



Extra Inning Retaining Current Players: 2015 Coverage Renewal

The Webinar will begin at 10:00am Participant Dial In Number: 1-855-897-5763



Today's Webinar

- Dial in to the audio portion of the webinar using the telephone number on the Audio tab. Audio is transmitted through the telephone only, not through computer speakers.
- All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A tab on your Webex control panel; we will pause at the end to take questions.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.



Agenda

- Welcome
 - Donna Frescatore, Executive Director, NY State of Health
- Recap of Inning #7, Part 1 (Young Adults)
- Retaining Current Players: 2015 Coverage Renewal
- Questions & Answers
- Conclusion



Inning #7: Know Who You're Pitching To, Part 1 (Young Adults) Evaluation Survey Results

Here's what you said:

More than 90% said it "increased my knowledge of the topic(s)."

Nearly 89% said "there was sufficient information shared to enable me to successfully enroll young adults into coverage through the Marketplace."

"I've been impressed with the depth of coverage for each topic."

"This has been the best webinar so far; great facilitators; easy and functional information. Well done."

"Keep examples specific to New York State."

Complete the evaluation survey of today's webinar immediately following the program.



Presenters

Today's Presenters:

Ruchika Bajaj

Office of Health Insurance Programs Division of Eligibility and Marketplace Integration

Lisa Sbrana NY State of Health



Types of Renewals

- Full Administrative Renewal
 - Eligibility
 - Enrollment
- Partial Administrative Renewal
 - Eligibility
 - Plan selection required
- Manual Renewal
 - Information required for eligibility determination
 - Plan selection required



Timeline for Renewals



JANUARY 1, 2015 COVERAGE CONTINUES!

MID OCTOBER 2014

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, 2014 – DECEMBER 15, 2014

- No action needed if consumer agrees with eligibility and plan
- Select a new plan
- Update application



Full Administrative Renewal

Who is included:

- Program eligibility stays the same from 2014 to 2015 AND
- Plan is available in 2015

When:

- Eligibility and enrollment will be effective January 1, 2015

Next Steps:

 No action is needed if consumer agrees with information in their notice. Consumer will receive notice with enrollment information – including APTC applied – before the end of the year



Full Administrative Renewal Notice

APTC – CHP household



Logged in as rgardinia_demo Account Sign Out

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

| E DA LLA C | Overview Application Account | Eligibility Plans Inbox Do | cuments Appeals | | | | | |
|--|--|---|---|--|--|--|--|--|
| Edit Account Information | Overview | | | | | | | |
| Mailing Address: 30 Church New York NY 10007 Primary Phone: 212) 444-5855 | 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. | | | | | | | |
| OPTIONS | | | | | | | | |
| Update Application 📀 | Status of Your Renewal | | | | | | | |
| Manage Broker/Navigator | Congratulations! We've enrolled e anything more. | everyone in their health plan for anoth | er year and you don't have to do | | | | | |
| | you are enrolled in for next year, Your eligibility is effective start To make changes to your current | Application. If you would like to pick click Pick a New Plan. ing on the date listed in the table b coverage, call NY State of Health at ' New Plan | elow. | | | | | |
| | Click on a household member to see what still must be done to renew that person's coverage. | | | | | | | |
| | Click on a household member to see | e what still must be done to renew tha | at person's coverage. | | | | | |
| | Click on a household member to set | e what still must be done to renew tha | at person's coverage. | | | | | |
| | | e what still must be done to renew tha Eligibility Effective Date | | | | | | |
| | Rosie Gardinia | | ⊘ Renewal Completed | | | | | |
| | Rosie Gardinia Program Eligibility Advance Premium Tax Credit | Eligibility Effective Date | Renewal Completed Marketplace ID HX0000015491 | | | | | |
| | Rosie Gardinia Program Eligibility Advance Premium Tax Credit | Eligibility Effective Date 01/01/2015 | Renewal Completed Marketplace ID HX0000015491 | | | | | |
| | Rosie Gardinia Program Eligibility Advance Premium Tax Credit Rosie's renewal is complete. She | Eligibility Effective Date 01/01/2015 | Renewal Completed Marketplace ID HX0000015491 me. | | | | | |



Partial Administrative Renewal

Who is included:

- Plan not available in 2015
- Changes in program eligibility from 2014 to 2015
- Age out of current health plan

When:

- Eligibility will be effective January 1, 2015
- Enrollment is effective after consumer selects a plan

Next Steps:

