to expand the window and print the information.
   - Highlight or circle the Transaction ID number for the consumer.
   - Highlight or circle the contact information for the plan.
If you have additional questions or if you would like to receive a copy of these slides, feel free to send an Email to: Assistor.Admin@Health.NY.Gov