



# **2010 Certified Application Assistance Manual**

# **Certified Application Assistance Manual**

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# **Introduction**

## **Welcome to New Hampshire Healthy Kids**

New Hampshire Healthy Kids Corporation (NHHK) is a 501(c)(3) private non-profit organization working in partnership with the New Hampshire Department of Health and Human Services, Harvard Pilgrim Health Care and Northeast Delta Dental to offer low-cost and free health coverage options for uninsured children.

In 1993, NH Healthy Kids was established by a special legislative act. The organization is governed by a 17-member volunteer Board of Directors comprised of six representatives of state government, seven appointees of specific stakeholder organizations, and four members at-large elected by the Board.

In 1998, NHHK entered into partnership with the State of NH Department of Health & Human Services (DHHS) to administer the State Children's Health Insurance Program (CHIP) and to serve as the central application mail-in enrollment center now known as Central Healthy Kids.

New Hampshire Healthy Kids continues to work at identifying and overcoming barriers to enrollment. Barriers may be social, cultural or language difficulties. By teaming up with community partners, Healthy Kids can more easily identify and assist these populations.

### ***NH Healthy Kids Mission, Vision & Philosophy***

**Our mission** is to provide access to affordable health coverage to New Hampshire's uninsured children.

**Our vision** is for every child to go to school healthy and ready to learn.

**Our philosophy** is to promote healthy lifestyles, encourage preventive health and dental care, treat illness early and manage chronic health conditions.

### ***Central Healthy Kids Office***

The NH Healthy Kids office is located at 1 Pillsbury Street in Concord NH. Our office is made up of NHHK staff that provides public education & outreach, application assistance, CHIP (Silver) enrollment activities, and CHIP (Silver) benefit administration through insurance subcontracts.

The Central Healthy Kids office also houses the Division of Family Assistance (DFA) and Department of Health and Human Services (DHHS) staff who are responsible for determining final program eligibility and the administration of NH Medicaid benefits for children (Gold) and pregnant woman (PLP).

Collaboratively staff work together towards program evaluations and quality improvements necessary to continue the NH Healthy Kids mission.

## ***Our Programs***

All programs offered through NH Healthy Kids are based on family size, household income, residency, and current insurance status. Depending on the above information families may be determined eligible for one of the following programs:

*Healthy Kids Gold* (NH Medicaid) provides health coverage to children ages 1 through 18 at no cost.

*Infants Expanded Program* is an extension of Healthy Kids Gold providing children birth to age 1 with health coverage at no cost.

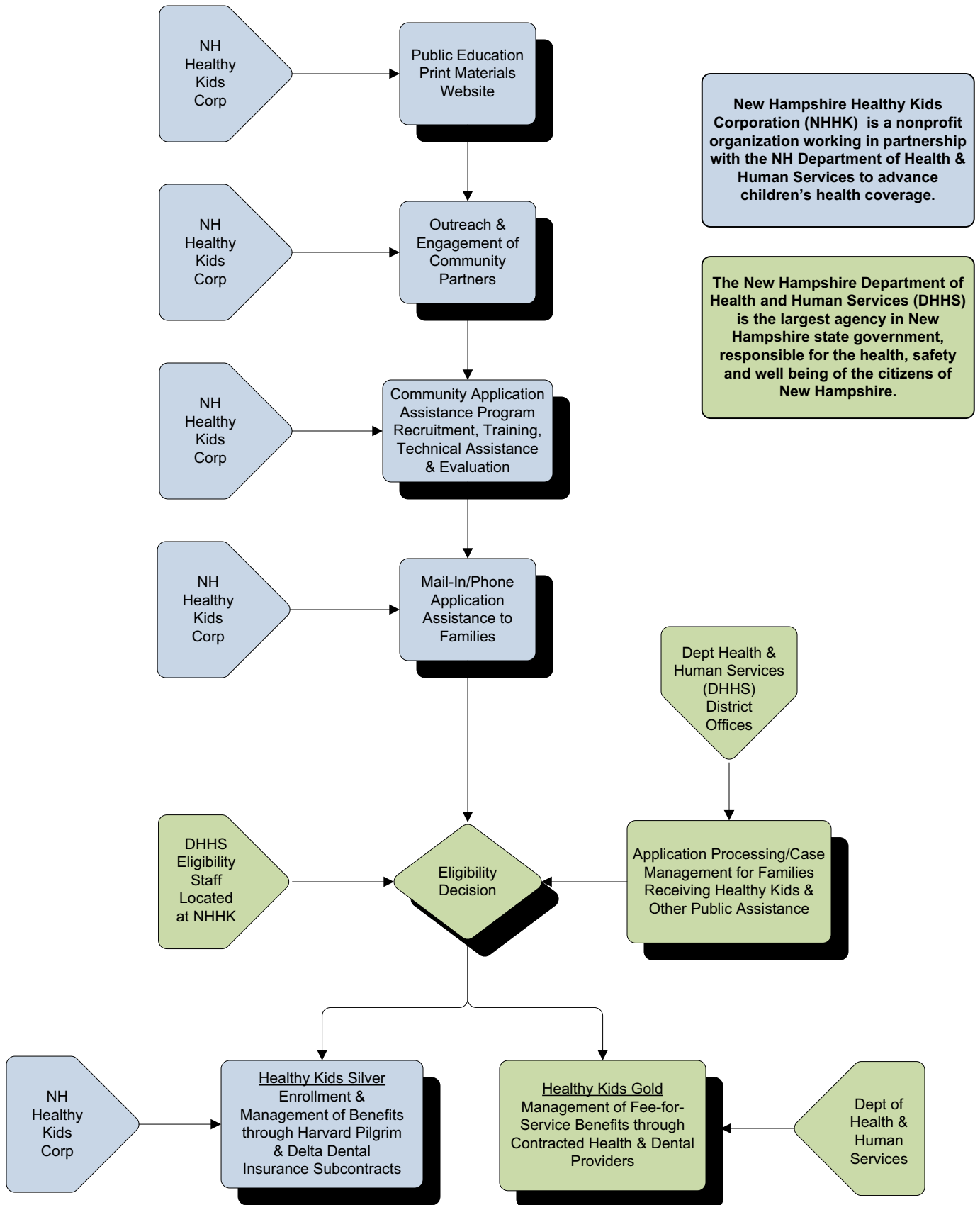
*Medical Coverage for Pregnant Women Program* provides NH Medicaid to pregnant women ages 19 and over at no cost.

*Healthy Kids Silver* offers low-cost health coverage to uninsured children ages 1 through 18 and is subsidized by state and federal funds. Families pay a monthly premium per child. The premium is determined upon review of family size and household income.

*Healthy Kids Silver Buy-In* offers health coverage to uninsured children ages 1 through 18 at higher income levels. The Buy-In program receives no state or federal funding. Families pay a monthly premium per child.

# The Healthy Kids Programs

## A Shared Commitment & Responsibility



## **Contact Information**

## **Contact Information for Healthy Kids Central & other helpful contacts**

### **NH Healthy Kids Central Office**

#### ***Certified Application Assistor Application Questions:***

**Mollie Kaylor**

Community Application Coordinator

1-877-464-2447 ext. 222

Fax: 271-8604

[mkaylor@nhhealthykids.com](mailto:mkaylor@nhhealthykids.com)

#### ***Training & Technical Assistance:***

**Holly Connor**

Director of Application Assistance

1-877-464-2447 ext. 287

[hconnor@nhhealthykids.com](mailto:hconnor@nhhealthykids.com)

**Linette Handschumaker**

Vice President of Program & Operations

1-877-464-2447 ext. 336

[lhandschumaker@nhhealthykids.com](mailto:lhandschumaker@nhhealthykids.com)

#### ***NH Healthy Kids Field Team:***

**April Purinton**

Manager of Education & Outreach

1-877-464-2447 ext. 342

[apurinton@nhhealthykids.com](mailto:apurinton@nhhealthykids.com)

**Amy Hibbard**

Field Coordinator

1-877-464-2447 ext. 340

[ahibbard@nhhealthykids.com](mailto:ahibbard@nhhealthykids.com)

**Caitlin Howard**

Field Coordinator

1-877-464-2447 ext. 338

[choward@nhhealthykids.com](mailto:choward@nhhealthykids.com)

## **NH Healthy Kids Gold & Medicaid Contacts**

### **Client Services**

1-800-852-3345 dial 1 x 4344

603-271-4344

- Unpaid or Rejected Medical bills
- Medicaid benefits and what is covered
- Help locating a Dentist or Medical Provider

### **Medical Transportation**

1-800-852-3345 x 8361

603-271-3770

### **Medicaid Interpretation Services**

1-800-852-3345 x 8361

603-271-8361

### **Children with Special Needs**

NH Family Voices

1-800-852-3345 x 4525

Special Medical Services

603-271-4488

HC-CSD (Katie Beckett)

603-271-4350 or 271-4400

### **Providers Calling With Questions:**

#### **EDS**

603-225-4899

Fax: 224-1747

- Medicaid Reimbursement Rate
- Rejected Bills
- Medicaid Enrollment ([www.nhmedicaid.com](http://www.nhmedicaid.com))
- Payment for Services

#### **Address to send Claims:**

PO Box 2001

Concord, NH 03302-2001

#### **Prior Approval For:**

##### **Prescriptions**

Providers

1-866-675-7755

Clients

1-866-664-4506

#### **Durable Medical Equipment**

603-271-4795

#### **WIC**

1-800-942-4321

603-271-4546

## **Healthy Kids Silver Contacts**

### **Harvard Pilgrim Health Care**

1-888-333-4742

- Billing Questions
- Benefit Questions for coverage
- Change PCP
- Cards

### **Provider Services**

1-800-708-4414

www.harvardpilgrim.org

### **Northeast Delta Dental**

1-800-832-5700

- Silver
- Buy In

### **Lockbox address for NHHK premium payments**

NHHK

PO Box 9611

Manchester, NH 03108-96118

### ***For the following forms, please call or fax your request to Logistics.***

Phone: 603-271-2085

Fax: 603-271-4818

Provide: Your Name, Agency Name & Address (not PO Box), Form #, Quantity

Forms available:

- **800P** Application for NH Healthy Kids Medical Insurance or Medical Coverage for Pregnant Women
- **800P(SP)** Spanish version of the 800P application
- **# 756** Employment Verification Form
- **Form 11** Authorization to Release

**Forms 800P, 800P(SP) and Form 11 are now available on the NH Healthy Kids website at [www.nhhealthykids.com](http://www.nhhealthykids.com).**

**NH Departments of Health and Human Services**

**TDD Line for all calls:**

1-800-735-2964

**Berlin**

231 Main Street  
Berlin, NH 03570  
752-7800  
800-972-7800

**Claremont**

17 Water Street  
Suite 301  
Claremont, NH 03743  
542-9544  
800-982-1001

**Concord**

40 Terrill Park Drive  
Concord, NH 03301  
271-6200  
800-322-9191

**Conway**

73 Hobbs Street  
Conway, NH 03818  
447-3841  
800-552-4628

**Keene**

809 Court Street  
Keene, NH 03431  
357-3510  
800-624-9700

**Laconia**

65 Beacon Street W.  
Laconia, NH 03246  
524-4485  
800-322-2121

**Littleton**

80 N. Littleton Road  
Littleton, NH 03561  
444-6786  
800-552-8959

**Manchester**

195 McGregor Street  
Suite 110  
Manchester, NH 03102  
668-2330  
800-852-7493

**Rochester**

150 Wakefield Street  
Suite 22  
Rochester, NH 03867  
332-9120  
800-862-5300

**Salem**

154 Main Street  
Suite 1  
Salem, NH 03079  
893-9763  
800-852-7492

**Seacoast**

50 International Drive  
Portsmouth, NH 03801  
433-8300  
800-821-0326

**Southern**

30 Pine Street  
Suite Q  
Nashua, NH 03060  
883-7726  
800-852-0632

Application Assistance Sites 2010

Agency	Location	Phone	Ext	Contact	EMAIL
Alice Peck Day Hospital	Lebanon	443-9548		Nancy Dumont	dumontn@apdmh.org
Ammonoosuc CHC	Littleton	444-2464		Tina Doughty	tina.doughty@achs-inc.org
Ammonoosuc CHC	Littleton	444-2464		Lisa Mackenzie	lisa.mackenzie@achs-inc.org
Ammonoosuc CHC	Littleton	444-2464	8248	Alicia Ailing	alicia.ailing@achs-inc.org
Ammonoosuc CHC	Woodsville/Warren	747-3740 / 764-5704		Suzanne Morrison	suzanne.morrison@achs-inc.org
Androscoggin Valley Hospital	Berlin	326-5660		Gisele McKenzie	gisele.mckenzie@avhnh.org
Androscoggin Valley Hospital	Berlin	326-5653		Terrill Platt	terrill.platt@avhnh.org
Avis Goodwin Health Center	Dover	749-2346	538	Tammy Jones	tjones@agchc.org
Avis Goodwin Health Center	Dover	994-6364		Donna Desmarais	ddesmarais@agchc.org
Avis Goodwin Health Center	Rochester	994-6356		Meghan Atkins	matkins@agchc.org
Avis Goodwin Health Center	Rochester	994-6348		Jennifer Stevens	jstevens@agchc.org
Capital Region Health Center	Concord	228-7200	5102	Jennifer Shipley	jshipley@crhc.org
Capital Region Health Center	Concord	228-7200	4873	Andree Pratte	apratte@crhc.org
Catholic Medical Center	Manchester	663-6627		Diane Welch	Dwelch@cmc-nh.org
Catholic Medical Center	Manchester	663-8016		Jeanne Vaillancourt	jvaillan@cmc-nh.org
Cheshire Medical Center	Keene	354-5454	2792	Ruth Abbott	rabbott@cheshire-med.com
Cheshire Medical Center	Keene	354-5454	2137	Karen Punska	kpunska@cheshire-med.com
Child Health Services	Manchester	629-9707		Katie Burchett	KBurchett@childhealthsvcs.org
Child Health Services	Manchester	668-6629		Rosa Escobar	rescobar@childhealthsvcs.org
Child Health Services	Manchester	668-6629	135	Kristin Fossum	kfossum@childhealthsvcs.org
Child Health Services	Manchester	668-6629	116	Blanca Arellano	barellano@childhealthsvcs.org
Child Health Services	Manchester	296-9234		Kim Rybozyk	krybozyk@childhealthsvcs.org
Child Health Services	Manchester	629-9234		Stephanie Kogut	skogut@childhealthsvcs.org
Child Health Services	Manchester	629-9707		Ethan Stumpo	estumpo@childhealthsvcs.org
Community Health Services	Derry	425-2545		Robin Norcross	RNorcross@chsgreaterderry.org
Community Health Services	Derry	425-2545		Jen Campion	dental@chsgreaterderry.org
Community Health Services	Derry	425-2545		Laura Lee Loftus	lloftus@chsgreaterderry.org
Concord Hospital	Concord	227-7009		Rene Bolduc	rbolduc@crhc.org
Concord Hospital	Concord	230-7255		Sara Gardner	sgardner@crhc.org
Concord Hospital	Concord	230-7244		Kim Merrill	kmerrill@crhc.org
Concord Hospital	Concord	227-7008		Susan Purcell	spurcell@crhc.org
Concord Hospital	Concord	227-7000	2101	Jessica Mead	jmead@crhc.org
Concord Hospital	Concord			Joelle Thorn	jthorn@crhc.org
Coos Family Health Services	Berlin	752-3669	4016	Bridget Laflamme	blafamme@ccfhs.org
Dartmouth Hitchcock Clinic	Manchester	695-2797		Eileen Krimmer	eileen.m.krimmer@hitchcock.org
Dartmouth Hitchcock Clinic	Manchester	629-1288		Lisa Cooley	lisa.r.cooley@hitchcock.org
Dartmouth Hitchcock Clinic	Manchester	629-1215		Abbie Hammond	abbie.l.hammond@hitchcock.org
Dartmouth Hitchcock Med Ctr	Lebanon	650-5214		Corey Armstrong	Corey.F.Armstrong@hitchcock.org
Dartmouth Hitchcock Med Ctr	Lebanon	650-6741		Kristi Kistler	kristi.s.kistler@hitchcock.org
Dartmouth Hitchcock Med Ctr	Lebanon	650-0883		Amie Marsh	Amie.L.Marsh@hitchcock.org
Dartmouth Hitchcock Med Ctr	Lebanon	650-8056		Courtney Welch	Courtney.D.Welch@hitchcock.org
Dartmouth Hitchcock Med Ctr	Lebanon			Toni LaMonica	
Elliot Hospital	Manchester	663-2570		Geraldine "Cookie" Cosmo	gcosma@elliott-hs.org
Elliot Hospital	Manchester	663-2535		Elizabeth Pena	epena@elliott-hs.org

