What’s New/What’s Coming

Date: September 13, 2017
Time: 10:00am – 11:30am
Dial-In Number: 1-855-897-5763
Conference ID: 43093774
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 98% said the webinar increased your knowledge of the topic of citizenship and immigration.

• More than 96% said information from the webinar will allow you to better assist consumers who have various immigration statuses.

“The session was informative and well presented!”

“This presentation helped me to focus more on my daily functions to assist our consumers.”

“Could be useful to send out the email address again to help resolve problem cases. The webinar referred to CACMail but didn’t provide the address.”

• [CACMail@health.ny.gov](mailto:CACMail@health.ny.gov) - CACs only
• Navigators should submit cases through their current processes to escalate a case to their agency DOH contract manager.
Welcome

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

Today’s Presenters

Erin Bacheldor  Medical Assistance Specialist, Bureau of Child Health Plus Policy & Exchange Consumer Assistance

Richard Brown  Medical Assistance Specialist 2, Bureau of Third Party Liability, Division of Eligibility and Marketplace Integration

Danielle Holahan  Deputy Director, NY State of Health

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

Cheryl Thompson-Miller  Medical Assistance Specialist, Bureau of Child Health Plus & Exchange Consumer Assistance
Agenda

1. Renewals
   • Open Enrollment, Reminder on the Renewal process and Important Dates.
   • What’s new with renewals?
     o Child Health Plus and Essential Plan late renewals
     o 2018 Manual Renewal Improvements
     o Flyers being sent to consumers

2. Updates to the Documentation Checklist for Income

3. Minimum Essential Coverage (MEC) and Medicare

4. Qualified Tax Deductions

5. Preventing Eligibility Gaps for Consumers
What’s Coming?

Open Enrollment & Renewals
Open Enrollment & Renewals

When is Open Enrollment in New York State?

Open Enrollment will run November 1, 2017 - January 31, 2018

- Because New York operates its own marketplace, the state has flexibility to set its open enrollment period dates.
- New York is exercising this authority to meet the needs of consumers by ensuring that they have:
  - sufficient time to enroll.
  - adequate access to enrollment assistance from the Customer Service Center.
  - adequate access to enrollment assistance from In-Person Assistors.
- NY State of Health expects to renew coverage for more than 400,000 households and enroll new people into coverage during the Open Enrollment Period.
- Details about 2018 plan options will be released in late September.
- Enrollment in Medicaid, Essential Plan, and Child Health Plus is open all year.
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 12/31/17.
  - Annual renewal notices for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule

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| Mid-October, 2017 | 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 12/31/17.  
    - Annual renewal notices for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule |
| 11/1/2017       | Open Enrollment begins for **new** applicants.                          |
| 11/16/2017      | **Open Enrollment begins for individuals renewing coverage.**  
  - Consumers can update their account if needed, and enroll in a plan for coverage starting on 1/1/2018. |
| 12/15/2017      | Last day to enroll for January 1, 2018 coverage.                       |
| 1/31/2018       | Open enrollment closes for QHPs.                                      |
**Open Enrollment & Renewals**

- Individuals enrolling in coverage **for the first time during open enrollment** can apply and select a plan beginning November 1st.
- Individuals **renewing** coverage that want to select new plans can do so beginning November 16.

<table>
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<tr>
<td>New Application</td>
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<td>November 16 - December 15</td>
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<td>December 16 - January 15</td>
<td>February 1(^{st}), 2018</td>
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<td>New/Renewed Application</td>
<td>January 16 - January 31</td>
<td>March 1(^{st}), 2018</td>
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3 Types of Renewals

1. **Automatic Renewal with Auto-Enrollment**
   - No action required

2. **Automatic Renewal without Auto-Enrollment**
   - Action Required: Consumer must select and enroll in a plan

3. **Manual Renewal**
   - Action Required: Consumer must update their application
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.
  - 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.
  - No action is needed if consumer agrees with information in their notice.
  - 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 11/16/2017. It should be completed by 12/15/2017 to ensure coverage on 1/1/2018.

- Enrollment into the plan (if the same plan is available in 2018) will be automatically completed by the Marketplace.
**AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT**

In most cases, when eligibility changes from one program to another, the individual will be auto-enrolled in that plan, if the same health plan exists.

- 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.

