



## COVID-19 Grace Period and Special Enrollment Period Q & A's

Updated: May 5, 2020

### Grace Periods

**Q1: What are the rules about the initial payments for Essential Plan (EP) and Qualified Health Plan (QHP)? Do consumers still need to pay their first premium within 10 days to effectuate coverage?**

A: All QHP enrollees, those who must pay the full premium and those receiving advance premium tax credits (APTC), are still required to make their first premium payment (or, binder payment) in order to effectuate coverage. Plans may extend the 10 day initial payment grace period at their discretion.

For EP 1, \$20 binder payments are not required in order to effectuate coverage. While plans are not required to waive the EP + Vision and Dental portion of premium for enrollees who elect this additional coverage, plans may waive this additional premium at their discretion. We encourage plans to waive this portion of the premium for families who are experiencing a financial hardship during this difficult time.

**Q2: Does the 30-day grace period extension apply to APTC consumers who are already in their grace period?**

A: No, under Centers for Medicare and Medicaid Services rules, pre-existing grace period rules still apply for APTC consumers who have already entered the first 30 days of their grace period prior to April 1, 2020. The COVID-19 grace period rules are applicable for enrollees who enter a grace period on or after April 1, 2020 until the end of the public health emergency.

**Q3: Should plans be terminating EP consumers who did not pay their March 2020 premium?**

A: At this time, plans should refrain from disenrolling consumers who fail to pay their \$20 EP 1 premium contribution. While plans are not required to provide an extended grace period to EP + Vision and Dental enrollees for the Vision + Dental portion of the premium, plans may extend a grace period at their discretion. We encourage plans to make this grace period available to families who are experiencing a financial hardship during this difficult time.

**Q4: Per NY State of Health guidance, plans will delay the QHP-APTC grace period for an additional month resulting in a 120-day grace period. After 120-days, if the full premium amount is ultimately unsatisfied by the end of the 120-day grace period, then from what date should the plan process the termination?**

A: If an enrollee does not satisfy their premium by the end of the 120-day grace period, their coverage should be terminated as of the 60<sup>th</sup> day of their grace period. The termination would be sent to NYSOH with an end date equivalent to the end of the second month of the 120-day grace period. Plans will cover claims for the first 60 days of the grace period, and per CMS [guidance](#), plans will receive APTC for this 60-day period (2 months of APTC).

For example, under current rules, an existing enrollee's premium payment for the month of April 2020 is due by April 1, which would be the start of the 90-day grace period. Under the emergency federal rules, the grace period runs through the end of July (120 days). If the individual ultimately does not make their premium payment, the plan would send NYSOH a termination transaction at the end of July, with an end date of May 31. The plan would retain the APTC for the months of April and May.

**Q5: If a consumer is terminated for non-payment after the 120-day grace period, can they reapply for QHP coverage in the same plan or another plan offered through NYSOH?**

A: Generally, no. Consumers who are terminated for non-payment after 120-days will not be able to re-enroll in a QHP until the beginning of Open Enrollment for plan year 2021 unless they have a qualifying life event triggering special enrollment, or unless the emergency SEP is extended. If the consumer has an income change and is eligible for Medicaid, Essential Plan or Child Health Plus, they can update their application information and enroll in the coverage for which they are eligible.

**Q6: Should plans continue to take payments from EP consumers if they do pay?**

A: Yes, plans should continue to invoice consumers for their premium contribution on a monthly basis, but if the payment is not received, the consumer should not be disenrolled.

**Q7: Who is responsible to pay claims for services during the 120-day grace period for QHP consumers with APTC?**

A: Per CMS guidance, plans are responsible for paying claims for the first 60-days of the grace period; plans may pend claims for days 61-120 of the grace period. If a consumer is subsequently terminated for non-payment after 120-days, the plan is not responsible for



payment of claims incurred during day 61-120 of the grace period (i.e., incurred after the date of termination). Plans should communicate this to consumers and providers.

**Q8: Is NY State of Health requiring proof of hardship to enable these extended grace periods for subsidized enrollees?**

A: **(Updated on 4/20/20)** No, NY State of Health is not requiring proof of COVID-19 hardship for the premium payment and grace period flexibilities for EP, CHP, QHP-APTC. DFS has issued [guidance](#) for the full premium populations; attestation of COVID-19 hardship is required for this population.

