

# Essential Plan Part 2 and Marketplace Renewals

**Time:** 10:00am – 11:30am  
**Dial-In Number:** 1-855-897-5763  
**Conference ID:** 7935194

## TODAY'S WEBINAR

- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

# Essential Plan (1)

## Here's what you said:

- More than 98% said it “increased my knowledge of the topic(s)”.
- More than 97% said “the information will allow me to better assist consumers who may become eligible for the Essential Plan”.

*“Great job! The presentation was very good, and I can't wait until Part 2!”*

*“The subject matter was very interesting and informative.”*

*“I can now start telling people about Essential Plan, because I understand it now. This is a great option for those that find health insurance unaffordable. ”*

*“Would have liked more time devoted to our questions.”*

# PRESENTERS



## Welcome

Gabrielle Armenia

*Bureau Director of Child Health Plus Policy & Exchange Consumer Assistance*

## Today's Presenters

Kathleen Johnson

Director, Bureau of Community Enrollment and WMS Eligibility Processing

Sara Rothstein

Director of Policy and Planning, NY State of Health

Lisa Sbrana

Director, Office of Marketplace Counsel

PJ Weiner

Assistant Director of Plan Management, NY State of Health

# Essential Plan Recap

# Essential Plan Eligibility

- Lawfully present
- NY State Resident
- 19 to 65 years old
- Not eligible for other Minimum Essential Coverage
- Income between 0 – 138% FPL if eligible for “state only Medicaid” i.e. in the 5 year bar or PRUCOL
- Income at 138 through 200% FPL



# Essential Plan Coverage

There are four categories of Essential Plan enrollees by their income eligibility:

Essential Plan 1	Individuals with income greater than 150% of the FPL and less than or equal to 200% of the FPL.
Essential Plan 2	Individuals with income greater than 138% of the FPL and less than or equal to 150% of the FPL.
Essential Plan 3	Individuals with income greater than 100% of the FPL and less than or equal to 138% of the FPL and not eligible for Medicaid due to immigration status.
Essential Plan 4	Individuals with income at or below 100% of the FPL and not eligible for Medicaid due to immigration status.

# Essential Plan Coverage



The Essential Plan includes New York's Essential Health Benefits such as:

- Hospital coverage
- Emergency services
- Primary care services
- Outpatient services
- Behavioral Health services
- Lab services

Essential Plan 3 & 4 enrollees (income below 138% of the FPL) are also eligible for the following additional services:

Non-Emergency Transportation  
Adult Dental  
Orthopedic Footwear

Non-Prescription Drugs  
Orthotic Services  
Vision Care

# Essential Plan Coverage

- Essential Plans are individual policies
- Health Insurers offering the Essential Plan can choose to also offer dental and vision coverage included in their plans for an additional cost to enrollees
- Each eligible family member would have his/her own policy
- This is a different Essential Plan option called Essential Plan Plus Vision and Dental
- This option is only available to Essential Plan 1 & 2 enrollees because dental and vision is already included for Essential Plan 3&4 enrollees
- The dental and vision cost ranges between \$26 and \$32 per month
- All participating Insurers **MUST** offer the Essential Plan **WITHOUT** dental and vision

# Essential Plan Plus Vision and Dental

## Examples

Lisa

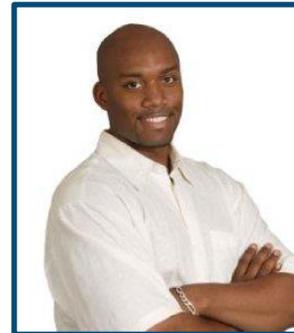


Lisa's income puts her at 142% FPL.

If she chooses an Essential Plan without dental and vision, her premium is \$0 each month.

If she chooses an Essential Plan Plus Vision and Dental she will owe the premium for those services each month which is \$30.22.

Roger



Roger's income puts him at 178% FPL.

