

Date: April 19, 2023

Time: 10:00am – 12:00pm



UNWINDING FROM CONTINUOUS COVERAGE REQUIREMENTS IN NY STATE OF HEALTH PART 1

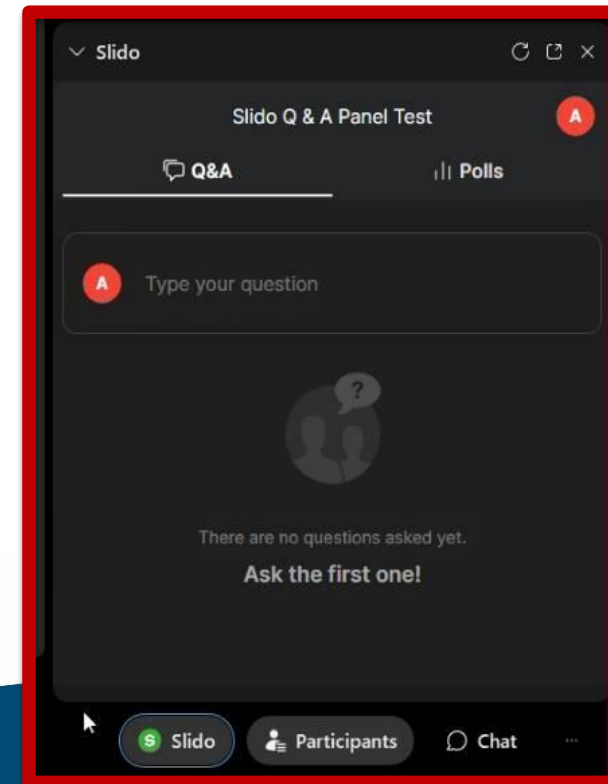
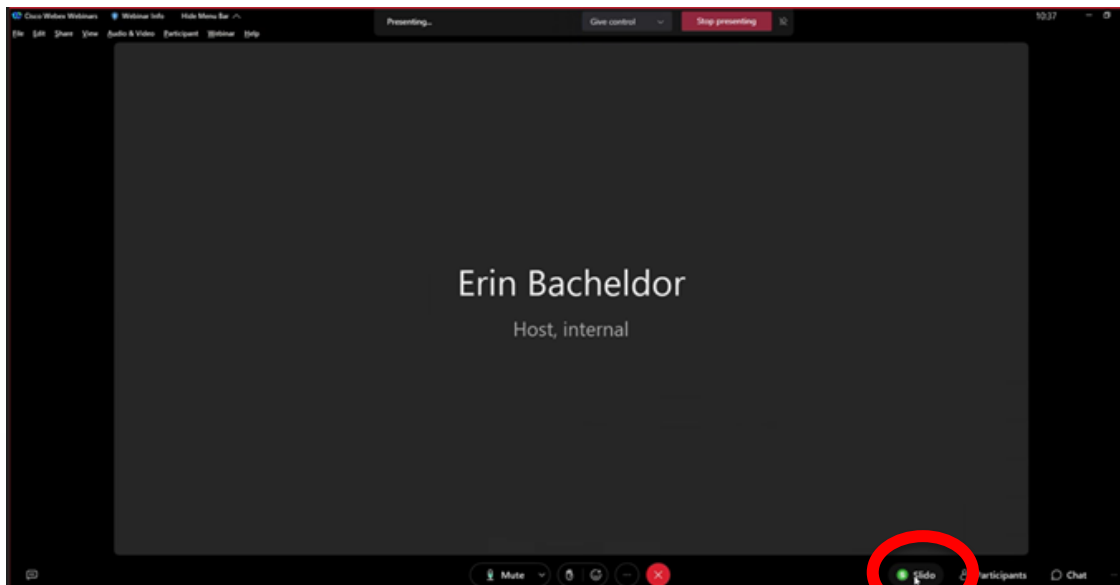
Log into the WebEx first: click [HERE](#)

Then, you may connect to audio via computer audio or via telephone audio.

QUESTIONS

Questions can be submitted using the Slido Q&A function on your WebEx control panel.

- Chat function is disabled, please use the Slido Q & A panel to submit questions.
- We will pause periodically to take questions.



RECORDING AND MATERIALS



A recording of the webinar and any related materials will be posted.

Watch your email for this notification.

TODAY'S WEBINAR



Director

Gabrielle Armenia Director, Bureau of Child Health Plus and Marketplace Consumer Assistance

Panelists

Megan Gagliardi Assistant Director, Bureau of Community Enrollment and Eligibility Processing

Alicia Neznok Medical Assistance Specialist 3, Bureau of Child Health Plus and Marketplace Consumer Assistance

Sara Oberst Director, Bureau of Exchange Application Support

Lisa Sbrana Director, Division of Eligibility and Marketplace Integration

Sonia Sekhar Deputy Director, NY State of Health

TODAY'S AGENDA

- Background on the Public Health Emergency (PHE)
- In-Person Assistance: What is the ongoing role of the Assistor after the unwind?
- How will NY State of Health Re-start Renewals?
 - Important Dates
- Considerations:
 - Consumers with access to Employer Sponsored Health Insurance
 - Consumers who turned 65 and/or became enrolled in Medicare during the PHE
- Documentation Requests



Background

A Public Health Emergency (PHE) was declared for the United States on January 31, 2020. The Families First Coronavirus Response Act implemented the continuous coverage requirement as of March 18, 2020.

