

NY STATE OF HEALTH ESSENTIAL PLAN



Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 7935193

TODAY'S WEBINAR



- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

Self-Employment



Here's what you said:

- More than 97% said it “increased my knowledge of the topic(s)”.
- More than 96% said “the information will allow me to better assist consumers who are Self-Employed”.

“This is challenging even for us seasoned FE’s. We are here to help the community!”

“Keep up the good work.”

“These webinars give great information to help me sharpen my skills on how to help people with their applications.”

“Please remember to read the slide numbers.”

PRESENTERS



Welcome

Gabrielle Armenia

*Bureau Director of Child Health Plus Policy &
Exchange Consumer Assistance*

Today's Presenters

Cristin Steding

Presenting: Training Specialist, MAXIMUS, Inc.

Kathleen Johnson

Director, Bureau of Community Enrollment and WMS
Eligibility Processing

PJ Weiner

Assistant Director of Plan Management, NY State of Health

AGENDA



- Learning Objectives
- Essential Plan:
 - Introduction
 - Eligibility
 - Aliessa Immigration Status
 - Enrollment Periods and Effective Date of Coverage
 - Essential Plan Variations
 - Benefits
 - Premium Payments
 - Selecting an Essential Plan Carrier

LEARNING OBJECTIVES



At the end of this session, you should be able to:

- Define the Essential Plan
- Explain the eligibility criteria of the Essential Plan
- Describe the factors that differentiate between the four variations of the Essential Plan
- Identify the Essential Plan's enrollment period, coverage effective date, covered benefits and premium payment
- Assist consumers in comparing between Essential Plan carriers

INTRODUCTION



The Essential Plan (Basic Health Plan) is a new Insurance Affordability Program starting in 2016, that will offer qualified individuals and families a choice of plans from high-quality private health insurers through the NY State of Health.



Individuals & Families

You and your family have many new low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

[GET STARTED](#)

[Get help](#) finding an insurance assister in your area.

ELIGIBILITY



- Ages 19-64 at the beginning of the plan year
- Reside in New York State
- Not eligible for Medicaid or Child Health Plus (CHPlus)
- Have income above 138%-200% of the FPL or at or below 138% of the FPL and ineligible for Medicaid due to immigration status.
- Not eligible for affordable Minimum Essential Coverage (MEC)
- Individuals eligible for the Essential Plan are not eligible to receive Advance Premium Tax Credits

Pregnant women are NOT eligible for Essential Plan because they will qualify for Medicaid. Consumers are required to report their pregnancy and the NY State of Health will re-determine their eligibility for Medicaid.

ALIESSA IMMIGRATION STATUS



The 2001 Aliessa v. Novello court decision, requires legal immigrants in the federal 5-year ban and some categories of PRUCOL, to be eligible for New York State-funded Medicaid, if they meet the income eligibility guidelines.



ALIESSA IMMIGRATION STATUS



- Aliessa immigrants enrolled in the Essential Plan will receive benefits that mirror Medicaid (except Long Term Care).
- Essential Plan include immigrants in the 5-year ban who have income at or below 138% of the FPL who are funded without Federal Financial Participation (FFP).
- Essential Plan will exclude consumers who have Third Party Health Insurance (TPHI)/Medicare, are receiving/in need of Long Term Care (LTC), are in a waiver program (will remain in Medicaid).
- Pregnant women and children up to age 21 in the 5-year ban or PRUCOL eligible for Federal Financial Participation (FFP) will remain in Medicaid.

ESSENTIAL PLAN VARIATIONS



MAGI Income and household size will be used to determine eligibility. There are four variations of the Essential Plan based on eligibility criteria:

Essential Plan 1	Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.
Essential Plan 2	Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.
Essential Plan 3	Individuals with income equal to or greater than 100% of the FPL and less than or equal to 138% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 4	Individuals with income below 100% of the FPL and not eligible for Medicaid due to immigration status.