If he chooses an Essential Plan without dental and vision, his premium is \$20 each month.

If he chooses an Essential Plan Plus Vision and Dental he will owe \$20 PLUS the premium for those services each month (\$30.22) for a total of \$50.22 each month

# Essential Plan Costs

Essential Plan Type	FPL	Cost Sharing	Premium	Benefits	Dental and Vision
1	150 – 200%	Low	\$20	QHP	Optional for extra \$
2	138 – 150%	Almost \$0	\$0	QHP	Optional for extra \$
3	100 – 138%	Almost \$0	\$0	QHP + Extra	Included
4	0 – 100%	\$0	\$0	QHP + Extra	Included

# Effective Dates of Coverage

January 1, 2016 effective date of coverage:

- Applicants with income between 138% - 200% of the FPL and who have selected a plan before December 16th, 2015.
- Applicants with income below 138% of the FPL and who have selected a plan before January 1, 2016.



# Effective Date of Coverage



Effective date of coverage after January 1, 2016:

- For individuals with income at or below 138% of the FPL eligible for state-only Medicaid (i.e., in the 5-year bar or PRUCOL), the effective date of coverage will be on the first of the month in which an Essential Plan is selected.
- For individuals with incomes above 138% of the FPL, the effective date of coverage will follow the “15th of the month” rule.

Lisa’s income is at 130% FPL and she completes an enrollment on March 12<sup>th</sup>, 2016. When is the effective date of coverage?

**Answer:**

Lisa will have coverage starting March 1<sup>st</sup>, 2016.

1. If Roger, whose income is at 182% FPL, completes an enrollment on February 10<sup>th</sup>, 2016. When is the effective date of coverage?

March 1<sup>st</sup>, 2016

2. If Roger completes an enrollment on February 20, 2016. When is the effective date of coverage?

April 1<sup>st</sup>, 2016

# Payments and Grace Periods for Members With Premiums



- Premium is due to the member's health plan by the 1<sup>st</sup> of each month.
- There is a 10 day grace period for the initial month's premium
- After the first month's premium is received, members will have a 30 day grace period to pay premiums each month
- If a member does not pay by the end of the grace period, their coverage is terminated as of the end of the month payment was due.
  - Example: Felipe enrolled in the Essential Plan with a start date of March 1, 2016 and owes \$20 each month. He paid for March, April and May, but does not pay for June by June 30<sup>th</sup>. His coverage end date will be June 30<sup>th</sup>.
- There is rolling open enrollment for Essential Plan eligible members all year

# Post Enrollment Materials



- Once enrollment is received by the health plan, they will send invoices to members.
- Once premium is received OR the enrollment is processed for those with no premium, the health plan will send a welcome letter, ID Card and subscriber contract (member handbook)
- ID cards will include the plan name, but are not required to include CINs or other information
- Enrollees below 138% FPL will also receive NY State Benefit cards which they can use to access non-emergency medical transportation and family planning services

# More on the Essential Plan



- QHP enrollees with incomes between 138 – 200% FPL will now be eligible for the Essential Plan coverage beginning January 1, 2016
- Applicants cannot choose to remain in a QHP with APTC
- Essential Plan enrollees will receive **1095-B** tax forms in 2017 that indicate that they had health insurance during 2016

# Essential Plan and Providers

- Essential Plan insurers will have a link to their provider network on the plan details page on the NYSoH website
- Outreach is being conducted to educate healthcare providers about the Essential Plan
- ALWAYS check with both the health care provider AND health plan to make sure that the provider is in the health plan's network
- Ask the provider's office specifically if they accept the health plan's Essential Plan



# POLL QUESTION #1



**Which population will pay a \$20 premium each month for the Essential Plan if they do NOT choose to add dental and vision benefits?**

- A) Applicants whose incomes are below 138% FPL
- B) Applicants whose incomes are between 150 and 200% FPL
- C) Applicants whose incomes are between 138 and 150% FPL