**Exceptions:**
- Auto-Enrollment is not possible when an individual is newly eligible for Full-Pay CHPlus.
- Auto-Enrollment is not possible when an individual is newly eligible for a QHP (Subsidized or Full-Pay).
- Auto-Enrollment is not possible when an individual goes from a QHP to a QHP in another county.
  - 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.
AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT

Action Required: Consumer must select and enroll in a plan

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.
**MANUAL RENEWALS**

Consumers MUST update information on or before 12/15/2017 in order to remain enrolled in their financial assistance health insurance program effective 1/1/2018.

Consumers who do not update their information may:

- Lose their applied tax credit toward their QHP as of 1/1/2018.
  - Not updating information may lead to gaps in coverage or months where FULL premium is due instead of having tax credits applied.
  - Medicaid, Child Health Plus and Essential Plan renewal due dates will be discussed later.
Last year, NY State of Health allowed late renewals for Medicaid enrollees.

- Example: Consumer’s Medicaid Managed Care (MMC) coverage end date is 12/31/2017. Consumer fails to renew by 12/15/2017 (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 1/1/2018.
    - This consumer will not be enrolled in Medicaid Fee-For-Service (FFS) only, for the month of January.
Under federal regulation, consumers may be found ineligible for tax credits in 2018 if they received APTC in previous years but:

- did not reconcile these credits using form 8962 when filing their 2016 taxes.
- did not file a return in 2016 or request an extension.
- did not file their 2016 taxes yet, but has requested an extension.

Consumers who are found ineligible for tax credits should refer to their notice for more information on what to do next to resolve their APTC reconciliation.
Poll Question #1

Torrina calls her Assistor after receiving her renewal notice stating that she needs to update her account. Her current QHP coverage is ending on 12/31/2017. 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.

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What’s New with Renewals?

Late Renewals Under Child Health Plus and Essential Plan
Child Health Plus and Essential Plan Late Renewals

- Some individuals are renewing their coverage before the end of the month but after the deadline given by NY State of Health and as such they lose their current eligibility.
- For Child Health Plus (CHPlus) and Essential Plan (EP), this results in a one month gap in coverage.
- This issue was addressed for the Medicaid Managed Care program last year as one of the renewal improvements.
- A similar solution will be implemented in early October for CHPlus and EP.
Late Renewals

What is a Late Renewal?

Medicaid, CHPlus and EP renewals must be completed within a 30 day window as specified in the consumer’s notice.

<table>
<thead>
<tr>
<th>Date Coverage is Ending</th>
<th>Account is renewed</th>
<th>Plan coverage will begin without any gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2017</td>
<td>8/16/2017 - 9/15/2017</td>
<td>10/1/2017</td>
</tr>
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</table>

For purposes of this change, a CHPlus or EP late renewal is one that is completed after the 30 day renewal window but before the end of the month in which coverage ends.

<table>
<thead>
<tr>
<th>Date Coverage is Ending</th>
<th>Late Renewal Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/2017</td>
<td>9/16/2017 – 9/30/2017</td>
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</tbody>
</table>
Child Health Plus Late Renewals

Child Health Plus Renewal Time Periods before October 2017

• There is a specific timeframe that a child must renew their CHPlus coverage to maintain continuous enrollment.

• Failure to do so in a timely manner will result in a gap in coverage.

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This person renewed too late and had a gap in coverage.
Child Health Plus Late Renewals

New Functionality is being added in early October which will allow certain CHPlus enrollees to maintain continuous coverage if they renew late.

The system will auto-enroll the child into the same plan without a gap in coverage for the following late renewal eligibility types as long as the same plan is available:

- Subsidized CHPlus to Subsidized CHPlus (even if the premium amount changes)
- Unsubsidized CHPlus to Subsidized CHPlus
- Unsubsidized CHPlus to Unsubsidized CHPlus

Auto-Enrollment is not available to a child who renews late that was enrolled in Subsidized CHPlus who becomes eligible for Unsubsidized CHPlus coverage.

- If the family enrolls in the same plan during the late renewal period, coverage will begin the 1\textsuperscript{st} of the immediate next month (without a gap).

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This person performed a late renewal, was auto-enrolled into the same plan, and has no gap in coverage.
Child Health Plus Late Renewals

- When a late renewal is performed, the child is auto-enrolled in the same plan without a gap in coverage. The family may still decide to switch plans at this time.
  - They can select: [Pick a New Plan]
  - Enrollment for the new plan will be based on the “15th of the month” rule.

