

Request for Proposals
RFP # C040633
Enrollment Broker Services
AMENDMENT #5
April 24, 2025

The following are official modifications, which are hereby incorporated into Request for Proposals (RFP) #C0404633: Enrollment Broker Services. The information contained in the Amendment prevails over the original RFP language. For all amendments below, deleted language appears in strikethrough and underlined (“~~xxx~~”) and added language appears in **red text**. Bidders should review all documents in their entirety to ensure all amended language is incorporated into proposals.

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (the “Department” or “DOH”) is seeking competitive proposals from qualified bidders to provide education/outreach, enrollment, and ~~evaluation/assessment~~ services as further detailed in Section 4.0 (Scope of Work). It is the Department’s intent to award one (1) contract from this procurement.

2.1 Introductory Background

A. Introduction

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Currently, NYSoH establishes and recertifies Medicaid eligibility for individuals, processes various enrollment transactions, and transmits that information to the electronic Medicaid New York (eMedNY) system. LDSS staff also establish and recertify Medicaid eligibility for individuals and provide that information to the State via the State’s Welfare Management System (WMS) legacy system, which is being phased out over the long term. Both NYSoH and WMS transactions are currently housed in eMedNY. **The Contractor will also need to access the Health Commerce System for activities, including but not limited to, secure file transfers.** The enrollment broker has no role in establishing Medicaid eligibility, and Medicaid eligibility questions from consumers are referred to the LDSS. In June 2011, the State also established a Statewide Enrollment Center to consolidate customer service helplines for Medicaid and Child Health Plus (CHPlus), and to process telephone renewals.

2.3 Term of the Agreement

The term of the Contract that will be entered into pursuant to this RFP between the Department and the successful Bidder is expected to be for a period of five (5) years, commencing on the date shown on the Calendar of Events in Section 1, subject to the availability of sufficient

funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC). It is anticipated that the contract resulting from this RFP is anticipated to begin on April 1st, 2026 for either the incumbent contractor or a new contractor. It is anticipated that if a new contractor is awarded, they will be afforded a six (6) month transition period to ramp up its services. **If a new contractor is awarded, after the initial contract term expires, at the discretion of the Department, the contract may be extended, for one (1) additional one (1)-year renewal period by an amendment signed by both parties with all required approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).**

3.1 Minimum Qualifications

The NYSDOH will accept proposals from bidders with the following types and levels of experience as a prime contractor.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

- Bidder must have at least 5 years' experience with:
 - Performing Enrollment Broker services for a Medicaid program with at least 500,000 beneficiaries;
 - Providing Call Center support for health plan choice counseling and enrollment broker services for Medicaid population of at least 500,000;
 - Performing Medicaid Enrollment activities for potential beneficiaries;
 - Performing Managed Care Enrollment activities for a population of at least 1,000,000;
 - Providing Managed Care Education in person, by phone any by mail;
 - Performing or managing Large Scale Mailing Projects of at least 50,000 mailings; and
 - Operating a consumer-facing customer service center/call center that handles high volumes ~~(at least 15,000 calls per day)~~ **(at least 75,000 calls per month)** of telephone calls.
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4.0 SCOPE OF WORK

This Section describes the enrollment and education/outreach services in support of New York State's Medicaid program and Care Management for All initiative that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these services throughout the contract term.

The Department is seeking a Contractor to perform enrollment, education, outreach, ~~evaluation/assessment, plan of care development~~, and monitoring access to services in support of New York State's Medicaid program and Care Management for All initiative.

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4.2 Enrollment/Disenrollment Activities

The Contractor shall be responsible for enrolling individuals in appropriate health care plans as specified by the Department. The Contractor must provide and manage staff, and develop, document, and maintain computer systems necessary to carry out all enrollment functions described in this section. The State has several models of enrollment, including mandatory with auto assignment, passive with opt out, and voluntary.

4.2.8 Enrollment Broker Website

The Contractor shall be responsible for developing, hosting, and maintaining a website or online platform for enrollment broker services, allowing consumers to submit enrollment requests for Medicaid Managed Care health plans in their area.

This website or platform shall be accessible to the public twenty-four (24) hours per day, seven (7) days per week, with exception for routine maintenance as necessary. At a minimum, the website or platform must be capable of providing health plan education and information with user-friendly interactive elements, provide outreach and education services, and must include information about how to apply for and enroll in services. User-friendly interactive elements include, but are not limited to, easy-to-navigate forms containing useful information about how to apply and enroll for services, and interactive capabilities that put virtually every aspect of the program at the hands of consumers, providers, and the community at large.

4.4.3 Special Outreach Activities

The Department expects to make distinct funding available for outreach activities outside those described above. The amount is subject to the Department's discretion, however it is expected that up to \$500,000 will be available each year of the contract for other outreach, **and** education ~~and evaluation/assessment~~ activities proposed by the Contractor or the Department as needs arise during the contract term.

4.6.2 Complaint System

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For the Managed Long Term Care program: The Contractor will coordinate correspondence from individuals new to Managed Long Term Care that may require more than 120 days of CBLTSS. Following an initial assessment by the statewide assessor, the Contractor will provide support services on provider affiliations, available health plan options, enrollment policies and procedures and assistance with enrollment for individuals seeking CBLTSS. **The Contractor will be required to**

coordinate with the statewide assessor and build an interface with the statewide assessor to receive assessment outcomes.

4.10 Reporting

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The Contractor must maintain an extremely flexible reporting capability and must be able to respond to ad-hoc reporting requests, as well as changes in the standard reporting package. It is expected that the Department and/or local districts will often request reports on specific topics. It is essential that these ad hoc reports are completed in a reasonable amount of time ranging from immediate or same day to several days, depending on the urgency and scope of the request, in order to allow the Department to make certain policy decisions related to the program. The Contractor's data system must be designed to easily retrieve the data necessary for such requests. The requests are likely to be related to enrollment, evaluation/assessment and disenrollment requests; exemption requests and decisions; special analyses (e.g., duplicate Client Identification Numbers (CIN), third party health insurance match, assessment performance and outcomes); and mailing activity, including the outcome of specific cohorts of mailings; and HelpLine calls.

