NY State of Health
2017 Renewal Improvements

Date: October 5, 2016
Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 81167935
TODAY’S WEBINAR

- Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.

- All participants will remain muted for the duration of the program.

- Questions can be submitted using the Q&A function on your WebEx control panel; we will pause periodically to take questions.

- A recording of the webinar and any related materials will be available online and emailed to all registrants.
Here’s what you said:

• More than 95% said it “increased my knowledge of the topic(s)”.

• More than 96% said “the information will allow me to better assist consumers in a safe and secure manner”.

“I think the webinars are great. They are informative and very helpful.

“Having access to the Authorized Representative form is great”

“It was very helpful. It re-enforced our accuracy in explaining to our consumers how important it is to protect their privacy.”

“Can we have more than 1000 participants? I couldn’t log-in.”
PRESENTERS

Welcome

Gabrielle Armenia
Director, Bureau of Child Health Plus Policy & Exchange Consumer Assistance

Speakers

Erin Bacheldor
Medical Assistance Specialist, Division of Eligibility and Marketplace Integration

Ruchika Bajaj
Project Coordinator, Division of Eligibility and Marketplace Integration, Bureau of Eligibility, Notices and Quality Assurance

Danielle Holahan
Deputy Director, NY State of Health

Mark Irlando
Assistant Attorney, NY State of Health

Sara Oberst
Eligibility Program Manager 2, Division of Eligibility and Marketplace Integration
## Important Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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| Mid-October, 2016  | Renewal Notices mailed. These notices are sent to individuals eligible for renewal of their:  
• QHPs (includes Full Pay QHP, APTC, and APTC CSR).  
• Medicaid, Child Health Plus, and Essential Plan coverage ending on 12/31/16.  
  o Annual renewal notices for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule |
| 11/1/2016          | Open Enrollment begins for **new** applicants                                                                                                                                                        |
| 11/16/2016         | Open Enrollment begins for individuals **renewing** coverage.  
• Consumers can update their account if needed, and enroll in a plan for coverage starting on 1/1/2017.                                          |
| 12/15/2016         | Last day to enroll for January 1, 2017 coverage                                                                                                                                                      |
| 1/31/2017          | Open enrollment closes for QHPs                                                                                                                                                                      |
Timeline for Open Enrollment and Renewals

- Individuals enrolling in coverage **for the first time during open enrollment** that want to select new plans can do so beginning November 1st.

- Individuals **renewing** coverage that want to select new plans can do so beginning November 16.

<table>
<thead>
<tr>
<th>For</th>
<th>When Enrollment is completed</th>
<th>Coverage Begins</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Application</td>
<td>November 1&lt;sup&gt;st&lt;/sup&gt; - December 15&lt;sup&gt;th&lt;/sup&gt;, 2016</td>
<td>January 1&lt;sup&gt;st&lt;/sup&gt;, 2017</td>
</tr>
<tr>
<td>Renewal Application</td>
<td>November 16&lt;sup&gt;th&lt;/sup&gt; - December 15&lt;sup&gt;th&lt;/sup&gt;, 2016</td>
<td>January 1&lt;sup&gt;st&lt;/sup&gt;, 2017</td>
</tr>
<tr>
<td>New/Renewed Application</td>
<td>December 16&lt;sup&gt;th&lt;/sup&gt; - January 15&lt;sup&gt;th&lt;/sup&gt;, 2016</td>
<td>February 1&lt;sup&gt;st&lt;/sup&gt;, 2017</td>
</tr>
<tr>
<td>New/Renewed Application</td>
<td>January 16&lt;sup&gt;th&lt;/sup&gt; to January 31&lt;sup&gt;st&lt;/sup&gt;, 2016</td>
<td>March 1st, 2017</td>
</tr>
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2017 Renewal Improvements

NY State of Health is making a series of improvements to improve continuity of coverage for the consumer.

