

Handouts

ADDITIONAL INFORMATION FORM FOR CHILD HEALTH PLUS B ELIGIBILITY

The following information is necessary to transfer your child's coverage from Medicaid/Child Health Plus A (Medical Assistance) to Child Health Plus B. Please complete the following questions and return to your health plan by _____. Failure to do so will result in a delay in processing your child's transfer to the Child Health Plus B program. Please call (insert health plan name) at (insert health plan 800#) if you have any questions.

1). Does any child who is applying to transfer have health insurance other than Medicaid/Child Health Plus A (Medical Assistance)? _____ Yes _____ No

If Yes, please provide:

Name of Policy Holder _____

Insurance Company Name _____

Group/Policy Number _____ Monthly Cost _____

Persons Covered _____ End Date of Coverage _____

2). Is the parent/step-parent of any child applying a public employee who can get family coverage through a state health benefits plan? _____ Yes _____ No

If yes, does the public agency where that person works pay all or part of the cost of this health plan? _____ Yes _____ No

I certify under penalty of perjury that everything on this form is the truth as best I know.

Date _____ Signature _____



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

DRAFT

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL:

TO: Commissioners of
Social Services

DIVISION: Office of Medicaid
Management

DATE:

SUBJECT: Reduction in the Child Health Plus A (Medicaid) Income Limit for
Children Age Six through Age Eighteen from 133% to 100% of the
Federal Poverty Level

**SUGGESTED
DISTRIBUTION:**

Medicaid Staff
Fair Hearing Staff
Legal Staff
Staff Development Coordinators
Temporary Assistance Staff

**CONTACT
PERSON:**

Bureau of Local District Support
Upstate: (518) 474-8216
NYC: (212) 417-4500

ATTACHMENTS:

Attachment IA: Upstate Language for Discontinue
Medicaid
Attachment IB: New York City Language for Discontinue
Medicaid - Excess Income
Attachment IC: New York City Language for Discontinue
Medicaid Excess Income and Resources
Attachment II: Notice to Pick a CHPlus B Health Plan
Attachment III: Notice of Decision Based on
Disability Status
Attachment IV: Children with Special Health Care Needs
Program

FILING REFERENCES

Previous ADMs/INF	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		360-4.7	366(4)		GIS: 01 MA/032

I. PURPOSE

The purpose of this Administrative Directive (ADM) is to alert local social services districts to changes in the Child Health Plus (CHPlus) A income level for children age six through age eighteen, pursuant to Chapter 58 of the Laws of 2004. The income level for these children will decrease from 133% to 100% of the Federal Poverty Level (FPL). The Department is implementing this change effective April 1, 2005.

II. BACKGROUND

Currently, in determining financial eligibility for CHPlus A for children age six through age 18, the family's income is compared to 133% of the FPL. With the passage of Chapter 58 of the Laws of 2004, the income standard will be decreased to 100% of the FPL.

III. PROGRAM IMPLICATIONS

The legislation requires children currently enrolled in CHPlus A due to their eligibility at the higher income level to remain enrolled until their next scheduled renewal. Therefore, districts will not be required to take action on these cases until the child's annual renewal. Children who become ineligible for CHPlus A due to the reduction of the income standard to 100% of the FPL must be automatically transferred to CHPlus B without a new application. Prior to this transfer, potentially disabled children must be screened for eligibility under the Supplemental Security Income (SSI)-related category. Districts will need to ensure processes are in place to expedite the disability determinations of any children identified by the Department as potentially disabled. Any child whose family requests a disability determination for their child losing eligibility because of the income reduction to 100% of the FPL should also be expedited.

IV. REQUIRED ACTION

The Department has developed the following procedures to meet the legislative requirements.

Upon the return of a child's annual renewal form and the completion of the new budget, children previously eligible with incomes above 100% of the FPL, who are no longer eligible due to the reduction of the income level to 100% of the FPL must be closed using unique closing reason codes (see Systems Implications Section). Use of these codes will generate a notice (Attachments IA for Upstate districts and IB or IC for New York City) explaining that the child is no longer eligible for CHPlus A and will be automatically enrolled in CHPlus B. The notice will also explain the child's option to remain in CHPlus A with a spenddown and/or to request a determination of eligibility under SSI-related provisions.

NOTE: These unique closing reason codes should also be used if a family reports an increase in income or other change prior to annual renewal that results in ineligibility for a child previously eligible between 100% and 133%. (See Systems Implications Section.)

Use of the appropriate closing reason code will generate an extension of CHPlus A coverage for 90 days or for the balance of any continuous coverage period, whichever is longer. During this extension, the Department will enroll the child in the CHPlus B Program.

