New York Public Health Emergency and Continuous Coverage Unwind Plan

February 16, 2023
The Task at Hand

Amir Bassiri, NYS Medicaid Director
Background

The Public Health Service Act was used to declare a public health emergency (PHE) for the entire United States on January 31, 2020, giving States the flexibility to support beneficiaries, effective January 27, 2020.

The Families First Coronavirus Response Act adopted continuous coverage and Maintenance of Effort (MOE) provisions that correspond with the PHE. During the PHE, with limited exceptions, States receiving additional Medicaid funding from CMS, could not terminate or reduce the level of an individual’s coverage. This means that most members have had their Medicaid eligibility automatically extended since March 2020.

During the PHE, the State has seen an unprecedented increase in Medicaid and Essential Plan membership due to automatic extensions of eligibility.

In December 2022, the Consolidated Appropriations Act of 2023 was enacted. This law did not end the PHE; however, it disconnected the PHE from the continuous coverage requirement, which will now end on March 31st, 2023.

The White House has indicated the PHE will end on May 11, 2023.

The MOE and the phase down of eFMAP funds will end 12/31/2023.
Impact of the Continuous Coverage Requirement

Since the PHE began, Mainstream Medicaid Managed Care alone has grown by over 1.6 million members
Impact of PHE Provisions on Public Health Insurance

As of December 2022, more than 9 million New Yorkers – approaching 50% of the State’s population - are enrolled in Medicaid, Essential Plan, and Child Health Plus.
Post COVID-19 Public Health Emergency Coverage Transitions

Assumes:
- Gradual economic recovery in New York
- Consistent with October/November SFY 23 mid-year update Medicaid and EP projections
- Coverage transitions not expected to change dramatically with later PHE end date. Numbers will roughly shift forward by 3 months.

*Numbers are preliminary estimates

<table>
<thead>
<tr>
<th>Summary of Activity by program</th>
<th>Starting Enrollment (March 2023)</th>
<th>Shifts to CHP</th>
<th>Shifts to EP</th>
<th>Shifts to QHP</th>
<th>Shifts to Employer Sponsored Coverage</th>
<th>Newly uninsured</th>
<th>Ending Enrollment (March 2024)</th>
<th>Pre-COVID Enrollment (March 2020)</th>
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<tr>
<td>Medicaid</td>
<td>7,759,249</td>
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<td>-45,596</td>
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<td>289,200</td>
<td>254,030</td>
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</tbody>
</table>
| TOTAL                         | 9,464,168                       | 0             | 0           | 0            | 0                                    | -1,187,788     | -100,000                    | 8,176,380                       | 7,582,321

*Numbers are preliminary estimates
Summary – the Task at Hand

New York views multiple pathways for communication and collaboration as the key to success

- **NYS DOH**
- **Sister Agencies**
  - Health Plans engaging provider network and members
  - Advocates and CBOs provide critical feedback to NYS DOH and Sister Agencies on unwind

- **Social Media**
- **Medicaid Updates**
- **Webinars**
- **Website Updates**
- **Consumer Notices**

- **Providers**
- **Members**
  - Health Plans engaging provider network and members

- **MCOs**
- **CBOs & Advocacy Groups**

DOH will take the lead on disseminating information regarding the unwind and emphasize that stakeholders should “pass it on”. *We’re all in this together.*

DOH is increasing the number of NYSOH representatives and Assistors available to make the unwind as smooth as possible for members.
NY’s Preparation for Unwinding: Process & Timeline

Danielle Holahan, Executive Director of NY State of Health
Inputs for the unwind
CMS Guidance (SHO Letters & CIB)

- States must not renew more than 1/9 of their total caseload in a given month during the unwind period, and are encouraged to evenly distribute their renewals over the entire unwind period.

- States must not terminate coverage for enrollees until a full renewal has been completed.

- States must not terminate coverage prior to the first of the month after the continuous coverage requirement ends.
States must not take adverse action based on an identified change in circumstance until a full renewal has been completed.

States must complete all renewal actions by the end of the 14th month after the unwind begins.