1. Increase the number of consumers who can be automatically renewed by the system.
2. Use more recent income data to verify a consumer’s income.
3. Add functionality for health plan auto-enrollment between programs.
4. Improve functionality so that more household members can renew together (synchronize renewal due dates) or renew at the time that each individual member is due for renewal.
5. Improve messaging to be more consumer friendly:
   • Updates to screens
   • Changes in the notices
   • Consumer friendly reminders (fliers, postcards, etc...)

[Image of NY State of Health logo]
Modification of Renewal Question

- Consumers must answer “yes” to this question in order to give NY State of Health permission to automatically renew their coverage.
- NY State of Health is updating the screen below and consumers will have new language in an effort to encourage them to agree to have data sources used to automatically renew their coverage.
- Currently the question reads as follows:

```plaintext
Renewal of coverage
To make it easier to see if I qualify for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from federal tax returns. The Marketplace will send me a notice and let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next:

- 5 years (the maximum number of years allowed), or for a shorter number of years
- 4 years
- 3 years
- 2 years
- 1 year
- No, do not renew my eligibility automatically.
```
Renewal of Coverage Question

- This is the updated Question which will appear in the application at the start of Open Enrollment.
- New language (the question itself) was modeled after the question which appears on the Federally Facilitated Marketplace (FFM)

**Renewal of coverage**

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow NY State of Health to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). NY State of Health will let me change my selection or opt out at any time.

- Agree  ●  Disagree

**Please select an answer**

I give permission for my eligibility for help paying for health insurance to be renewed for a period of:

- 5 years (the maximum number of years allowed), or for a shorter number of years
- 4 years
- 3 years
- 2 years
- 1 year

- Don’t use tax data to automatically renew my eligibility for help paying for health coverage. I understand that NY State of Health will need to access tax data when I renew on my own. (Selecting this option may impact your ability to get help paying for health coverage at renewal.)
Renewal Question

• A flier was sent out to consumers in August encouraging them to take action by September 15th:
  o Update their accounts with their most current information and mark “yes” to allow the Marketplace to renew their coverage automatically.

• NY State of Health can then automatically renew more accounts, which will improve the continuity of coverage for the consumer.
Torrina calls her Assistor after receiving her renewal notice stating that she needs to update her account. Her current QHP coverage is ending on 12/31/2016. Torrina would like to meet on November 1\textsuperscript{st}, which is the first date of Open Enrollment. What is the most appropriate response of the Assistor?

A) I have many meetings on that day, but I will do my best to squeeze you in.
B) I have many meetings that day, so we will have to explore times later in the week.
C) Help Torrina to review her notice to see that she needs to wait until November 16\textsuperscript{th} for the appointment.
D) Explain to Torrina that she has until January 31\textsuperscript{st} to enroll and there is no rush to make the appointment.
Overview:
Types of Marketplace Renewals

1. Automatic Renewal with Auto-Enrollment
   • No action required:
     ○ Individual gave NY State of Health permission to use data sources to automatically renew their coverage
     ○ Eligibility was renewed based on data sources
     ○ Health plan enrollment automatically completed (health plan is available for auto-enrollment)

2. Automatic Renewal without Auto-Enrollment
   • Action Required: Consumer must select and enroll in a plan.
     ○ Individual gave NY State of Health permission to use data sources to automatically renew their coverage
     ○ Eligibility was renewed based on data sources
     ○ Plan selection is required

3. Manual Renewal
   • Action Required: Consumer must update their application
     ○ Individual may or may not have given NY State of Health permission to use data sources to automatically renew coverage
     ○ Information is required for an eligibility determination
     ○ Plan selection may be required
Automatic Renewals with Auto-Enrollment

• No action required:
  o Individual gave NY State of Health permission to use data sources to automatically renew their coverage
  o Eligibility was renewed based on data sources
  o Health Plan enrollment automatically completed (health plan is available for auto-enrollment)
Automatic Renewals with Auto-Enrollment

1. Automatic Renewals with Auto-Enrollment:

   • Consumer must have given NY State of Health permission to renew eligibility using data sources.

   • Consumer will have their eligibility renewed systematically using documented income from the consumer, state data sources, and federal data sources.
     o Documented income from the consumer must have been verified by the Marketplace within the past three (3) months.

