

NY State of Health Health Coverage Update



2024

As we present NY State of Health's 2024 Health Coverage Update, I am honored to report that New York's Marketplace continues to serve as a vital gateway to affordable, comprehensive health insurance for residents across our state. With more than 6.7 million enrollees—representing one in three New Yorkers—our reach and impact continue to grow.

The past year has been transformative. In the first year of implementation, our Section 1332 State Innovation Waiver has successfully expanded Essential Plan eligibility and enhanced benefits for Qualified Health Plan enrollees. By leveraging administrative flexibilities, maximizing automatic renewals, and launching robust communications efforts during the Public Health Emergency Unwind, we demonstrated our commitment to continuous coverage, positioning New York as a national leader in healthcare access.

This report details our enrollment achievements from 2024 and our ongoing commitment to advancing health equity, improving consumer experience, and expanding affordability programs. These accomplishments reflect the dedicated efforts of our staff, partners, and stakeholders who work daily to ensure a more equitable and accessible healthcare system that provides New Yorkers with high quality, affordable healthcare coverage.

Sincerely,
Danielle Holahan
NY State of Health Executive Director

NY State of Health Health Coverage Update

Overview

As of September 30, 2024, NY State of Health enrollment reached over 6.7 million individuals—representing one in three New Yorkers across the state. Throughout the year, NY State of Health has expanded insurance eligibility and affordability, ensuring more New Yorkers have access to high-quality, affordable health insurance coverage. The Marketplace has prioritized efforts to improve health equity, working to create a more just and equitable healthcare landscape in New York.

Program Type	September 2024 Enrollment
Medicaid	4,371,059
Child Health Plus	590,648
Qualified Health Plans	226,505
Essential Plan	1,533,653
Total	6,721,865

Enrollment Snapshot

As of September 30, 2024, NY State of Health enrollment exceeded 6.7 million individuals across all programs. This includes 4,371,059 individuals enrolled in Medicaid (MA), 590,648 in Child Health Plus (CHPlus), 226,505 in Qualified Health Plans (QHP), and 1,533,653 in the Essential Plan (EP).

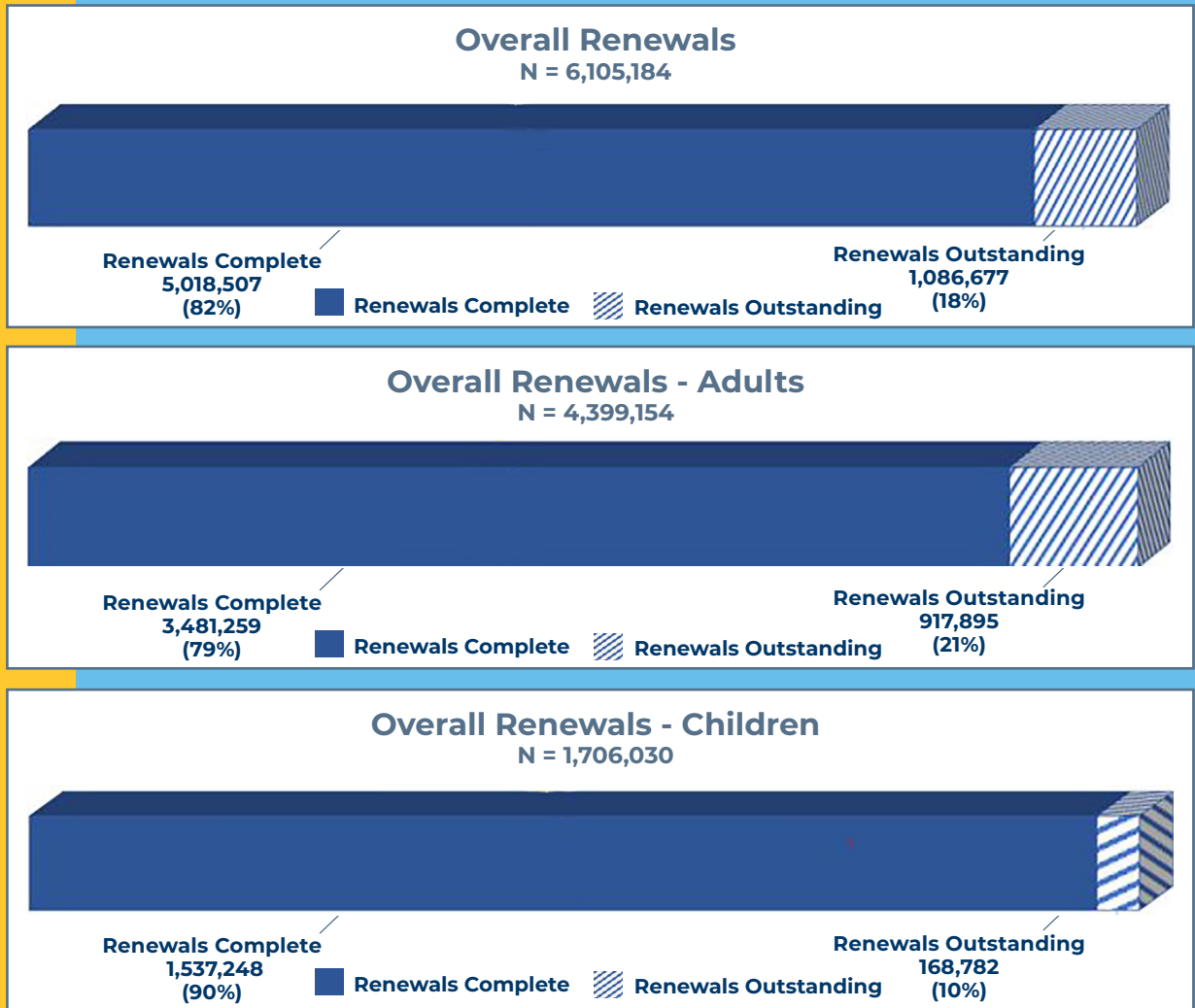
These enrollment figures reflect the cumulative impact of several large-scale initiatives in 2024, including the completion of the federal Public Health Emergency (PHE), the 2024 Open Enrollment Period, and the expansion of the Essential Plan through New York's 1332 State Innovation Waiver. This data serves as a baseline for the 2025 Open Enrollment Period, providing crucial insights into program participation and coverage distribution across the state.

Public Health **Emergency** Unwind

New York was among the hardest-hit states during the COVID-19 pandemic. During this time, NY State of Health served as a critical safety net for individuals and families who experienced job or income loss. The Marketplace provided coverage to more than 2 million additional enrollees between March 2020 and June 2023.

The end of the Continuous Coverage Requirement in Spring 2023 marked the beginning of the COVID-19 Public Health Emergency (PHE) Unwind. Prior to this, enrollees in public programs had experienced relief from traditional health insurance renewal requirements. Starting in June 2023, NY State of Health began the process of redetermining eligibility for

Figure 1: Public Health Emergency Unwind Renewal Outcomes June 2023 to May 2024 (NY State of Health only)



* Note: Renewals outside of NY State of Health are reported [here](#).