BENEFITS



- Each of the standard Essential Plan carriers will cover the same benefits.
 - Enrollees with incomes greater than 138% of the FPL will have the option of purchasing adult vision and adult dental benefits at an additional cost.
 - Enrollees with incomes at or below 138% of the FPL will enroll in plans with additional benefits including dental and vision.
- All plans in the Essential Plan will cover the essential health benefits. They will also include the following:
 - No annual deductible
 - Low out-of-pocket costs
 - Preventive care will be free
 - American Indian/Alaskan Natives will have a \$0 cost sharing

BENEFITS CONTINUED



Essential Plan offers a comprehensive package of services known as Essential Health Benefits. These must include the following 10 categories:

Ambulatory Patient Services	Emergency Services
Hospitalization	Maternity and Newborn
Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment	Rehabilitative and Habilitative Services and Devices
Prescription Drugs	Laboratory Services
Preventive and Wellness and Chronic Disease Management	Pediatric Services, including oral and vision care

BENEFITS CONTINUED



Populations with income at or below 138% of the FPL are also eligible for the following additional services:

- Non-Emergency Transportation
- Non-Prescription Drugs
- Adult Dental Care
- Vision Care
- Orthotic Services
- Orthopedic Footwear

ATTACHMENT F – COST SHARING CHART



ATTACHMENT F - BHP PRODUCT OFFERING AND COST-SHARING Cost Sharing Chart

TYPE OF SERVICE	Essential Plan 1 Greater than 150 - 200% FPL	Essential Plan 2 139 - 150% FPL	Essential Plan 3 100-138% FPL	Essential Plan 4 Below 100% FPL
DEDUCTIBLE (single)	\$0	\$0	\$0	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$2,000	\$200	\$200	\$200
COST SHARING - MEDICAL SERVICES				
Inpatient Facility/SNF/Hospice	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	\$50	\$0	\$0	\$0
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$50	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient		
PCP	\$15	\$0	\$0	\$0
Specialist	\$25	\$0	\$0	\$0
PT/OT/ST - rehabilitative & habilitative therapies	\$15	\$0	\$0	\$0
ER	\$75	\$0	\$0	\$0
Ambulance	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
DME/Medical supplies	5% cost sharing	\$0	\$0	\$0
Hearing aids	5% cost sharing	\$0	\$0	\$0
Non-emergency transportation	N/A	N/A	\$0	\$0
Non-prescription drugs	N/A	N/A	\$1	\$0
Adult dental (Preventive Dental Care; Routine Dental Care and Major Dental Care)	\$15	\$0	\$0	\$0
Vision care - Exams	\$15	\$0	\$0	\$0
Vision care - Lenses and Frames	10% Coinsurance	\$0	\$0	\$0
Vision care - Contact Lenses	10% Coinsurance	\$0	\$0	\$0

<http://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20F%20-%20BHP%20-%20Benefits%20and%20Cost-Sharing%2C%205-15-15.pdf>

ATTACHMENT F – COST SHARING CHART



INPATIENT HOSPITAL SERVICES

Observation stay/observation care unit	ER copay per case, copay is waived if direct transfer from outpatient surgery setting to an observation care unit
<hr/> Hospital services - non-maternity	Inpatient Facility copay per admission#
<hr/> Maternity care stay (covers mother and well newborn combined)	Inpatient Facility copay per admission#
<hr/> Mental health/Behavioral health care	Inpatient Facility copay per admission#
<hr/> Detoxification	Inpatient Facility copay per admission#
<hr/> Substance abuse disorder services	Inpatient Facility copay per admission#
<hr/> Skilled nursing facility	Indicated copay per admission is waived if direct transfer from hospital inpatient setting to skilled nursing facility
<hr/> Hospice (inpatient)	Indicated copay per admission is waived if direct transfer from hospital inpatient setting or skilled nursing facility to hospice facility

EMERGENCY MEDICAL SERVICES

Facility charge - Emergency Room	ER copay per case - copay is waived if patient is admitted as an inpatient (including as an observation care unit) directly from the emergency room
<hr/> Physician charge - Emergency Room visit	\$0 copay per visit
<hr/> Facility charge - Freestanding urgent care center	Urgent care copay per visit
<hr/> Physician charge - Free standing urgent care center visit	\$0 copay per visit
<hr/> Prehospital emergency services/ transportation, includes air ambulance	Ambulance copay per case

BENEFITS CONTINUED



Essential Plan enrollees must select a health plan at the time of enrollment.