   • Consumer will receive notice with enrollment information including APTC applied (if applicable) before the end of the year.
     o No action is needed if consumer agrees with information in their notice.
     o If the consumer does not agree with their automatic renewal determination, they will be able to update their application.
       ❑ The update can be made starting 11/16/2016. It should be completed by 12/15/2016 to ensure coverage on 1/1/2017.

   • Enrollment into plan will be automatically completed for coverage effective date of January 1, 2017 (if available).
Automatic Renewals with Auto-Enrollment

- When eligibility changes from one program to another, if the same health plan exists, in most cases, the individual will be auto-enrolled in that plan.
  - MMC to CHPlus (Subsidized only)
  - MMC to EP
  - MMC to MMC in another county
  - CHPlus to CHPlus in another county
  - CHPlus to MMC
  - CHPlus to EP
  - EP to MMC
  - EP to EP in another county
  - QHP all types to MMC
  - QHP all types to CHPlus (Subsidized only)
  - QHP all types to EP

  - Consumers will also have the option to switch plans if they choose.
  - Exception: Auto-Enrollment is not possible when an individual is newly eligible for:
    - Full-Pay CHPlus
    - QHP (Subsidized or Full-Pay)
      - These Individuals will be renewed without Auto-Enrollment. They will need to go in and pick a plan during the timeframe specified in their notice.

The purpose of this change is to have more consumers automatically re-enrolled with the same health plan to improve the continuity of coverage.
Automatic Renewals with Auto-Enrollment

The “How We Made Our Decision” section of the notice will display the data sources that NY State of Health used to renew the account. Below are the data sources being used:

- **User Attested** – When an account has been determined as fully eligible (no outstanding documents needed) for enrollment within three months of the renewal cycle, based on projected or current annual household income, user attested data will be used and the consumer will not be required to update eligibility or re-upload documentation that has been verified in that three month time period.
  - Example: Standard QHP Renewal for 1/1/2017 coverage. If the account had a LSC run in July, August, or September and the member was determined to be fully eligible, then data source will display as “User Attested”.

- **Wage – State Data Sources** - The Marketplace will only use the latest two (2) income quarters (yearly annual amount) for the determination.

- **FTI – Federal Tax Information** – The Marketplace will use the most recent IRS data for the determination.
Automatic Renewals with Auto-Enrollment

Janet Smith
123 New Ave 2G
New City, NY 10001

All decisions described in this notice are based on information about you from state and federal data sources obtained as of October 2, 2016.

October 3, 2016
Account ID: AC0000000123

Help at: 1-855-355-5777
TTY: 1-800-662-1220

NOTICE

IT’S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE

If you want to keep your present health plan for the next year and the information on your application is still accurate, here's good news! We've re-enrolled you in your current health plan for another year and you don't have to do anything more.

Your Insurance Details

John Jones
Insurance Provider: MVP Health Care
Plan Name: Essential Plan 1
Start Date: January 1, 2017

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit https://www.nyshif.nys.gov or call us.
Automatic Renewals with Auto-Enrollment

• Individuals who were automatically renewed and enrolled in a subsidized QHP in 2016, and remain eligible for a QHP should read their notice carefully. This information may include their APTC amount, which could be changed from last year.

**IT’S TIME TO RENEW YOUR NY STATE OF HEALTH COVERAGE**

If you want to keep your present health plan for the next year and the information on your application is still accurate, here’s good news! We’ve re-enrolled you in your current health plan for another year and you don’t have to do anything more.