During the PHE, NY State of Health:

- Automatically extended Medicaid (MA), Child Health Plus (CHPlus) and Essential Plan (EP) cases for an additional 12 months of coverage at renewal.
- Most enrollees have had their eligibility automatically extended since March 2020 regardless of:
 - data sources which do not match the information in the application.
 - outstanding verification document requests such as income, citizenship/immigration, or Medicare.
 - the consumer having an undeliverable mailing address.
 - the consumer not paying their premium contribution responsibility for EP and CHPlus.
- Opened a Special Enrollment Period for Qualified Health Plan (QHP) eligible individuals so that they could enroll anytime throughout the year.
- Authorized Assistors to conduct telephone assistance including enrollments and renewals.

BACKGROUND CONTINUED

The federal Consolidated Appropriations Act, 2023 (CCA) was enacted on December 29, 2022.

- Delinked the continuous coverage requirement from the Public Health Emergency. The continuous coverage requirement ended effective 4/1/23.
- States have 12-14 months to fully “unwind” from the continuous coverage requirement.

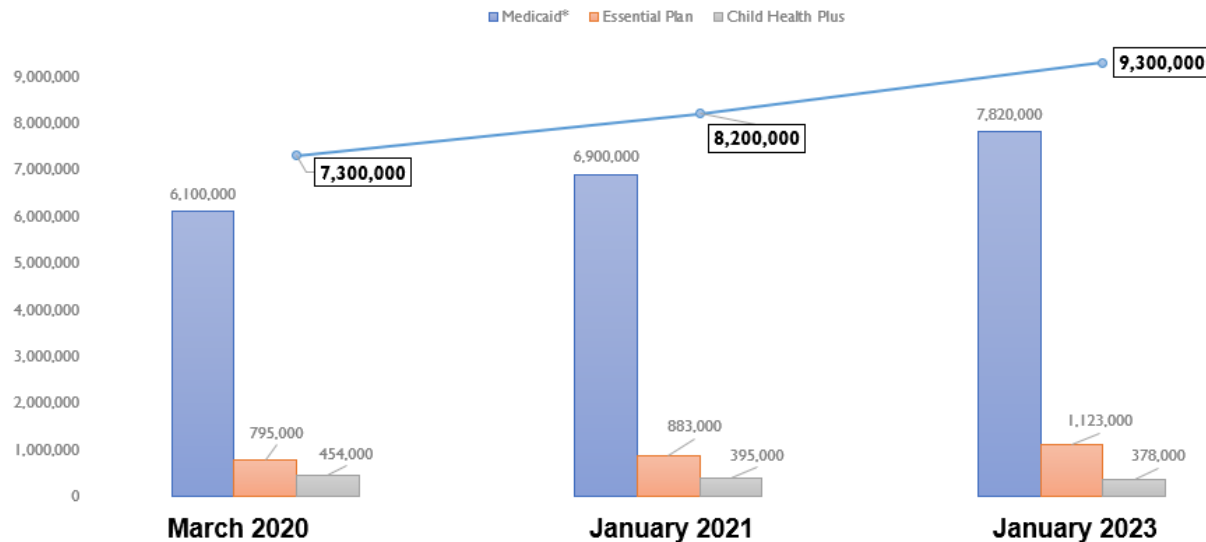
As of April 2023, nearly 7 million individuals are enrolled in Medicaid, Child Health Plus, and Essential Plan through NY State of Health.

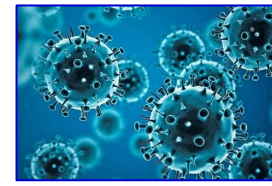


There are 9.3 M individuals enrolled in the public programs through all 3 entities, NYSOH, LDSS, and HRA.

Impact of PHE Provisions on Public Health Insurance

As of January 2023, more than 9 million New Yorkers – approaching 50% of the State’s population - are enrolled in Medicaid, Essential Plan, and Child Health Plus.





What about QHPs and extended Open Enrollment?

- The NY State of Health Annual Open Enrollment period ended on January 31, 2023.
- Extended Open Enrollment for QHPs will continue to be operationalized through the end of the unwind process in NY State of Health.
- Consumers looking to newly enroll in a QHP or change QHP's outside of Open Enrollment will need to use the exceptional circumstances Special Enrollment Period (SEP).

Consumer Assistance

What is the ongoing role of the Assistor after the unwind?

CONSUMER ASSISTANCE

An Assistor is a person trained to educate and provide enrollment assistance to individuals and families through NY State of Health.

