



## **NYSOH COVID-19 related Q & A's**

**Updated: May 17, 2021**

### **Grace Periods**

**Q1: What are the rules about the initial payments for Qualified Health Plan (QHP) and Essential Plan (EP)? 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.

Beginning June 1, 2021, EP 1 members will no longer have premiums, and all EP members will have dental and vision coverage with no premiums or cost-sharing.

**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.

UPDATE (10/29/20): The public health emergency has been extended until January 20, 2021. Therefore, these grace period rules are also extended.

UPDATE (1/15/21): The public health emergency has been extended until April 20, 2021. Therefore, these grace period rules are also extended.

**UPDATE (5/17/21):** The public health emergency has been [extended](#) and based on feedback from U.S. Department of Health and Human Services (HHS), will likely be extended through the end of 2021. Therefore, these grace period rules are also extended. HHS has committed to giving states 60 days notice prior to ending the public health emergency



**Q3: 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.

**Q4: 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: Yes, they can. Since 2021 Open Enrollment has been extended through December 31, 2021, consumers can enroll in the coverage for which they are eligible.

**Q5: 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. Beginning June 1, 2021, EP 1 members will no longer have premiums, and all EP members will have dental and vision coverage with no premiums or cost-sharing.

**Q6: 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.



**Q7: 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.

**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.**

**Q8: 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.

UPDATE (10/29/20): For QHP only, annual renewals will occur on or around November 15. Due to the eligibility extensions that have already occurred for Medicaid, EP and CHP, all of the renewals will be for QHP members.

**Q9: Are plans expected to effectuate coverage for all EP members pending initial premium for 4/1/20 and forward?**

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

Beginning June 1, 2021, EP 1 members will no longer have premiums, and all EP members will have dental and vision coverage with no premiums or cost-sharing. Plans can continue to send effectuations if they so choose, but *new enrollments* into EP, beginning with coverage begin dates of 6/1/21, will no longer require an effectuation.

**Q10: 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. Beginning June 1, 2021, EP 1 members will no longer have premiums, and all EP members will have dental and vision coverage with no premiums and cost-sharing.



**Q11: 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.

**Q12: 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 for the full premium population. During the COVID-19 Public Health Emergency (PHE), EP Issuers have been advised not to terminate members for non-payment of their \$20 monthly premium for EP 1 (eliminated as of June 1, 2021); and that at the end of the PHE, EP Issuers will have the discretion to waive outstanding premium balances. Additional guidance on CHPlus premiums due may be provided at a later date.

**Q13: 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.

**Q14: 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. Beginning June 1, 2021, all EP members will have dental and vision coverage with no premiums and cost-sharing.

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

**Q15: 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.

**Q16: Will the 2021 Open Enrollment Period be extended beyond January 31?**

A: Yes. Governor Cuomo announced on March 23, an extension of the Open Enrollment Period to December 31, 2021. Extending the Open Enrollment Period to December 31, 2021 helps to align New York with the federal Public Health Emergency which HHS signaled they will extend through the end of 2021.

The full press release can be found here: <https://www.governor.ny.gov/news/11th-anniversary-affordable-care-acts-signing-governor-cuomo-announces-expanded-eligibility#:~:text=March%2023%2C%202021-,On%2011th%20Anniversary%20of%20the%20Affordable%20Care%20Act's%20Signing%2C%20Governor,Financial%20Assistance%20in%20New%20York&text=%22With%20the%20availability%20of%20increased,New%20Yorkers%20than%20ever%20before.>