Your Insurance Details

Janet Smith

Insurance Provider: Oscar  
Level of Insurance: Bronze  
Plan Name: Oscar Simple, Bronze, NS, INN, Dep25, $20 Generic Drugs, $20 PCP/Mental Health Visits, Wellness Program, Step Tracking, Free Telemedicine  
Cost: You qualify for a maximum of $146.80 of advance premium tax credit to apply all or part of this credit to your monthly premium for this plan.  
Please Note: Any upcoming cost sharing reductions (lower copayments, coinsurance and deductibles) with your current plan will no longer be available after December 31, 2016.  
Start Date: January 1, 2017

Call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to get help in other languages or for help reading this notice. This notice is also available in other formats. Call for more information. To find a navigator or certified application assistor near you, visit [https://www.nyshare.state.ny.gov](https://www.nyshare.state.ny.gov) or call us.
Automatic Renewals with Auto-Enrollment

• User Attested
When an account has been determined as fully eligible (no outstanding documents needed) for enrollment within three months of the renewal cycle, based on projected or current annual household income, user attested data will be used and the consumer will not be required to update eligibility or re-upload documentation that has been verified in that three month time period.
Automatic Renewals with Auto-Enrollment

• When the consumer receives this message their account was renewed using either:
  ○ State Data Sources
  and/or
  ○ Federal Data Sources
Automatic Renewals with Auto-Enrollment

The “Status of Your Renewal” screen should always be reviewed with the consumer.

- Reviewing the renewal checklist may help remind the consumer about changes in their lives that they may need to report to the Marketplace.

- If something has changed in their life, they should update their application regardless of the fact that they have already been automatically renewed.

Status of Your Renewal

You or members of your household can get coverage for the upcoming year from NY State of Health. Review the Renewal Checklist to see if you need to take an action to continue your health coverage for the upcoming year.

NY State of Health must have the most up-to-date information about you and your household members. Make sure your application has the most recent information about:

- Your address;
- Income;
- Access to or enrollment in the New York State Health Insurance Program (NYSHIP);
- Eligibility for health insurance from a job or other health insurance;
- Cost of health insurance Premiums from job;
- Everyone who lives in your household and changes in household size, for example, if you get married or divorced, become pregnant, have a child(ren) or adopt a child(ren); or if a child(ren) is placed for adoption with you;
- Changes in full-time student status (if applicable to application members);
- Changes in immigration status;
- How you plan to file your taxes.

Changes may effect what program you are eligible for and what plan you can enroll in.
“Renewal Checklist” will be visible on the consumer’s “Overview” tab starting November 16th.

- While automatic renewal with auto-enrollment has been completed, the checklist indicates that **Action is Needed**.
- Assist the consumer by clicking on the “Plans” tab to review coverage information and any applicable premiums.
  - If the consumer wants to select a different plan, that can do so here as well. (see 2nd chart on slide 6 for timeline of enrolling in new plan)
- If the consumer disagrees with their determination and would like to update their application, click on “Update 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.
Automatic Renewal without Auto-Enrollment

• Action Required: Consumer must select and enroll in a plan.
  
  o Individual gave NY State of Health permission to use data sources to automatically renew their coverage
  
  o Eligibility was renewed based on data sources
  
  o Health plan selection is required for a variety of reasons
2. Automatic Renewal without Auto-Enrollment - This could happen because:

- The consumer became newly eligible for a QHP.
- The consumer moved to a different county and their current plan does not offer coverage in that county.
- The consumer’s program eligibility changed and their current plan does not offer a plan in the new program.
- The consumer’s current plan will no longer be offered in NY State of Health for the upcoming year.
- The consumer became newly eligible for full-pay CHPlus.
  - Assistor/Consumer should carefully review the notice in order to return to the account during the specified time period to help the consumer enroll in a plan.
Automatic Renewals without Auto-Enrollment

The notice will specify that action is required:
• consumer must return to their account to select a health plan.

Your Insurance Details

Willie Weaver

**Action Required:** We cannot enroll you in your current health plan for the next coverage year. You must select a different health plan between November 16, 2016 and December 15, 2016 to continue your coverage.
Automatic Renewal without Auto-Enrollment

Renewal Checklist will be visible on the consumer’s “Overview” tab starting November 16th.

- 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
  - Go directly to the “Plans” tab to do this. (see 2nd chart on slide 6 for timeline of enrolling in new plan)

- If the consumer disagrees with their determination and would like to update their application, click on “Update 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 Renewals

• Action Required: Consumer **must** update their application
  
  o May or may not have given NY State of Health permission to use data sources to automatically renew coverage
  
  o Information is required for an eligibility determination (such as income)
  
  o Health plan selection may be required
3. Consumers MUST update information on or before 12/15/2016 in order to remain enrolled in their financial assistance health insurance program effective 1/1/2017.