- Over 5,000 Assistors from over 320 agencies.
 - Certified Application Counselors (CACs)
 - Marketplace Facilitated Enrollers (MFEs)
 - Navigators
- Over 2600 Certified and Licensed Brokers from over 420 agencies.

Assistors can help individuals and families. Some Assistors can help small businesses and their employees.

More than 77% of the individuals enrolled through the Marketplace had the help of an Assistor.



What is the ongoing role of the Assistor after the unwind?



- NY State of Health will continue to allow a mix of in-person assistance & telephone assistance.

How will NY State of Health Re-start Renewals?

- **Important Dates**

RESTARTING RENEWALS

Consumers enrolled in MA, CHPlus, and EP who currently have coverage set to end on 6/30/2023, and each month after, will need to ensure that their annual renewal is completed on time.

- NY State of Health will continue to extend MA/CHPlus/EP consumers with 4/30/23 and 5/31/23 end dates for 12 months.
- As of 7/1/2023, new and updated applications will follow pre-PHE rules.
 - Starting July 1st, LSCs will be treated like an early renewal and regular rules will be applied even if the consumer is not yet in their renewal cycle.

LATE RENEWAL ENHANCEMENTS



Generally, renewals must be completed within a 30-day window as specified in the consumer's notice.

- NY State of Health also processes what we call “Late Renewals” under Medicaid, Child Health Plus, and Essential Plan.

New for Child Health Plus and Essential Plan members:

More time to renew!

- Beginning for consumers with CHPlus/EP coverage ending on 6/30/2023, late renewal enhancements will go into place.
- Consumers may now renew through the end of the month following the month their coverage has ended and be able to have their coverage maintained without any gaps.
 - If CHPlus and a premium contribution payment is owed, the Assistor should remind the consumer to be prepared to pay the premium contribution for the retroactive month and the upcoming month.
- These late enrollment rules have been in place for Medicaid since 2016.

LATE RENEWAL ENHANCEMENTS



Reminder: Generally, renewals must be completed within a 30-day window as specified in the consumer's notice.

MA, CHPlus, and EP enrollees who do not renew timely, may still renew after their renewal window and through the end of the following month, after their coverage has ended.

- If they remain eligible for the same program and they enroll in the same plan that they had the previous year, then NY State of Health will provide coverage in the plan without any gaps.
- As always, MA enrollees changing plans will have Fee-For-Service coverage while awaiting plan enrollment and will not have gaps in coverage.

30-Day Renewal Window (Timely Renewal)	Coverage End Date	Late Renewal Time Period MA/CHPlus/EP
5/16/2023 – 6/15/2023	6/30/2023	6/16/2023 – 7/31/2023

CHILD HEALTH PLUS AND ESSENTIAL PLAN LATE RENEWAL ENHANCEMENTS



- Beginning for consumers with CHPlus/EP coverage ending on 6/30/2023, late renewal enhancements will go into place.
 - This enhancement is subject to a weekly process and Assistors should be aware of the timeline for the process.

30-Day Renewal Window (Timely Renewal)	Coverage End Date	Late Renewal for CHPlus/EP processed on...	System will provide the start date of...	However, by the end of the week, a new start date will be reflected which has no gap in coverage
5/16/2023 – 6/15/2023	6/30/2023	6/18/2023 – after the 30 day renewal window, but before coverage ends.	7/1/2023 – No gaps in coverage	
5/16/2023 – 6/15/2023	6/30/2023	7/21/2023 – coverage has already ended	9/1/2023 – gap in coverage	7/1/2023 – no gaps in coverage

Assistors should not report the case unless it's been over a week and the consumer still has a gap in enrollment showing.

LATE RENEWAL TAKEAWAYS FOR ASSISTORS

After helping the consumer update their application and become eligible, enrollment in a plan may be required.

- Assistors should always help the consumer proceed to plan selection after completing a late renewal.

Choose a Plan

Plan Selection:

- Consumer will see if a plan has already been selected for them and they have been auto-enrolled in that plan.
- Consumer can change their plan if they choose.
- Consumer will see that plan selection may still be needed.



ESSENTIAL PLAN ENHANCEMENTS

NEW:

Beginning in late June 2023, the Essential Plan will implement continuous coverage for the program.

- Consumers who are fully eligible for the Essential Plan (no outstanding requests for documentation) will receive twelve (12) months of continuous coverage.
- The 12 months of coverage starts from a consumer's eligibility start date in the Essential Plan, not their enrollment start date.
 - Consumers cannot lose their coverage due to an increase in income or change in household size.
 - Consumers who report a change in income can move between the four (4) EP variants when their income increases or decreases, or could switch to Medicaid with no gap in coverage.
 - Consumers who report an increase in their income which puts them over the EP income threshold, will remain in their current EP variant until the end of their twelve (12) months of coverage.

More changes coming for EP later this year and in January of 2024!