Application Assistance Sites 2010

Family Planning	Laconia	539-7552	Rachel Deveau	rdeveau@BM-Cap.org
Families First	Portsmouth	422-8208	Marcy Borak	mborak@FamiliesFirstSeacoast.org
Franklin Regional Hospital	Franklin	934-2060	Kim Smith-Avery	Ksmithavery@lrgh.org
Frisbie Memorial Hospital	Rochester	335-8109	Tracie Tankevich	t.tankevich@fmhospital.com
Frisbie Memorial Hospital	Rochester	330-8930	Melissa Bishop	m.bishop@fmhospital.com
HCS Community Care	Keene	352-2253	Penny Vaine	pvaine@hcsservices.org
HCS Community Care	Peterboro	352-2253	Staci Branon	N/A- Email Penny
Health First Family Care	Franklin	934-1464	Julie Ellerbeck	jellerbeck@healthfirstfamily.org
Health First Family Care	Franklin	934-1464	Kim Devine	kdevine@healthfirstfamily.org
Health Link	Laconia	524-3211	Nikki Thomas	nthomas@lrgh.org
Huggins Hospital	Wolfboro	569-7500	Colleen Manzi	Cmanzi@hugginshospital.org
Huggins Hospital	Wolfboro	569-7573	Hope Keniston	hkeniston@hugginshospital.org
Indian Stream Health Center	Colebrook	237-8336	Anna (Ginny) Petro	ginny.v.petro@indianstream.org
Indian Stream Health Center	Colebrook	388-2485	Danielle Hibbard	danielle.m.hibbard@indianstream.org
Indian Stream Health Center	Colebrook	237-8336	Mary Beth Degray	mary.beth.degray@indianstream.org
Lakes Region General/Health Link	Laconia	524-3211	Maureen Record	mrecord@LRGH.org
Lamprey Health Care	Raymond	895-3351	Carrie Chooljian	cchooljian@lampreyhealth.org
Lamprey Health Care	Raymond	895-3351	Marie Beauchemin	mbeauchemin@lampreyhealth.org
Lamprey Health Care	Raymond	895-3351	Tammy Hosick	thosick@lampreyhealth.org
Lamprey Health Care	Newmarket	659-3106	Sarah Marino	smarino@lampreyhealth.org
Lamprey Health Care	Newmarket	659-3106	Margaret Lima	mlima@lampreyhealth.org
Lamprey Health Care	Newmarket	292-7279	Kathy McGloughlin	kmcgloughlin@lampreyhealth.org
Littleton Regional Hospital	Littleton	444-9560	Jami Moss	jmoss@littletonhospital.org
Manchester Community Health	Manchester	626-9500	Vivian Velez	vvelez@mchc-nh.org
Monadnock Community Hosp	Peterboro	924-1717	Rebecca Stone	rebecca.stone@mchmail.org
Nashua Area Health Center	Nashua	324-5165	Rosy Lopez	riopez@lampreyhealth.org
New London Hospital	New London	526-5278	Claire Boyd	claire.boyd@newlondonhospital.org
New London Hospital	New London	526-5292	Joyce Bourdon	joyce.bourdon@newlondonhospital.org
Seacare Health Services	Exeter	772-8119	Karen Rowell	krowell@seacarehealthservices.org
Seacare Health Services	Exeter	772-8119	Danielle Clivio	dclivio@seacarehealthservices.org
Southern NH Medical Center	Nashua	577-2011	Kathleen Lizotte	kathleen.lizotte@snhmc.org
Southern NH Medical Center	Nashua	577-2944	Kimberly Pelletier	kim.pelletier@snhmc.org
Speare Memorial Hospital	Plymouth	238-6471	Stacey Lembo	slembo@spearehospital.com
Valley Regional Hospital	Claremont	543-5693	Sara Harris	Sara.Harris@vrh.org
Valley Regional Hospital	Claremont	542-7771	Brenda Alley	brenda.alley@vrh.org
Weeks Medical Center	Lancaster	788-5354	Rebecca St. Cyr	rebecca.st.cyr@weeksmc.org
Weeks Medical Center	Lancaster	788-5093	Heidi Brooks	heidi.brooks@weeksmc.org
Wentworth Douglas Hospital	Dover	740-2431	Debbi-Lunde Glidden	PADG@wdhospital.com
Wentworth Douglas Hospital	Dover	740-3234	Amanda Burpee	PAAB@wdhospital.com
Wentworth Douglas Hospital	Dover	7403342	Christine Meehan	christinamehann@wdhospital.org
White Mountain Community Hlth	Conway	447-8900	Sarah Wright	swright@whitemountainhealth.org
White Mountain Community Hlth	Conway	447-8900	Christine MacDonald	cmacdonald@whitemountainhealth.org



# **Helpful Definitions and Commonly Used Terms**

## Definitions and Commonly Used Terms

**Application Assistance Agency** - Organizations that are authorized and trained by the Department of Health and Human Services (DHHS) and New Hampshire Healthy Kids Corporation (NHHK) to facilitate Healthy Kids Medical Insurance or Coverage for Pregnant Women (800P) applications with families.

**CAA** – Community Application Assistor

**CHIP** - Children’s Health Insurance Program. CHIP or Title XXI of the Social Security Act was established by the Balanced Budget Act of 1997. CHIP creates a federal funding source for states to create and/or expand health coverage programs for uninsured, low-income children. In New Hampshire, the CHIP program is implemented through the NH Healthy Kids Corporation and is titled the Healthy Kids Silver program.

**Citizen** - An individual who was born in the United States or who has been naturalized as a United States citizen.

**Deductions** - Amounts such as child support payments, alimony, or out of pocket child care expenses that may be subtracted from the gross family income.

**DHHS** - NH Department of Health and Human Services. DHHS is responsible for many of the regulatory, programmatic and financial aspects of NH’s health care system. DHHS plays a key role in the planning, delivery and financing of health care within the state. DHHS is the state agency that oversees the Healthy Kids program.

**District Office (DO)** - NH Department of Health and Humans Services District Office. There are twelve offices in the state that administer a wide range of assistance programs including Healthy Kids. The Division of Family Assistance is staffed in each of the DHHS District Offices as well as at the Central New Hampshire Healthy Kids office.

**Division of Family Assistance (DFA)** - A division within the Department of Health and Human Services that administers cash, food stamps, and medical programs and services for eligible NH residents.

**EDS** - Electronic Data Systems. A State contracted agency that administers claims processing and eligibility verification for enrolled Medicaid health care providers.

**Enrollee** - A child enrolled in the Healthy Kids program.

**Fee for Service** -The Medicaid medical assistance plan administered through the Department of Health and Human Services. Medical reimbursement is paid to enrolled Medicaid providers.

**First Health** – A State contracted agency that administers claims processing and eligibility verification for enrolled Medicaid prescription drug providers.

**FPL** - Federal Poverty Level. This is the eligibility threshold for many federal programs (including Healthy Kids), expressed in terms of family income level and size. It is calculated annually by the US Department of Health and Human Services and changes effective April 1<sup>st</sup> of each year.

**Healthy Kids Gold** - Free medical and dental coverage for children age 0-19 administered by the Department of Health and Human Services.

**Healthy Kids Silver** - Low cost medical and dental coverage for children age 1-19 administered by New Hampshire Healthy Kids Corporation.

**Healthy Kids Silver Buy-in** - Families who are not eligible for State sponsored coverage through Healthy Kids may be able to buy into the Silver Buy-In program.

**Legal Wage Garnishment** - Money withheld from an individual's earnings as determined by a court.

**Managed Care** - A managed care plan requires services be provided by the plan's network of physicians, hospitals and other health professionals. When a child enrolls in Healthy Kids Silver, managed care is the *only* option. As such, each child must have a designated primary care provider.

**Medicaid** - The joint federal/state program initiated under Title XIX of the Social Security Act and administered by the NH Department of Health and Human Services. Medicaid for children under the age of 19 is called Healthy Kids Gold.

**MID** - The **M**edicaid **i**dentification number is a unique number on each child's Healthy Kids **G**old card. This number is assigned by DHHS and is used by the provider to verify eligibility with EDS or First Health.

**New Heights** -The Division of Family Assistance computer eligibility system.

**New Hampshire Healthy Kids Corporation (NHHK)** - A 501 c private non profit organization created by special legislative act in 1993 to provide access to health insurance for uninsured children. In 1998, NHHK entered into partnership with DHHS to administer the Healthy Kids Silver program and to serve as the application mail in enrollment center.

**Premium** - The amount of money a family is required to pay on a monthly basis for Healthy Kids Silver or Silver Buy-In.

**Presumptive Eligibility (PE)** - Presumptive eligibility is a way for a state to empower health care providers and certain other organizations that serve low income children or pregnant women to grant temporary Medicaid coverage (Healthy Kids Gold) to potentially eligible children or pregnant women who are in need of immediate or urgent health care and where a barrier to care exists.

**Prior Insurance** - Any private (group or individual) insurance policy or employer provided insurance coverage. *Note: Healthy Kids Gold, Silver and the Silver Buy-in programs as well as SCHIP programs from other states do not constitute prior insurance.*

**Provider** - A clinical staff person such as a physician, nurse practitioner or physician assistant who provides direct patient care.

**Resident** - To be eligible for benefits, an individual must live in New Hampshire. There is no minimum time period a family must reside in NH in order to be eligible for Healthy Kids.

Family premiums are subsidized by state and federal funds for families whose income falls between 185% and 300% of the Federal Poverty Level.

**Verbal Declaration** -The State will accept what the family says as declaration of certain expenses. Such expenses include child care costs as well as child support received. The Department of Health and Human Services reserves the right to request proof if there is conflicting or confusing information.

# **NH Healthy Kids Program Overviews**

# Overview of NH Healthy Kids Gold and Infants Expanded Program

## What is NH Healthy Kids Gold & Infants Expanded?

Healthy Kids Gold provides health coverage at no cost to eligible children in families at or below 185% of the federal poverty level (FPL). The Infants Expanded program extends Healthy Kids Gold coverage to infants ages 0-1 at higher income limits, up to 300% of the federal poverty level. Retroactive coverage is available for up to three months prior to the date of application if all eligibility requirements were met during the period requested. Verification of income is required for any retroactive period requested.

Once a child is enrolled in the Healthy Kids Gold plan, the child receives a Healthy Kids Gold card which allows him/her to seek services from a network of doctors and dentists who are enrolled Medicaid providers. This is called a **fee for service plan**. The Healthy Kids Gold card is used for pharmacy, dental, and medical benefits.

## Who is eligible?

- Age
  - Children ages Birth to 19
- Income
  - For children 1-19 the total family income must not be more than 185% of the Federal Poverty Level (FPL)
  - Infants under age 1 whose total family income is not more than 300% of the FPL

*Note: See income guideline chart. Guidelines are subject to change.*

- Residency
  - The child must be a New Hampshire resident
- Citizenship
  - The child must be a U.S. citizen, a refugee, an asylee, or a lawful permanent resident. Lawful permanent residents are only eligible if they've been in the U.S. for five or more years. This date is established based on the date of entry into the United States which is listed on the individual's Permanent resident card (a.k.a. Green Card)
- Insurance status
  - The child may have other insurance and obtain Healthy Kids Gold as a secondary insurance. The Healthy Kids Gold coverage will always be considered secondary.
- Social Security Number
  - A child must have a social security number, although a copy of the card is not necessary. (The parent's social security number is **not** required unless he/she is also applying for benefits.)

**What are the required verifications?**

- Income - Proof of all family income
- Residency - Proof of the child’s current street address
- Citizenship or alien status - Proof of citizenship or alien status
- Identity - Proof of child’s identity
- Insurance Status - Copy of current insurance card or proof of terminated coverage
- Proof of expenses - Proof of court ordered child and/or spousal support paid out
- Verbal declarations – Amounts should be declared on the application but proof is not necessary. Verbal declarations are only accepted for child support received to the household and/or childcare or adult dependant care expenses paid out by household

**When does coverage begin?**

A decision on a completed application will be made within 45 days from the date it is received. Coverage may be effective as of the date of application. If the child has received medical services within 90 days prior to the date of the application, retroactive coverage may be available.

<b>Income Guidelines April 2010</b>	<b>Healthy Kids Gold Ages 0-19 (Formerly called Medicaid)</b>	<b>Healthy Kids Gold Infants Ages 0-1</b>
<b>Family Premium</b>	<b>No Monthly Premium</b>	<b>No Monthly Premium</b>
% of FPL	Up to 185%	185% - 300%
# of Family Members	Monthly Income up to:	Monthly Income up to:
1	\$1,670	\$2,708
2	\$2,247	\$3,643
3	\$2,823	\$4,578
4	\$3,400	\$5,513
5	\$3,976	\$6,448
6	\$4,553	\$7,383

# Overview of NH Healthy Kids Silver Program

## What is NH Healthy Kids Silver?

Healthy Kids Silver provides low cost health and dental coverage to eligible uninsured children in families whose income is above the limit for Healthy Kids Gold. Coverage is provided through a managed care plan from Harvard Pilgrim Health Care. The Harvard Pilgrim network of health care providers is available to the child. Dental services are available through the Northeast Delta Dental network of dentists. Monthly premiums, **as of 2009**, are **\$32** or **\$54** per child per month.

The Silver program is administered through New Hampshire Healthy Kids Corporation with family premiums being paid directly to NHHK. The maximum monthly premium per family is capped at \$128 per month for the \$32 premium and \$162 for the \$54 premium regardless of the number of children receiving Healthy Kids Silver.