Public Health Emergency Unwind *continued*

enrollees, with the final cohort completing redetermination in May 2024.

To ensure New Yorkers remained informed throughout these changes, NY State of Health implemented a robust consumer education and awareness campaign targeted to Medicaid, Child Health Plus, and Essential Plan enrollees. The campaign featured comprehensive outreach efforts, including a paid advertising campaign supplemented by over 8 million consumer emails, nearly 5 million text messages, and more than 4.2 million consumer notices. The call center demonstrated exceptional responsiveness, handling over 5.4 million calls with an average wait time of just 1 minute and 39 seconds.

NY State of Health's strategic partnerships across the state, combined with administrative renewal improvements, successfully minimized burden for consumers while maximizing retention. These efforts positioned New York State among the [top five highest-performing states](#) in maintaining enrollment for families and children in Medicaid and Children's Health Insurance Program coverage.

Upon completion of the Public Health Emergency Unwind in May 2024, NY State of Health had initiated over 6.1 million renewals. The final results showed strong retention rates: 82% overall renewal success, including 79% of adults and 90% of children. While NY State of Health cannot track enrollment outside the Marketplace, it is estimated that many of those who did not renew their coverage may have secured alternative coverage following the PHE, including but not limited to coverage offered through an employer.

Enhanced Communication Strategies

During the Unwind, NY State of Health expanded its communication channels by significantly increasing text messaging. This initiative proved highly effective in reaching consumers quickly and conveniently, demonstrating the Marketplace's commitment to adapting to evolving consumer communication preferences.

To gain deeper insights into consumer behavior during the PHE Unwind, NY State of Health launched a targeted one-question survey via text in late 2023. The survey, distributed monthly to consumers who had not renewed their coverage in the month following expiration, served two purposes: understanding reasons for non-renewal and encouraging consumers to complete renewal. Due to New York's "late renewals" policy, individuals still had the opportunity to renew their insurance without a gap in coverage if they came back to renew in the same program with the same plan within the month after coverage expired.

The survey achieved favorable rates of consumer engagement, with monthly response rates between 11% and 13%. The most frequently selected response option was a request for renewal assistance. Analysis of survey results from July through November 2023 revealed that 5% to 14% of survey recipients went on to renew their coverage, representing nearly 15,000 consumers who might otherwise have lost coverage.

1332 State **Innovation** Waiver

In March 2024, New York secured approval of its Section 1332 State Innovation Waiver application, establishing a five-year authorization period from April 1, 2024 through December 31, 2028. This waiver enables New York to implement innovative strategies to expand access to high-quality, affordable health insurance for New Yorkers.

The waiver authorized a Basic Health Program lookalike program with expanded income eligibility. Beginning April 1, 2024, New Yorkers earning up to \$37,650 (250% of the Federal Poverty Level) became eligible for NY State of Health Essential Plan coverage. This expansion extended to Deferred Action for Childhood Arrival (DACA) recipients on August 1, 2024. Individuals moving to Essential Plan who would have otherwise enrolled in a QHP are estimated to save an average of \$6,100/yr. The waiver also established a framework for NY State of Health to develop new approaches to address social determinants of health and additional services for Essential Plan enrollees.

On September 25, 2024, NY State of Health received approval of its **waiver amendment**, which provides authority for the Marketplace to implement cost-sharing reductions for consumers enrolled in Qualified Health Plans beginning January 1, 2025.

All QHP and EP enrollees will have \$0 out-of-pocket costs for certain services for diabetes and prenatal/postnatal care. In addition, Silver Plan enrollees with incomes up to 400% of the Federal Poverty Level (\$60,240 for individuals, \$124,800 for families of four) will be eligible for **cost-sharing reductions**. These improvements are estimated to save 118,000 consumers \$307M per year at full phase in. On January 15, 2025, NY State of Health received approval to extend the term of the waiver to December 31, 2029.

The Waiver also reduces cost-sharing for Essential Plan and Qualified Health Plan enrollees, beginning in Plan Year 2025, including:



Elimination of non-hospital out-of-pocket costs for pregnancy and postpartum services up to one year for all consumers.*



Removal of non-hospital out-of-pocket costs for specific diabetes services, including outpatient preventive services, medical care, supplies, tests, and prescription drugs for all consumers.*



Significantly reduced out-of-pocket costs for QHP consumers who enroll in Silver plans with income to 350% of FPL (average annual savings of \$3,500) and for consumers 350-400% of FPL (average annual savings of \$730).

***Note:** Items and services are subject to change, but the list as of September 2024 can be viewed [here](#). Essential Plan benefits for pregnancy and postpartum mirror Medicaid.

Essential Plan

Over 1.5 million individuals are enrolled in New York's Essential Plan as of September 30, 2024. First introduced in 2016 and now operating as a Basic Health Program lookalike, the Essential Plan (EP) covers individuals with lower and moderate incomes who are not eligible for Medicaid and provides comprehensive benefits with no monthly premium, no annual deductible, free preventive care, and low copayments.

The program's effectiveness is evidenced by high takeup, demonstrating the critical role of affordability in driving enrollment, particularly among low-income consumers. The program's continued popularity underscores the importance of increasing affordability, expanding eligibility, and enhancing benefits for enrollees.

As of April 1, 2024, New York residents earning up to \$37,650 (250% of the FPL) became eligible for NY State of Health Essential Plan coverage. The Waiver increased eligibility from 200 to 250% of the Federal Poverty Level. Starting August 1, 2024, Deferred Action for Childhood Arrival (DACA) recipients also qualified for the Essential Plan due to the Waiver.

Essential Plan **Quality Measures**

Essential Plan issuers are required to report rigorous indicators that measure the quality of care and utilization of services for EP enrollees. Reporting on these indicators provides a comprehensive view of quality and allows issuers to better understand how to address gaps in services and disparities across patient groups.

Quality measurements encompass multiple care domains, including:

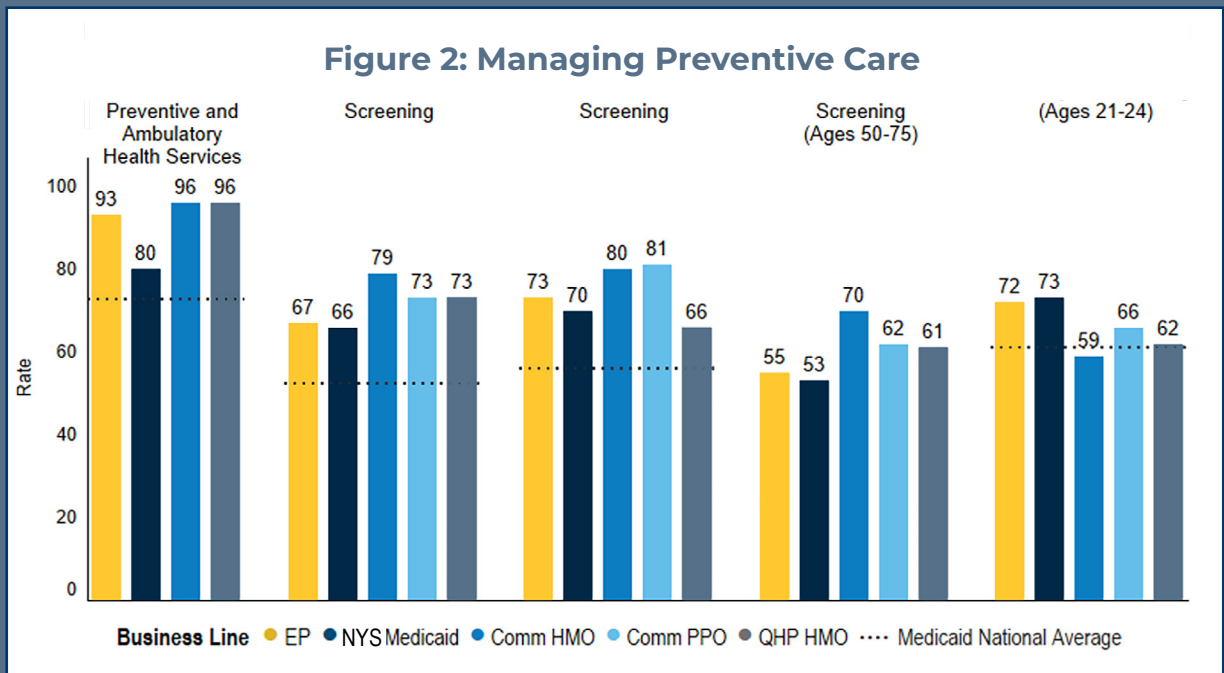
- ✓ Women's preventive care measures, such as breast cancer screening and cervical cancer screening
- ✓ Adult health measures, including Adult Immunization Status (Flu) or Controlling High Blood Pressure
- ✓ Experience measures, such as care coordination

Essential Plan **Quality Measures** *continued*

To evaluate Essential Plan quality, NY State of Health conducted comparative analyses against Medicaid Managed Care (MMC), Commercial Health Maintenance Organizations (HMOs), Commercial Preferred Provider Organizations (PPOs), and where available Qualified Health Plans (QHPs) in three key areas during Measurement Year 2022: Managing Preventive Care, Behavioral Health, and Managing Chronic Conditions.

Managing Preventive Care

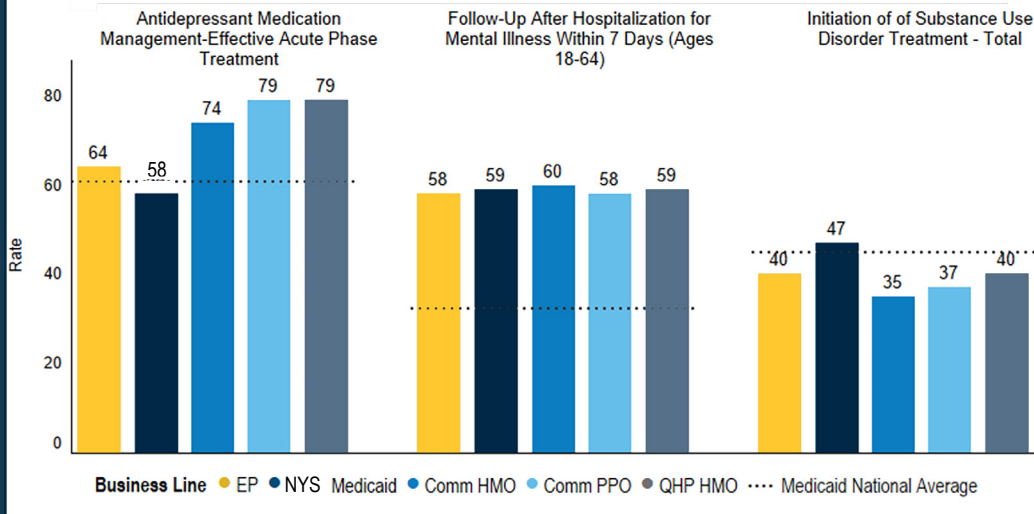
Preventive services that align with U.S. Preventive Services Task Force (USPSTF) recommendations are tracked through the Adult Access to Preventive Care measure. Data collected from health plans indicate the percentage of members who receive screening for colon cancer, breast cancer, cervical cancer, and chlamydia. As the chart indicates below, EP screening rates are at or above other lines of business. A recent study conducted by the Peterson Center on Healthcare and KFF found that 6 in 10 (60%) privately insured people received some preventive care in 2018. For each of the screenings below, EP rates range from 55% to 93%, demonstrating that use of preventive care among EP enrollees aligns with, or tends to be more frequent than the use of preventive services among consumers enrolled in private insurance.¹



¹ Amin, K., Lissenden, B., Carley, A., Pope, G., Claxton, G., Rae, M., Rakshit, S., & Cox, C. (2023). Preventive services use among people with private insurance coverage. Peterson - KFF Health System Tracker, (Access & Affordability).

Behavioral Health

Figure 3: Behavioral Health



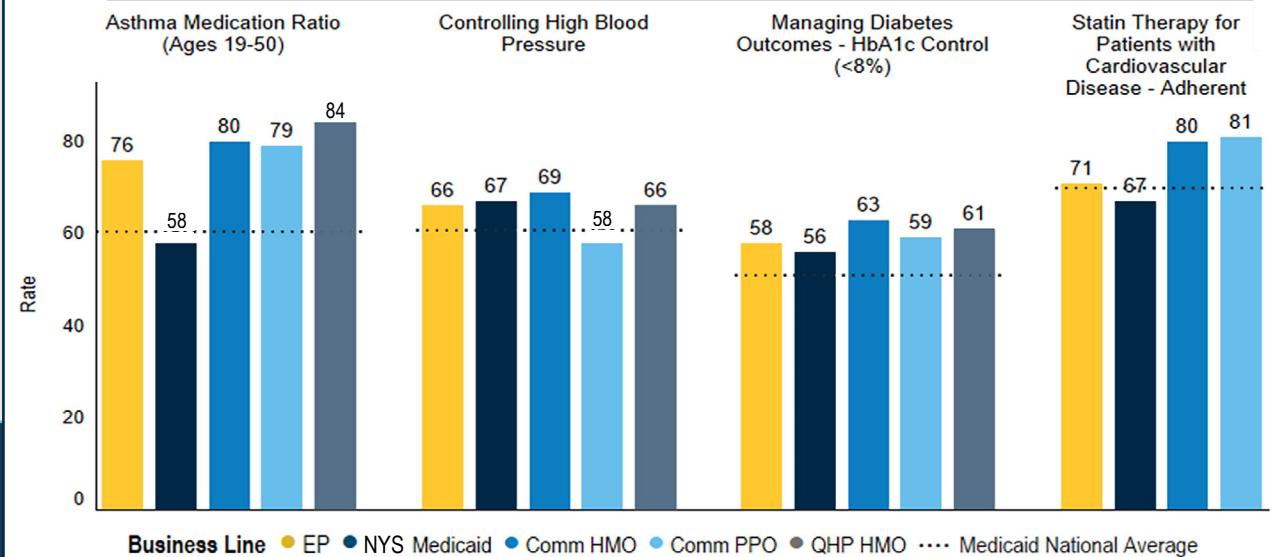
Approximately one in four adults in the U.S. experiences mental illness annually, and behavioral health measures show EP performance is in line with other insurance categories, particularly in areas such as treatment initiation and post-hospital discharge follow-up care. Across all lines of business, the Department of Health continues to pursue strategies to improve the quality and accessibility of behavioral health care.