4.12 System Requirements

The Contractor must develop and maintain the secure computer systems necessary to carry out the enrollment-related functions described in this RFP. Due to the complexity of the Medicaid managed care program in New York and the large total number of transactions that occur, it is essential that the system accurately manage these data. This includes all Medicaid eligibility data provided by the State as well as updates to that data. It is expected that the Contractor will generate additional data during the operation of the program, such as new exemptions and exclusions, mailing information, response information, documentation of phone calls, documentation of attendance at outreach sessions, documentation of evaluations and assessments, etc. that will become part of the Contractor's database, and will affect actions on individual consumers. The system must be designed to distinguish consumers' current enrollment status, lock-in status, eligibility status, place of residence, exemption status, fair hearing status, and other information provided by the State or local district, or generated by the Contractor, that impacts whether a consumer can, cannot, or must join a managed care plan, **and** the managed care product/s for which the consumer is eligible **for**. or whether the consumer qualifies for evaluation or assessment.

4.14 Payment

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Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this RFP by the Department shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

In the event that the awarded Contractor is NOT the Incumbent Contractor, Start Up Costs will be reimbursed on a monthly basis, based on actual costs incurred by the Contractor. Requests for Start Up cost reimbursement MUST be submitted to the Department within 60 days of costs incurred and be supported by adequate documentation to support the payment. This supporting documentation shall contain sufficient detail such that the Department can identify and evaluate the appropriateness of the charges. The Department may request copies of vendor invoices and/or any other related source documents. Failure to provide adequate documentation to support the payment can result in the Department withholding payment from the Contractor until satisfactory documentation is provided.

Total Start Up costs shall not exceed seventeen percent (17%) of the non-incumbent Contractor's total annual bid price. Payment for such costs will be made on a monthly basis, based on actual expenses incurred and supported by adequate documentation identified above. The non-incumbent contractor may only bill for Start Up Costs for the six (6) month initial transition period.

Section 6.2 Technical Proposal

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C. Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP

A Minimum of five (5) years of experience related to the following:

- ~~• Bidder must have at least 5 years' experience with:~~
- Performing Enrollment Broker services for a Medicaid program with at least 500,000 beneficiaries;
- Providing Call Center support for health plan choice counseling and enrollment broker services for Medicaid population of at least 500,000;
- Performing Medicaid Enrollment activities for potential beneficiaries;
- Performing Managed Care Enrollment activities for a population of at least 1,000,000;
- Providing Managed Care Education in person, by phone any by mail;
- Performing or managing Large Scale Mailing Projects of at least 50,000 mailings; and
- Operating a consumer-facing customer service center/call center that handles high volumes (~~at least 15,000 calls per day~~) (at least 75,000 calls per month) of telephone calls.

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D.2 Enrollment/Disenrollment Activities

- i Provide an overview of the bidder's relevant experience with enrollment programs such as those described in Section 4.2, and how that experience is applicable to the programs described.
 - ii Describe the approach to fulfilling the requirements for enrollment processing described in Section 4.2.1, within the timeframes stated and with appropriate checking for eligibility, exemption or exclusion status, and fair hearing status.
 - iii Describe the experience with data systems that clearly demonstrate the ability to receive electronic enrollments from health plans as described in Section 4.2.1, and provide feedback to plans on the receipt of those files, and the result of each transaction.
 - iv Describe how bidder plans to process and coordinate all forms to ensure enrollment effective the first of the next month as described in Section 4.2.1.
 - v Describe the Bidder's procedures for disenrollment processing, including how the bidder will determine who is eligible to disenroll to fee for service Medicaid, or transfer to another plan, the timing of disenrollment processing, notification of consumers, notification of managed care plans, etc. as described in Section 4.2.6.
 - vi Describe how the bidder plans to develop and maintain data systems to track a consumer's mandatory or voluntary status.
 - vii Describe how the bidder will support the Department's efforts to reduce disenrollments resulting from a failure to recertify Medicaid eligibility, including outreach activities to consumers, notification to managed care plans and other strategies.
 - viii Describe the bidder's experience with conducting phone surveys similar to the Post Enrollment Surveys described in Section 4.2.5.
 - ix Describe how the bidder will develop, host, and maintain a website or online platform for enrollment broker services, allowing consumers to submit enrollment requests for Medicaid Managed Care health plans in their area.
 - x Describe how the bidder will provide a website or platform that is capable of providing health plan education and information with user-friendly interactive elements, outreach and education services, and information about how to apply for and enroll in services.
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D.7.a Quality Assurance

- i Describe the bidder's quality assurance program and how the program will assure acceptable functioning of the data systems, including a discussion of the areas described in Section 4.7.1.
Section 4.8.
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Attachment B is removed and hereby replace in its entirety with Attachment B-1.

Attachment B-1 – Cost Proposal

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INSTRUCTIONS

Overview

Bids should be developed with the goal of continuing what was previously developed with relation to printed brochures, notices, forms, and other existing materials that represent the program Statewide. Bidder should be clear about what materials or equipment they propose to develop, purchase new, or that will be supplied by subcontractors.

In addition, bidders should develop bids assuming the continuation of the mandatory Medicaid managed care, including the expansion and reform of the Medicaid program.

Bid Form

The Bidder must present the total all inclusive, not to exceed per unit costs for each of the following program areas, using the Offeror's Bid on Program Areas – Cost Worksheet found on the Bid Form in Attachment B. In determining monthly volume, activities for all service areas shall be combined to determine the applicable payment rate. When considering the per unit cost levels, please note that payment will be based on the volume of activity in one month and the specific per unit cost for that volume level, not a combination of two levels.

1. Enrollment/Disenrollment Activities
2. Mailings
3. Outreach and Education Activities
4. Development and Implementation of an Internal Quality Assurance Program
5. Program Materials
6. HelpLine

All other than those described under “Additional Costs” at the end of this section, must be contained within the above program cost areas. This includes costs for furniture and equipment purchasing, and/or rental, property rental/leasing, postage, administrative costs, systems development and maintenance, reporting costs, overhead, fringe, and fees, etc. The program cost areas are described below. It is expected that the contractor will provide a discount as volume increases.

