Date: June 21, 2023

Time: 10:00am - 11:30pm



WHAT'S COMING IN NY STATE OF HEALTH

Log into the WebEx first: click HERE

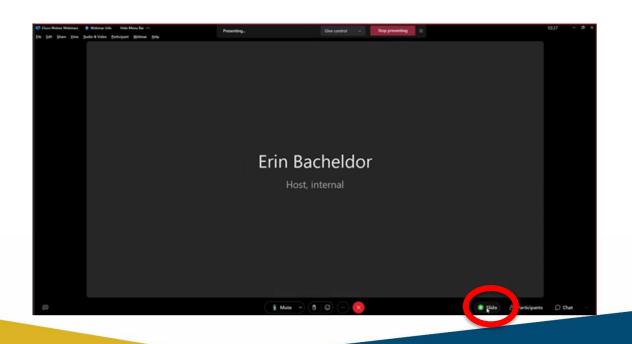
Then, you may connect to audio via computer audio or via telephone audio.

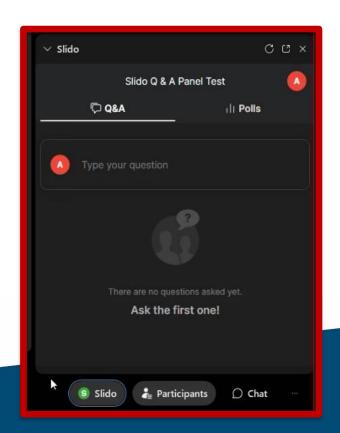
QUESTIONS



Questions can be submitted using the Slido Q&A Function on your WebEx control panel.

- Chat Function is disabled, please use the Slido Q & A Panel to submit questions.
- We will pause periodically to take questions.





RECORDING AND MATERIALS



A recording of the webinar and any related materials will be posted.

Watch your email for this notification.

https://info.nystateofhealth.ny.gov/SpringTraining2023



Session	Topic	Training Materials	
1 April 19, 2023	Unwinding from Continuous Coverage Requirements in NY State of Health, Part 1 – An overview of the unwind process and timelines as well as a refresher on provisions that will be reinstated, such as documentation requirements	Presentation Video	
2 April 26, 2023	Unwinding from Continuous Coverage Requirements in NY State of Health, Part 2 – An overview of the outreach and messaging that NY State of Health will be using during the unwind period as well as a refresher on tools available to Assistors and Assistor Oversight Managers through their respective dashboards	Presentation Video Assistor Tips for Document Review Unwind Resources for Assistors Unwind Email and Text Messages for Consumers	

YOUR FEEDBACK: UNWINDING FROM CONTINUOUS COVERAGE REQUIREMENTS



Webinar Statistics for Part 1 & 2

- For both webinars, over 98% of respondents said that these webinars <u>increased</u> their knowledge of the topic!
- For both webinars, 98%, said information from the webinar would allow you to better assist consumers once the continuous coverage requirements are no longer in place.

Here's what you said:

- "Wow, the two new resources are great additions to our tools."
- "Thank you for all that you do, keep up these webinars and we need them."
- "Could you add more polls, example timelines we can refer back to, and include more time for questions?"

TODAY'S WEBINAR



Director

Gabrielle Armenia Director, Child Health Plus and Marketplace Consumer Assistance Group

Panelists

Megan Gagliardi, Assistant Director, Bureau of Community Enrollment and Eligibility Processing

Alicia Neznek, Medical Assistance Specialist 3, Bureau of Child Health Plus and Marketplace

Consumer Assistance

Sara Oberst Director, Eligibility Systems Modernization Group

Sonia Sekhar Deputy Director, NY State of Health

TODAY'S AGENDA



- New Assistor Type: Marketplace Facilitated Enrollers (MFE)
- Medicaid, Child Health Plus and Essential Plan Renewals and Late Renewals
- Child Health Plus Premium Payments
- 12-Months Continuous Coverage in Essential Plan
- Consumers 65 and Over and Consumers with Medicare
- Income Verification for Non-Applying Consumers who do not provide Social Security Numbers
- System Updates for Pregnant Minors
- Postpartum Coverage for Pregnant Consumers