A file of all children closed with the new closing reason codes will be generated from the Welfare Management System (WMS). The file will contain the data elements needed by CHPlus B to enroll the child in a CHPlus B plan, including income information available in the MBL subsystem. The file will be sorted using the following criteria:

1. Children living in counties where only one CHPlus B plan is available

The Department will provide the information on children residing in the following 17 counties to the CHPlus B plan operating in that county. The plan must contact the family to confirm the child's eligibility. Once the child's eligibility has been confirmed, the child will be enrolled in the CHPlus B plan, beginning the month following the last month of the child's CHPlus A extension period. The 17 counties are:

Chemung	Chenango
Franklin	Genesee
Jefferson	Lewis
Livingston	Monroe
Ontario	Schuyler
Seneca	St.Lawrence
Steuben	Tompkins
Wayne	Wyoming
Yates	

2. Children enrolled in CHPlus A managed care plans in counties other than the above mentioned 17 counties

This file will be reviewed by Department staff, who will determine if the CHPlus A plan also offers CHPlus B. If so, the Department will provide the child's information to the plan. The plan must contact the family to confirm the child's eligibility. Once the child's eligibility has been confirmed, the child will be enrolled in the CHPlus B plan, beginning the month following the last month of the child's CHPlus A extension period.

Children enrolled in CHPlus A plans that do not offer CHPlus B will be identified and processed in the manner described in item 3 below.

3. Children enrolled in CHPlus A fee-for-service in counties other than the above mentioned 17 counties

For those children in CHPlus A fee-for-service or in CHPlus A plans that do not provide CHPlus B, the Department will send a second mailing (Attachment II) to the families. This mailing will contain information about the CHPlus B plans available to the family and explain that the family must pick a plan and call the toll-free phone number provided in the letter with their plan choice. When a family responds, the Department will provide the child's information to the plan the family has chosen. The child will be enrolled in the CHPlus B plan on a temporary basis, beginning the month following the last month of the child's CHPlus A extension period. The CHPlus B plan will confirm the child's eligibility as soon as possible, but no later than sixty days after enrollment in the plan.

For children whose families do not respond to the request to pick a plan, the Department will randomly assign the child to a CHPlus B plan in their county of residence, using the algorithm used by the Medicaid Managed Care Program for auto-assignment. The CHPlus B plan must confirm the child's eligibility, as noted above.

Department of Health staff will be responsible for:

1. Preparing mailings for each family that include instructions for choosing a plan, CHPlus B plan information, and the deadline for responding.
2. Answering calls from families in response to the mailing and recording the family's plan selection for enrollment in CHPlus B.
3. Providing information to assist the family in choosing a plan, if assistance is requested, and answering any other questions the family may have.
4. Identifying those children whose families do not respond by the deadline, who will then be randomly assigned to an available CHPlus B plan.

Children Identified As Potentially Disabled

Districts must ensure processes are in place to expedite the disability determinations of any children identified by the Department as potentially disabled. The Department will generate a report of those children who appear potentially disabled based on information available in the claims payment system. This report will be sent to districts under separate cover. Districts are required to contact the family to determine the family's interest in pursuing disability status for the child. Suggested wording for a notice to the family will

be included in each district's report. Districts must assist the family in the disability determination process, when requested. This includes scheduling a consultative exam, if necessary.

If upon receipt of the child's closing notice, the family requests a disability determination for the child, districts must expedite the disability review. A complete disability packet consists of the completed LDSS-1151 "Interview form", appropriate portions of the LDSS-486T, signed by a medical doctor or a qualified psychologist (as applicable) and all requested supporting medical evidence, such as hospital records, office notes and treatment records, etc. It is important that the Medical Report forms be signed by a medical doctor, psychiatrist or qualified psychologist, as appropriate. If forms are received that are unsigned or otherwise incomplete, you must return it to the provider for completion prior to submitting it to the Disability Review Team. For those districts that have the State Disability Review Team perform their disability determinations, attach a DSS-654 Transmittal Sheet to the disability packet and check the box labeled "child case." This will alert the State Review Team that the determination should be expedited.

When the disability determination is complete, districts must redetermine financial eligibility, based on SSI-related budgeting, when appropriate. In addition, all children must be notified of the results of the determination, as follows:

1. The child is approved disabled and determined financially eligible. Districts must inform the family of the results of the disability determination, using the LDSS-4141, "Notice of Medical Assistance Disability Determination," and reinstate the child's Child Health Plus A coverage, retro-active to the date of closure, if necessary.
2. The child is approved disabled but determined financially ineligible. In this instance districts must inform the family of the results of the disability determination, using the LDSS-4141 and provide a "Notice of Decision Based on Disability Status" (Attachment III of this Directive) to inform the family of their child's financial ineligibility. This notice must be used without modification. Districts must reproduce the notice, as needed. In addition, districts must also include with the notice the LDSS 4038, "Explanation of the Excess Income Program," the LDSS 4548, "Optional Pay-In Program" the LDSS 4321 "Explanation of the Excess Resource Program" (if appropriate) **and** Attachment IV of this Directive, "Children with Special Health Care Needs Program." This document contains information about the Physically Handicapped Children's Program. The child's transition to CHPlus B will proceed, unless the family requests to remain on CHPlus A with a spenddown of income/resources.
3. The child is disapproved disabled. In addition to informing the family of the disability determination using the LDSS-4141, districts must also send the family the LDSS 4038, "Explanation of the Excess Income Program" **and/or** LDSS 4321 "Explanation of the Excess Resource Program" **and** Attachment IV, "Children with Special Health Care Needs Program." No additional eligibility notice is required. The child's

transition to CHPlus B will proceed unless the family requests to remain on CHPlus A with spenddown of income/resources.

