

# HCFANY Essential Plan Webinar Follow-up Questions

## Eligibility

### **Q1. “Will the people who don't have consistent income be eligible for EP?”**

People with inconsistent income can be eligible for EP. Income eligibility for EP is based on projected annual income. Our understanding is that applicants will be asked to provide their projected annual income for the year in which they are seeking coverage (as is done with APTC).

### **Q2. “How will the State determine pregnancy status?”**

New Marketplace applicants are asked whether they are pregnant. For those already enrolled in an Essential Plan, consumers are obligated to report their pregnancy and the system will redetermine them eligible for Medicaid.

If plans learn of a pregnancy based on claims, they will notify the member to update their Marketplace account or seek assistance from a plan facilitated enroller or navigator to transition to Medicaid. The Department of Health is in discussions about other options to ensure that pregnant women are enrolled in the correct program and do not experience disruptions in care.

### **Q3. “When would a pregnant woman be transitioned back to EP?”**

A person who is transitioned from EP to Medicaid will receive Medicaid for a full year, regardless of changes in income. This is because Medicaid provides 12 months continuous coverage. At the end of the 12 month continuous coverage period, the person would go through a renewal process to determine eligibility at that point.

### **Q4. “For 19 & 20 year olds, is it their household tax filing status being considered in the eligibility determination?”**

Yes. If the 19 or 20 year old is a dependent or tax filer, her household size and countable income will be determined using the same rules used to determine APTC eligibility.

If the 19 or 20 year old is not a dependent and not a tax filer, than the non-filer rules that are used in Medicaid would be used to determine EP eligibility.



**Q5. “What if the 19 or 20 year old does NOT live with parents but is claimed as a dependent by them on taxes? How is eligibility determined?”**

Eligibility would be determined using the MAGI household and income counting rules used in determining APTC eligibility. If there are two parents plus the 19 or 20 year old tax dependent who does not live with them, the household size would be 3. If the countable income is at or below 138% FPL, the 19 or 20 year old would get Medicaid. If the household income is between 138-200% FPL, she would get EP.

**Q6. “Can non-custodial parents apply for the EP program with their children?”**

Children under 19 are not eligible for EP because they are eligible for Child Health Plus or Medicaid.

EP household size for a tax filing household is determined using the same rules that are used for determining APTC. If the noncustodial parent claims the children on taxes, then the children will be included in the noncustodial parent’s household for purposes of determining EP eligibility.

Households that do not file taxes will have their household size determined using the non-filer rules that are used in MAGI Medicaid determinations. If the noncustodial parent is not living with the children (which is usually, but not exclusively the case), the children will not be included in the noncustodial parent’s household for purposes of EP eligibility.

**Q7. “For those Aliessa immigrants who must select an EP by December 31, what happens if they do not enroll? Will they be automatically enrolled?”**

Lawfully present Aliessa immigrants who are enrolled in a Medicaid Managed Care (MMC) plan that has a “sister” EP offered by the same insurer will be auto assigned to that sister EP.

Those consumers whose MMC does not have a “sister” EP or who are not currently enrolled in a MMC will receive a notice to return to the Marketplace to select an EP plan. They will be told that the date their Medicaid is terminating and the date by which they need to select an EP plan to avoid a gap in coverage. If the consumer fails to select an EP plan by this date, s/he will not have coverage and will receive a disenrollment notice from the marketplace.

**Q8. “Will lawfully present Aliessa immigrants at or below 138% FPL also be on Medicaid (referencing the slide indicating they will use their Medicaid card for carved out benefits)?”**

Lawfully present Aliessa immigrants at or below 138% FPL will be on Medicaid for the limited purpose of obtaining non-emergency medical transportation and



free access family planning benefits. All other health care services will be obtained through their EP.

**Q9. “What income year are you using for EP eligible consumers?”**

EP is based on annual projected income. Applicants will be asked to provide their projected annual income for the year in which they are seeking coverage (as is done with APTC).

**Enrollment**

**Q10. “Who will be auto enrolled?”**

In October, lawfully present Aliessa Immigrants enrolled in Marketplace Medicaid who are still at or below 138% FPL will be notified of EP eligibility effective January 1, 2016. These consumers will need to choose an EP plan. If he or she does not choose a plan, the consumer will be auto-enrolled into the sister EP plan of the consumer’s existing Medicaid managed care plan. If the consumer’s Medicaid managed care plan has no sister EP plan, the consumer must select an EP plan by December 31, 2015 for their coverage to begin on January 1, 2016.