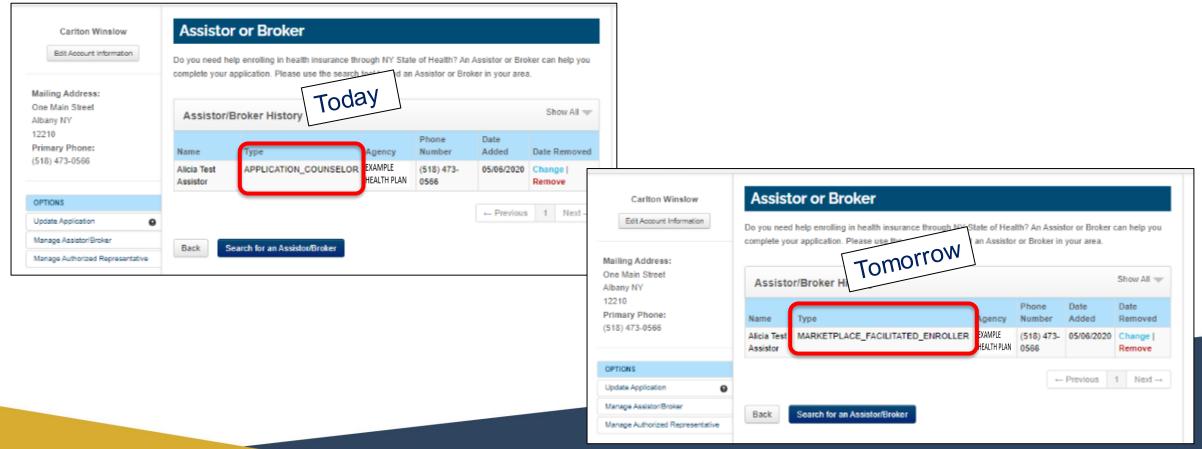
New Assistor Type Marketplace Facilitated Enroller (MFE)

MARKETPLACE FACILITATED ENROLLER (MFE)



As of June 22, 2023:

Assistors who work for health plans will display as MFEs rather than Certified Application Counselors (CACs).



MARKETPLACE FACILITATED ENROLLER (MFE)