## Who is eligible?

- Age
  - Children age 1 to 19
  - **Infants under the age of one are not covered under Healthy Kids Silver.** They are covered under Healthy Kids Gold only
- Income
  - The total family income must be greater than 185% and not more than 300% of the FPL

*Note: See income guideline chart. Guidelines are subject to change.*
- Residency
  - The child must be a New Hampshire resident
- Citizenship
  - The applicant must be a U.S. citizen, a refugee, granted asylum, or a lawful permanent resident. Lawful permanent residents are only eligible if they've been in the U.S. for five or more years this date is established based on the date of entry into the U.S. which is listed on the individual's Permanent resident card (a.k.a. Green Card)
- Insurance status
  - The child must be uninsured for **six consecutive months** prior to enrollment. This requirement may be waived for good cause

*Note: See section on good cause waivers.*

## What are the required verifications?

- Age - Proof of the child's age
- Income - Proof of all family income
- Residency - Proof of the child's current street address
- Citizenship or alien status - Proof of citizenship or alien status

- Proof of Insurance Termination – Required if child has been insured within the last 6 months
- Proof of expenses - Proof of court ordered child or spousal support paid out
- Verbal declarations – Amounts should be declared on the application but proof is not necessary. Verbal declarations are only accepted for child support received to the household and/or Childcare or Adult Dependant care expenses paid out by household

**When does coverage begin?**

If an application is complete and the child’s eligibility is verified by the 20<sup>th</sup> of the month, benefits can start as early as the first of the upcoming month. After a child is qualified, the family will receive an enrollment form which requires selecting a Primary Care Physician (PCP) and a bill for the first month’s premium. The completed enrollment form and premium must be received by NH Healthy Kids Corporation no later than the last day of the month. For example, if a child is qualified by March 20<sup>th</sup> and the enrollment form and payment are received by NHHK by March 31<sup>st</sup>, coverage will begin on April 1. **There is no retroactive coverage under Healthy Kids Silver.**

<b>Income Guidelines April 2010</b>	<b>Healthy Kids Silver Ages 1-19</b>	<b>Healthy Kids Silver Ages 1-19</b>
<b>Family Premium</b>	<b>\$32 per child/per month</b> monthly max \$128 Harvard Pilgrim/ Delta Dental	<b>\$54 per child/per month</b> monthly max \$162 Harvard Pilgrim/ Delta Dental
% of FPL	185% - 250%	250% - 300%
# of Family Members	Monthly Income Between:	Monthly Income Between:
1	\$1,671 - \$2,257	\$2,258 - \$2,708
2	\$2,248 - \$3,036	\$3,037 - \$3,643
3	\$2,824 - \$3,815	\$3,816 - \$4,578
4	\$3,401 - \$4,594	\$4,595 - \$5,513
5	\$3,977 - \$5,373	\$5,374 - \$6,448
6	\$4,554 - \$6,153	\$6,154 - \$7,383

## Overview of NH Healthy Kids Buy-In Program

### What is Healthy Kids Buy-In?

Families who are not eligible for State sponsored coverage through Healthy Kids may be able to buy in to the Healthy Kids Silver program. Benefits are the same as Healthy Kids Silver, but co-payments may vary. The current monthly premium is **\$205** per child. Unlike the Healthy Kids Gold and Silver programs, the Buy-In program is not subsidized by state or federal funds and there is no cap on the family premium.

### Who is eligible?

- Age
  - Children age 1 to 19
  - **Infants under age one are not eligible for Healthy Kids Buy-In**
- Income
  - The total family income must be greater than 300% and not more than 400% of the FPL

*Note: See income guideline chart. Guidelines are subject to change.*
- Residency
  - The child must be a New Hampshire resident
- Citizenship
  - The child can be a U.S. citizen or a **non-citizen** who is a lawful resident but has been here less than five years. An example of this would be a family that came from Canada in the past year and is here lawfully
- Insurance status
  - The child must be uninsured for **three consecutive months** prior to enrollment. This requirement may be waived for good cause

*Note: See section on good cause waivers.*

### What are the required verifications?

- Age - Proof of the child's age
- Income - Proof of all family income
- Residency - Proof of the child's current street address
- Proof of expenses - Proof of court ordered child or spousal support paid out
- Verbal declarations – Amounts should be declared on the application but proof is not necessary. Verbal declarations are only accepted for, Child support received to the household and/or Childcare or Adult Dependant care expenses paid out by household

### When does coverage begin?

If an application is complete and the child's eligibility is verified by the 20<sup>th</sup> of the month, benefits can start as early as the first of the upcoming month. After a child is qualified, the family will receive an enrollment form which requires selecting a Primary Care Physician (PCP) and a bill for the first month's premium.

The completed enrollment form and premium must be received by NH Healthy Kids Corporation no later than the last day of the month. For example, if a child is qualified by March 20<sup>th</sup> and the enrollment form and payment are received by NHHK by March 31<sup>st</sup>, coverage will begin on April 1. **There is no retroactive coverage under Healthy Kids Buy-In.**

<b>Income Guidelines April 2010</b>	Healthy Kids Silver Buy-In Ages 1-19
<b>Family Premium</b>	<b>\$205 per child/per month</b> Harvard Pilgrim/Delta Dental
% of FPL	300% - 400%
# of Family Members	Monthly Income Between:
1	\$2,709 - \$3,610
2	\$3,644 - \$4,857
3	\$4,579 - \$6,104
4	\$5,514 - \$7,350
5	\$6,449 - \$8,597
6	\$7,384 - \$9,844

## Good Cause Waivers for Healthy Kids Silver and Buy-In

Good cause waivers for **Healthy Kids Silver** (subsidized) coverage may be granted to children who had prior insurance in the past six months. Most good cause waivers assume that the child is currently uninsured but had coverage in the past six months. Under limited circumstances, some children who are currently insured may be eligible for coverage. For example, a child involved in a family case of domestic violence could receive a waiver of prior coverage because the use of the insurance card might disclose the child's location and put the child at risk.

Under the **Healthy Kids Buy-In Program**, eligibility regarding prior insurance is less restrictive. Children are eligible if they have not been insured by group or employer based insurance for three consecutive months prior to enrollment and meet other eligibility criteria. Children who are covered by an individual market or non-group policy are eligible for the Healthy Kids Buy-In Program if they meet all eligibility criteria. Companies such as Fortis and American Republic offer individual temporary policies and catastrophic policies. After a child is enrolled in the Buy-In Program and has met the six months without prior private coverage, their eligibility for Healthy Kids Silver subsidized coverage can be re-evaluated.

***Healthy Kids Gold is not considered prior insurance coverage. Medicaid or CHIP programs from other states are also not considered prior insurance.***

### Good Cause Waivers for the Silver Program

1. Involuntary loss of employment
  2. Voluntary loss\* of employment (loss, not change, in employment)
    - Discrimination by employer based on age, race, sex, etc.
    - Unsafe work conditions
    - Earnings less than federal or state hourly minimum wage
    - Recognized retirement by subscriber parent
    - Employment that becomes unsuitable such as
      - Employment which the parent is physically or mentally unfit to perform
      - Employment in which the distance from the parent's home to place employment is more than 2 hours
    - Enrollment by subscriber parent at least half-time in an employment training program, school approved by State Board of Education, or accredited secondary, post-secondary or vocational training program
    - Leave job to accept new job that is withdrawn
    - Leave job due to circumstances beyond control: i.e. loss of child care; loss of transportation; illness, incapacity or disability of parent or other household member
- Note: Job Loss - means the parent remains unemployed as opposed to having a change in employment.*
3. Change of employment to an employer that does not allow the employee to enroll dependent children under the employer's health plan.
  4. Death of subscriber parent.

5. Discontinuation of coverage to **all** employees by the employer.
6. Discontinuation of COBRA benefits after 18 months for job termination or 24 months after the death of the subscriber.
7. Dropping COBRA if the subscriber parent met good cause reasons prior to enrolling in COBRA.
8. Insurer closes its operation in New Hampshire.
9. Involuntary reduction in work hours that no longer allows the employee to enroll children in the employer's plan.
10. Parent experiences loss of coverage or an inability to use coverage due to family/domestic violence.
11. Temporary insurance has ended and
  - Dependent children were not enrolled in a group or non-group health plan in the previous 6 months, or
  - Subscriber parent would have met good cause waiver prior to accepting temporary coverage
12. Subscriber parent leaves employment to become primary caretaker of dependent child(ren) who are 5 years of age or under
13. The health insurance was terminated by a non-custodial parent subscriber and the loss of insurance was beyond the control of the custodial parent.

A subscriber parent means the person in whose name the insurance policy has been issued and under which the dependent receives health coverage.

### **Good Cause Waivers for the Buy-In Program**

1. A child is covered by a non-custodial parent through an out of state HMO plan which does not provide preventive care through NH providers.
2. Financial hardship - special exceptions for unexpected financial crisis or dramatic change in insurance rates. **Must be approved by NHHK President/CEO**

# **NH Medicaid for Pregnant Women Program**

## **Overview of the NH Medicaid for Pregnant Women Program (PLP)**

Pregnant women in New Hampshire may apply for the Medical Coverage for Pregnant Women (MCPW) program by completing the 800P application. If the pregnant woman has a child who lives with her and is currently enrolled in either Healthy Kids Gold or Healthy Kids Silver, she should contact the FSS (Family Service Specialist) that manages her case. The FSS will tell her what is necessary to apply for coverage for herself. To be eligible, a pregnant woman must be age 19 or over and family income may not exceed 185% of the federal poverty level (FPL). If the gross income limit exceeds 185% of the FPL, the pregnant woman may be eligible for the Medicaid In and Out program. She must apply for the In/Out program at the local District Office.

### **Required Verification:**

The required verification to apply includes the following:

1. Verification of pregnancy with the number of fetus if more than one
2. Proof of New Hampshire residency
3. Citizenship - must be a US citizen or permanent resident who has been in the United States for more than five years, or have refugee or asylee status
4. Proof of Identity (new as of July 2006)
5. Proof of all family income (must not exceed 185% of FPL)
6. Birth certificate for the pregnant woman (verifies citizenship)
7. Social Security number (card is not necessary)

### **Determining Family Size for Medical Coverage for Pregnant Women (MCPW):**

When determining the family size, include the following individuals who reside together.

1. Pregnant Woman
2. Unborn child(ren)
3. Spouse of the pregnant woman
4. Dependent child(ren) of pregnant woman.(under 18 or under age 20 and a full time student in high school or high school equivalency program)
5. Dependent child(ren) of pregnant woman's spouse
6. Father of dependent child(ren) of the pregnant woman if he lives with her

**Example:** Woman is pregnant with one fetus. She is married to the father and they have 2 other children. This would be Family Size of 5.

**Example:** Woman is pregnant with one fetus. She is not married to the father of the child. She has 1 child and he has 1 child. The children are not related. This would be a family size of 3 (the woman, her child and her fetus). The father of the fetus and his child are not included.

**Note:** Include the father of the unborn child and the dependent child(ren) of the father of the unborn child **only** if he is living with the pregnant woman and they have a child in common.

### **Determining Whose Income Counts:**

1. The pregnant woman
2. Spouse of the pregnant woman
3. Parents' income must be included if a pregnant woman is aged 19-21 and living at home with her parents

**Determining Income:**

To convert income into monthly income:

- Multiply weekly **gross** income by 4.33
- Multiply bi-weekly **gross** income by 2.17
- Multiply semi-monthly **gross** income by 2

**Deductions:**

1. \$90.00 for each parent with earned income
2. Child care expenses

## NH Pregnant Women Program Ages 19 to 21

### Determining Eligibility

A portion of the parent's income is considered when determining the eligibility of pregnant woman under the age of 21 and living with her parents. Because of this we use the steps below to determine the financial eligibility for woman who fall into this category.

### Steps for screening income eligibility:

1. Request 4 weeks of pay from each working parent of the pregnant woman whom she lives with.
2. Determine the household size for the parents. Include the parents and the number of children under the age of 19 living in the household. Do not include the pregnant woman in this household size.
3. Determine the parents' gross monthly income.
4. Subtract the \$90 employment disregard from the monthly gross earned income for each employed parent. This is the net earned income.
5. Add the total net earned income from each parent to the unearned income of each parent. Examples of unearned income are social security, disability, workers comp and unemployment.
6. Check the Payment Standard Chart to subtract the Payment Standard for the parents' household size as determined in step 2 above. Subtract this amount from the parents' income. The balance is considered to be available to the pregnant woman aged 19-21 in determining her total income.
7. Determine the monthly income of the pregnant woman.
8. Subtract \$90.00 from the pregnant woman's earned income. The \$90.00 may not be subtracted from unearned income. If she is married and living with her spouse you would determine her husband's income earned/unearned.
9. Add the income that is considered available from her parents to her income. This is the total income available to her.
10. Determine the household size for the pregnant woman by adding her, the fetus, her other children if any, and the husband/father of the other children only if the father is living in the house. Find the monthly income limit which corresponds to her household size to determine whether or not she may be income eligible.

*Note: If the pregnant woman's monthly income is over the income limit she may still be eligible for medical assistance through Medicaid In and Out. To apply she must go to the District Office and verify her resources.*

Household Size	Payment Standard	Monthly income limit*
1	\$539.00	\$1,670
2	\$606.00	\$2,247
3	\$675.00	\$2,823
4	\$738.00	\$3,400
5	\$798.00	\$3,976

**EXAMPLE OF PREGNANT WOMAN 19-21 DETERMINED TO BE ELIGIBLE**

**STEP 1: Determine Income and Household Size of Parents and Siblings**

**Household Size** - Mother of pregnant woman, father of pregnant woman, brother and sister of pregnant woman (both under 19) all reside in household. Do not count the pregnant woman in the household size! This would equal a family size of 4.

**Determining Income of parents**

Convert to monthly

- Multiply weekly gross income by 4.33
- Multiply bi-weekly gross income by 2.17
- Multiply semi-monthly gross income by 2

**STEP 2: Determine Payment Standard based on Parents' Household Size (exclude PW) of 4**

Payment Standard for Household Size of 4 = \$738.00

**STEP 3: Subtract Payment Standard from Parents' Income to arrive at income considered available to PW**

Parents' Income:	\$1,820
Subtract Payment Standard:	- 738
Income considered available to PW:	<b>\$1,082</b>

**STEP 4: Add income available to PW (\$1,082) to PW's Income to arrive at PW's total Income**

**4. a. Determine PW's Income**

Monthly Income:	\$700
Subtract:	- 90
New Income:	<b>\$610</b>

**4. b. Add Income Available to PW to PW's Income**

Parents' Income Available to PW:	\$1,082
Add Pregnant Woman's Income:	+ 610
PW's Total Income:	<b>\$1,692</b>

**STEP 5: Using PW's Total Income of \$1,692 and her family size of 2, (PW + Fetus = 2), determine her eligibility using Income Chart**

**Monthly Income Limit for Family Size of 2 = \$2,247**

**Conclusion:**

PW's Total Monthly Income of \$1,692 is less than \$2,247. Therefore, she would be eligible for the Pregnant Woman's Program.

**EXAMPLE OF PREGNANT WOMAN DETERMINED NOT ELIGIBLE**

**STEP 1: Determine Income and Household Size of Parents and Siblings**

Household Size - Mother of pregnant woman, father of pregnant woman, brother and sister of pregnant woman (both under 19) all reside in household. Do not count the pregnant woman in the household size! This would equal a family size of 4.

**Determining Income of parents**

Convert to monthly

- Multiply weekly gross income by 4.33
- Multiply bi-weekly gross income by 2.17
- Multiply semi-monthly gross income by 2

**STEP 2: Determine Payment Standard based on Parents' Household Size (exclude PW) of 4**

Payment Standard for Household Size of 4 = \$738.00

**STEP 3: Subtract Payment Standard from Parents' Income to arrive at income available to PW**

Parents' Income:	\$3,820
Subtract Payment Standard:	- 738
Income available to PW:	<b>\$3,082</b>

**STEP 4: Add income available to PW (\$3,082) to PW's Income to arrive at PW's total Income**

**4. a. Determine PW's Income**

Monthly Income:	\$1,290
Subtract:	- 90
New Income:	<b>\$1,200</b>

**4. b. Add Income Available to PW to PW's Income**

Parents' Income Available to PW:	\$3,082
Add Pregnant Woman's Income:	+ 1,200
PW's Total Income:	<b>\$4,282</b>

**STEP 5: Using PW's Total Income of \$4,282 and her family size of 2, (PW + Fetus = 2), determine her eligibility using Income Chart**

Monthly Income Limit for Family Size of 2 = \$2,247

**Conclusion:**

PW's Total Monthly Income of \$4,282 exceeds \$2,247. Therefore, she would NOT be eligible for the Pregnant Woman's Program.

