Health Insurance Coverage Update

nystateofhealth™
The Official Health Plan Marketplace

April 2023

Overview

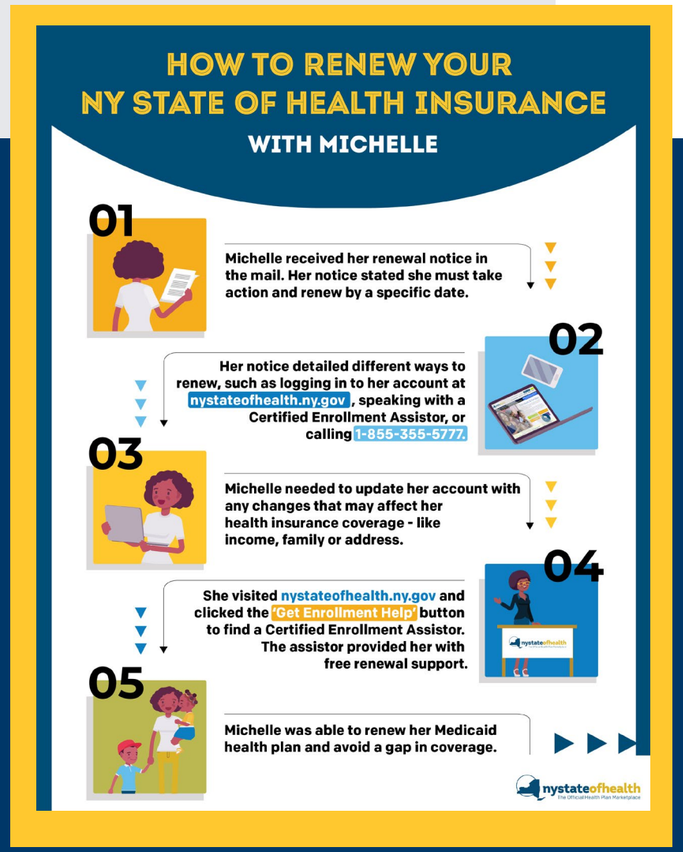
As of the end of the 2023 Open Enrollment Period and three years of federal public health emergency continuous coverage requirements, NY State of Health (NYSOH) enrollment stands at nearly 6.9 million individuals, or more than one in three New Yorkers across the state. Throughout the COVID-19 Public Health Emergency (PHE), NYSOH has served as a critical safety net for individuals and families who lost their jobs and/or income, providing coverage to just over 2 million additional people between March 2020 and January 2023. Recognizing the need to ensure that individuals could easily maintain their coverage during the pandemic, NYSOH adopted nearly every option made available by the federal government to eliminate barriers to coverage, including the expedited implementation of the American Rescue Plan Act of 2021 (ARPA) provisions to make private, Qualified Health Plan (QHP) coverage more affordable and opening a Special Enrollment Period for the duration of the PHE and "unwind" period. In addition, the passage of the Inflation Reduction Act (IRA) in August 2022 will enable New Yorkers to continue to receive enhanced financial assistance for health insurance for an additional three years.

Program Type	March 2020 Enrollment	January 2023 Enrollment
Medicaid	3,387,348	5,204,182
CHPlus	456,214	377,598
QHP	265,071	214,052
Essential Plan	792,935	1,123,110
Total	**4,901,568**	**6,918,942**

Throughout the PHE, and in alignment with federal Continuous Coverage requirements, NYSOH has been extending coverage without requiring annual renewal for individuals enrolled in Medicaid, Child Health Plus (CHPlus), and the Essential Plan (EP) since March 2020.

This flexibility will end in Spring 2023, when NYSOH will begin sending renewal notices to enrollees in these programs and redetermining eligibility. Each month between May 2023 and April 2024, a group of enrollees will receive their renewal notices, depending on their enrollment end date. As the Continuous Coverage Requirement comes to an end, NYSOH is committed to continuing to provide affordable health insurance to New Yorkers. NYSOH has launched a robust consumer education and awareness campaign across media platforms around the resumption of eligibility redetermination activities.

In addition to ensuring that New Yorkers have access to affordable, high quality health care throughout the COVID-19 PHE, NYSOH has been working on priorities that advance health equity. This report provides a snapshot of enrollment highlights during the PHE and other activity NYSOH has taken to advance health equity.



End of the **Continuous Coverage** Requirement

The New York State Department of Health (DOH) will begin to roll out changes associated with the end of the Continuous Coverage Requirement later this Spring. As mandated by the Consolidated Appropriations Act, 2023, DOH will resume the process of reviewing the eligibility of enrollees in Medicaid (on and off NYSOH), CHPlus, and the Essential Plan. Beginning in Spring 2023 through Spring 2024, renewal notices will be sent to Medicaid, EP and CHPlus enrollees based on their enrollment end dates. Renewal notices will include the deadline to take action to renew their insurance or risk having a gap in coverage. Deadlines will be based on the enrollees' eligibility end dates and will range from June 30, 2023 through May 31, 2024. Enrollees that do not respond to renewal notices by the deadline provided may be at risk of losing health insurance.

