

Essential Plan: Eligibility & Enrollment

This operational update to New York's 1332 Waiver implementation plan records New York's choices in determining eligibility and enrollment procedures for Essential Plan. Unless otherwise noted, the implementation date is 04/01/2024.

Eligibility Standard	Implementation Date	Policy
Resident of the State		New York Social Services Law ("NY SSL") 369-ii(3)(a)(i) 45 CFR 155.305(a)(3)
Citizen with household income exceeding 133 but not exceeding 250% FPL or lawfully present non-citizen ineligible for Medicaid due to immigration status with household income below 200% FPL.		NY SSL 369-ii(3)(a)(iv)
Not eligible to enroll in MEC or affordable ESI.		NY SSL 369-ii(3)(a)(iii)
Less than 65 years old.		NY SSL 369-ii(3)(a)(i)
Not incarcerated other than during disposition of charges.		45 CFR 145.305(a)(2)
Application Activities		
State is permitting authorized representatives.		45 CFR 155.227
State is permitting certified application counselors.		45 CFR 155.225
Eligibility Determinations and Enrollment		
Effective for eligibility is the first day of the month of application.		42 CFR 435.915(b)
Effective date for enrollment is retroactive to the first day of the month of plan enrollment unless an enrollee is transitioning from other insurance affordability programs or a qualified health plan (see narrative below).		NY SSL 369-ii(4)(c)
Essential Plan uses the continuous enrollment process.		NY SSL 369-ii(4)(b)
Essential Plan offers continuous eligibility consistent with 42 CFR 600.340(f).		NY SSL 369-ii(4)(d)
Applicants use the Marketplace standards to appeal an eligibility determination.		NY Public Health Law ("NY Pub Health" 268-e 45 CFR 155 Subpart F
Essential Plan uses the Marketplace standard to periodically review eligibility.		45 CFR 155.330
Essential Plan uses the Marketplace standard to redetermine eligibility.		45 CFR 155.335

Essential Plan uses the Marketplace standard to verify eligibility.		45 CFR 155.315 45 CFR 155.320
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1. *Please indicate whether the state will implement continuous eligibility and redetermine enrollees every 12 months as long as enrollees are under 65, not enrolled in alternative MEC and remain state residents.*

Yes, the State will implement continuous eligibility.

2. *Please list the standards established by the state to ensure timely eligibility determinations.*

New York has established the standard of determining eligibility 45 days from the date of receipt of the application like the requirement in 45 CFR 435.912. However, most applicants receive an eligibility determination the same day. The online eligibility system makes real time eligibility determinations for Medicaid, CHIP, and QHPs with and without financial assistance.

Under the 1332 Waiver, the Essential Plan verification rules follow the Marketplace rules, and unlike Medicaid, applicants will not be pended for income inconsistencies. Essential Plan applicants receive temporary enrollment for 90 days while the State attempts to resolve the inconsistency.

3. *Please describe the state's process and timeline for incorporating Essential Plan into the eligibility service in the state including the State's Marketplace (if applicable).*

New York has an integrated, automated eligibility system that determines eligibility for Medicaid, CHIP, APTC, APTC-CSR, and full-pay QHPs; as well as Essential Plan. The system permits seamless transitions between programs. For Essential Plan, eligibility for tax filers is determined using the MAGI rules for APTC eligibility, while Medicaid non-filer rules are used for applicants who do not plan to file taxes. Eligibility for tax filers who do not file a joint tax return is determined using Medicaid non-filer rules.

4. *Please describe the process the state is using to coordinate Essential Plan eligibility and enrollment with other IAPs in such a manner as to ensure seamlessness to applicants and enrollees.*

New York has a single eligibility system for MAGI Medicaid, CHIP and Marketplace programs, including Essential Plan. The State aligned program rules as much as possible under the regulations. An applicant who applies for financial assistance can receive an eligibility determination for any insurance affordability program for which they are eligible and enroll in health plans for that program.

When enrollees report a change, the State re-runs eligibility and individuals can seamlessly transition to another program without a gap in coverage.

Enrollees are administratively renewed to the extent feasible with the data available. Essential Plan is incorporated into the eligibility system as an insurance affordability program with eligibility levels of 138%-250% of FPL and 0-250% of FPL for lawfully present non-citizens who are not eligible for Medicaid.