Department of Human Resources 311 West Saratoga Street Baltimore MD 21201	**FAMILY INVESTMENT ADMINISTRATION** **ACTION TRANSMITTAL**
Control Number: # 12-08	**Effective Date**: UPON RECEIPT **Issuance Date**: August 15, 2011

TO: **DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES,**
DEPUTY / ASSISTANT DIRECTORS FOR FAMILY INVESTMENT,
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
HEALTH OFFICERS, LOCAL HEALTH DEPARTMENTS
LOCAL HEALTH DEPARTMENT ELIGIBILITY STAFF

FROM: **ROSEMARY MALONE, EXECUTIVE DIRECTOR, FIA** Rosemary M Malone
DEBBIE RUPPERT, EXECUTIVE DIRECTOR DHMH/OES Debbie Ruppert

RE: **MCHP PREMIUM ELIGIBILITY PROCESS FOR REDETERMINATIONS**

PROGRAM AFFECTED: **MEDICAL ASSISTANCE**
MARYLAND CHILDREN'S HEALTH PROGRAM
MARYLAND CHILDREN'S HEALTH PROGRAM/PREMIUM

ORIGINATING OFFICE: **OFFICE OF ELIGIBILITY SERVICES**

SUMMARY:
State and federal law requires annual redeterminations for customers receiving Medicaid Services. Eligibility for children receiving MCHP Premium is processed by the MCHP Premium Unit at the Department of Health and Mental Hygiene (DHMH) after the customer has been denied for the Maryland Children's Health Program (MCHP) by the Local Department of Social Services (LDSS) or the Local Health Department (LHD). Children receiving Medicaid Services in the D02 or D04 coverage groups whose family agrees to pay the designated monthly premium; and whose family income falls within 200-300% of the Federal Poverty Level (FPL) will continue to have their Annual Redetermination initiated by the MCHP/Premium Unit at DHMH.

Originally, MCHP Premium customers received at redetermination the same MCHP application for redetermination as first time customers in the MCHP Program. Effective immediately, DHMH has implemented a streamlined process for MCHP Premium redetermination. This entails generating a pre-populated Client Information Form (CIF), instead of an application.

ACTION REQUIRED:
Within 70 days of the end of the certification period, the MCHP Premium Unit will send the Head of Household the MCHP Premium redetermination notice and the MCHP Premium CIF (Attachment A). The redetermination notice provides instructions on completing the redetermination form and informs the Head of Household about the

importance of signing and returning the form by the due date. The CIF contains information from the prior year's MCHP application for the Head of Household to review and update; if household changes have occurred. The Head of Household is responsible for completing, signing, and returning the redetermination form to the appropriate LHD/LDSS in the county of residence. The LDSS will only receive CIF's from households with associated cases; these CIF's must be processed timely to ensure no interruption in Premium benefits. If the CIF is returned to the LHD and has an associated case, the form should be forwarded to the LDSS promptly. This is to ensure the redetermination is completed timely in order to continue benefits with no interruption.

Note: The Social Security Number shown on the MCHP Premium redetermination form will be masked except for the last 4 digits. The complete Client Identification Number for the Head of Household will appear on the CIF.

LDSS/LHD Responsibilities

1. The LDSS/LHD case manager who receives a redetermination form must perform the appropriate clearances.
2. Pend and process the renewal form for current eligibility using the LDSS/LHD's receiving date stamp as the date of application.
3. Test the application for the F05 category, if the household contains more than one child or a pregnant woman.
4. If the application is for child only, J screen the last denied MCHP AU. Process the reported changes and issue an eligibility redetermination.

Note: Tardy Redetermination Rules are applicable for processing these redeterminations. If the CIF is received within 90 days of the end of certification, pend the AU from the 1st of the following month and determine eligibility for all months.

After the LDSS/LHD has determined eligibility is denied due to overscale income, the case will be referred to the MCHP Premium Unit for an eligibility determination of DO2 or D04 premium category for the on-going month.

MCHP Premium Unit Responsibilities

The MCHP Premium Unit reviews the referrals from CARES and processes the case for continued eligibility. The MCHP Premium Unit must close the redetermination case by the effective date shown on the front of the Redetermination Notice should the Head of Household fail to respond timely. The MCHP Premium Unit must send an adverse action notice with another application form to prompt the customer to reapply for the Medicaid Service. The MCHP Premium Program does not accommodate retroactive eligibility.

Appeals

The MCHP Premium Unit will handle appeals **only** for cases in which the issue for appeal is **limited to timeliness**. The Local Health Department will continue to handle all other appeals resulting from the MCHP Premium redetermination process.