Over 9 million – nearly half of New York's population – currently enrolled in Medicaid, CHPlus, and Essential Plan, including nearly 6.7 million enrolled through NYSOH, will need to be redetermined eligible for ongoing coverage. The process for renewing coverage may look different from person to person. Our hypothetical consumer, Michelle's, journey – shown to page 2 – provides an example of the steps that may be taken to remain covered under Medicaid, CHPlus, or EP through NYSOH.

Given the magnitude of this challenge, NYSOH has been working with Ichor Strategies to identify best practices and strategies to reach enrollees most at-risk to lose their health insurance. Based on enrollment and market need, determined by scoring neighborhoods based on quantitative variables such as the Social Vulnerability Index, Ichor was able to identify specific neighborhoods and communities most at risk of losing coverage to prioritize throughout the COVID-19 PHE unwind. Through community dialogue and research, Ichor gained an understanding of local challenges to re-enrollment, identified partnership opportunities, and reviewed NYSOH outreach materials that will help NYSOH expand its reach and ease for more seamless renewals.

As a fully integrated Marketplace across all programs (Medicaid, CHPlus, EP, and QHPs), NYSOH can seamlessly review eligibility and enroll consumers into other Marketplace programs if their eligibility changes from one program to another, often renewing them into a different program with the same health plan, which is different from how most State-Based Marketplaces are set up. NYSOH is also seeking to maximize administrative renewal opportunities to minimize burden for consumers and maximize retention.

To prepare for the end of the COVID-19 PHE, NYSOH has partnered with other state agencies to develop and make available several outreach and marketing resources that help inform New Yorkers enrolled in Medicaid, CHPlus, or EP about the important steps they need to take to renew their coverage. To spread the word, NYSOH has employed a multi-phase marketing campaign to urge enrollees to sign up for text alerts, update their contact information, and inform them that, when they hear from us, it's time to take action to renew. NYSOH will also be increasing outreach efforts and partnerships with community-based organizations, health plans, providers, and elected officials to notify enrollees of their upcoming renewal of coverage.

Some of NYSOH's outreach efforts include:

- Public Education Campaign
- PHE Toolkit with fact sheets, FAQs, posters, and call scripts
- Paid Advertising starting in 2022 to create awareness and tell consumers how they can prepare
- Text Messaging: Consumers can sign up for NYSOH text alerts of updates and enrollment reminders by texting START to 1-866-988-0327 or INICIAR to 1-866-988-0327
- Partnerships
- Events

In tandem with NYSOH's efforts, supported by multiple NYS Foundations, the Community Service Society (CSS) and the NY Health Foundation began an outreach program called Keep New Yorkers Covered (KNYC) in November 2022. KNYC provides funding to community-based organizations across 52 counties to promote marketing and outreach work aimed at helping New Yorkers maintain health insurance coverage.

Increasing Affordability of Qualified Health Plan Coverage

Qualified Health Plans offer health insurance coverage through NYSOH to New York State residents who are lawfully present and are not eligible for Medicaid, EP, or CHPlus. QHP costs depend on the plan selected.

QHPs are offered at four different metal levels: Platinum, Gold, Silver and Bronze.

- Platinum level plans have on average, the highest premiums but have lower out-of-pocket costs.
- Bronze level plans generally have the lowest premiums and higher out-of-pocket costs (e.g., deductible or copayment required when receiving services).
- Silver and Gold plans fall in the middle.
- Catastrophic plans are also available to adults below age 30, or adults with hardship exemptions (e.g., affordability).

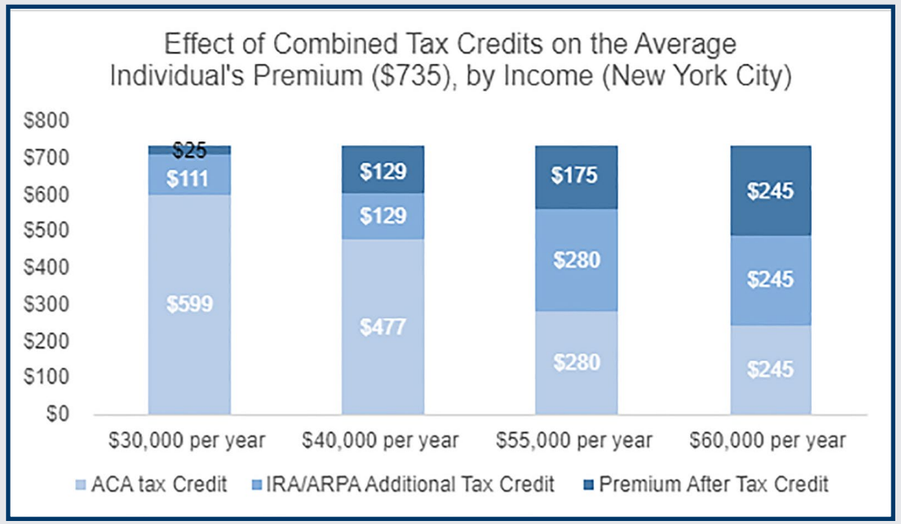
QHPs with financial assistance are available for individuals who earn too much to be eligible for EP coverage – 200 percent of the Federal Poverty Level (FPL) ($29,160 for an individual and $60,000 for a family of four) who do not have access to other affordable health insurance that meets minimum standards. Assistance is available in two forms depending on an individual or family's income: premium tax credits (PTC) that reduce the cost of monthly premiums and cost sharing reductions (CSRs) that lower co-payments, deductibles, and maximum out-of-pocket costs.