States must develop an unwinding plan that meets the goals of "...keeping eligible individuals enrolled, reducing churn, and maximizing transition to other coverage where appropriate..."
Challenges to Winding Down Coverage Changes

• The end of the continuous coverage requirement in New York means:
  • Renewing eligibility for more than 8 million people:
    • Nearly 6.9 million in Medicaid and Child Health Plus
    • More than 1.1 million in Essential Plan

• Restarting the required eligibility and enrollment processes will take time and resources:
  • Updating eligibility and enrollment systems
  • NY State of Health Customer Service Center and Local Districts will need to increase staff based on anticipated volume increases
  • Restarting consumer notifications

• Public education and outreach campaign
PHE Unwind Ongoing Activities
Unwinding Requirements

On January 5, 2023, CMS released Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

This informational bulletin details high level requirements and key dates for ending the continuous coverage requirement

Renewal Distribution Plan – February 15, 2023, for States beginning renewals in March or April

Systems Readiness Artifacts – (Configuration plan, testing plan, and test results) February 15, 2023, for March or April renewals

Baseline Unwinding Data – begins in April 2023

Monthly Progress Data – States must also submit data demonstrating progress towards initiating and completing renewals for all Medicaid and CHIP renewals. CMS will be issuing additional guidance soon.
Planning for the Unwind

Lisa Sbrana, Director of the Division of Eligibility and Marketplace Integration
Eligibility Activities to Date on the Unwind

~30 staff

~4,000 hours

Nearly 1,000 internal meetings on the PHE unwind

Approximately 750 stakeholder meetings regarding the PHE unwind

Stakeholder Meetings
- Quarterly meetings with local districts
- Ongoing internal meetings – IT and NYSOH/DEMI (1-3 times per week)
- Monthly plan meetings
- Bi-monthly consumer group meetings
- Provider briefings

CMS Meetings
- 3 times per month with CMS and ad hoc throughout the year

Congressional Delegation Briefing
- Held one briefing with NY’s congressional delegation

Meeting with Other States
- NAMD meetings and calls (2/month)
- RWJF conferences and meeting series (1-2/month)

Operational Metrics
- Reporting for CMS
- Internal tracking
PHE impact on Medicaid

NY State of Health
✓ New York’s Integrated Marketplace
✓ Administers MAGI

Local Departments of Social Services
✓ WMS - New York’s Legacy Eligibility System
✓ Administers non-MAGI and Temporary Assistance

❖ Roughly half of whose eligibility is based on cash assistance

5.3 Million Members

2.4 Million Members

5.3 Million Members

2.4 Million Members
2.4 Million Members

~1.3 million members must be redetermined during unwinding*

HRA (Downstate WMS)
- 750k

Upstate WMS
- 570k

*If New York’s SNAP proposal is adopted, HRA’s caseload would be further reduced by approximately 188k and Upstate’s by 118K
**Systems Timeline**

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<tr>
<td><strong>HRA</strong></td>
<td>HRA begins sending out renewal packets with 6/30/23 end dates</td>
<td>Case clock for 7/1 begins 10-day notice</td>
<td>HRA new apps return to normal rules</td>
<td>First discontinuances are effective</td>
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<td><strong>Upstate LDSS</strong></td>
<td>LDSS sends out renewal packets with 6/30/23 end dates</td>
<td>Case clock down for 7/1 begins 10-day notice</td>
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<td><strong>NYSOH</strong></td>
<td>Renewal notices sent for cases with 6/30/23 end dates</td>
<td>System action to Trigger 7/1 discontinuances occurs midmonth (10-day notice)</td>
<td>NYSO new apps return to normal rules</td>
<td>First discontinuances are effective</td>
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* Documentation from recipients will be requested prior to July 1, 2023 but only for renewals effective July 1, 2023
### Unwind Timeline for Eligibility

**Consumer Notices**

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#### 12 Months Continuous Coverage Unwind

- **HRA** – The majority of renewal notices would reach consumers mid to late March 2022
- **Upstate** – Renewal notices would reach consumers mid-April 2023
- **NYSOH** – Renewal notices would reach consumers’ inboxes early May 2023, and reach their mailboxes mid-May 2023
Ex Parte (Administrative) Renewal

