

# Assistor Recertification Webinar Series

## Open Enrollment and Renewals - September 28, 2022

### FAQs

#### Open Enrollment

- 1. Is it possible for Assistor Agencies to receive giveaways from NY State of Health to help promote for Open Enrollment this year (pens, hand sanitizer, etc.)?**

Yes, please send your request to [NYSOOrders@health.ny.gov](mailto:NYSOOrders@health.ny.gov) and list the events for which the promotional items are requested along with event dates and anticipated attendance numbers.

- 2. Have the pre-printed at-a-glance cards been updated for 2023?**

Yes, these are posted and can be found in the [Outreach Toolkit](#), under “Educational Materials.” Printed versions can be ordered using the [Materials and Publications Order Form](#).

#### Qualified Health Plan (QHP) Renewals

- 3. Where can Assistors locate the FPLs used to determine APTC eligibility in 2023?**

QHP eligibility determinations for 2023 will be calculated using the currently available 2022 FPLs. The FPL chart in use for 2023 QHP eligibility determinations is available by clicking [here](#).

- 4. How can an Assistor help a consumer who was automatically renewed but needs to report changes or wants to select a new plan for the upcoming year?**

Assistors can help consumers update their applications at any time. Updates should be reported within 30 days of the change.

Assistors can help consumers change their QHP plan selection anytime through the end of Open Enrollment. Consumers can change their plan outside of Open Enrollment, only if they qualify for a Special Enrollment Period (SEP).

- As a reminder, although our official Open Enrollment Period ended on 1/31/23, members will still be allowed to enroll in QHP coverage via an Exceptional Circumstances Special Enrollment Period (SEP) for the duration of the unwinding of the continuous coverage requirements. This means that the Exceptional Circumstances SEP will be available through May 31, 2024.

- 5. If a consumer’s current QHP will not be available in 2023, will they be notified that they need to select a new plan before December 15th?**

Yes, consumers in this scenario received a renewal notice with this information. They may have also received the “Reminder to Pick a Plan” email message. Consumers who receive this email have already received their renewal notice and have yet to enroll in a plan.

- 6. Is there a list of QHPs which will no longer be offered in 2023?**

No specific list of discontinued plan products is available. Consumers will be notified if they need to select a new plan and Assistors should help them to do this by December 15<sup>th</sup>.

**7. What steps must be taken to change the amount of APTC a consumer wants to apply towards their monthly premium?**

Please click on the link below to watch a one-and-a-half-minute video demonstration which walks Assistors through these steps.

<https://info.nystateofhealth.ny.gov/arpavideo>

**8. Are the three free Primary Care Physician (PCP) visits not subject to the deductible still included in Bronze-Level QHPs in 2023?**

All Standard Bronze products will include three visits subject to co-payments, but not subject to the deductible. The three visits covered in Standard Bronze products can be either primary care or specialist visits including mental health and substance use disorder visits.

This benefit may or may not be included in Non-Standard Bronze plans. If the consumer is considering a Non-Standard Bronze plan, this benefit would be listed in the summary of benefits and coverage or in the plan description.

**9. If a new QHP enrollee gets December 1st coverage, should the Assistor advise them to complete a renewal between November 16th and December 15th which could be before their coverage even starts?**

Yes, the assistor should advise the member to come back by December 15<sup>th</sup> to renew their coverage.

**10. If the IRS determines that the consumer is eligible for a higher amount of Premium Tax Credit (PTC) than they used throughout the year, will they get the difference back in their taxes?**

Yes, APTC is reconciled at the end of the tax year. If the consumer reported their income to be higher than what it really was, and they become eligible for additional PTCs, they will be able to receive that additional PTC as a tax refund.

## **Unwinding from the Continuous Coverage Requirement**

**11. If a consumer's Medicaid, Essential Plan or Child Health Plus was extended during the PHE, will they keep their coverage end dates or will those dates change with the unwinding?**

Consumers in these programs will keep their coverage end dates. If a Life Status Change (LSC) is completed on their account after the State resumes redetermining eligibility for consumers, this could affect their coverage end dates.

**12. How can Assistors help if a consumer loses their Medicaid, Essential Plan, or Child Health Plus coverage while continuous coverage requirements are still in effect?**

If you have a specific case that you would like reviewed, please send it to [Assistor.Cases@health.ny.gov](mailto:Assistor.Cases@health.ny.gov) on the encrypted Account Review Template.

- [Click here](#) to access a separate training on using the Account Review Template.

**13. Will Assistors continue to be permitted by the Department of Health (DOH) to continue doing phone applications, updates and renewals moving forward?**

The Assistor programs will allow a mix of in-person assistance and telephone assistance for new applications, renewals and LSCs during and after the unwind.

**14. Will the increased APTC levels remain in place after the unwind?**

Yes, the expanded APTC under the American Rescue Plan Act that was extended under the Inflation Reduction Act has been extended through 2025.

**15. Will there be a refresher training for Assistors when the State resumes performing eligibility determinations?**

Yes, the Department of Health will host a live webinar for NY State of Health Assistors and record and post it so that all Assistors can watch it and submit questions either live or via email.

Watch your email for this training announcement.

**16. Are consumers required to apply for Medicare, when they become eligible, during the PHE and throughout the unwind process?**

Yes, NY State of Health consumers will receive a notice about the need to apply for Medicare as they approach 65. While continuous coverage requirements are in place, eligibility and enrollment will continue in NY State of Health regardless of whether the member applies for Medicare or submits documentation. Assistors and consumers should be aware that the rules requiring a consumer to apply for Medicare when they first become eligible to avoid a late Medicare enrollment penalty are still in place. Consumers who do not apply for Medicare when they first become eligible could have to pay late enrollment penalties or higher premiums if they later apply for Part A and/or Part B.

**17. Have the rules changed for undocumented consumers during the Public Health Emergency and subsequent unwinding process?**

No, these rules have not changed. Undocumented children under 19 may be eligible for CHPlus and undocumented pregnant individuals may be eligible for full Medicaid including Medicaid Managed Care (MMC). Any other undocumented adult would only be eligible for Emergency Medicaid.

**Miscellaneous**

**18. How can Assistors help consumers who do not speak the same language when agency does not have a translator available for that particular language?**

Assistors can use the Language Line through NY State of Health to access a translator for any language. Assistors should call 1-855-355-5777 and identify themselves as an Assistor and then ask for a translator on the Language Line and specify which language is needed to help their consumer.