CSRs are available to eligible individuals for Silver level plans purchased through the Marketplace. CSRs reduce out-of-pocket costs, deductibles, and out-of-pocket maximums. American Indians and Alaska Natives are eligible for additional CSRs at all metal levels.

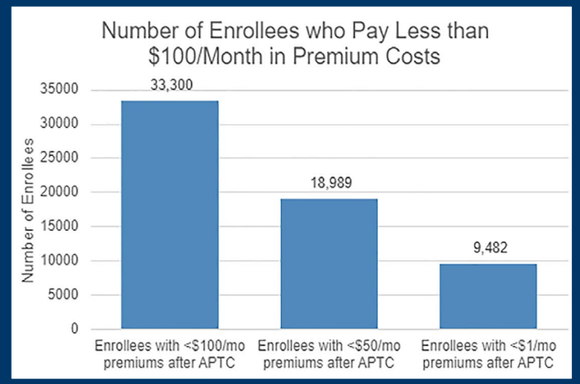
Typically, PTC are available to individuals with incomes between 100 and 400% of the FPL. During the COVID-19 PHE, enhanced premium tax credits became available through the American Rescue Plan Act (ARPA) and temporarily expanded eligibility for PTC by eliminating the rule that a taxpayer with household income above 400% of the FPL cannot qualify for a

premium tax credit. These enhanced credits were extended by the Inflation Reduction Act (IRA), which will help to smooth the affordability "cliff" for individuals moving from premium-free Medicaid or EP, coverage to a QHP with monthly premiums and out-of-pocket cost sharing. Statewide, 130,847 New Yorkers currently benefit from enhanced ARPA/IRA tax credits. These subsidies have significantly increased the affordability of QHP coverage, on average by $365 per month, including to individuals with income above 400% FPL.

The ARPA/IRA enhanced tax credits have allowed existing enrollees with low and moderate incomes who were previously eligible for tax credits to become eligible for much larger tax credits. It has also made higher income New Yorkers eligible for APTC who may not have been eligible before. The figure below demonstrates the impact of the tax credits by showing how the combination of the ACA tax credit and the ARPA/IRA enhanced tax credits affects consumer premiums. With current inflation levels, lower and moderate income New Yorkers are likely having to make critical choices about what they can afford. For many, the absence of these credits could mean the difference between whether or not they will stay enrolled in health insurance, underscoring the importance of extending the enhanced credits beyond 2025.



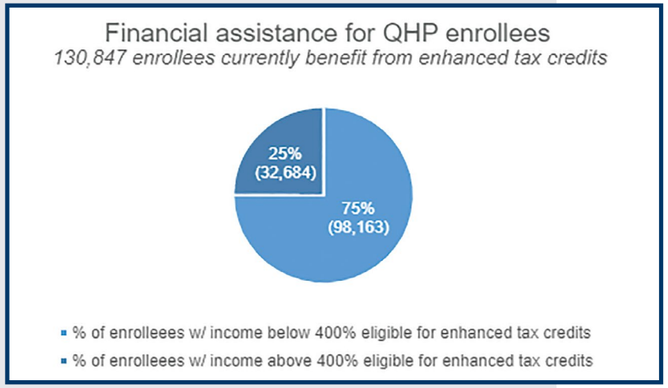
Note: The amount of tax credit an individual receives depends on their income and county. The examples above are for individuals enrolling in coverage.



In total, over 33,000 people, or just over 15% of QHP enrollees, in New York pay less than $100/month in premiums.

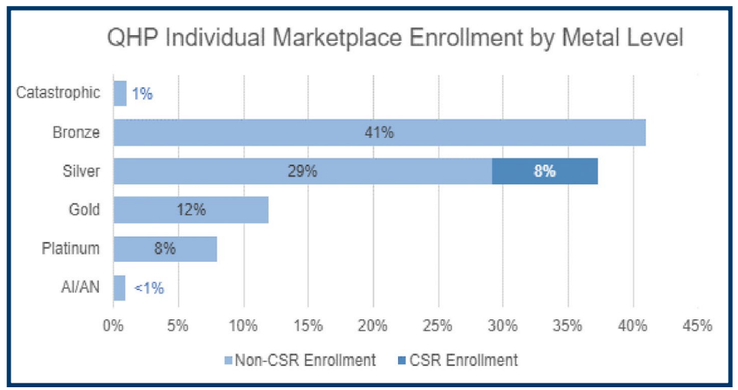
As of January 31, 2023, over 130,000 NYSOH QHP enrollees are eligible for the ARPA enhanced tax credits. Over 98,000, or 75%, of those receiving tax credits have incomes at or below 400% of FPL, and over 32,000, or 25%, receiving tax credits have incomes above 400% of FPL.

Since the new ARPA subsidies were made available, over 94,000 new members have enrolled in QHP coverage. In addition, between May 2020 and December 2022, more than 6,000 individuals have shifted from off to on-Marketplace coverage, presumably to access the enhanced federal tax credits. QHP enrollment has reached over 214,000 as of the end of January 2023. As the requirement to keep public program enrollees in coverage without renewal comes to an end beginning Spring 2023, enhanced premium tax credit subsidies will play a critical role in keeping coverage affordable for individuals transitioning from Medicaid and EP to QHPs, and as a result QHP enrollment is expected to increase at the end of the PHE unwind period. If made permanent, the subsidies could help to reduce churn long-term between coverage and lack of insurance, and maintain coverage affordability for thousands of New Yorkers.



