

Maryland Children's Health Program (MCHP)

The Maryland Children's Health Program (MCHP) began in July 1998. MCHP uses federal and state funds to provide health care coverage to low-income children up to age 19 and pregnant women of any age.

- [Medical Assistance Application](#) - English version ↗
- [Medical Assistance Application](#) - Spanish version ↗
- [Important MCHP Application Information](#) ↗
- [Informacion Importante Acerca de su solicitud MCHP](#) ↗
- [MCHP Income Guidelines](#) ↗
- [Pautas de Ingreso](#) ↗
- [MCHP/MCHP Premium Program](#) ↗
- [MCHP/MCHP Premium Program - Spanish](#) ↗
- [MCHP Local Health Department Contacts](#) ↗

ABOUT OUR PROGRAMS

[MARYLAND MEDICAL ASSISTANCE FOR FAMILIES](#) **NEW!**

[MARYLAND MONEY FOLLOWS THE PERSON](#)

[HEALTHCHOICE](#)

[SEARCH OUR HEALTHCHOICE PROVIDER DIRECTORY](#)

[DIVISION OF COMMUNITY SUPPORT SERVICES](#)

[MONTHLY INCOME & ASSET GUIDELINES FOR MEDICAL CARE PROGRAMS](#)

[MARYLAND CHILDREN'S HEALTH PROGRAM](#)

[PRIMARY ADULT CARE PROGRAM \(PAC\)](#)

[MARYLAND MEDICAID PHARMACY PROGRAM](#)

[LONG TERM CARE](#)

[SPECIALTY MENTAL HEALTH SERVICES](#)

[WAIVER PROGRAMS](#)

[LISTING OF LOCAL DEPARTMENTS OF SOCIAL SERVICES](#)

[MEDICAL PROGRAMS HOME](#)

[MARYLAND MEDICAID ADVISORY COMMITTEE](#)

[EARLY & PERIODIC SCREENING, DIAGNOSIS & TREATMENT \(EPSDT\)](#)

[EMPLOYED INDIVIDUALS WITH DISABILITIES PROGRAM \(EID\) INFORMATION](#)

[MESSAGE TO COMMUNITYCHOICE ADVISORY GROUP](#)

Questions and Answers

What is MCHP?

The Maryland Children's Health Program (MCHP) gives full health benefits for children up to age 19, and pregnant women of any age who meet the income guidelines. MCHP enrollees obtain care from a variety of Managed Care Organizations (MCOs) through the Maryland HealthChoice Program.

Who is eligible?

Those eligible for MCHP are:

- Children under age 19, who are not eligible for Medicaid, and whose countable income is at or below 200% of the federal poverty level (FPL);
- Pregnant women of any age, whose countable income is at or below 250% FPL;
- Uninsured (NOTE: In some instances, having health insurance will not prevent eligibility for MCHP. Even if you have health insurance, it's best to apply and let the case manager assigned to your application determine whether your health insurance will affect your eligibility for MCHP.)

For more information on income guidelines for MCHP, please see [MCHP Income Guidelines](#).

What are the benefits?

Benefits for children include:

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

Benefits For Pregnant Women Include:

Prenatal and Post-Partum Doctor Visits
Hospital Delivery Bill
Doctors Visits not relating to Pregnancy
Lab Work and Tests
Dental Care
Vision Care
Prescription Medicines (including vitamins)
Transportation to Medical Appointments
Mental Health Services
Substances Abuse Services
After delivery, family planning services

How do I apply?

The application is brief and the process is simple. The application asks for:

- General Information (such as Name, Address, Telephone Number),
- Any health insurance coverage,

Updated
July 15, 2008

- Information about family members (such as names and birth dates)
- Social Security numbers of applicants,
- Sources and amounts of family income.

Local Health Departments will mail applications on request. Also, applications are available at:

- Local Health Departments
- Local Department of Social Services
- WIC Centers, and
- Local Hospitals and Schools.

For your convenience you may download a copy of the MCHP application from this site. See [MCHP Application Form](#).

Applications can be completed at home and mailed in or dropped off at any local health department. Case managers are available to assist you there.

Those found eligible for MCHP will receive an enrollment packet in the mail to select a MCO for health care.

If I am pregnant and live with my parents, who signs the application?

A pregnant woman of any age can complete and sign the application herself. Your eligibility is determined based on your income listed on the application, not your parents'. If your parents provide your food and shelter, indicate that on the application.

Can I apply for my grandchild (or niece, brother, etc.), if they live with me?

Yes, if neither of the applicant's parents live with the child. Your income would not be counted toward determining the applicant's eligibility unless you have adopted the child.

When can I see a doctor?