INQUIRIES:
Please direct MCHP policy questions to the DHMH MCHP Division, or to the Division of Eligibility Policy, at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

ATTACHMENT

cc: DHR Executive Staff
DHMH Executive Staff
FIA Management Staff
Constituent Services
DHR Help Desk

«Client Head Of Household Name»: «Date of Notice»

«Client Address»: «Client ID»

MCHP PREMIUM
ANNUAL REDETERMINATION

It is time to determine if your child(ren) is still eligible for the MCHP Premium Program. Please complete the MCHP Premium Redetermination Application in this mailing. After you have completed this application, please sign on page two (2) and return it to your Local Health Department. By signing and returning the redetermination application, you agree to continue to pay the monthly premium for the health care of your child(ren). **If you do not sign the redetermination application, it will not be processed.**

For your child(ren) to remain eligible without interruption, the Local Health Department must receive your application by «Application Receipt Date». If you do not return your application by the above date, your child(ren) will no longer be eligible for MCHP Premium effective «Close Date». (See COMAR 10.09.43.15D) The addresses to the Local Health Departments are listed on the back of page two (2) of the MCHP Premium Redetermination Application. If you disagree with any decision made about your application, you have the right to appeal that decision. Appeal procedures are enclosed with this notice.

Please be sure to note any changes to your household. For instance, if you or someone in your household is pregnant, please include this information, as you may be eligible for free health care.

We hope to continue to serve the health care needs of your child(ren). If you have any questions, please contact a case manager at 410-767-6883 or toll free at 1-866-269-5576.

Sincerely,

MCHP Premium

Enclosures

"Si usted tiene alguna pregunta, por favor llame 1-866-269-5576." – (A11)

MCHP Premium Redetermination Application

Review the demographic information below and note any changes in the appropriate fields.

Client Name: « Head Of Household Name»
Client Address: «Client Address» Client ID: «Client ID»

Has your address changed? ☐ Yes ☐ No
If yes, please provide your new address below:

Street Address: _____ **Apt No:** _____

City, State, Zip: _____ **County** _____

Household Composition

Please review the information below.

Name	Date of Birth	Social Security Number	MA ID
«Child Name #1»	Child DOB #1»	«Child SSN #1»	«Child MA ID #1»
«Child Name #2»	Child DOB #2»	«Child SSN #2»	«Child MA ID #2»
«Child Name #3»	Child DOB #3»	«Child SSN #3»	«Child MA ID #3»
«Child Name #4»	Child DOB #4»	«Child SSN #4»	«Child MA ID #4»
«Child Name #5»	Child DOB #4»	«Child SSN #4»	«Child MA ID #4»
«Child Name #6»	Child DOB #5»	«Child SSN #5»	«Child MA ID #5»
«Child Name #7»	Child DOB #4»	«Child SSN #4»	«Child MA ID #4»
«Child Name #8»	Child DOB #5»	«Child SSN #5»	«Child MA ID #5»

Household Changes

Has anyone moved in or out of your household? ☐ Yes ☐ No
If yes, please complete the table below.

Name	Relationship	Sex	Date of Birth (mm/dd/yyyy)	Social Security Number	Are they applying for health coverage?	Moved
		☐ M ☐ F			☐ Yes ☐ No	☐ In ☐ Out
		☐ M ☐ F			☐ Yes ☐ No	☐ In ☐ Out
		☐ M ☐ F			☐ Yes ☐ No	☐ In ☐ Out

In anyone in your household pregnant? ☐ Yes ☐ No If yes, please complete the table below.

Name	Date of Birth (mm/dd/yyyy)	Social Security Number	Due Date (mm/dd/yyyy)	Do they need health coverage?
				☐ Yes ☐ No
				☐ Yes ☐ No

Household Expense Changes

Have your child care expenses changed in the last 12 months? ☐ Yes ☐ No
If yes, please provide expense information below.

Number of Children in Childcare:	Name of Day Care:	Total Amount per Month:

Do any of the children in MCHP Premium have other health insurance? ☐ Yes ☐ No
If yes, please provide the name of the insured and the insurer below:

Name of Insured:	Insurer Name:
Name of Insured	Insurer Name

MCHP Premium Redetermination Application

Household Income

Your monthly household income was reported as «Income from AUX». This income amount includes all household income from work, child support and other sources. It also allows for some expenses. If your household income has changed in the last 12 months, please complete the Household Income Changes section on page two. If your household expenses have changed, please complete the Household Expense Changes section on page two..

Household Income Changes

Please tell us if your marital status or the persons contributing income to your household have changed.

