


What's New/What's Coming



The screenshot shows the nystateofhealth website interface. At the top, there is a navigation bar with 'New York State' and 'State Agencies' links, and a search bar. Below this is a secondary navigation bar with 'nystateofhealth' logo and 'The Official Health Plan Marketplace' tagline, along with menu items: 'ABOUT', 'RESOURCES', 'FORMS', 'GET HELP', '1-855-355-5777', and 'LANGUAGES'. A 'NEWS' section highlights a tool to lower health care costs. The main banner features a man's portrait and text: 'Surprisingly Affordable!', 'NY State of Health's NEW Essential Plan!', and 'Coverage is \$20 a month or free if you qualify'. Below the banner is a section for 'INTRODUCING THE NYS Provider & Health Plan Look-Up' with a 'Search By Health Plan, Provider, or Facility' button and a 'Read More' link. The 'Individuals & Families' section includes a photo of a family and text about low-cost health insurance options, with a 'GET STARTED' button and a link for help finding an insurance assistor. At the bottom, a three-step process is outlined: 1. Create an Account, 2. Tell us about yourself and your family, 3. Choose a health insurance plan.

Date: September 13, 2017
Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 43093774

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.

Here's what you said:

- More than 98% said the webinar increased your knowledge of the topic of citizenship and immigration.
- More than 96% said information from the webinar will allow you to better assist consumers who have various immigration statuses.

“The session was informative and well presented!”

“This presentation helped me to focus more on my daily functions to assist our consumers.”

“Could be useful to send out the email address again to help resolve problem cases. The webinar referred to CACMail but didn't provide the address.”

- CACMail@health.ny.gov - CACs only
- Navigators should submit cases through their current processes to escalate a case to their agency DOH contract manager.

Presenters:



Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus Policy & Exchange
Consumer Assistance

Today's Presenters

Erin Bacheldor

Medical Assistance Specialist, Bureau of Child Health Plus Policy
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Medical Assistance Specialist, Bureau of Child Health Plus &
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Agenda



1. Renewals

- Open Enrollment, Reminder on the Renewal process and Important Dates.
- What's new with renewals?
 - Child Health Plus and Essential Plan late renewals
 - 2018 Manual Renewal Improvements
 - Flyers being sent to consumers

2. Updates to the Documentation Checklist for Income

3. Minimum Essential Coverage (MEC) and Medicare

4. Qualified Tax Deductions

5. Preventing Eligibility Gaps for Consumers

What's Coming?

Open Enrollment & Renewals

When is Open Enrollment in New York State?

Open Enrollment will run November 1, 2017 - January 31, 2018

- Because New York operates its own marketplace, the state has flexibility to set its open enrollment period dates.
- New York is exercising this authority to meet the needs of consumers by ensuring that they have:
 - sufficient time to enroll.
 - adequate access to enrollment assistance from the Customer Service Center.
 - adequate access to enrollment assistance from In-Person Assistors.
- NY State of Health expects to renew coverage for more than 400,000 households and enroll new people into coverage during the Open Enrollment Period.
- Details about 2018 plan options will be released in late September.
- Enrollment in Medicaid, Essential Plan, and Child Health Plus is open all year.

Date	Action
Mid-October, 2017	<p>Renewal Notices mailed. These notices are sent to individuals eligible for renewal of their:</p> <ul style="list-style-type: none"> • QHPs (includes Full Pay QHP, APTC, and APTC CSR). • Medicaid, Child Health Plus, and Essential Plan coverage ending on 12/31/17. <ul style="list-style-type: none"> ○ Annual renewal notices for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule
11/1/2017	Open Enrollment begins for <u>new</u> applicants.
11/16/2017	<p>Open Enrollment begins for individuals <u>renewing</u> coverage.</p> <ul style="list-style-type: none"> • Consumers can update their account if needed, and enroll in a plan for coverage starting on 1/1/2018.
12/15/2017	Last day to enroll for January 1, 2018 coverage.
1/31/2018	Open enrollment closes for QHPs.

- Individuals enrolling in coverage **for the first time during open enrollment** can apply and select a plan beginning November 1st.
- Individuals **renewing** coverage that want to select new plans can do so beginning November 16.

For	When Enrollment is Completed	Coverage Begins
New Application	November 1- December 15	January 1 st , 2018
Renewal Application	November 16 - December 15	January 1 st , 2018
New/Renewed Application	December 16 - January 15	February 1 st , 2018
New/Renewed Application	January 16 - January 31	March 1 st , 2018

3 Types of Renewals

1. Automatic Renewal with Auto-Enrollment

- No action required

2. Automatic Renewal without Auto-Enrollment

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

3. Manual Renewal

- Action Required: Consumer must update their application

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT



- Consumer must have given NY State of Health permission to renew eligibility using data sources.
- Consumer will have their eligibility renewed systematically using documented income from the consumer, state data sources, and federal data sources.
 - Documented income from the consumer must have been verified by the Marketplace within the past three (3) months.
- Consumer will receive notice with enrollment information including APTC applied (if applicable) before the end of the year.
 - No action is needed if consumer agrees with information in their notice.
 - If the consumer does not agree with their automatic renewal determination, they will be able to update their application.
 - The update can be made starting 11/16/2017. It should be completed by 12/15/2017 to ensure coverage on 1/1/2018.
- Enrollment into the plan (if the same plan is available in 2018) will be automatically completed by the Marketplace.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT

In most cases, when eligibility changes from one program to another, the individual will be auto-enrolled in that plan, if the same health plan exists.