The prices proposed by the bidder in the cost worksheets will be held in effect for the full five years of the initial contract period, unless the Department determines that significant program changes necessitate an amendment to those prices. The prices may be eligible for an inflationary increase of the lesser of three percent or the percent increase in the National Consumer Prices Index for all Urban Consumers (CPI-U) as published by the United state Bureau of Labor Statistics, Washington D.C. 20212, for the three year period ending 180 days prior to contract year three. **The pricing for years four (4) and five (5) of the Contract will be**

subject to an annual increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the National Consumer Price Index for All Urban Consumers (CPI-U) (CUUR0000SA0), as published by the United States Bureau of Labor Statistics, 34 Washington, D.C. 20212, for the 12 month period ending ninety (90) days prior to the commencement date for years four (4) and five (5) of the Contract. This provision does not apply to the Additional Costs rate; this rate will not be increased during the contract period. As with all State contracts, the duration of the contract is subject to availability of funds.

Mailings

Bidders shall propose a total all inclusive, not to exceed per unit cost for conducting the mandatory and voluntary mailings as described in Section 4.3, within the ranges shown below. The per unit measurement specifies only the initial mandatory packets and the voluntary mailing packets mailed. At a minimum, the following should be included in the mailing cost proposal: startup costs, cost of producing the mailing packets, including the materials specified in Section 4.5 of this RFP; staffing, equipment; the productions of the reminder mandatory mailings to those household, that do not respond to the initial mandatory mailing, as described in Section 4.2 of this RFP; and the postage necessary to carry out the initial mailings and the reminder mailings. The per unit price paid is determined by the total number of mailings in the month. Actual payment will not bleed multiple tiers or prices. For example, if 38,000 mailings are sent in a month, the payment due to the Contractor is 38,000 multiplied by the price per mailing at the 25,001-60,000 level. The volume the Department expects, but does not guarantee, is approximately 30,000 per month.

Enrollment Application Processing

Bidders shall provide a total all-inclusive, not to exceed per unit cost for each enrollment processed to completion. The per unit bid price shall include the costs associated with processing the enrollment applications to completion as described in Section 4.2.1. Enrollment costs must include startup costs, including the survey or a sample enrolled by Certified Application Counselors (CAC) and Community Base Organizations (CBO); exemption and exclusion processing; auto assignment processing; HIV SNP, HARP, FIDA-IDD, Medicaid Advantage Plus and Managed Long Term Care Plan, and other enrollments as specified by the Department; transition enrollments including disenrollments and transfers; health assessment forms; the cost of producing and providing enrollment forms to health plans, Certified Application Counselors and community Base Organizations; and all notices associated with these processes.

- Reimbursement will be based on the per unit bid amount, depending upon volume of unduplicated enrollment applications processed to completion. Unduplicated enrollments are those enrollment transactions that result in an error free enrollment or a correct enrollment denial. An enrollment must be denied when a person is not eligible to be enrolled, e.g. a person who is receiving Medicare. Paper and electronic transactions are eligible for reimbursement, including transfers.
- The Contractor will not be paid for duplicated enrollments. Duplicate enrollments may be an enrollment that was mishandled by the Contractor, and therefore must be processed again; or enrollment for a consumer who completes a phone enrollment and subsequently mails in an enrollment form. The Contractor will not be paid for pending

enrollment or for duplicate enrollments that result when errors or mistakes that are within the Contractor's control, cause a transaction to fail, or otherwise remain incomplete. The Contractor will not be paid for transfers resulting from terminations or acquisitions in which consumer are assigned to a default plan. The Contractor will be paid for transactions resubmitted by health plans. Auto assignments are not eligible for reimbursement.

The per unit price paid is determined by the total number of enrollments in the month and per unit price level info which that total volume fails. Actual payment will not blend multiple tiers or prices. The volume the Department expects, but does not guarantee, is approximately 40,000 a month.

HelpLine Activities

Bidders shall propose a cost for a total all inclusive, not to exceed per unit price to provide HelpLine services covering all activities described in Section 4.6, including managing incoming information calls, verification calls, complaints and outreach calls to potential auto-assignees. The proposed costs shall, at a minimum, including staffing and equipment, including computers, necessary to provide these services to all programs, including HIV SNP, HARP, FIDA-IDD, Medicaid Advantage, Medicaid Advantage Plus, and Managed Long Term Care Plans, or other programs as specified by the Department. The unit is defined as a call that is answered by a live person or a call made by HelpLine staff in response to a message left on the HelpLine. The expected, but not guaranteed, volume is approximately 90,000 calls per month.

Outreach and Education Activities/Field Staffing

Bidder shall propose a per FTE total all inclusive, not to exceed cost for a baseline level of 140 Contractor staffing to provide outreach and education as described in Section 4.4 of this RFP. This includes, but is not limited to, the costs for Contractor staff; production of materials necessary for all presentation and outreach sessions such as brochures, enrollment forms, flip charts, and other material specified in Section 4.5; local travel for field staff; and equipment to support outreach activities, including computer. Reimbursement shall be for the amount proposed for the baseline staffing, and for each additional staff person as approved by the Department, at the incremental cost proposed by the bidder. The baseline was chosen based on experience with the presentation responsibilities, and the expectation that there would be certain efficiencies as staff are added over the baseline levels. The baseline and incremental staff costs proposed must not include the costs of these other activities such as the sub-contracting with community organizations except in as much as the Contractor staff are used to train and monitor the community organization(s).

Systems, Reporting, and QA Staffing

Bidders shall propose a per FTE total all inclusive, not to exceed cost for a baseline level of 40 staff to maintain the systems and reporting functions necessary to support the enrollment, education and outreach., HelpLine, and mailings program described in this RFP, including the specific systems-related functions and specifications described in Section 4.5 and the QA program described in ~~Section 4.7.1~~ **Section 4.8**. The costs shall include at a minimum; all staff dedicated to systems, reporting and QA, and all hardware, software, and shared system operating time related to running and maintaining the data systems required for the program described in this RFP. Reimbursement shall be for the amount proposed for the baseline

staffing, and for each additional staff person as approved by the Department at the incremental cost proposed by the bidder. The baseline was chosen based on experience with the systems, QA, and reporting responsibilities and the expectation that there would be certain efficiencies as staff are added over the baseline levels. Bidders must include a contingency that describes how the Department will be billed if the FTE level should fall below the baseline level.

Additional Costs related to Special Outreach Activities

Certain program activities will be reimbursed to the Contractor on a costs basis plus a fee. Bidders shall propose a fee rate for these activities, not to exceed 20%. The Department prior to commencement of such work must approve any such work by the Contractor. Activities include development work to revise the existing written enrollment, education, outreach materials, or the development of new materials also included in the placement of mediate and advertising, and revision or any of the existing media materials.

Vendor must complete the following form.