NYSOH
• Received approval in October 2022 to conduct ex parte (administrative) renewals utilizing IRS data across all programs to assist with the PHE unwind
• E14 Waiver requests -
  • SNAP
  • Zero income
  • Maintaining enrollment for individuals over 65 and/or dually eligible

WMS
• Auto renewal for non-MAGI with social security income
• E14 Waiver requests -
  • SNAP – MAGI & non-MAGI
## PHE Unwind Ongoing Activities

**LDSS**

- **DOH sent out a training survey earlier this month regarding the local district’s training needs for their staff.**
  - This survey was due back 2/15 and DOH will use the results to inform training and education on the unwind and normal operations.

- **DOH holds quarterly regional calls.**
  - These calls are focused on regional needs.

- **The Medicaid Technical Advisory Group continues to meet 3 times annually.**
  - NYS Medicaid policy and systems staff meet with LDSSs, the Office of Mental Health, and the Office for People with Developmental Disabilities on new/updated policy.

- **DOH released a new GIS (General Information System) update this week to inform LDSS of the timeline and actions for Medicaid renewals.**
  - **GIS 23 MA-03 (ny.gov)**
    - This GIS covers Medicaid renewals, cases missing verification, the resumption of Medicare requirements, HIPP/MIPP Payments, Excess income, Returned mail, and much more.
PHE Unwind Ongoing Activities

NYSOH

- Transitions of MAGI consumers from LDSSs:
  - 125K MAGI consumers from Upstate counties to transition to NYSOH in April 2023.
  - Between April 2021 and October 2022, a similar transition of nearly 271K MAGI individuals from HRA to NYSOH was completed.

- NYSOH customer service center:
  - Increase staff numbers to above pre-pandemic levels to ensure adequate staffing for anticipated volume associated with resuming renewals and pre-PHE operations.
  - Training for existing staff beginning in March 2023.
  - Returned mail: NYSOH has compiled reports of accounts that have had mail returned without a forwarding address during the PHE. These reports were provided to assistors associated with the accounts, or customer service if there was no assistor associated with the account, for outreach to obtain updated address information and ensure renewal notices reach these consumers.
PHE Unwind Ongoing Activities

ACCESS HRA

What is ACCESS HRA

- ACCESS HRA is a digital services platform developed as a key pillar within the agency’s re-engineering vision – maintaining a focus on new functionality to address clients’ needs.
- Access HRA is accessible via smartphone or computer.

How is ACCESS HRA making life easier for consumers

- With ACCESS HRA, applicants/recipients can apply/recertify for many HRA benefits, submit documents for their application, manage their case, and much more.
- Access HRA allows the consumer to apply and renewal from the home by using a smartphone or home computer.

How will ACCESS HRA assist during the unwind

- ACCESS HRA will allow Medicaid-only clients to easily see and manage their case information via the online client portal. As the easements end, clients can see when their coverage is ending, when they will need to submit a renewal to keep their coverage, see what their Medicaid surplus amount is, make payments toward their surplus.
- Renewals will launch in Access HRA on May 1, 2023. This will allow Medicaid only consumers who need to submit renewals with a June 30th end date to submit the renewal electronically.
Planning for the Unwind

Jonathan Bick, Director of the Division of Health Plan Contracting and Oversight
Unwind of Continuous Coverage Requirement

Medicaid Renewals: Managed Care Organizations assisting their members during Unwind

- Checking member recertification dates on NYSDOH issued enrollment data
- Obtaining approval from NYSDOH for updated member material
- Initiating member renewal reminder communication aligning with renewal mailing schedule
- Ensuring care managers have access to recertification dates and have information on Unwind to discuss with members in care management
- Highlighting to members that the Medicaid renewal process is restarting, and member action is required to maintain Medicaid coverage, including updating contact information and responding to renewal notices
- Updating MCO web pages, portals, voice response systems and staff and provider training modules
- Utilizing the Communications Toolkit to develop content to update websites & social media channels where applicable
Individuals over age 65 and/or dually eligible in NY State of Health

Pre-PHE these individuals were transitioned from NY State of Health to local districts because they require non-MAGI eligibility determinations.