Some non-Aliessa consumers, previously eligible for QHPs, may be auto-enrolled as described in Q11.

**Q11. “Will members enrolled in Non Standard QHP be auto enrolled into Standard EP or Non Standard EP?”**

QHP members may be auto-enrolled into an EP plan if the EP provider network of their QHP issuer is comparable to the provider network they had in their QHP plan. DOH is conducting an analysis of the extent auto-enrollment from QHP to EP will be feasible. If DOH concludes auto-enrollment is possible for an issuer, if the consumer was enrolled in a QHP with dental and vision services and the insurer is offering an EP with dental and vision in the member’s county, the member will be enrolled in EP with those same services.

**Q12. “How will EP eligible people be enrolled in the EP if currently enrolled in QHP or Medicaid? Will they be auto enrolled?”**

Most consumers currently on the Marketplace will be required to update the information in their accounts and make an EP plan selection. They will receive a notice in October informing them of their new EP eligibility or directing them to update their accounts in order to determine their eligibility.

See Questions 10 and 11 regarding auto-enrollment.



**Q13. “Can one switch EP plan at any time?”**

There is no “lock-in” period for EP consumers, so a consumer would be able to switch a plan at any time.

**Benefits**

**Q14. “The PCP co-payment for people with incomes 150%-200% FPL would be for non-preventive services, correct?”**

Yes. Under the ACA preventive services must be offered at no cost.

**Q15. “Will the premium be \$20 for each family member or is the \$20 for the whole family?”**

The premium for those earning from 150% to 200% of the Federal Poverty Level will apply to each eligible adult in the family. Take for example a two parent family with one child which earns 153% FPL. Each adult will pay \$20/month and the child will be eligible for Children’s Medicaid. Consumers earning at or below 150% FPL will have no premium for EP.

**Q16. “Are there fees for mental health services? / On slide 25 where do behavioral health services fall?”**

Certain mental health and substance use services will have out-of-pocket costs. For example, outpatient mental health services will have a \$15 copay for someone with household income between 151-200% FPL. This is the same copay amount as a PCP visit. The costs are more clearly outlined here: <http://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20F%20-%20BHP%20-%20Benefits%20and%20Cost-Sharing%2C%205-15-15.pdf>

People with incomes 100-150% only have copays for prescription drugs. People below 100% FPL have no copays.

It should be noted that all behavioral health services must comply with the Mental Health Parity and Addiction Equity Act.

**Q17. “Is authorization needed for mental health services?”**

Prior-authorization may be needed for certain mental health services. These will vary by plan and must be no more stringent than the related medical benefits as outlined in the Mental Health Parity and Addiction Equity Act.

**Q18. “Some hospitals currently accept Fidelis Medicaid but not Fidelis from Marketplace plans that are metal levels. Can hospitals say they won’t take Fidelis EP because it is not Medicaid?”**



It is possible that a provider, such as a hospital, will accept an insurer's Medicaid managed care (MMC) plan, but not that same insurer's Essential Plan. An EP is a different insurance product from a MMC product. Insurers work with providers to set rates and determine whether the provider wishes to participate in its various products.

**Q19. “Can employees who subscribe to their employer's insurance and who qualify for the Essential Plan obtain NYS premium assistance to pay the cost of the employer's insurance? (as they do if Medicaid eligible)”**

No. The eligibility rules for EP with respect to third party coverage are the same as for APTC. Individuals with employer coverage or access to employer coverage are ineligible for EP unless the third party coverage is deemed unaffordable as defined by the ACA.

**Q20. “Will EP have non-emergency medical transportation?”**

Non-emergency medical transportation will be available in the EP only for consumers earning at or below 138% FPL. This benefit will be administered through the Department of Health.

**Q21. “Will EP retroactive benefits have the same rules as Medicaid with regard to reimbursing paid bills at the EP rate only?”**

EP applicants who would have been Medicaid eligible prior to the introduction of the EP option may receive Medicaid retroactive coverage for the three months prior to the month of their EP eligibility if they have medical bills in those months. A person must meet the Medicaid eligibility requirements to receive retro coverage during that three month period. Reimbursement in the retroactive months is through Medicaid using the same rules Medicaid currently uses to determine reimbursement amounts, which is at the Medicaid at rate.