Attachment B-1

Please complete all white cells in the “Per Unit Price/Cost” column.

<u>Offeror’s Bid on Program Areas</u>	<u>Per Unit Price/Cost</u>	<u>Monthly Estimated Quantity*</u>
Number of Mailings Completed	Per Unit Price	
Up to 25,000 mailings per month	\$_____ per voluntary mandatory initial mailing	
25,001 to 60,000 mailings per month	\$_____ per voluntary mandatory initial mailing	30,000
Over 60,000 mailings per month	\$_____ per voluntary mandatory initial mailing	
Monthly Enrollment Applications Processed	Per Unit Price	
Up to 30,000 enrollment packages processed per month	\$_____ per enrollment packages processed	
30,001 to 60,000 enrollment packages processed per month	\$_____ per enrollment packages processed	40,000
Over 60,001 enrollment packages processed per month	\$_____ per enrollment packages processed	
HelpLine Activities	Per Unit Price	
Up to 75,000 calls per month	\$_____ per call	
75,001 to 150,000 calls per month	\$_____ per call	90,000
Over 150,000 calls per month	\$_____ per call	

Outreach/Field Staffing	Cost	
Baseline staffing of 140 FTE	\$_____ per FTE per month	140
Systems, Reporting, and QA Staff	Cost	
Baseline staffing of 40 FTE	\$_____ per FTE per month	40
Additional Costs related to Special Outreach Activities	_____ % on all approved additional costs (estimated \$500,000 annually)	-

Attachment D

Additional Background Information

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D.5 The Health Plans

There are currently eighteen full-risk Managed Care Organizations (MCOs) statewide that are contracted to operate in one or more local social service districts to enroll Medicaid and Family Health Plus consumers. Currently, there are fifteen mainstream managed care plans and three HIV Special Needs Plans operating in New York City.

Attachment E is hereby added to the RFP.

Attachment E – Requested Current/Historical Volumes for Enrollment Broker

1. Current volume and average handle time data for inbound and outbound Helpline Call Volumes for the past program year.

Calls Answered	Abandoned Rate	Avg Speed to Answer (seconds)	Average Talk Time (seconds)	Average Handle Time (seconds)	Total Outbound Calls
52,693	3.96	137	419	440	54,235
48,212	2.38	79	419	439	65,144
56,337	2.65	35	408	426	55,825
59,655	3.24	54	390	406	69,130
52,302	2.54	66	406	422	61,209
38,617	3.54	118	461	480	50,949
42,259	2.06	60	465	481	52,106
38,549	3.32	101	502	520	53,274
37,554	3.93	121	519	537	51,043
37,876	3.67	104	515	532	58,757
32,950	3.57	105	539	557	47,151
36,678	3.2	126	550	567	55,892

Note: Average handle times are not tracked for outbound calls.

2. Monthly average current volume for enrollment transactions for the past program year.
Average per month for 2024 – 43,832
3. Average talk time under the current contract.
Average per month for 2024 – 456 seconds
4. Average monthly volume of outbound call statistics for the last program year.
Average per month for 2024 - 56,226
5. Average monthly field/outreach statistics broken out by region for the last program year.

Region	Average Monthly Presentations in 2024	# Presentations in 2024	# Attendees	# Enrollments Completed	# Disenrollments Completed	# Referrals
Central NY	176	2114	209	25883	2	211
Capital District	152	1828	63	25890	0	62
Finger Lakes	150	1795	142	3996	831	1672
Hudson Valley	300	3604	656	2483	5	716
Long Island	206	2472	159	2031	1	1758
New York City	728	8738	2887	19410	22	2203
North Country	170	2039	59	28144	0	57
Southern Tier	116	1395	19	1090	0	468
Western NY	107	1286	37	2492	0	97

6. Monthly average volumes of each type of letter/notice/material mailed during the last program year.

Letter Type	Monthly Average
ADV Disenrollment Form	0
MLTC Mandatory Welcome Letter	281
Mandatory Intent to Default Notice	133
MLTC Plan Enrollment Denial Upheld	60
MLTC Involuntary Disenrollment Confirmation	1,104
Auto Assignment Confirmation	84
MLTC Plan Enrollment Denial Overturn	3
MLTC Non-Traditional Mandatory Packet	876
Mandatory Reminder Notice	189
MLTC Transfer Denial Letter	13
MLTC Involuntary disenrollment Request Overturn	8
Exemption/Exclusion Denial Notice	0
Exemption/Exemption Approval	0
MLTC Exemption/Exclusion Incomplete Notice	0
MLTC End of Exemption Notice	0
MLTC Exemption/Exclusion Packet Request Form	0
Program Transfer Approved Notice	4,255
Program Confirmation Notice	7,079
Choice Confirmation Notice	10,255
Auto Assignment Confirmation	5,871
Plan Disenrollment Confirmation	1,210
Disenrollment Denied Notice	1
Exemption/Exemption Approval	8
Dual Eligible Disenrollment Confirmation Notice	4,240
Exemption/Exclusion Packet Request	3
GC Approval Letter	15
Good Cause Transfer Packet	231
GC Incomplete Packet Letter	22
GC Denial Letter	26
Mandatory Welcome Letter	11,618
End of Lock-In Notice	15,334
Enrollment Denied Notice	307
Mainstream Enrollment/Transfer Packet	8
Nursing Home Mandatory Welcome Letter	11
Mandatory Intent to Default Notice	2
Auto Assignment Confirmation	1
Mandatory Reminder Notice	5
Transfer Approval Notice	1,676

Transfer Denied Notice	273
VFCA Enrollment Confirmation Letter	300
Case ID Form - User Request	0
Exemption/Exclusion Denial Notice	2
Exemption/Exclusion Incomplete Notice	4
End of Exemption Notice	7
Material Request for HARP Eligible	1
HARP Announcement Notice	2,016
HARP Opt Out Acknowledgement Notice	136
HARP Passive Enrollment Confirmation Notice	1,300
SNP HARP Eligible Outreach Notice	31
HARP Voluntary Enrollment Outreach Notice	0
FIDA-IDD Announcement Notice	145
FIDA-IDD Enrollment Cancellation Letter	2
FIDA-IDD Enrollment Confirmation Letter	20
FIDA-IDD Voluntary Disenrollment Confirmation	10
FIDA-IDD Enrollment Denial Letter	2
FIDA-IDD Disenrollment Cancellation Letter	1
FIDA-IDD Involuntary Disenrollment Confirmation	5
FIDA-IDD Missing Information letter	1
FIDA-IDD Enrollment Packet Request-Consumer Request	2
FIDA-IDD Enrollment Packet Request-System Generated	46