Enrollees will:

- Receive a Plan ID Card to access services.
- Those with income at or below the 138% FPL will also receive a NY State Benefits Card (CBIC) to access additional services mirroring Medicaid. This include services like:
 - Non-emergency transportation
 - Family planning services
 - Consumers have the option of using either their CBIC or plan card to access family planning services.

ESSENTIAL PLAN PREMIUMS



- Individuals with income at or below 138% of the FPL will have no premium.
- Individuals with income greater than 138% - (less than or equal to) 150% of the FPL will have no premium, unless they select a plan with dental and vision.
- Individuals with income greater than 150%- (less than or equal to) 200% of the FPL will have a premium of \$20 per individual per month and a higher premium if selecting dental and vision plan.

PREMIUM PAYMENTS



- Essential Plan enrollees who have monthly premiums will pay premiums directly to the health plans.
- The premium for the first month of coverage is required to be paid to begin coverage. For the first month's payment, individuals will have until the 10th day of the first month of coverage to make that payment.
- Subsequent monthly payments are billed by health plans prior to the month of coverage. Premiums are due at the end of the month before the month of coverage.
- Consumers have a 30 day grace period before they are dis-enrolled effective at the end of that month for failure to pay the premium.
 - Example: The bill for October's premium is due September 30th. The grace period gives until October 31st. If payment has not been received by end of grace period, the consumer is dis-enrolled effective October 31st. Any claims made in October will be paid by the plan.

PREMIUM PAYMENTS CONTINUED



- Enrollees who are disenrolled due to non-payment may re-enroll the following month.
- There is no lock-out period for failure to pay premium, though if an individual is disenrolled for failure to pay premiums and applies again, he/she will have minimum of one month gap in coverage, as coverage is prospective.
- For example, if an individual fails to pay their premium for March coverage by March 30:
 - The person is disenrolled from the plan at the end of March. If he/she returns to apply on April 10, the new coverage will begin May 1, creating a one month gap in coverage.

POLL QUESTION #1



WHICH OF THE FOLLOWING BEST DESCRIBES ESSENTIAL PLAN COVERAGE?

- A) Enrollees have continuous coverage for 12 months, regardless of changes in household composition.
- B) Essential Plans must cover the 10 Essential Health Benefits
- C) All Essential Plans include Adult Vision and Adult Dental benefits.

WHAT QUESTIONS DO YOU HAVE?



ENROLLMENT PERIODS



Essential Plan will have continuous open enrollment.

Applicants are able to enroll all year long and change their plan at anytime throughout the year.

Enrollees are required to report changes in circumstance within 30 days of the event and eligibility will be re-determined during the 12 month enrollment period.

Eligibility for the Essential Plan will be re-evaluated 12 months after the enrollee's recent determination.

EFFECTIVE DATE OF COVERAGE

January 1, 2016 effective date of coverage:

- Applicants with income greater than 138% - 200% of the FPL and who have selected a plan before December 16th, 2015.
- Applicants with income at or below 138% of the FPL and who have selected a plan before January 1, 2016.



EFFECTIVE DATE OF COVERAGE



Effective date of coverage after January 1, 2016:

- For individuals with income at or below 138% of the FPL and do not qualify for Medicaid due to their immigration status, the effective date of coverage will be on the first of the month in which an Essential Plan is selected.

For example:



Lisa completes a new enrollment application on March 12th, 2016. She has an income of 130% FPL and does not qualify for Medicaid due to her immigration status.

When is the effective date of coverage?

Answer:

Lisa will have coverage starting March 1st, 2016.

EFFECTIVE DATE OF COVERAGE



For enrollment after January 1, 2016 effective date of coverage:

- For individuals with incomes above 138% of the FPL, the effective date of coverage will follow the “15th of the month” rule.

For example:



- 1. If Roger completes an enrollment on February 10th, 2016.** When is the effective date of coverage?

March 1st, 2016

- 2. If Roger completes an enrollment on February 20, 2016.**

When is the effective date of coverage?