- MMC to CHPlus (Subsidized only)
- MMC to EP
- MMC to MMC in another county
- CHPlus to CHPlus in another county
- CHPlus to MMC
- CHPlus to EP
- EP to MMC
- EP to EP in another county
- QHP all types to MMC
- QHP all types to CHPlus (Subsidized only)
- QHP all types to EP

Consumers will also have the option to switch plans if they choose.

Exceptions:

- Auto-Enrollment is not possible when an individual is newly eligible for Full-Pay CHPlus.
- Auto-Enrollment is not possible when an individual is newly eligible for a QHP (Subsidized or Full-Pay).
- Auto-Enrollment is not possible when an individual goes from a QHP to a QHP in another county.
 - These Individuals will be renewed without Auto-Enrollment. They will need to go in and pick a plan during the timeframe specified in their notice.

Action Required: Consumer must select and enroll in a plan

This could happen because:

- The consumer became newly eligible for a QHP.
- The consumer moved to a different county and their current plan does not offer coverage in that county.
- The consumer's program eligibility changed and their 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 for the upcoming year.
- The consumer became newly eligible for full-pay CHPlus.
 - Assistor/Consumer should carefully review the notice in order to return to the account during the specified time period to help the consumer enroll in a plan.

MANUAL RENEWALS

Consumers **MUST** update information on or before 12/15/2017 in order to remain enrolled in their financial assistance health insurance program effective 1/1/2018.

Consumers who do not update their information may:

- Lose their applied tax credit toward their QHP as of 1/1/2018.
 - Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied.
 - Medicaid, Child Health Plus and Essential Plan renewal due dates will be discussed later.

MANUAL RENEWALS

Last year, NY State of Health allowed late renewals for Medicaid enrollees.

- Example: Consumer's Medicaid Managed Care (MMC) coverage end date is 12/31/2017. Consumer fails to renew by 12/15/2017 (timely). However if:
 - the consumer returns to their application between 12/16 – 12/31
 - ❑ If found MA MMC eligible, and the consumer enrolls in the same MMC plan they had last year, then they will be reinstated in their MMC plan starting 1/1/2018.
 - ❑ This consumer will not be enrolled in Medicaid Fee-For-Service (FFS) only, for the month of January.

REMINDER ON APTC

Under federal regulation, consumers may be found ineligible for tax credits in 2018 if they received APTC in previous years but:

- did not reconcile these credits using form 8962 when filing their 2016 taxes.
- did not file a return in 2016 or request an extension.
- did not file their 2016 taxes yet, but has requested an extension.

Consumers who are found ineligible for tax credits should refer to their notice for more information on what to do next to resolve their APTC reconciliation.

Poll Question #1

Torrina calls her Assistor after receiving her renewal notice stating that she needs to update her account. Her current QHP coverage is ending on 12/31/2017. Torrina would like to meet on November 1st, which is the first date of Open Enrollment. What is the most appropriate response of the Assistor?

- A) I have many meetings on that day, but I will do my best to squeeze you in.
- B) I have many meetings that day, so we will have to explore times later in the week.
- C) Help Torrina to review her notice to see that she needs to wait until November 16th for the appointment.
- D) Explain to Torrina that she has until January 31st to enroll and there is no rush to make the appointment.

For	When Enrollment is Completed	Coverage Begins
New Application	November 1- December 15	January 1 st , 2018
Renewal Application	November 16 - December 15	January 1 st , 2018
New/Renewed Application	December 16 - January 15	February 1 st , 2018
New/Renewed Application	January 16 - January 31	March 1 st , 2018

What's New with Renewals?

Late Renewals Under Child Health Plus and Essential Plan

Child Health Plus and Essential Plan Late Renewals

- Some individuals are renewing their coverage before the end of the month but after the deadline given by NY State of Health and as such they lose their current eligibility.
- For Child Health Plus (CHPlus) and Essential Plan (EP), this results in a one month gap in coverage.
- This issue was addressed for the Medicaid Managed Care program last year as one of the renewal improvements.
- A similar solution will be implemented in early October for CHPlus and EP.

What is a Late Renewal?

Medicaid, CHPlus and EP renewals must be completed within a 30 day window as specified in the consumer’s notice.

Date Coverage is Ending	Account is renewed	Plan coverage will begin without any gaps
9/30/2017	8/16/2017 - 9/15/2017	10/1/2017

For purposes of this change, a CHPlus or EP late renewal is one that is completed after the 30 day renewal window but before the end of the month in which coverage ends.


Date Coverage is Ending	Late Renewal Time Period
9/30/2017	9/16/2017 – 9/30/2017

Child Health Plus Renewal Time Periods before October 2017

- There is a specific timeframe that a child must renew their CHPlus coverage to maintain continuous enrollment.
- Failure to do so in a timely manner will result in a gap in coverage.