## **Auto Eligible Babies**

If a pregnant woman is **eligible for** and **receiving** medical assistance on the day her child is born, her medical assistance continues for **60 days post delivery, without regard to any other eligibility criteria.**

### **Newborn Eligibility**

If a pregnant woman is eligible for and receiving medical assistance on the day her child is born, her newborn is eligible for up to one year of health coverage, from date of birth, regardless of any income or household change the mother might experience. A second requirement for auto-eligibility is that the baby must live with mom.

However, in order for the newborn's coverage to continue, mom must complete a renewal request sent to her by DHHS within a few weeks following the original due date. This renewal must be returned with all documents by the 15<sup>th</sup> of the second month following Mom's original expected due date. If mom returns the renewal with all documents, the baby will automatically receive continuing coverage until his/her first birthday regardless of changes in family size or income. The purpose of the renewal is to determine if mom is eligible for continuing coverage for which changes in family size and income will be evaluated. If she does not return the renewal, the entire case, including the baby's coverage, will be closed.

If the baby's case closes due to any of the reasons stated above and mom still wants coverage for her infant, she can reapply for NH Healthy Kids Gold through the regular application process. Eligibility will be determined in the same manner as any new application.

The primary benefit of having mom renew within 60 days post-delivery is to ensure that the newborn maintains coverage for his/her first full year of life.

Please fax the Auto Eligible Baby Form provided under the form section of this manual to NHHK at **271-8604.**

**Please tell mom to expect a renewal form and that it is necessary to complete this form to continue babies' coverage.**

**BIRTH NOTIFICATION**

**Please attach a copy of the Parent Notice if permissible.**

This is to inform you that a baby was born to a mother currently eligible for Medicaid.

Newborn's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Mother's MID # \_\_\_\_\_

Mother's Social Security # \_\_\_\_\_

Other Medical Insurance, if available: \_\_\_\_\_

Father's Name, if known: \_\_\_\_\_

The baby was discharged to the mother on \_\_\_\_\_ or is expected to be discharged to her care when appropriate.

\_\_\_\_\_  
Signature of Hospital/Agency Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Agency Name

\_\_\_\_\_  
Phone #

Email: \_\_\_\_\_

**Fax this form to NHHK @ FAX # 271-8604**

# **Eligibility**

## **Determining Household Size for NH Healthy Kids Gold, Silver & Buy-In Programs**

The first step in determining eligibility for the Healthy Kids programs is reviewing the household size, 4 areas must be reviewed:

1. Determine who the adults are in the household.
2. Review relationship of adults to each other.
3. Determine who and how many children under 19 are in the family.
4. Review relationship of the children to the adults.

### **Definitions:**

Below are definitions for the different types of household members to include when determining household size for an individual:

1. Dependent child - a biological, adoptive or step child in the home under the age of 19.
2. Sibling - natural, adoptive or step brother/sister. Living in the home under the age of 19.
3. Parent- natural, adoptive or step parent.

*Note: Guardians are counted in household size but their income does not have financial influence on a child's eligibility for the programs.*

### **Examples of different Household Size:**

- A.** Mom and dad are married with 2 children. The children are their biological children. The family size would be a family size of 4.
- B.** Mom has one biological child. Mom's boyfriend lives with them but is not the father of the child. The boyfriend is not related to the mother or the child and therefore is not counted in the family size. This would be a family of 2, mom and child.
- C.** Mom is living with her parents and her own 2 children. This would be a family size of 3 as only mom is responsible for her children. Mom's parents are not legally responsible for their grandchildren so they are not counted in the family size.
- D.** Mom and dad are living together with their three children aged 8, 14 and 19. The family size would be 4 because any child age 19 and over is not counted in the family size.

## **Determining Potential Financial Eligibility for NH Healthy Kids Gold, Healthy Kids Silver & Buy-In Programs**

### ***Whose income in the household counts when determining financial eligibility?***

#### **Adult Income:**

Income of the adults living in the household must be counted if he/she is:

1. Living with child applying for HK; and
2. Financially responsible: marriage or parental relationship to the children, step or adoptive.

#### **Children's Income:**

A child's income counts when determining only their eligibility for HK. It is not counted toward their sibling's eligibility.

Examples of children's income:

- Child Support
- Social Security

#### **Examples of Income as described above:**

- A.** A child is living with the mother and the child's absent father is paying child support. The child support is counted as income. The father's income is not counted because he is not living with the child.
- B.** Mom and step dad are married. Mom has a child from a previous relationship. This is considered a family size of 3 and mom and step dad's income is counted towards the child's eligibility. The child also receives child support from the absent parent, that income is counted as well.
- C.** Family of four with two children. Mom is remarried and she and her husband have one child Mary. Brad is a child from her first marriage.
  - Mary has no child support or social security income received.
  - Brad has child support from his biological father. Brad's mom receives \$100 dollars per week for Brad. Brad's income will be the parent income in the household plus his income of  $\$100 \times 4.33 = \$433$  dollars additional each month.

### **What is the total monthly income for a family?**

#### **Types of Income:**

- Earned- wages from a job
- Unearned - unemployment, social security (SSA), alimony, VA benefits, trust fund income, dividends
- Self-employment
- Seasonal employment and contract income
- Cash pay for odd jobs

## **How to determine monthly income?**

### **Earned Income:**

Convert to monthly

- Multiply weekly gross income by 4.33
- Multiply bi-weekly gross income by 2.17
- Multiply semi-monthly gross income by 2

### **Unearned Income:**

Example - Social Security income. Convert to monthly. Individual either receives a check or monthly amount is deposited into checking account.

### **Self-Employment:**

Request a copy of the most recent tax forms or if the business is new this year request a profit and loss form (for profit and loss the time period should include from beginning of business to present). All pages of the tax form must be submitted for self employment that is not new this year. *See self-employment section for more detailed information.*

### **Seasonal or Contract:**

Request a copy of contract for the current year (i.e. Teacher) showing a yearly wage which covers a specific work period (12 months or less) and is paid during that time. Although an individual may receive contract income for only 9 or 10 months in a 12 month period, contract income is considered available to the individual for the whole 12 months covered by the contract. The yearly wage would be divided by 12.

*Note: All income received in any month counts toward the applicant's income for the month. A parent who ends employment on Sept. 7 and applies Sept. 9 would have to include all pay stubs received in September even though the job has ended. The pay stubs might also include any vacation or severance pay. It is possible that a family will not be eligible based on this until the following month. This can affect retroactive coverage as well.*

## **Do families get any kind of deductions from their monthly income?**

### **Deductions:**

- Earned income deduction
  - \$90.00 for each employed adult in the household.
- Child care
  - For a child less than 2 - \$200.00 per child per month.
  - For a child 2 or older - \$175.00 per child per month.
- Child support or spousal support paid out
  - Proof must be provided, please see application & required documents section of manual.
- Legal wage garnishment
  - Proof must be provided, please see application & required documents section of manual.

## Determining Self Employment Income

Families who are self employed must verify income by submitting a copy of their most recent Income Tax Return. There are a number of different types of Self Employment Income and because of this there are a number of different forms that a family may use when submitting their Income Tax Return. This section is meant to be an overview of the kinds of self employment income you may see and how the income should be determined. Determining self employment income can be complicated; NHHK will contact you and the family if additional information is needed.

### **What types of Self Employment Income are there?**

*Sole Proprietorship* – Family files a form Schedule C or C-EZ

*Rental Property* – Family files a form Schedule E

*Partnerships/S Corporations* – Family files a form Schedule E and Schedule K-1

*Farming* – Family files a Schedule F

### **What forms are required?**

It's important that you submit the families entire tax return. There are some instances that NH Healthy Kids may require additional forms and/or Schedules when needed in addition to what has already been provided by the family. There may also be instances when a family files differently then mentioned above. These cases should be discussed with NH Healthy Kids to ensure the documentation provided is accurate.

### **What if a family just started Self Employment?**

If a family has just started self employment and has not yet filed a tax return for this income they'll need to complete a Profit & Loss form. The Profit & Loss should be completed from the date the business started in full to the most recent month.

**Example:** If today is Sept 9<sup>th</sup>, 2009 and a new business started on April 21<sup>st</sup>, 2009 then the family's Profit & Loss form should be completed from April 21<sup>st</sup> – Aug 21<sup>st</sup>, 2009 in order to provide a full 4 equal month average of the family's income.

### **What if a family has not yet filed the most recent year tax return?**

If a family has filed their self employment in the past but has not yet filed a tax return for the most current year, they need to submit a copy of the extension they have filed for the current year and submit a copy of their previous year tax return.

**Example:** Joe filed a tax return for tax year 2007 but has filed an extension to complete his 2008 taxes. Joe needs to provide a copy of his extension and his 2007 tax return. If Joe insists that his income has changed from the 2007 tax return he can provide the above mentioned documents, along with a 2008 Profit & Loss.

### **What if a family states that their income is not the same as it was last year?**

In some cases a family may report that their taxes are no longer an accurate reflection of their income because their business has experienced a change in earnings. To request a review the family must submit the current year's tax form along with two Profit and Loss statements for a comparative time period in the current and prior year.

**Example:** Today is Sept 9<sup>th</sup>, 2009. Maria has filed her 2008 tax return for her childcare business but has lost a significant amount of income in 2009. Maria can provide a Profit & Loss form to reflect 2009 income earned from January 1 to August 31 2009, along with a copy of her 2008 tax return. She must also provide a Profit & Loss for income earned from January 1 to August 31, 2008. This additional information is only necessary if a family is concerned that the prior year's taxes do not reflect current year income. The Division of Family Assistance Family Service Specialist will then review and determine whether or not there appears to have been a significant enough change to honor the 2009 Profit & Loss instead of the tax return.

## **How do I determine different types of Self Employment Income?**

### **Form 1040**

This form identifies what type of Schedules the family files for their different types of self employment income. The form is titled U.S. Individual Income Tax Return.

In determining what Schedule should be attached there are some important lines to look at on the Form 1040:

Line 7 – this line indicates that someone was or continues to be paid in regular wages, tips, salary, etc. Because of this it's important to ask the family if this income is still being received and who receives it. If the income is no longer being received ask the family when the income ended. The family's response should be listed on your application cover sheet.

Lines 8a, 9a – these lines reflect interest income that the family received. This income is added back into the household income by adding line 8a and line 9a together and dividing by 12.

Line 12 – this line indicates that the family has filed a Schedule C or Schedule C-EZ. The forms should be included within the tax packet.

Line 17 – this line reflects rental, partnership and S Corporation income. Schedule E and K1 may be required.

Line 18 – this line reflects Farm income. Schedule F is required.



## Self – Employment and Healthy Kids Eligibility

### What We Need to Verify Income

Working families, including the self-employed, may be eligible for low-cost or free health coverage for their uninsured children. In order to verify income eligibility for self-employment, the following documents are required:

- **Sole proprietors** must provide a copy of your current federal tax return complete with Schedule C.
- **Sole proprietors** who have not filed a current tax return (after April 15 for last year) must provide a current profit and loss statement showing all income and business expenses as well as a copy of your tax extension request. Please sign and date the profit and loss statement you submit.
- **Newly self-employed** can also verify income by providing a current profit and loss statement for the time period since the business began that is signed and dated.
- If you do not have a profit and loss statement prepared by an accountant, you may submit a self-declaration of profit and loss by using the form on the back of this fact sheet or a similar format. Whatever form you use must be signed and dated.
- Self-employed individuals receiving income from **partnerships** must provide a copy of the current federal tax return complete with Schedule E and your individual Partner K-1 form.

### How We Calculate Your Income for Eligibility Purposes

#### ***Income for sole proprietors is calculated from current federal tax returns as follows:***

- Depreciation (line 13 of Schedule C) **cannot** be deducted from income to qualify for Healthy Kids eligibility.
- This tax deductible expense will be added back to your net income (line 31 of Schedule C) to determine your net income from self-employment.
- Your self-employment net income will be divided by the number of months you were self-employed to determine your average monthly net income.

#### ***Income for sole proprietors is calculated from a profit and loss statement as follows:***

- Your net income is calculated by subtracting total expenses (excluding depreciation and meals & entertainment) from total income to determine your net income.
- Net income is averaged over the number of months in which you have been self-employed.

#### ***Income from a partnership is calculated as follows:***

- Any income determined to be taken for personal reasons is counted as income.
- Any income determined to be taken for personal reasons will be divided by the number of months self-employed to determine your average net monthly income from self-employment.

#### ***For all self-employed:***

- Your average net monthly income from self-employment will be added to all other sources of household income to determine Healthy Kids eligibility.

**New Hampshire Healthy Kids  
Self-employment Profit and Loss Statement**

Business Owner's Name: \_\_\_\_\_ Business Activity: \_\_\_\_\_

Period covered must be even periods of time. For example:  
Your self employment started on March 3, 2009. Today is October 10, 2009. The period covered on your profit and loss should be from March 3, 2009 to October 2, 2009.

Period Covered: Start date \_\_\_\_\_ to End date \_\_\_\_\_  
(Month/Date/Year) (Month/Date/Year)

Sources and Amounts of Income taken in during above period (fees, sales, hourly billings, etc.):

Description of Income Source	Amount
_____	_____
_____	_____

Gross Receipts/Sales: \_\_\_\_\_

Minus (-) Cost of Goods Sold: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Business Expenses (rent, supplies, etc.)  
Please list each business expense below:

Fuel: \_\_\_\_\_ Supplies: \_\_\_\_\_ Cleaning: \_\_\_\_\_  
Travel: \_\_\_\_\_ Rent: \_\_\_\_\_ Electric: \_\_\_\_\_  
Adverstising: \_\_\_\_\_ Repairs: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Insurance other than Health: \_\_\_\_\_ Wages Paid to Other Employees: \_\_\_\_\_

Other (Please specify amount and expense): \_\_\_\_\_

Total Business Expenses: \_\_\_\_\_

(Subtract total expenses from total income)

Net Income \_\_\_\_\_

In addition to Net Income, are there any other wages or draws you pay to yourself? Yes No  
(Please circle one)

If yes, how much have you received? \_\_\_\_\_

I certify that this is an accurate statement of my business income and expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Determining Eligibility for Noncitizens

To apply for NH Healthy Kids or Medicaid for Pregnant Woman the applicant must be a U.S. citizen or a Qualified Alien. A Qualified Alien is an individual who because of their immigration status is eligible for benefits. An individual who is eligible based on their citizenship status also must meet all other eligibility criteria. If documentation is not provided, eligibility will be denied.

*Note: Only the applicant's (child or pregnant woman) documentation of citizenship status is necessary. Documentation of other family members is not required.*

The following provides information of various immigration statuses and related terminology for those individuals who would qualify for NH Healthy Kids and/or Medicaid for Pregnant Woman under the above categories.

Immigration status is established by the U.S. Citizenship and Immigration Services (U.S.CIS) [www.uscis.gov](http://www.uscis.gov)

### **U.S. Citizens are:**

- Individuals born in the U.S., Puerto Rico, Guam, Northern Mariana Islands, Virgin Islands, American Samoa, or Swain's Island;
- Foreign-born children, under age 18 residing in the U.S. with their birth or adoptive parents; at least one of which is a U.S. citizen by birth or naturalization; and
- Individuals granted citizenship status by Immigration and Naturalization Services (INS).

### **Qualified Aliens:**

#### **American Indian Noncitizens**

An American Indian born outside the U.S. may be eligible under one of the following categories:

- Born in Canada, is at least 50% American Indian blood.
- Individual is a member of a federally recognized tribe as defined in the Indian Self-Determination and Education Act.