Managing Chronic Conditions

Chronic conditions such as cardiovascular disease, diabetes, and asthma are a major focus of healthcare resources and affect a growing number of members enrolled in New York’s managed care plans.

Appropriate medication management for patients with asthma could reduce the need for rescue medication, as well as the costs associated with ER visits, inpatient admissions and missed days of work or school. As the chart indicates below, EP rates are at or above other lines of business.


Figure 4: Managing Chronic Conditions



Essential Plan **Quality Incentive Program**

In 2022, the Department of Health established a \$200 million Essential Plan Quality Incentive Program (QIP) to incentivize and reward quality of care and experience of care for Essential Plan members.

The program evaluates annual quality data from the following sources:

- 
New York's Quality Assurance Reporting Requirements (QARR), including National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measures
- 
New York State-specific performance metrics
- 
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data

In addition to the standard measures, the QIP allows for the use of bonus points to reward quality performance in key areas of interest. For reporting year 2023 (reflecting Measurement Year 2022) NY State of Health offered two bonus point opportunities – one related to mental health and substance use disorders and another for social determinants of health screening. Of the twelve participating Essential Plan issuers, eight scored full points, three scored partial points, and one scored no points for their behavioral health bonus point performance while five scored full points, five scored partial points, and two scored no points for their social determinants of health bonus point performance.

For reporting year 2024 (reflecting Measurement Year 2023), there are again two bonus point opportunities. Plans can earn 2.5 bonus points by completing a detailed questionnaire, which looks at barriers to care by identifying the challenges in delivering services to EP members with chronic mental health and behavioral health disorders or experiencing an acute episode and plan's work to develop interventions in behavioral health, including outreach efforts, current/ planned interventions to grow the plan's network, and data on other structural issues.

Plans can also earn up to 2.5 bonus points for completing a Health Disparities Implementation Plan, which includes achieving 80% completeness in race and ethnicity data and reporting 99% of the member's cost-sharing tier, also known as the plan category, in the patient-level detail file. DOH is in the process of analyzing results for reporting year 2024.

Qualified Health Plans

Qualified Health Plans are an important component of NY State of Health's insurance offerings for consumers without access to other health coverage or eligible for fully subsidized coverage, providing essential health benefits while adhering to established cost-sharing limits. These plans fulfill the Affordable Care Act's vision of providing comprehensive, quality health insurance and are available to New York State residents who are lawfully present and ineligible for Medicaid, Essential Plan, or Child Health Plus coverage. As of September 30, 2024, enrollment reached 226,505 New Yorkers.

QHPs offer coverage across four metal levels - Platinum, Gold, Silver, and Bronze - with varying premium and out-of-pocket cost sharing

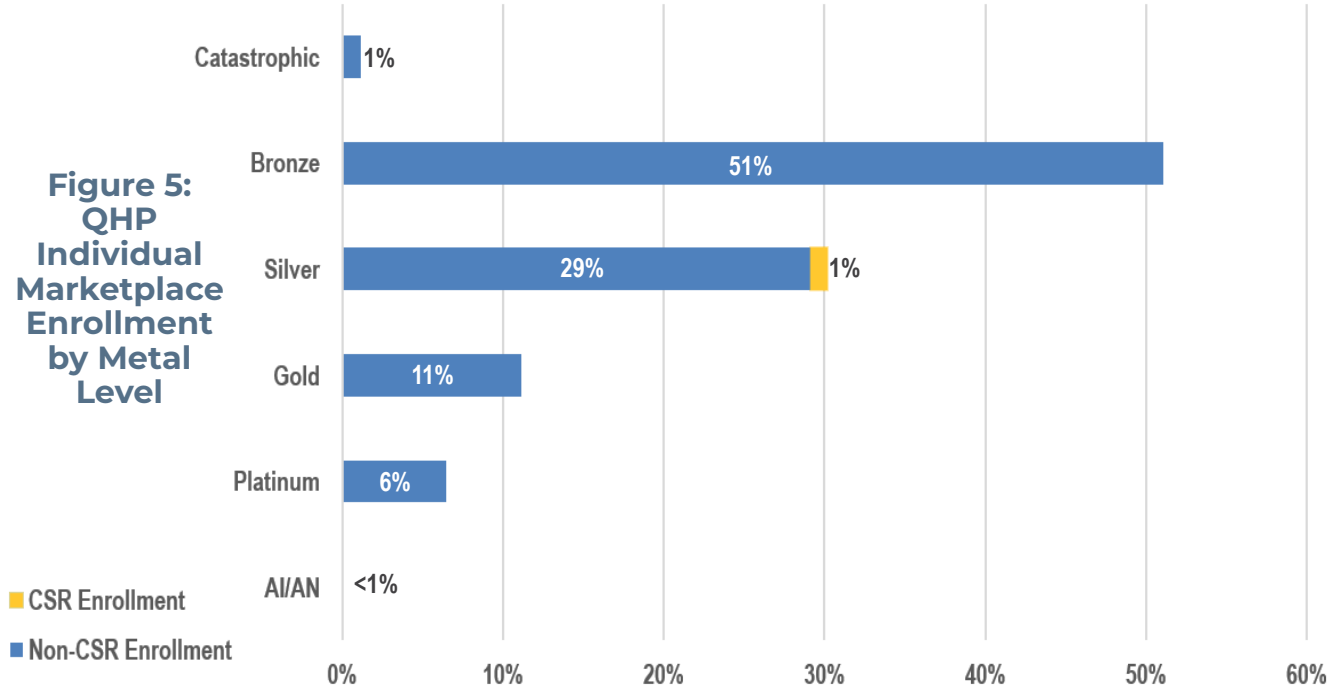
- 1 Platinum plans typically have higher premiums but lower out-of-pocket cost sharing (e.g., deductible or copayment required when receiving services).
- 2 Bronze plans offer lower premiums with higher out-of-pocket cost sharing.
- 3 Silver and Gold plans provide options in between Bronze and Platinum.
- 4 Additionally, Catastrophic plans serve adults under 30 or those qualifying for hardship exemptions (e.g. affordability).