- If the child was previously enrolled in subsidized CHPlus and becomes eligible for Full-Pay CHPlus during a late renewal, auto-enrollment is not available.
  - Proceed to: [Choose a Plan]
  - If the family chooses a different plan during this process, plan enrollment will be based on the “15th of the month” rule.

- If the same plan is not available in the prospective renewal period, the child cannot be auto-enrolled and should proceed to plan selection.
  - If this occurs when performing a late renewal, enrollment in the new plan will be based on the “15th of the month” rule.

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This person performed a late renewal and picked a different plan.
- One month gap in coverage.
## Essential Plan 1 & 2 Renewal Time Periods before October 2017

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This person renewed too late and had a gap in coverage.
New Functionality is being added to allow certain Essential Plan enrollees to maintain continuous coverage with their plan if they renew late.

- This functionality will occur as long as the same plan is available and the consumer still wants that plan.
- If the consumer was previously enrolled in a Stand Alone Dental Plan (SADP), the system will auto-enroll in the same SADP.
- If the consumer was enrolled in EP 3 or 4, and becomes eligible for EP 1 or 2 during late renewal, they will be auto-enrolled in the same medical plan and have the option to purchase a SADP.
  o The SADP enrollment will begin based on the 15th of the month rule.
- If the consumer was previously enrolled in EP 1 or 2 with a SADP, or in an EP “Plus” plan, and becomes eligible for EP 3 or 4 during late renewal, they will be auto-enrolled in the same medical EP Plan.
  o Dental and vision coverage are no longer needed as separate, stand alone services.
Essential Plan 1 & 2 Late Renewals

• When a late renewal is performed, the individual is auto-enrolled in the same plan without a gap in coverage. The individual may still decide to switch plans at this time.
  
  o They can select: Pick a New Plan
  
  o Enrollment for the new plan will be based on the “15th of the month” rule.

• If the same plan is not available in the prospective renewal period, the individual cannot be auto-enrolled and should proceed to plan selection. Choose a Plan
  
  o If this occurs when performing a late renewal, the individual will enroll in the new plan based on the “15th of the month” rule.

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This person performed a late renewal and picked a different plan.

• 1 month gap in coverage.
2018 Manual Renewal Improvements

NY State of Health is making a series of improvements to improve the accuracy of manual renewals.
1. An account where a document request is pending is only eligible for manual renewal.
   - Consumer’s renewal notice will state that they need to manually renew and should update their account within a required time frame.
   - If the document in this account becomes verified between 10/1/2017 – 11/15/2017, and consumer becomes fully eligible, a new renewal notice will be posted to the account saying that the account is now eligible for auto-renewal.
   - This consumer will receive a second renewal notice, please have them review it carefully as the information and action steps may be different.

2. Changes were made to the system to look at more recent income data.
   - This should reduce the number of documentation requests for income verification at renewal and when updating a consumer’s account outside of renewal.
3. Essential Plan renewals reports will be provided to Marketplace Plan Facilitated Enrollers (CACs who work directly for plans).
   • Goal is to retain more consumers through plan outreach and renewals.

4. Eligibility determination screens will be updated to specify which variation of Essential Plan the consumer is eligible for.
5. The “Coverage [Name] Has” question is being updated to specify that consumers should not answer “Yes” to this question if the coverage that they have is through NY State of Health.

**Old Question**

![Old Question](image1)

**New Question**

![New Question](image2)
6. Improvements are being made to the layout and language of the renewal notices to make them more consumer friendly.

- Notices will include the eligibility results and the eligibility effective date up front along with whether the consumer needs to take action or not.
  - This new format will allow the consumer to know what their program eligibility is, the effective date, as well as whether or not they have to pick a plan.
  - If the consumer is auto-enrolled into a plan, the notice also tells them this in the same section of the notice.
- We are grouping the members of the household into 4 sections:
  - Those who are due to renew and need to take an action (i.e. like picking a plan);
  - Those who are due to renew and do not need to take an action (i.e. those who have been auto-enrolled into a plan);
  - Those who are ineligible for all coverage through NY State of Health;
  - Those individuals who are not due to renew (such as people who are in continuous coverage or who are incarcerated).
- Notice will include the date the previous program eligibility ends if the consumer is changing programs at renewal.
- Notices will have streamlined eligibility results and terms to be consistent.
  - Using “qualify” instead of “eligible” throughout the notice
  - Using “health insurance coverage” wherever applicable
Renewal Flyers
Early Medicaid Renewal Flyer

In order to decrease call volume and improve wait times during Open Enrollment, NY State of Health has encouraged some families to renew their Medicaid coverage early.