Date Coverage is Ending	Account is renewed	Plan Coverage will Begin
12/31/2017	11/16/2017 - 12/15/2017	1/1/2018
12/31/2017	12/16/2017 – 12/31/2017	2/1/2018

This person renewed too late and had a gap in coverage



New Functionality is being added in early October which will allow certain CHPlus enrollees to maintain continuous coverage if they renew late.

The system will auto-enroll the child into the same plan without a gap in coverage for the following late renewal eligibility types as long as the same plan is available:

- Subsidized CHPlus to Subsidized CHPlus (even if the premium amount changes)
- Unsubsidized CHPlus to Subsidized CHPlus
- Unsubsidized CHPlus to Unsubsidized CHPlus

Auto-Enrollment is not available to a child who renews late that was enrolled in Subsidized CHPlus who becomes eligible for Unsubsidized CHPlus coverage.

- If the family enrolls in the same plan during the late renewal period, coverage will begin the 1st of the immediate next month (without a gap).

Date Coverage is Ending	Account is updated	Plan Coverage will Begin
12/31/2017	11/16/2017 - 12/15/2017	1/1/2018
12/31/2017	12/16/2017 – 12/31/2017	1/1/2018

This person performed a late renewal, was auto-enrolled into the same plan, and has no gap in coverage.

- When a late renewal is performed, the child is auto-enrolled in the same plan without a gap in coverage. The family may still decide to switch plans at this time.
 - They can select: **Pick a New Plan**
 - Enrollment for the new plan will be based on the “15th of the month” rule.
- If the child was previously enrolled in subsidized CHPlus and becomes eligible for Full-Pay CHPlus during a late renewal, auto-enrollment is not available.
 - Proceed to: **Choose a Plan**
 - If the family chooses a different plan during this process, plan enrollment will be based on the “15th of the month” rule.
- If the same plan is not available in the prospective renewal period, the child cannot be auto-enrolled and should proceed to plan selection.
 - If this occurs when performing a late renewal, enrollment in the new plan will be based on the “15th of the month” rule.

Date Coverage is Ending	Account is updated	Plan Coverage will Begin
12/31/2017	11/16/2017 - 12/15/2017	1/1/2018
12/31/2017	12/16/2017 – 12/31/2017	2/1/2018

This person performed a late renewal and picked a different plan.

- One month gap in coverage.

Essential Plan 1 & 2 Renewal Time Periods before October 2017

Date Coverage is Ending	Account is updated	Plan Coverage will Begin
12/31/2017	11/16/2017 - 12/15/2017	1/1/2018
12/31/2017	12/16/2017 - 12/31/2017	2/1/2018

This person renewed too late and had a gap in coverage

New Functionality is being added to allow certain Essential Plan enrollees to maintain continuous coverage with their plan if they renew late.

- **This functionality will occur as long as the same plan is available and the consumer still wants that plan.**
- If the consumer was previously enrolled in a Stand Alone Dental Plan (SADP), the system will auto-enroll in the same SADP.
- If the consumer was enrolled in EP 3 or 4, and becomes eligible for EP 1 or 2 during late renewal, they will be auto-enrolled in the same medical plan and have the option to purchase a SADP.
 - The SADP enrollment will begin based on the 15th of the month rule.
- If the consumer was previously enrolled in EP 1 or 2 with a SADP, or in an EP “Plus” plan, and becomes eligible for EP 3 or 4 during late renewal, they will be auto-enrolled in the same medical EP Plan.
 - Dental and vision coverage are no longer needed as separate, stand alone services.

- When a late renewal is performed, the individual is auto-enrolled in the same plan without a gap in coverage. The individual may still decide to switch plans at this time.
 - They can select: Pick a New Plan
 - Enrollment for the new plan will be based on the “15th of the month” rule.

- If the same plan is not available in the prospective renewal period, the individual cannot be auto-enrolled and should proceed to plan selection. Choose a Plan
 - If this occurs when performing a late renewal, the individual will enroll in the new plan based on the “15th of the month” rule.

Date Coverage is Ending	Account is updated	Plan Coverage will Begin
12/31/2017	11/16/2017 - 12/15/2017	1/1/2018
12/31/2017	12/16/2017 – 12/31/2017	2/1/2018

This person performed a late renewal and picked a different plan.

- 1 month gap in coverage.



2018 Manual Renewal Improvements

NY State of Health is making a series of improvements to improve the accuracy of manual renewals.

1. An account where a document request is pending is only be eligible for manual renewal.
 - Consumer's renewal notice will state that they need to manually renew and should update their account within a required time frame.
 - If the document in this account becomes verified between 10/1/2017 – 11/15/2017, and consumer becomes fully eligible, a new renewal notice will be posted to the account saying that the account is now eligible for auto-renewal.
 - This consumer will receive a second renewal notice, please have them review it carefully as the information and action steps may be different.

2. Changes were made to the system to look at more recent income data.
 - This should reduce the number of documentation requests for income verification at renewal and when updating a consumer's account outside of renewal.


3. Essential Plan renewals reports will be provided to Marketplace Plan Facilitated Enrollers (CACs who work directly for plans).
 - Goal is to retain more consumers through plan outreach and renewals.
4. Eligibility determination screens will be updated to specify which variation of Essential Plan the consumer is eligible for.

