

**There is no sound through your computer.
You must dial-in on the telephone in order
to hear the sound.**

What's New:

- **HARP Enrollment – Coming Soon!**
- **Deductions**
- **DMV ID Proofing**

Date: May 23, 2018

Time: 10:00am – 11:30am

Dial-In Number: 1-855-897-5763

Conference ID: 1889896

TODAY'S WEBINAR



- Two live webinars are running simultaneously.
 - For those of you listening on the telephone and following along using the slides which we sent out, who were unable to get into the webinar due to the capacity limitation, please refer to the email which was sent out this morning and follow the instructions in the email to access the second 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 at our Spring Training webpage at:
<https://info.nystateofhealth.ny.gov/SpringTraining>

PRESENTERS



Welcome

Gabrielle Armenia

Bureau Director, Child Health Plus Policy & Exchange
Consumer Assistance

Speakers

Wendy Millard

Health Program Administrator 2, Division of Health Plan
Contracting and Oversight

Sara Oberst

Eligibility Program Manager 2, Division of Eligibility and
Marketplace Integration

Patricia Sheppard

Bureau Director, Program Implementation and Enrollment

Health and Recovery Plan (HARP) Enrollment Through NY State of Health

What is a Health and Recovery Plan (HARP)?

A HARP is a voluntary Medicaid Managed Care health insurance product for adults aged 21 and over who need physical and/or behavioral health services, including extra support for reaching their recovery goals, such as finding a job or living independently.

HARPs must be qualified by NYS.

A HARP will facilitate the integration of physical health, mental health, and substance use services for individuals requiring specialized approaches, expertise, and protocols which are not consistently found within most medical plans.

- Provides the same comprehensive benefits found in all Medicaid health plans such as doctor visits, mental health and substance use disorder services, medications and hospital care.
- Provides additional specialty services important to people living with mental health, or substance use disorders including enhanced care management.
- HARPs do not cover permanent placement in a nursing home but do cover temporary stays

If a consumer joins a HARP, what should they expect?

When a consumer joins a HARP, they will get:

- A primary care provider (PCP) - We will discuss later how a consumer can take steps to keep their current PCP.
 - The plan that the consumer enrolls into will provide the consumer with a choice of PCPs within the network.
 - PCP will be auto-assigned by the plan if the consumer does not make a selection.
 - Consumer may change their PCP within 30 days of their first appointment with that PCP. After 30 days, the plan may decide to limit the consumer to changing PCPs to once every 6 months.
- Access to Health Home Care Management Services
- An assessment to determine if the consumer is eligible for behavioral health home and community based waiver services.

What is included in Behavioral Health Home and Community Based Waiver Services (HCBS)?

- Additional benefits supporting overall health
- Assistance reaching goals such as:
 - finding a job
 - living independently
 - managing stress

If a consumer is accessing these Home and Community Based Waiver Services, do they need to transition their coverage to the Local Department of Social Services?

No. These consumers may remain enrolled through NY State of Health.

HARP benefits are standard across plans

- Behavioral Health Home and Community Based Services when eligible:
 - Psychosocial Rehabilitation
 - Community Psychiatric Support and Treatment (CPST)
 - Habilitation Services
 - Family Support and Training
 - Short-Term Crisis Respite
 - Intensive Crisis Respite
 - Educational Support Services
 - Peer Support Services
 - Non-Medical Transportation
 - Prevocational Services
 - Transitional Employment Services
 - Intensive Supported Employment
 - On-Going Supported Employment

Who is eligible for a Health and Recovery Plan (HARP) in NY State of Health?

- **New York State determines if individuals are eligible for HARP.**
 - Must be 21 or older
 - Individuals insured only by Medicaid and eligible for Medicaid Managed Care
 - Individuals living with mental health or substance use disorders
 - Not participating or enrolled in a program with the Office for People with Developmental Disabilities (OPWDD) (i.e., participating in an OPWDD program).
 - Not recipients of Traumatic Brain Injury (TBI), Nursing Home Transition and Diversion (NHTD), or Office of Mental Health (OMH) waiver services.



What are the first steps NY State of Health will take to enroll HARP eligible consumers?

NY State of Health will run an initial sweep (and subsequent quarterly sweeps) to identify HARP eligible Medicaid Managed Care (MMC) enrolled account holders who are enrolled in plans which have a corresponding or sister HARP product (same MMC plan).

- HARP eligible account holders enrolled in one of the plans below will receive a notice.
 - Exception: American Indian/Alaska Native consumers will not get a notice but will be able to voluntarily enroll in a HARP if they choose.

MMC Plans which have an available HARP sister plan

New York State Catholic Health Plan, Inc.	Healthfirst PHSP, Inc.	Health Insurance Plan of Greater New York, Inc.	UnitedHealthcare of New York, Inc.
Affinity Health Plan, Inc.	Capital District Physicians' Health Plan, Inc.	Excellus Health Plan, Inc.	Independent Health Association, Inc.
MVP Health Plan, Inc.	Today's Options of New York, Inc.	YourCare Health Plan, Inc.	MetroPlus Health Plan, Inc.
HealthPlus, LLC			

What will this notice say?

Passive Enrollment Notice – HARP eligible account holders will be automatically enrolled in the sister HARP product (same MMC plan) within 30 days, unless they return to their account and make a different selection.