There were notable shifts in plan selection by metal level during the 2024 Open Enrollment Period. Silver plan enrollment decreased from 37% to 30%, while Bronze plan enrollment increased significantly from 41% to 51%. This may be due to the PHE Unwind: many individuals moved from Medicaid or the Essential Plan, which had no premium, and opted for the coverage options with the lowest premium. Enrollment in Platinum, Gold, Catastrophic, and American Indian/Alaska Native plans remained relatively stable. NY State of Health anticipates a return to higher Silver plan enrollment in 2025 with the expansion for eligibility to Silver plans with cost-sharing reductions (CSR).

Qualified Health Plans *continued*

Consistent with the population distribution of the state, the geographic distribution of QHP enrollment shows significant regional variation, with 39% of enrollees in New York City, 21% in Long Island, 22% in Capital/Mid-Hudson/North Country, 6% in Western New York, and 12% in Central New York. Insurer options vary by county, ranging from two to seven carriers, with most consumers having access to at least four options.

**Figure 5:
Individual
Marketplace
Enrollment
by Metal
Level**



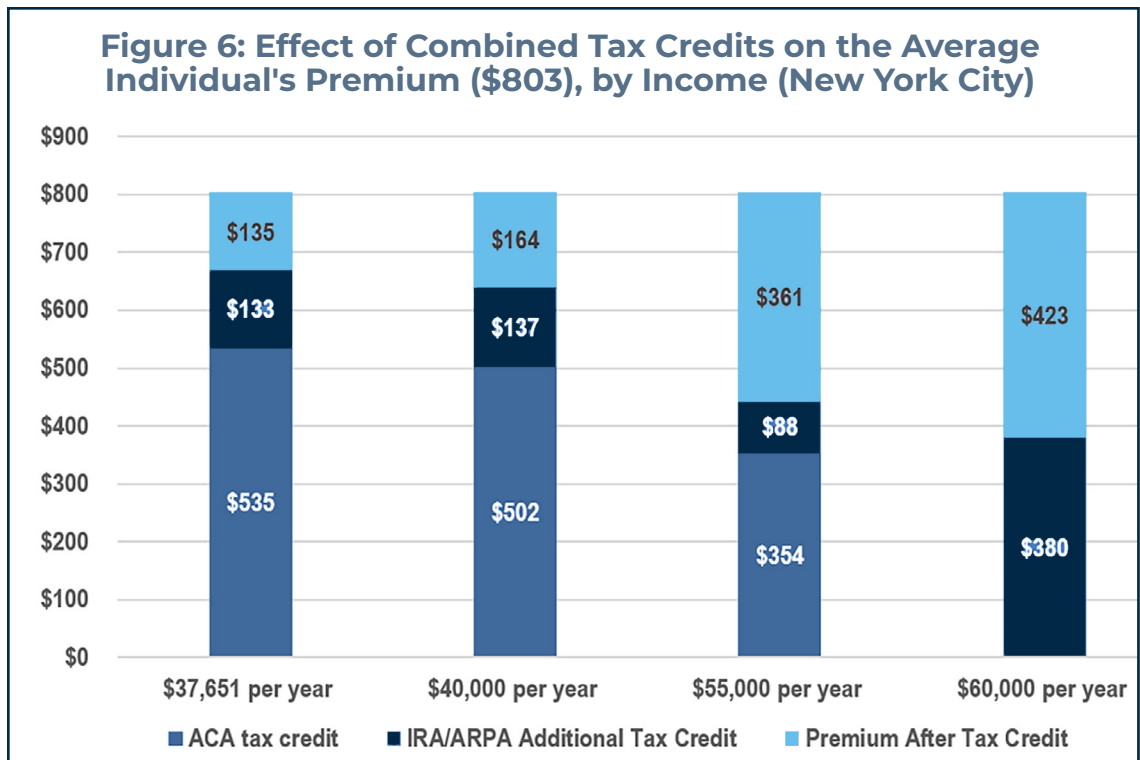
Note: NYSOH data shows that individuals enrolling in Bronze plans in the 2024 Open Enrollment Period are most likely to have higher incomes that result in low or no-tax credits.

Financial Assistance Programs

QHPs with financial assistance are available for individuals who earn too much to be eligible for EP coverage -- 250% of the poverty level (\$37,650 for an individual and \$78,000 for a family of four) -- but lack access to other affordable health insurance meeting minimum standards. Assistance is available in two forms depending on an individual or family's income: premium tax credits reduce monthly premiums and cost-sharing reductions lower out-of-pocket expenses.

Beginning in 2025, enhanced Cost Sharing Reductions (CSR) became available for Silver-level plans through the Marketplace, reducing out-of-pocket costs, deductibles, and out-of-pocket maximums. American Indians and Alaska Natives already qualify

Financial Assistance Programs *continued*



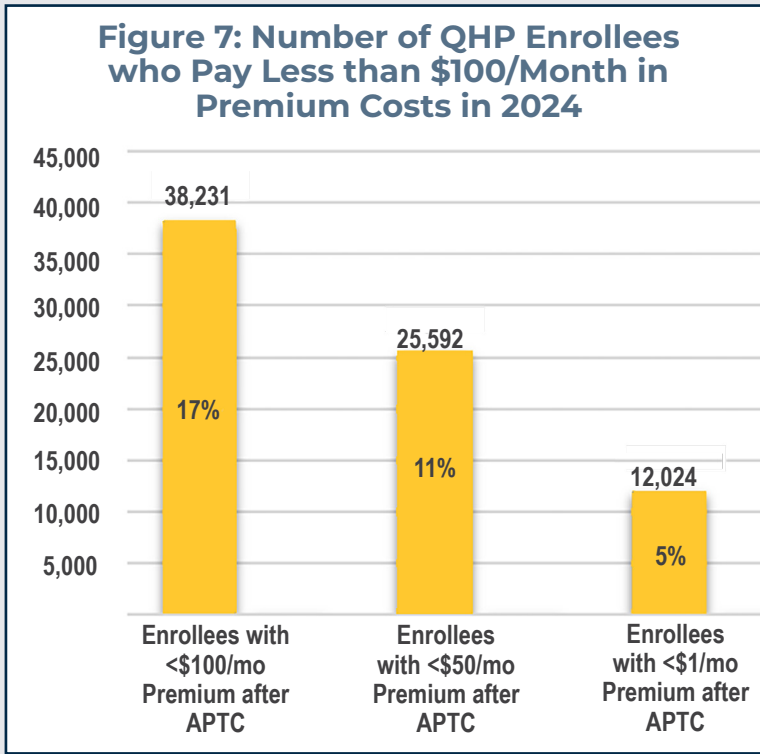
Note: The amount of tax credit an individual receives depends on their income and county. The examples above are for individuals enrolling in coverage.

for additional CSRs across all metal levels. Given the recent EP expansion to 250% FPL, there is currently a low number of QHP enrollees receiving CSRs.