During the PHE and corresponding Continuous Coverage Requirement, most in this group remained in the NYSOH eligibility system. NYS established the Integrated Benefit for Dually Eligible Enrollees (IB-Dual) program which provides both Medicaid and Medicare benefits. Some cases were moved to WMS due to eligibility for Managed Long Term Care.
DOH is seeking approval from CMS to keep most individuals over 65 and/or dually eligible in NYSOH

This will:
- Reduce loss of aligned duals due to redeterminations
- Reduces burden on LDSSs
- Promotes integrated care for dual-eligible members

Many members could remain in MMCP as well as in NYSOH.

Unaligned duals will be moved to FFS but remain in NYSOH.
Assistors and Training

Gabrielle Armenia, Director of Child Health Plus and Marketplace Consumer Assistance
Role of NY State of Health Assistors

• Assistors (Navigators, Certified Application Counselors (CACs) and Marketplace Facilitated Enrollers (MFEs)) have been attempting to contact individuals on their dashboards with returned mail to update contact information.
  • Lists will be provided throughout the unwind period so outreach can be conducted.
• Assistors will proactively contact individuals on their dashboards to provide renewal assistance.
• Will be requesting that MFEs review their currently approved Telephone Outreach Renewal Plans and provide any updates/changes being made during the unwind.
• Comprehensive unwind training planned for mid-April 2023. This training will include a refresher on how to use the assistor dashboard to help identify those who are due to renew, those who are identified as manual renewal versus administrative renewal and how to use various functions on the communication tab.
• Dedicated contact number for "quick changes" such as making assistor dashboard transfers will be available as of May 1, 2023.
Facilitated Enrollers for the Aged, Blind and Disabled

• Facilitated enrollers for the Aged, Blind and Disabled (FE ABDs) utilize databases to track applicants they have helped in the past, including the month due to renew. FE ABDs will conduct outreach to those individuals to assist in the renewal process. Many also receive copies of notices sent to these individuals so will be aware of when enrollees are scheduled to renew.

• Have contacted the FE ABD agencies directly to determine what specific questions they have and what their training needs are.
Local Department of Social Services Training

• An updated Needs Assessment Survey was sent to Local Departments of Social Services (LDSS) from MAXIMUS to identify training needs for the unwind. Responses to the survey are due back by February 17, 2023.

• Based on the results of the Needs Assessment, will adjust the current training schedule to accommodate needs identified districts.
Tracking and Measurement

Sonia Sekhar, Deputy Director of NY State of Health
Purpose of Tracking & Measurement

- **Required federal reporting**
  - Unwinding data report
  - T-MSIS, CHIP-Code*
  - Medicaid & CHIP Eligibility and Enrollment Performance Indicators*
  - Consolidated Appropriations Act (CAA) metrics

- **NYSOH COVID Unwind Dashboards**
  - Manual v. Administrative (ex parte)
  - Demographic & geographic information for renewal cohort
  - Program transitions
  - Undeliverable mail

*These are existing federal reports.
## Baseline Report

<table>
<thead>
<tr>
<th>Unwinding Data Report</th>
<th>Baseline Report</th>
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### Baseline Report

**Unwinding Data Report**

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<tr>
<td>SUBMISSION DATE: MM/DD/YYYY</td>
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<tr>
<td>UNWINDING PERIOD START DATE: MM/YYYY</td>
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<tr>
<th>APPLICATION PROCESSING</th>
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<th>STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA</th>
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<tbody>
<tr>
<td>1. Total pending applications received between March 1, 2020 and the end of the month prior to the state's unwinding period (1a + 1b)</td>
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<tr>
<td>1a. Pending MAGI and other non-disability applications</td>
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<tr>
<td>1b. Pending disability-related applications</td>
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<thead>
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<th>RENEWALS</th>
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<tr>
<td>2. Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period</td>
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<thead>
<tr>
<th>STATE'S POLICY FOR COMPLETING RENEWALS</th>
<th>DESCRIPTION OF STATE'S RENEWAL TIMELINE POLICY</th>
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<td>3. State's timeline for the renewal process</td>
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<tr>
<th>MEDICAID FAIR HEARINGS</th>
<th>NUMBER</th>
<th>STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA</th>
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<tr>
<td>4. Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state's unwinding period</td>
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## Monthly Report