Show Results

Next --

5

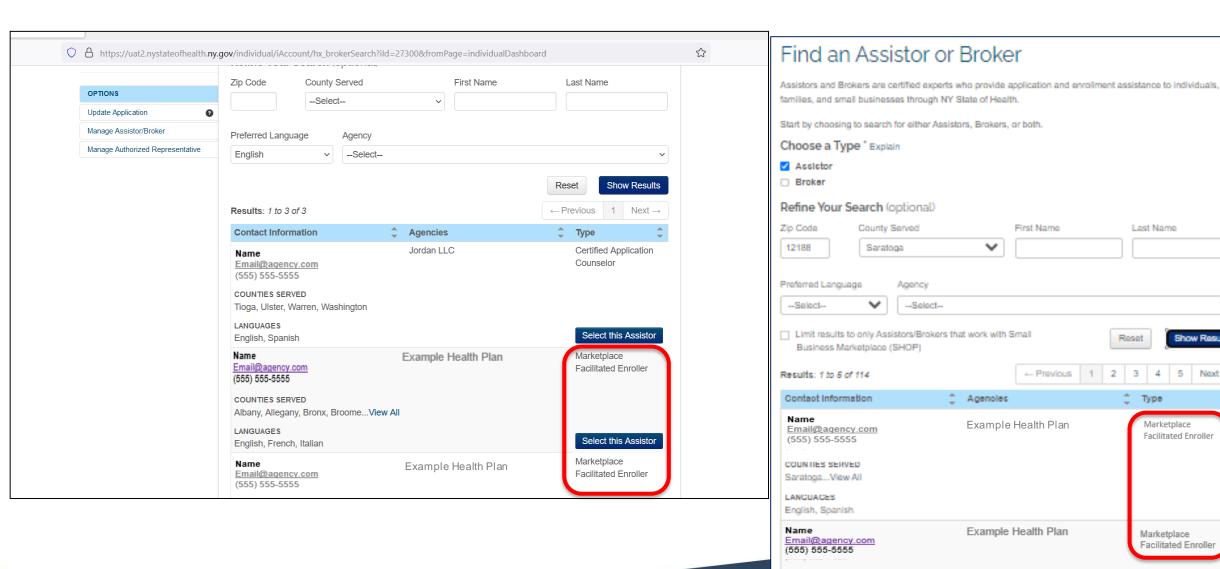
Type

Marketplace

Marketplace

Facilitated Enroller

Facilitated Enroller



COUNTIES SERVED Saratoga...View All LANGUACES English

MARKETPLACE FACILITATED ENROLLER (MFE)



NY State of Health will now display three (3) different types of Assistors providing assistance to individuals and families.

- 1. Certified Application Counselors (CACs)
- 2. Marketplace Facilitated Enrollers (MFEs)
- 3. Navigators











Medicaid (MA), Child Health Plus (CHPlus) and Essential Plan (EP) Renewals and Late Renewals

UNWIND TIMELINE





MA/CHPlus/EP Renewals with Coverage Ending On 6/30/2023					
April 1, 2023 – June 30, 2023	New and existing MA/CHPlus/EP consumers who do not have a coverage end date of 6/30/2023, will continue to receive the PHE easements through 6/30/2023.				
	MA/CHPlus/EP consumers whose coverage is set to end on 6/30/2023 need to renew and will have pre-PHE rules applied.				
May 1 – May 10, 2023	First set of renewal notices were mailed for MA/CHPlus/EP enrollees with coverage ending 6/30/2023.				
May 16 – June 15, 2023 (30-day renewal window for consumers with coverage ending 6/30)	 Renewals restarted for MA/CHPlus/EP enrollees with coverage ending 6/30/2023. Action taken for these consumers during their renewal period will have affected their coverage after 6/30/2023. Due dates for documentation in the notice will apply. 				
June 16, 2023	Disenrollment notices have been be sent to consumers who failed to renew by June 15th.				
June 16, 2023 - July 31, 2023	Late Renewals are available for MA/CHPlus/EP enrollees whose coverage was set to end or ended on 6/30/2023.				

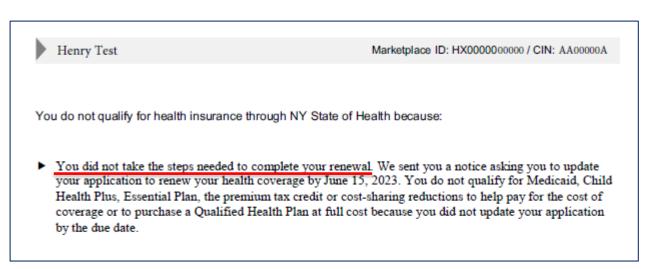
Remember that as of 7/1/2023, new and updated applications (LSCs) who are not yet in a renewal cycle will have old/normal/pre-PHE rules in place for their determination.

UNWIND TIMELINE



Here is an example of with the disenrollment notice looks like.





Remember under MA, CHPlus and EP, late renewals are still available even after the consumer has received this notice.

UNWIND TIMELINE





MA/CHPlus/EP Renewals with Coverage Ending On 7/31/2023			
June 1 – June 10, 2023	First set of renewal notices were mailed for MA/CHPlus/EP enrollees with coverage ending 7/31/2023.		
June 16 – July 15, 2023 (30-day renewal window for consumers with coverage ending 7/31)	 Renewals restarted for MA/CHPlus/EP enrollees with coverage ending 7/31/2023. Action taken for these consumers during their renewal period will affect their coverage after 7/31/2023. Due dates for documentation in the notice will apply. 		
July 16, 2023	Disenrollment notices will be sent to consumers who failed to renew by July 15 th .		
July 16, 2023 - August 31, 2023	Late Renewals are available for MA/CHPlus/EP enrollees whose coverage was set to end or ended on 7/31/2023.		