7. Number of State and LDSS users currently need to access the phone system.
10
8. Number of State and LDSS users currently need to access the CRM/enrollment system.
72
9. Average monthly volume of the enrollment/disenrollment activity associated with the federal interface related to the FIDA-IDD product.
Average Monthly Enrollment for 2024 = 17
Average Monthly Disenrollment for 2024 = 15
10. A list of all written notices to include all variations that are required for the varying programs such as MMC and MLTC which are required to be developed, maintained, and distributed. **See table below and note that variations are for English only.**

Description- FIDA-IDD	Variations	Number of Languages	Total Variations
FIDA-IDD Program Announcement Letter	0	7	7
FIDA-IDD Enrollment Cancellation Letter	0	7	7
FIDA-IDD Enrollment Confirmation Letter	0	7	7
FIDA-IDD Enrollment Denial Letter	190	7	1,330
FIDA-IDD Missing Information Letter	64	7	448

FIDA-IDD Enrollment Packet Request	0	7	7
FIDA-IDD Employer Union Member Notice	0	7	7
FIDA-IDD Disenrollment Cancellation Letter	0	7	7
FIDA-IDD Voluntary Disenrollment Confirmation	0	7	7
FIDA-IDD Involuntary Disenrollment Confirmation	0	7	7
FIDA-IDD Voluntary Outreach Letter	0	7	7
FIDA-IDD Disenrollment Packet Request	0	7	7

Description- Mainstream (MMC)	Variations	Number of Languages	Total Variations
Enrollment Confirmation Notice	3	4	12
Consent Form Request	0	7	7
Auto-Assignment Confirmation Notice	2	4	8
Disenrollment Confirmation Notice	3	2	6
Disenrollment Denial Notice	4	2	8
Exemption Approval Notice	2	2	4
Dual Eligible Disenrollment Confirmation	2	4	8
Exemption-Exclusion Packet Request	2	4	8
Good Cause Approval Notice	0	4	4
Good Cause Transfer Packet Notice	0	4	4
Good Cause Incomplete/Missing Information Notice	2	4	8
Good Cause Denial Notice	44	4	176
Mandatory Welcome Notice	0	4	4
End of Lock-in Notice	0	2	2
Transitional Medicare Outreach Notice	0	4	4
Transitional Medicare Sister Transfer Notice	0	4	4
Mandatory Denial Notice	8	2	16
Mandatory Packet Request	0	4	4
Nursing Home Mainstream Enrollment Notice	0	4	4
Nursing Home Reminder Notice	0	4	4
Nursing Home Last Reminder Notice	0	4	4

Nursing Home Auto-assignment Notice	0	4	4
Transfer Confirmation Notice	2	4	8
Transfer Denial Notice	8	2	16
Exemption Denial Notice	11	2	22
Exemption-Exclusion Incomplete Notice	23	2	46
End of Exemption Notice	0	2	2
Enrollment Confirmation Notice (29I - FC) Agency	2	4	8
Web Confirmation Notice	0	2	2

Description- HARP	Variations	Number of Languages	Total Variations
HARP Enrollment Confirmation Notice	2	4	8
HARP Disenrollment Confirmation Notice	2	2	4
HARP Good Cause Approval Notice	0	4	4
HARP Good Cause Transfer Packet Notice	0	4	4
HARP Good Cause Incomplete/Missing Information Notice	2	4	8
HARP Good Cause Denial Notice	44	4	176
HARP Packet Request	0	4	4
HARP Outreach Letter	2	4	8
HARP Involuntary Disenrollment Confirmation Notice	18	4	72
HARP Involuntary Disenrollment Overturn Notice	0	4	4
HARP Opt Out Notice	0	4	4
HARP Passive Enrollment Letter	0	4	4
HARP SNP Eligible Letter	0	4	4
HARP End of Lock-in Notice	0	2	2
HARP Voluntary Outreach Notice	2	4	8
HARP Transfer Confirmation Notice	2	4	8
HARP Transfer Denial Notice	6	4	24

Description- MLTC	Variations	Number of Languages	Total Variations
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MLTC Disenrollment Confirmation Notice	0	2	2
MLTC Good Cause Transfer Approved Notice	0	4	4
MLTC Good Cause Transfer Request Packet	0	4	4
MLTC Good Cause Incomplete & Missing Information Notice	2	4	8
MLTC Good Cause Transfer Denied Notice	44	4	176
MLTC Mandatory Enrollment Notice	0	4	4
MLTC Second Reminder Notice	0	4	4
MLTC End of Lock-In Notice	0	4	4
MLTC Enrollment Denial Confirmation Notice	18	2	36
MLTC Involuntary Disenrollment Confirmation Notice	35	2	70
MLTC Auto-Assignment Notice	2	4	8
MLTC Plan Enrollment Denial Overturn Notice	0	2	2
MLTC User Requested Packet	0	4	4
MLTC Mandatory Reminder Notice	0	4	4
MLTC Transfer Denied Notice	0	4	4
MLTC Involuntary Disenrollment Request Overturn Notice	0	2	2
MLTC Exemption-Exclusion Denied Notice	4	2	8
MLTC Exemption Exclusion Approved Notice	0	2	2
MLTC Exemption Exclusion Missing Information Notice	15	2	30
Transitional Medicare Auto Assignment Notice	2	4	8
MLTC End of Exemption Notice	0	2	2
Aging into Medicare Notice	0	4	4
MLTC Exemption-Exclusion Packet Request	2	4	8
Transfer Confirmation Notice for MAP and MLTC	2	4	8
Confirmation Approved Notice for MLTC and MAP	2	4	8

11. Average volume of enrollments processed through the HelpLine.
Average per month for 2024 – 16,295
12. Average volume of enrollments processed through mailings.
Average per month for 2024 - 743
13. Average volume of confirmation notices mailed to consumers by month for the last program year.
Average per month for 2024 - 29,052
14. Number of fields typically needed for each scanned document/paper application.
- Name (First /Last)
 - Date
 - Signature
 - Address (separate fields for Address, Apartment #, City, State, and Zip)
 - Date Of Birth
 - Telephone (Home/Cell)
 - New York State Benefit ID/CIN number
 - Social Security Number
 - Authorized Representative (If applicable)
15. Average volume of hard copy HRA forms received each month.
0
16. Volume of enrollee transitions to other health plans over the last 12 months.
109,143
17. Current average volume of one-on-one presentations for the Special Needs Plans at designated LDSS sites.
Average per month for 2024 - 108
18. Current average weight and envelope size for mailing outreach/marketing materials for the MLTC eligible participants/applicants.