By spreading the volume of renewals outside of the Open Enrollment period, we anticipate a more balanced workload for Assistors and the Call Center.

The following households will receive a flyer between July and September encouraging them to renew early.

1. Households with least one (1) member who is due to renew coverage between 12/1/2017 and 2/1/2018.

2. Households where all applying members on the account are enrolled in Medicaid.

Good News for Medicaid Enrollees

It’s not too early to renew your Medicaid coverage.

It’s easy .......... It’s fast .......... Act now!

Log into your account at nystateofhealth.ny.gov/individual to tell us about any changes in your life, such as changes in income, family size, or where you live.

Need Help? Go to this online directory, https://nystateofhealth.ny.gov/agent/hx_brokerSearch, to find a Navigator or Certified Application Counselor at a community-based organization or health plan.

Questions? Call 1-855-355-5777 (TTY 1-800-662-1220). Monday to Friday: 8am - 8pm / Saturday: 9am - 1pm

We are headed toward a very busy time of year.

Now is a good time to update your account.

It’s an important part of taking good care of your health.
Renewal Flyers

A “Get Ready to Renew” flyer will be sent out by email only in mid October 15. This flyer will:

• be sent to QHP, EP, CHPlus and select Medicaid enrollees (excluding those who received the early Medicaid renewal flyer) due to renew for coverage starting 1/1/2018.
• inform consumers that they will soon receive their renewal notice from NY State of Health.
• encourage consumers to take action between November 16 and December 15th.
• remind consumers that financial assistance for QHP enrollees will not be available in 2018 if the consumer received advanced premium tax credits (APTCs) in 2016 but has not yet filed their 2016 tax return and reconciled those PTCs.
• be sent in English and Spanish.
A “Reminder to Renew” flyer will be sent in early December by email only, to consumers who are due to renew for coverage starting 1/1/2018 but have yet to complete their renewal.

- The flyer will be sent to QHP, EP, CHPlus and Certain Medicaid Consumers.
- The flyer encourages consumers to review the renewal notice that they have already received and take action by December 15th.
- The flyer will be sent in English and Spanish.
Renewal Flyers

A “Reminder to Pick a Plan” flyer will be sent by email:

- During Open Enrollment to consumers who have a **QHP determination** within the month but have yet to pick a plan. Email will be sent on the 1st and the 7th of the month during Open Enrollment beginning on December 1, 2017.

- During Open Enrollment and throughout the year to consumers who have an **Essential Plan determination**, but have yet to pick a plan. Email will be sent during the first week of the month.

- In English and Spanish.

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

A “Deadline Reminder” flyer will be sent by email:

• starting in January 2018.
• to consumers who have a QHP determination for 2018 but have not yet enrolled.

![Image: nystateofhealth Renewal Flyer]

NY STATE OF HEALTH DEADLINE!
The deadline to enroll or renew your health plan for 2018 is January 31st.

IF YOU HAVE QUESTIONS OR NEED HELP ENROLLING:
• Visit www.nystateofhealth.ny.gov
• Call 1-855-355-5777

CUSTOMER SERVICE WILL BE OPEN:
• Monday to Friday from 8:00am – 8:00pm
• Saturdays from 9:00am – 1:00pm
• Extended hours on Saturday and Sunday January 28th and 29th from 9:00am – 4:00pm

Remember: Act by January 31st for 2018 coverage!
Poll Question #2

Mr. Whitfield calls and states that he received a notice that he was automatically renewed but he needs to pick a plan. He doesn’t understand why he must pick a plan if he was automatically renewed. Which is the best response by the Assistor?

A. Explain that this does occur. Schedule an appointment with him to help him understand why this happened and enroll in a plan for next year.

B. Ask him to email you the notice so you can review it yourself.

C. Tell him to login to his account and follow the instructions in his notice.
Renewals

Questions?
What’s Coming
Documentation Checklist for Income
The Documentation Checklist for income was updated in order to provide additional detail on these requirements.

- Notices sent in early October 2017 will provide a more extensive and detailed list of income documentation.
- The Documentation Checklist for Assistors was updated with this additional detail and should be used effective immediately.