Consumers who do not update their information may:

- Lose their applied tax credit toward their QHP as of 1/1/2017.
  - Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied.
- Not be enrolled in Child Health Plus as of 1/1/2017.
- Not be enrolled in the Essential Plan as of 1/1/2017.
- Not be enrolled in Medicaid (MA) as of 1/1/2017.
Manual Renewals

3. Consumers MUST update information on or before 12/15/2016 in order to remain enrolled in their financial assistance health insurance program effective 1/1/2017.

- Exception for Manual renewal accounts where Medicaid Managed Care (MMC) enrollment is not completed until after 12/15/2016.

- Example: Consumer’s MMC coverage end date is 12/31/2016. Consumer fails to renew by 12/15/2016 (timely). However if:
  - the consumer returns to their application between 12/16 – 12/31
    - if found MA MMC eligible, and the consumer enrolls in the same MMC plan they had last year, then they will be reinstated in their MMC plan starting 1/1/2017.
    - This consumer will not be enrolled in Medicaid Fee-For-Service (FFS) only, for the month of January.
If a consumer has given the Marketplace permission to use data sources to automatically renew their eligibility for the upcoming year, they may still be required to manually renew their coverage. This occurs when the Marketplace was not able to automatically renew using their using recent data sources.
Manual Renewals

The notice will specify that action is required:
• consumer must update their account.

Based on the information from federal and state sources, we cannot make a decision about whether or not you qualify for financial help paying for your health coverage.

Please update the information on your NY State of Health account by December 15, 2016, so we can make an appropriate decision. If you miss this deadline, the financial assistance you are getting now may end. Be aware that you may be able to buy a health plan at NY State of Health at full cost. See the section of this notice titled “How and when to make changes to your account or plan”.
Manual Renewals

Renewal Checklist will be visible on the consumer’s “Overview” tab starting November 16th.

- Renewal Checklist List tells consumers that their renewal is not complete
  - Consumer cannot select a plan without updating their application

- Consumer must update their application in order to have their eligibility determined for the upcoming year.

- Information in the “Plans” and “Application” tab are for the current year.
Future Disenrollments

When a consumer does a LSC and their program eligibility changes (e.g. QHP to Medicaid), this page:

- Informs the consumer, before they select a new plan, that they will be disenrolled from their current plan,
- Shows the current plan, the members who will be disenrolled and the end date of enrollment,
- When the consumer clicks on the “Next“ button on this page, it takes them to the “Plan Details” page

Future Disenrollments

These individuals made a change that affects their choice of health plan. They must now pick a NEW health plan for health insurance coverage to continue. They will be disenrolled from the plan they are now in by the date listed below. Click on Next to compare and select a health plan.

If you have any questions, please call New York State of Health at 1-866-366-5777.

Disenrollments

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Excellus Health Plan, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Type</td>
<td>Medical with Dental</td>
</tr>
<tr>
<td>Coverage End Date</td>
<td>10/31/2016</td>
</tr>
</tbody>
</table>

Return to Account Dashboard
After helping the consumer update their application and become determined, enrollment in a plan may be automatically completed by the system (if available).

• Many accounts will be auto-enrolled.
• Some accounts will still need plan selection.

Assistor Key Responsibility:
• Assistors should always help the consumer proceed to plan selection after completing a manual renewal.

Plan Selection:
• Consumer will see if a plan has already been selected for them and they have been auto-enrolled in that plan.
• Consumer can change their plan if they choose.
• Consumer will see that plan selection may still be needed.
Key Takeaways

The Assistor should check the account whenever possible as this is the best place to find up to date information on what action, if any, is need for a consumer to complete their renewal without any gaps in coverage.
Poll Question #2

Justin calls his Assistor on January 10th stating that he received an abnormally high bill from his QHP provider. He can’t recall receiving any renewal notices, but is sure that the premium amount is incorrect. What is the most appropriate way for the Assistor to help?

