Assistor Recertification Webinar Series
2021 QHP and EP Line Up – October 28, 2020
FAQs

Qualified Health Plans (QHPs)

1. **Slides 10, 20 and 24 reference certain plans being "counted as one." What does this mean?**

   Sometimes health plans offered may be divisions of the same umbrella company. For example, BlueCross BlueShield of Western New York and Blue Shield of Northeastern New York both operate under HealthNow New York Inc. The plan titles and logos may vary by county in New York State, and so are visually represented separately on these slides.

2. **Do consumers need to report their chosen Primary Care Provider (PCP) to NY State of Health?**

   No, this information is not provided to NY State of Health.

3. **When one (1) plan is bought by another plan, how can Assistors help consumers who get automatically transitioned check that their current providers are still in-network?**

   The NYS Provider & Health Plan Look-Up Tool can be utilized to verify if a provider is in-network. and can be found here: https://pndslookup.health.ny.gov/

   It is always best to contact the issuer directly to verify the provider is still in-network.

4. **Within Qualified Health Plan (QHP) naming format conventions, what does NSD stand for?**

   For QHP products, "NSD" indicates that the embedded dental benefits are not subject to the QHP deductible. This is applicable for both pediatric and adult/family coverage.

   This, along with all naming convention rules, can be found anytime as part of our Invitation to Participate, which can be found on the NY State of Health website: https://info.nystateofhealth.ny.gov/invitation

5. **On the Bronze Standard plans in 2021 with three (3) free visits not subject to the deductible, but subject to a co-pay, is this benefit offered for each person enrolled in the plan?**

   Yes, it is three visits per member (i.e. covered person), not a total of three visits for the family policy.

6. **On the Bronze Standard plans in 2021 with three (3) free visits not subject to the deductible, but subject to a co-pay, what will be the co-pay and how is this determined?**

   The Primary Care Provider (PCP)/Specialist co-pay will be applied based on the specific plan product co-pay amount for the type of visit the consumer receives.

Standard plan design descriptions are based on current understanding of Health and Human Services (HHS) Regulations and the Actuarial Value (AV) Calculator (Final version for 2021) and New York State Laws/Regulations**.** This information can be found on Attachment B – Standard Products 2021 Cost Sharing chart here.

7. **How can an Assistor or consumer check to see if a Non-Standard (NS) Qualified Health Plan (QHP) covers out-of-network services?**

   Network coverage is part of the QHP naming convention. The identifier for out-of-network coverage is OON. If OON is listed, that means there is coverage for out-of-network services. Consumers should research the parameters and the extent of the coverage for out-of-network services, as well as the process for getting an out-of-network provider approved by the health plan.

8. **How can an Assistor tell if a plan offers prescription coverage that is not subject to the deductible?**

   Prescription drugs are covered before the deductible for standard platinum, gold and silver products. For non-standard products, the naming conventions may also include benefits not subject to the deductible.

Dental Coverage

9. **Can a consumer enroll in a Stand-Alone Dental Plan (SADP) without enrolling in a medical plan in NY State of Health?**

   No, in order to enroll in a SADP, a consumer must be enrolled in a medical plan with NY State of Health.

10. **Do Stand-Alone Dental Pans (SADPs) offer family dental coverage?**

    Some SADPs do offer family dental coverage. For those that do, it will be indicated in their product names. You may use the Dental Plan Comparison Tool to shop for stand-alone family dental plans via the Family Dental tab. The link is found here: https://info.nystateofhealth.ny.gov/resource/dental-plan-comparison-tool

11. **How does the waiting period (WP) work under a Stand-Alone Dental Plan (SADP)?**

    When consumers sign up for a SADP, they get basic adult dental coverage upon enrollment. Under some SADPs, there may be a waiting period for a specific benefit. For example, some SADPs have a six month waiting period for x-rays and some do not.