UNWIND TIMELINE



Important Dates

March 31, 2023	Requirement to maintain coverage due to the PHE ended.
April 1, 2023 – June 30, 2023	<p>NY State of Health will continue to extend MA/CHPlus/EP consumers with 4/30/23 and 5/31/23 end dates for 12 months.</p> <p>New and existing MA/CHPlus/EP consumers who do not have a coverage end date of 6/30/2023, will continue to receive the PHE easements through 6/30/2023.</p> <p>MA/CHPlus/EP consumers whose coverage is set to end on 6/30/2023 will need to renew, and will have pre-PHE rules applied.</p>
May 1 – May 10, 2023	First set of renewal notices will be mailed for MA/CHPlus/EP enrollees with coverage ending 6/30/2023.
May 16 – June 15, 2023 (30 day renewal window for consumers with coverage ending 6/30)	<p>Renewals will restart for MA/CHPlus/EP enrollees with coverage ending 6/30/2023.</p> <ul style="list-style-type: none"> Action taken for these consumers during their renewal period will affect their coverage after 6/30/2023. Due dates for documentation in the notice will apply.
June 16, 2023	Disenrollment notices may be sent to consumers who failed to renew.
July 1, 2023	<p>New and updated applications (LSCs) will have old/normal rules in place.</p> <ul style="list-style-type: none"> Effective date for first redeterminations or terminations for MA/CHPlus/EP enrollees.
June 16, 2023 - July 31 - 2023	Late Renewals are available for MA/CHPlus/EP enrollees whose coverage was set to end or ended on 6/30/2023.

REDETERMINATIONS

Important Dates

July 1, 2023	New and updated applications (LSCs) will have old/normal rules in place. <ul style="list-style-type: none">• Effective date for first redeterminations or terminations for MA/CHPlus/EP enrollees.
--------------	--

If MA/CHPlus/EP consumers not due to renew come in and update their account (run full LSC) on 7/1 and are found no longer eligible for their program, due to their income they may remain enrolled with their existing continuous coverage until the end of their current renewal period.

This means they will not experience a program change until their current renewal date and will have time to pick a new plan in the new program with no gap in coverage.

- Medicaid enrollees who have only remained enrolled due to the easements and automatic extensions under the PHE will not be entitled to a continuous save date. They will need to follow instructions in their notice. It is anticipated that most Medicaid enrollees will not have a continuous save date.

Reminder on How Renewals Work in NY State of Health

THREE TYPES OF RENEWALS

1. Manual Renewal

- **Action required:** Consumer must update their application.

2. Automatic Renewal with Auto-Enrollment

- No action required.

3. Automatic Renewal without Auto-Enrollment

- **Action required:** Consumer must select & enroll in a plan.

MANUAL RENEWALS

- Consumers need to be manually renewed when NY State of Health is unable to automatically renew them based on data sources.
- Consumers **MUST** update information on or before the date specified in their notice.
- Consumers who do not update their information may have a gap in coverage.



MANUAL RENEWALS, CONTINUED



Estelle Sharp
878 Main Street
Albany, NY 12000-0000

October 5, 2022
Account ID: AC0000000004

Help at: 1-855-355-5777
TTY: 1-800-662-1220

ACT NOW! Renewal Rules Have Changed

To renew your coverage you must **update your NY State of Health application by December 15, 2022. You may lose your coverage if you do not finish your renewal ON TIME.**

If you already received a letter about renewing your health insurance coverage for the upcoming year, the information in that letter is no longer valid.

It is renewal time for the following individuals and ACTION IS REQUIRED:

Estelle Sharp (AJ00000Q)
James Sharp (B050006A)

Marketplace ID: HX0000495336
Marketplace ID: HX0000495338

ACTION REQUIRED:

You must update your information to keep your coverage for the next 12 months.

Sign in at www.nystateofhealth.ny.gov or call us to get started. **December 15, 2022** is the last day to renew your health insurance coverage. You may lose your health insurance coverage if you do not complete your renewal.

ACTION REQUIRED:

You must update your information to keep your coverage for the next 12 months.

Sign in at www.nystateofhealth.ny.gov or call us to get started. **December 15, 2022** is the last day to renew your health insurance coverage. You may lose your health insurance coverage if you do not complete your renewal.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT

Consumers will have their eligibility renewed using verified income from state and federal data sources.