During the COVID-19 PHE, enhanced premium tax credits became available through the American Rescue Plan Act (ARPA), including for households with incomes above 400% of the FPL who pre-ARPA did not qualify for a premium tax credit. These enhanced premium tax credits were extended by the Inflation Reduction Act (IRA) through 2025 and help smooth the affordability “cliff” for individuals moving from premium-free Medicaid or EP, or coverage to a QHP with monthly premiums and out-of-pocket cost sharing. Statewide, as of September 30, 2024, there were 146,497 New Yorkers benefitting from enhanced ARPA/IRA tax credits. These subsidies have significantly increased the affordability of QHP coverage – without this enhanced financial assistance, QHP premiums would be on average 50% higher.

An additional impact of the Federal ARPA/IRA subsidies is that, since New York’s 1332 waiver funding is tied to what individuals would have received in APTC, federal funding for New York’s waiver is estimated to be \$1 billion higher as a result

Financial Assistance Programs *continued*



of these enhanced federal subsidies.

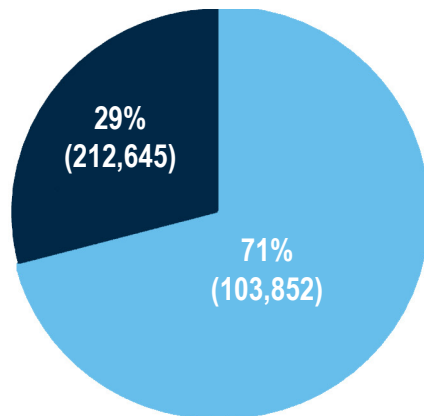
The ARPA/IRA enhanced tax credits have been meaningful for low and moderate-income enrollees by increasing the amount of tax credits they are eligible for. It has also made higher-income New Yorkers eligible for APTC who may not have been eligible before. The uptake of these expanded tax credits demonstrates the need for affordable health care at moderate and higher income levels. For many, the absence of these credits could mean the difference between staying enrolled in health insurance or becoming uninsured, underscoring the importance of extending the enhanced credits beyond 2025.

Figure 6 demonstrates the impact of the tax credits by showing how the combination of the ACA tax credit and the ARPA/IRA enhanced tax credits affects consumer premiums.

In total, over 38,231 people, or 17% of QHP enrollees, in New York pay less than \$100/month in premiums (as seen in Figure 7).

Figure 8: Financial Assistance for QHP Enrollees

As of September 30, 2024, 65% of QHP enrollees benefitted from enhanced tax credits.



- % of enrollees w/ income below 400% benefitting from enhanced tax credits
- % of enrollees w/ income above 400% benefitting from enhanced tax credits

Financial **Assistance** Programs *continued*

As of September 30, 2024, over 146,000 NYSOH QHP enrollees are currently benefitting from the ARPA/IRA enhanced tax credits. As seen in Figure 8, over 103,000, or 71% of those receiving tax credits have income at or below 400% of FPL, and over 42,000, or 29%, receiving tax credits have incomes above 400% of FPL.

As of September 30, 2024, QHP enrollment reached over 226,000, a relatively high enrollment level given the transition of nearly 80,000 consumers earning 200-250% FPL to the Essential Plan. The PHE Unwind as well as the enhanced premium tax credit subsidies contributed to enrollment growth. If made permanent, the subsidies could help to reduce churn between coverage and lack of insurance, and keep coverage affordable for thousands of New Yorkers. The subsidies also help keep premiums stable by lowering cost barriers for relatively healthier individuals who may feel like they can go without coverage if it is too expensive.

Health **Equity** Workgroup

NY State of Health has accelerated its commitment to addressing health disparities across the Marketplace and New York State through the establishment of a dedicated Health Equity Workgroup. From September 2023 through May 2024, this initiative convened expert stakeholders representing diverse sectors of the healthcare industry to conduct a comprehensive examination of health inequities within Essential Plan and Qualified Health Plan programs.

The workgroup reviewed data and qualitative information of existing disparities, focusing on identifying factors that contribute to healthcare inequities and the development of recommendations to address these challenges. Through collaborative assessment, the workgroup collected and compiled evidence-based approaches for enhancing health equity across NY State of Health programs. The resulting [Health Equity Portfolio](#), presents the findings and serves as a framework for implementing systematic improvements across the Marketplace to ensure equitable healthcare access for all New York residents..

Medicaid

As of the most recent data from September 2024, 4,371,059 individuals were enrolled in Medicaid through NY State of Health and 2,638,522 were enrolled with Local Departments of Social Services. Total Medicaid enrollment was 7,009,581. More Medicaid enrollment data can be [found online here](#).

Race and Ethnicity Data

NY State of Health has made improvements in collection rates for race and ethnicity data, which will improve our understanding of whether access to insurance coverage is equitable and reflects the population of New York.² Obtaining this information can help NY State of Health reach, and in collaboration with plans, bridge healthcare gaps, and support social determinants of health interventions in traditionally underserved communities. Design changes to race and ethnicity questions in the Marketplace application, driven by data analysis and community input, have showed an improvement in the quality and completeness of race and ethnicity data, providing a clearer understanding of who is enrolled in the Marketplace.

These changes were initially piloted in late 2020 and then expanded to all applicants prior to the 2022 Open Enrollment Period. In 2024, New York collaborated with State Health Access Data Assistance Center (SHADAC) to evaluate resulting changes in the completeness of race and ethnicity data submitted following this design roll out. For those who were presented with the revised questions, SHADAC found a 20% increase in the completeness of applicant race data, and an almost 10% increase for ethnicity data.

Current race and ethnicity data is broken down by program type below. Across all programs, the highest share of enrollees are White, Non-Hispanic at 33% of total enrollees. Fifty-nine percent of enrollees across all programs identify as Non-Hispanic, 28% identify as Hispanic, and 13% did not provide their ethnicity. The distribution of race and ethnicity varies by program type.

Race by Program					
Race	Medicaid	CHPlus	EP	QHP	All Programs
White, Non-Hispanic	32%	40%	28%	66%	33%
Black/African American	15%	12%	14%	7%	14%
Asian/Pacific Islander	13%	11%	22%	12%	15%
Other	15%	16%	15%	6%	15%
Did Not Report	29%	24%	23%	12%	27%
Total	103%	104%	103%	103%	103%

Note: Consumers can select more than one race, which may result in totals of more than 100 percent.

Ethnicity by Program					
Race	Medicaid	CHPlus	EP	QHP	All Programs
Hispanic	29%	31%	27%	10%	28%
Non-Hispanic	56%	58%	63%	83%	59%
Did Not Provide	15%	11%	10%	7%	13%
Total	100%	100%	100%	100%	100%

² Palanker, D., Clark, J., & Monahan, C. (2022, June 9). Improving Race and Ethnicity Data Collection: A First Step to Furthering Health Equity Through the State-Based Marketplaces. Advancing Health Equity. Retrieved [here](#) in March 27, 2023.

Age Data

Sixty percent of Marketplace enrollees (Medicaid, CHPlus, EP, and QHP) are below age 35 and 40% are above age 35. The primary reason age distribution varies widely by program is because of each program’s respective eligibility rules. QHP and EP have similar age eligibility but have differing patterns in age distribution. Marketplace data shows that EP enrollment is typically heavily weighted to young adults, 41% of EP enrollees (627,429) are below age 35, whereas young adults only make up 30% (68,754) of the QHP population.