Qualified Health Plan Enrollment

During the 2023 Open Enrollment Period, the Marketplace saw a shift in QHP enrollment by Metal Level, particularly in Silver and Bronze plans. The share of enrollees in Silver plans has decreased from 40 percent to 37 percent and the share enrolled in Bronze plans increased from 37 percent to 41 percent. Individuals enrolling in Bronze plans during the 2023 Open Enrollment Period were more likely to have higher incomes where eligibility for federal tax credits phases out. Seventy-three percent of Bronze enrollees had income above 300% FPL compared with 63% of Silver enrollees (this includes individuals with unknown income levels). The share of enrollees in Platinum, Gold, Catastrophic, and American Indian/Alaska Native plans stayed consistent.



QHP enrollees are most concentrated in New York City (38 percent), but are distributed across all geographic regions in New York, with 20% in Long Island, 22% in Capital/ Mid-Huson/ North Country, 6% in Western New York, and 14% in Central New York. The number of insurer options varies by county from two to seven, and most consumers have a choice of at least four insurer options.

Essential Plan Enrollment

As of January 2023, over 1.1 million individuals were enrolled in New York's Basic Health Program (BHP), branded in New York as the "Essential Plan." First introduced in 2016, the Essential Plan (EP) covers individuals with lower incomes who are not eligible for Medicaid and provides comprehensive benefits, with no monthly premium (as of June 2021, prior to this there was a $20 premium), no annual deductible, free preventive care, and low copayments. Compared to a QHP, the Essential Plan reduced both premium and out-of-pocket costs for enrollees by more than $1,600, saving New Yorkers an estimated $940 million a year in 2022.

EP by the Numbers

$1,600 Amount saved by enrolling in EP instead of a QHP

Monthly premium for all EP enrollees **$0**

97% Percent of EP eligible individuals who enroll in EP

The take-up rate for EP is in part demonstrative of how critical affordability is in driving enrollment. Among individuals determined eligible for EP, take-up is 97%, compared with 72% for consumers determined eligible for QHP as of January 31, 2023. EP continues to be very popular in 2023, with 1,123,110 enrollees currently enrolled, a 41% increase since March 2020.

New York's experience with the Essential Plan demonstrates the importance of making affordable coverage available to low-income consumers. New York is continuously looking for ways to increase the affordability and enhance the benefits for low-income New Yorkers enrolled in the Essential Plan. In June 2021, New York eliminated monthly consumer premiums and added free dental and vision benefits for individuals enrolled in the Essential Plan. Most recently, the State Fiscal Year 2024 Executive Budget includes many Essential Plan investments to strengthen access to coverage, such as further reducing cost sharing, and expanding funding to encourage health plans to broaden their coverage of mental health and social services. Finally, the **state is seeking a federal section 1332 waiver** to expand Essential Plan eligibility to 250% of FPL through a BHP lookalike program to extend affordable coverage to more low-to-middle-income earners starting in January 2024.

An additional impact of the ARPA/IRA subsidies is that, since Federal BHP payments to New York are equal to 95% of the APTC amount those members would have received, BHP payments have increased by $800-$900 million per year.

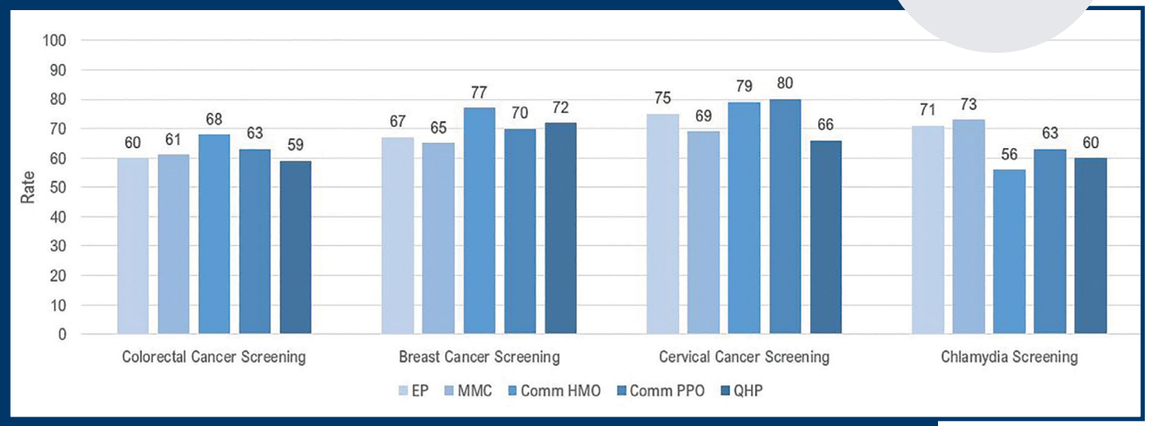
Essential Plan **Quality Measures**

EP Issuers are required to report indicators that measure quality of care and utilization of services for EP enrollees. Quality of care measures span several domains of care, including women's preventive care measures such as Breast Cancer Screening, Cervical Cancer Screening, and Postpartum care, adult health measures such as Flu Vaccination rates or Controlling High Blood Pressure, and experience getting care measures such as Claims Processing and Care Coordination among others. Reporting on these indicators provides a comprehensive view of quality, and allows issuers to better understand how to address gaps in services and disparities across patient groups.

