



NY State of Health Issuer Q&A

Essential Plan (EP) 200–250 Transition

Effective Date: July 1, 2026*

What is changing and why?

Q: What is NYSOH doing and why?

A: NYSOH is ending the Essential Plan (EP) 200%–250% FPL variant effective July 1 (6/30/2026 coverage end date) due to federal changes (H.R. 1) and waiver termination (pending CMS approval). NYSOH will update eligibility rules and system processing to discontinue the EP 200–250 eligibility category and transition impacted members to other programs, including QHP with APTC/CSR where eligible.

Who is impacted?

Q: Which members are included in the EP 200–250 population?

A: This applies to individuals currently enrolled in NYSOH, who are in the EP 200–250 variant product.

Q: Will there be any new EP 200–250 enrollments after the end date?

A: No. After the EP 200–250 variant is turned off, individuals with an eligibility start date on/after the effective end date who are over 200% FPL will be ineligible for EP due to “Over Income” and evaluated for other programs.

What is the transition timeline?

Q: What are the key effective dates?

A: Current planning assumptions in the system build include:

- Eligibility end date: 06/30/2026
 - Eligibility start date for post-change rules: 07/01/2026
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How will NYSOH determine what program a member moves to?

Q: What will NYSOH do when a member is no longer eligible for EP 200–250?

A: NYSOH will evaluate individual eligibility for other NYSOH programs (ex: QHP with APTC/CSR or full-pay QHP) depending on eligibility.

Q: Will the system use a new ineligibility reason?

A: No. NYSOH will use the existing ineligibility reason code “Over Income” when the individual becomes ineligible for EP.

Q: What would happen if a DACA enrollee is currently enrolled in EP (all EP levels)?

A: DACA members who are currently enrolled in **EP (all levels)** and **marked as pregnant** will be transitioned to Medicaid. DACA members who are currently enrolled in **EP (all levels)** and **not pregnant**, and if their income does not meet Medicaid eligibility, will no longer be eligible for any programs.

What happens to pregnant members or members with an EP Postpartum Save Date (PPSD)?

Q: Will NYSOH keep certain individuals in EP temporarily due to PPSD?

A: Yes. NYSOH will maintain EP eligibility through the end of the EP PPSD for impacted members who have an active EP PPSD with a due date that is within 6 months, even if they become over-income for EP. Eligible members continue to have the option to move to Medicaid.

Q: What happens if a member is pregnant and their EDC (Estimated Date of Confinement) is within 6 months?

A: The system will move the individual into EP1 through the end of the EP PPSD.

Q: What happens if a member is not pregnant but still has EP PPSD?

A: The system will move the individual into EP1 through the end of the EP PPSD.

Q: What happens if a member is pregnant and their EDC is more than 6 months away?

A: NYSOH will move these pregnant individuals (all EP levels) into Medicaid.

Q: Will cost sharing continue to be waived for members who are pregnant/in their post-partum period and remain in EP, once the transition back to BHP is completed? The same question applies to those members who have diabetes.

A: Yes, cost sharing will continue to be waived for pregnant/postpartum members who remain in EP. Cost sharing will also continue to be waived for members who have diabetes, and who remain enrolled in EP.

What notices will NYSOH send?

Q: Will NYSOH send consumer notices to impacted members?

A: Yes. NYSOH will issue consumer notices to impacted active EP enrollees by 4/1/2026. In addition, members will receive eligibility re-determination notices by 5/15, informing them of what they are now eligible for. EP 1-4 members will not get this ad hoc notice since their coverage is not impacted by the waiver termination.

Q: Will NYSOH share notice language with Issuers in advance?

A: Yes. NYSOH will share notice contents/protocols with Issuers in advance to support coordinated outreach and consistent messaging.

Q: What about people who newly enroll after NYSOH notices go out (effective 4/1/26-6/1/26)?

A: NYSOH recognizes late enrollees may be confused if they enroll shortly before the discontinuance effective 6/30/2026. NYSOH will work with Issuers on targeted outreach and scripting to ensure these members understand the upcoming transition and next steps.

What outreach is expected from Issuers?

Q: What is NYSOH asking Issuers to do to support the transition?

A: NYSOH will share transition/disenrollment protocols, but will need Issuers' support with:

- Member outreach and consumer messaging (consistent with NYSOH communications)
- Customer service readiness (scripts, training, escalation paths)
- Operational readiness to process increased SEP QHP enrollments

Q: Should Issuers expect increased call volume and SEP enrollment volume?

A: Yes. Issuers should plan for a significant increase in member inquiries and SEP QHP enrollment activity, as the EP 200–250 population is substantially larger than the current QHP population.

What should Issuers expect operationally (834 / enrollment changes)?

Q: Will NYSOH continue sending EP PPSD on 834s during the transition period?

A: Yes. The system will continue to send PPSD in the EDI 834 2750 loop for EP individuals.

Q: Will NYSOH make any system changes to remove the EP 200–250 variant from tools and displays?

A: Yes. NYSOH will deactivate the EP 200–250 variant from websites/plan shopping tools and remove related eligibility messaging for B6/B7/56/57 going forward.

Accumulators: What is NYSOH asking Issuers to do?

Q: How should issuers handle member cost-sharing for individuals whose Essential Plan (EP) coverage is terminated June 30 and who become eligible for a Qualified Health Plan (QHP) beginning July 1?

A: The State requests that issuers prorate member cost-sharing (MOOP & Deductible) for these individuals to reflect their partial-year enrollment in a Qualified Health Plan. Specifically, members transitioning from EP coverage that ends June 30 and enrolling in a QHP effective July 1 will have eligibility for the remaining six months of the benefit year. Issuers are therefore requested to apply member cost-sharing limits, including deductibles and MOOP, on a prorated basis consistent with the member's six-month period of QHP coverage for the plan year beginning July 1. This approach is intended to ensure that members transitioning from EP to QHP coverage are not subject to the full annual cost-sharing requirements despite only being enrolled in QHP coverage for a portion of the year.

Q: Will NYSOH request accumulator carryover for members transitioning from EP 200–250 to QHP?

A: Yes. NYSOH will ask Issuers to carry over applicable accumulators (MOOP) for members transitioning from EP 200–250 coverage into a QHP plan, where operationally feasible, to reduce disruption and to ensure continuity for members in active treatment. This request is limited to instances where members transition from EP 200-250 to QHP within the same Issuer. NYSOH is requesting that issuers do a **six-month look-back period** to account for any EP accumulators members may have had prior to transitioning to QHP coverage.

What should Issuers do now to prepare?

Q: What are NYSOH's key preparation asks for Issuers?

A: Issuers should begin planning now for:

- Member service call center scripts aligned to NYSOH notices
- Outreach readiness (call campaigns, SMS/email where permitted)
- Internal coordination between EP operations and QHP operations (especially for Issuers that manage both lines of business)