An individual must provide USCIS documentation to NH Healthy Kids. If documentation is not available an individual must request directly from USCIS.

### **Asylees**

Asylees are noncitizens who are already present in the U.S. and have been granted permission to remain in the U.S. Asylum is granted because of a well-founded fear of persecution if they return to their home country.

*Note: Individuals seeking asylum are not eligible for NH Healthy Kids and/or Medicaid for Pregnant Woman. Asylum must be granted.*

### **Lawful Permanent Residents**

Noncitizens who are admitted for permanent residence to the U.S. under the Immigration and Naturalization Act have this status. They have permission to live and work permanently in the U.S. and can travel abroad and return if they do

not abandon their U.S. residence. An applicant's eligibility is determined based on the individual's date of entry in to the U.S. listed on their permanent resident card. Permanent Residents are eligible for benefits IF they have been here more than five years, unless the permanent resident was in the U.S. prior to 8/22/96. If the child has been here less than five years based they may be eligible for NH Healthy Kids Buy-In program.

### **Refugees**

Noncitizens who have permission to enter and live in the U.S. because of well-founded fear of persecution in their home country due to race, religion, membership in a particular social group or due to political opinion have this status.

### **Acceptable Documentation for Immigration Status**

There are many immigration documents and cards. People with similar documents might have different immigration statuses and may have different eligibility depending on dates of entry and other factors.

The following section provides information on how to read some of the more common documentation, including how to determine the immigration status, the date of entry in to the U.S. or the date the noncitizen was granted a particular status.

### **I-94 Arrival/Departure Record**

A 3x5 card endorsed with the following information:

Date of entry

Place of arrival (port of entry)

The class of admission

The length of time the individual is allowed to stay in the U.S.

Any special conditions which may apply

### **The I-94 can provide the immigration status for:**

Asylees and Refugees – an individual's I-94 will be stamped that they entered the U.S. under Asylee and/or Refugee status.

### **I-551 Lawful Permanent Resident Card 2004 Version**

The most recent version of the Permanent Resident Card and is endorsed with the following information:

Alien identification number, also referred to as the "A" number

Immigration Code

Expiration date

Date of entry/adjustment in to U.S.

## I-94 Examples

The following are examples of I-94 documents.

### ■ Example 1

This I-94 is handwritten and shows an immigration status of B-2 with an “until” date listed.

- B-2 is the code for a visitor for pleasure or tourist.
- The “until” date is filled in because tourists are allowed to stay in the U.S. for a limited time period.

Departure Number <b>742831632 01</b>		U.S. IMMIGRATION 300 WAS 177	
Immigration and Naturalization Service		<b>SEP 13 1991</b>	
I-94 Departure Record		ADMITTED <b>B-2</b> UNTIL <b>MARCH 12, 1992</b>	
14. Family Name <b>DOE</b>		16. Birth Date (Day/Mo./Yr) <b>01/01/91</b>	
15. First (Given) Name <b>JOHN</b>			
17. Country of Citizenship <b>ENGLAND</b>			
See Other Side		STAPLE HERE	

→ Date of entry

→ Entered as tourist  
(B-2 visitor for pleasure)

→ Status is time-limited  
Tourists are allowed to stay in the  
U.S. for 6 months

### ■ Example 2

This I-94 example is stamped and shows an immigration status of Refugee pursuant to section 207 of the INA.

- Section 207 refers to the section of law the immigrant was admitted under.
- This card does not have an “until” date as part of the stamp. Refugee status does not have a time limit (does not expire).


Departure Number <b>365837982 03</b>		ADMITTED AS A REFUGEE PURSUANT TO SECTION 207 OF THE INA. IF YOU DEPART FROM THE U.S. YOU WILL NEED PRIOR PERMISSION FROM INS TO RETURN. EMPLOYMENT AUTHORIZED	
Immigration and Naturalization Service		(Port) (Date) (Port, OK)	
I-94 Departure Record			
14. Family Name		16. Birth Date (Day/Mo./Yr)	
15. First (Given) Name			
17. Country of Citizenship			
See Other Side		STAPLE HERE	

→ Refugee Section 207  
Employment  
Authorization Given

→ Date of entry for  
refugee

■ **Example 3**

This I-94 is an example of a Form CBP I-94A.

Departure Number <b>813106636 11</b>	
Department of Homeland Security CBP I-94A (11/04) Departure Record	
	
<b>09/17/2007</b>	
Family Name <b>SAMPLE</b>	Birth Date (Day Mo Yr) <b>22 12 50</b>
First (Given) Name <b>AHMET</b>	
Country of Citizenship <b>PAKISTAN</b>	
20041122 US-VISIT 20041122 MULTIPLE	
See Other Side	STAPLE HERE

→ Date of entry

→ Entered for business purposes

→ Status is time-limited  
Nonimmigrants are granted temporary admission.

~~Lawful Permanent Resident (LPR)~~

The I-551 is documentation of lawful permanent resident (LPR) status.

All I-551s provide the alien identification number, also referred to as the "A number." This number always begins with an "A" followed by 9 numbers.

■ **Stamp in a Foreign Passport**

Noncitizens admitted to the U.S. as an LPR have their passport stamped with temporary proof of LPR status.

- The stamp has an expiration date.
- This is verification of admission as an LPR.
- This stamp might also be seen on the noncitizen's I-94.

**Example**

14	VISAS	15
VISAS SEP 13 1999 ADMITTED <u>IR1</u> UNTIL _____  <i>A 12 545 678</i>		
PROCESSED FOR I-551 TEMPORARY EVIDENCE OF LAWFUL ADMISSION FOR PERMANENT RESIDENCE VALID UNTIL: Mar 12, 2000 EMPLOYMENT AUTHORIZED		

■ **I-551 Lawful Permanent Resident Card 1977 Version**

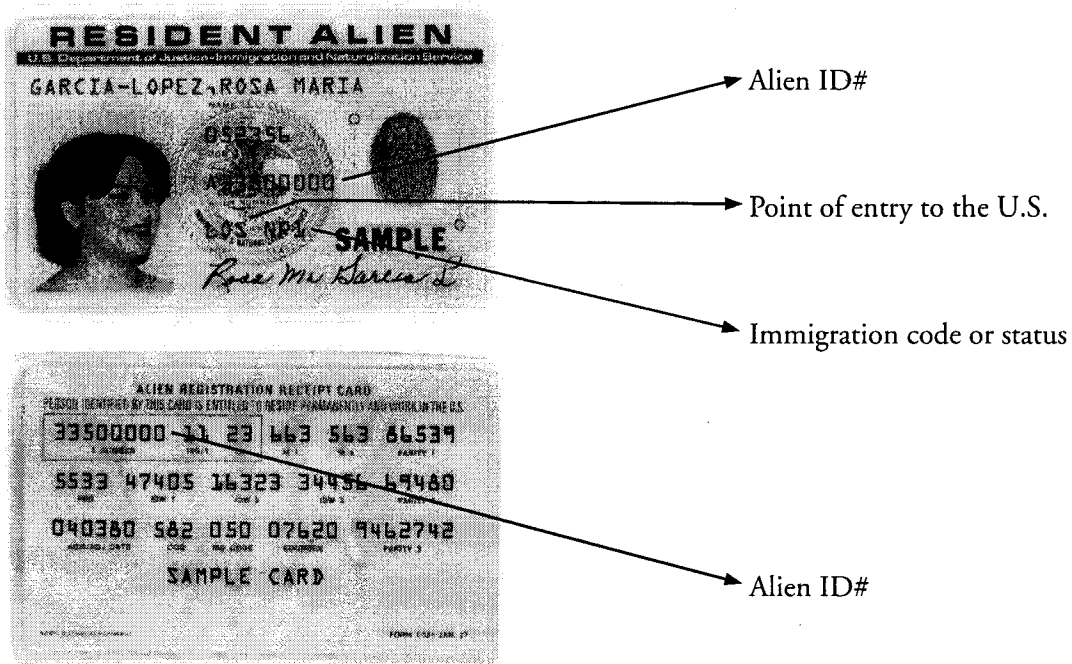
The I-551 was introduced in January 1977. Look for the following information on this card:

- The card has the bearer's photo with the right ear visible, signature and fingerprint.
- The card does not have an expiration date.
- The front of the card provides:
  - ◆ Alien identification number.
    - The immigration code or status above "CLASS."
    - The point of entry (POE) to the U.S.
- The back of the card provides:
  - ◆ Alien identification number without the A prefix.
  - ◆ The date of entry.
  - ◆ The date of admission/adjustment (ADM/ADJ) is listed as month/day/year. This date's meaning varies by status.
    - Refugees – The date of entry into the U.S. Enter this date on the STAT/IMIG panel.
    - Asylees – The date asylum was granted was one year prior to the date listed. For example, a card dated 040380 for an asylee means asylum was granted April 30, 1979. Enter the date asylum was granted on the STAT/IMIG panel.
    - Amerasians – The date of entry into the U.S. Enter this date on the STAT/IMIG panel.

**Example**

This is an example of the 1977 version of the I-551.

- It lists an immigration code of NP1, a non-preference immigrant.
- The date of entry is April 30, 1980.

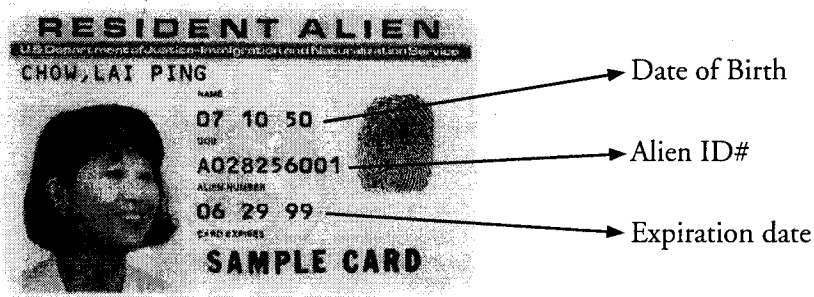


## ■ I-551 Lawful Permanent Resident Card 1989 and 1992 Versions

The 1989 and 1993 versions of the I-551 are very similar. The difference is found on the January 1992 version. A white box behind the fingerprint has been added. The following can be found on each of the cards:

- The following is found on the front of the card:
  - ◆ The date of birth.
  - ◆ The alien identification number, with an A prefix.
  - ◆ A card expiration date. This expiration date does not indicate that the alien's status has expired but that the card must be renewed.
- The following is found on the back of the card:
  - ◆ The immigration code or status.
  - ◆ The port of entry.
  - ◆ The date of entry or adjustment is listed as month/day/year. This date's meaning varies by status.
    - Refugees – The date of entry into the U.S. Enter this date on the STAT/IMIG panel.
    - Asylees – The date asylum was granted was one year prior to the date listed. For example, a card dated 040380 for an asylee means asylum was granted April 30, 1979. Enter the date asylum was granted on the STAT/IMIG panel.
    - Amerasian immigrants – The date of entry into the U.S. Enter this date on the STAT/IMIG panel.

### 1989 Example









## Presumptive Eligibility

### What is Presumptive Eligibility (PE)?

Presumptive Eligibility is a way for a state to empower health care providers and certain other organizations that serve low income families to grant temporary Medicaid coverage to potentially eligible children (HK Gold) or pregnant women (Medicaid) in need of immediate or urgent health care.

**Note: PE can only be determined for Healthy Kids Gold and Medicaid for Pregnant Women.**

### Who is eligible for PE?

To be eligible for PE in New Hampshire, children or pregnant women must have a family income at or below 185% of the Federal Poverty Level (FPL) and meet other criteria such as residency, age and citizenship. A child or pregnant woman, age 19 or older, is eligible for a PE period only one time until a period of regular Medicaid eligibility has been established.

An example would be a child who is determined eligible for PE on May 1 but fails to provide the necessary documents to be opened after the temporary period of 10 days. If the child presents needing urgent care again 6 months later, a PE application would be denied because there had not been a period of regular Medicaid eligibility. The child would then have to wait for the normal application process to be determined eligible.

### What is the benefit of PE?

Presumptive Eligibility (PE) provides immediate access to health services by granting temporary health coverage through Healthy Kids Gold or New Hampshire Medicaid. Healthy Kids Gold/Medicaid covers all Medicaid covered services to the child/pregnant woman while their paperwork is being processed, and guarantees payment to providers who render those services.

### How long is the PE period?

The child/pregnant woman will have temporary coverage for 10 days unless the agency or family communicates extenuating circumstances to NHHK that would warrant an extension for presenting the outstanding verification. The agency should follow up with the family in that time period to ensure outstanding verification is sent to NHHK so the case stays open beyond the 10 day period.

### When should PE be used?

PE should only be used when a child is in need of immediate and urgent medical services at a hospital or community health center, or needs to seek specialist care or pharmacy services. Presumptive Eligibility should be used when a provider would not be able or willing to render services without payment or assurance of payment. A provider who is willing to accept retroactive payment for a date of service would not need to process a PE application.

**Example:** A child in an emergency room on May 1 can have that bill paid retroactively. Because of this, PE would not be necessary.

**Example:** A child/pregnant woman who is leaving a hospital and needs prescription coverage or follow up with a specialist would benefit from PE.

### **How do you apply for Presumptive Eligibility?**

- Complete a NH Healthy Kids Application (800P) for a child or pregnant woman.
- Accept the applicant's statements to determine eligibility.
- Determine family size & income based on applicant's statement.
- If eligible, complete the blue box on the 800P with the date of determination of PE.
- Fax a copy of the 800PEN along with the Healthy Kids application, Application Assistance cover sheet, verifications that were provided and authorization to release information form (Form 11) to:

NH Healthy Kids Corp.  
**FAX # 271- 8604**

- Mail the original Healthy Kids application and remaining verifications within 10 days to:

NH Healthy Kids Corp.  
1 Pillsbury St., Suite 300  
Concord NH 03301

### **Need Help?**

Call NHHK Customer Service 1-877-464-2447 or 228-2925, ext: 222

### **What's next?**

Once NHHK receives the faxed paper work from the agency, a customer service representative from NH Healthy Kids will log in the application and hand deliver it to a Family Service Specialist (FSS).

- The FSS will enter the information into New Heights.
  - If information is received before 12 pm, the MID # will be available that day.
  - If information is received after 12 pm, the MID # will be available after 12 noon the next day.
- NHHK Customer Service will call the agency with the Healthy Kids Gold number (MID #) or NH Medicaid number when available. The 800PEN Form will then be faxed to agency and/or pharmacy as needed and filed by NHHK.
- EDS will receive the eligibility information and the client's information will be in their billing system and First Health's system the next business day so a provider can bill and eligibility can be confirmed. A Healthy Kids Gold card or a green State of NH Medicaid card (for pregnant women) will be ordered and should arrive within 5-10 business days. If the client has been issued a card previously, they will not be issued a new card, as they should use their old card. If a replacement card is needed, families can call NHHK and request a new card.
- The agency should follow up with the client to request any outstanding verifications. Verifications should be sent to NHHK within 10 business days from the date of application.
- NHHK must receive client documentation in 10 business days (client may request additional time). If documentation is not received, eligibility is terminated.

- A notice of decision will be sent to the client within 5 days from the Department of Health and Human Services.

**How does the child access medical services now that he/she has been presumed eligible?**

- Once the child/pregnant woman are determined presumptively eligible, they can receive medical services.
- Client can present a copy of the Notice of Presumptive Eligibility Decision for Medical Coverage For Children/Pregnant Women (800PEN) given to them by the agency to a health care provider or pharmacist as guarantee of payment for services.
- The family will receive Healthy Kids Gold cards or NH Medicaid cards (pregnant women) within 5-10 business days. The family is responsible for providing the identification number on the card to the provider or pharmacist once the card is received.