FACILITATED ENROLLERS

Facilitated enrollers who routinely assist with renewals often advise families whose children no longer appear eligible for CHPlus A not to return the renewal, and to apply for CHPlus B. To ensure that these children receive the full benefit of the transition process described in this directive, facilitated enrollers have been instructed to advise families whose children are impacted by this change to return the renewal to the local district and to follow any instructions provided by the district.

V. SYSTEMS IMPLICATIONS

Effective March 21, 2005, new CNS closing reason codes (C25 upstate and E42 and E43 in New York City) have been programmed for children losing eligibility under these provisions. Use of these codes will generate an extension of CHPlus A coverage for ninety days from the first day of the month following the month of the closing transaction, or the balance of any remaining continuous coverage period, whichever is longer. During this period, the Department of Health will take the actions described in this Directive to enroll the affected children in CHPlus B.

It is important that districts use the appropriate closing codes, to ensure that these children are processed appropriately and do not experience a gap in coverage. These codes are only valid for children age 6 through age 18 with expanded eligibility categorical codes that indicate eligibility at 133% of the FPL.

When a family reports a change at any point during the authorization period other than at renewal, these closing codes must also be used. The child's categorical code should not be changed to the continuous coverage Categorical Code 67 (continuous coverage-child 6-18, 100-133% FPL) because the system will automatically generate the appropriate extension.

The MBL subsystem has also been programmed to display eligibility for children age 6 through 18 at 100% of the FPL, when the budget from date is April 1, 2005 or later, for EEC codes B and D.

NOTE: April 1, 2005 (or later) renewals completed and processed by the districts prior to March 21, 2005 will have budgets showing eligibility at 133% of the FPL for these children. These children will remain eligible until their next scheduled renewal in 2006, and are not required to have eligibility redetermined until that date.

Further information on Systems changes may be found in the WMS/CNS Coordinator Letter dated February 28, 2005.

VI. EFFECTIVE DATE

The effective date of this Directive is April 1, 2005

Kathryn Kuhmerker, Deputy Commissioner
Office of Medicaid Management

Children with Special Health Care Needs Program (CSHCN) Including Physically Handicapped Children's Program

Program Goal

To achieve a statewide system of care for CSHCN and their families that links them to appropriate health and related services, identifies gaps and barriers and assists in their resolution, and assures access to quality health care.

Eligibility

CSHCN are children 0-21 years who have or are suspected of having a serious or chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.

Eligibility is determined by the county health units.

Description

The Children with Special Health Care Needs Program (CSHCN) is a statewide public health program that provides information and referral services for health and related areas for families of CSHCN. In addition some of the local CSHCN programs offer case management services.

The CSHCN program also has a financial component, the Physically Handicapped Children's Program (PHCP). The PHCP assists families in paying medical bills for children with severe chronic illnesses and/or physical disabilities, between birth and 21 years of age, who live in New York State and meet county medical and financial eligibility criteria.

The PHCP is located in most county health units. Prior authorization from the local PHCP must be obtained for all services. The PHCP has two components: the Diagnosis and Evaluation Program (D&E) and the Treatment Program. The D&E program will reimburse specialty providers for the diagnosis and development of a treatment plan for eligible children. The treatment program will reimburse specialty providers for the ongoing health and related services for children who are medically and financially eligible in their county of residence. The county standards are designed to assist families with low incomes or inadequate private health insurance to obtain medical services for their children.

For Information

Call the New York State Health Department's Growing Up Healthy Hotline, 1-800-522-5006, or contact your local county health department. (In New York City, contact the Bureau for Families and Community Health Services of the New York City Health Department at (212) 676-2950.

Upstate Notice Language

Medical Assistance eligibility is ending effective _____ for:

Name	Client I.D. #
Name	Client I.D. #
Name	Client I.D. #

However, Medical Assistance coverage for the above child(ren) will continue until _____. At the end of this period, the child(ren) will be enrolled in the Child Health Plus B program. Child Health Plus B provides health insurance for certain children who cannot get Medical Assistance because their income is too high.

Medical Assistance eligibility is ending because your net income (gross income less Medical Assistance deductions) of \$_____ is more than 100% of the Federal Poverty Level of \$_____ which is the income limit for children ages six through eighteen years. Since your income is over 100% of the Federal Poverty Level, we compared your income to the Medical Assistance limit. Your income is over the allowable Medical Assistance limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____.

Under Child Health Plus B, children must enroll in a health plan to get medical services. If a child listed above is enrolled in a Medicaid health plan that also provides Child Health Plus B, the child can continue to receive medical services from that health plan. The health plan will send a new benefit card and information on how to access the medical services covered by the plan. The health plan may also contact you to confirm the child's eligibility.

If a child listed above is not enrolled in a health plan, or the health plan does not provide Child Health Plus B, you will have to pick a Child Health Plus B plan for the child. You will soon receive information about the health plans available and instructions on how to enroll. In order to avoid a break in the child's coverage, you must follow those instructions.

If a child requires special care that the Child Health Plus B program does not cover, the child can change to the Medical Assistance Excess Income program. This means that you will have to submit paid or unpaid medical expenses each month that are equal to or more than your monthly excess income amount.

The services which are not covered under Child Health Plus B, but are covered under Medical Assistance include: long-term home health care, personal care aide services, orthodontia, medical/surgical supplies and non-emergency transportation. If you decide you want to change to the Medical Assistance Excess Income program, contact your worker. If you choose the Excess Income program, you must tell us about your resources, if you have not already done so, since there is a resource limit.