**COVID-19 Exceptional Circumstances Special Enrollment Period**

**Q9: What will the begin dates of coverage be for the extended COVID-19 Exceptional Circumstances Special Enrollment Period (SEP)?**

A: Similar to the rules being applied with the March 16, 2020 COVID-19 Exceptional Circumstances SEP, consumers who enroll via the SEP from April 16 -May 15 will have a choice of when to begin to coverage. They will be allowed to choose a start date of either May 1 or June 1.



**COVID-19 Grace Period and Special Enrollment Period Q & A's**

**Updated Q&As on April 20, 2020**

**PLEASE NOTE:** These Q&A's focus on the subsidized populations enrolling through NY State of Health: CHPlus, Essential Plan, and subsidized Qualified Health Plans. DFS guidance on the full premium populations is available [here](#).

**Q10: For our CHPlus members, if we already received a 3/31/20 term on the 834 file, will we get a new transaction?**

A: Yes. As we did for the Medicaid population, CHPlus 4/1 renewals were sent to the plans on 4/5. These were sent as 4/1 new enrollments.

**Q11: Should we expect to NOT receive any terminations or cancels from you at all until after the COVID-19 emergency ends?**

A: Plans should not expect any terminations related to renewals during this period. However, plans will still get some termination transactions for terminations required under federal rules, including individuals aging out of coverage (e.g., at 19 from CHPlus, at 65 for EP), member requested termination, or if a member moves.

**Q12: Are plans expected to effectuate coverage for all EP members pending initial premium for 4/1 and forward?**

A: For EP 1 standard (\$20), plans should effectuate coverage upon receipt of the new enrollment transaction.

**Please remember that sending the effectuation transaction back to the state is still required in order to prompt payments from eMedNY.**

**Q13: Will plans be paid for any EP 1, EP 1+ Vision and Dental, EP 2+ Vision and Dental member that they effectuate without member payment?**

A: Yes, plans will still be paid the non-member responsibility portion of the premium.



**Q14: Should plans reinstate EP 1 enrollees who were termed March 1?**

A: The COVID-19 emergency grace period rules are effective April 1, 2020. Plans are not required to reinstate coverage for EP 1 enrollees who were termed for non-payment prior to April 1.

**Q15: Can we carry the premium balance forward for all programs (EP, CHP, QHP-APTC)?**

A: Yes, plans may carry premium balances forward for QHP-APTC, EP and CHPlus. Refer to DFS [guidance](#) for the full premium population. Additional guidance on EP and CHPlus premiums due may be provided at a later date.

**Q16: With regard to the QHP-APTC payment period extension, can NYSOH please confirm if/how this impacts the premium due date?**

A: There are no changes required to plan premium invoices or due dates.

**Q17: Which of the emergency grace period rules apply to Dental Plans?**

A: The COVID-19 emergency grace period rules do not apply to the dental portion of premiums. This refers to both Stand Alone Dental Plans and the dental and vision portion of the premium for EP 1 + Vision and Dental and EP 2 + Vision and Dental. However, we highly encourage plans to make this grace period available for families who are experiencing a financial hardship during this difficult time.



**COVID-19 Grace Period and Special Enrollment Period Q & A's**

**Updated Q&As on May 5, 2020**

**Q18: What will the start dates of coverage for the COVID-19 Exceptional Circumstances Special Enrollment Period (SEP), as extended through June 15?**

A: Similar to the rules being applied to the May 15, 2020 COVID-19 Exceptional Circumstances SEP, consumers who enroll via the SEP from May 16 – June 15 will have a choice of when to begin to coverage. They will be allowed to choose a start date of either June 1 or July 1.



## COVID-19 Grace Period and Special Enrollment Period Q & A's

Updated: May 26, 2020

### Repayment of Premium Balances Post COVID-19 Grace Period

**Q19: Does NY State of Health have guidance for insurers concerning the repayment of premium balances from QHP APTC enrollees at the end of the 120-day COVID-19 grace period?**

A: Insurers may collect outstanding premium balances in full at the end of the 120-day grace period or, at the insurer's discretion, they may enter into an alternative premium payment arrangement with the member, which should be documented and shared with the member. This can include allowing members to pay missed premiums in installments, within the following parameters:

1. Retro-active termination of coverage cannot exceed 60 days.
2. The rules must be consistently applied to all members.

This is consistent with CMS [guidance](#) to federally facilitated exchanges (see section 7.6) and DFS [guidance](#) for QHP enrollees who do not receive tax credits. Insurers are encouraged to make every effort possible to work with members experiencing financial hardship to make accommodations for alternative payment arrangements or assist the member in finding new coverage.