A) Tell Justin to contact the plan directly about the premium amount.
B) Log-into the account to review Justin’s overview page and any notices posted to his account.
C) Explain to Justin that he has been enrolled in a Full-Pay QHP and he will need to pay this higher premium for the rest of the year.
D) Ask Justin if he has access to his own account.

Manual Renewals

3. Consumers MUST update information prior to 12/15/2016 in order to remain enrolled in their financial assistance health insurance program effective 1/1/2017.

Consumers that do not update their information may:
- Lose their tax credit
  - Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied.
Questions?
Improved Messaging for Consumers: Reminders
Take Action - Reminder

- As was discussed in Slide 9, the “Get Ready” flier was sent out in August encouraging consumers to take action by September 15th.

**GET READY FOR GOOD HEALTH IN 2017**

**WHY YOU'RE GETTING THIS**
Because it is almost time to renew your health insurance coverage for next year, 2017. Take steps now and avoid a gap in your coverage.

**WHAT YOU SHOULD DO**

**TELL US WHAT HAS CHANGED IN YOUR LIFE.**
- Your income?
- The size of your family?
- Where you live?

Changes like these may let you buy different health insurance plans or even sign up for cost-free insurance next year. And, the more up-to-date your information is, the less you’ll have to do to renew your insurance.

**By September 15th, go to nystateofhealth.ny.gov/individual and login to your account to update your information or call us at 1-855-355-5777 and we will do it for you.**

**HELP US HELP YOU!**
Help us make renewing your coverage easier than ever. Go into your NY State of Health on-line application and at the end — in the “Terms, Rights & Responsibilities” section — mark the “yes” box next to the question asking you to allow us to renew your coverage automatically. Or call us and we will do it for you.

If we need any more information, we’ll let you know. Know that we will never share your information with others or use it for any purpose except to renew your health insurance.

**WATCH THE MAIL.**
In October 2016, you will receive a Renewal Notice by mail or an email telling you to read the Notice online. It will explain:
- What health insurance program you qualify for in 2017.
- What you will likely pay for coverage in 2017.
- What action you should take, if any, to renew your coverage for next year. It is important that you take these actions to avoid any gap in coverage.

**DON'T FORGET ABOUT YOUR TAX RETURNS.**
Remember, we can’t offer you help paying for a Qualified Health Plan in 2017, even if you qualify, if you have not filed your tax return for 2015.
- If you’ve already filed your 2015 Federal Income Tax Return, great!
- If you asked for more time to file your 2015 taxes but didn’t file them yet, do it now.
- If you haven’t taken steps to file or extend your 2015 taxes, or for any other questions, contact a tax preparer or get free tax help at www.irs.gov.

**HELP IS AVAILABLE IN YOUR OWN LANGUAGE.**
- Or visit a certified in-person assistant, to find an assistant, call us or visit info.nystateofhealth.ny.gov/findassistant to search online.
Renewal Reminder

• A renewal reminder flier will be sent by email only to consumers:
  • Who were automatically renewed but still need to enroll in a plan. The flier will be sent to this group in Mid-November.
  • Who must manually renew their coverage but have yet to do so. The flier will be sent to this group between December 1st – 5th. This gives time to enroll by the 15th of the month to maintain coverage on January 1st.

Consumers who are receiving this flier have already received their renewal notice and have yet to update their account, and/or enroll in a plan.

• It is possible that some of the dates will overlap (examples to follow).
QHP Pick a Plan Reminder

• Fliers will be sent by email to consumers who have a 2017 QHP eligibility determination during Open Enrollment, but have yet to select and enroll in a plan.

Consumers who are receiving this flier have already received their renewal notice and have yet to enroll in a plan.

• This flier will start to be sent out starting at the beginning of Open Enrollment.

• Will be sent twice per month during Open Enrollment.

GOOD NEWS FROM NY STATE OF HEALTH
You took the first step toward getting health coverage for 2017.

HERE’S WHAT YOU NEED TO DO NEXT
Come back today and select your health plan for 2017.
View your health plan choices here.