Remember that as of 7/1/2023, new and updated applications (LSCs) who are not yet in a renewal cycle will have old/normal/pre-PHE rules in place for their determination.

LATE RENEWAL ENHANCEMENTS



Generally, renewals must be completed within a 30-day window as specified in the consumer's notice.

Late enrollment rules have been in place for MA since 2016.

New for CHPlus and EP members:

More time to renew!

- Beginning for consumers with CHPlus/EP coverage ending on 6/30/2023, late renewal enhancements will go into place.
- Consumers may now renew through the end of the month following the month their coverage has ended and as long as they pick the same plan and will be able to have their coverage maintained without any gaps.
 - If enrolled in CHPlus and a premium contribution payment is owed, the Assistor should remind the consumer to be prepared to pay the premium contribution for the retroactive month and the upcoming month.

LATE RENEWAL ENHANCEMENTS



Reminder: Generally, renewals must be completed within a 30-day window as specified in the consumer's notice.

MA, CHPlus, and EP enrollees who do not renew timely, may still renew after their renewal window and through the end of the following month, after their coverage has ended.

- If they remain eligible for the same program and they enroll in the same plan that they had the previous year, then NY State of Health will provide coverage in the plan without any gaps.
- As always, MA enrollees changing plans will have Fee-For-Service coverage while awaiting plan enrollment and will not have gaps in coverage.

30-Day Renewal Window (Timely Renewal)		Late Renewal Time Period MA/CHPlus/EP	
5/16/2023 – 6/15/2023	6/30/2023	6/16/2023 - 7/31/2023	

Consumers 65+ and/or with Medicare who are enrolled in Medicaid through NY State of Health may complete a late renewal after their renewal window through the end of the month in which their coverage ends.

• This group does <u>not</u> have until the end of the subsequent month. The late renewal time period for the example above would be 6/16/2023 – 6/30/2023.

CHPLUS AND EP LATE RENEWAL ENHANCEMENTS



- Beginning for consumers with CHPlus/EP coverage ending on 6/30/2023, late renewal enhancements will go into place.
 - This enhancement is subject to a weekly process and Assistors should be aware of the timeline for the process.

30-Day Renewal Window (Timely Renewal)	Coverage End Date	Late Renewal for CHPlus/EP processed on	System will provide the start date of	However, by the end of the week, a new start date will be reflected which has no gap in coverage.
5/16/2023 – 6/15/2023	6/30/2023	6/21/2023 – after the 30 - day renewal window, but before coverage ends.	7/1/2023 – No gaps in coverage	
5/16/2023 – 6/15/2023	6/30/2023	7/21/2023 – coverage has already ended	9/1/2023 – gap in coverage	7/1/2023 – no gaps in coverage

Assistors should not report the case unless it's been over a week and the consumer still has a gap in enrollment showing.

LATE RENEWAL TAKEAWAYS FOR ASSISTORS



After helping the consumer update their application and become eligible, enrollment in a plan may be required.

Assistors should <u>always</u> help the consumer proceed to plan selection after completing a late renewal.

Choose a Plan

Plan Selection:

- Consumer will see if a plan has already been selected for them and if they have been auto-enrolled in that plan.
- Consumer can change their plan if they choose.
- Consumer will see that plan selection <u>may still be needed.</u>





Child Health Plus Premium Payments



On May 10, 2023, New York State received approval from the Centers for Medicare and Medicaid Services (CMS) to allow children to remain enrolled in the CHPlus program despite having unpaid family premium contribution payments, until a full renewal has been completed. Please note, this policy only applies to subsidized enrollments.