Also, if a child is disabled as defined by the Social Security Administration, that child may still be eligible for Medical Assistance. If you need any of the services not covered by Child Health Plus B and you believe that the child has a disability, you must contact your worker to arrange for a disability review.

Please look at the budget calculation section to see how we figured your income and read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program".

This decision is based on Regulation 18 NYCRR 360-4.8 and Section 366(4)(q)(1) of the Social Services Law.

NYC Notice Language
Excess Income

Your eligibility for Medical Assistance will end effective _____.

This is because your net income (gross income less Medical Assistance deductions) of \$_____ is more than 100% of the Federal Poverty Level of \$_____ which is the income limit for children ages six through eighteen years. Since your income is over 100% of the Federal Poverty Level, we compare your income to the Medical Assistance limit.

Your income is over the allowable Medical Assistance limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$_____.

Even though the child(ren) are no longer eligible for Medical Assistance as explained in this notice, we will continue coverage until the date shown under the CONTINUATIONS/ EXTENSIONS section of this notice. After that date the child(ren) will be enrolled in the Child Health Plus B program. Child Health Plus B provides health insurance for certain children who cannot get Medical Assistance because their income is too high.

Under Child Health Plus B, children must enroll in a health plan to get medical services. If your child(ren) is already enrolled in a Medicaid health plan that also provides Child Health Plus B, the child can continue to receive medical services from that health plan. The health plan will send a new benefit card and information on how to access the medical services covered by the plan. Continue to use the benefit card you currently have until the new card arrives. The health plan may also contact you to confirm the child's eligibility.

If your child(ren) is not enrolled in a health plan, or the health plan does not provide Child Health Plus B, you will have to pick a Child Health Plus B plan for the child. You will soon receive information about the health plans available, and instructions on how to enroll. In order to avoid a break in the child's coverage you must follow those instructions.

If a child requires special care that the Child Health Plus B program does not cover, the child can change to the Medical Assistance Excess Income program. This means that you will have to submit paid or unpaid medical expenses each month that are equal to or more than your monthly excess income amount.

The services which are not covered under Child Health Plus B, but are covered under Medical Assistance include: long-term home health care, personal care aide services, orthodontia, medical/surgical supplies and non-emergency transportation. If you decide you want to change to the Medical Assistance Excess Income program, contact us. If you choose the Excess Income program, you must tell us about your resources, if you have not already done so, since there is a resource limit.

Also, if a child is disabled as defined by the Social Security Administration, that child may still be eligible for Medical Assistance. If you need any of the services not covered by Child Health Plus B and you believe that the child has a disability, you may go to any local Medical Assistance Program office to arrange for a disability review.

Please look at the budget calculation section to see how we figured your income and read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

This decision is based on Regulation 18 NYCRR 360-4.8 and Section 366(4)(q)(1) of the Social Services Law.

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ATTACHMENT IC

NYC Notice Language
Excess Income and Resources

Your eligibility for Medical Assistance will end effective _____.

This is because your net income (gross income less Medical Assistance deductions) of \$_____ is more than 100% of the Federal Poverty Level of \$_____ which is the income limit for children ages six through eighteen years. Since your income is over 100% of the Federal Poverty Level, we compare your income to the Medical Assistance limit and there is now a resource limit.

Your income and countable resources are over the allowable Medical Assistance limits. The amounts over the limits are called excess income and excess resources. Your monthly excess income amount is \$_____. Your excess resource amount is \$_____.

Even though the child(ren) are no longer eligible for Medical Assistance as explained in this notice, we will continue coverage until the date shown under the CONTINUATIONS/ EXTENSIONS section of this notice. After that date the child(ren) will be enrolled in the Child Health Plus B program. Child Health Plus B provides health insurance for certain children who cannot get Medical Assistance because their income is too high.

Under Child Health Plus B, children must enroll in a health plan to get medical services. If your child(ren) is already enrolled in a Medicaid health plan that also provides Child Health Plus B, the child can continue to receive medical services from that health plan. The health plan will send a new benefit card and information on how to access the medical services covered by the plan. Continue to use the benefit card you currently have until the new card arrives. The health plan may also contact you to confirm the child's eligibility.

If your child(ren) is not enrolled in a health plan, or the health plan does not provide Child Health Plus B, you will have to pick a Child Health Plus B plan for the child. You will soon receive information about the health plans available, and instructions on how to enroll. In order to avoid a break in the child's coverage you must follow those instructions.

If a child requires special care that the Child Health Plus B program does not cover, the child can change to the Medical Assistance Excess Income program. This means that you will have to submit paid or unpaid medical expenses each month that are equal to or more than your monthly excess income amount.

The services which are not covered under Child Health Plus B, but are covered under Medical Assistance include: long-term home health care, personal care aide services, orthodontia, medical/surgical supplies and non-emergency transportation. If you decide you want to change to the Medical Assistance Excess Income program, contact us.

Also, if a child is disabled as defined by the Social Security Administration, that child may still be eligible for Medical Assistance. If you need any of the services not covered by Child Health Plus B and you believe that the child has a disability, you may go to any local Medical Assistance Program office to arrange for a disability review.