For an assessment of EP Quality, NYSOH compared EP against the performance of Medicaid Managed Care (MMC), Commercial Health Maintenance Organizations (HMO), Commercial Preferred Provider Organizations (PPOs), and where available, Qualified Health Plans (QHPs) in three specific focus areas: Managing Preventive Care, Behavioral Health, and Managing Chronic Conditions for Measurement Year 2021.

Preventive services that align with U.S. Preventive Services Task Force (USPSTF) recommendations are tracked and monitored through the Adult Access to Preventive Care measure. Data collected from health plans indicate the percentage of members who receive screening for colon cancer, breast cancer, cervical cancer, and chlamydia. As the chart indicates below, EP screening rates are at or above other lines of business. A recent study conducted by the Peterson Center on Healthcare and the Kaiser Family Foundation found that 6 in 10 (60%) privately insured people received some preventive care in 2018. For each of the screenings below, EP rates range from 60 to 75%, demonstrating that EP preventive care use aligns with, or is more frequent, than the use of preventive services in private insurance. [1]

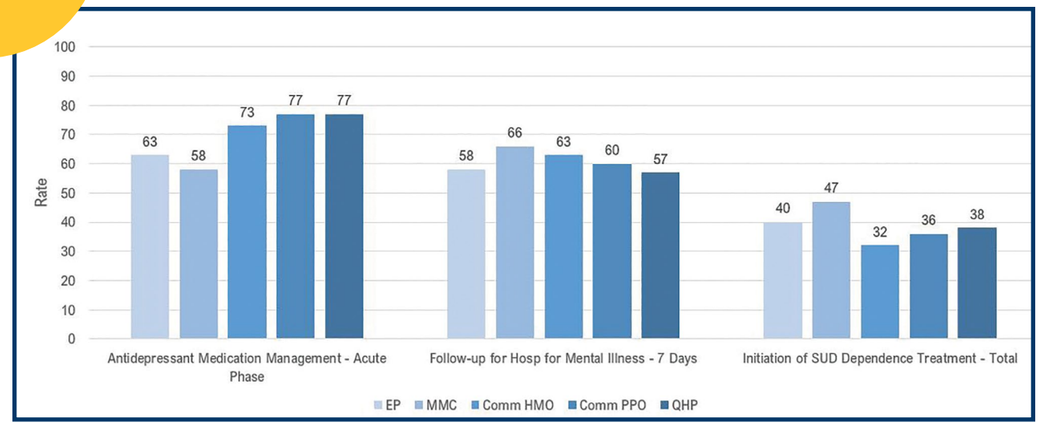
Managing Preventive Care



[1]Amin, K., Lissenden, B., Carley, A., Pope, G., Claxton, G., Rae, M., Rakshit, S., & Cox, C. (2023). Preventive services use among people with private insurance coverage. Peterson - KFF Health System Tracker, (Access & Affordability).

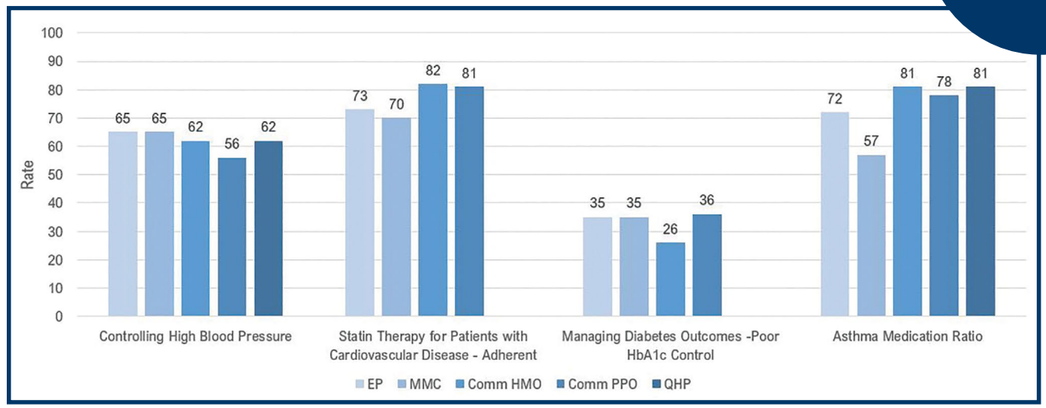
Behavioral Health

Approximately one in four adults in the U.S. suffer from mental illness each year. Measures regarding treatment, including medication, or post hospital discharge follow-up care are considered critical examples of Behavioral Health Quality Measures. As the chart indicates below, EP rates are at or above other lines of business.



Managing Chronic Conditions

Chronic conditions such as cardiovascular disease, diabetes, and asthma are a major focus of healthcare resources and affect a growing number of members enrolled in New York's managed care plans. Appropriate medication management for patients with asthma could reduce the need for rescue medication—as well as the costs associated with ER visits, inpatient admissions and missed days of work or school. As the chart indicates, EP rates are at or above other lines of business.