Once the child's renewal has been completed, either by completing their renewal or by running a Life Status Change (LSC) on or after 7/1/2023, rules previously in place regarding collection of the family premium contribution resumes including providing a one (1) month prospective coverage grace period for subsidized enrollees.



Under CHPlus, for a brand-new enrollment (first time), if there is a premium contribution due, coverage is not effectuated until the first month's premium is paid (if applicable).

If after the first month's premium contribution has been paid and the CHPlus coverage has been effectuated, the family must continue to pay their premium contribution amount each month per child, up to 3 children in the household.

 If the payment is not received by the health plan after the child's coverage has been effectuated, then a one (1) month prospective grace period will be applied.

Percent of FPL	Family Premium Contribution	Monthly Family Maximum
< 222% FPL	No Premium Contribution	
>222% - <u><</u> 250% FPL	\$15 Per Child Per Month	\$45
>250% - <u><</u> 300% FPL	\$30 Per Child Per Month	\$90
>300% - <u><</u> 350% FPL	\$45 Per Child Per Month	\$135
>350% - <u><</u> 400% FPL	\$60 Per Child Per Month	\$180
> 400% FPL	Full Premium per child (amount varies by health plan)	No cap. Premiums must be paid per child.



Once the renewal has been completed, plans will resume disenrollment of children who fail to pay the family premium contribution by the end of their grace period (one month following their renewal).

30-Day Renewal Window (Timely Renewal)	Coverage End Date	Premium Payment is due by:	The grace period extends the premium payment due date to:	If premium is not received, the plan may disenroll the child.
5/16/2023 – 6/15/2023	6/30/2023	7/1/2023	7/31/2023	7/31/2023 – Disenrolled



The grace period policy is only in effect for subsidized CHPlus enrollees who have a family premium contribution between \$15 and \$60 per child per month.

 Health plans continue to have discretion regarding how they handle Full-Pay CHPlus enrollees.

Please note, health plans will <u>not</u> be attempting to collect unpaid family premium contributions from March 2020 through April 30, 2023.

Plans will continue to attempt to collect unpaid family premium contributions between May 1, 2023 until the child's coverage is renewed but will not disensell the child for non-payment until the end of the prospective grace period.



What is the Assistors role?

When completing a CHPlus renewal, Assistors should make sure the family is aware of:

- the family premium contribution amount due each month, if any.
- the due date.
- the consequences for failure to pay in a timely manner.
 - Disenrollment from CHPlus.



12 Months of Continuous Coverage in Essential Plan

ESSENTIAL PLAN ENHANCEMENTS



NEW as of June 22, 2023:

Essential Plan will implement continuous coverage for the program.

- Consumers who are fully eligible for the EP (no outstanding requests for documentation) will receive twelve (12) months of continuous coverage.
- The 12 months of coverage starts from a consumer's eligibility start date in the EP, not their enrollment start date.
 - Consumers cannot lose their coverage due to an increase in income or change in household size.
 - Consumers who report a change in income can move between the four (4) EP variants when their income increases or decreases or could switch to Medicaid with no gap in coverage.
 - Consumers who report an increase in their income which puts them over the EP income threshold, will remain in their current EP variant until the end of their twelve (12) months of coverage.

More changes coming for EP for January of 2024!



QUESTIONS?

- New Assistor Type: Marketplace Facilitated Enrollers (MFE)
- Medicaid, Child Health Plus and Essential Plan Renewals and Late Renewals
- Child Health Plus Premium Payments
- 12-Months Continuous Coverage in Essential Plan





Consumers 65 and over and Consumers with Medicare

TURNED 65 AND/OR ENROLLED IN MEDICARE DURING THE PHE



During the Public Health Emergency, nearly all individuals in NY State of Health who turned 65 and/or enrolled in Medicare were able to maintain their Medicaid enrollment in NY State of Health.