**Note on Pharmacy Services**

NHHK, in partnership with DHHS, can help to educate pharmacies about using the 800PEN until the family receives their Healthy Kids Gold card. However, medical agencies may want to provide pharmaceutical samples, if available, while the family is waiting for their Healthy Kids Gold number. A pharmacy is not mandated to honor the 800PEN.

## NOTICE OF PRESUMPTIVE ELIGIBILITY DECISION FOR MEDICAL COVERAGE FOR CHILDREN AND PREGNANT WOMEN

\_\_\_\_\_  
Parent/Guardian or Pregnant Woman's Full Name

### Health Care Provider/Pharmacist

The following individuals have been determined presumptively eligible for Healthy Kids Gold medical coverage or Medicaid effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . The Department of Health and Human Services will guarantee payment for Healthy Kids Gold/Medicaid covered services for 10 days – until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . After this date, you must verify eligibility using standard procedures.

Name of Child or Pregnant Woman	Date of Birth	SSN	HKG/Medicaid Identification #
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

**Medicaid ID cards for the individuals identified above will be activated within 5-10 days.**

### How To Verify Eligibility

#### If the Healthy Kids Gold/Medicaid Identification Number is listed above:

- Health care providers must call the EDS provider line the next business day from the effective date of coverage at 1-800-423-8303, with the Medicaid Identification Number, Medicaid provider number, child's or pregnant woman's name, date of birth, and social security number.
- Pharmacists must call First Health the next business day from the effective date of coverage at 1-866-664-4511, with the Medicaid Identification Number, the NABP provider number, or the pregnant woman's or child's name and date of birth.

#### If the Medicaid Identification Number is not listed above:

- Health care providers must call the EDS Provider Line at 1-800-423-8303, with the Medicaid provider number, child's or pregnant woman's name, date of birth, and social security number to obtain the Medicaid Identification Number.
- Pharmacists must call First Health at 1-866-664-4511, with the NABP provider number, child's or pregnant woman's name and date of birth to obtain the Medicaid Identification Number.

### Please print clearly or type:

_____ Name of Agency	_____ Name of Person Completing this Form
_____ Mailing Address	_____ Signature of Person Completing this Form
_____ Telephone Number	_____ City, State, and Zip Code
_____ Fax Number	_____ Date of Signature

**I understand that it is my responsibility to provide the Healthy Kids Gold/Medicaid Identification Number to the providers of medical services once I receive the identification card.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian

State of New Hampshire  
Department of Health and Human Services

Instructions for Completion of the Form 800PEN

Purpose:

Form 800PEN, "Notice of Presumptive Eligibility Decision for Medical Coverage for Children and Pregnant Women", is used to advise health care providers/pharmacists that a determination of presumptive eligibility for medical assistance has been made for the child(ren) or pregnant woman named on this Form. Additionally, the form indicates the dates of the eligibility period and how to verify eligibility.

Instructions:

Person determining presumptive eligibility:

- Enter the name of the parent/guardian or pregnant woman.
- Enter the date the presumptive eligibility decision was made.
- Enter the end date of the presumptive eligibility period (10 days from the date the presumptive eligibility decision was made).
- For each individual requesting assistance, enter the name, date of birth, social security number (if required) and HKG/Medicaid Identification Number if the child(ren) or pregnant woman previously had a HKG/Medicaid card.
- Print clearly or type the name, telephone number, fax number, and mailing address of the agency, and the name of the person completing the form.
- Sign and date the form.
- Fax the 800PEN, the Form 800P, *Application for New Hampshire Healthy Kids Medical Insurance or Medical Coverage For Pregnant Women*, all verification, and the Form 11, *Authorization to Release Information*, to NH Healthy Kids Corporation: 603/228-8940.
- Provide a copy of the 800PEN to the parent/guardian or pregnant woman. Explain to the parent/guardian or pregnant woman that the copy of the Form 800PEN must be presented to health care providers and pharmacists for receipt of medical services, until their Medicaid ID card is received in 5-10 days or until a previously issued card is activated.
- Within 10 days, mail the original Form 800PEN, Form 800P, Form 11, and verifications to NH Healthy Kids Corp., 25 Hall St., Concord NH 03301.

Parent 1		Parent 2	
Parent 1 Earned Income (Gross Pay)		Parent 2 Earned Income (Gross Pay)	
<b>Paid Weekly</b>		<b>Paid Weekly</b>	
Week 1 Gross Pay	Week 1 Gross Pay	Week 1 tips or overtime	Week 1 tips or overtime
Week 2 Gross Pay	Week 2 Gross Pay	Week 2 tips or overtime	Week 2 tips or overtime
Week 3 Gross Pay	Week 3 Gross Pay	Week 3 tips or overtime	Week 3 tips or overtime
Week 4 Gross Pay	Week 4 Gross Pay	Week 4 tips or overtime	Week 4 tips or overtime
Gross monthly wages	Gross monthly wages	Gross monthly wages	Gross monthly wages
<b>Paid Bi-Weekly</b>		<b>Paid Bi-Weekly</b>	
Week 1 Gross Pay	Week 1 Gross Pay	Week 1 tips or overtime	Week 1 tips or overtime
Week 2 Gross Pay	Week 2 Gross Pay	Week 2 tips or overtime	Week 2 tips or overtime
Gross monthly wages	Gross monthly wages	Gross monthly wages	Gross monthly wages
<b>Paid Semi-Monthly</b>		<b>Paid Semi-Monthly</b>	
Week 1 Gross Pay	Week 1 Gross Pay	Week 1 tips or overtime	Week 1 tips or overtime
Week 2 Gross Pay	Week 2 Gross Pay	Week 2 tips or overtime	Week 2 tips or overtime
Gross monthly wages	Gross monthly wages	Gross monthly wages	Gross monthly wages
<b>Paid Monthly</b>		<b>Paid Monthly</b>	
Gross monthly wages	Gross monthly wages	Gross monthly wages	Gross monthly wages
<b>Parent 1 Gross Earned Income Total</b>		<b>Parent 2 Gross Earned Income Total</b>	
<b>Parent 1 Unearned Income</b>		<b>Parent 2 Unearned Income</b>	
Source 1:	Source 1:	Source 2:	Source 2:
Source 2:	Source 2:	Source 3:	Source 3:
Source 3:	Source 3:		
<b>Parent 1 Unearned Income Total</b>		<b>Parent 2 Unearned Income Total</b>	

Parent 1 Deductions		Parent 2 Deductions	
Child Care Deduction:		Child Care Deduction:	
Child Support Paid Out:		Child Support Paid Out:	
Wage Garnishment (child support or cost containment only) Amount:		Wage Garnishment (child support or cost containment only) Amount:	
Wage Garnishment - monthly frequency:		Wage Garnishment - monthly frequency:	
Wage Garnishment Total:		Wage Garnishment Total:	
Employment Deduction	0	Employment Deduction	0
<b>Parent 1 Total Countable Income</b>		<b>Parent 2 Total Countable Income</b>	

## Child 1

Child 1: \_\_\_\_\_

### Child 1 Income

Child Support - amount per payment:  
Child Support - monthly frequency:

**Child Support Total:**  
Social Security or misc. income - amount:  
Social Security or misc. income - monthly frequency:

**Social Security Total:**

### Child 1 Income:

Enter 1 for YES or 2 for NO: Is Parent 1 a biological, step, or adoptive parent to this child?

Enter 1 for YES or 2 for NO: Is Parent 2 a biological, step, or adoptive parent to this child?

Parent 1 Countable Monthly Income:  
Parent 2 Countable Monthly Income:

**Child 1 Total Monthly Income:**

## Child 3

Child 3: \_\_\_\_\_

### Child 3 Income

Child Support - amount per payment:  
Child Support - monthly frequency:

**Child Support Total:**  
Social Security or misc. income - amount:  
Social Security or misc. income - monthly frequency:

**Social Security Total:**

### Child 3 Income:

Enter 1 for YES or 2 for NO: Is Parent 1 a biological, step, or adoptive parent to this child?

## Child 2

Child 2: \_\_\_\_\_

### Child 2 Income

Child Support - amount per payment:  
Child Support - monthly frequency:

**Child Support Total:**  
Social Security or misc. income - amount:  
Social Security or misc. income - monthly frequency:

**Social Security Total:**

### Child 2 Income:

Enter 1 for YES or 2 for NO: Is Parent 1 a biological, step, or adoptive parent to this child?

Enter 1 for YES or 2 for NO: Is Parent 2 a biological, step, or adoptive parent to this child?

Parent 1 Countable Monthly Income:  
Parent 2 Countable Monthly Income:

**Child 2 Total Monthly Income:**

## Child 4

Child 4: \_\_\_\_\_

### Child 4 Income

Child Support - amount per payment:  
Child Support - monthly frequency:

**Child Support Total:**  
Social Security or misc. income - amount:  
Social Security or misc. income - monthly frequency:

**Social Security Total:**

### Child 4 Income:

Enter 1 for YES or 2 for NO: Is Parent 1 a biological, step, or adoptive parent to this child?

NH Healthy Kids  
Program Eligibility Worksheet

Enter 1 for YES or 2 for NO: Is Parent 2 a biological, step, or adoptive parent to this child?

Parent 1 Countable Monthly Income:

Parent 2 Countable Monthly Income:

**Child 3 Total Monthly Income:**

Enter 1 for YES or 2 for NO: Is Parent 2 a biological, step, or adoptive parent to this child?

Parent 1 Countable Monthly Income:

Parent 2 Countable Monthly Income:

**Child 3 Total Monthly Income:**

# **Certified Application Assistance and Assisting Families**

## **Certified Application Assistance**

Agencies, primarily hospitals and federally qualified community health centers, are considered designated application sites. These sites fulfill a federal requirement for the State of New Hampshire by assisting families through the application process for the New Hampshire Healthy Kids programs or the Medicaid for Pregnant Women program. Agencies assist families at locations other than the Healthy Kids Central office and DHHS district offices.

In 2002, a letter was sent to these agencies outlining the training requirements and expectations for application assistance. Agencies agreed to the following:

- Designation of a Certified Application Assistor (CAA)
- Training minimally one time per year
- Referral Site for the community for application assistance

In return for application assistance agencies would receive the following:

- Application submission would be tracked and submitted to the State of NH for reimbursement payment to the agency monthly.
- Technical assistance and training by designated staff at New Hampshire Healthy Kids
- Families would be helped through the process and providers could be paid for past and future bills

### **Assisting Families with Applications**

#### **How to Apply**

To apply for Healthy Kids, a family must complete the Application for Healthy Kids Medical Insurance or Coverage for Pregnant Women (**800P**). The family does not need to apply for a specific program. Based on the information provided, a Family Service Specialist will determine the child's eligibility for Healthy Kids Gold or Silver. Agencies can facilitate applications for the families.

The 800P cannot be used to apply for the Children with Severe Disabilities program or the Home Care for Children with Severe Disabilities program (formerly the Katie Becket program). If the child is disabled and the family wants to apply for either of these programs, the family must go to their local District Office of Health & Human Services.

#### **What is the applicant's responsibility?**

- It is the applicant's responsibility to make sure the information on the application (800P) is accurate and complete
- The applicant is responsible for providing the proof required to verify the information provided on the application
- The applicant must sign and date the application

#### **What is the agency's responsibility?**

- It is the agency's responsibility to do a preliminary screening for eligibility
- It is the agency's responsibility to assist the applicant in completing the form 800P

- The agency is responsible for explaining and giving a copy of the Right and Responsibilities to the applicant
- The agency is responsible for discussing retroactive coverage, which may be available for up to three months prior to the date of application. Verification of income is required for any retroactive period. Retroactive coverage is for Healthy Kids Gold or for Medicaid for Pregnant Women
- The agency is responsible for requesting verification from the applicant that will substantiate the information provided. The agency will advise the applicant to give the missing verification documents to the agency who will forward copies to NHHK
- The agency will have the applicant sign and date the application
- Agency staff member assisting with the application must sign and date the blue box on the application, and fill in the agency name, Medicaid provider number and date
- Attach copies of all verifications necessary to determine eligibility to the application if the applicant provided them
- Agency will provide a completed Certified Application Assistance cover sheet with each signed application

### **Where does the agency send the application?**

The Agency will mail the application with verifications and forms to:

**New Hampshire Healthy Kids Corp  
1 Pillsbury Street, Suite 300  
Concord, NH 03301**

Applications can also be faxed to 603-271-8604.

### **Agency Reimbursement**

Agencies that are authorized and trained by the Department of Health and Human Services (DHHS) and New Hampshire Healthy Kids Corporation (NHHK) can receive reimbursement from the State for all Healthy Kids Medical Insurance or Coverage for Pregnant Women (800P) applications they facilitate.

### **How much are agencies reimbursed?**

- Hospitals and designated pilot sites receive **\$24.00** per application for those submitted complete. For those submitted missing documentation the reimbursement rate will be **\$12.00** per application
- Federally Qualified Health Centers receive **\$48.00** per application for those submitted complete. For those submitted missing documentation the reimbursement rate will be **\$24.00** per application

**Note: Agencies are reimbursed per application, not per child.**

### **How do agencies bill for reimbursement?**

- All 800P applications must be submitted to NHHK along with a completed Certified Application Assistance cover sheet
- Make copies of all 800P applications and cover sheets for your own records.
- NHHK will track applications submitted and send a monthly reimbursement report to the State. Agencies will receive monthly payment from the Department of Health and Human Services based on NHHK's reimbursement report
- If an agency does not want to receive application reimbursement or has questions about this reimbursement please contact Linette Handschumaker at NHHK 228-2925 ext 336

### **Tracking and Quality Assurance**

New Hampshire Healthy Kids Corporation will track the applications submitted by each agency for billing purposes and quality assurance. NHHK will provide each agency with the disposition of applications submitted and feedback on how many open and close and which documents were missing. This enables NHHK to monitor quality and offer the assistance of Healthy Kids Field Coordinators for additional training.

*Note: Agencies will not be reimbursed for facilitating the following:*

- Auto Eligible baby enrollment
- Adding a pregnant woman to an already open case
- Assisting with a Renewal (REDE) application (form 800PR) or for completing an application for children who are already open for Healthy Kids Gold or Silver

**Only new applications with no open family members will be reimbursed.**

### **Complying with all confidentiality provisions**

Health Insurance Portability and Accountability Act (HIPAA) does not permit the release of confidential family information that CAA's acquire as a result of performing CAA duties to any person or organization other than to NH Healthy Kids program and NH Department of Health & Human Services for the purposes of determining eligibility.

## Authorization to Release Information

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I hereby authorize and request:

Name and Address of  
Individual or Agency  
Providing the Information:

NH Dept. of Health & Human Services or NH Healthy Kids

**to provide the following information:** Either verbal or documentary, necessary for processing eligibility for  
NHHK and MCPW.

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to:

Name and Address of  
Individual or Agency  
Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

**This authorization expires** 90 days **(Date)**

Information released cannot be re-released by the receiving individual/agency without additional authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)



## Certified Application Assistor Application Cover Sheet

Application Submission Date: \_\_\_\_\_

Please check all that apply:

### Authorization

- Yes, I have included Form 11 (Authorization to Release Information) with this application.
- Yes, I have co-signed the application in the Application Assistance Section on page 7.

### Retroactive Coverage

- Yes, I have included income verification for any retroactive coverage period being requested. If there was no income during the requested time period please have the family write a statement of no income.

### Pregnant Women 19-21

- If a pregnant woman 19-21 is requesting **retro coverage** please include both her and her parents' income (if she lived with them during that period), or a signed statement that she did not live with her parents during the retroactive period requested.