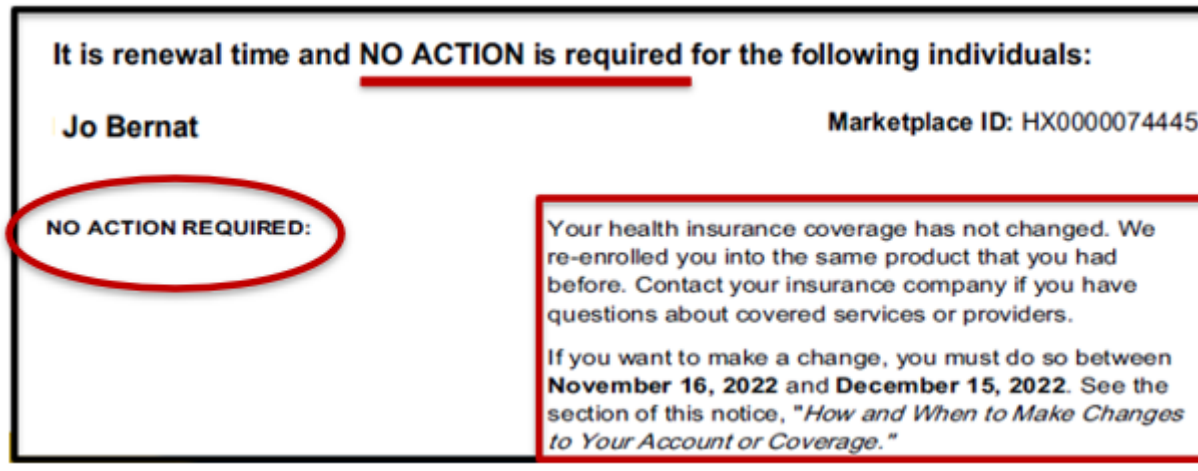
OR

Consumers will have their eligibility renewed using income which has been verified by the Marketplace within the past three (3) months.



AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

- Consumers will receive a notice 45 days before their coverage is ending with their eligibility determination.
 - No action is needed if the consumer agrees with the information in their notice.
 - If the consumer does not agree with the automatic renewal determination, they may update their application.
- Enrollment into the plan (if the same plan remains available) will be automatically completed by the Marketplace.



It is renewal time and NO ACTION is required for the following individuals:

Jo Bernat Marketplace ID: HX0000074445

NO ACTION REQUIRED:

Your health insurance coverage has not changed. We re-enrolled you into the same product that you had before. Contact your insurance company if you have questions about covered services or providers.

If you want to make a change, you must do so between **November 16, 2022** and **December 15, 2022**. See the section of this notice, "*How and When to Make Changes to Your Account or Coverage.*"

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT, CONTINUED

How and When to Make Changes to Your Account or Coverage

Follow the steps below –

IF ... NY State of Health has requested that you complete the renewal process by updating some information (for example, pick a health plan or update information in your application);

IF ... Anything has changed in your life that may affect your health insurance coverage or financial assistance;

IF ... You are enrolled in a plan and want to see if you have other coverage options.

Step 1. Go to www.nystateofhealth.ny.gov and log into your account.

OR

Contact a Navigator or Certified Application Counselor. These individuals, located at a community-based organizations and health plans, are trained to help you understand your health insurance coverage options and enroll in coverage. If you already are enrolled in a plan, you can also call your health plan for assistance.

Step 2. Make changes for you and/or your household members. You need to make the changes between **November 16, 2022** and **December 15, 2022** to see what you qualify for on **January 01, 2023**.

Below are some events in your life or a household member's life that could affect what health insurance coverage you are re-enrolled in, who is covered, or how much you pay. Tell us if:

- You move
- Your income changes (only if you are receiving financial assistance)
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP)
- Your eligibility for health insurance from a job changes
- The cost of your health insurance premium from a job changes
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you
- You become qualified for other health insurance
- There is a change in full-time student status (if applicable to application members)
- There is a change in immigration status
- You change how you plan to file your taxes. For example, you will claim new dependents (only if you are receiving financial assistance)

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the subsidies you received.

AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT


**Action Required:
Consumer must select and enroll in a plan**

This could happen because:

- The consumer becomes newly eligible for a QHP.
- The consumer's program eligibility changed and the current plan does not offer a plan in the new program.
- The consumer's current plan will no longer be offered in NY State of Health.



AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT, CONTINUED



Jo Bernat
1 Main Street
Brooklyn, NY 11216-1017

All decisions described in this notice are based on information about you from state and federal data sources obtained as of September 15, 2022.

September 15, 2022
Account ID: AC0000072337

Help at: 1-855-355-5777
TTY: 1-800-662-1220

Important Notice About Your Health Insurance Coverage

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

It is important that you take the steps for each person listed in this notice. **If you miss the deadline to pick a new health plan, you are at risk of not having health insurance coverage for the upcoming year.**

It is renewal time for the following individuals and **ACTION IS REQUIRED:**

Jo Bernat
Marketplace ID: HX0000074455

ACTION REQUIRED:

Please choose a health plan between **November 16, 2022** and **December 15, 2022** for the next coverage year. Your coverage will not begin until you choose a plan.

To pick a health plan, see the section of this notice, *"How and When to Make Changes to Your Account or Coverage."*

QUESTIONS?