Age by Program					
Age Group	Medicaid	CHPlus	EP	QHP	All Programs
<18 Years	33%	96%	-	4%	30%
18 - 25 Years	14%	4%	17%	8%	13%
26 - 34 Years	16%	-	24%	18%	16%
35 - 44 Years	15%	-	23%	18%	15%
45 - 54 Years	11%	-	20%	20%	12%
55 - 64 Years	10%	-	16%	31%	11%
≥65 Years	2%	-	-	2%	2%
Total	100%	100%	100%	100%	100%

Note: The over 65 share appears low as this data shows only individuals enrolled through NYSOH. The majority of the 65+ population is enrolled in health insurance coverage through Medicare.

Language **Data** Unwind

Overall, 27% (1,791,328) of Marketplace enrollees indicated a preferred written language other than English. Across all programs, 21% (1,425,599) indicated Spanish as their preferred language, 3% (230,932) selected Chinese, 1% (60,383) indicated Russian, and over 73% (4,925,371) indicated English. Over 74,000 enrollees reported one of 23 different preferred languages.

NY State of Health meets language needs of enrollees through enrollment assistors who speak more than 62 languages. At the Customer Service Center, approximately 400 customer service representatives speak at least one of the following five languages in addition to English: Spanish, Mandarin, Russian, Cantonese, and Haitian-Creole. The Customer Service Center can also accommodate remaining non-English speaking callers with simultaneous interpretation services through an outside interpreter.

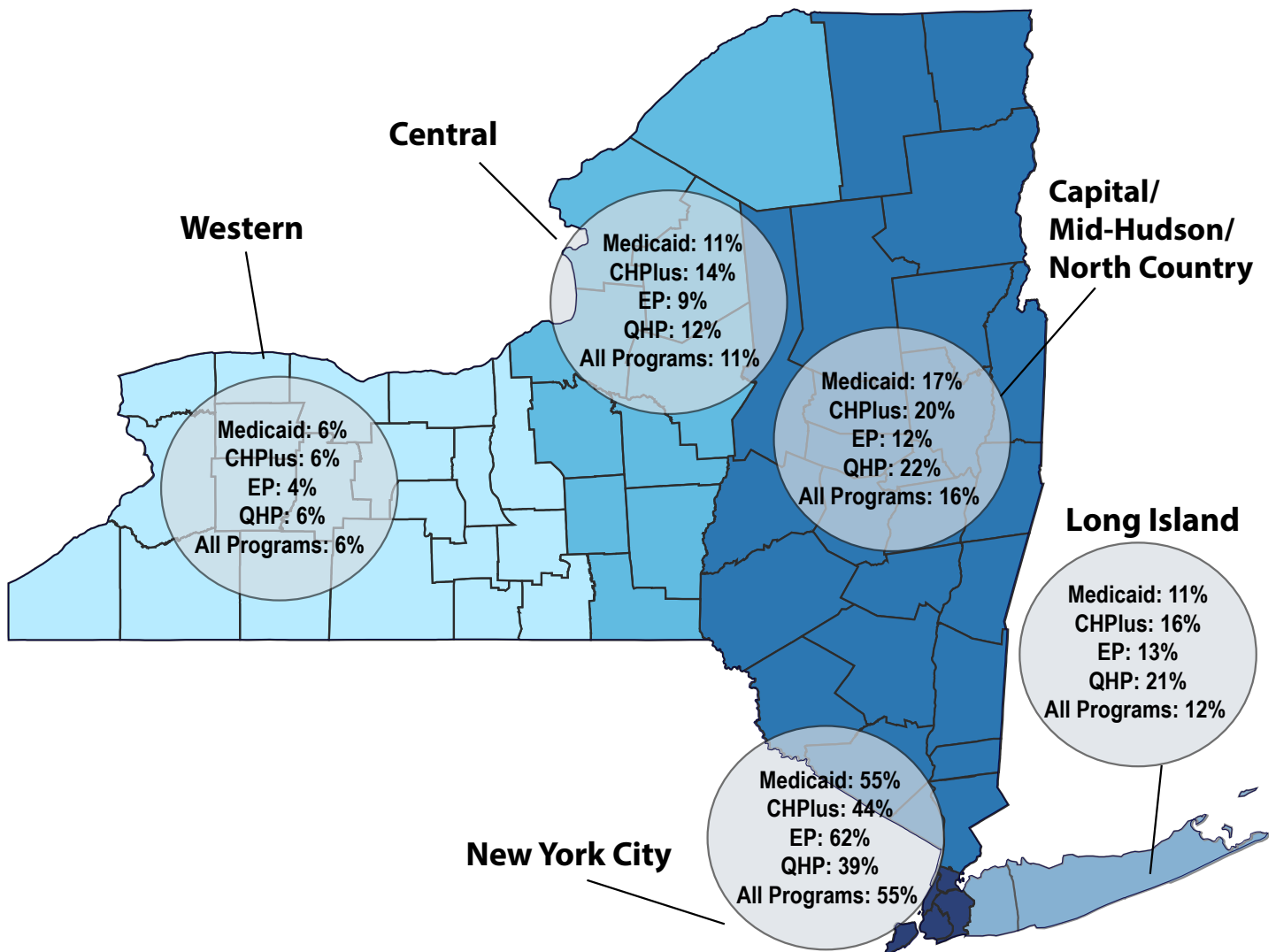
Preferred Written Language by Program

Language	Medicaid	CHPlus	EP	QHP	All Programs
Chinese	3%	2%	5%	2%	3%
English	73%	71%	72%	95%	73%
Russian	1%	1%	2%	<1%	1%
Spanish	22%	25%	19%	3%	21%

Regional Data

Similar to previous years, slightly more than half (55%) of Marketplace enrollees live in New York City, 12% live on Long Island, 16% live in the Capital/Mid-Hudson/North Country region, 6% live in the Western region, and 11% live in the Central region. The shares of enrollment by region largely track to each region's respective share of the State's non-elderly population.

Figure 9: Share of Enrollment by Region



Summary and Strategic Direction

NY State of Health's 2024 operations centered on three primary objectives: continuing to make it easier to apply for and enroll in coverage, maintaining comprehensive coverage during the transition from federal Continuous Coverage Provisions and extending comprehensive, affordable coverage to more New Yorkers. Through strategic deployment of federal flexibilities, implementation of enhanced system capabilities, and communication strategies, NY State of Health exceeded an 80% retention rate among existing participants, positioning New York State as one of the highest performing states in maintaining enrollment in Medicaid, and Child Health Plus.

The expansion of the Essential Plan, in conjunction with enhanced federal Qualified Health Plan premium tax credits and cost sharing reductions, has established more robust health insurance coverage options for New Yorkers. This integrated approach has proven particularly effective in facilitating seamless transitions between public and private health insurance programs, thereby ensuring continuity of coverage as participants' circumstances change.