Individuals with incomes at or below 138% of FPL will be enrolled in their EP plan the first of the month of their application.

**Q22. “For Joao whose start date of his EP is May 1, 2016 - how will he access health benefits? Will the MMC plan for any health benefits he received prior to May 30<sup>th</sup>, his enrollment date?”**

If a lawfully present Aliessa immigrant enrolls on May 20<sup>th</sup> for example, and receives EP coverage as of May 1 and has bills from early May, the EP plan will pay those bills if the provider is in the plan's network. If the provider is not in the plan's network, but the consumer is in the middle of a course of treatment, they can continue with the same provider for 60 days, though the provider must agree to accept the plan's rate for the services.



**Q23. “How will we be able to identify an Essential Plan member-- is there something on their card?”**

Consumers enrolled in the Essential Plan will have a unique card that signals they are enrolled in the Essential Plan. These cards will be issued by the specific carrier operating the consumer’s plan.

**Q24. “How can we as the provider distinguish EP or QHP?”**

An EP consumer’s card should identify them as an EP enrollee. Carriers are required to adhere to standard naming conventions for the Essential Plan. For example, ABC Plan, Essential Plan 1. Providers will need to verify with the plan that the member is covered.

**Q25. “Are EPs Medicaid "products" that will be processed through the state and will Medicaid cards be issued and the ePaces system used?”**

No. EPs are not Medicaid products. They are a separate insurance product. Therefore, ePaces will not be used to process EP claims.

Medicaid cards will be issued to individuals eligible for the version of the Essential Plan designed for people who are at or below 138% FPL. They will only use the Medicaid card to access nonemergency Medicaid transportation and free access policy family planning benefits.

**General Marketplace Questions**

**Q26. “I get many clients that don’t know if their employer insurance meets the minimum standard meaning they don’t know if they can apply on the Marketplace or not. Is there a way to help clients figure this out?”**

An employee’s human resources manager should be able to inform the consumer if their coverage meets the minimal essential coverage requirements established under the Affordable Care Act.

**Q27. “Can a person 65+ get a plan on the marketplace if over 200% of FPL?”**

People who are 65+ are not eligible for APTC/CSR if they are eligible for premium-free Medicare Part A (hospital insurance). Moreover, it is illegal for an insurer to sell a QHP to someone it knows has Medicare. For a number of reasons, it is also not advisable to drop Medicare in order to purchase a full premium QHP.



However, some people who are 65+ are not eligible for premium-free Medicare Part A. These individuals are eligible for a QHP with or without APTC/CSR as long as they are not enrolled in Medicare.

**Q28. “What are the new levels for QHPs with CSR and can we have a handout that shows those deductibles and copays?”**

The 2016 Plan invitation outlines the new actuarial values and cost-sharing requirements for consumers. That can be accessed here:  
<http://info.nystateofhealth.ny.gov/sites/default/files/Attachment%20B%20-%20QHP%20-%202016%20Standard%20Plans.pdf>

Updated poverty level guidelines can be found here:  
<http://familiesusa.org/product/federal-poverty-guidelines>. Keep in mind that the poverty level changes every year.

**Q29. “Can we have a list of what amount a person needs to make to not qualify for EP? I am confused with % I'd like to see dollar amounts if possible.”**

The table below outline eligibility for the various EP cost-sharing levels using percentage of the federal poverty level and dollar amount. Please, note that this table assumes a single person household and uses 2015 federal poverty levels. The federal poverty levels will increase slightly in 2016.

	Citizens/Lawfully Present Non-Citizens (Single Adult)		Lawfully Present Aliens Immigrants (Single Adult)	
	EP1	EP2	EP3	EP4
Eligibility (% FPL)	200% FPL	150% FPL	138% FPL	100% FPL
Eligibility (\$)	\$23,540	\$17,655	\$16,243	\$11,770

**Assistor Questions**

**Q30. “Are all these changes fully integrated into the Navigators portals?”**

Starting in November, Essential Plan materials will be fully integrated in the Marketplace portal and Navigator portals.



**Q31. “Will health insurance brokers get education regarding EP and will they be able to help consumers apply for EP?”**

Brokers will be able to help consumer enroll in the Essential Plan. Check with the New York State of Health for a schedule of upcoming trainings.

If you have further questions please contact Hannah Lupien, Senior Health Policy Associate, Community Service Society, at [hlupien@cssny.org](mailto:hlupien@cssny.org) or 212-614-5541.



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