    SADP plan names listed on the NYS Provider & Health Plan Look-Up Tool and application will indicate “WP” if there is a waiting period associated with any covered dental services. Additional information on waiting periods can also be found in our Anonymous Shopping Tool under the Plan Design. Lastly, it is always a good idea to check with the issuers directly on any specific plan information that is not clear to you.

12. **If a consumer chooses a Stand-Alone Dental Plan (SADP), waits the twelve (12) month waiting period for a specific dental service, and then that dental plan is not offered in NY State of Health the following year, how can the consumer attain the needed service?**

    Some issuers will waive the waiting periods if you present acceptable proof of previous dental insurance. Members should check with their prospective dental carriers to verify this prior to enrolling in a new plan.

13. **Can the NYS Provider & Health Plan Look-Up Tool be used to find dental providers who accept the Stand-Alone Dental Plan (SADP) coverage by county?**

    Yes, the NYS Provider & Health Plan Look-Up Tool can be used to find dental providers. Please visit: https://pndslookup.health.ny.gov/

14. **Do consumers have to enroll in dental plan at the time of health insurance enrollment or can they decide later to enroll?**

    Unless a consumer is eligible for both a Qualified Health Plan (QHP) and Special Enrollment Period (SEP), he or she cannot enroll in a Stand-Alone Dental Plan (SADP) outside of open enrollment.

    Individuals eligible for Essential Plan 1 and 2 can enroll in a SADP at any point during the year. The enrollment will be based on the 15th of the month rule.

Special Enrollment Period (SEP)

15. **If a consumer uses the Special Enrollment Period (SEP) to get Qualified Health Plan (QHP) coverage in October, do they still need to renew two (2) months later to keep coverage in January?**

    Yes, QHP coverage ends at the end of the calendar year. QHP members who enrolled using a Special Enrollment Period (SEP) will need to go through the renewal process and renew their coverage for January 2021. All QHP members will receive a renewal notice letting them know if they were automatically renewed or if they need to take any action such as picking a plan or updating their account for a manual renewal.

Resources and Tools

16. **Can an Assistor use the NYS Provider & Health Plan Look-Up Tool to search for a provider who takes Medicaid Fee-For-Service (FFS)?**

    There is a new tool for assistors to use for purposes of searching for Medicaid FFS providers available on the Health.Data.NY.gov website. It is called, Medicaid Enrolled Provider Lookup. A column titled “Medicaid Type” was added, which now includes FFS. https://health.data.ny.gov/Health/Medicaid-Enrolled-Provider-Lookup/ru78-uxr9.

17. Is there a way to look up participating hospitals in an insurer's network?

Yes, there are several options available. The most extensive is our NYS Provider & Health Plan Look-Up Tool, which can be accessed at: https://pndslookup.health.ny.gov/

In addition, we have a Hospital Participation Tool; it's designed to help find participating hospitals in an insurer's network in the Essential Plan (EP) and Qualified Health Plan (QHP) programs. The Hospital Participation Tool can be accessed by clicking on the link below. https://info.nystateofhealth.ny.gov/hospital-participation

18. On the Premium & Out-of-Pocket Cost Estimator where consumers estimate their total costs of medical expenses, is this amount supposed to be before health insurance, or after it? How should Assistors advise consumers to calculate this?

The Estimated Annual Medical Costs are before any insurance and the cost estimator tool helps compare costs with health insurance by comparing total costs under different products, metal levels, etc.

Estimated medical costs are an estimate of what you expect your total medical costs will be in the upcoming year. Consumers should consider their historical medical expenses as well as anticipated services for the upcoming year. Examples of medical costs include doctor visits, lab tests, outpatient or inpatient services, surgeries, therapy, and hospital stays. If currently enrolled, the consumer should contact their health insurance carrier for help in determining their current out-of-pocket medical expenses. If the individual is enrolling in a plan with other family members, that should be taken into consideration of their expenses. The Premium & Out-of-Pocket Cost Estimator can be found here:
https://info.nystateofhealth.ny.gov/cost-estimator