### Request for Additional Information – Documentation List

<table>
<thead>
<tr>
<th>NYS Unemployment Benefits</th>
<th>Social Security Retirement Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed letter/certificate</td>
<td>Award letter/certificate dated within the last year</td>
</tr>
<tr>
<td>Monthly benefit statement from NYS Department of Labor</td>
<td>Annual benefit statement (254–1099)</td>
</tr>
<tr>
<td>Original of Payment History from NYS Department of Labor</td>
<td>Correspondence from the Social Security Administration with your award status (delayed, award amount, still pending)</td>
</tr>
<tr>
<td>Preliminary payment information from NYS Department of Labor’s website</td>
<td></td>
</tr>
<tr>
<td>Letter from NYS Depart of Labor with reason for your denial</td>
<td></td>
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Note: If you miss the due date, you may lose your insurance or receive less help paying for your coverage.

**If you receive…** Then, send us one of the following documents.

- **Income from a job**
  - If you get paid on a regular basis: Pay stubs or payroll summary, showing employer name, employee information, pay date or pay period, and gross pay for the four (4) weeks prior to date on this notice
  - If you do not get paid on a regular basis: Pay stubs or other documentation of your most recent income. If documents are not from the four (4) weeks prior to date on this notice, tell us why. Be sure to sign and date your explanation.
  - Letter from employer, signed and dated, showing company contact information, rate of pay, number of hours worked per week, and time period of employment

- **No income or recently lost your source of income**
  - A letter from your previous employer with termination date
  - Proof you have applied for unemployment benefits
  - Statement from the NYS Department of Labor showing unemployment benefits have been exhausted
  - Letter from the Social Security Administration stating your benefits have ended
Minimum Essential Coverage (MEC) and Medicare

New Application Question
Current Medicare Attestation Functionality:

When the Marketplace receives information from data sources indicating that a consumer is enrolled in Medicare, the consumer is asked to attest to whether or not the Medicare data is correct.

- This question is currently displayed right after the “Review Household Summary” page.
- Coming Soon: This question will be removed and replaced.
Coming Soon: New Medicare Question

The Marketplace will soon display a new mandatory question to all consumers at initial application, manual renewal or with a Life Status Change (LSC).

**Enrollment in Medicare**

Are you or anyone in your household currently enrolled in Medicare?  
- [ ] Yes  
- [ ] No

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). For more information about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

**Business Rule** - if yes is selected, then display each person who is applying in the household as check box. Consumer should be able to select one or all persons.

Please tell us who is enrolled in Medicare:
- [ ] Person 1
- [ ] Person 2
- [ ] Person 3

The new question will appear after the section of the application on income, and before the question on “Coverage [Name] Has.”
**Coming Soon:** If the Marketplace receives information from data sources that a consumer has Medicare, this will be considered true even if they answer “No” to the previous question.

If a consumer is found to be an active recipient of Medicare, the system shall no longer allow a **new** consumer to enroll in coverage:

- Medicaid
- Essential Plan
- Child Health Plus
- Qualified Health Plan
If a consumer who is already enrolled in Marketplace coverage is later found to be an active recipient of Medicare, the system shall respond:

**Medicaid (MA)** – Consumers under 65 years of age will be systematically disenrolled from their Medicaid Managed Care (MMC) plan but may remain enrolled in Medicaid Fee-For-Service (FFS).
- Consumers who are not parent/caretaker relatives, pregnant, under age 19, or age 19 to 20 and living with a parent will be referred to the LDSS at renewal.
- Consumers who are parent/caretaker relatives, pregnant, under age 19, or age 19 to 20 and living with a parent will not receive a referral and may remain enrolled in FFS through the Marketplace.

**Essential Plan 1 & 2** – Consumers will be disenrolled effective the end of the current month and receive a referral to LDSS.

**Essential Plan 3 & 4**: Consumers who are parent/caretaker relatives or report that they are now pregnant will be disenrolled from their EP Plan and enrolled in Medicaid FFS if their income is still within the MA income level.
- Consumers who are not parent/caretaker relatives or pregnant women will be referred to the LDSS. They will be disenrolled from their EP plan effective the end of the month following the month they received the referral.

**Child Health Plus** – Consumers will be disenrolled effective the end of the current month and receive a referral to LDSS if their income is still over the MA income level.