- NY received a waiver to keep these individuals in NY State of Health throughout the unwind.
 - This waiver is a temporary change that is currently authorized through the end of the unwind period, which is at the end of May 2024, once NY State of Health has processed twelve (12) months of renewals.
- Dual eligible consumers and/or those who are 65+ with coverage end dates of 6/30 and 7/31 in NY
 State of Health will be extended four (4) months, until a system change to renew their eligibility is in
 place.
- Dual eligible consumers will be able to maintain enrollment in their MMC plan until their renewal (or early LSC on or after 7/1/2023) at which point they will be disenrolled to FFS, unless they are enrolled in an aligned Medicare plan.
 - We will keep Assistors informed of future changes in processing coverage for this population.

EXISTING MEDICAID ENROLLEES WHO TURN 65 AND/OR WITH MEDICARE



The waiver will allow most consumers who are already enrolled in Medicaid through NY State of Health, and then turn 65 and/or become enrolled in Medicare, to be able to maintain their Medicaid enrollment with NY State of Health, as long as they remain eligible for Medicaid.

- Starting on 7/1/2023, when a consumer becomes eligible for Medicare:
 - They may be disenrolled from MMC into FFS.
 - Some enrollees will be able to stay enrolled in their mainstream MMC or HARP plan, if they are also already enrolled in their MMC or HARP plan's aligned Medicare offering.
 - Consumers who are enrolled in Medicaid through NY State of Health who become Medicare-eligible will be automatically enrolled in the Medicare Savings Program (MSP) once the system receives notice of their Medicare eligibility.
- When consumers who are 65 or older and/or have Medicare renew or report changes and they are found to be over-income for Medicaid, they will be referred to LDSS/HRA.
- Consumers in need of long-term care services will continue to be referred to LDSS/HRA.

OTHER ENROLLEES 65 AND OLDER



- If the consumer is already receiving Emergency Medicaid through NY State of Health and turns 65, they may continue receiving emergency-only coverage as long as they remain Medicaid eligible.
- Consumers enrolled in EP will be referred to their LDSS/HRA the month before they turn 65 to have their eligibility determined for Medicaid under non-MAGI rules.
 - This is an automatic process that has continued to run throughout the PHE.
- Consumers who are 65 or older who are ineligible for Medicaid and who do not have Medicare may apply for coverage through NY State of Health and have their eligibility determined for a QHP.
 - Depending on their income and other eligibility factors, they may also be eligible to receive a tax credit and/or CSR.

WHEN COVERAGE ENDS IN NY STATE OF HEALTH



If a consumer has Medicaid coverage in NY State of Health and they are over 65 and/or enrolled in Medicare, they should complete their renewal based on the dates in their notice.

- Medicaid enrollees in this group are allowed to complete late renewals after the timely renewal window has
 ended and through the last day of the month of coverage. There is currently a manual process in place for this.
- Late renewals for this group will <u>not</u> be able to be processed in the subsequent month after the Medicaid coverage has ended in NY State of Health.
- If the account is updated after the Medicaid enrollment has ended, the consumer will receive a message that they are ineligible for coverage and referred to the LDSS/HRA.
 - There is an exception for consumers who no longer have Medicare or are a parent/caretaker relative of a child <19 (or 19 and 20, if a full-time student).

	30-Day Renewal Window (Timely Renewal)	Coverage End Date	Late Renewal for Medicaid for a 65+ or Medicare enrollee processed on	System will provide eligibility saying	However, within 1 week, a new determination will be reflected which has no gap in coverage
	5/16/2023- 6/15/2023	6/30/2023	6/20/2023 – After the 30 - day renewal window, but before coverage ends.	Ineligible for Coverage	7/1/2023 (assuming they remain eligible)
2	5/16/2023- 6/15/2023	6/30/2023	7/21/2023 – coverage has already ended	Ineligible for Coverage, referred to LDSS/HRA	

MEDICARE LATE ENROLLMENT PENALTIES



Starting 7/1/23, if consumers who did not apply for Medicare when first eligible during the PHE update their account, they will be notified again of the requirement to apply for Medicare and to provide proof.