📍Care Bear **Essential Plan 2** Marketplace ID: HX0000055260

Congratulations! You are eligible to enroll in the Essential Plan with a **\$0 premium per month**. Your eligibility is based on the number of people in your family and the income information in your application. The household income listed in your application is \$17,000.00.

The Essential Plan covers all essential health benefits with low co-pays for certain health services and no annual deductible. You may choose to also enroll in dental and vision benefits for an additional monthly premium.

Annual Household Income	Federal Poverty Level	Premium Amount	Start	End
\$17,000.00	143.1%	\$0.00	07/01/2017	06/30/2018



5. The “Coverage [Name] Has” question is being updated to specify that consumers should not answer “Yes” to this question if the coverage that they have is through NY State of Health.

Old Question

Coverage Marla Has

This information is needed to determine if you can get help to pay for all or some of your health insurance premiums.

Is Marla enrolled in health care coverage now? Select yes even if the coverage is from someone else's job, such as a parent or spouse. Select no if you are currently enrolled in Medicare, Medicaid, Child Health Plus, Family Health Plus, Tricare, Veteran's Health Care Program, or the Peace Corps. ⓘ *

Yes No

New Question

Coverage Marla Has

NY State of Health uses information about the coverage you are currently enrolled in to see if you can get help paying for all or some of your health insurance premiums.

Is Marla enrolled in health coverage other than Medicare now?
Select “**Yes**” if you get health coverage through your job. You should also select “**Yes**” if you get health coverage through a family member's job, like a parent or spouse.
Select “**No**” if you are not enrolled in health coverage, or if you are currently enrolled in coverage through NY State of Health. Types of coverage offered through the Marketplace include Medicaid, Child Health Plus, the Essential Plan, or a Qualified Health Plan. You should also select “**No**” if you are currently enrolled in coverage through Tricare, Veterans Health Benefits or Peace Corps.

Yes No

6. Improvements are being made to the layout and language of the renewal notices to make them more consumer friendly.
 - Notices will include the eligibility results and the eligibility effective date up front along with whether the consumer needs to take action or not.
 - This new format will allow the consumer to know what their program eligibility is, the effective date, as well as whether or not they have to pick a plan.
 - If the consumer is auto-enrolled into a plan, the notice also tells them this in the same section of the notice.
 - We are grouping the members of the household into 4 sections:
 - Those who are due to renew and need to take an action (i.e. like picking a plan);
 - Those who are due to renew and do not need to take an action (i.e. those who have been auto-enrolled into a plan);
 - Those who are ineligible for all coverage through NY State of Health;
 - Those individuals who are not due to renew (such as people who are in continuous coverage or who are incarcerated).
 - Notice will include the date the previous program eligibility ends if the consumer is changing programs at renewal.
 - Notices will have streamlined eligibility results and terms to be consistent.
 - Using “qualify” instead of “eligible” throughout the notice
 - Using “health insurance coverage” wherever applicable

Renewal Flyers

Jane Smith
123 Albany Street
Albany, NY 12205

AC0000000000

Good News for Medicaid Enrollees

**It's not too early to renew your
Medicaid coverage.**

It's easy It's fast Act now!

Log into your account at nystateofhealth.ny.gov/individual to tell us about any changes in your life, such as changes in income, family size, or where you live.

Need Help? Go to this online directory, https://nystateofhealth.ny.gov/agent/hx_brokerSearch, to find a Navigator or Certified Application Counselor at a community-based organization or health plan.

Questions? Call 1-855-355-5777 (TTY 1-800-662-1220).
Monday to Friday: 8am - 8pm / Saturday: 9am - 1pm

We are headed toward a very busy time of year.

Now is a good time to update your account.

It's an important part of taking good care of your health.

- In order to decrease call volume and improve wait times during Open Enrollment, NY State of Health has encouraged some families to renew their Medicaid coverage early.
- By spreading the volume of renewals outside of the Open Enrollment period, we anticipate a more balanced workload for Assistors and the Call Center.

The following households will receive a flyer between July and September encouraging them to renew early.

1. Households with least one (1) member who is due to renew coverage between 12/1/2017 and 2/1/2018.
2. Households where all applying members on the account are enrolled in Medicaid.

Renewal Flyers

A “Get Ready to Renew” flyer will be sent out by email only in mid October 15. This flyer will:

- be sent to QHP, EP, CHPlus and select Medicaid enrollees (excluding those who received the early Medicaid renewal flyer) due to renew for coverage starting 1/1/2018.
- inform consumers that they will soon receive their renewal notice from NY State of Health.
- encourage consumers to take action between November 16 and December 15th.
- remind consumers that financial assistance for QHP enrollees will not be available in 2018 if the consumer received advanced premium tax credits (APTCs) in 2016 but has not yet filed their 2016 tax return and reconciled those PTCs.
- be sent in English and Spanish.



WHY YOU'RE GETTING THIS

It's almost time to renew your health insurance coverage for 2018. Act between November 16 and no later than December 15, 2017 for coverage beginning January 1, 2018.

HERE'S WHAT YOU SHOULD DO:

IF SOMETHING HAS CHANGED IN YOUR LIFE, TELL US WHEN YOU RENEW.

- Income?
- Family size?
- Where you live?

Go to nystateofhealth.ny.gov and log in to update your information, contact your in-person assistor, or call us at 1-855-355-5777 and we'll do it for you.

