



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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

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*Commissioner*

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*Executive Deputy Commissioner*

**INFORMATIONAL LETTER**

**TRANSMITTAL:** 03 OMM/INF-02

**TO:** Commissioners of  
Social Services

**DIVISION:** Office of Medicaid  
Management

**DATE:** December 11, 2003

**SUBJECT:** Revised DOH-4220: ACCESS NY Healthcare Application

**SUGGESTED**

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

**CONTACT PERSON:** Local District Liaison  
Upstate: (518) 474-8216  
New York City: (212) 268-6855

**ATTACHMENTS:** I: DOH-4220, rev. 8/03, "Access NY Healthcare" Application

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other	Manual Ref.	Misc. Ref.
01 OMM/ADM-6					

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

The "Access NY Healthcare" application, which was introduced nearly two years ago, has been revised based upon comments and suggestions from its various users. It has been reprinted, and is available in the Department of Health (DOH) warehouse upon request, and on the DOH website. It will not be printed in Spanish until existing supplies are depleted.

A summary of the revisions follows.

The revision date on all forms has been changed from 3/02 to 8/03.

DOH-4220 and corresponding sections of DOH-4220D

Page 1:

- Above Section A, a statement has been added which reads: "An incomplete application cannot be processed and will result in a delay of coverage."
- Section B: The heading has been reworded as follows: "List the head of household on line 1. List the names of the persons applying for or already receiving Child Health Plus, Family Health Plus, Medicaid, or PCAP. You **must** also list the name of any parent, step-parent or spouse of an applying person who lives in the household, even if the person is not applying. You **may** list other members of your household at your option (for example, a dependent child under the age of 21). **Listing the other household members may allow us to give you a higher eligibility level.**"
- Also in Section B, boxes have been added for gender. "Is this person pregnant?" has been moved over, just after gender, and "yes" and "no" boxes have been added for female applicants. A "no" box has been added to "Is this person a parent of any applying child?"
- Under Race/Ethnic Affiliation Codes, "American Indian" has been changed to "Native American."

Page 2:

- Section C: Question 1 has been expanded to include PCAP, and the "A" has been dropped after "Child Health Plus."
- Also in Section C, there is a new question 2, which asks, "Does anyone who is applying have Medicare?" The remainder of the questions have been renumbered, and the last question, now question 5, has been reworded as follows: "In the past 6 months, has anyone who is applying lost or cancelled any type of health insurance that was provided through an employer?"

Page 3:

- Section E: "List type" has been expanded to read, "List type of income/employer name." A separate question has been added, which asks, "Does your employer offer health insurance? If yes, employer name."

Page 4:

- Section I: Motor vehicles has been added to the list of potential resources.
- Section K: "date of birth" and "SS number" have been added.

Page 6:

- To conform with the Health Insurance Portability and Accountability Act (HIPAA), the last three paragraphs in the Family Health Plus and Medicaid Managed Care section of the Terms, Rights and Responsibilities have been revised and include a bullet labeled "Release of Medical Information."
- A bullet entitled "Reimbursement of Medical Expenses" has been added to explain to applicants their recourse if there is a FHPlus enrollment delay.

DOH-4220I, Instructions:

Page 2:

- "You may pick more than one" has been added to Race/Ethnic Group.

Page 4:

- In the box listing the CHPlus B premiums, the figures now reflect the January 1, 2003 income levels.
- Also on Page 4, the statement "Each applying adult must sign" has been added to the red box that reminds applicants to "Read the terms, rights and responsibilities..."

DOH-4220B, Documentation Checklist:

Page 1:

- The statement "Your enrollment cannot be completed until all checked items are received. Please return these items by \_\_\_\_\_. If you need help getting any of these items, let us know," has been moved to the front of the form.
- Under Residency, "cannot use if sent to a P.O. box" has been added after "postmarked envelope..."
- Under Wages and Salary, "W-2" has been added to the bullet "Income Tax Return", and in the footnote at the bottom.

Page 2:

- Citizenship and Alien Status have been separated. "Alien Status" was changed to "Immigration Status" and has been moved up, into the general documentation area, while Citizenship is now under the heading of "Medicaid, CHPlus A and FHPlus Only". **(Note: "Official Hospital/doctor birth records" was inadvertently listed as proof under the heading**

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**"Immigration Status." Official Hospital/doctor birth records may be used to document citizenship only. This will be corrected on the next reprint of the application.)**

- The section "Social Security Number" has been removed.
- Under Resources, "trust fund" has been added.

In addition, "PCAP" has been added in several places where the various health care programs are listed, several minor formatting changes were made, and some typographical errors were corrected.

Local districts and community-based lead agencies for facilitated enrollment have been drop shipped an initial supply of the DOH-4220. Additional supplies may be obtained from the DOH warehouse:

By mail, with the request addressed to:

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

By fax, to (518) 465-0432

By e-mail to: [b0019w@albnydh2.health.state.ny.us](mailto:b0019w@albnydh2.health.state.ny.us).

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

Previous versions of the DOH 4220 may continue to be used until supplies are depleted. Local districts may continue to accept previous versions of the application from facilitated enrollment entities until further notice.

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Kathryn Kuhmerker  
Deputy Commissioner  
Office of Medicaid Management