# Questions?

# MARKETPLACE OPEN ENROLLMENT AND RENEWALS

# QHP Open Enrollment for 2016

- Open enrollment for QHPs and Essential Plans begins November 1 for people new to the marketplace
- QHPs and Essential Plans selected November 1 – December 15 will begin January 1, 2016
- People renewing coverage that want to select new plans can do so beginning November 16
- Medicaid, Child Health Plus, Essential Plan (starting in 2016) have open enrollment all year round

# Timeline for Renewals

MID OCTOBER 2015

Renewal notices sent to:

- QHPs (includes Full Pay QHP, APTC, APTC CSR, and APTC PP)
- Medicaid and Child Health Plus coverage ending on 12/31/14

*\* Annual renewal notices for Medicaid and Child Health Plus will be sent on a rolling schedule*

NOVEMBER 16, 2015 – DECEMBER 15, 2015

- No action needed if consumer agrees with eligibility and plan

Action needed if consumer wants to:

- Select a new plan
- Update application

JANUARY 1, 2016

COVERAGE CONTINUES!

# Marketplace Renewals



- Full Administrative Renewal
  - Eligibility renewed
  - Enrollment into plan automatically completed
- Partial Administrative Renewal
  - Eligibility renewed
  - Plan selection required
- Manual Renewal
  - Information required for eligibility determination
  - Plan selection required

## Full Administrative Renewal

- Renewal To-Do List tells consumers that their renewal is complete
- If a consumer wants to select a different plan, they can change their plan without going through application
- Information in the “Application”, “Eligibility”, and “Plans” tabs are for the upcoming year
- Any changes made to application will affect coverage for upcoming year

Logged in as rgardinia\_demo Account Sign Out

Rosie Gardinia  
Edit Account Information

Mailing Address:  
90 Church  
New York NY  
10007  
Primary Phone:  
(212) 444-5855

OPTIONS  
Update Application  
Manage Broker/Navigator

Overview Application Account Eligibility Plans Inbox Documents Appeals

### Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

### Status of Your Renewal

Congratulations! We've enrolled everyone in their health plan for another year and you don't have to do anything more.

If anything has changed in your life that would affect how you are covered and what you pay for health insurance next year, click **Update Application**. If you would like to pick a different plan than the one that you are enrolled in for next year, click **Pick a New Plan**.

Your eligibility is effective starting on the date listed in the table below.

To make changes to your current coverage, call NY State of Health at 1-855-355-5777.

[Update Application](#) [Pick a New Plan](#)

### Renewal To-Do List

Click on a household member to see what still must be done to renew that person's coverage.

Program Eligibility	Eligibility Effective Date	Marketplace ID
● Rosie Gardinia <span style="float: right;">⊗ Renewal Completed</span>		
Advance Premium Tax Credit	01/01/2016	HXD000015491
Rosie's renewal is complete. She does not need to do anything at this time.		
● Avitus Bluebell <span style="float: right;">⊗ Renewal Completed</span>		
Advance Premium Tax Credit	01/01/2016	HXD000001284
Avitus's renewal is complete. He does not need to do anything at this time.		

## Partial Administrative Renewal

- Renewal To-Do List tells consumers that their renewal is not complete
  - Consumer needs to pick a plan
  - Consumer can select a plan without going through application
- Information in the “Application” and “Eligibility” tabs are for the upcoming year
- Any changes to the application will affect coverage for upcoming year

Logged in as DuringEmma · Account · Sign Out

Emma During  
Edit Account Information

Mailing Address:  
22 River rd  
Glenmont NY  
12077  
Primary Phone:  
(555) 555-5555

OPTIONS  
Update Application  
Manage Broker/Navigator

Overview Application Account Eligibility Plans Inbox Documents Appeals

### Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

#### Status of Your Renewal

Congratulations! You or members of you household can still get help paying for you health coverage through NY State of Health. You need to pick a plan for coverage to continue next year.