**Qualified Health Plan** – Consumers’ APTC/CSR will end at the end of the current month but they may stay enrolled in their QHP with no financial assistance. They will receive a referral to the LDSS.
If a newly applying consumer replies “Yes” their answer will be considered true regardless of the data source on Medicare:

- The consumer will be determined ineligible in the Marketplace for all programs.

If an existing consumer replies “Yes,” their answer will be considered true regardless of the data source on Medicare:

- See slide 47 for system responses.
If the consumer replies “No” and the system does not receive a data hit that this consumer has Medicare:
  • The Marketplace will continue to process the application.

If a newly applying consumer replies “No” and the system receives a data hit that this consumer has Medicare, the data hit will be considered true.
  • The consumer will be determined ineligible in the Marketplace for all programs.

If an existing consumer replies “No” and the system receives a data hit that this consumer has Medicare, the data hit will be considered true.
  • See slide 47 for system responses.
**AUTOMATIC RENEWALS**

Consumers who are able to be automatically renewed by NY State of Health will not see the new question until/unless they run a Life Status Change (LSC).

- The Marketplace will respond at automatic renewal based on the data source alone.
  - The Marketplace will send a referral to the LDSS in the month the system is re-evaluating the account if there is a match for Medicare with Federal/State data sources.
  - All other family members on the account will continue through auto-renewal.
Poll Question #3

Mr. Jones completed an application and reports that he does not currently have any income. He is frustrated because the Marketplace is requesting proof of his income of $0. How can you help him complete the documentation requirements?

A. Tell him he does not need to do anything because there is no way to prove $0 income.

B. Tell him to write a letter and state that he has no income. Have him sign and date the letter.

C. Review the notice with him and find out if he can produce any of the items under “no income.”

D. Have him complete the “Declaration of Income” form stating that he has no income.
• Documentation Checklist for Income

• MEC and Medicare New Functionality

Questions?
Tax Deductions for:

• Qualified Tuition and Related Expenses

• Student Loan Interest Payments
Allowable deductions for Qualified Tuition and Related Expenses are limited to $4000

26 USC § 222. Qualified tuition and related expenses
(a) Allowance of deduction
In the case of an individual, there shall be allowed as a deduction an amount equal to the qualified tuition and related expenses paid by the taxpayer during the taxable year.
(b) Dollar limitations
(1) In general
The amount allowed as a deduction under subsection (a) with respect to the taxpayer for any taxable year shall not exceed the applicable dollar limit.
(B) After 2003
In the case of any taxable year beginning after 2003, the applicable dollar amount shall be equal to—
(i) in the case of a taxpayer whose adjusted gross income for the taxable year does not exceed $65,000 ($130,000 in the case of a joint return), $4,000
26 USC § 221. Interest on Education Loans

(a) Allowance of deduction
In the case of an individual, there shall be allowed as a deduction for the taxable year an amount equal to the interest paid by the taxpayer during the taxable year on any qualified education loan.

(b) Maximum deduction
(1) In general
Except as provided in paragraph (2), the deduction allowed by subsection (a) for the taxable year shall not exceed $2,500.
Tax Deduction for Qualified Tuition and Related Expenses, and Student Loan Interest Payments

Deductions

If you or your family members pay for certain things that can be deducted on a federal income tax return, telling us about them will help the Marketplace accurately determine you and your family’s income.

Do not include deductions such as charitable contributions, home mortgage interest, property taxes, or child care expenses. You also should not enter a deduction that is already considered a cost or expense as part of your business. Only include deductions that are part of your adjusted gross income on the tax return. If you are expecting any capital losses in 2017, you can enter this amount as “Other Adjustments” in this section.

Click on Add Deduction to tell us if anyone pays for things like alimony, student loan interest, or any other deductions that will be taken on your tax return in the upcoming year. Click on Edit Deduction to change the amount that you will list as a deduction on your federal income tax return. Click on Remove Deduction to delete this deduction.

If you do not have any deductions, check the box next to your name.

Add / Edit Deductions

What type of deduction will this person be claiming on their taxes in 2017? *
- Tuition & fees

How much will you be claiming for this deduction? *
- Amount: $4,000
- Frequency: Annual (Once a year)

What type of deduction will this person be claiming on their taxes in 2017? *
- Student loan interest deduction

How much will you be claiming for this deduction? *
- Amount: $2,500
- Frequency: Annual (Once a year)
Preventing Eligibility Gaps for Consumers
In order to prevent gaps in coverage for some consumers, NY State of Health is updating the way that eligibility is processed when a consumer who already has coverage in the Marketplace appears to be financially Medicaid eligible, but needs to provide documentation of their income.