If consumers, who did not apply for Medicare when first eligible during the PHE, do not make any updates to their account, they will be notified of the requirement to apply for Medicare when they renew.

- Consumers who do not apply for Medicare <u>after receiving this notice</u> could have to pay a late enrollment penalty or higher premium if they apply later for Part A and/or Part B.
- Assistors and consumers should be aware of these rules.



Income Verification for Non-Applying Consumers Who Do Not Provide Social Security Numbers (SSNs)

Non-Applying Members and SSNs



NEW as of June 22, 2023:

Non-applying household members who do not enter their SSNs and who report income will need to submit income verification documentation within 90 days if they have household members eligible for subsidized coverage.

Assistors should encourage all consumers to provide their SSNs in order to attempt to verify information electronically, in real time, and avoid the need for documentation and a follow-up process.

 NY State of Health is a secure system and by providing the data needed to determine eligibility in the application, the system can produce a much faster outcome for the consumer and eliminate the need to provide for supporting documentation.



System Updates for Pregnant Minors

SYSTEM UPDATES FOR PREGNANT MINORS



Reminder:

In New York State, under Medicaid, pregnant minors under age 21 have all income disregarded and are, therefore, always Medicaid-eligible.

Since income is disregarded for pregnant minors, their household size will always be counted using Medicaid rules and the unborn will always count in their household size.

- If a pregnant minor lives with their parent(s) and they claim the minor as a dependent, the parent's income is still to be disregarded for the pregnant minor's eligibility determination.
- If a pregnant minor is married and lives with their spouse and they both work, their income is still disregarded for the pregnant minor's eligibility determination.
 - o In the examples above, all countable income would still be used for the remaining household members, as applicable, based on tax filing rules and program eligibility.

SYSTEM UPDATES FOR PREGNANT MINORS



This change became effective in NY State of Health on February 16, 2023

The NY State of Health system was updated to systematically disregard all income for pregnant minors.

- Assistors will no longer have to reach out separately or submit the case when consumers under 21 and pregnant are found eligible for a program other than Medicaid.
- If enrolled in CHPlus and a pregnancy is reported, they will be systematically redetermined eligible for Medicaid due to the pregnancy and their age.
 - If enrolled in CHPlus and the pregnancy is not reported, and they remain enrolled in CHPlus through the end of the pregnancy, they will not be eligible for twelve (12) months continuous postpartum coverage.



Postpartum Coverage for Pregnant Consumers



What is Medicaid postpartum coverage and who is eligible?

Medicaid postpartum coverage is a period of guaranteed coverage provided to a pregnant consumer.

- The postpartum coverage begins when the consumer's pregnancy ends, regardless of how it ends.
- Consumers who get Medicaid postpartum coverage must have reported their pregnancy prior to the end of their pregnancy.
 - Previously, two (2) months of postpartum coverage was provided.
 - This was increased to twelve (12) months postpartum coverage effective 3/1/2023!



This change became effective in NY State of Health on March 1, 2023

Twelve (12) months of continuous postpartum coverage is available in all instances where a consumer was eligible and enrolled in Medicaid prior to the end of their pregnancy.

Background:

The American Rescue Plan Act of 2021 (ARPA) introduced 1902(e)(16) of the Social Security Act, which extended the duration of Medicaid and Children's Health Insurance Program (CHIP) coverage for pregnant consumers with twelve (12) months of continuous postpartum coverage for pregnant consumers who were otherwise eligible for and enrolled in Medicaid during their pregnancy. This option was originally set to expire in the year 2027 under the ARPA. However, the Consolidated Appropriations Act of 2023 (CAA, 2023) made this option permanent.

• The change in length of the postpartum period ensures all pregnant consumers will receive the same length of coverage at the conclusion of a pregnancy, regardless of their immigration status.