Please look at the budget calculation section to see how we figured your income and read the Sections: "Explanation of the Excess Income Program," "Explanation of the Excess Resource Program," the "Explanation of the Optional Pay-In Program."

This decision is based on Regulation 18 NYCRR 360-4.8 and Section 366(4)(q)(1) of the Social Services Law.



STATE OF NEW YORK DEPARTMENT OF HEALTH

ATTACHMENT II

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

DRAFT

Dear _____:

You were recently notified that the child(ren) listed below is (are) no longer eligible for Medical Assistance.

Name: _____	Date of Birth: ___/___/___
Name: _____	Date of Birth: ___/___/___
Name: _____	Date of Birth: ___/___/___

We have continued the child’s Medical Assistance coverage to allow time to enroll the child in Child Health Plus B. In order to enroll the child, you must pick a health plan. This letter contains information about the Child Health Plus B program and the participating health plans, by County.

Please review this information and select a health plan in your County. To help you decide, you may want to call the health plan at the number listed and ask the people in the Member Services Department any questions you have about the plan, its services and its providers.

AFTER YOU HAVE DECIDED, CALL 1-800 541-2831. Tell the operator that your child is no longer eligible for Medical Assistance and you would like to pick a Child Health Plus B plan. Have your child’s social security number or Medical Assistance Client Identification Number (CIN) available when you call. After you have picked a health plan, the plan will send a new benefit card and information on how to access the medical services covered by the plan. The health plan will contact you to confirm the child’s eligibility.

IT IS VERY IMPORTANT THAT YOU DO THIS BEFORE ___/___/___ . IF YOU DO NOT RESPOND BY THIS DATE, WE WILL CHOOSE A PLAN FOR YOUR CHILD. THIS IS THE ONLY NOTICE YOU WILL RECEIVE, SO PLEASE CALL RIGHT AWAY.

WHAT IS CHILD HEALTH PLUS B?

Child Health Plus B is a health insurance program for children under the age of 19 who are not eligible for Child Health Plus A (Medicaid). Child Health Plus B will cover most of your child's health needs, including doctor visits, immunizations, inpatient and outpatient hospital services, prescriptions, and routine dental and vision care.

Children who are not eligible for Child Health Plus A can enroll in Child Health Plus B if they don't already have health insurance and are not eligible for coverage under the public employees' state health benefits plan. Child Health Plus B is provided through participating health plans. Each health plan offers health care through many providers. The health plan can give you a list of providers near you. Participating Child Health Plus B plans are listed by county below.

Albany

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Wellcare	1-800-288-5441

Allegany

BCBS of Western NY/Health Now	1-800-888-5407
Univera Community Health	1-800-494-2215

Bronx

ABC Health Plan	1-800-298-2420
Affinity Health Plan	1-866-247-5678
Americhoice	1-800-493-4647
Centercare	1-800-545-0571
Community Choice Health Plan	1-800-619-2247
Community Premier Plus	1-800-867-5885
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI/Partners in Health	1-800-652-1332
GHI HMO	1-877-244-4466
Healthfirst	1-800-905-5445
Health Plus PHSP	1-888-809-8009
HIP of Greater NY	1-800-542-2412
MetroPlus Health Plan	1-800-475-6387
Neighborhood Health Providers	1-800-826-6240
NY Presbyterian Community Health Plan	1-800-261-4649
St Barnabas/Partners in Health	1-800-652-1332
United Healthcare of NY*	1-800-396-7177
Wellcare	1-800-288-5441

Broome

Capital District Physicians' Health Plan	1-800-454-3840
Excellus BCBS	1-800-282-0068
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466

Cattaraugus

BCBS of Western NY/Health Now	1-800-888-5407
Fidelis Care New York	1-888-343-3547
Univera Community Health	1-800-494-2215

Cayuga

Excellus BCBS	1-800-282-0068
United Healthcare of NY*	1-800-396-7177

Chautauqua

BCBS of Western NY/Health Now	1-800-888-5407
Fidelis Care New York	1-800-343-3547
Univera Community Health	1-800-494-2215

Chemung

Excellus BCBS	1-800-282-0068
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Chenango

Capital District Physicians' Health Plan*	1-800-454-3840
Excellus BCBS	1-800-650-4359

Clinton

Blue Shield of NENY/Health Now	1-877-672-2242
Empire BlueCross	1-800-431-1914
Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547

Columbia

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Wellcare	1-800-288-5441

Cortland

Excellus BCBS	1-800-282-0068
Fidelis Care New York	1-888-343-3547

*Currently not accepting new enrollment
January 27, 2005

Delaware

Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Excellus BCBS	1-800-650-4359

Dutchess

Blue Shield of NENY/Health Now*	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Hudson Health Plan	1-800-339-4557
MVP Health Plan	1-800-666-1792
Wellcare	1-800-288-5441

Erie

BCBS of Western NY/HealthNow	1-800-888-5407
Fidelis Care New York	1-888-343-3547
Univera Community Health	1-800-494-2215

Essex

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547

Franklin

Excellus BCBS	1-800-650-4359
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Fulton

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Excellus BCBS	1-800-650-4359

Genesee

BCBS of Western NY/Health Now	1-800-888-5407
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Greene