- This application is pending a Medicaid determination for income documentation.

Reminder: NY State of Health pends an application for Medicaid for 15 days from the date the consumer receives their notice so that the consumer can provide documentation.
Preventing Eligibility Gaps for Consumers

Previous Functionality

When a consumer receives the eligibility determination page pending Medicaid income, their current Marketplace coverage would automatically end effective the last day of the current month.

Example:

1. Consumer is enrolled in Medicaid from 1/1/2017 – 12/31/2017.
2. Consumer completes Life Status Change (LSC) to update their income information on 6/2/2017 and gets this result (screen below) with 15 days to document their income.
3. Consumer is systematically disenrolled from MMC effective 6/30/2017.
4. Consumer uploads documentation of Medicaid eligible income on 6/17. It is reviewed and approved.
5. Consumer will be enrolled in MA FFS 7/1/2017.
6. Consumer is allowed to enroll in MMC plan on or after 6/17. MMC enrollment will not start until 8/1 if the consumer chooses a plan timely.
7. This leaves a one (1) month gap in MMC coverage.

* Name
The information you provided does not match what the Marketplace obtained from State and Federal data sources. We will not be able to make an eligibility determination until you provide or the Marketplace is able to confirm additional information.
In order for your eligibility to be determined, you must submit documents by the date below to confirm that the information you provided in your application is accurate.
Preventing Eligibility Gaps for Consumers

New Functionality

When a Medicaid individual has an income inconsistency, their current Medicaid coverage will be re-determined as conditionally eligible for Medicaid. The consumer will have 15 days from the time they receive their notice to provide documentation. Their current Medicaid coverage will continue unchanged until:

- the final resolution of documentation is provided, or
- the consumer is otherwise determined eligible for Medicaid or another program, or
- the due date for documentation has past.

Individuals who are enrolled in a program other than Medicaid, who update their application attesting to a Medicaid eligible income will have their current coverage:

- ended at the end of the current month if the LSC was done on or before the 15th of the month.
- ended at the end of the subsequent month if the LSC was done after the 15th of the month.
New Functionality

Example 1:

1. Consumer is enrolled in Medicaid from 1/1/2017 – 12/31/2017.

2. Consumer completes LSC to update their income information on 6/2/2017 and gets this result (screen below) with 15 days to document their income as Medicaid eligible.

3. Consumer becomes temporary eligible for Medicaid and remains enrolled in MMC until final resolution of the income documentation.

4. Consumer uploads documentation of Medicaid eligible income on 6/17. It is reviewed and approved.

5. MMC will continue without any gaps in plan enrollment/coverage.

Preventing Eligibility Gaps for Consumers

New Functionality

Example 2:

1. Consumer is enrolled in a QHP with APTC/CSR from 1/1/2017 – 12/31/2017.

2. Consumer completes LSC to update their income and reports being within the Medicaid limit on 4/10/2017 and gets this result (screen below) with 15 days to document their income as Medicaid eligible.

3. Consumer is systematically dis-enrolled from QHP effective 4/30/2017.
   - Consumer uploads documentation of Medicaid eligible income on 4/25/2017. Consumer will be enrolled in FFS starting 4/1, and MMC starting 5/1.
   - Consumer does not upload any documentation at all and due date is past. Consumer will be made ineligible for all programs.
You are helping Mrs. Young complete the deduction section of her application. She states that she pays $5,500 per year in qualified tuition for her daughter and asks you to enter in that amount as her deduction. How should you best respond?

A. Enter the $5,500 amount as her deduction for this item.

B. Ask what school her daughter attends.

C. Recommend that she check in with her daughters school to find out what her deduction should be.

D. Explain that the question is asking for the amount of allowable deductions and not the entire tuition. Recommend that she provide an amount not to exceed $4,000/year. Have her check with her tax advisor if she is not sure.
• Tax Deduction for Qualified Tuition and Related Expenses, and Student Loan Interest Payments

• Preventing Eligibility Gaps for Consumers

Questions?
Reminder
Recertification Process

• All Assistors must view all webinars to be recertified.
  - Please keep track of the date that you watched 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: 2018 QHP and EP Line-up
Date: October 25th