WATCH THE MAIL.

You will receive a Renewal Notice by mail or an email telling you to read the Notice online. It explains:

- What health insurance program you qualify for in 2018.
- Your cost for coverage in 2018.
- Actions you should take, if any, to renew your coverage for 2018 and avoid gaps in coverage .

COMPLETE YOUR 2016 TAX RETURN.

You can't get help paying for a Qualified Health Plan in 2018 if you haven't filed your 2016 tax return. If you have questions, contact a tax preparer or get free tax help www.irs.gov.

HELP IS AVAILABLE IN YOUR OWN LANGUAGE.

- Call the Customer Service Center at 1-855-355-5777
- Or visit a certified in-person assistor. To find one, call us or [click here](#).

Renewal Flyers

A “Reminder to Renew” flyer will be sent is early December by email only, to consumers who are due to renew for coverage starting 1/1/2018 but have yet to complete their renewal.

- The flyer will be sent to QHP, EP, CHPlus and Certain Medicaid Consumers.
- The flyer encourages consumers to review the renewal notice that they have already received and take action by December 15th.
- The flyer will be sent in English and Spanish.



The flyer features the nystateofhealth logo at the top. Below it is a graphic of the state of New York composed of many small yellow and blue dots. To the right of the graphic, the text reads: "A REMINDER... ABOUT RENEWING YOUR HEALTH INSURANCE".

ACT NOW TO RENEW YOUR HEALTH PLAN FOR 2018.
Recently, you received a notice from NY State of Health about what actions you need to take, if any, to renew your health plan for 2018. It is important that you take these actions to avoid any gap in coverage.

1. TELL US...WHAT'S NEW IN YOUR LIFE?
Did your income, family size or address change?
Tell us by logging into your account at nystateofhealth.ny.gov, contacting your in-person assistor, or calling Customer Service at 1-855-355-5777. It could make a big difference in what insurance you can buy or how much you'll pay, if anything.

2. CHOOSE A HEALTH PLAN
Visit nystateofhealth.ny.gov to see your choices and pick a health plan for 2018.

3. MAKE THESE CHANGES...BY DEC 15.
This is the only way you can be sure that your coverage will continue, without any gaps, right through 2018.

ONE MORE THING!
HELP IS AVAILABLE IN YOUR OWN LANGUAGE.

- Call the NY State of Health Customer Service Center at 1-855-355-5777.
- Or visit a certified in-person assistor. To find an assistor, call us or [click here](#) to search on-line.

Renewal Flyers

A “Reminder to Pick a Plan” flyer will be sent by email:

- During Open Enrollment to consumers who have a **QHP determination** within the month but have yet to pick a plan. Email will be sent on the 1st and the 7th of the month during Open Enrollment beginning on December 1, 2017.
- During Open Enrollment and throughout the year to consumers who have an **Essential Plan determination**, but have yet to pick a plan. Email will be sent during the first week of the month.
- In English and Spanish.

Consumers who are receiving this flyer have already received their renewal notice and have yet to enroll in a plan.



Renewal Flyers

A “Deadline Reminder” flyer will be sent by email:

- starting in January 2018.
- to consumers who have a QHP determination for 2018 but have not yet enrolled.



The flyer features the nystateofhealth logo at the top. Below the logo is a graphic of a map of New York State composed of various yellow icons representing health services, with the text "NEED TO DO" overlaid. The main body of the flyer contains the following text:

NY STATE OF HEALTH DEADLINE!
The deadline to enroll or renew your health plan for 2018 is January 31st

IF YOU HAVE QUESTIONS OR NEED HELP ENROLLING:

- Visit www.nystateofhealth.ny.gov
- Call 1-855-355-5777

CUSTOMER SERVICE WILL BE OPEN:

- Monday to Friday from 8:00am – 8:00pm
- Saturdays from 9:00am – 1:00pm
- Extended hours on Saturday and Sunday January 28th and 29th from 9:00am – 4:00pm

Remember: Act by January 31st for 2018 coverage!

Poll Question #2

Mr. Whitfield calls and states that he received a notice that he was automatically renewed but he needs to pick a plan. He doesn't understand why he must pick a plan if he was automatically renewed. Which is the best response by the Assistor?

- A. Explain that this does occur. Schedule an appointment with him to help him understand why this happened and enroll in a plan for next year.
- B. Ask him to email you the notice so you can review it yourself.
- C. Tell him to login to his account and follow the instructions in his notice.

Renewals

Questions?



What's Coming

Documentation Checklist for Income

The Documentation Checklist for income was updated in order to provide additional detail on these requirements.

- Notices sent in early October 2017 will provide a more extensive and detailed list of income documentation.
- The Documentation Checklist for Assistors was updated with this additional detail and should be used effective immediately.