In 2022, DOH established a $200 million EP Quality Incentive Program (QIP) with the goal of incentivizing and rewarding quality of care and experience of care for EP members. The program began with Quality Data from Measurement Year 2020 from the following data sources:

- New York's Quality Assurance Reporting Requirements (QARR), which is largely comprised of National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®)
- State-specific performance measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

In addition to the standard measures, the QIP allows for the use of bonus points to reward quality performance in key areas of interest. This could include bonus points for current events, for example last year's bonus points were awarded based on issuers COVID-19 Vaccine Equity Plans, or to encourage plans to work towards addressing disparities as exemplified in this year's bonus points for social determinants of health screening.

Medicaid

Medicaid has provided critical health coverage to almost eight million New Yorkers during the pandemic on and off NYSOH. The Federal Families First Coronavirus Response Act's (FFCRA) continuous coverage provisions have ensured that Medicaid eligible individuals do not experience gaps in coverage during the pandemic. New York also adopted available federal options to streamline application processes to ensure that New Yorkers could access coverage as easily as possible during the pandemic.

As of the most recent data from January 2023, 5,204,182 individuals were enrolled in Medicaid through NYSOH and 2,613,490 were enrolled with local departments of social services. Total Medicaid enrollment was 7,817,672 in January 2023 reflecting a 28% increase (1,710,023 members) since March 2020. (More information about Medicaid can be found online **here**.)

Race and Ethnicity Data

NYSOH has made improvements in collection rates for essential race and ethnicity data, which will improve our understanding of whether access to insurance coverage is equitable and reflects the diversity of New York.[2] Design changes to race and ethnicity questions in the Marketplace application have showed an improvement in quality and completeness of race and ethnicity data, providing a clearer understanding of who is enrolled in the Marketplace. These changes were initially piloted in late 2020 and then expanded to all applicants prior to the 2022 Open Enrollment Period.

Based on these changes, our response rate continues to increase. These data can be combined with claims, quality, or other data to identify inequities or disaggregated by demographics to show disparities. Obtaining this information can help NYSOH reach, and in collaboration with plans, seek to bridge health care gaps, and support social determinants of health interventions, in traditionally underserved communities.

Current race and ethnicity data is broken down by program type below. Across all programs, the highest share of enrollees are White, Non-Hispanic at 31% of total enrollees. 57% of enrollees across all programs identify as Non-Hispanic, 27% identify as Hispanic, and 16% did not provide their ethnicity.

[2]Palanker, D., Clark, J., & Monahan, C. (2022, June 9). Improving Race and Ethnicity Data Collection: A First Step to Furthering Health Equity Through the State-Based Marketplaces. Advancing Health Equity. Retrieved March 27, 2023, from https://www.commonwealthfund.org/blog/2022/improving-race-and-ethnicity-data-collection-first-step-furthering-health-equity-through

The distribution of race and ethnicity varies by program type:

Race by Program

Race	Medicaid	CHPlus	EP	All QHPs	All Programs
White, Non-Hispanic	30%	42%	25%	68%	31%
Black/African American	15%	10%	11%	6%	13%
Asian/Pacific Islander	11%	10%	21%	12%	13%
Other	9%	10%	11%	5%	9%
Did Not Report	38%	33%	34%	12%	36%
Total	**103%**	**105%**	**102%**	**103%**	**102%**

Ethnicity by Program

Race	Medicaid	CHPlus	EP	All QHPs	All Programs
Hispanic	28%	30%	28%	9%	27%
Non-Hispanic	55%	57%	59%	84%	57%
Did Not Provide	17%	13%	13%	7%	16%
Other	100%	100%	100%	100%	100%
Total	**103%**	**105%**	**102%**	**103%**	**102%**

Age **Data**

There are 60% of Marketplace enrollees (Medicaid, CHPlus, EP, and QHP) below age 35 and 40% above age 35. The age distribution varies widely by program because of different eligibility rules. QHP and EP have similar age eligibility, but have differing patterns in age distribution: annual marketplace data shows that EP enrollment is typically heavily weighted to young adults, 37% of EP enrollees (421,292) are below age 35, whereas young adults only make up 24% (52,356) of the QHP population.

Age by Program

Age Group	Medicaid		EP	QHP	All Programs
<18 Years	31%	96%	N/A	5%	28%
18 - 25 Years	15%	4%	12%	7%	14%
26 - 34 Years	17%	N/A	25%	17%	17%
35 - 44 Years	14%	N/A	24%	17%	15%
45 - 54 Years	11%	N/A	21%	20%	12%
55 - 64 Years	10%	N/A	17%	33%	11%
>=65 Years	1%	N/A	N/A	2%	1%

Note: The over 65 share appears low as this data shows only individuals enrolled through NYSOH. The majority of the 65+ population is enrolled in health insurance coverage through Medicare.

Language **Data**

Overall, 25% (1,701,506) of Marketplace enrollees indicated a preferred written language other than English. Across all programs, 19 percent (1,322,078) indicated Spanish as their preferred language, 4 percent (259,788) selected Chinese, 1 percent (64,766) indicated Russian, and 75 percent (5,217,445) indicated English. And about 55,000 enrollees reported another 23 different preferred languages.

