



Essential Plan 200-250 Guidance – Questions and Answers

NYSOH's Operational Activities Related to the QHP to EP Transition

Question 1 - What 834 transaction sequence does NYSOH intend to use for enrollees auto-transitioning from QHP into the EP 200-250 plan?

Answer - NYSOH will send a 3/31 TERM transaction for the QHP coverage, followed by a 4/1 ADD transaction for the EP coverage.

Question 2 – Would it be possible for NYSOH to share with EP issuers the notification templates NYSOH intends to send to consumers who are expected to auto-transition from QHP to EP 200-250 for coverage effective 4/1/24?

Answer – Yes, NYSOH will share the consumer notice.

UPDATE – Consumer notice distributed to plans on February 28.

Question 3 – How will multi-member QHP policies be handled during this transition?

Answer – All members 19 and over will be transferred to Individual EP policies.

Accumulators

Question 1 - Will there be a cutoff date where the QHP plans need to identify accumulator data and share this information?

Answer – NYSOH understands that a number of issuers already have procedures in place to transfer accumulators when their members move from their QHP to EP lines of business. We do not think any changes are needed to issuers' activities in those instances. For issuers who do not have processes in place, we recommend Issuers use QHP accumulator data for impacted members on or around April 1 to determine the balance of cost-sharing each member has accumulated as they transition to the EP. We assume that amount will be deducted from their EP 200-250 Maximum Out-of-Pocket amount of \$2,0000. NYSOH will send the Issuers a report of impacted members in late March, and the Issuers will have to report this info back to NYSOH. For members who move to a different issuer for EP, NYSOH will distribute the accumulator data from issuers accordingly, once the new enrollments/auto assignments have been processed.

Updated Timeline for distribution of accumulator files:

March 20 (estimated) - NYSOH to send accumulator file to Issuers – this file will consist of members who were not cross-walked to the same EP plan during our 3/16 operational activity



March 31 – Cutoff date for Issuers to use to submit accumulator values for each member who was not mapped from the same issuers QHP to EP 200-250 plan

April 5 – Due date for Issuers to submit accumulator data to NYSOH

April 10 – NYSOH will distribute accumulator data to respective issuers, for any new members gained from the QHP to EP 200-250 transition.

Question 2 - If a member who was enrolled in EP 200-250 coverage with one Issuer chooses to leave that issuer for another issuer's EP 200-250 coverage effective 5/1/24 or later (until 3/31/25), will the new EP issuer be obligated to carry-over the deductible and MOOP accumulator amounts?

Answer – No. If a member chooses to change Issuers after 4/10, we do not intend to ask the new Issuer to carry over any of the accumulator amounts previously incurred.

Question 3 - What is an Issuers' obligation if a member who moved from QHP to EP exceeded \$2,000 in MOOP prior to transitioning to EP on 4/1? Is the Issuer expected to reimburse the member any amount over \$2,000?

Answer - NYSOH is not asking Issuers to reimburse members who have exceeded \$2000 in MOOP, but Issuers may choose to do so.

Question 4 – If a member is currently in inpatient status when the transfer from QHP to EP occurs, which Issuer is responsible for coverage?

Answer – The Issuer on file at the time of the admission would be responsible for the duration of the inpatient stay.

Question 5 – What happens if there is a large claim processed after the accumulator file has been submitted back to NYSOH?

Answer – This information should be sent to your NYSOH Plan Manager. NYSOH will work with the EP Issuer to have the accumulator amount(s) adjusted.

High Utilizers/SEP

Question 1 - If an individual enrolls in a QHP through the exceptional circumstances SEP, will the enrollee be eligible to retain their QHP, without financial assistance?

Answer – Yes, Members can elect to stay in QHP, but it would be at full-pay, without any tax credits.



Benefits for Pregnant Individuals

Question 1 - Does the cost sharing and benefit parity provision for pregnant enrollees apply to all services, not just those directly related to pregnancy and postpartum?

Answer – Yes, the cost sharing and benefit parity would apply to all services, not just pregnancy related services. **This provision is applicable to all levels of EP.**

Question 2 - How does NYSOH expect newborns born to an EP enrollee to be reported to NYSOH for enrollment purposes?

Answer Under discussion.

Question 3 - What 834 identifier will NYSOH use?

Answer – To be determined. Once this is known, we will discuss on the Issuer Tech Calls, and we will update the 834 guides appropriately.

Question 4 - Does NYSOH expect to perform testing with issuers prior to the indicator going live? If so, what is the anticipated timing for this testing?

Answer – Yes, NYSOH will perform testing with Issuers. The date of this testing is TBD, but will be discussed on future Tech Calls.

Question 5 - If a member does not notify NYSOH or the Health Plan that she is pregnant, and is charged a copay during her pregnancy during the 12 months post-partum, what happens to the copays she may have paid prior to divulging her pregnancy status? Is she to be refunded the copay amount paid to the providers?

Answer – Our expectation would be that the member be reimbursed for any copays paid during pregnancy or during the 12 months post-partum period.

Miscellaneous Questions

Question 1 – What will happen to the stand-alone dental (SADP) coverage that some of the QHP members may have purchased on top of their medical coverage?

Answer – NYSOH will term the SADP coverage, along with the QHP medical coverage at the time of the QHP to EP 200-250 transition. Members will no longer qualify for separate SADP coverage, as dental is included in all Essential Plan tiers at no cost to the member.

Question 2 - In the event of a member transitioning to a new carrier, is the onus on the current or former carrier to honor transition of care when a provider is not participating?

Answer – Existing continuity of care requirements would apply.