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Wellcare	1-800-288-5441

Hamilton

Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547

*Currently not accepting new enrollment
January 27, 2005

Herkimer

Capital District Physicians' Health Plan	1-800-454-3840
Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547
United Healthcare of NY*	1-800-396-7177

Jefferson

Excellus BCBS	1-800-650-4359
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Kings

Affinity Health Plan	1-866-247-5678
Americhoice	1-800-493-4647
Care Plus Health Plan	1-877-692-8669
Centercare	1-800-545-0571
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Healthfirst	1-800-905-5445
Health Plus PHSP	1-888-809-8009
HIP of Greater NY	1-800-542-2412
MetroPlus Health Plan	1-800-475-6387
Neighborhood Health Providers	1-800-826-6240
NY Presbyterian Community Health Plan	1-800-261-4649
United Healthcare of NY*	1-800-396-7177
Wellcare	1-800-288-5441

Lewis

Excellus BCBS	1-800-650-4359
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Livingston

Excellus BCBS	1-800-650-4359
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Madison

Capital District Physicians' Health Plan	1-800-454-3840
Excellus BCBS	1-800-650-4359
United Healthcare of NY*	1-800-396-7177

Monroe

Excellus BCBS	1-800-650-4359
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Montgomery

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Excellus BCBS	1-800-650-4359

Nassau

Affinity Health Plan	1-866-247-5678
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
HealthFirst	1-800-905-5445
HIP Greater NY	1-800-542-2412
United Healthcare of NY	1-888-396-7177

New York

ABC Health Plan	1-800-298-2420
Affinity Health Plan	1-866-247-5678
Care Plus Health Plan	1-877-692-8669
CenterCare	1-800-545-0571
Community Premier Plus	1-800-867-5885
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Healthfirst	1-800-905-5445
Health Plus PHSP	1-888-809-8009
HIP Greater NY	1-800-542-2412
MetroPlus Health Plan	1-800-475-6387
Neighborhood Health Providers	1-800-826-6240
NY Presbyterian Community Health Plan	1-800-261-4649
United Healthcare of NY*	1-800-396-7177
Wellcare	1-800-288-5441

Niagara

BCBS of Western NY/Health Now	1-800-888-5407
Fidelis Care New York	1-888-343-3547
Univera Community Health	1-800-494-2215

Oneida

Capital District Physicians' Health Plan	1-800-454-3840
Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547
United Healthcare of NY*	1-800-396-7177

Onondaga

Excellus BCBS	1-800-282-0068
Fidelis Care New York	1-888-343-3547
SCHC Total Care, Inc	1-800-223-7242
United Healthcare of NY*	1-800-396-7177

Ontario

Excellus BCBS	1-800-650-4359
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Orange

Affinity Health Plan	1-866-247-5678
Blue Shield of NENY/Health Now*	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Hudson Health Plan	1-800-339-4557
Wellcare	1-800-288-5441

Orleans

BCBS of Western NY/Health Now	1-800-888-5407
Excellus Health Plan, Inc	1-800-650-4359
Fidelis Care New York	1-888-343-3547

Oswego

Excellus BCBS	1-800-650-4359
Fidelis Care New York	1-888-343-3547
SCHC Total Care, Inc	1-800-223-7242
United Healthcare of NY*	1-800-396-7177

Otsego

Capital District Physicians' Health Plan	1-800-454-3840
Excellus BCBS	1-800-650-4359

Putnam

Blue Shield of NENY/Health Now	1-866-247-5678
Empire BlueCross BlueShield	1-800-431-1914
GHI HMO	1-877-244-4466

Queens

Affinity Health Plan	1-866-247-5678
Americhoice	1-800-493-4647
CarePlus Health Plan	1-877-692-8669
CenterCare	1-800-545-0571
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
HealthFirst	1-800-905-5445
Health Plus PHSP	1-888-809-8009
HIP Greater NY	1-800-542-2412
MetroPlus Health Plan	1-800-475-6387
Neighborhood Health Providers	1-800-826-6240
NY Presbyterian Community Health Plan	1-800-261-4649
United Healthcare of NY*	1-888-396-7177
Wellcare	1-800-288-5441

Rensselaer

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Wellcare	1-800-288-5441

Richmond

Affinity Health Plan	1-866-247-5678
CarePlus Health Plan	1-877-692-8669
CenterCare	1-800-545-0571
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Healthfirst	1-800-905-5445
Health Plus PHSP	1-888-809-8009
HIP Greater NY	1-800-542-2412
Neighborhood Health Providers	1-800-826-6240
United Healthcare of NY*	1-800-396-7177

*Currently not accepting new enrollment
January 27, 2005

Rockland

Affinity Health Plan	1-866-247-5678
Community Choice Health Plan	1-800-619-2247
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Hudson Health Plan	1-800-339-4557
Wellcare	1-800-288-5441

Saratoga

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547

Schenectady

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466

Schoharie

Blue Shield NENY/Health Now*	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914

Schuyler

Excelsus BCBS	1-800-282-0068
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Seneca

Excelsus BCBS	1-800-650-4359
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Steuben

Excelsus BCBS	1-800-282-0068
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St Lawrence

Excelsus BCBS	1-800-650-4359
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Suffolk

Affinity Health Plan	1-866-247-5678
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
HealthFirst	1-800-905-5445
HIP Greater NY	1-800-542-2412
Suffolk Health Plan	1-800-763-9132
United Healthcare of NY	1-800-396-7177