Considerations:

- **Consumers with access to Employer Sponsored Health Insurance**

EMPLOYER SPONSORED HEALTH INSURANCE



<p>Medicaid</p>	<p>Consumers who have employer sponsored health insurance can still be eligible for Medicaid. However, it may result in having Fee-For-Service Medicaid.</p> <p>A consumer may request reimbursement for insurance premiums if they have other insurance and are also Medicaid eligible.</p> <ul style="list-style-type: none"> • Health Insurance Premium Payment (HIPP) <ul style="list-style-type: none"> • If someone is requesting reimbursement for insurance premiums, they will only be reimbursed if the premium meets a cost-effective test which involves a review of the cost and benefits for the insurance the consumer has and is compared to the amount the Medicaid program would expect to spend to cover their healthcare costs. • Assistor Resource on HIPP
<p>Child Health Plus</p>	<p>Children can enroll in Child Health Plus if they do not already have health insurance.</p> <p>If the child has <u>access to</u> State Health Insurance Benefits through NYSHIP, they will not be able to enroll in Child Health Plus.</p>
<p>Essential Plan</p>	<p>The consumer cannot be eligible for affordable Minimum Essential Coverage (MEC) such as employer sponsored health insurance coverage.</p>
<p>Subsidized Qualified Health Plan (QHP)</p>	<p>To be eligible for subsidized Qualified Health Plans, consumers cannot be eligible for affordable coverage through their own or their spouse’s employer.</p> <ul style="list-style-type: none"> • In 2023, if the employee has an offer of employee-only coverage that is considered affordable (9.12% percent of household income), the employee will not qualify for financial help, but their family members may still be eligible for financial help. • If the employee must pay more than 9.12% of household income towards the premium for a family plan, the plan is considered unaffordable, and the employee's family members may qualify for financial assistance. <ul style="list-style-type: none"> ○ https://info.nystateofhealth.ny.gov/employer-health-insurance-affordability-calculator
<p>Full Pay QHP</p>	<p>No Requirements.</p>

Many individuals enrolled in Medicaid, Child Health Plus, and Essential Plan during the Public Health Emergency may now be eligible for Employer Sponsored Health Insurance (ESHI).

- Assistors should ask consumers if they have an offer of ESHI available to them.
 - Includes coverage available through a parent or a spouse.
 - If consumers do have an offer, they will typically have 60 days to enroll with their ESHI if their coverage through NY State of Health is ending (because they are no longer eligible). During this time consumers will need to:
 - Provide their employer with loss of coverage information (notice of termination of coverage from NY State of Health)
 - Receive the offer of ESHI coverage from their employer.

EMPLOYER SPONSORED HEALTH INSURANCE



At this point the Assistor can help the consumer determine if the ESHI offer of coverage is considered affordable and if not, help them find out if they could become eligible for financial assistance.

- We posted a demo on how Assistors can do this using the Employer Health Insurance Calculator [here](#).
- The calculator itself is located [here](#).

If you as an Assistor, help the consumer to use this calculator and it shows that they or their family members may qualify for financial help, you may assist them in one of two ways:

1. Assist them in calling customer service (1-855-355-5777) in order to be evaluated further for financial help.
2. Assistors can also send the case on an encrypted account review spreadsheet to Assistor.Cases@health.ny.gov.

EMPLOYER SPONSORED HEALTH INSURANCE

Remember, if a consumer is no longer eligible for their coverage in NY State of Health and if they have ESHI available to them, if the ESHI turns out to be affordable, they may only have 60 days to claim an SEP and enroll in their ESHI.

- This a lot to do in a short amount of time, especially for people who have not had to take any action for their health insurance coverage in a long time.
- It is important that Assistors discuss this with your consumers, and act quickly if they are transitioning off of their NY State of Health coverage after the Public Health Emergency.

If the ESHI turns out to be unaffordable, then they can re-apply in NY State of Health and may be determined eligible for subsidized coverage.

- Consumers can do this within 60 days of losing coverage using the loss-of-coverage SEP.
- Consumers can also enroll in a QHP anytime, using the exceptional circumstances SEP through the end of the unwind process.

Considerations:

- **Consumers who turned 65 during the PHE and/or became enrolled in Medicare**

TURNED 65 AND/OR ENROLLED IN MEDICARE DURING THE PHE

Question:

When the Public Health Emergency ends, will all consumers over 65 and/or with Medicare who are currently enrolled in Medicaid in NY State of Health, be referred to their LDSS all at once (at the same time), or will each consumer be able to finish their twelve months on Medicaid, and get referred then?

Answer:

Under a 1902(e)(14) waiver, nearly all individuals in NY State of Health who are over 65 and/or enrolled in Medicare will remain in NY State of Health.

- Many individuals with Medicare will be disenrolled from MMC into FFS at renewal.
- Some enrollees will be able to stay enrolled in their mainstream MMC or HARP plan, if they are also enrolled in their MMC or HARP plan's aligned Medicare offering.
- Individuals in need of long term care services will continue to be transitioned to local districts.

TURNED 65 AND/OR ENROLLED IN MEDICARE DURING THE PHE

Question:

What changes are coming for this population's enrollment in NY State of Health?