If you are **eligible** for MCHP:

- Within 14 days, you will receive a red and white Medical Assistance card. You may use this card to get health care until you **enroll** in the HealthChoice program and select a MCO. Do not throw away this card, it will allow you to obtain additional services even when you receive your MCO card.
- Within 5 days, you will receive your enrollment packet to select your MCO. If you do not receive your enrollment packet within two weeks, contact your case manager immediately

When you receive your enrollment packet in the mail, you will:

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

How can I obtain more information?

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

Your Local Health Departments

See [Local Health Department Directory](#) for a listing of the Local Health Department Contacts for MCHP.

DHMH MCHP Hotline
(800) 456-8900

TDD for the Disabled
(800) 735-2258.

Information For Medical Providers

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

- Inform your patients about MCHP and encourage them to apply if they think they may be eligible, or if there are older siblings in the family who may qualify;
- Make available brochures, fact sheets and the application form to anyone who needs health insurance. These materials can be obtained from the Local Health Departments;
- Tell your patients all of the MCOs with which you participate. Explain to your patients that they need to choose a MCO and you as their primary care provider when they enroll.
- Urge your patients to keep their addresses up to date with you and their Local Health Department; and
- Primary Care Providers should always check the Eligibility Verification System (EVS) to obtain their patients' MCO and eligibility status at the time of appointment. The number to call is 1-866-710-1447.

External Links Disclaimer:

This site contains links to other Internet sites only for the convenience of World Wide Web users. DHMH is not responsible for the availability or content of these external sites, nor does DHMH endorse, warrant or guarantee the products, services or information described or offered at these other Internet sites.

[Medical Care for You and Your Family](#) |
 [About Our Programs](#) |
 [Services for Medical Care Providers](#) |
 [Search Our Site](#) |
 [Contact Us](#)



Links marked with  are PDF. Download [Adobe Acrobat Reader](#) for viewing .pdf files

[Contact Us](#) | [Help](#) | [Visit DHMH](#) | [Medical Programs Home](#)

Search Our Site

[Terms of Use And Privacy Policy](#)
for Content Issues contact MedicaidHelp@dhhm.state.md.us
MD Relay Number: 1-800-735-2258

Copyright © 2002 Maryland Department of Health and Mental Hygiene (DHMH)

Schedule 1

MCHP MONTHLY & ANNUAL INCOME GUIDELINES

(Based on stated % of Federal Poverty Level for the PW/MCHP track)

Effective January 1, 2011

| Family Size | P02 185% | P06 185% | P07 133% | P08 100% | P11 250% | P13 185% | P14 200% |
|-------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1 | \$20,147 \$1,679 | \$20,147 \$1,679 | \$14,484 \$1,207 | \$10,890 \$908 | \$27,225 \$2,269 | \$20,147 \$1,679 | \$21,780 \$1,815 |
| 2 | \$27,214 \$2,268 | \$27,214 \$2,268 | \$19,565 \$1,631 | \$14,710 \$1,226 | \$36,775 \$3,065 | \$27,214 \$2,268 | \$29,420 \$2,452 |
| 3 | \$34,281 \$2,857 | \$34,281 \$2,857 | \$24,645 \$2,054 | \$18,530 \$1,545 | \$46,325 \$3,861 | \$34,281 \$2,857 | \$37,060 \$3,089 |
| 4 | \$41,348 \$3,446 | \$41,348 \$3,446 | \$29,726 \$2,478 | \$22,350 \$1,863 | \$55,875 \$4,657 | \$41,348 \$3,446 | \$44,700 \$3,725 |
| 5 | \$48,415 \$4,035 | \$48,415 \$4,035 | \$34,807 \$2,901 | \$26,170 \$2,181 | \$65,425 \$5,453 | \$48,415 \$4,035 | \$52,340 \$4,362 |
| 6 | \$55,482 \$4,624 | \$55,482 \$4,624 | \$39,887 \$3,324 | \$29,990 \$2,500 | \$74,975 \$6,248 | \$55,482 \$4,624 | \$59,980 \$4,999 |
| 7 | \$62,549 \$5,213 | \$62,549 \$5,213 | \$44,968 \$3,804 | \$33,810 \$2,818 | \$84,525 \$7,044 | \$62,549 \$5,213 | \$67,620 \$5,635 |
| 8 | \$69,616 \$5,802 | \$69,616 \$5,802 | \$50,048 \$4,171 | \$37,630 \$3,136 | \$94,075 \$7,840 | \$69,616 \$5,802 | \$75,260 \$6,272 |

Note: P03 and P12 are not subject to income tests.

**Note: For every family member over "8", add as indicated:

P02, P06 & P13 ADD \$589 per person for monthly/\$7,067 for annual.

P07 ADD \$424 per person for monthly/\$5,081 for annual.

P08 ADD \$319 per person for monthly/\$3,820 for annual.

P11 ADD \$796 per person for monthly/\$9,550 for annual.

P14 ADD \$637 per person for monthly/\$7,640 for annual.