SIGN UP
• nystateofhealth.ny.gov
• 1.855.355.5777 or TTY: 1.800.862.1220
• Visit an in-person assistor. Find one here.
Essential Plan (EP)
Pick a Plan Reminder

• Fliers will be sent **by email** to consumers who have been found newly eligible for Essential Plan in the past month, but have yet to select and enroll in a plan.

This flier will be sent out starting in October, 2016.

• May be sent twice per month.

• May be expected throughout the year as it is sent to new EP eligible individuals
  o Reminder: Essential Plan has continuous enrollment.

GOOD NEWS FROM NY STATE OF HEALTH...
YOU’RE ELIGIBLE FOR THE ESSENTIAL PLAN!
The Essential Plan has great coverage, a monthly cost of $20 or less and lots of health plans to choose from.
You took the first step toward getting health coverage for 2017.

HERE’S WHAT YOU NEED TO DO NEXT
Come back today and select your health plan for 2017.
View your health plan choices here.

SIGN UP
• nystateofhealth.ny.gov
• 1-855-355-5777 or TTY: 1-800-662-1220
• Visit an in-person assistor. Find one here.
Reminders

Key Takeaways:

- Consumers may receive multiple reminders advising them to take action.
- Ignoring these reminders may lead to a gap in coverage.
- It is possible that there will be some timing overlap.
  - Example: Consumer enrolls in a plan on December 2\textsuperscript{nd}, and receives a renewal reminder flier the next day. If this consumer inquires to their Assistor, the Assistor should check the account to be sure that this is just a timing overlap and no action is still needed.
Reminders

More Key Takeaways:

• If the consumer contacts you because they received one of these fliers, or any message they have received about their coverage, log into their account and check the “To Do” list on their overview screen.
  o The Call Center can also assist the consumer to check their account and see if action is needed.
• Assist the consumer with the renewal, if necessary.
• Assist the consumer in enrolling in a plan timely to avoid any gaps in coverage.
Households Members with Different Renewal Dates
Renewal – Details

Household Members with Different Renewal Dates

- The system will try to renew any/all members of a household who can be renewed. This will occur even if that member is not due to renew yet.
- This aligns the renewal dates for the household.

Example: Tom and Courtney have 2 children ages 3 and 1 month old (born September 1, 2016)

Household Size of 4 - 175% FPL

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Current Program Eligibility</th>
<th>Coverage end date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom</td>
<td>QHP</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>Courtney</td>
<td>Medicaid – She was re-determined MA eligible when she reported her pregnancy on 2/2/2016. She gets continuous coverage from that date.</td>
<td>1/31/2017</td>
</tr>
<tr>
<td>Estrella - 3 year old child</td>
<td>Child Health Plus</td>
<td>6/30/2017</td>
</tr>
<tr>
<td>Mona - Baby</td>
<td>Medicaid – “Deemed” Medicaid baby born on 9/1/2016.</td>
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</table>
### Renewal – Details

#### Household Members with Different Renewal Dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/15/2016</td>
<td>Family receives notice that Tom and Estrella have been automatically renewed.</td>
</tr>
<tr>
<td></td>
<td>Tom: EP: 1/1/2017 – 12/31/2017</td>
</tr>
<tr>
<td></td>
<td>Courtney: in MA continuous</td>
</tr>
<tr>
<td></td>
<td>Estrella: CHPlus: 1/1/2017 – 12/31/2017</td>
</tr>
<tr>
<td></td>
<td>Mona: in MA continuous</td>
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</table>

#### 2016

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/15/2017</td>
<td>Family receives notice that Courtney, Tom, Estrella, and Mona have been automatically renewed.</td>
</tr>
<tr>
<td></td>
<td>Tom: EP: 10/1/2017 – 9/31/2018</td>
</tr>
<tr>
<td></td>
<td>Courtney: EP: 10/1/2017 – 9/31/2018</td>
</tr>
<tr>
<td></td>
<td>Estrella: CHPlus: 10/1/2017 – 9/31/2018</td>
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#### 2017