- Select a plan
 - Plan must be selected between November 16th and December 15 for coverage to be effective January 1, 2015
 - Open enrollment for QHPs is November 15, 2014 February 15, 2015



Partial Administrative Renewal Notice

Renewal with Change in Program



Logged in as DuringEmma Account Sign Out Overview Plans Application Account Eligibility Inhox Documents Appeals Emma During Edit Account Information Overview It is important that you tell us about any changes so that the Marketplace can make sure that you and your family Mailing Address: are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, 22 River rd marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to Glenmont NY report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or 12077 are receiving tax credits, you also need to report income changes. Some changes may affect what levels of Primary Phone: financial assistance you qualify for. (555) 555-5555 OPTIONS Status of Your Renewal Update Application Congratulations! You or members of you household can still get help paying for you health coverage Manage Broker/Navigator 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. Pick a New Plan Update Application Renewal To-Do List Click on a household member to see what still must be done to renew that person's coverage Renewal Net Completed

| Emma During CIN:BA05952K | (S) Rene | Renewal Not Completed | | | |
|---|---|-----------------------|--|--|--|
| 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 12/15/2014 to coverage. | have coverage on 01/01/2015. Click Pick a l | Plan to shop for | | | |

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



Manual Renewal

Who is included:

- Data from federal and state data sources not available to make an eligibility determination
- Currently temporarily eligible or pended

When:

- Eligibility effective date is dependent on when application is updated
- Enrollment is effective after plan has been selected

Next Steps:

- Log into account and update application between November 16th and December 15th for eligibility to begin on January 1st
 - Financial assistance may end if application is not upd due date



Manual Renewal Notice



Logged in as rgardinia_demo Account Sign Out

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

| Overvie | w Application | Account | Eligibility | Plans | Inbox | Documents | Appeals | |
|--|--|---|--|--|--|---|--|--|
| | | | | | | | | |
| Over | view | | | | | | | |
| are gettir marriage report an are recei | rtant that you tell ng the best covera or divorce, a mov y changes that m ving tax credits, y assistance you qu | ige available ve, recent ur ay affect yo ou also nee | e. You shou nemploymer ur health ins | ld tell us a nt, change surance. I | about cha e in job, lo f you are | nges such as oss of health c enrolled in Me | a pregnanc overage. Yo dicaid, Chile | y, death in family, ou are required to d Health Plus, or |
| • Statu | us of Your Rer | newal | | | | | | |
| | ate of Health did n In get help paying | | - | | | | | letermine if |
| | ust provide more iing year. To conti | | · · · · · | | · | | | |
| To ma | ke changes to you | ur current co | overage, cal | INY State | e of Healt | h at 1-855-358 | 5-5777. | |
| Upda | ate Application | | | | | | | |
| Renew | al To-Do List | | | | | | | |
| Click on | a household mem | ber to see v | vhat still mu | st be don | e to renev | w that person's | s coverage. | |
| Ros | ie Gardinia | | | | | | 🛛 Renewa | I Not Completed |
| To rene start. | w Rosie's covera | ge, you mus | st update the | e applicat | on by 12/ | 15/2014. Clic | k Update A | pplication to |
| O Avit | us Bluebell | | | Renewal Not Completed | | | | |
| To rener start. | w Avitus's covera | age, you mu | ist update th | ie applica | tion by 12 | 2/15/2014. Clic | k Update A | pplication to |
| Comm | unication from N | Y State of | Health | | | | | Go to Inbox |
| You ha | ve 9 new messag | es waiting f | or you in yo | ur inbox. | | | | |

Rosie Gardin

Edit Account Inform

Mailing Address: 90 Church New York NY 10007

Primary Phone: (212) 444-5855

OPTIONS Update Application Manage Broker/Naviga



Logged in as GailBuster Account Sign Out

| Eligibility | Results for |
|-------------|-------------|
| Manual | Renewal |

- Due date for updating required information displayed to consumer
- Financial assistance may end for QHPs and coverage may end for Medicaid and Child Health Plus if application is not updated by due date