April 1st, 2016

SELECTING AN ESSENTIAL PLAN CARRIER



Benefits

- All plans cover the Essential Health Benefits.
- Applicants with income above 138% FPL have the choice of selecting:
 - An Essential Plan with just the Essential Health Benefits, or
 - An Essential Plan Plus Adult Vision and Dental services for an additional cost, or
 - An Essential Plan and a separate Stand Alone Dental Plan.

SELECTING AN ESSENTIAL PLAN CARRIER - CONTINUED



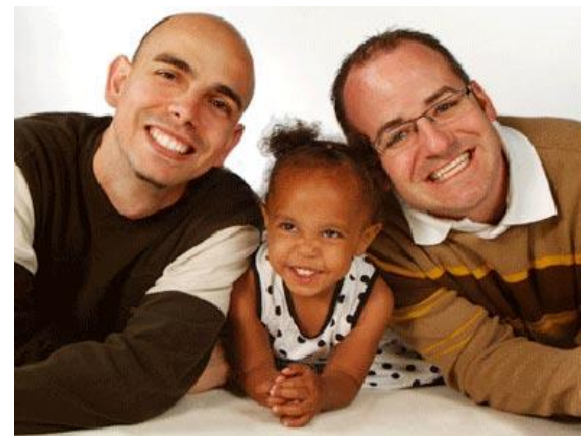
Cost

- Most Essential Plan costs are standardized.
- There is no deductible for any of the Essential Plan variations.
- Premium, co-pays and maximum out of pocket limits will be the same across carriers.
- However, premiums for optional vision and dental coverage will vary between Essential Plan 1 and Essential Plan 2 by carriers and region.

SCENARIO ONE

John and Harry Garcia are a married couple with one child, age 3.

- Their child already has coverage.
- John completes an application on December 10, 2015 to enroll himself and Harry in coverage.
- All household members are US Citizens.
- The family household income for a family size of 3 is **189%** of the FPL.



Based on this information:

What coverage would John and Harry qualify for?

When would their coverage start?

Answer:

- John and Harry qualify for the Essential Plan 1.
- They would pay \$20 monthly premium per person for the Standard Essential Plan.
- If they select the Essential Plan Plus Adult Vision/Dental, they would pay the \$20 monthly premium per person plus an additional cost for dental and vision coverage.
- Coverage will begin on January 1, 2016, if they select a health plan on or before December 15th, 2015.

ESSENTIAL PLAN TRANSITION



Aliessa immigrants with coverage through LDSS/HRA will be transitioned to NY State of Health at their renewal in 2016.

- They will remain enrolled in the same Medicaid Managed Care plan and receive the same benefits for the remainder of 2015.
- They will renew in the NY State of Health along with their MAGI family members.
- Non-MAGI and Family Planning Benefits Program (FPBP) family members will remain with LDSS/HRA.
- If Temporary Assistance eligible, they will remain on Temporary Assistance as non-MAGI determination.



TRANSITION—CURRENT ENROLLEES The Official Health Plan Marketplace

In early October, eligibility notices are being sent to current enrollees that have been identified as Essential Plan eligible for 2016.

- They will be prompted to update their account information in the NY State of Health, if necessary.
- Individuals currently enrolled in a QHP, who are now determined to be eligible for Essential Plan, will start coverage the 1st of the next month following the 15th day rule.

For example:

An individual enrolled in a QHP with APTC is identified as Essential Plan eligible is partially administratively renewed. The individual has to come back and select the new Essential Plan carrier.

- If a plan is selected on or before December 15, 2015, coverage begins on January 1, 2016.
- If a plan is selected on or before January 15, 2016, coverage begins on February 1, 2016.

TRANSITION – SCENARIO



Ingrid Nelson just received her renewals letter and it said she is no longer eligible for her QHP plan with APTC and a CSR. She doesn't want the Essential Plan and wants to continue with the same plan with the tax credit and cost-sharing reduction.

What information does she need to know about the Essential Plan?

- When you are determined eligible for EP, you are not eligible for other coverage with financial assistance in the NY State of Health Marketplace, such as the Advance Premium Tax Credit.
- If you are determined eligible for the Essential Plan, you must enroll in an Essential Plan to continue receiving financial assistance.
- You may choose to decline financial assistance and enroll in a QHP at full cost.