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<th>NAME OF STATE/TERRITORY:</th>
<th>SUBMISSION DATE: MM/DD/YYYY</th>
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### Application Processing

1. Total pending applications received between March 1, 2020 and the end of the month prior to the state’s unwinding period (1a + 1b)
   1a. Total MAGI and other non-disability applications (2a+3a)
   1b. Total disability-related applications (2a+3b)

2. Of those applications included in Monthly Metric 1, the total number of applications completed as of the last day of the reporting period (2a+2b)
   2a. Completed MAGI and other non-disability related applications as of the last day of the reporting period
   2b. Completed disability-related applications as of the last day of the reporting period

3. Of those applications included in Monthly Metric 1, the total number of applications that remain pending as of the last day of the reporting period (3a+3b)
   3a. Pending MAGI and other non-disability applications as of the last day of the reporting period
   3b. Pending disability-related applications as of the last day of the reporting period

### Renewals Initiated

4. Total beneficiaries for whom a renewal was initiated in the reporting period

### Renewals and Outcomes

5. Total beneficiaries due for renewal in the reporting period (Sa+Sb+Ss+Sd)
   5a. Of the beneficiaries included in Metric 5, the number renewed and remained in Medicaid or CHIP (those who remained enrolled) (Sa1+Sa2+Ss+Sd)
   5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)
   5c. Of the beneficiaries included in Metric 5, the number terminated for other reasons (i.e., failure to respond)
   5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed

6. Month in which renewals due in the reporting month were initiated

7. Number of beneficiaries due for a renewal since the beginning of the state’s unwinding period whose renewal has not yet been completed

### Medicaid Fair Hearings

8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period

### State Notes/Additional Information About the Data
Consolidated Appropriations Act Reporting Requirements

• State-Based Marketplaces that have an integrated eligibility system:
  • Number of individuals determined eligible for a Qualified Health Plan (QHP) or a BHP (Essential Plan)
  • Number of individuals who make a QHP selection or are enrolled in Essential Plan
NYSOH COVID
Unwind Dashboards (cont’d)

• Information about undeliverable mail
• Program transitions at renewal
Data for Stakeholders

NY DOH plans to post Baseline Data & Monthly Unwind Report submissions to CMS

Additional Renewal Data to be shared:
Questions?
Marketing and Outreach

Marci Goldstein, Director of Communications
Communications Overview

The NYS Department of Health (DOH) has made available several outreach and marketing resources to help inform New Yorkers enrolled in Medicaid, Child Health Plus (CHP) or the Essential Plan (EP) about the important steps they need to take to renew their coverage and help promote these messages.

Outreach has included a robust public education campaign, paid advertising, option to receive text notifications about renewals, direct mailings and other communications tools for partners.

Additionally, DOH is working closely with Local Departments of Social Services statewide, the Human Resources Administration (HRA) in New York City and the NYC Dept. Of Health & Mental Hygiene, Mayor’s Public Engagement Unit. This includes sharing and co-branding educational materials, videos and digital assets to support districts and HRA in their efforts to keep consumers covered.
Public Education Campaign

• The Public Education Campaign reminds enrollees about what is needed to renew their health insurance coverage and maximize the potential for auto-renewal.

• The campaign’s webpage (https://info.nystateofhealth.ny.gov/COVID-19-Changes) explains the changes that are coming and lists steps enrollees can take now to prepare (e.g., sign up for text alerts and update their contact information).