Letter Description- Mainstream (MMC)	Envelope Size	Average Weight in Ounces	Average Sheet Count
Enrollment Confirmation Notice	#10	0.059978	3
Consent Form Request	6x10	0.08	3
Auto-Assignment Confirmation Notice	#10	0.06	3
Disenrollment Confirmation Notice	#10	0.081714	4
Disenrollment Denial Notice	#10	0.048	2
Exemption Approval Notice	#10	0.046451	2
Dual Eligible Disenrollment Confirmation	#10	0.09	5
Exemption-Exclusion Packet Request	6x10	0.07	3
Good Cause Approval Notice	#10	0.04	2
Good Cause Transfer Packet Notice	6x10	0.1	5

Good Cause Incomplete/Missing Information Notice	6x10	0.074	3
Good Cause Denial Notice	#10	0.07	4
Mandatory Welcome Notice	6x10	0.038294	5
End of Lock-in Notice	#10	0.04	2
Transitional Medicare Outreach Notice	6x10	0.06	5
Transitional Medicare Sister Transfer Notice	6x10	0.06	6
Mandatory Denial Notice	#10	0.076374	4
Mandatory Packet Request	6x10	0.15	4
Nursing Home Mainstream Enrollment Notice	#10	0.09	5
Nursing Home Last Reminder Notice	#10	0.047407	2
Nursing Home Auto-assignment Notice	#10	0.064	3
Nursing Home Reminder Notice	#10	0.045555	2
Transfer Confirmation Notice	#10	0.06	3
Transfer Denial Notice	#10	0.087027	5
Web Confirmation Notice	#10	0.048	2
Exemption Denial Notice	#10	0.06	5
Exemption/Exclusion Incomplete Notice	6x10	0.07	3
End of Exemption Notice	#10	0.046666	2

Description- Mainstream (MMC) Bulk	Envelope Size	Average Weight Ounces	Average Sheet Count
Disenrollment Confirmation Notice	9x12- Flat	0.08	5
Dual Eligible Disenrollment Confirmation	9x12- Flat	0.08	5
Mandatory Denial Notice	9x12- Flat	0.09	5
Transfer Denial Notice	9x12- Flat	0.09	5
Enrollment Confirmation Notice (29I - FC) Agency	9x12- Flat	0.114802	2

Note: These notices are sent in bulk shipments, using the 9X12 envelope. The number of notices will vary.

Description Enrollment Broker/NYSOH	Envelope Size	Average Weight in Ounces	Average Sheet Count
Good Cause Approval Notice	#10	0.06	3
Good Cause Transfer Packet Notice	6x10	0.09	4
Good Cause Incomplete/Missing Information Notice	6x10	0.091904	4
Good Cause Denial Notice	#10	0.09	5

Description- HARP	Envelope Size	Average Weight in Ounces	Average Sheet Count
HARP Enrollment Confirmation Notice	#10	0.06	3
HARP Good Cause Approval Notice	#10	0.04	4
HARP Good Cause Transfer Packet Notice	6x10	0.12	6
HARP Good Cause Incomplete/Missing Information Notice	#10	0.07	4
HARP Good Cause Denial Notice	#10	0.07	4
HARP Packet Request	6x10	0.1	4
HARP Outreach Letter	6x10	0.1	4
HARP Involuntary Disenrollment Confirmation Notice	#10	0.07	4
HARP Involuntary Disenrollment Overturn Notice	#10	0.04	2
HARP Opt Out Notice	#10	0.04	2
HARP Passive Enrollment Letter	#10	0.06	3
HARP SNP Eligible Letter	6x10	0.1	4
HARP Voluntary Outreach Notice	#10	0.04	2
HARP End of Lock-in Notice	#10	0.06	3
HARP Transfer Confirmation Notice	#10	0.06	3
HARP Transfer Denial Notice	#10	0.07	4

Description- FIDA IDD	Envelope Size	Average Weight in Ounces	Average Sheet Count
FIDA-IDD Program Announcement Letter	#10	0.04	2
FIDA-IDD Enrollment Cancellation Letter	#10	0.07	4
FIDA-IDD Enrollment Confirmation Letter	#10	0.09	5
FIDA-IDD Voluntary Disenrollment Confirmation	#10	0.09	5
FIDA-IDD Enrollment Denial Letter	#10	0.09	5
FIDA-IDD Missing Information Letter	#10	0.07	4
FIDA-IDD Enrollment Packet Request	6x10	0.14	6
FIDA-IDD Voluntary Outreach Letter	6x10	0.14	6
FIDA-IDD Disenrollment Cancellation Letter	#10	0.06	3
FIDA-IDD Involuntary Disenrollment Confirmation	#10	0.06	3
FIDA-IDD Disenrollment Packet Request	6x10	0.14	6
FIDA-IDD Employer Union Member Notice	#10	0.06	3

19. Historical volume of fair hearings attended per month during the past plan year.

Hearing Date Month/Year	Count
01/2024	8
02/2024	4
03/2024	8
04/2024	1
05/2024	4
06/2024	1
07/2024	2
08/2024	2
09/2024	3
11/2024	2
12/2024	3

20. Current volume/timing/frequency for outbound call outreach.

674,715 outbound calls

21. Current volumes of manual and dialer outbound call activities over the last 12 months.

Month Name	# Dialer Calls	# Manual Outbound Calls	Total Manual and Outbound Calls
Jan-24	29,822	24,413	54,235
Feb-24	34,445	30,699	65,144
Mar-24	30,290	25,535	55,825
Apr-24	42,851	26,279	69,130
May-24	33,834	27,375	61,209
Jun-24	28,055	22,894	50,949
Jul-24	26,987	25,119	52,106
Aug-24	26,962	26,312	53,274
Sep-24	26,491	24,552	51,043
Oct-24	31,747	27,010	58,757
Nov-24	25,049	22,102	47,151
Dec-24	32,352	23,540	55,892

22. Current volume by local district and/or borough of group presentations and individual face to face meetings within the district's location.