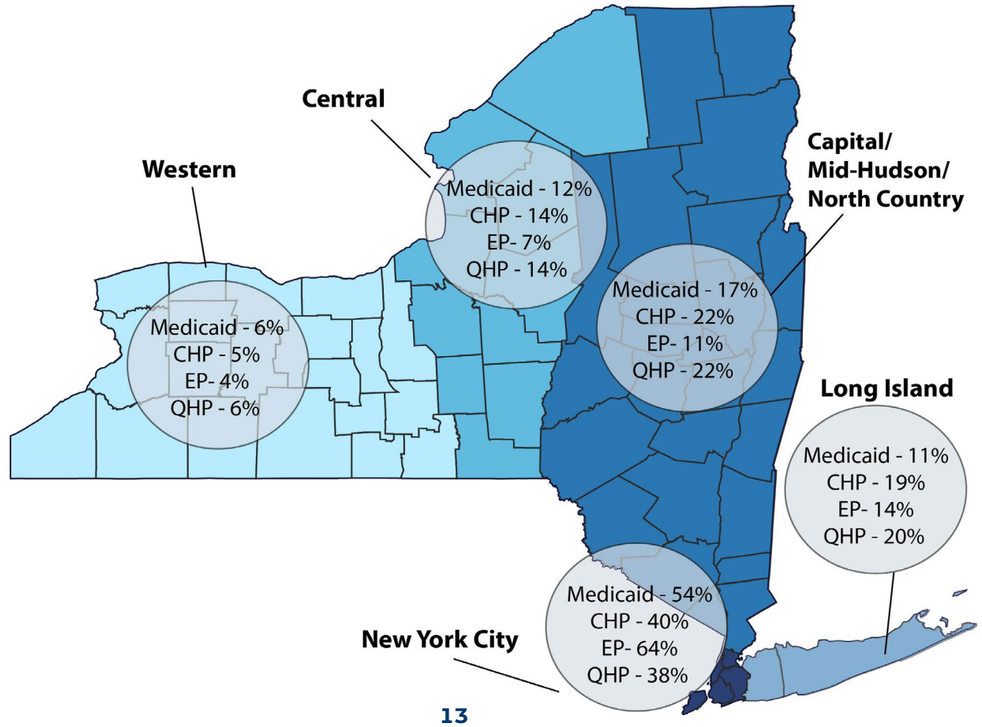
NYSOH meets language needs of enrollees through enrollment assistors who speak more than 58 languages and navigators, who offer assistance in more than 38 languages. At the Customer Service Center, nearly 250 Customer Service Representatives speak, in addition to English, at least one of the following 5 languages: Spanish, Mandarin, Russian, Cantonese, and Haitian-Creole. The Customer Service Center can also accommodate remaining non-English speaking callers through simultaneous interpretation through an outside interpreter service.

Preferred Written Language by Program

Language	Medicaid	CHPlus	EP	QHP	All Programs
Chinese	3%	3%	7%	2%	4%
English	76%	72%	68%	95%	75%
Russian	1%	1%	2%	<1%	1%
Spanish	19%	24%	22%	2%	19%

Regional **Data**

Similar to previous years, slightly more than half (55 percent) of Marketplace enrollees live in New York City; 12 percent live on Long Island; 16 percent live in the Capital/Mid-Hudson/North Country region; 6 percent live in the Western region; and 11 percent live in the Central region. The shares of enrollment by region largely track to each region's respective share of the State's non-elderly population.



Conclusion

As of January 31, 2023, NYSOH continues to report growing enrollment, which has reached a record 6.9 million New Yorkers enrolled in coverage. Since the onset of the pandemic in March 2020, enrollment in NY State of Health Marketplace programs has grown by over 2 million, or 41 percent. Federal continuous coverage provisions and enhanced QHP tax credits have allowed NYSOH to offer affordable health insurance and allow seamless transitions between public and private health insurance programs as individuals and families experienced disruptions in their circumstances throughout the pandemic.

As the Continuous Coverage Provisions that kept individuals enrolled in public programs without renewal come to an end, NYSOH is making every effort to keep New Yorkers enrolled in health insurance. The Department of Health, including NYSOH and the Office of Health Insurance Programs (OHIP), has been deploying a multipronged strategy to maximize the number of New Yorkers who maintain coverage as the redetermination process commences by engaging in outreach activities, partnering with stakeholders across the health care spectrum, leveraging flexibilities in federal rules, and making system enhancements to streamline the consumer experience.

Finally, NYSOH is committed to continually improving both access to health insurance coverage and the quality of care for Marketplace consumers, and will continue to build out these efforts by monitoring consumer quality data and incentivizing improvement through the EP Quality Incentive Program.