To pick a plan for next year, click **Pick a New Plan**. If anything has changed in your life that would affect how you are covered and what you pay for health insurance next year, Click **Update Application**.

Your eligibility is effective starting on the date listed in the table below.

To make changes to your current coverage, call customer service at 1-855-355-5777.

[Update Application](#) [Pick a New Plan](#)

#### Renewal To-Do List

Click on a household member to see what still must be done to renew that person's coverage.

Program Eligibility	Eligibility Effective Date	Marketplace ID
Advance Premium Tax Credit with cost-sharing reductions	01/01/2015	HX0000029925

Emma must enroll in a plan by 12/15/2015 to have coverage on 01/01/2015. Click **Pick a Plan** to shop for coverage.

## Manual Renewal

- Renewal To-Do List tells consumers that their renewal is not complete
  - Consumer cannot select a plan without updating application
- Consumer must update their application in order to have eligibility determined for the upcoming year
- Information in the “Plans” and “Application” tab are for the current year

**Rosie Gardinia**

[Edit Account Information](#)

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**Mailing Address:**  
90 Church  
New York NY  
10007

**Primary Phone:**  
(212) 444-5855

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**OPTIONS**

[Update Application](#) ⓘ

[Manage Broker/Navigator](#)

Overview Application Account Eligibility Plans Inbox Documents Appeals

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### Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of financial assistance you qualify for.

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**Status of Your Renewal**

NY State of Health did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you can have next year.

You must provide more information on your application by 12/15/2014 so you will be covered in the upcoming year. To continue from where you left off in the application, click **Update Application**.

To make changes to your current coverage, call NY State of Health at 1-855-355-5777.

[Update Application](#)

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**Renewal To-Do List**

Click on a household member to see what still must be done to renew that person's coverage.

<input checked="" type="radio"/> Rosie Gardinia	<input checked="" type="radio"/> Renewal Not Completed
To renew <b>Rosie's</b> coverage, you must update the application by 12/15/2014. Click <b>Update Application</b> to start.	
<input checked="" type="radio"/> Avitus Bluebell	<input checked="" type="radio"/> Renewal Not Completed
To renew <b>Avitus's</b> coverage, you must update the application by 12/15/2014. Click <b>Update Application</b> to start.	

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**Communication from NY State of Health** [Go to Inbox](#)

You have 9 new messages waiting for you in your inbox.

# Manual Notices



## NOTICE

### IT'S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE

NY State of Health did not have enough information from state and federal data sources to determine if you can get help paying for your insurance or what coverage you can have next year. You must return to your account at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) and provide more information so you will be covered in the upcoming year.

### IT'S IMPORTANT FOR YOU TO KNOW...

...How we made our decision.

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Member Name

Marketplace ID: HX ID (HX0000000000)

Based on the information from federal and state sources, we cannot make a decision about whether or not you qualify for financial help paying for your health coverage.

Please update the information on your NY State of Health account by December 15, 2015 so we can make an appropriate decision. If you miss this deadline, the financial assistance you are getting now may end. Be aware that you may be able to buy a health plan at NY State of Health at full cost. See the section of this notice titled "*How and when to make changes to your account or plan*".

# Manual Notices



- Consumers MUST update information prior to 12/15 in order to remain enrolled in financial assistance program for 1/1/2016
- Consumers that do not update their information may
  - lose their tax credit
  - Not be enrolled in child health plus as of 1/1/2016
  - Not be enrolled in the Essential Plan as of 1/1/2016
- Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied

# Manual Notices

Enrollees will also get a manual renewal notice if they select that they do NOT want the marketplace to renew eligibility automatically when completing the application for financial assistance.

## Renewal of coverage

To make it easier to see if I qualify for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from federal tax returns. The Marketplace will send me a notice and let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

- 5 years (the maximum number of years allowed), or for a shorter number of years
- 4 years
- 3 years
- 2 years
- 1 year
- No, do not renew my eligibility automatically.