Sullivan

Blue Shield of NENY/Health Now*	1-877-672-2242
Empire BlueCross BlueShield	1-800-431-1914
GHI HMO	1-877-244-4466
Hudson Health Plan	1-800-339-4557
Wellcare	1-800-288-5441

Tioga

Capital District Physicians' Health Plan	1-800-454-3840
Excelsus BCBS	1-800-282-0068

Tompkins

Excelsus BCBS	1-800-282-0068
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Ulster

Blue Shield of NENY/Health Now*	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
Hudson Health Plan	1-800-339-4557
MVP Health Plan	1-800-666-1792
Wellcare	1-800-288-5441

Warren

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547

Washington

Blue Shield of NENY/Health Now	1-877-672-2242
Capital District Physicians' Health Plan	1-800-454-3840
Empire BlueCross	1-800-431-1914
Fidelis Care New York	1-888-343-3547

Wayne

Excelsus BCBS	1-800-650-4359
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Westchester

Affinity Health Plan	1-866-247-5678
Community Choice Health Plan	1-800-619-2247
Empire BlueCross BlueShield	1-800-431-1914
Fidelis Care New York	1-888-343-3547
GHI HMO	1-877-244-4466
HIP Greater NY	1-800-542-2412
Hudson Health Plan	1-800-339-4557

Wyoming

BCBS of Western NY/Health Now	1-800-888-5407
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Yates

Excelsus BCBS	1-800-650-4359
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*Currently not accepting new enrollment
January 27, 2005

NOTICE OF DECISION BASED ON DISABILITY STATUS

NOTICE DATE		EFFECTIVE DATE		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER			CIN NUMBER		
CASE NAME (And C/O Name if Present) AND ADDRESS					
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> { </div>				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____	
				OR Agency Conference _____	
				Fair Hearing information and assistance _____	
				Record Access _____	
				Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME		TELEPHONE NO.

We are sending this notice to tell you that this Department has redetermined eligibility for _____ because the child has been certified disabled.

The child is not eligible for the reason(s) indicated:

- The child is not eligible for Medical Assistance because the net income (gross income less Medical Assistance deductions) is over the allowable Medical Assistance income limit. The amount over the limit is called excess income or spenddown. The monthly excess income amount is \$_____.
- The child is not eligible for Medical Assistance because the countable resources are over the allowable Medical Assistance limit. The amount over the limit is called excess resources or spenddown. The excess resource amount is \$_____.

If you incur medical bills in the amount of the excess income and /or resources in the future, or if your income goes down, you may reapply for Medical Assistance.

We have enclosed LDSS 4038, "Explanation of the Excess Income Program," LDSS4548, "Optional Pay-In Program," and/or LDSS 4321 "Explanation of the Excess Resource Program," and "Children with Special Health Care Needs Program".

Unless you request to enroll the child in the Excess Income Program and/or the Excess Resource Program, the child will be enrolled in the Child Health Plus B program.

The enclosed budget worksheet(s) explains these calculations.

This decision is based on Regulation 18 NYCRR 360-4.8 and Section 366.2(b) of the Social Services Law.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

DRAFT

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the front page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- 1) **Telephone:** You may call the state wide toll free number: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **OR**
- 2) **Fax:** Send a copy of this notice to fax no. (518) 473-6735. **OR**
- 3) **On-Line:** Complete and send the online request form at: <https://www.otda.state.ny.us/oah/forms.asp>. **OR**
- 4) **Write:** Send a copy of this notice **completed**, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because: _____

Print Name: _____ Case Number _____

Address: _____ Telephone: _____

Signature of Client: _____ Date: _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the front of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of the front of this notice or write to us at the address printed at the top of the front of this notice.

ATTENTION: Children under 19 years of age who are not eligible for Child Health Plus A or other health insurance may be eligible for the Child Health Plus B Insurance Plan (Child Health Plus B). The plan provides health care insurance for children. Call 1-800-522-5006 for information.

**Financial Eligibility
Changes for CHPlus-A**

- 2004 Legislative provisions repealed CHPlus-A coverage for children ages 6-18 with household income over 100% FPL (federal poverty level)

Child Health Plus A

- Fee-For-Service or Managed Care
- CBIC Card plus plan card (if in managed care)
- No premium

Child Health Plus B

- Managed Care only
- Plan card only
- May be a premium

**Services Offered By
Child Health Plus A/B:**

- Physical exams
- Immunizations
- Diagnostics and treatment
- X-ray and lab tests
- Emergency care
- Outpatient surgery

**Services Offered By
Child Health Plus A/B:**

- Inpatient medical or surgical care
- Dental
- Vision
- Prescription and non-prescription drugs

**Services Not Covered by
Child Health Plus B:**

- Skilled Nursing Care
- Personal Care
- Private Duty Nursing
- Medical/Surgical Supplies
- Non-emergency Transportation

**New Discontinuance
Reason Code for
Affected Children**

- Identifies children impacted by change in eligibility level.
- Generates notice to family describing the change and the process

**New Discontinuance
Reason Code for
Affected Children**

- Generates extension of Child Health Plus -A so that there will be no coverage gap.