Additionally, the implementation of the 1332 State Innovation Waiver has expanded program eligibility while introducing cost-saving measures to the QHP population. These efforts are projected to generate \$1.5 billion in consumer savings through 2029.

Advancing into 2025, NY State of Health maintains its focus on enhancing healthcare accessibility and affordability across all demographic segments. Building upon the successful first year implementation of the 1332 State Innovation Waiver and associated program enhancements, NY State of Health will continue developing and implementing innovative strategies to expand coverage options and reduce barriers to access.

Finally, NY State of Health remains committed to addressing healthcare disparities with targeted interventions. The enhanced collection and analysis of demographic data will continue to inform strategic planning and program development, ensuring that services effectively address the diverse needs of New York's population.

The demonstrated success of NY State of Health's initiatives in 2024 establishes a strong foundation for future program development and enhancement. Through continued commitment to operational excellence and strategic innovation, NY State of Health will advance its mission of ensuring comprehensive, affordable healthcare remains accessible to New Yorkers across the state.

Appendix

Table 1 - Number of Enrollees, by Program and County

Table 2 - EP Enrollment by Issuer

Table 3 - QHP Enrollment by Issuer

Table 1: Number of Enrollees, by Program and County

Data as of September 30, 2024

County	Medicaid	CHPlus	EP	QHP	All Programs
Albany	46,992	7,706	13,110	2,630	70,438
Allegany	7,814	1,009	1,867	350	11,040
Bronx	493,227	42,366	157,075	5,326	697,994
Broome	32,972	4,724	8,890	1,515	48,101
Cattaraugus	13,862	1,999	3,376	729	19,966
Cayuga	11,971	2,282	3,314	664	18,231
Chautauqua	23,407	2,958	5,481	1,143	32,989
Chemung	15,156	1,861	3,617	568	21,202
Chenango	8,829	1,669	2,278	400	13,176
Clinton	11,160	2,127	2,887	636	16,810
Columbia	9,164	1,778	2,816	1,302	15,060
Cortland	8,162	1,406	2,265	339	12,172
Delaware	7,270	1,028	1,879	480	10,657
Dutchess	42,965	7,634	12,687	4,716	68,002
Erie	163,168	19,259	41,155	8,225	231,807
Essex	4,961	1,200	1,602	514	8,277
Franklin	8,098	1,128	2,003	363	11,592
Fulton	11,144	1,983	2,864	574	16,565

Table 1: Number of Enrollees, by Program and County, continued

County	Medicaid	CHPlus	EP	QHP	All Programs
Genesee	8,781	1,747	2,421	525	13,474
Greene	7,706	1,228	2,068	689	11,691
Hamilton	542	115	217	90	964
Herkimer	10,728	2,175	2,868	554	16,325
Jefferson	18,475	2,904	4,715	705	26,799
Kings (Brooklyn)	806,117	88,179	309,264	32,508	1,236,068
Lewis	4,268	1,132	1,204	253	6,857
Livingston	7,824	1,625	2,283	730	12,462
Madison	9,194	1,972	2,541	698	14,405
Monroe	125,445	20,161	36,367	7,922	189,895
Montgomery	10,728	1,763	2,571	458	15,520
Nassau	218,016	42,370	94,644	22,909	377,939
New York (Manhattan)	245,637	22,189	88,762	24,744	381,332
Niagara	35,414	5,040	9,603	1,879	51,936
Oneida	43,906	6,862	10,813	1,734	63,315
Onondaga	75,681	11,253	20,095	3,817	110,846
Ontario	14,019	3,238	4,392	1,435	23,084
Orange	99,089	16,828	21,301	4,419	141,637
Orleans	6,506	1,252	2,606	380	10,744
Oswego	21,745	3,134	5,210	946	31,035
Otsego	8,715	1,554	2,398	705	13,372
Putnam	13,423	2,333	3,823	1,759	21,338

Table 1: Number of Enrollees, by Program and County, continued

County	Medicaid	CHPlus	EP	QHP	All Programs
Queens	742,697	94,077	349,287	21,562	1,207,623
Rensselaer	23,379	3,889	5,873	1,347	34,488
Richmond (Staten Island)	107,602	12,567	37,581	4,459	162,209
Rockland	123,537	22,771	23,151	5,288	174,747
Saratoga	24,719	5,774	7,549	2,881	40,923
Schenectady	31,051	5,385	8,939	1,529	46,904
Schoharie	4,870	834	1,256	268	7,228
Schuyler	2,631	443	804	203	4,081
Seneca	4,785	889	1,292	271	7,237
St. Lawrence	16,568	2,383	4,003	620	23,574
Steuben	16,912	2,300	4,312	827	24,351
Suffolk	274,976	52,682	107,906	23,821	459,385
Sullivan	20,860	2,643	4,301	933	28,737
Tioga	7,903	1,355	2,081	438	11,777
Tompkins	10,986	1,700	3,303	1,079	17,068
Ulster	30,398	4,897	8,910	3,579	47,784
Warren	9,997	1,989	3,006	971	15,963
Washington	10,282	2,362	2,965	720	16,329
Wayne	14,533	3,407	4,493	1,140	23,573
Westchester	171,330	23,352	50,737	13,433	258,852
Wyoming	5,146	1,102	1,525	475	8,248
Yates	3,616	676	1,047	328	5,667
TOTAL	4,371,059	590,648	1,533,653	226,505	6,721,865

Table 2: EP Enrollment by Issuer*Data as of September 28, 2024*

EP Issuer Name	Number of Enrollees	Percent of Enrollees
Anthem Blue Cross and Blue Shield HP	90,598	6%
CDPHP	19,825	1%
EmblemHealth Essential Plan	111,018	7%
Excellus ¹	64,670	4%
Fidelis Care	408,223	27%
Healthfirst	383,311	25%
Highmark Blue Cross Blue Shield	11,393	1%
Independent Health	15,457	1%
MetroPlus Health Plan	157,017	10%
Molina Healthcare ²	69,106	5%
MVP Health Care	47,874	3%
UnitedHealthcare Community Plan	153,292	10%
Total	1,531,784	100%

¹ Includes Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY

² Includes Affinity by Molina

Table 3: QHP Enrollment by Issuer*Data as of September 28, 2024*

QHP Issuer Name	Number of Enrollees	Percent of Enrollees
Anthem ¹	24,137	11%
CDPHP	2,788	1%
EmblemHealth, Inc.	2,571	1%
Excellus ²	14,583	6%
Fidelis Care	87,879	39%
Healthfirst	49,459	22%
Highmark ³	3,597	2%
Independent Health	5,839	2%
MVP Health Care	13,032	6%
MetroPlus Health Plan	10,906	5%
Oscar	5,842	2%
UnitedHealthcare	5,929	3%
Overall - Summary	226,562	100%

¹ Includes HealthPlus (Medical Upstate) and HealthPlus HP, LLC

² Includes Excellus Blue Cross Blue Shield in Central NY and Univera in Western NY

³ Includes Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York