County	Jan -24	Feb -24	Mar -24	Apr-24	May -24	Jun -24	Jul-24	Aug -24	Sep -24	Oct-24	Nov -24	Dec -24
ALBANY	0	5	20	21	21	18	25	19	20	18	15	24
ALLEGANY	8	11	11	12	12	11	14	13	7	0	0	8
BROOME	12	2	0	0	0	5	22	22	20	16	16	18

CATTARAUGUS	0	4	9	0	0	9	21	22	19	21	18	21
CAYUGA	18	19	18	20	17	0	0	0	1	0	0	0
CHEMUNG	42	34	41	43	42	36	43	42	37	44	33	39
CHENANGO	16	16	17	18	17	16	16	21	19	22	18	19
CLINTON	38	35	37	23	22	33	31	22	39	39	18	20
COLUMBIA	0	5	21	21	20	19	16	21	16	0	0	0
CORTLAND	21	20	21	22	20	19	22	22	20	22	18	20
ERIE	30	35	50	56	63	68	73	61	48	43	44	47
FRANKLIN	18	19	20	21	22	16	20	21	18	21	18	19
FULTON	22	19	20	21	21	13	20	21	19	22	16	16
GREENE	20	20	21	22	21	16	21	21	20	21	15	5
HERKIMER	21	20	20	22	22	18	18	22	20	22	17	20
JEFFERSON	39	38	41	42	41	36	39	39	38	42	32	39
LEWIS	19	17	17	22	21	16	14	20	20	20	17	20
LIVINGSTON	13	16	20	22	18	19	22	18	10	9	6	7
MADISON	21	21	22	21	23	18	21	18	21	16	17	20
MONROE	54	59	61	58	63	53	40	43	39	44	30	39
NASSAU	1	2	0	1	0	0	3	0	17	13	15	21
NIAGARA	40	38	38	37	44	32	39	41	25	20	17	18
NYC	514	474	502	532	540	448	467	478	442	487	350	418
ONEIDA	32	21	34	35	43	36	31	20	13	18	16	19
ONONDAGA	0	0	0	0	0	0	1	0	0	3	0	0
ONTARIO	42	49	58	54	23	18	22	20	18	21	18	22
ORANGE	62	64	86	103	101	58	81	73	89	93	57	55
OSWEGO	4	9	21	18	21	17	20	21	14	22	18	16
OTSEGO	0	0	0	0	0	0	0	0	0	0	7	19
PUTNAM	21	24	22	21	3	0	0	0	3	0	0	9
ROCKLAND	56	55	59	60	61	53	62	51	42	50	55	40
SARATOGA	21	20	19	15	0	0	21	23	18	21	18	15
SCHENECTADY	20	19	19	32	22	18	18	15	13	21	15	15
SCHOHARIE	17	18	19	21	21	18	19	21	18	22	15	19
SCHUYLER	19	20	19	21	21	19	20	22	15	21	18	19
ST. LAWRENCE	8	20	17	23	18	17	19	2	11	20	17	19
STEUBEN	16	18	20	18	22	17	20	18	16	13	7	13
SUFFOLK	95	94	94	91	94	85	132	178	149	160	123	167
TIOGA	20	19	20	21	21	21	20	20	18	17	17	18
ULSTER	0	0	7	22	22	22	44	40	33	41	27	23
WARREN	42	40	40	43	41	36	36	40	38	42	34	39
WASHINGTON	15	12	13	13	14	12	15	5	0	0	0	0
WESTCHESTER	115	95	119	82	104	92	135	111	98	114	111	116

23. Current volume of field presentations in community venues outside of the local district office by district per month for the last plan year.

2 total for the last plan year.

24. Average volume for outreach presentations.

2,106

25. Monthly volume of mailings by type for the last program year.

Letter Type	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
FIDA-IDD Announcement Notice	95	91	111	110	119	83	168	148	212	158	122	321
Choice Confirmation Notice	12,405	10,938	11,686	10,661	10,599	8,601	10,874	8,512	9,258	10,852	9,095	9,575
Auto Assignment Confirmation	5,922	5,893	6,501	5,678	5,880	5,446	5,563	5,515	5,128	6,020	5,864	7,040
Plan Disenrollment Confirmation	1,227	1,120	1,307	1,270	1,265	1,163	1,255	1,194	1,084	1,309	1,127	1,202
Disenrollment Denied Notice	0	4	5	0	2	1	0	2	0	0	0	1
Exemption/Exemption Approval	20	12	7	8	11	6	9	4	13	5	2	0
ADV Disenrollment Form	0	0	0	0	0	0	0	0	0	0	0	0
Dual Eligible Disenrollment Confirmation Notice	1,873	1,624	1,366	4,395	1	10,768	1,473	10,864	11,204	1,290	3,319	2,697
Exemption/Exclusion Packet Request	0	0	2	4	5	7	1	2	6	2	1	1
GC Approval Letter	10	17	15	13	27	14	8	14	13	9	22	18
Good Cause Transfer Packet	210	161	177	185	267	204	328	255	247	246	258	232
GC Incomplete Packet Letter	23	22	18	27	16	22	9	33	28	29	18	14
GC Denial Letter	22	15	17	23	26	36	21	24	40	18	35	30
Material Request for HARP Eligible	0	2	0	0	1	1	0	0	1	1	1	1
HARP Announcement Notice	1,888	2,304	894	3,392	964	3,208	1,760	2,106	767	3,138	2,058	1,718
HARP Out Acknowledgement Notice	137	193	137	180	116	123	85	150	106	147	102	161
HARP Passive Enrollment Confirmation Notice	2,057	467	1,980	568	2,307	447	2,353	471	2,091	412	2,054	394
SNP HARP Eligible Outreach Notice	37	9	8	61	7	80	47	10	5	57	46	10