Request for Additional Information – Documentation List	
<p>[K7014] This chart shows the most common sources of income. Pick the document that best applies to you and send it to us. Only send in copies. Keep any original documents.</p> <p>Note: If you miss the due date, you may lose your insurance or receive less help paying for your coverage.</p>	
<p>If you receive...</p>	<p>Then, send us one of the following documents.</p>
<p>Income from a job</p>	<ul style="list-style-type: none"> • If you get paid on a regular basis: Pay stubs or payroll summary, showing employer name, employee information, pay date or pay period, and gross pay for the four (4) weeks prior to date on this notice • If you do not get paid on a regular basis: Pay stubs or other documentation of your most recent income. If documents are not from the four (4) weeks prior to date on this notice, tell us why. Be sure to sign and date your explanation. • Letter from employer, signed and dated, showing company contact information, rate of pay, number of hours worked per week, and time period of employment
<p>NYS Unemployment Benefits</p>	<ul style="list-style-type: none"> • Signed letter from tenant with monthly rent amount • Award letter/certificate • Monthly benefit statement from NYS Department of Labor • Official Record of Payment History form NYS Department of Labor • Printout of payment information from NYS Department of Labor's website • Letter from NYS Dept of Labor with reason for your denial
<p>Social Security Retirement Benefits</p>	<ul style="list-style-type: none"> • Award letter/certificate dated within the last year • Annual benefit statement (SSA-1099) • Correspondence from the Social Security Administration with your award status (denied, award amount, still pending)
<p>NYS Unemployment Benefits</p>	<ul style="list-style-type: none"> • No income or recently lost your source of income. • A letter from your previous employer with termination date • Proof you have applied for unemployment benefits • Statement from the NYS Department of Labor showing unemployment benefits have been exhausted • Letter from the Social Security Administration stating your benefits have ended
<p>Note: Up to three months of income documentation is required if you want to be considered for Medicaid coverage to help pay for prior medical bills. See "Additional Information Required to Confirm Your Eligibility" section of this letter for specific time period we are requesting your proof of income.</p>	

Minimum Essential Coverage (MEC) and Medicare

New Application Question

Current Medicare Attestation Functionality:

When the Marketplace receives information from data sources indicating that a consumer is enrolled in Medicare, the consumer is asked to attest to whether or not the Medicare data is correct.

- This question is currently displayed right after the “Review Household Summary” page.
- Coming Soon: This question will be removed and replaced.

We see that you are currently enrolled in Medicare until 01/01/2017 . Is this information correct? *

Yes No

Coming Soon: New Medicare Question

The Marketplace will soon display a new mandatory question to all consumers at initial application, manual renewal or with a Life Status Change (LSC).

Enrollment in Medicare

Are you or anyone in your household currently enrolled in Medicare? Yes No

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). For more information about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Business Rule - *if yes is selected, then display each person who is applying in the household as check box. Consumer should be able to select one or all persons.*

Please tell us who is enrolled in Medicare:

Person 1

Person 2

Person 3

The new question will appear after the section of the application on income, and before the question on “Coverage [Name] Has.”

Coming Soon: If the Marketplace receives information from data sources that a consumer has Medicare, this will be considered true even if they answer “No” to the previous question.

If a consumer is found to be an active recipient of Medicare, the system shall no longer allow a new consumer to enroll in coverage:

- Medicaid
- Essential Plan
- Child Health Plus
- Qualified Health Plan

Coming Soon: Medicare Data Hit will be Considered True

If a consumer who is already enrolled in Marketplace coverage is later found to be an active recipient of Medicare, the system shall respond:

Medicaid (MA) – Consumers under 65 years of age will be systematically disenrolled from their Medicaid Managed Care (MMC) plan but may remain enrolled in Medicaid Fee-For-Service (FFS).

- Consumers who are not parent/caretaker relatives, pregnant, under age 19, or age 19 to 20 and living with a parent will be referred to the LDSS at renewal.
- Consumers who are parent/caretaker relatives, pregnant, under age 19, or age 19 to 20 and living with a parent will not receive a referral and may remain enrolled in FFS through the Marketplace.

Essential Plan 1 & 2 – Consumers will be disenrolled effective the end of the current month and receive a referral to LDSS.

Essential Plan 3 & 4:

- Consumers who are parent/caretaker relatives or report that they are now pregnant will be disenrolled from their EP Plan and enrolled in Medicaid FFS if their income is still within the MA income level.
- Consumers who are not parent/caretaker relatives or pregnant women will be referred to the LDSS. They will be disenrolled from their EP plan effective the end of the month following the month they received the referral.

Child Health Plus– Consumers will be disenrolled effective the end of the current month and receive a referral to LDSS if their income is still over the MA income level.

Qualified Health Plan – Consumers' APTC/CSR will end at the end of the current month but they may stay enrolled in their QHP with no financial assistance. They will receive a referral to the LDSS.

Enrollment in Medicare

Are you or anyone in your household currently enrolled in Medicare?



Yes



No

If a newly applying consumer replies “Yes” their answer will be considered true regardless of the data source on Medicare:

- The consumer will be determined ineligible in the Marketplace for all programs.

If an existing consumer replies “Yes,” their answer will be considered true regardless of the data source on Medicare:

- See slide 47 for system responses.

Enrollment in Medicare

Are you or anyone in your household currently enrolled in Medicare?

Yes



If the consumer replies “No” and the system does not receive a data hit that this consumer has Medicare:

- The Marketplace will continue to process the application.

If a newly applying consumer replies “No” and the system receives a data hit that this consumer has Medicare, the data hit will be considered true.

- The consumer will be determined ineligible in the Marketplace for all programs.

