

**Assistor Recertification Webinar Series
New York State of Health Updates and
2022 QHP & EP Plan Line Up
October 27, 2021
Questions and Answers**

NY State of Health Updates

1. What is the current end date for the public health emergency?

The public health emergency has been extended as of October 18, 2021, with no explicit end date. We will inform Assistors of further extensions and information as soon as it is available.

2. If a consumer opts-in to text messaging, will they be able to receive text messages in their preferred language?

For now, we are only able to text members in English. We hope to be able to send texts in additional languages in the future.

3. If a consumer opts-in to text messaging, is their assigned Assistor notified when the consumer is sent text messages?

No, if a consumer opts-in to text messaging, their Assistor will not be notified when a text message is sent. Consumers who opt-in to receiving text messages from NY State of Health will receive them via the cell phone number listed for the account holder in the individual's account.

4. When updating a consumer address, is a full Life Status Change required?

Assistors can help a consumer update their Mailing Address on the Account and Identity page, without having to complete a life status change.

Any updates to the Residential Address require a life status change. Assistors may help consumers update their Residential Address in the "Tell us Where You Live" section of the application. Assistors must be sure to proceed through the entire application in order for the changes to Residential Address to save.

Consumers have 30 days to report an address change to New York State of Health.

Qualified Health Plans (QHPs)

5. How is affordable employer coverage defined for 2022?

Affordable coverage is employer-sponsored coverage that meets Minimum Value standard, which is a health plan with an Actuarial Value greater than or equal to 60% and costs less than 9.61% of an employee's household income for individual tier coverage in 2022.

6. If a consumer newly enrolls in a QHP mid-year how does their deductible work?

Consumers who enroll in a QHP mid-year are subject to the entire annual deductible and the full maximum out-of-pocket limit as if they were enrolled in the plan for the full 12 months.

7. What is the definition of maximum out-of-pocket limit (MOOP)?

MOOP is the most a consumer has to pay for covered services in a plan year. After the consumer spends this amount on deductibles, co-payments and co-insurance for in-network care and services, their health plan pays 100% of the costs of covered benefits at the point of care.

Consumers who meet their MOOP must still pay their premium each month.

8. What are the details of the benefits under a Bronze plan, for 3 visits not subject to deductible? Are the 3 visits preventative or sick visits?

It is three (3) visits for each person enrolled in the plan.

The co-pays for the three visits count towards the deductible. After the first three visits and for all other services thereafter, the deductible must be met and then the co-pay or co-insurance is applied to the remainder of the allowed amount until the maximum out-of-pocket limit is reached. These three visits are in addition to the Affordable Care Act (ACA) mandated preventive services for which no cost-sharing applies.

The following visits (or any combination), performed in person or using telehealth, are counted towards the three visits: primary care visits, specialist visits (including allergy visits and visits for second opinions), outpatient mental health visits, outpatient substance use disorder visits, Applied Behavior Analysis (ABA) visits and chiropractic care visits. Urgent care and office surgery do not count towards the three visits.

9. Does NY State of Health offer Preferred Provider Organizations (PPOs) or Health Maintenance Organizations (HMOs)?

QHPs offered are categorized either as a PPO or HMO, depending on the network type.

Essential Plan (EP)

10. Will Essential Plan continue to have no premium in 2022?

Yes, in 2022, all variations of Essential Plan will continue to have no premium payment responsibility for the consumer.

11. Are consumers still responsible for co-pays and co-insurances with Essential Plans?

Yes, Essential Plan 1, 2 and 3 enrollees are responsible for cost sharing based on the type of service at the point of care. [Click here to view the 2022 Essential Plan Cost Sharing Chart.](#)

Dental Plans

12. 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 QHP with NY State of Health.

13. How does the waiting period 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.

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.

14. If a consumer chooses a 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.

15. How do the pediatric dental maximum out-of-pocket costs (\$375/\$750) for SADPs work?

A consumer will not be required to pay more than \$375 in costs if there is one child enrolled. If there are two or more children enrolled, a consumer will not be required to pay more than \$750 in costs. After the applicable amount is reached, the plan pays 100% of the remaining covered services for that year. This applies only to in-network services.

16. The Dental Plan Comparison Tool does not show deductible costs. How can Assistors help consumers find this information?

Please view each plan’s brochure to find the specific deductible for that plan. The brochures are listed in the last column of the Dental Plan Comparison Tool found at the following link:
<https://info.nystateofhealth.ny.gov/dental-plan-comparison-tool>.

Resources and Tools

17. Is there a way to look up prescription costs?

Since prescription drug prices change frequently, it is strongly recommended that consumers always call or visit their pharmacy to find out current pricing.

Below are some additional resources.

[Search Drug Prices - Prescription Drug Prices in New York State \(ny.gov\)](#)

[Frequently Asked Questions - Prescription Drug Prices in New York State \(ny.gov\)](#)

18. Are the income levels (FPL charts) changed for all programs for 2022 or are they the same as 2021?

2021 FPLs will remain in place for Medicaid, Child Health Plus (CHPlus) and Essential Plan (EP) until the 2022 FPLs are released in 2022 (usually in March).

Beginning on November 16th, QHP determinations for 2022 coverage will begin using the 2021 FPLs that the public programs have been using since March 2021. These levels are found at the following link:

[2021 Income Levels for Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans](#)

19. Will the NYS Provider & Health Plan Look-Up tool (PLT) be updated to include providers that accept Medicaid Fee-for-Service (FFS)?

The NYS Provider and Health Plan Look-Up tool does not include FFS providers at this time.

There is a 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>.

20. The NYS Provider and Health PLT is a great resource, but sometimes Assistors do encounter information that is not completely up to date. How should Assistors report incorrect information found on the [NYS Provider and Health Plan Lookup tool](#)?

Assistors should report incorrect information directly on the PLT site, via the [Contact/Report an Issuer feature](#) which can also be found in the top right corner of the home page.