Mainstream Enrollment/Transfer Packet	8	10	7	4	7	8	7	4	7	8	11	13
MLTC Exemption/Exclusion Packet Request Form	0	0	0	1	1	0	0	0	0	0	0	0
Nursing Home Mandatory Welcome Letter	12	8	18	9	9	8	11	14	17	12	7	12
Mandatory Intent to Default Notice	4	1	1	1	5	4	1	2	3	3	1	3
Auto Assignment Confirmation	1	0	0	0	1	2	0	0	1	0	0	1
Mandatory Reminder Notice	3	5	4	10	5	3	4	5	6	3	5	4
FIDA-IDD Enrollment Cancellation Letter	0	0	1	1	2	1	0	6	0	1	0	0
FIDA-IDD Enrollment Confirmation Letter	0	31	13	14	15	20	18	13	12	59	10	11
FIDA-IDD Voluntary Disenrollment Confirmation	2	4	8	4	10	2	6	5	4	40	5	30
FIDA-IDD Enrollment Denial Letter	0	1	0	1	3	2	1	2	0	0	1	0
FIDA-IDD Disenrollment Cancellation Letter	0	0	0	0	0	1	0	0	0	1	0	1
FIDA-IDD Involuntary Disenrollment Confirmation	0	0	0	0	6	0	4	1	5	8	4	0
FIDA-IDD Missing Information letter	0	1	0	2	0	0	0	1	0	1	0	0
FIDA-IDD Enrollment Packet request-consumer request	1	0	1	3	4	1	3	2	2	1	0	1
FIDA-IDD Enrollment Packet request-	23	22	28	40	36	24	58	58	76	54	41	94

system generated												
Program Transfer Approved Notice	4,048	4,159	4,407	4,447	4,242	3,922	4,273	4,233	4,313	3,739	3,440	5,836
Program Confirmation Notice	6,163	6,743	7,389	7,793	7,307	6,924	6,852	7,315	7,325	7,404	6,906	6,821
Transfer Approval Notice	1,851	1,764	1,873	1,784	1,732	1,378	1,571	1,658	1,589	1,715	1,526	1,670
Transfer Denied Notice	318	270	256	256	269	236	304	288	264	296	245	270
VFCA Enrollment Confirmation Letter	251	302	317	343	345	269	293	290	279	335	245	328
Case ID Form - user request	0	0	0	0	0	0	0	0	0	0	0	0
Exemption/Exclusion Denial Notice	0	0	0	0	0	4	0	7	7	5	2	2
Exemption/Exclusion Incomplete Notice	0	0	1	0	1	2	3	11	21	4	4	3
End of Exemption Notice	4	5	5	5	6	9	14	10	4	9	4	3

26. Current percent of calls that are non-English calls.

22.77%

27. Percent of calls are sent to a translation service.

0.8%

28. Within the last year, Sunday hours were not required.

**Call Center hours are 8:30am to 8:00pm Monday through Friday and Saturdays
10:00am to 6:00pm**

29. Average talk/average handle time.

Average talk time = 456 seconds, Average Handle Time = 474 seconds

30. For Interactive Voice Response (IVR), on average:

- o Average monthly volume of phone calls received through the IVR:

- Month IVR Calls Received

- Jan-24: 55,400

- Feb-24: 47,685

- Mar-24: 48,778

- Apr-24: 49,880

- May-24: 50,088

- Jun-24: 45,520

- Jul-24: 46,724

- Aug-24: 46,604

- Sep-24: 46,382

- Oct-24: 47,990
- Nov-24: 42,192
- Dec-24: 44,996
- Volume of these calls that are resolved within the IVR and do not require assistance through a live agent.
- 0**
- Volume of these calls that require some form of assistance via a live agent.

472,599 (incoming calls)

31. The historical number of Saturdays and Sundays scheduled for the HelpLine to be operational per year.

Currently, Call Center hours are 8:30am to 8:00pm Monday through Friday and Saturdays 10:00am to 6:00pm. The HelpLine is not scheduled to be open on Sundays.

32. Volume of calls handled on Saturdays and Sundays when the HelpLine was open on these days.

11,012 calls handled on Saturdays in 2024

33. Monthly call volume for the past program year.

See table from # 1 above.

34. Volume of calls received by the call center and handled (self-served) within the ICR by month for the past year.

0

35. Historical volumes of outbound calls associated with each campaign by month for the past 12 months.

Month/Year	Mainstream Campaign	Mainstream Manual Campaign	MLTC Campaign	MLTC Manual Campaign	Call Return Campaign	PHE Manual Campaign
Jan-24	23,961	2,499	1,555	1,391	393	23
Feb-24	30,895	1,724	715	715	358	38
Mar-24	22,941	2,039	4,337	595	243	135
Apr-24	27,342	2,126	12,178	714	309	182
May-24	21,551	2,235	9,021	641	318	68
Jun-24	24,069	2,044	827	557	422	136
Jul-24	23,278	2,080	745	518	325	41
Aug-24	22,976	2,194	799	626	284	83
Sep-24	21,879	2,820	838	632	268	54
Oct-24	25,545	2,896	2,224	597	383	102
Nov-24	22,675	700	681	558	375	60
Dec-24	29,839	545	791	874	262	41

36. Average monthly volume of live outbound calls.

Average per month for 2024 - 25,486

37. Average volume of research requests received by month for the past program year.

The project does not track these requests, but it is estimated that there are fewer than 20 research requests per month.

38. Historic volume of in-person visits to populations in nursing homes and those individuals that are incarcerated per year.

- **1 visit to incarcerated individuals in 2024**

- **2024 to 2025 visits to nursing homes: 82**
39. Monthly historical auto-assignment rates for NYC and Non-NYC local districts served for the past 12 months.
DOH calculates the public monthly historical auto-assignment rates. These rates are contingent on requests from DOH.
 40. Average monthly volume by month of how many enrollments were processed through submission of paper forms for the past program year.
Average per month for 2024 - 743
 41. Average monthly volume of how many enrollments were processed via telephone call for the past program year.
Average per month for 2024 - 16,295
 42. The percentage by month of enrollments that were accomplished through auto assignment for the past program year.
This percentage cannot be provided. The data for auto assignments are contingent on requests from DOH.
 43. Average monthly volume of enrollment applications that were received from the MCOs requiring the "verification" process for the past program year.
0. This was phased out with the stoppage of the facilitated enrollment program and mainstream plans marketing to fee for service consumers.
 44. Average monthly volume of the enrollment applications received from the LDSS offices for the past program year.
0
 45. Average monthly volume for how many enrollments were processed through the enrollment website for the last program year.
Average per month for 2024 - 387
 46. Which populations can currently enroll online via the web portal:
Only a new enrollment into a Mainstream MMC plan is allowed via the web portal.
 47. Average monthly volume for exemption/exclusion requests received for the past program year.
Average per month for 2024 - 18