Appendix

Table 1 - Number of Enrollees, by Program and County
Table 2 – EP Enrollment by Issuer
Table 3 – QHP Enrollment by Issuer

Table 1: Number of Enrollees, by Program and County

County	Medicaid	CHPlus	EP	QHP	All Programs
Albany	56,779	4,723	8,155	2,543	72,200
Allegany	9,791	579	1,006	441	11,817
Bronx	597,192	22,002	110,696	4,432	734,322
Broome	40,248	2,878	4,983	1,615	49,724
Cattaraugus	17,510	1,221	1,831	814	21,376
Cayuga	15,105	1,495	1,906	695	19,201
Chautauqua	27,644	1,917	3,128	1,300	33,989
Chemung	19,224	1,063	2,011	711	23,009
Chenango	11,918	971	1,266	397	14,552
Clinton	14,428	1,395	1,733	682	18,238
Columbia	12,023	1,257	2,046	1,224	16,550
Cortland	10,259	880	1,270	374	12,783
Delaware	9,367	655	1,144	569	11,735
Dutchess	53,851	5,304	8,244	4,731	72,130
Erie	192,481	11,493	23,233	7,944	235,151
Essex	6,833	874	973	554	9,234
Franklin	10,470	716	1,063	369	12,618
Fulton	14,715	1,258	1,609	517	18,099

Table 1: Number of Enrollees, by Program and County, continued

County	Medicaid	CHPlus	EP	QHP	All Programs
Genesee	11,477	1,152	1,400	616	14,645
Greene	9,890	819	1,352	702	12,763
Hamilton	801	70	139	97	1,107
Herkimer	14,238	1,379	1,709	623	17,949
Jefferson	22,115	1,887	2,784	836	27,622
Kings (Brooklyn)	923,903	52,753	243,288	29,916	1,249,860
Lewis	5,808	704	711	308	7,531
Livingston	9,665	1,159	1,460	721	13,005
Madison	12,553	1,264	1,445	698	15,960
Monroe	153,188	13,510	22,296	8,247	197,241
Montgomery	13,191	1,141	1,332	411	16,075
Nassau	262,971	31,823	72,281	21,006	388,081
New York	302,558	10,499	69,495	23,066	405,618
Niagara	43,932	3,094	5,538	1,867	54,431
Oneida	53,523	4,335	6,317	1,768	65,943
Onondaga	93,480	7,031	11,601	4,062	116,174
Ontario	17,974	2,219	2,615	1,507	24,315
Orange	112,021	10,250	15,358	4,216	141,845
Orleans	8,389	811	1,886	431	11,517
Oswego	26,371	1,943	2,784	1,069	32,167
Otsego	11,401	1,042	1,440	686	14,569
Putnam	15,500	1,755	2,476	1,691	21,422

Table 1: Number of Enrollees, by Program and County, continued

County	Medicaid	CHPlus	EP	QHP	All Programs
Queens	875,173	57,928	274,174	19,190	1,226,465
Rensselaer	27,746	2,651	3,393	1,391	35,181
Richmond (Staten Island)	121,847	7,676	26,509	4,065	160,097
Rockland	128,313	15,501	16,351	4,800	164,965
Saratoga	32,951	4,373	4,969	2,822	45,115
Schenectady	38,240	3,245	5,429	1,393	48,307
Schoharie	6,308	539	718	271	7,836
Schuyler	3,737	262	467	164	4,630
Seneca	6,406	520	739	295	7,960
St. Lawrence	20,490	1,635	2,226	656	25,007
Steuben	20,987	1,432	2,210	880	25,509
Suffolk	328,423	39,537	82,869	22,192	473,021
Sullivan	24,488	1,690	2,861	824	29,863
Tioga	10,340	726	1,159	488	12,713
Tompkins	13,940	1,230	2,028	1,128	18,326
Ulster	39,261	3,503	5,865	3,328	51,957
Warren	13,102	1,424	1,827	912	17,265
Washington	13,624	1,689	1,714	646	17,673
Wayne	19,188	2,395	2,767	1,202	25,552
Westchester	203,440	17,121	37,343	12,081	269,985
Wyoming	6,830	754	937	516	9,037
Yates	4,561	446	551	352	5,910
TOTAL	**5,204,182**	**377,598**	**1,123,110**	**214,052**	**6,918,942**

Table 2: EP Enrollment by Issuer

EP Issuer Name	Number of Enrollees	Percent of Enrollees
CDPHP	10,775	1%
EmblemHealth Essential Plan	79,952	7%
Empire BlueCross BlueShield HealthPlus	80,158	7%
Excellus[1]	52,400	4%
Fidelis Care	309,848	28%
Healthfirst	237,909	21%
Highmark Blue Cross and Blue Shield of Western New York	5,832	1%
Independent Health	7,459	1%
MetroPlus Health Plan	146,843	13%
Molina Healthcare[2]	64,037	6%
MVP Health Care	26,330	2%
UnitedHealthcare Community Plan	101,567	9%
TOTAL	**1,123,110**	**100%**

[1] Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY
[2] Including Affinity by Molina

Table 3: QHP Enrollment by Issuer

EP Issuer Name	Number of Enrollees	Percent of Enrollees
CDPHP	3,848	2%
Empire Blue Cross HealthPlus and Empire Blue Cross Blue Shield HealthPlus[1]	18,394	9%
Excellus[2]	16,033	7%
Fidelis Care	90,826	42%
Health Insurance Plan of Greater New York (EmblemHealth)	4,547	2%
Healthfirst	31,993	15%
Highmark[3]	4,139	2%
Independent Health	6,676	3%
MetroPlus Health Plan	12,079	6%
MVP Health Care	13,046	6%
Oscar Insurance Corporation	6,010	3%
UnitedHealthcare of New York, Inc.	6,461	3%
TOTAL	**214,052**	**100%**

[1] Includes HealthPlus (Medical Upstate) and HealthPlus HP, LLC
[2] Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY
[3] Includes Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York