**Presumptive Eligibility** Please **contact NHHK before forwarding the application to the office.**  
**(Please complete the application assistance section on page 7).**

Presumptive Eligibility should be reserved for situations when urgent medical care or services are needed, but there is a barrier to care, i.e. prescription needs or home care services. PE is only available for applicants qualifying for Healthy Kids Gold or Pregnant Women's Medical Assistance.

Comments or additional information:

Agency Name \_\_\_\_\_ Agency Representative \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

# NH Healthy Kids Application (800P) and Required Documents

## Who should apply on the Healthy Kids Application?

Children under 19 in families who are not receiving other state assistance such as food stamps, cash assistance or APTD (aid to permanently and totally disabled) and low income pregnant women of any age.

## How do you know an application is from my agency?

All Certified Application Assistors must submit a completed application along with a CAA cover sheet. This cover sheet identifies which agency sent in the application, helps you to explain any unusual circumstances, provides info about missing documents and allows your agency to receive reimbursement for the submission.

## How can I obtain application information once I send it to NHHK?

All Certified Application Assistors must submit a Form 11 also known as an Authorized Release Form with their complete application. The form allows us to talk with you about the application for **90 days** from the date the family signs the form.

*Note: Certain verbiage has been mandated by the State to include on the form. See attached forms & documents.*

## What does the 800P application look like and what proofs are needed?

The following pages include the New Hampshire Healthy Kids application pages and required documents for each section of the application.

### Page 1

The image shows a form titled "Tell us who you are and where you live." with the following fields:

First name:	Middle initial:	Last name:	Social Security Number <i>(You must answer this if you are applying for yourself):</i>
Work phone:	Home phone:	Cell phone:	
Street address (no P.O. box):	Apartment number:	City:	State: Zip code:
Mailing address (if not the same as street address):		City:	State: Zip code:
Have you ever used a different name or names? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if yes, please list:</i>			Language you speak at home:

### **Residency - Documents Accepted** **All documentation must specify a street address** **not a P.O. Box or RR**

- Lease with signature page, rental agreement or rent receipt
- Electric, cable, heating fuel or telephone bill
- Property tax bill or motor vehicle registration
- **Homeless**
  - *Proof residency may be established through shelter or agency*
  - *If living with friends, written statement from friend can establish residency*

## Page 2

Tell us about each child living with you who is under age 19.			
<b>Child 1</b>	First name:	Middle initial:	Last name:
	Birth date (month/day/year):	This child is: <input type="checkbox"/> Male <input type="checkbox"/> Female	Is this child a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number (only if applying for medical coverage):			
What is this child's race or ethnic origin? (you do not have to answer this question)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			
<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Other (please specify):			
Are you applying for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this child a U.S. citizen? (answer only if applying for this child) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child have special healthcare needs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List the child's parents, stepparents or legal guardians who live in your household.			
1. Name of <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal guardian			Birth date (month/day/year):
2. Name of <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal guardian			Birth date (month/day/year):

**Citizenship, Age & Identity**  
**(Required only for persons applying for coverage)**  
**One of these documents will satisfy all three requirements:**

**For US Citizens:**

- US Passport
- US Certificate of Naturalization
- US Certificate of Citizenship

**For immigrants:**

- Alien Registration Card (Form I-551)
- Arrival/Departure Record (Form I-94)

**If documents above are not available, those applying for coverage must provide proof of citizenship and identity separately.**

**Citizenship and Age:**

- US Birth Certificate
- Final adoption decree
- US Citizen ID card

**Identity:**

**16 or older; Pregnant Women**

- Driver's License or State-issued ID with photo
- Government ID with photo or identifying info such as age, sex, race, height, weight, color of eyes
- School ID with photo

**Under 16, you can also use one of the following:**

- School or doctor record showing child's name, date and place of birth
- Daycare or nursery school record showing date and place of birth and name/address of provider

## Page 3

Tell us about health insurance, including Medicaid or Healthy Kids.		
Does anyone who is applying for medical coverage have health insurance now? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has anyone had health insurance in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> to either question, answer below.		
Name of <b>first person</b> with insurance now or in the last 6 months:		Insurance company:
Policy/group number:	Name of policy holder:	Date coverage ends:
Name of <b>next person</b> with insurance:		Insurance company:
Policy/group number:	Name of policy holder:	Date coverage ends:
Name of <b>next person</b> with insurance:		Insurance company:
Policy/group number:	Name of policy holder:	Date coverage ends:
Name of <b>next person</b> with insurance:		Insurance company:
Policy/group number:	Name of policy holder:	Date coverage ends:
Name of <b>next person</b> with insurance:		Insurance company:
Policy/group number:	Name of policy holder:	Date coverage ends:

### Insurance - Documents Accepted

- Copy of current insurance card
- Notice of termination of coverage
- Any official document from the insurer showing the policy number, the policy holder, who is covered and for what time period

## Page 3 – Pregnant Women

For pregnant women only		
Are any of the women on this application pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	First name:	Middle initial: Last name:
If <b>yes</b> , does this woman want medical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number (only if applying for medical coverage):	
Is this woman a U.S. citizen? (only if applying for medical coverage): <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>no</b> , what is her immigration status?	What is this woman's race or ethnic origin? (you do not have to answer this question): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other (please tell us)	
Is this woman under age 21 and living with her parent(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , list her parents and their income on page 4.	Is this woman married? (only if applying for medical coverage): <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , what is her husband's name? ..... If her husband is living in the household, list his income on page 4 under "Parent 2".	

### Pregnancy – Documents Required

- Provide proof of pregnancy signed by a licensed medical professional with an estimated due date and number of fetuses if more than one
- 19 – 20 yr olds living at home – will need proof of parents' income

## Page 4

Tell us about all income for each parent or stepparent living in the home.		
<b>Parent 1</b>	Name of first parent or stepparent:	In this person self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Name of Business:
	Does this person get income from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, when was the last day you worked? Name of employer:	
If yes, answer below:		
<b>Job 1:</b> Name of employer:	Phone number of employer:	How much income for each pay period, before taxes and other deductions?
How often paid? <input type="checkbox"/> Every week <input type="checkbox"/> 2 times a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 1 time a month		
<b>Job 2:</b> Name of employer:	Phone number of employer:	How much income for each pay period, before taxes and other deductions?
How often paid? <input type="checkbox"/> Every week <input type="checkbox"/> 2 times a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 1 time a month		

### Income - Documents Accepted

- Pay stubs for last 4 weeks
- Employer letter stating hours worked and gross wages for the last 4 weeks with each weeks gross income and pay dates listed
- All sections/pages of the most recent tax return for self-employed
- *Grandparents or legal guardians may apply on behalf of a child but their income is not counted unless the child is adopted*

## Page 4

Tell us about all other income.	
<b>Child support?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name <b>first child</b> .....	How much?.....
How often? <input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times a month <input type="checkbox"/> 1 time a month	
Name <b>second child</b> .....	How much?.....
How often? <input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times a month <input type="checkbox"/> 1 time a month	
Name <b>third child</b> .....	How much?.....
How often? <input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times a month <input type="checkbox"/> 1 time a month	
Name <b>fourth child</b> .....	How much?.....
How often? <input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times a month <input type="checkbox"/> 1 time a month	
<b>Alimony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, who gets it?.....	How much?.....
How often? <input type="checkbox"/> Every week <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> 2 times a month <input type="checkbox"/> 1 time a month	

### Income - Documents Accepted

Documents detailing all "other" income such as court order indicating child support or alimony.

## Page 5

How Many Inc Department of Health and Human Services

**Tell us about all other income.**

**Unemployment benefits?**  Yes  No **if yes, who gets it?** ..... **How much?** .....

**How often?**  Every week  Every 2 weeks  2 times a month  1 time a month

**Social Security?**  Yes  No

**if yes, name first person who gets it** ..... **How much?** .....

**Name second person** ..... **How much?** .....

**Name third person** ..... **How much?** .....

**Name fourth person** ..... **How much?** .....

**Other income?**  Yes  No **if yes, what kind is it?** .....

**Who gets it?** ..... **How much?** .....

**How often?**  Every week  Every 2 weeks  2 times a month  1 time a month

### Income - Documents Accepted

- Unemployment or current Social Security award letter
- Cash form accepted for income earned from cash-paid services like housecleaning, etc.

## Page 5

**Tell us about all child or adult care expenses.**

Do you pay someone to take care of a child or adult in your household who needs care so you can work?

Yes  No **if yes, tell us about them:**

<b>First person:</b> Name of the child or adult:	How old?	Full-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you pay for this person weekly?
<b>Next person:</b> Name of the child or adult:	How old?	Full-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you pay for this person weekly?
<b>Next person:</b> Name of the child or adult:	How old?	Full-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Part-time care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much do you pay for this person weekly?

### Child or Adult Day Expenses

- Written declaration is accepted for child or adult day care expenses.
- There are limits to amount that is deducted from income.

## Page 5

**Tell us about all court-ordered expenses that you pay.**

Does anyone in your household have court-ordered expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, tell us about them:</i>
Child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , who pays it? .....	How much every month? .....
Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , who pays it? .....	How much every month? .....
Wage garnishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>yes</b> , who pays it? .....	How much every month? .....
Other? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, what is it? .....</i>
If <b>yes</b> , who pays it? .....	How much every month? .....

### **Court Ordered Expenses - Documents Accepted**

- Copy of the signed court order
- Letter from court or lawyer attesting to the existence of the court order and stating the amount of support

## Page 5

**Tell us if you want help with unpaid medical bills.**

Pregnant women and some children may qualify for help with some unpaid medical or dental bills. If you received any services in the last **90 days before this application date**, you may apply for this coverage.

Do you want to apply for this now?  Yes  No *If yes, check a box to show us when you had unpaid bills.*

1-30 days  31-60 days  61-90 days *You will need proof of income for the dates you checked.*

### **Retroactive Coverage**

- Must provide income documentation to prove eligibility for all periods of retroactivity requested
- Only available to HK Gold or Pregnant Women (not HK Silver)

## Page 6

### Read the statement below and sign at the bottom.

#### When I sign my name it means that:

- I know that I must tell the Department of Health and Human Services (the Department) about all changes in my household within 10 days of the change. For example, I must tell my new address if I move, any changes in income, and any changes in the number of people living in the house.
- All of the information I gave on this application is true as far as I know.
- I know that I must give proof for the information in this application.
- I know that the Department may call other people or organizations to check the proofs I send or get other proofs. The Department does not have to ask my permission to do this.
- I know that if I give false information or I don't give all the information that the Department asks for now or in the future, I may lose medical coverage and the Department may take legal action against me.
- I know that if I or my children are in Healthy Kids or Medical Coverage for Pregnant Women, the Department or the insurance company has the right to get all medical payments and medical support payments. I may also have to give money back for medical payments and medical support payments paid by someone else.
- I give my medical providers or my children's medical providers permission to release any medical or dental records to the Department, if necessary.
- I know that if my children are applying for Healthy Kids Gold or I am applying for Medical Coverage for Pregnant Women, we must give our Social Security numbers.
- When I say that someone applying is a U.S. citizen, it is true. I know that I may have to prove citizenship and identity of that person.
- I know that I need to qualify for Healthy Kids or Medical Coverage for Pregnant Women each year. I must complete and return a renewal application every year.
- I know that when I apply again I will have to send more proof, such as proof of income. I know that if I do not send proof, my coverage (or my children's coverage) will end.

Signature of applicant/representative \_\_\_\_\_ Date \_\_\_\_\_

### Signature Required

Acknowledges applicant responsibilities.

## Page 6

### Tell us how you heard about Healthy Kids.

I heard about Healthy Kids Medical Insurance or Medical Coverage for Pregnant Women through:

- Doctor's office    School    Radio, TV or newspaper    Friend/family    Hospital  
 Other (please tell us) .....

### Referral Sources

Helps NHHK track how families learn about the program.

**Additional Legal Information**

**Social Security Numbers**

The law says that we must ask for the Social Security Numbers (SSNs) of pregnant women and some children who want medical coverage. If you ask, we can tell you whose SSN we must have.

- If someone who is applying for coverage refuses to give their SSN, it will not change anything for the other people applying on this application.
- If you can't or don't want to give us the SSN for someone on the application who is NOT applying for coverage, it will not change anything for the people who are applying on this application.

(The law is: Section 137 of the Social Security Act)

**Citizenship and identity**

The law says that we must ask about the U.S. citizenship and identity or immigration status of every child or pregnant woman who wants medical coverage. Pregnant women and some children must also give proof of their citizenship and identity or immigration status. Adults who do not want medical coverage do not have to tell us their status. Applying for Healthy Kids or Medical Coverage for Pregnant Women will not affect your immigration status.

**Income**

Children's income must be reported. Adults will have to give their income if they are

- The parent and/or stepparent living with a child who wants medical coverage
- Married to and living with a pregnant woman who wants medical coverage

**Your rights**

The law says we may not treat you differently (discriminate against you) because of race, age, color, creed, sex, national origin, marital status, disability or political belief. If you think we have discriminated against you, call the Controller, New Hampshire Department of Health and Human Services, at (603) 271-4965 or 1-800-852-3345 Ext. 4965. TDD: 1-800-735-2964. Or write a letter to the Controller at 129 Pleasant Street, Concord, NH 03301. We cannot treat you differently because you call or write.

If you think the Department of Health and Human Services made a mistake, you may ask for a hearing. To ask, call a DHHS District Office or the Office of Administrative Appeals at (603) 271-4302 or 1-800-852-3345 ext. 4302 (TDD: 1-800-735-2964). You can also ask by writing a letter. Call to ask for the address.

**For application assistants only**

Is there presumptive eligibility for anyone on this application?  
 Yes  No *if yes, tell us the name of the person(s):* \_\_\_\_\_  
 Presumptive eligibility date \_\_\_\_\_

**Complete if assisting with the application process**  
 I certify that I have completely explained the information on this page to the applicant. If I determined any individual presumptively eligible, I certify that:

- I have been trained by the DHHS to make this determination.
- The individual is eligible based on the information provided to me.
- I have recorded the eligibility begin date(s) above.

The Provider Number below certifies that my agency has been authorized to assist with the application process.  
 Signature of Application Assistant \_\_\_\_\_ Provider Number \_\_\_\_\_  
 Agency \_\_\_\_\_ Date \_\_\_\_\_

**Certified Application Assistors Only**

- Enables NHHK to track community-facilitated applications
- Authorizes presumptive eligibility (PE) for children
- *Presumptive Eligibility is temporary eligibility for eligible but not enrolled children who have urgent medical needs*
  - *Documents confirming eligibility after-the-fact must be submitted*
  - *Available only to HK Gold and Pregnant Women*

**Checklist of documents required.**

Read this list and send copies of proofs with your application. If you do not send all proofs, we cannot act on your application.

**Proof of family income**

- Send proof of income for:
- each child who is applying
  - parents who live with those children
  - each pregnant woman who is applying
  - the pregnant woman's husband if he is living with her
  - parents of pregnant women under 21 if living with her

If the person gets a salary or is paid by the hour:

- send copies of pay stubs for the last 4 weeks, or
- send a letter from the employer, on letterhead, giving the hours worked and the person's gross wages for the last 4 weeks

If the person is self-employed:

- send the most recent income tax return with all pages, or
- send the most recent Profit and Loss statement, signed and dated if in business less than one year

Other Income:

- send most recent income tax return, receipts or other proof that shows income from rent, royalties, boarders or any other kind of income
- send a copy of a letter, bank statement, or check stub that gives the amount of any benefits, such as Social Security, Unemployment, Alimony, Veterans Administration, Workers' Compensation

**Proof of New Hampshire residence**

- Send a copy of **ONE** of the following that shows your street address (not P.O. Box), for example:
- a lease, rental agreement, or rent receipt
  - an electric, cable, heating fuel or telephone bill
  - a property tax bill
  - current motor vehicle registration

If you do not have a permanent address, you may still get coverage. Please call 1-877-464-2447 for help.

