

PLAN WORKSHEET

**TO ASSIST HEALTH PLANS IN DETERMINING
INDIVIDUAL AND SOLE PROPRIETOR ELIGIBILITY
FOR HEALTHY NEW YORK COVERAGE**

UTILIZING THE **DOI Healthy NY Program Application for
Individuals and Sole Proprietors**

This worksheet is designed to serve as a tool in assessing the eligibility of individuals and sole proprietors for coverage through the Healthy New York program.

STEP #1 – Review the Information Provided in Section A

1. **Review the name and address of the applicant. Has the applicant provided a street address which would indicate that they are a resident of New York State?**
 - Yes** (GO TO Step #2, below)
 - No** (The applicant is INELIGIBLE unless Section D, Question 1 indicates they are transferring from another public program. GO TO Section D, Question 1 to determine if this exception applies.)

STEP #2 – Review Section B to determine if they have selected a Benefit Package and a Deductible

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1. **Has the applicant selected a Benefit Package with or without prescription drug coverage?**

Yes (Go To Step #3, Section C)
 No (Go To Step #3, Section C)

2. **Has the applicant selected a Deductible?**

Yes (Go to Step #3, Section C)
 No (Go to Step #3, Section C)

STEP #3 – Review Section C to Determine the Applicant's Employment Status

1. **For reporting purposes, Health Plans must segregate data regarding individual participants in the Healthy New York program from data regarding individual proprietor or group participants. Review Section C, Question 1, has the applicant identified themselves as an individual applicant or a sole proprietor applicant?**
 - Individual** (If eligible, provide an individual contract)
 - Sole Proprietor** (If eligible, provide a group contract)

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2. **Has the applicant indicated that they, or their spouse, is working or has worked during the past 12 months? (Section C, Question 2)**

- If "You" or "Spouse" is checked in either question** (GO TO Step #4, Section D)
- If both questions are answered "Neither"** (STOP!! The applicant is INELIGIBLE. Issue a letter of denial)

STEP #4 – Review Section D to Determine if Applicant's Prior Coverage Affects Eligibility

1. **Has the applicant indicated that they were covered or are currently covered under other health insurance which included(s) both hospital and medical coverage within the past twelve months? (Section D, Question 1)**
 - Yes** (GO TO #2 below)
 - No** (GO TO STEP #5 below)
 - Public Program** (GO TO STEP#5 below)
2. **Has the applicant identified one of the reasons listed in question 2 of the application as a basis for termination (or future termination) of a health**

insurance product that they had in place during the preceding twelve month period. (Section D, Question 2)

- Yes** (GO TO STEP#5 below)
- No** (STOP!! The applicant is INELIGIBLE. Issue a letter of denial)

STEP #5 –Review Section F for Accuracy and Completeness

Section F.

- The Health Plan should review Section F to ensure only appropriate potential members have been included.** Section F should include complete identifying information regarding the applicant, their legal spouse, their domestic partner if they are a sole proprietor, and any dependent children (including stepchildren and adoptive children) eligible to be covered under the Healthy New York program. Applicants may apply for coverage for themselves, their legal spouses (if residing in the household), their domestic partner if they are a sole proprietor (if residing in the household) and their unmarried children (including stepchildren and adoptive children). **Please note: The inclusion of a social security number within Section F is optional and a failure to include such information should not bar participation in the program.
- The Health Plan should review Section F to ensure that persons eligible for Medicare have not been listed.** Potential members (applying as individuals or sole proprietors) may not be issued coverage through the Healthy New York program if they are eligible for coverage through the Medicare program.

Section F

- The Health Plan should review Section F to ensure only appropriate household members have been listed. Please note the following:**
 1. The applicant's household income must be within the limits established for the Healthy New York program. The allowable household income limits are different for families of different sizes. Therefore, it is necessary for the Health Plan to determine overall family size. For this reason, applicants are asked to include identifying information regarding household members who are not applying for coverage in Section F.
 2. The applicant **must** list the following members of their household:
 - The applicant's legal spouse if residing in the household
 - The applicant's domestic partner may be included as a spouse for sole proprietors if residing in the household
 - The applicant's children including stepchildren and adoptive children
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STEP #6 – Compile Data from Section F to Calculate Total Family Size

The Plan should total the number of persons listed in Section F to determine total household size. Additionally, pregnant women listed as household members should be counted as two people. The total family size as determined below will be needed to determine if the applicant satisfies the household income standards of the Healthy New York Program.