Answer:

A change is being implemented whereby most consumers who are 65 and older and/or enrolled in Medicare will be able to maintain their Medicaid enrollment in NY State of Health.

- These consumers, who remained in NY State of Health during the PHE, with coverage end dates of 6/30 and 7/31 will be extended four (4) months, until this system change to redetermine their eligibility is in place.
- Once the changes are implemented, these consumers will go through the regular renewal process when their current coverage period ends and be able to renew and maintain their Medicaid coverage in NY State of Health moving forward.
- Consumers in need of long term care services will continue to be referred to LDSS/HRA.
- Consumers who are over income for Medicaid when they renew will also be referred to LDSS/HRA.

BECAME MEDICARE ELIGIBLE DURING PHE

Question:

If a consumer turned 65 and remained enrolled in Medicaid through NY State of Health, were they still required to apply for Medicare as primary insurance during the PHE?

Answer:

The requirement to apply for Medicare when someone first becomes eligible was not eased as a result of the PHE, however, individuals who did not apply for Medicare when they first became eligible during the PHE, will not have incurred penalties.

- Starting 7/1, if consumers, who did not apply for Medicare when first eligible during the PHE update their account, they will be notified again of the requirement to apply for Medicare and to provide proof.
- If consumers, who did not apply for Medicare when first eligible during the PHE, do not make any updates to their account, they will be notified of the requirement to apply for Medicare when they renew.
 - Consumers who do not apply for Medicare after receiving this notice, could have to pay a late enrollment penalty or higher premium if they later apply for Part A and/or Part B.
 - Assistors and consumers should be aware of these rules.

Documentation Requests

DOCUMENTATION REQUESTS

Once NY State of Health has made an eligibility determination, you may see a screen indicating that the consumer needs to verify their information.

- This occurs when there are discrepancies between information found in federal and state data sources and what the consumer reported, or if data cannot be obtained from state and federal data sources.
- The Marketplace may request that the consumer submit documentation in these instances.

Proof of Household Income	
Due Date:	10/22/2022
Select a document type:	--Select--
Upload the Supporting document:	<input type="button" value="Choose File"/> No file chosen



Proof of Immigration Status	
Due Date:	11/21/2022
Select a document type:	--Select--
Upload the Supporting document:	<input type="button" value="Choose File"/> No file chosen

DOCUMENTATION REQUESTS

In some cases, the application will be pended.

- Pending Eligibility: This means that the application is on hold and the consumer cannot complete enrollment until the documentation is verified.
 - This is most common when the consumer appears to be Medicaid eligible but needs to verify their income by providing documentation.

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-7732)

- Your circumstances change
- The information we have about you is not correct or
- If you have questions about how your eligibility was determined

We reviewed your application for insurance using the new information and your income. This message verifies the change in eligibility.

Notes:

✖ Nicole Campbell

The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information.

In order for your eligibility to be determined, you must submit documents by the date below to confirm that the information you provided in your application is accurate.

DOCUMENTATION REQUESTS

In some cases, enrollment will be processed with temporary eligibility before New York State of Health reviews the documentation.

- Temporary Eligibility: This means that the consumer may enroll in a plan right away and may remain enrolled while being given a certain amount of time to provide the documentation being requested.

✘ Charles Xavier Medicaid CIN: AA00000A Marketplace ID: HX000000000

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

Annual Household Income	Federal Poverty Level	Start	End
\$0.00	0.0%	04/01/2023	05/01/2024

✔ April Curtis Essential Plan 4 Marketplace ID: HX000000000

Congratulations! You are eligible to enroll for a limited time in the Essential Plan with **no monthly premium**. This means that you must return required document(s) to NY State of Health to continue your coverage. Your eligibility is based on the number of people in your family and the income and immigration information in your application. The household income listed in your application is \$5,000.00.

The Essential Plus covers all essential health benefits with no co-pays for health services and no annual deductible. You also qualify for additional benefits through Medicaid.

Annual Household Income	Federal Poverty Level	Premium Amount
\$5,000.00	42.09%	No Monthly Premium

INCOME DOCUMENTATION REQUESTS

If NY State of Health needs to verify income, there are different due dates for each type of Insurance Affordability Program.

Type of Insurance	Income Documentation Due Date
Medicaid	15 days from the date the notice is generated. <ul style="list-style-type: none">• Additional factors for pregnant consumers

- A pregnant consumer who completes an enrollment through NY State of Health will get eligibility regardless of whether or not they need to provide any supporting documentation like income. If they need to submit income verification documents, they will be found *conditionally eligible for Medicaid* (if otherwise eligible) in order to be able to access needed services right away. It is important to remember that while they are enrolled presumptively, they still need to submit their income verification documents within the specified time frame in order to receive a final eligibility determination.
 - Since they are marked as pregnant, New York State of Health does not pend their eligibility as we do for other consumers.
- It is important for the Assistor to understand that they are *conditionally eligible*, and their Medicaid coverage will only cover the services mirroring presumptive eligibility. This means that their Medicaid will only cover approved Medicaid ambulatory prenatal care services and will not cover inpatient services until their document request is satisfied and they are granted a final eligibility determination.