If an existing consumer replies “No” and the system receives a data hit that this consumer has Medicare, the data hit will be considered true.

- See slide 47 for system responses.

AUTOMATIC RENEWALS

Consumers who are able to be automatically renewed by NY State of Health will not see the new question until/unless they run a Life Status Change (LSC).

- The Marketplace will respond at automatic renewal based on the data source alone.
 - The Marketplace will send a referral to the LDSS in the month the system is re-evaluating the account if there is a match for Medicare with Federal/State data sources.
 - All other family members on the account will continue through auto-renewal.

Poll Question #3

Mr. Jones completed an application and reports that he does not currently have any income. He is frustrated because the Marketplace is requesting proof of his income of \$0. How can you help him complete the documentation requirements?

- A. Tell him he does not need to do anything because there is no way to prove \$0 income.
- B. Tell him to write a letter and state that he has no income. Have him sign and date the letter.
- C. Review the notice with him and find out if he can produce any of the items under “no income.”
- D. Have him complete the “Declaration of Income” form stating that he has no income.

- Documentation Checklist for Income
- MEC and Medicare New Functionality

Questions?



Tax Deductions for:

- **Qualified Tuition and Related Expenses**
- **Student Loan Interest Payments**

Allowable deductions for Qualified Tuition and Related Expenses are limited to
\$4000

26 USC § 222. Qualified tuition and related expenses

(a) Allowance of deduction

In the case of an individual, there shall be allowed as a deduction an amount equal to the qualified tuition and related expenses paid by the taxpayer during the taxable year.

(b) Dollar limitations

(1) In general

The amount allowed as a deduction under subsection (a) with respect to the taxpayer for any taxable year shall not exceed the applicable dollar limit.

(B) After 2003

In the case of any taxable year beginning after 2003, the applicable dollar amount shall be equal to—

(i) in the case of a taxpayer whose adjusted gross income for the taxable year does not exceed \$65,000 (\$130,000 in the case of a joint return), **\$4,000**

Allowable deductions for Student Loan interest are limited to
\$2500

26 USC § 221. Interest on Education Loans

(a) Allowance of deduction

In the case of an individual, there shall be allowed as a deduction for the taxable year an amount equal to the interest paid by the taxpayer during the taxable year on any qualified education loan.

(b) Maximum deduction

(1) In general

Except as provided in paragraph (2), the deduction allowed by subsection (a) for the taxable year shall not exceed **\$2,500.**

Tax Deduction for Qualified Tuition and Related Expenses, and Student Loan Interest Payments

Deductions

If you or your family members pay for certain things that can be deducted on a federal income tax return, telling us about them will help the Marketplace accurately determine you and your family's income.

Do not include deductions such as charitable contributions, home mortgage interest, property taxes, or child care expenses. You also should not enter a deduction that is already considered a cost or expense as part of your business. Only include deductions that are part of your adjusted gross income on the tax return. If you are expecting any capital losses in 2017, you can enter this amount as "Other Adjustments" in this section.

Click on **Add Deduction** to tell us if anyone pays for things like alimony, student loan interest, or any other deductions that will be taken on your tax return in the upcoming year. Click on **Edit Deduction** to change the amount that you will list as a deduction on your federal income tax return. Click on **Remove Deduction** to delete this deduction.

If you do not have any deductions, check the box next to your name.



Add / Edit Deductions

What type of deduction will this person be claiming on their taxes in 2017? *

Tuition & fees

How much will you be claiming for this deduction? *

Amount

Frequency

\$4,000

per

Annual (Once a year)

Close

Next

Add / Edit Deductions

What type of deduction will this person be claiming on their taxes in 2017? *

Student loan interest deductio

How much will you be claiming for this deduction? *

Amount

Frequency

\$2,500

per

Annual (Once a year)

Close

Next

Preventing Eligibility Gaps for Consumers

In order to prevent gaps in coverage for some consumers, NY State of Health is updating the way that eligibility is processed when a consumer who already has coverage in the Marketplace appears to be financially Medicaid eligible, but needs to provide documentation of their income.

- This application is pending a Medicaid determination for income 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.

Call the Marketplace at 1-855-355-5777 (TTY 1-800-662-1220) if you have questions about how your eligibility was determined.

*** Name**

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.

Reminder: NY State of Health pends an application for Medicaid for 15 days from the date the consumer receives their notice so that the consumer can provide documentation.

Previous Functionality



When a consumer receives the eligibility determination page pending Medicaid income, their current Marketplace coverage would automatically end effective the last day of the current month.

Example:

1. Consumer is enrolled in Medicaid from 1/1/2017 – 12/31/2017.
2. Consumer completes Life Status Change (LSC) to update their income information on 6/2/2017 and gets this result (screen below) with 15 days to document their income.
3. Consumer is systematically disenrolled from MMC effective 6/30/2017.
4. Consumer uploads documentation of Medicaid eligible income on 6/17. It is reviewed and approved.
5. Consumer will be enrolled in MA FFS 7/1/2017.
6. Consumer is allowed to enroll in MMC plan on or after 6/17. MMC enrollment will not start until 8/1 if the consumer chooses a plan timely.
7. This leaves a one (1) month gap in MMC coverage.

*** Name**

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.