In order for a consumer to be eligible for twelve (12) months of postpartum coverage under Medicaid:

They <u>must</u> have reported their pregnancy to NY State of Health.



- No outstanding income verification requests.
 - A Qualified Provider can screen pregnant consumers for Presumptive Eligibility (PE) and help them apply for Medicaid. If a pregnant consumer is granted PE only by a PE provider, and does not have a full Medicaid eligibility determination, they are not entitled to this postpartum coverage extension.



• The 12-month postpartum period <u>starts</u> on the last day of the pregnancy and <u>ends</u> on the last day of the twelfth (12th) month.

Example:

- A pregnancy ended on April 15, 2023. The postpartum period begins on April 15, 2023. The postpartum coverage end date is calculated by going out twelve (12) months from the pregnancy end date, which is April 14, 2024, and then extending to the end of that month, which would be April 30, 2024.
- The option to provide twelve (12) months of postpartum coverage has been implemented in all instances where a consumer was fully-eligible and enrolled in Medicaid prior to the end of their pregnancy, including any retroactive period.
- Consumers will receive a renewal at the end of the 12-month postpartum period.



Pregnant Consumers with *conditional* Medicaid eligibility are not entitled to twelve (12) months of continuous postpartum coverage.

- A pregnant consumer who completes an enrollment through NY State of Health will get eligibility regardless of whether or not they need to provide any supporting documentation like income.
- Since they are marked as pregnant, New York State of Health does not pend their eligibility as we do
 for other consumers.
- If they need to submit income verification documents, they will be found *conditionally eligible for Medicaid* (if otherwise eligible) in order to be able to access needed services right away. It is important to remember that while they are enrolled conditionally, they still need to submit their income verification documents within the specified time frame in order to receive a final eligibility determination.
- It is important for the Assistor to understand that they are *conditionally eligible*, and their Medicaid coverage will only cover the services mirroring Presumptive Eligibility. This means that their Medicaid will only cover approved Medicaid ambulatory prenatal care services and will not cover inpatient services until their document request is satisfied and they are granted a final eligibility determination.



QUESTIONS?

- Consumers 65 and Over and Consumers with Medicare
- Income Verification for Non-Applying Consumers who do not provide Social Security Numbers
- System Updates for Pregnant Minors
- Postpartum Coverage for Pregnant Consumers



EMAIL CONTACTS



All Assistors

- If you have general Assistor training questions, or questions about this specific training, please send them to: Eligibility.Training.Support@health.ny.gov.
- If you have a case-specific question that you have already discussed with your supervisor or program manager, the issue should be submitted on an encrypted Account Review Spreadsheet to: <u>Assistor.Cases@health.ny.gov</u>.
- If you need help with your Assistor account or Oversight Manager account, or if your agency needs to report staff changes, please send an email to: <u>Assistor.Admin@health.ny.gov</u>.

Navigators Only

- When Navigator Agencies are submitting contract documents (vouchers, annual packet documents, consumer story submissions, site schedules, etc.) and related questions to the New York State Department of Health, please send them to: Navigator.Admin@health.ny.gov.
 - CC your Navigator Contract Manager
- When Navigator Agencies are submitting media approval requests, and educational and marketing material approval requests to the New York State Department of Health, please send them to: <u>Navigator.Media@health.ny.gov</u>.
 - CC your Navigator Contract Manager

RECERTIFICATION PROCESS



- All Assistors and Assistor Oversight Managers who are registered or completed the online Assistor certification training by <u>10/31/2023</u> will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the initial online course.
 - https://info.nystateofhealth.ny.gov/SpringTraining.
- Keep track of the date you watched the live webinar or the video for each of this year's recertification webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

THANK YOU FOR JOINING US!



- We will notify all Assistors via email once this webinar has been posted.
- Please complete the survey:
 - Evaluation of Webinar: What's Coming in NY State of Health

Next Recertification Training:

Privacy and Security

Date: July 19, 2023

Time: 10:00 – 11:30am