ATTACHMENT IA

Upstate Notice Language

Medical Assistance eligibility is ending effective _____ for:

Name	Client I.D. #
Name	Client I.D. #
Name	Client I.D. #

However, Medical Assistance coverage for the above child(ren) will continue until _____. At the end of this period, the child(ren) will be enrolled in the Child Health Plus B program. Child Health Plus B provides health insurance for certain children who cannot get Medical Assistance because their income is too high.

Medical Assistance eligibility is ending because your net income (gross income less Medical Assistance deductions) of \$ _____ is more than 100% of the Federal Poverty Level of \$ _____ which is the income limit for children ages six through eighteen years. Since your income is over 100% of the Federal Poverty Level, we compared your income to the Medical Assistance limit. Your income is over the allowable Medical Assistance limit. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$ _____.

CNS Notice

- Advises that child is no longer eligible and date
- Explains that coverage will continue until a second date (90 days or CSD, whichever is longer)
- 10 days to request aid-to-continue.

CNS Notice

- Explains that child may be eligible for Child Health Plus - B.
- Explains transitioning, depending on Managed Care/Plan/Fee-For-Service status.
- Describes services that Child Health Plus - B does not cover.

CNS Notice

- Explains “spenddown” option
- Explains option of requesting a disability determination

Dear _____:

You were recently notified that the child(ren) listed below is (are) no longer eligible for Medical Assistance.

Name: _____ Date of Birth: ____/____/____
 Name: _____ Date of Birth: ____/____/____
 Name: _____ Date of Birth: ____/____/____

We have continued the child's Medical Assistance coverage to allow time to enroll the child in Child Health Plus B. In order to enroll the child, you must pick a health plan. This letter contains information about the Child Health Plus B program and the participating health plans, by County.

Please review this information and select a health plan in your County. To help you decide, you may want to call the health plan at the number listed and ask the people in the Member Services Department any questions you have about the plan, its services

Identification of Disabled Children

- Self-identification as described in the CNS notice
- Report to districts based on services received: one initially, and a second in six months

Identification of Disabled Children

- For districts whose Disability Reviews are performed by the State, transmittal should have box "child's case" checked in order to expedite.

Child's Case

**Health Plan Notification
of Potential Enrollment**

- Over 60 days notice if:
 - child is enrolled in a Child Health Plus A plan that also participates in Child Health Plus B
 - child lives in a county where there is only one Child Health Plus B plan

**Health Plan Notification
of Potential Enrollment**

- Less than 60 days notice if:
 - child has to pick a plan
 - child is assigned to a plan

**What Health Plans
Need To Enroll**

- Information to determine if the child has any other insurance or has access to a State Health benefits plan
- Any required premium payment

Enrollment Less Than 60 Days in Advance

- The plan will enroll the child for a two month presumptive period, beginning the month after the CHPlus-A coverage terminates
- If this information is not collected during the presumptive period, the child must be disenrolled

Facilitated Enrollers

- If the child is ineligible under new budgeting, the FE gives the application back to the family
- Family sends application to LDSS for processing, to insure the child gets the CHPlus-A extension and automatic processing discussed today

Contacts

- WMS:
Karen E. Thompson
(518) 408-0001
ket04@health.state.ny.us

Contacts

- CNS:
Cindy Krueger-Farley
(518) 402-6663
cak05@health.state.ny.us

Contacts

- MBL:
David Vielkind
(518) 402-6967
dvd02@health.state.ny.us

Contacts

- Policy:
Local District Liaison
(518) 474-8216
or
New York City
(212) 417-4500

Remember:

- C 25 is a “no fill” code
- It is generated based on information from the Welfare Management System (WMS)
- C 25 code will generate an automatic notice to the client

Remember:

There's no need for the worker to access CNS

UNLESS

C 25 is being on a case that also has a “fill” reason code

Remember:

- When using a C 25 code, you'll also need to enter a “T” for “timely notice”

CNS Reason Code Changes:

- Codes formerly used to cover children ages 1-19 are now used for children ages 1 to 5
- There are new codes to cover children who are between the ages of 6 years old and (up to) 19 years old

CNS Reason Code Changes:

- Check the Health Provider Network (HPN) to review this CNS language

17 Counties With Only One CHPlus-B Plan Available

- | | |
|---------------|--------------|
| • St Lawrence | • Genesee |
| • Jefferson | • Livingston |
| • Monroe | • Chenango |
| • Ontario | • Chemung |
| • Yates | • Wyoming |
| • Tompkins | • Seneca |
| • Steuben | • Schuyler |
| • Franklin | • Franklin |
| • Lewis | • Lewis |
| • Wayne | |

Report One:

- Any child in these 17 counties affected by this change
- Forwarded directly to CHPlus-B program for enrollment in that county's available plan

Report Two:

- Any child enrolled in CHPlus-A managed care
- Forwarded directly to CHPlus-B staff to see if that plan also offers CHPlus-B coverage

Report Two:

- If a plan does offer CHPlus-B coverage, the child will be enrolled with this same plan

Report Two:

- The CHPlus-B plan will confirm the child's eligibility prior to enrollment

Report Two:

- CHPlus-B staff will also identify those children in CHPlus-A plan which do not offer CHPlus-B
- That information will be forwarded to OMM staff

Report Three:

- Will identify those children enrolled in CHPlus-A fee-for-service