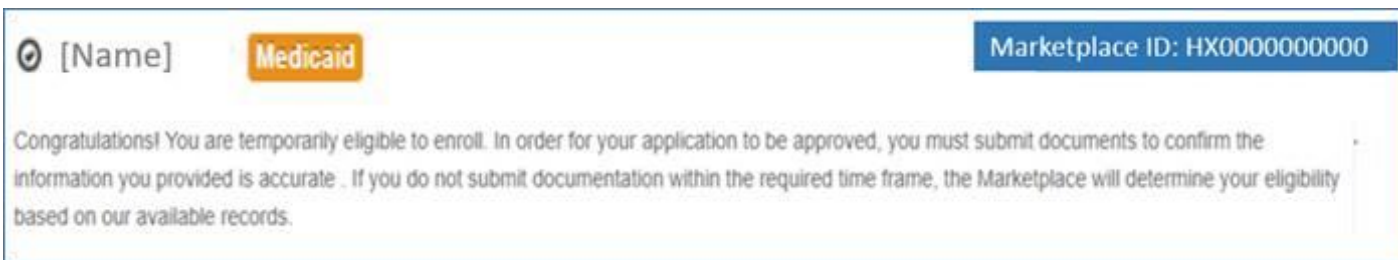
In order for your eligibility to be determined, you must submit documents by the date below to confirm that the information you provided in your application is accurate.

New Functionality



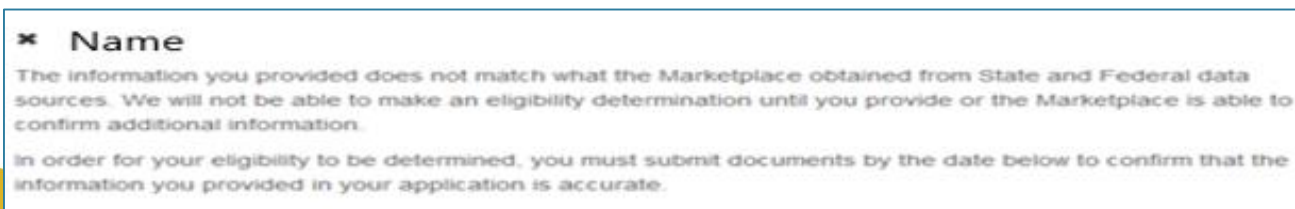
When a Medicaid individual has an income inconsistency, their current Medicaid coverage will be re-determined as conditionally eligible for Medicaid. The consumer will have 15 days from the time they receive their notice to provide documentation. Their current Medicaid coverage will continue unchanged until:

- the final resolution of documentation is provided, or
- the consumer is otherwise determined eligible for Medicaid or another program, or
- the due date for documentation has past.



Individuals who are enrolled in a program other than Medicaid, who update their application attesting to a Medicaid eligible income will have their current coverage:

- ended at the end of the current month if the LSC was done on or before the 15th of the month.
- ended at the end of the subsequent month if the LSC was done after the 15th of the month.



New Functionality

Example 1:

1. Consumer is enrolled in Medicaid from 1/1/2017 – 12/31/2017.
2. Consumer completes LSC to update their income information on 6/2/2017 and gets this result (screen below) with 15 days to document their income as Medicaid eligible.
3. Consumer becomes temporary eligible for Medicaid and remains enrolled in MMC until final resolution of the income documentation.
4. Consumer uploads documentation of Medicaid eligible income on 6/17. It is reviewed and approved.
5. MMC will continue without any gaps in plan enrollment/coverage.
6. New MA eligibility: 6/1/2017 – 5/31/2018.

New Functionality

Example 2:

1. Consumer is enrolled in a QHP with APTC/CSR from 1/1/2017 – 12/31/2017.
2. Consumer completes LSC to update their income and reports being within the Medicaid limit on 4/10/2017 and gets this result (screen below) with 15 days to document their income as Medicaid eligible.
3. Consumer is systematically dis-enrolled from QHP effective 4/30/2017.
 - Consumer uploads documentation of Medicaid eligible income on 4/25/2017. Consumer will be enrolled in FFS starting 4/1, and MMC starting 5/1.
 - Consumer does not upload any documentation at all and due date is past. Consumer will be made ineligible for all programs.

* Name

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.

Poll Question #4

You are helping Mrs. Young complete the deduction section of her application. She states that she pays \$5,500 per year in qualified tuition for her daughter and asks you to enter in that amount as her deduction. How should you best respond?

- A. Enter the \$5,500 amount as her deduction for this item.
- B. Ask what school her daughter attends.
- C. Recommend that she check in with her daughter's school to find out what her deduction should be.
- D. Explain that the question is asking for the amount of allowable deductions and not the entire tuition. Recommend that she provide an amount not to exceed \$4,000/year. Have her check with her tax advisor if she is not sure.

- **Tax Deduction for Qualified Tuition and Related Expenses, and Student Loan Interest Payments**
- **Preventing Eligibility Gaps for Consumers**

Questions?



Reminder

Recertification Process

- All Assistors must view all webinars to be recertified.
 - Please keep track of the date that you watched this webinar
- The reporting process for recertification is currently being finalized and information will be forthcoming.



Thank you for joining us!

Next Recertification Training:

Title: 2018 QHP and EP Line-up

Date: October 25th