This question appears towards the end of the application for financial assistance

# Essential Plan, Renewals, and Enrollment



- If a current Marketplace enrollee is determined eligible for the Essential Plan at renewal they will be enrolled into the Essential Plan offered by their current Health Insurance company
- If a QHP enrollee has coverage with adult dental and vision and their Essential Plan insurer is offering the Essential Plan Plus vision and dental, s/he will be enrolled in the Essential Plan with Vision and Dental at renewal
- Enrollees can switch to a different type of Essential Plan (with or without dental and vision) OR to Essential Plan offered by a different health insurer OR at any time throughout the year
- Enrollees should check with their providers AND their health plan to make sure their doctors are in the network

# New Notice Messages

Enrollees that are eligible for the Essential Plan will see new messages in their renewal notices.

Jane's income is below 138% FPL and her current insurer is **NOT** offering the Essential Plan

Jack's income is above 150% FPL and he is currently in a QHP with NO dental and vision

Sam's income is between 138-150% FPL and he is currently enrolled in a QHP with adult dental and vision

September 4, 2015  
Account ID: AC0000064345

about you from state and federal data sources obtained as of September 1, 2015.

Help at: 1-855-355-5777  
TTY: 1-800-662-1220

## NOTICE

### IT'S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE

Congratulations! You or members of your household can get health coverage through NY State of Health. **Please read this notice carefully as some household members may need to take an action to continue their coverage for another year.** Come back to our website, [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) to pick a plan.

#### Your Insurance Details

Jane [Corington](#)

**Action Required:** We cannot enroll you in your current health plan for the next coverage year. You must select a different health plan between November 16, 2015 and December 15, 2015 to continue your coverage.

Jack [Corington](#)

**Insurance Provider: Essential Plan 1**

We have enrolled you into this plan because it is similar to the coverage you had before with this insurance company.

**Start Date:** January 1, 2016

Sam [Corington](#)

**Insurance Provider: Essential Plan 2**

We have enrolled you into this plan because it is similar to the [coverage](#) you had before with this insurance company.

**Start Date:** January 1, 2016

To get help in another language or with reading this Notice, call 1-855-355-5777 (TTY: 1-800-662-1220) or go to <http://www.nystateofhealth.ny.gov> for assistance. You can also find a navigator or certified application counselor near you.

T089-EL00000000000382

# New Notice Messages

Each household member will see their eligibility explained

[www.nystateofhealth.ny.gov](#) explaining how it works, how to set up, how to find a doctor, and the meaning of insurance terms you will hear a lot.

**IT'S IMPORTANT FOR YOU TO KNOW...**  
**...How we made our decision.**

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Jane Corington  
Marketplace ID: HX0000080017

You now qualify for health care coverage under the Essential Plan. The Essential Plan covers all essential health benefits with no copays for health services and no annual deductible

You also qualify for additional benefits through Medicaid.

This eligibility is effective as of January 1, 2016.

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You qualify to enroll in the Essential plan with **no monthly premium** for the following reasons:

- because you are in the first five years of your qualified immigration status OR are living in the United States under the color of law (PRUCOL) and
- federal and state data sources show your income is between \$0 and \$27,725.00 This is the income range for Essential Plan (with no monthly premiums) based on your household size.

Individuals who qualify for the Essential Plan are:

- New York State residents
- Not eligible to enroll in other coverage
- Under 65 years of age
- U.S. citizens or have a satisfactory immigration status
- Not incarcerated

Individuals do not qualify for Essential Plan if they are 19 years of age or younger (or younger than 21 years of age if living with a parent), pregnant, or in need of long-term care services. These individuals may be eligible for other coverage through NY State of Health.

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2 of 15

Jane's eligibility status is explained. Jack and Sam's eligibility determination will follow below Jane's in the notice.