• Information on this webpage is available in the following languages:
  • English
  • Spanish
  • Simplified Chinese
  • Traditional Chinese
  • Arabic
  • Bengali
  • French
  • Haitian Creole
  • Italian
  • Korean
  • Polish
  • Russian
  • Urdu
  • Yiddish
Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan

Do you or a family member currently have health insurance through New York State Medicaid, Child Health Plus or the Essential Plan? Soon, New York State will resume eligibility reviews and renewals for people enrolled in these programs. This means you may need to take action to renew your health insurance or the insurance of your family members.

Here are some things you can do now to get ready.

1) Sign up for text alerts

Sign up to receive SMS/MMS Text alerts from NY State of Health so you don’t miss important health insurance updates, including when it's time to renew your coverage.

To subscribe, text START to 1-866-988-0327.

Learn more:
Information available on the **NYS Medicaid website**

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**Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan**

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Soon, New York State will resume eligibility reviews and renewals for people enrolled in these programs. This means **you may need to take action to renew your health insurance or the insurance of your family members**. This page will be updated as new information becomes available.

Here are some things you can do now to get ready.

1) **Make sure your address is up to date**

If you enrolled through NY State of Health, make sure NY State of Health has your current mailing address, phone number and email address so they can contact you about your health insurance. To update your information:

- Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220)
- Log into your account at [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)
- Contact an enrollment assistant

If you enrolled in Medicaid through your county's Medicaid office or through New York City's Human Resources Administration, contact that office to update your address and contact information.

2) **Stay Informed!**

Follow the NYS Medicaid Program on Social Media! NYS Medicaid is now active on Facebook, Instagram, and Twitter. Follow along to receive the latest updates on news and changes that may impact your coverage.
Public Education Campaign: Ground Game

- **Partnerships**
  - Leverage existing and new partnerships to enhance NY State of Health’s capacity and reach
  - Empower trusted community partners to tailor their outreach approaches to disseminate information about the actions consumers need to take to maintain continuous coverage

- **Spread the Message**
  - Identify community events (e.g., festivals, health fair, popup markets) and venues (e.g., bodegas, food pantries, libraries) for NY State of Health and our partners to attend and share materials with public program enrollees

- **Learn**
  - Utilize materials and the Public Health Emergency (PHE) Communications Tool Kit
Public Education Campaign: Ground Game

NY State of Health Consumer Journey
Public Education Campaign: Partner Engagement

Encourage partner organizations to:

1. **Share NY State of Health education materials with your community**
   - Share NY State of Health educational materials
   - Consider “co-branding” materials with NY State of Health and your organization
   - Share NY State of Health social media posts
   - Include this information in emails to consumers you work with
   - Highlight this issue in media interviews

2. **Stay in touch with us**
   - Check the NY State of Health website for regular updates on PHE-related information
   - We welcome your feedback and would be happy to meet with your groups
# Paid Advertising: Three Phases

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timing</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2022</td>
<td>Prepare for the renewal process and educate Medicaid, CHPlus and EP enrollees about the upcoming changes and the importance of opting in for text messages from NY State of Health so they'll know when it is time to renew their coverage</td>
</tr>
<tr>
<td>2</td>
<td>2022-2023</td>
<td>Encourage enrollees to update their address and contact information to ensure the renewal notices will reach them</td>
</tr>
<tr>
<td>3</td>
<td>2023-2024</td>
<td>Ensure enrollees take the necessary steps to renew coverage and transition to other coverage if they are no longer eligible for Medicaid, CHPlus or EP.</td>
</tr>
</tbody>
</table>
Phase 1: Urges Enrollees to Sign Up for Text Alerts and “STAY CONNECTED”
Phase 2: Reminds Enrollees to "STAY CONNECTED" to Their Health Insurance and Update Their Contact Information
Phase 3: Informs Enrollees That When They Hear from Us, It’s Time to Take Action

• These ads will launch in Spring 2023

• Three different ad concepts will be used to share these key messages:
  1. Their renewal notice is one notification they don't want to miss
  2. Receiving their renewal notice is the signal that it's time for them to renew
  3. We are here to help them complete their renewal
Paid Advertising: Media Used

Digital
Digital Ad Samples
Print Ad Samples
Out-of-Home Ad Samples
Direct Mailings

- In September 2022, outreach letters were sent to New Yorkers who enrolled in Medicaid through their Local Department of Social Services to encourage them to update their address.