**Proof of expenses**

- Child or spousal support that the court ordered:
- send a copy of the signed court order, or
  - send a letter from the court or from your lawyer saying that you have a support order and how much the support is

**Proof of pregnancy**

Send a letter or medical form signed by a doctor or other licensed medical practitioner saying you are pregnant, and giving the due date and the number of babies due.

**Proof of health insurance**

- If any child or pregnant woman has insurance now, or has been insured in the past six months, please send:
- a letter saying when the coverage stopped, or
  - an official paper from the insurance company showing the policy number, the name of the policy holder, who is covered, and for what time they are covered, or
  - a copy of the current insurance card

**Proof of citizenship and identity or immigration status**

Send a copy of **ONE** of the following for each person applying to prove citizenship and identity at the same time.

- a U.S. passport
- a certificate of U.S. Naturalization
- a certificate of U.S. citizenship

If you don't have one of the things on the list above, please include one item from list A and one from list B:

- |   |  |
|---|--|
| <b>List A</b>   | <b>List B</b>  |
| • a U.S. birth certificate  | • a driver's license   |
| • a U.S. citizen ID card  | • a military or school ID card with photo  |
| • a final adoption decree   | • a daycare or nursery record showing date, place of birth and name of the daycare |
| • an official military record   | • ID card issued by state (non-driver's identification)                            |
| • hospital record on hospital letterhead established at the time of person's birth that indicates a U.S. place of birth |  |

**We do not ask the U.S. Citizenship and Immigration Services about the citizenship of people on this application unless they are applying for benefits.**

**IMPORTANT: Please do not send original documents. Send copies only!**

\* Mail your application and all proofs to NH Healthy Kids Corporation, 25 Hall Street Suite 302, Concord NH 03301. Use the envelope that came with this application.

# **NH Healthy Kids Review Process**

## **What is the Review Process for Healthy Kids?**

Reviews are done through the mail unless the applicant is receiving other assistance. The family receives an eight-page Review for Continued Eligibility for NH Healthy Kids Medical Insurance and Medical Coverage for Pregnant Women application (800PR) in the mail, which needs to be completed and returned along with the proof necessary for determination. **If the review form is not returned by the due date, the Healthy Kids case will be closed.**

### **How often is the case reviewed for Healthy Kids Gold and Silver?**

- For cases only open for Healthy Kids programs – every 12 months.
- If the household is receiving assistance from other Division of Family Assistance Programs, the review will be more frequent.

### **When must the family report changes?**

The household receiving Healthy Kids coverage must report changes within 10 days of when they happen, such as if they move, terminate employment, change employment or receive an increase in their hourly wage. Other changes that must be reported would include marriage, divorce or birth that may change the family size or income.

#### **Example:**

If a parent reports a change in employment, a wage verification form is sent out. If the form is not returned within 10 days the case is closed.

#### **Example:**

If a parent begins a new job and does not report this change, the State eligibility system will send out a New Hire Notice to the client. The New Hire Notice tells the client that they need to let us know about their new employment within 10 days. If they do not respond to this request their case will be closed.

### **How does a family move from one program to another?**

Sometime when a family reports a change or completes an annual review, the new information provided may result in movement between programs.

#### **Example:**

A family enrolled in Healthy Kids Gold who reports an increase in income may no longer be eligible for Gold and would, therefore, move into the Silver program. Once the income is entered, eligibility is automatically recalculated. The family does not need to complete a new application. However when they receive Healthy Kids Silver notification, they must respond indicating they wish to enroll.

### **Healthy Kids Buy-in Program**

There is no review process for the Healthy Kids Buy-in Program. Families may request a review at any time if there has been a change in income or circumstance that may qualify them for the subsidized program. However, families are still required to report changes in income or other circumstances that may affect their child's eligibility.

# Forms

## Helpful Forms

### **Certified Application Assistance Coversheet**

Use this coversheet for all applications you submit.

### **Form 11 Authorization to Release**

Use this form to gain authorization to discuss case information with NHHK and DHHS.

### **Auto Eligible Baby Form**

Use this form as birth notification when submitting applications for auto eligible babies.

### **Employment Verification Form**

Use this form if client does not have pay stubs available or has recently started a job. This form can also be used for previous employment that has ended within the last 30 days.

### **Profit & Loss Form**

Use this form for newly started self employment or to declare a change from last year's self employment income

### **Cash Pay Form**

Use this form for individuals who receive cash pay from jobs like yard work, babysitting, etc. and that they will not file this income on a tax return in the future.

### **Birth Certificate Reimbursement Form**

Use this form for reimbursement when your agency pays for a client's out of state birth record.

### **Application Tracking Form**

Use this form as a way to track appointments, contact info, etc. for client's file at your agency.

### **Change of Address Form**

Use this form to notify NH Healthy Kids of a family's address change.



## Certified Application Assistor Application Cover Sheet

Application Submission Date: \_\_\_\_\_

Please check all that apply:

### Authorization

- Yes, I have included Form 11 (Authorization to Release Information) with this application.
- Yes, I have co-signed the application in the Application Assistance Section on page 7.

### Retroactive Coverage

- Yes, I have included income verification for any retroactive coverage period being requested. If there was no income during the requested time period please have the family write a statement of no income.

### Pregnant Women 19-21

- If a pregnant woman 19-21 is requesting **retro coverage** please include both her and her parents' income (if she lived with them during that period), or a signed statement that she did not live with her parents during the retroactive period requested.

**Presumptive Eligibility** Please **contact NHHK before forwarding the application to the office.**  
**(Please complete the application assistance section on page 7).**

Presumptive Eligibility should be reserved for situations when urgent medical care or services are needed, but there is a barrier to care, i.e. prescription needs or home care services. PE is only available for applicants qualifying for Healthy Kids Gold or Pregnant Women's Medical Assistance.

Comments or additional information:

Agency Name \_\_\_\_\_ Agency Representative \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

## Authorization to Release Information

I hereby authorize and request:

Name and Address of  
Individual or Agency  
Providing the Information:

NH Dept. of Health & Human Services or NH Healthy Kids

to provide the following information: Either verbal or documentary, necessary for processing eligibility for  
NHHK and MCPW.

to:

Name and Address of  
Individual or Agency  
Receiving the Information:

I grant my permission for the reproduction of the above information to be given to the individual or agency named. Release of confidential information is subject to State and Federal laws. By signing this release, I acknowledge my permission to release the specified information to the individual/agency I have named.

This authorization expires 90 days  
(Date)

Information released cannot be re-released by the receiving individual/agency without additional authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

If the signature above is not that of the person to whom the information pertains, the relationship of the signer to that person must be indicated. In addition, the signature must be witnessed.

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

**BIRTH NOTIFICATION**

**Please attach a copy of the Parent Notice if permissible.**

This is to inform you that a baby was born to a mother currently eligible for Medicaid.

Newborn's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Mother's MID # \_\_\_\_\_

Mother's Social Security # \_\_\_\_\_

Other Medical Insurance, if available: \_\_\_\_\_

Father's Name, if known: \_\_\_\_\_

The baby was discharged to the mother on \_\_\_\_\_ or is expected to be discharged to her care when appropriate.

\_\_\_\_\_  
Signature of Hospital/Agency Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital/Agency Name

\_\_\_\_\_  
Phone #

Email: \_\_\_\_\_

**Fax this form to NHHK @ FAX # 271-8604**

## Employment Verification (Completed by Employer Only)

**FROM:** \_\_\_\_\_ **Worker Name:** \_\_\_\_\_  
**Telephone No:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_

*Our agency requires employment and wage information concerning:* \_\_\_\_\_  
**Please complete and return by:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### FOR CURRENT EMPLOYMENT

**Date of Hire:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**Av. Hrs per Week:** \_\_\_\_\_ **Current Rate of Pay:** \$ \_\_\_\_\_ per \_\_\_\_\_  
**Frequency of pay:** (circle one)  Weekly  Bi-weekly  Monthly  Semi-monthly  
**If this is new employment, the date of the 1<sup>st</sup> paycheck:** \_\_\_\_\_  
**Please indicate if the employee has any of the following deductions:**  Credit Union Account(s)  
 Share/Profit Sharing  Retirement Fund/IRA  Mandatory Wage Assignment  
 Medical Insurance  Savings Bond(s) (i.e., Child Support Assignment)  
**Do you anticipate any changes in rate of pay or hours?**  Yes (use back of form to explain)  No

### FOR TERMINATED EMPLOYMENT

**Date of Termination or Leave of Absence:** \_\_\_\_\_ **Circle One:** Permanent Temporary  
**Reason for Termination:** \_\_\_\_\_  
**Actual Date Final Paycheck Received:** \_\_\_\_\_ **Amount of Final Paycheck:** \_\_\_\_\_  
**Did the employee receive money from any other sources?**  Y  N **If yes, please indicate source, type, & amount (i.e., severance pay, worker's comp, etc.):** \_\_\_\_\_  
**Did the employee have medical insurance?**  Y  N **End Date?** \_\_\_\_\_ **COBRA**  Y  N

Please list the employee's gross wages for the last 4 weeks, and indicate all bonuses, tips, or commissions that are not already included in the gross wages. If the employee receives an Earned Income Tax Credit (EITC), indicate the amount of the credit.

If not already included in Gross Wages...

Actual Date Paid	Gross Wages	EITC	# of Hours	Tips	Bonus	Commission

**Additional Information Requested by the Department:**  Yes, see back of form for more details  No

\_\_\_\_\_  
Signature & Title of Person Completing this Form  
\_\_\_\_\_  
Company  
\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Telephone Number  
\_\_\_\_\_  
Fax Number

**Thank you for your cooperation.**



## Self – Employment and Healthy Kids Eligibility

### What We Need to Verify Income

Working families, including the self-employed, may be eligible for low-cost or free health coverage for their uninsured children. In order to verify income eligibility for self-employment, the following documents are required:

- **Sole proprietors** must provide a copy of your current federal tax return complete with Schedule C.
- **Sole proprietors** who have not filed a current tax return (after April 15 for last year) must provide a current profit and loss statement showing all income and business expenses as well as a copy of your tax extension request. Please sign and date the profit and loss statement you submit.
- **Newly self-employed** can also verify income by providing a current profit and loss statement for the time period since the business began that is signed and dated.
- If you do not have a profit and loss statement prepared by an accountant, you may submit a self-declaration of profit and loss by using the form on the back of this fact sheet or a similar format. Whatever form you use must be signed and dated.
- Self-employed individuals receiving income from **partnerships** must provide a copy of the current federal tax return complete with Schedule E and your individual Partner K-1 form.

### How We Calculate Your Income for Eligibility Purposes

#### ***Income for sole proprietors is calculated from current federal tax returns as follows:***

- Depreciation (line 13 of Schedule C) **cannot** be deducted from income to qualify for Healthy Kids eligibility.
- This tax deductible expense will be added back to your net income (line 31 of Schedule C) to determine your net income from self-employment.
- Your self-employment net income will be divided by the number of months you were self-employed to determine your average monthly net income.

#### ***Income for sole proprietors is calculated from a profit and loss statement as follows:***

- Your net income is calculated by subtracting total expenses (excluding depreciation and meals & entertainment) from total income to determine your net income.
- Net income is averaged over the number of months in which you have been self-employed.

#### ***Income from a partnership is calculated as follows:***

- Any income determined to be taken for personal reasons is counted as income.
- Any income determined to be taken for personal reasons will be divided by the number of months self-employed to determine your average net monthly income from self-employment.

#### ***For all self-employed:***

- Your average net monthly income from self-employment will be added to all other sources of household income to determine Healthy Kids eligibility.

**New Hampshire Healthy Kids  
Self-employment Profit and Loss Statement**

Business Owner's Name: \_\_\_\_\_ Business Activity: \_\_\_\_\_

Period covered must be even periods of time. For example:

Your self employment started on March 3, 2009. Today is October 10, 2009. The period covered on your profit and loss should be from March 3, 2009 to October 2, 2009.

Period Covered: Start date \_\_\_\_\_ to End date \_\_\_\_\_  
(Month/Date/Year) (Month/Date/Year)

Sources and Amounts of Income taken in during above period (fees, sales, hourly billings, etc.):

Description of Income Source	Amount
_____	_____
_____	_____

Gross Receipts/Sales: \_\_\_\_\_

Minus (-) Cost of Goods Sold: \_\_\_\_\_

Gross Income: \_\_\_\_\_

Business Expenses (rent, supplies, etc.)  
Please list each business expense below:

Fuel: \_\_\_\_\_ Supplies: \_\_\_\_\_ Cleaning: \_\_\_\_\_  
Travel: \_\_\_\_\_ Rent: \_\_\_\_\_ Electric: \_\_\_\_\_  
Advertising: \_\_\_\_\_ Repairs: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Insurance other than Health: \_\_\_\_\_ Wages Paid to Other Employees: \_\_\_\_\_

Other (Please specify amount and expense): \_\_\_\_\_

Total Business Expenses: \_\_\_\_\_

(Subtract total expenses from total income)

Net Income \_\_\_\_\_

In addition to Net Income, are there any other wages or draws you pay to yourself? Yes No  
(Please circle one)

If yes, how much have you received? \_\_\_\_\_

I certify that this is an accurate statement of my business income and expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date





1 Pillsbury Street, Suite 300, Concord, NH 03301  
(603)228-2925 Toll Free 1-877-464-2447  
Fax: (603) 228-8940

## Birth Record Reimbursement Request

From: \_\_\_\_\_  
Name of Organization or Community Partner

Name of Family \_\_\_\_\_

Name of Child \_\_\_\_\_

Amount paid for Document \$ \_\_\_\_\_

Date Requested \_\_\_\_\_

Comments:

Please attach a copy of the request you sent and mail to NH Healthy Kids at the above address, attention Accounting.

NH Healthy Kids  
Application Tracking Sheet

Initial Application Date:		Date Application Mailed:	
<b>Parent 1:</b>		<b>Parent 2:</b>	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Alternate Phone:		Alternate Phone:	
Address:		Address:	
Alternate Address:		Alternate Address:	
Applying for: PW <input type="checkbox"/> HKG <input type="checkbox"/> HKS <input type="checkbox"/> HK Buy-In <input type="checkbox"/>			
<b>Applicant Name:</b>			
Applicant DOB:			
Proof of address:			
Proof of age/citizenship:			
Copy of current insurance card:			
Proof of insurance termination:			
Proof of identity:			
Good cause proof & waiver:			
Proof of pregnancy:			
EDS Call Due:		EDS Call Made:	
Program:		MID:	
Date Coverage Began:		Renewal Reminder:	
Renewal 1 Mailed:		Renewal 2 Mailed:	



## Change of Address Form

Please use this form to update NH Healthy Kids about your change of address. Fax the completed form to 603-228-8940 as soon as you know about your address change to avoid any lapse in coverage.

Account Number: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

Old Phone Number: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

New Phone Number: \_\_\_\_\_

Please include a copy of one of the following documents with this fax to show your new legal address:

- A lease, rental agreement, or rent receipt
- An electric, cable, heating fuel or telephone bill
- A property tax bill
- Current motor vehicle registration

This document must show your physical street address. Rural route or post office boxes cannot be accepted.

If you have any questions, please call us at 1-877-464-2447 or 603-228-2925.

1 Pillsbury Street, Suite 300  
Concord, NH 03301-3556  
1-877-464-2447 • 603-228-2925  
Fax: 603-228-8940  
[www.nhhealthykids.com](http://www.nhhealthykids.com)