| Gail Buster Edit Account Information | Overview Application Account Eligibility Plans Inbox Documents Appeals Eligibility Determination | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Mailing Address: 4 Street Albany NY 12084 Primary Phone: | Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any. | | | | | | | |
| (518) 522-1241 | Call the Marketplace at 1-855-355-5777 (TTY 1-800-662-1220) if you have questions about how your eligibility was determined. | | | | | | | |
| OPTIONS | | | | | | | | |
| Update Application | Please update the information on your application by 12/15/2014 so we can make an appropriate decision. If you | | | | | | | |
| Manage Broker/Navigator | miss this deadline, your coverage may not be continued next year. | | | | | | | |
| | O Gail Buster Marketplace ID: HX0000030271 | | | | | | | |
| | Please return to your account and provide more information so that you will be covered in the upcoming year. Click on "Update Application" to tell us if anything has changed in your life that would affect how you are covered and what you pay for health insurance | | | | | | | |
| | O Danielle Buster Marketplace ID: HX0000030273 | | | | | | | |
| | Please return to your account and provide more information so that you will be covered in the upcoming year. Click on "Update Application" to tell us if anything has changed in your life that would affect how you are covered and what you pay for health insurance | | | | | | | |
| | | | | | | | | |





Account Dashboard Between 10/1/14 – 11/15/14

- Information about renewal • will appear when at least one person in the household is in the renewal period
- Updates made to an • application may affect coverage for this year
 - Consumer may have to • come back after November 15th to renew eligibility for coverage for January 1st.
- Information in the . "Application", "Eligibility", and "Plans" tabs are for the current application

| | | | | | | | Logged in as r | ncase14 | Account | Sign Out |
|---|--|--|--|--|--|--|--|--|---|-----------------------------------|
| Mike Case Edit Account Information | Overview | Application | Account | Eligibility | Plans | Inbox | Documents | Appeals | | |
| | Overvi | ew | | | | | | | | |
| Mailing Address: 1 main st albany NY 12204 Primary Phone: (555) 555-5555 | are getting t marriage or report any c are receiving | nt that you tell he best covera divorce, a mo hanges that m g tax credits, y sistance you q | age availab ve, recent u iay affect yo rou also nee | le. You shou inemployme our health in: | ld tell us a nt, change surance. l | about cha e in job, le f you are | anges such as oss of health c enrolled in Me | a pregnan overage. Y edicaid, Ch | icy, death ir You are requild Health F | n family, uired to Plus, or |
| OPTIONS | | | | | | | | | | |
| Update Application | Please | Read Care | fully! | | | | | | | |
| Manage Broker/Navigator | The NY State of Health website will soon allow you to renew your coverage for NEXT year. If you would like to renew your coverage for NEXT year, please come back after November 15th. If you make any changes to your information NOW , it will affect your coverage for THIS year. | | | | | | | | | |
| | Communi | ication from N | VY State of | Health | | | | | Go to | Inbox |
| | You have 5 new messages waiting for you in your inbox. | | | | | | | | | |
| | Documen | Documents You Submitted or Uploaded | | | | | | Go to Documents | | |
| | View Documents | | | | | | | | | |
| | Appeal El | igibility Resu | lts | | | | | | View S | Status |
| | determinat us at 1-85 | If you disagree with or think that the Marketplace made a mistake about a health insurance eligibility determination, you can appeal this determination. You have 60 days to make this request. You can also call us at 1-855-355-5777 to discuss your concerns or provide us with new information about your determination before requesting an appeal. | | | | | | | | |
| | The New York State of Health Marketplace includes protected systems that contain United States ("US") and New York | | | | | | | | | |



"Update Application" between 10/1/14 – 11/15/14

- Pop-up reminder that changes to the application will be applied for this year's coverage
- Need to mark the check box in order to move forward with Life Status Change

WARNING: Please Read Carefully

The NY State of Health website will soon allow you to renew your coverage for next year. Meanwhile, if you make changes to your information **NOW**, it will affect your coverage for **THIS** year.

If you wish to update your information in order to renew your coverage for **NEXT** year, please return here after November 15th.

I understand that any changes I make to my application will affect my coverage for THIS year.

Cancel

Continue



Enrollment Notice

Consumer will receive a notice before the end of the year with information about:

- Amount of APTC applied towards plan for 2015
- New plan rate for 2015
- Consumer's premium responsibility



Questions?



Remaining Webinar Schedule

- Inning #7, Part 2 Know Who You're Pitching To (Cultural Competency)
 - Wednesday, October 8, 2014, 10am
- Inning #8, How to Pick the Most Valuable Player (QHP Selection)
 - Wednesday, October 15, 2014, 10am
- Inning #9, 2015 Health Plan Lineup (2015 Health Plan Choices)
 - Wednesday, October 22, 2014, 10am



End of the Inning

- Please complete Extra Inning survey.
- Watch for inning replay to be posted to
 <u>http://info.nystateofhealth.ny.gov/SpringTraining</u>
- Reminders to follow for the remaining webinars. Registration links have already been emailed.