- In October 2022, New Yorkers who enrolled in Medicaid, EP or CHPlus through NY State of Health received an email informing them how to stay connected to their health insurance through text alerts and keeping their accounts up-to-date.

- In addition to renewal notices, emails and text messages will be used to inform NY State of Health enrollees when it is their time to renew.

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**Stay connected to your health insurance**

NY State of Health wants to help you stay connected to your health insurance so you have it when you need it. Here is what you can do.

1. **Sign up to receive our text alerts.**
   - NY State of Health now offers text alerts so you don’t miss important health insurance updates, including when it’s time to renew your insurance. To subscribe, text START to 1-866-988-0327.

2. **Make sure your NY State of Health account is up-to-date.**
   We need to know your current mailing address, phone number and email address so we can contact you about your health insurance. To update your information:
   - Call our Customer Service Center at 1-855-355-5777 (TTY: 1-800-662-1220)
   - Log into your account at [nysofthealth.ny.gov](https://nysofthealth.ny.gov), or
   - Contact an enrollment assistor
Communications Tools for Partners: **PHE Tool Kit**

- **This tool kit features:**
  - Social Media Posts with Images
  - Text Alerts Information
  - Drop In Articles
  - Email Messages
  - Fact Sheets
  - Frequently Asked Questions
  - Posters
  - Rack Cards
  - Call Scripts
  - Materials Available for Co-Branding
  - Links to Advertising Campaign Videos

- **Resources are available in the following languages:**
  - English
  - Spanish
  - Simplified Chinese
  - Traditional Chinese
  - Arabic
  - Bengali
  - French
  - Haitian Creole
  - Italian
  - Korean
  - Polish
  - Russian
  - Urdu
  - Yiddish
Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered

Overview

Important changes are coming. New federal rules will require New York State to begin redetermining eligibility for public program enrollees in the Spring of 2023. Enrollees in Medicaid, Child Health Plus (CHP) and the Essential Plan (EP) have not had to renew their health insurance since early 2020 due to the COVID-19 public health emergency (PHE) continuous coverage requirements for these public programs, which were adopted by the Families First Coronavirus Response Act in March 2020. However, the December 2022 Consolidated Appropriations Act included new rules ending the continuous coverage requirements starting Spring 2023.

Beginning in Spring 2023, renewal notices will be sent to enrollees in these programs based on their enrollment end dates. Renewal notices will include the deadline to take action to renew their insurance or risk having a gap in coverage. Deadlines will be based on the enrollees’ enrollment end dates and will range from June 30, 2023 through May 31, 2024.

In an effort to minimize the number of New Yorkers at risk of losing their Medicaid, CHP or EP coverage, NY State of Health is working with partners, local districts and other stakeholders to inform New Yorkers about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid, CHP or EP.

Phase 1: Prepare for the renewal process and educate Medicaid, CHP and EP enrollees about the upcoming changes and the importance of opting in for text messages from NY State of Health so they’ll know when it is time to renew their coverage.

Phase 2: Encourage enrollees to update their address and contact information to ensure the renewal information NY State of Health sends will reach them.

Phase 3: Ensure Medicaid, CHP and EP beneficiaries take the necessary steps to renew coverage and transition to other coverage if they are no longer eligible for Medicaid, CHP or EP.
Ongoing Communications

• Outreach to Stakeholders
  • NY State of Health and DOH Office of Health Insurance Programs staff regularly meet with federal partners to advocate for guidance that accommodates New York’s concerns, and with health plans, consumer advocates, enrollment assistors, among other stakeholders about the winddown

• Working with Local Departments of Social Services (LDSS) and Human Resources Administration (HRA), NYC Dept. Of Health & Mental Hygiene
  • DOH is producing ads branded with NYS Medicaid that offices can play in their waiting rooms, add to their websites, or post on their social media channels
  • DOH has created FAQs regarding post-COVID Medicaid eligibility topics, as part of the PHE Tool Kit
More Questions?
PHEunwind@health.ny.gov