INCOME DOCUMENTATION REQUESTS

If NY State of Health needs to verify income, there are different due dates for each type of Insurance Affordability Program.

Type of Insurance	Income Documentation Due Date
Child Health Plus	60 days; may enroll with a higher premium pending income documentation
Essential Plan	90 days from the date the notice is generated
APTC/CSR	90 days from the date the notice is generated
Full-Pay QHP	N/A

NON-INCOME DOCUMENTATION REQUESTS



When requested, documentation for Social Security Numbers must be submitted within 90 days from the date the notice is generated.



Citizenship and immigration documentation must also be submitted within 90 days from when the notice is generated.



American Indians and Alaska Natives will need to submit documentation within 90 days from the date the notice is generated to verify their eligibility for Cost Sharing Reductions for American Indian/Alaska Native plans and the other benefits associated with American Indian/Alaska Native status.

When the consumer submits their NY State of Health application and agrees to the Terms, Rights, and Responsibilities, they are agreeing to update their account if they have changes from what they reported on their application.

During the PHE, we waived many of those timely reporting requirements.

On or after July 1, 2023, the pre-PHE rules are back in place. Consumers should update their accounts within 30 days of the change.

Request for Financial Assistance – Terms, Rights, and Responsibilities

- I have given true answers to all the questions on this form to the best of my knowledge. I know that there may be a penalty if I'm not truthful.
- I know that I must tell the Marketplace if anything changes from what I wrote on this application. I should call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report any change or for help getting required information.

WRAP-UP

When helping consumers on or after July 1, 2023, remember that the continuous coverage requirements are no longer in place.

- Updating a consumer's application (running a Life Status Change) will be treated as an early renewal.
- Consumers enrolled in **Medicaid** may or may not be entitled to their existing continuous coverage dates.
 - Read the notice carefully!
- Consumers enrolled in **Child Health Plus** will be entitled to their existing continuous coverage dates, however changes in eligibility will process for the month after continuous coverage ends.
- Consumers enrolled in **Essential Plan** will be entitled to their existing continuous coverage dates, and will need to complete their renewal when it becomes due.
- **Qualified Health Plan** eligible individuals may use the exceptional circumstances SEP in order to enroll.
- Requests for documentation must be submitted by the date specified.

Updating Your Information

Account holder is the adult who is the contact for this account and is responsible for the application. Click on the **Edit Account Information** button to:

- Update your mailing address or phone number;
- Change your language preferences;
- Change how you receive information about your notices – either by U.S. Postal Service or go paperless;
- Select to receive your notices in an alternative format.

NY State of Health must have the most up-to-date information about you and your household members. Click on **Update Application** button to provide the most recent information about:

- Your address;
- Income;
- Access to or enrollment in the New York State Health Insurance Program (NYSHIP);
- Eligibility for health insurance from a job or other health insurance;
- Cost of health insurance Premiums from job;
- Everyone who lives in your household and changes in household size, for example, if you get married or divorced, become pregnant, have a child(ren) or adopt a child(ren); or if a child(ren) is placed for adoption with you;
- Changes in full-time student status (if applicable to application members);
- Changes in immigration status;
- How you plan to file your taxes.

Edit Account Information **Update Application**

Life Status Change (LSC)

To tell us about changes in your family size, including changes because of marriage, divorce, birth or death, click on the **Update Application** button to add or remove yourself, your spouse, your children who live with you, your partner who lives with you if you file taxes together or have children together, or anyone on your federal income tax return.

▼ Janice Plato (44) ⚠ Action Needed

Verifications Due

• Proof of Household Income	Due September 17, 2022	+ Add
Use the Add button to provide your documentation before the due date.		
• Proof of Citizenship Status	Due December 01, 2022	+ Add
Use the Add button to provide your documentation before the due date.		

QUESTIONS?



EMAIL CONTACTS



- If you have general Assistor training questions, or questions about this specific training, please send them to:
Eligibility.Training.Support@health.ny.gov.
- If you have a case specific question that you have already discussed with your supervisor or program manager, the issue should be submitted on an encrypted Account Review Spreadsheet to:
Assistor.Cases@health.ny.gov.
- If you are a Broker and have questions about this specific training, please send them to NYSOHBrokerSupport@health.ny.gov

RECERTIFICATION PROCESS



- All Assistors and Assistor Oversight Managers who are registered or completed the online Assistor Certification Training by **10/31/2023** will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the initial online course.
 - <https://info.nystateofhealth.ny.gov/SpringTraining>.
- Keep track of the date you watched the live webinar or the video for each of this year's recertification webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

THANK YOU FOR JOINING US!

We will notify all Assistors via email once this webinar has been posted.

Please complete the survey

- Evaluation of Webinar: Unwinding – Part 1

Please join us for Part 2:

- Wednesday April 26th from 10:00am – 12:00pm