ESSENTIAL PLAN – SCENARIO TWO



Michael and Janice Easley are currently enrolled in a Qualified Health Plan with APTC and CSR.

- They have completed their renewal in the Marketplace and do not understand their new eligibility.
- They are at 144% of the FPL.
- Michael will turn 65 years old in August 9, 2016 and wants to know if that will affect their current plan.



Based on this information:

**What coverage would Michael and Janice qualify for?
When would their coverage start?**

Answer:

- Michael and Janice qualify for the Essential Plan 2.
- They would pay \$0 premium for the Standard Essential Plan.
- If they select the Essential Plan Plus Adult Vision/Dental, they would pay an additional cost for dental and vision coverage.
- Coverage will begin on January 1, 2016, if they select a health plan on or before December 15th, 2015.
- Michael will not qualify for the Essential Plan once he turns 65 years old.

ESSENTIAL PLAN VS MEDICAID VS QHP



	MEDICAID	ESSENTIAL PLAN	QHP
FEDERAL POVERTY LEVEL	At or below 138%	At or below 138% (Ineligible for Medicaid due to immigration status) Above 138% - 200% FPL	Subsidized Coverage Above 200% - 400% FPL
ENROLLMENT PERIOD	<u>Rolling Open Enrollment</u> Coverage begins on the 1 st day of month applicant enrolls	<u>Rolling Open Enrollment</u> Below 138% FPL coverage begins 1 st day of month applicant enrolls Above 138% FPL follow the 15 th day of the month rule	<u>Annual Open Enrollment</u> <u>or</u> <u>Special Enrollment Periods</u> Coverage start date follows the 15 th day of the month rule
CITIZENSHIP STATUS	US Citizen or Satisfactory Immigration Status required	US Citizen or Satisfactory Immigration Status required	US Citizen or Satisfactory Immigration Status required
OUT OF POCKET	Low to no cost No deductibles No Premiums	Low to no cost No deductibles Standard Premium for EP 2 Additional Premium for adult vision and dental	Enrollee responsible for premium, deductible & copay

POLL QUESTION #2



TRUE OR FALSE?

Question	True	False
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Applicants will have the option to select between the Essential Plan and Medicaid.

False

Consumers eligible for the Essential Plan will receive Advance Premium Tax Credits (APTC).

False

Consumers can enroll in the Essential Plan anytime during the year.

True

WRAP UP

- The Essential Plan will offer qualified individuals a choice of plans from high-quality, private health insurers through the NY State of Health.
- All plans under the Essential Plan will cover essential health benefits, including inpatient and outpatient care, physician services, diagnostic services and prescription drugs among others, with no annual deductible and low out-of-pocket costs.
- Preventive care, such as routine office visits and recommended screenings will be free.



WRAP UP

- MAGI Income and household size will be used to determine eligibility.
- Consumers with income greater than 150% - (less than or equal to) 200% of the FPL will have a low monthly premium of \$20.
- Individuals who are new to the NY State of Health will have the ability to enroll in the Essential Plan beginning November 1st of 2015. Individuals who have an existing application will be able to enroll on November 16th, 2015.
- Enrollment can be completed through the NY State of Health website, by telephone or in-person with one of the NY State of Health's trained assistors.

WHAT QUESTIONS DO YOU HAVE?



Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this webinar:
https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_1
- If you are unable to access Survey Monkey, please have your supervisor contact Assistor.Admin@health.ny.gov and NYSDOH will send your supervisor the manual process for recertification reporting.

Previous NY State of Health Assistor Recertification Reporting Surveys



https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1

https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_2

https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition

https://www.surveymonkey.com/r/Assistor_Reporting_Immigration

https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured

https://www.surveymonkey.com/r/Assistor_Reporting_How_to_Select_a_Health_Plan

https://www.surveymonkey.com/r/Assistor_Reporting_Self-Employment

https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_1



Thank you for joining us!

- Watch for surveys
 - Recertification Evaluation of Webinar: Essential Plan
 - NY State of Health Assistor Recertification Reporting – Essential Plan
- Watch for the video to be posted to <http://info.nystateofhealth.ny.gov/SpringTraining>

Next Recertification Training:

Title: Essential Plan (EP) 2 & Renewals

Date: October 14, 2015