Name	Relationship	Sex	Date of Birth (mm/dd/yyyy)	Social Security Number	Type of Change
		☐ Male ☐ Female			☐ Marital Status ☐ Change in Income ☐ Other _____
		☐ Male ☐ Female			☐ Marital Status ☐ Change in Income ☐ Other _____

Has your household income changed in the last 12 months? ☐ Yes ☐ No

If yes, please provide income information below by type (e.g. child support, alimony, wages, unemployment):

Source Include type of income (child support/earned income/unearned income) and (if necessary) employer.	Amount	Frequency		Is this income from self-employment?
		☐Hourly ☐Biweekly	☐ Weekly ☐Monthly	☐ Yes ☐ No
		☐Hourly ☐Biweekly	☐ Weekly ☐Monthly	☐ Yes ☐ No
		☐Hourly ☐Biweekly	☐ Weekly ☐Monthly	☐ Yes ☐ No
		☐Hourly ☐Biweekly	☐ Weekly ☐Monthly	☐ Yes ☐ No

Voter Registration

If anyone in your household is not registered to vote, would they like to receive voter registration forms?

☐ Yes How many? ____ ☐ No Already registered

Signature Section

- I understand it is important to give true information. I know that if I lie on this form or ask someone else to lie, I am breaking the law.
- I know that if I lie on this form I may have to repay money for benefits I got from Medical Assistance/Maryland Children's Health Program and I could go to jail or lose my benefits.
- I know that the information on this form will be check to see if it is correct.

I certify by signing below that I have read or someone has read and explained to me and that I understand:

- My rights and responsibilities. I also have a copy.
- That I must assign to the State of Maryland all rights, titles, and interest in support that I may have for myself or any person receiving Assistance/Maryland Children's Health Program benefits.

I certify that the information I have provided above is true to the best of my knowledge. I know that I can be penalized if I knowingly give false information, and I declare under penalty of perjury that the facts I state in this application are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature	Print (name)	Date

Once you have completed this document please return both pages to your Local Health Department. The addresses to the Local Health Departments are listed on the back of this sheet.

LOCAL HEALTH DEPARTMENTS

Allegany County Health Dept.
P.O Box 1745, Willowbrook Rd.
S.E. Cumberland, MD 21502
(301) 777-5076

Anne Arundel County Health Dept.
1 Harry S. Truman Pkwy., Suite 200
Annapolis, MD 21401
(410) 222-4792

Baltimore County Health Dept.
8501 LaSalle Road, Suite 103
MCHP Program
Towson, MD 21286
(410) 887-2957

Calvert County Health Dept.
Box 980, 975 Solomons Island Road
Prince Frederick, MD 20678
(410) 535-5400

Caroline County Health Dept.
P.O. Box 10, 403 South 7th St.
Denton, MD 21629
(410) 479-8004

Carroll County Health Dept.
P.O. Box 845, 290 S. Center St.
Westminster, MD 21158
(410) 876-4916

Cecil County Health Dept.
401 Bow St.
Elkton, MD 21921
(410) 996-5126

Charles County Health Dept.
P.O. Box 1050, 4545 Crain Hwy.
White Plains, MD 20695-1050
(301) 609-6869

Baltimore City
Balto. Health Care Access, Inc.
1 Calvert Plaza
201 E. Baltimore St., 9th Floor
Baltimore, MD 21202
(410) 649-0512

Frederick County Health Dept.
350 Montevue Ln.
Frederick, MD 21702
(301) 600-1324

Garret County Health Dept.
1025 Memorial Dr.
Oakland, MD 21550
(301) 334-7720

Harford County Health Dept.
119 S. Hays St.
P.O. Box 797
Bel Air, MD 21014
(443) 643-0343

Howard County Health Dept.
7180 Columbia Gateway Dr.
Columbia, MD 21046
(410) 313-7500

Kent County Health Dept.
125 S. Lynchburg St.
Chestertown, MD 21620
(410) 778-7023

Montgomery County DHSS
Rockville Service Eligibility Unit (SEU)
1335 Piccard Drive, Upper Level
Rockville, MD 20850
240-777-3120

Silver Spring Service Eligibility Unit (SEU)
8630 Fenton Street, 10th Floor
Silver Spring, MD 20910
240-777-3066

Germantown Service Eligibility Unit (SEU)
12900 Middlebrook Road, 2nd Floor
Germantown, Maryland 20874
240-777-3591

PG's County Health Dept.
425 Brightseat Rd., Suite 101
Landover, MD 20785
(888)561-4049

Queen Anne's County Health Dept.
205 N. Commerce St.
Centreville, MD 21617
(410) 758-0720

