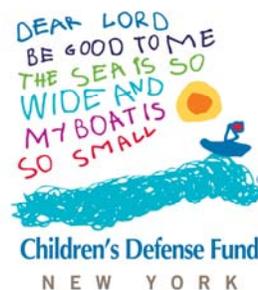


Medically Fragile Children

Changes that will improve coverage for medically fragile children are now in effect.



➤ **Children with pre-existing conditions cannot be denied coverage.**

Most plans can no longer deny coverage, exclude benefits, or limit benefits for a child (under the age of 19) with a pre-existing condition.

➤ **Young adults, up to age 26, can stay on or join their parent's health insurance plan.**

It makes no difference whether the young adult is married, financially independent, a student, living with the parent or living in a different state from the parent. However, young adults may not be able to enroll if they have access to health insurance coverage through their employer or their spouse's employer. Also, New York State already has a law that allows young adults up to age 29 to join their parents' health plan at a higher cost.

➤ **There is a ban on plans having lifetime and annual limits.**

Plans can no longer limit the amount they will pay in benefits. In 2014, insurers may no longer put any annual limit on plans.

➤ **Public health insurance will cover both hospice care and treatment.**

Retroactive to March 23, 2010, children on Medicaid or Child Health Plus may have coverage for *both* hospice care and curative treatment.

➤ **No co-payments for preventive care.**

Patients do not pay anything for preventive care, such as immunizations and well-child visits.

Changes over the next few years will improve access to coverage and quality of care for medically fragile children.

➤ **Medicaid Community First Option**

Effective October 2011, New York State will have the option to allow Medicaid recipients with incomes up to 150 percent of the federal poverty level (currently less than \$33,000 a year for a family of four), and who require institutional level of care, to remain in their homes.

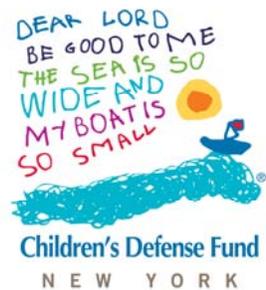
➤ **Pediatric Accountable Care Organizations**

From 2012 to 2016, pediatric providers may be recognized as pediatric Accountable Care Organizations (ACOs) if they demonstrate a coordinated delivery system. (Incentive payments, offered to Pediatric ACOs, are designed to encourage more providers to offer a higher standard of care while achieving cost savings.)

➤ **Strengthening Public Health Insurance Programs**

Effective 2014, Medicaid will be available to anyone with an income below 133 percent of the federal poverty level (about \$29,000 a year for a family of four). This means more children between the ages of 6 and 18 may move from Child Health Plus to Medicaid. Medicaid offers more comprehensive coverage for children with special needs. Child Health Plus, offering free and low-cost coverage on a sliding fee scale and regardless of immigration status, will remain an option for families with higher incomes.

Health Care for Medically Fragile Children Questions and Answers



Q: My six-year-old daughter has private coverage with the family plan I have through my employer. What do health care reform changes mean for her?

There are now no co-payments for preventive services. Also, your plan cannot limit or exclude any benefits relating to your daughter's condition. Insurance companies are no longer allowed to put a lifetime cap on the cost of your daughter's coverage. So if your daughter's condition results in high medical bills, you won't "max out" your benefits over the course of being on the plan. The annual cap is also being changed: plans cannot cap annual benefits at less than \$750,000. This minimum cap will increase over the coming years, and in 2014 many plans will not be allowed to have any limit on annual benefits.

Q: My son is enrolled in Child Health Plus. Will his coverage change under health care reform?

Federal funding for Child Health Plus is secured through 2015 (and the program will be maintained at least to 2019), so as long as your child qualifies for Child Health Plus, his coverage should not change. However, if your child is between the ages of 6 and 18, he may be able to move from Child Health Plus to Medicaid. That could be advantageous: for instance, if your child has medically necessary transportation needs, Medicaid will cover these costs.

Q: Do the changes to hospice care mean my child can now get hospice care any time, even though he is also being treated?

While children with Medicaid or Child Health Plus coverage can now get treatment as well as hospice care, the eligibility for hospice care remains the same. The child must be deemed terminally ill by a physician with a prognosis of six months or less to live.

Q: I am an immigrant, and my status has not yet been determined. How do I know if my child qualifies for Medicaid or Child Health Plus?

In New York, every child under the age of 19 is eligible for free or low-cost health insurance, regardless of immigration status. Currently, New York has different guidelines to qualify for Medicaid, depending on age, income and immigration status. For more information about Medicaid or Child Health Plus and to find out where you can get help enrolling, call a toll-free hotline: (877) 698-4543.

Q: What is the federal poverty level?

Most public programs use the federal poverty level (FPL), also known as poverty guidelines, help determine eligibility for programs. The percentage of the federal poverty level to qualify for public programs differs by state, by program, and even within programs. Through 2011, 133 percent of the federal poverty level is \$14,404 for an individual and \$29,327 for a family of four.