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<tbody>
<tr>
<td>7/15/2018</td>
<td>Family receives notice that they all have been automatically renewed.</td>
</tr>
<tr>
<td></td>
<td>Estrella: CHPlus: 10/1/2018 – 9/31/2019</td>
</tr>
<tr>
<td></td>
<td>Mona: CHPlus: 10/1/2018 – 9/31/2019</td>
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All information remains the same

**HH: 4 - FPL: 175%**
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Additional Information on Renewals
Renewal – Details
Incarcerated individual on the account

• When an account is due to renew and one (1) member of the household is currently incarcerated and enrolled in Medicaid inpatient coverage only:
  
  o The incarcerated individual will not be eligible for automatic renewal.
  
  o The rest of the household will go through renewal (including automatic renewal) without the incarcerated individual’s eligibility changing.

![Incarceration](image)
• When an EP eligible individual’s 5-year bar is ending, that individual will have their EP coverage terminated effective the last day of the month that the end of the 5-year bar is reached.

• When an individual age 20 with an Aliessa immigration status who is enrolled in Medicaid (FFP), their Medicaid coverage will terminate effective the last day of the month in which they turn 21.
  
  o The application will go through renewal (manual or automatic) in order to re-determine eligibility for these individuals.

  o This may occur even if this account has already been renewed within the past 12 months.
Renewal – Details
APTC – did not reconcile

• Under federal regulation, consumers may be found ineligible for tax credits in 2017 if they received APTC in previous years but:
  o did not reconcile these credits using form 8962 when filing their 2015 taxes.
  o did not file a return in 2015 or request an extension.
  o did not file their 2015 taxes yet, but has requested an extension.

• Check “How We Made Our Decision” section of the notice which will include:
  o Step-by-step instructions on how to reconcile.
  o Assistor cannot assist with tax reconciliation or provide any information further than what is in the notice.
    ☐ Also true for Customer Service.
You’re not eligible for a tax credit and income-based cost-sharing reductions (lower copayments, coinsurance and deductibles) for coverage through NY State of Health. This is because we’re missing information about your taxes. This could be for one of the following reasons:

- You told us you don’t plan to file a tax return.
- You’re married and you told us you’ll file taxes separately from your spouse.
- **Advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in a prior year and we can’t tell if a tax return was filed for that year.**

### What Should I do Next?

- If a 2015 tax return with “Form 8962” wasn’t filed for this household you must file a 2015 federal income tax return with “Form 8962” as soon as possible.
- If you filed a tax return in 2015, but didn’t include “Form 8962” you may need to file an amendment to your tax return.
  - **Resources:** IRS, Federally Facilitated Marketplace, NY State of Health

### After you complete these steps:

- Log into your account and update your application.
Poll Question #3

When you log into the consumer’s Marketplace account and you see this message,

How should you proceed?
A) Explain to the consumer that you cannot help them until their address is fixed and ask them to call the Call Center.
B) Have the consumer verify the address in the account. If verified, explain that then they cannot re-gain coverage due to this system error.
C) Verify with the consumer that the address in the account is **wrong**, then sign them up for electronic noticing.
D) Review the address information with the consumer and update the information ASAP.

Invalid Mailing Address
- If a notice is mailed to the consumer and is returned by the US Postal Service as undeliverable with no forwarding address, the mailing address will show as invalid in the consumer’s account.
- A notice will be posted to their account indicating the eligibility determination made based on the invalid address.
  - MA/CHIP eligible consumers will be determined ineligible for coverage.
  - APTC/APT plus CSR/APTC-PP consumers will have their eligibility changed to Full Pay QHP.
- Consumer should update their address ASAP.
- If consumer verifies that address is correct Assistor should assist consumer in signing up for electronic noticing.
Questions?
Reminder
Recertification Process

- All Assistors must view all webinars to be recertified.
  - Please keep track of the date that you watch this webinar
- The reporting process for recertification is currently being finalized and information will be forthcoming.
Thank you for joining us!

Next Recertification Training:
Title: 2017 QHP Line-Up
Date: October 26, 2016