St. Mary's County Health Dept.
21580 Peabody Street, P.O. Box 316
Leonardtown, MD 20650-0316
(301) 475-4275

Somerset County Health Dept.
7920 Crisfield Hwy.
Westover, MD 21871
(443) 523-1700

Talbot County Health Dept.
100 S. Hanson Street
Easton, MD 21601
(410) 819-5670

Washington County Health Dept.
1302 Pennsylvania Ave.
Hagerstown, MD 21742
(240) 313-3330

Wicomico County Health Dept.
300 W. Carroll St.
Salisbury, MD 21801
(410) 543-6944

Worcester County Health Dept.
9730 Healthway Dr.
Berlin, MD 21811
(410) 629-0164

Dorchester County Health Dept.
3 Cedar Street
Cambridge, MD 21613
(410)228-3223

Maryland Children's Health Program (MCHP)

MCHP Premium

Overview

MCHP Premium is low cost health coverage for uninsured children under the age of 19 in families with income above 200% at or below 300% of the federal poverty level (FPL). MCHP Premium provides access to health coverage through *HealthChoice*, the Maryland Managed Care Program, for a modest monthly premium.

Questions and Answers

Who is eligible?

Those eligible for MCHP Premium are:

- Not eligible for Medicaid or MCHP
- Children up to age 19 currently without health insurance coverage
- Willing to pay $41.00 or $52.00 per family monthly
- Meets the income guidelines listed below

Family Size	Maximum Family Income Limit, Effective July 1, 2004	
	Children above 200% through 250% FPL	**Children above 250% through 300% FPL**
1	$ 23,275	$ 27,930
2	$ 31,225	$ 37,470
3	$ 39,175	$ 47,010
4	$ 47,125	$ 56,550
5	$ 55,075	$ 66,090
For each additional family member add →	$ 7,950	$ 9,540
You Pay →	**$41**	**$52**

Who can enroll in MCHP Premium?

- Children in families whose income is between 200% and 300% FPL can enroll in MCHP Premium for a monthly fee of $41.00 or $52.00.
- MCHP is open to new applicants with family incomes as listed above effective July 1, 2004.

How do I apply?

In order to apply for MCHP Premium, you must:

1. Submit a MCHP application to the Local Health Department or Department of Social Services for consideration; and
2. On the application, indicate your willingness to contribute to the cost of your child's health coverage by answering, "yes" to question number 6.

What are the benefits?

Benefits for children include:
Doctor Visits (well and sick care)
Hospital Care
Lab Work and Tests
Dental Care
Vision Care
Immunizations (shots)
Prescription Medicines
Transportation to Medical Appointments
Mental Health Services
Substance Abuse Treatment

How do I enroll?

- After you have paid your month's premium, you will be mailed an enrollment packet with instructions about how to enroll in a *HealthChoice* Managed Care Organization (MCO).

To enroll into *HealthChoice,*

- Find out from your doctor which MCO plans they accept;
- Pick a MCO and primary care doctor to provide your care. If you do not pick a MCO, the state will pick one for you;
- Inform *HealthChoice* which MCO and doctor you have selected;
- Contact the doctor for an appointment.

How do I keep my children's coverage current?

- Pay the monthly premium on time.
  - Each month you will receive a bill in the mail. Your child's coverage will end if you do not pay the monthly premium.

- Complete the annual renewal application on time.
  - You will get a renewal application in the mail about 60 days before the end of your child's eligibility period. Complete the application and send it to your local health department.

- Keep your address current.
  - If you are planning to move, please contact your caseworker at the MCHP Premium Case Management Unit immediately.

How can I obtain more information?

To assist you in obtaining more information, you may contact:

MCHP Premium Case Management Unit
(410)-767-6883 or 1(866) 269-5576
DHMH MCHP Hotline
(800) 456-8900
TDD for the Disabled
(800) 735-2258

Information For Medical Providers

What can providers do to help patients who might qualify for MCHP or MCHP Premium?

- Inform your patients about MCHP and MCHP Premium and encourage them to apply if they think they may be eligible, or if there are older siblings in the family who may qualify;
- Make brochures, fact sheets and the application form available to anyone who needs health insurance. These materials can be obtained from the Local Health Departments;
- Tell your patients all of the MCOs with which you participate. Explain to your patients that they need to choose a MCO and you as their primary care provider when they enroll.
- Urge your patients to keep their addresses up to date with you and their Local Health Department; and
- Primary Care Providers should always check the Eligibility Verification System (EVS) to obtain their patients' MCO and eligibility status at the time of appointment. The number to call is (800) 492-2134 or (410) 333-3020.