1. Total Number of People Identified in Section F _____
2. Total Number of Pregnant People Identified in Section F _____
3. Add Lines 1 & 2 to Determine Total Family Size _____

STEP #7 – Determine the Household Income Limit Applicable to the Applicant's Family

Once the Health Plan has determined the total family size utilizing Step #6, the Health Plan should refer to the following chart to determine the applicable household income eligibility limits for the applicant's family size:

*Family Size	Monthly Income
1	\$2,167
2	\$2,917
3	\$3,667
4	\$4,417
5	\$5,167
For each additional person add:	\$ 750

List the Monthly Household Income Limit
Applicable to the Applicant _____

STEP #8 – Review Section E for Accuracy and Completeness

- Review Section E to ensure that an income has been listed for the applicant and the applicant's legal spouse (or domestic partner for sole proprietors) if residing in the household. No one else's income is to be counted.**

STEP #9 – Use Data in Section E to Calculate Gross Monthly Household Income

- The Health Plan should calculate the applicant's total gross monthly household income.** A chart is provided to assist the Health Plan with this calculation. The applicant and the applicant's legal spouse if residing in the household should list their monthly gross income in Section E. The identified income should be translated into monthly gross income figures and totaled, in accordance with the following:

- Weekly payments should be multiplied by 4
- Biweekly payments should be multiplied by 2
- Monthly payments may be utilized without translation
- Annual payments should be divided by 12
- Other frequencies in payments should be translated to monthly figures, as appropriate.

Utilize Chart to Determine Gross Household Income

- ❑ Each source of income in Section E of the application form should be appropriately categorized according to payment frequency (weekly, biweekly, annually, monthly or otherwise) and listed in the chart below.
- ❑ The figures should be translated to Monthly Figures and listed in column on the far right hand side of the chart.
- ❑ The Monthly Figures in the column on the far right hand side should be totaled to determine the applicant's total monthly household income.

	Monthly Figures
<u>Weekly</u>	
Weekly income #1 _____ x 4 =	_____
Weekly income #2 _____ x 4 =	_____
Weekly income #3 _____ x 4 =	_____
Weekly income #4 _____ x 4 =	_____
<u>Biweekly</u>	
Biweekly income #1 _____ x 2 =	_____
Biweekly income #2 _____ x 2 =	_____
Biweekly income #3 _____ x 2 =	_____
Biweekly income #4 _____ x 2 =	_____
<u>Monthly</u>	
Monthly income #1 _____	_____
Monthly income #2 _____	_____
Monthly income #3 _____	_____
Monthly income #4 _____	_____
<u>Annual</u>	
Annual income #1 _____ /12 =	_____
Annual income #2 _____ /12 =	_____
Annual income #3 _____ /12 =	_____
Annual income #4 _____ /12 =	_____
<u>Other Frequencies</u>	
_____ Translate to a monthly figure =	_____
_____ Translate to a monthly figure =	_____
_____ Translate to a monthly figure =	_____
_____ Translate to a monthly figure =	_____
Total _____	
(Applicant's Total Gross Monthly Household Income)	



STEP #10 – Determine if Applicant’s Gross Monthly Household Income Exceeds the Income Limitations of the Healthy New York Program

- A. Carry Forward the Applicant’s Total Gross Monthly Household Income from the Chart in Step #9 above _____
- B. Carry Forward the Monthly Household Income Limit Applicable To the Applicant as determined in Step #7 above _____

If line A exceeds line B – STOP!! The applicant is INELIGIBLE.
An appropriate denial letter should be issued.

If line B exceeds line A – GO TO Step #11.

STEP #11 – Review Sections G & H to ensure that an Appropriate Certification has been made and that Appropriate Supporting Documentation has been Provided

- ❑ **Health Plans should review Section H to ensure that applicants have signed the certification that all statements contained in the application are true to the best of their knowledge.**
- ❑ **Health Plans should review the documentation requested in Section G to ensure that individual or sole proprietors have submitted appropriate documentation of the following:**
 - ❑ **Proof of employment status.** Documentation should be provided which demonstrates that the applicant is employed on a full or part-time basis or episodically. Alternatively, sole proprietor applicants should attach documentation of their self employment status.
 - ❑ **Proof of New York State Residency.**
 - ❑ **Proof of Household Income.** They must include documentation that shows entire monthly income, such as pay stubs for an entire month.
 - ❑ **Applicants transferring from other public programs (See Section D, Question #1) should submit proof that they had prior coverage through the public program and proof that they have made application to the Healthy New York program within 90 days of the expiration of that prior coverage. Applicants who demonstrate that they are transferring from another public program should not be required to submit proof of employment status, residency or household income.**