# New Notice Messages

Each household member's premium will follow their eligibility

## IT'S IMPORTANT FOR YOU TO KNOW...

...How to estimate the cost of your health coverage.

The monthly premium for the Essential Plan that each person is enrolled in for the next coverage year is listed below. You can change your Essential Plan at any time.

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Jane Corington  
**Marketplace ID:** HX0000080017

**Your Premium:** No monthly premium

Jane has \$0 premium because her income is below 138% FPL.

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Jack Corington  
**Marketplace ID:** HX0000080018

**Your Premium:** \$20.00 per month

The plan you are enrolled in does not include dental or vision benefit. You can chose a plan with these benefits for an additional premium.

You will have co-pays for certain services.

Jack's income is above 150% FPL and he is currently in a QHP with NO dental and vision so he was enrolled in a plan with no dental and vision for \$20

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Sam Corington  
**Marketplace ID:** HX0000080019

**Your Premium:** \$30.55 per month

You can lower your monthly premium by selecting a different plan that does not include dental and vision services.

You will have co-pays for certain services.

Sam's income is between 138-150% FPL and he is currently enrolled in a QHP with adult dental and vision. He is enrolled in the Essential Plan Plus Dental and Vision and owes the premium for dental and vision.

# POLL QUESTION #2



Jorelis is enrolled in a QHP in 2015 with an advanced premium tax credit. Her income has NOT changed during the year. When she applied for financial assistance she selected that she did NOT want the marketplace to automatically renew her eligibility and she receives a renewal notice saying she needs to come back to the marketplace to update her information. Jorelis does not come back to update her information by December 15<sup>th</sup>. What enrollment will she have starting January 1, 2016?

- A. Jorelis will be enrolled in the same QHP with the same tax credit.
- B. Jorelis will be enrolled into the Essential Plan.
- C. Jorelis will be enrolled into the same QHP with NO tax credit.

# Questions?

# Reminder: Recertification Process

- Assistors must attend or view each NY State of Health Recertification Webinar in order to be recertified on NY State of Health.
- Please use the following link to report that you have viewed this webinar:  
[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Essential\\_Plan\\_2\\_and\\_Renewals](https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_2_and_Renewals)
- If you are unable to access Survey Monkey, please have your supervisor contact [Assistor.Admin@health.ny.gov](mailto:Assistor.Admin@health.ny.gov) and NYSDOH will send your supervisor the manual process for recertification reporting.

# Previous NY State of Health Assistor Recertification Reporting Surveys



[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Special\\_Populations\\_1](https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_1)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Special\\_Populations\\_2](https://www.surveymonkey.com/r/Assistor_Reporting_Special_Populations_2)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Household\\_Composition](https://www.surveymonkey.com/r/Assistor_Reporting_Household_Composition)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Immigration](https://www.surveymonkey.com/r/Assistor_Reporting_Immigration)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Understanding\\_the\\_Uninsured](https://www.surveymonkey.com/r/Assistor_Reporting_Understanding_the_Uninsured)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_How\\_to\\_Select\\_a\\_Health\\_Plan](https://www.surveymonkey.com/r/Assistor_Reporting_How_to_Select_a_Health_Plan)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Self-Employment](https://www.surveymonkey.com/r/Assistor_Reporting_Self-Employment)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Essential\\_Plan\\_1](https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_1)

[https://www.surveymonkey.com/r/Assistor\\_Reporting\\_Essential\\_Plan\\_2\\_and\\_Renewals](https://www.surveymonkey.com/r/Assistor_Reporting_Essential_Plan_2_and_Renewals)



# Thank you for joining us!

- Watch for surveys
  - Recertification Evaluation of Webinar: Essential Plan (2) & Renewals
  - NY State of Health Assistor Recertification Reporting – Essential Plan (2) & Renewals
- Watch for the video to be posted to <http://info.nystateofhealth.ny.gov/SpringTraining>

## **Next Recertification Training:**

**Title: Voter Registration**

**Date: October 21, 2015**