- The HARP enrollment will occur after the 30 days have passed and coverage will start based on the 15th of the month rule.
 - Example: If the consumer receives the passive enrollment notice on 6/10/18 and logs on to their account and picks a HARP that same day, their coverage in the HARP will begin on 7/1/18.
 - If this same consumer takes no action, they are passively enrolled on 7/11/18 and their coverage under the HARP will start 8/1/2018.
- Consumer must return to their account and select the plan they want and confirm and check out to avoid passive enrollment into the sister HARP plan.
 - Consumer may select a different HARP plan
 - Consumer may select a MMC plan without the HARP product
 - Consumer may select a SNP (if applicable/available)

Ms. Parker
123 Address Lane
Albany, NY 12222

November 19, 2017
Account ID: AC0000000000

**IMPORTANT NOTICE
ABOUT ENROLLMENT IN HEALTH AND RECOVERY PLAN (HARP)**

Dear, Ms. Parker,

You are receiving this letter because you have another Medicaid health plan choice available to you called Health and Recovery Plans (HARP).

HARP can give you services you need to take care of your physical and mental health, all in one plan. Services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care are all included in HARP.

HARP also provides extra benefits and support so you can have the best possible results for your care. If you want help finding a job, finding housing, or reaching other goals, HARP may be able to help.

Maryjane Parker (CIN:)

Marketplace ID: HX000000000

**ENROLLMENT
CHANGE:**

You will be enrolled in <<HARP marketing name>>, which is run by the same Medicaid health plan you had before. Your HARP plan will start on <<HARP enrollment date>>.

By joining HARP, you keep all the services you get now, and you can also get extra services and supports you may need.

NEXT STEPS:

If you want to enroll in HARP, **NO ACTION** is required. Call <<appropriate customer service number>> to be sure you can keep your primary care doctor and other care providers after you enroll in a HARP.

If you do not want to enroll in HARP, you must log into your account, pick a regular Medicaid Managed Care plan, and complete your choice by selecting the "Confirm and Check Out" tab by <<date 30 days in the future>>.



If a consumer takes no action after receiving their passive enrollment notice, or if they actively enroll into the sister HARP product, will their plan name change?

Yes. Consumers who become enrolled in a HARP will receive a new health plan card with the name of their HARP plan on it.

MMC Plan Name	Sister HARP Plan
Affinity Health Plan, Inc	Blended Wellness Plan
Capital District Physicians' Health Plan	CDPHP
Excellus Health Plan, Inc	Blue Option Plus MyHealth Plus (Depending on which county) Premier Option Plus
Health Insurance Plan of Greater NY	EmblemHealth Enhanced Care Plus
HealthFirst PHSP, Inc	Healthfirst Personal Wellness Plan
HealthPlus HP, LLC	Empire BlueCross BlueShield HealthPlus
Independent Health Association, Inc.	Independent Health's MediSource Connect
MetroPlus Health Plan, Inc	MetroPlus Enhanced
Molina Healthcare of New York, Inc. (formerly Today's Options)	Molina Healthcare Plus
MVP Health Plan, Inc.	MVP Harmonious Health Care Plan
Fidelis – New York State Catholic Health Plan, Inc.	HealthierLife
UnitedHealthcare of New York, Inc.	UnitedHealthcare Community Plan-Wellness4ME
YourCare Health Plan a Monroe Plan Company	YourCare Option Plus

What will happen if a HARP eligible account holder is enrolled in one of the MMC plans which does not have a sister HARP plan?

There are 3 Medicaid Managed Care Plans which do not have sister HARP plans.

Crystal Run

Health Now

Wellcare

HARP eligible account holders in a MMC plan which does not have a sister HARP product:

- will not be passively enrolled or receive any notice at all about HARP eligibility
- will see new messaging on HARP availability on their plan selection page
- may voluntarily select a HARP plan on the plan selection page
- will remain in their MMC plan (non-HARP product) unless another plan is selected

What will be the new messaging on the plan selection page?


Find a Plan for Sanusha Chillar

On this page you will see the Medicaid Managed Care plans that are available to you. You can search for plans based on their quality ratings or by the health insurance carrier you prefer.


You can also see the plans that your doctor accepts, or plans that include hospitals or other facilities that you use. [Click here](#) to search for doctors and facilities. By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-up website. However, this does not guarantee that your doctor accepts the plan. In addition to using the search function, call your doctors hospitals, or other facilities to see what plan they accept.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results for 2018 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2017. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

You can use more than one search criteria, and then click on **Apply Filters** to see your choices. **Click on Reset All Filters** to restart your search.

Carrier Name 
Select

[Select a Doctor](#)

Overall Quality Rating 
☆☆☆☆

[Reset All Filters](#) [Apply Filters](#)

[Filter Options](#) ▾

Click on the **View Detail** button to learn what benefits a plan covers or more information about the plan.

[I want to enroll in regular Medicaid](#)

Three types of plans are available below:

- MMC or Medicaid Managed Care Plans, covering a full range of health care services.
- HIV Special Needs Plans (SNPs), a type of MMC plan which covers a full range of health services. SNPS offer specialty services for people living with HIV/AIDS and people who are homeless or are transgender, regardless of HIV status. Enrollment may include dependent children.
- Health and Recovery Plans (HARPs), a type of MMC plan which covers a full range of health services for adults aged 21 and over determined eligible by New York State. HARPs offer specialty services important to people living with mental health or substance use disorders.

Health and Recovery Plans (HARPs), a type of MMC plan which covers a full range of health services for adults aged 21 and over determined eligible by New York State. HARPs offer specialty services important to people living with mental health or substance use disorders.

There is also new messaging on the “Plan Details” page.

Medicaid Health Plan Choices for Health and Recovery Plan (HARP) Eligible Individuals in NYS

If New York State has determined you are eligible for HARP, you may choose to enroll in a HARP. If you are eligible, the HARPs available in your area are automatically offered to you for plan selection.

A HARP is a health plan that covers the same services as other Medicaid health plans, and works in the same way. HARPs are only for adults 21 years of age and older. New York State (NYS) determines who is eligible for HARP based on many factors including past use of Medicaid services.

HARPs provide services such as doctor visits, mental health and substance use disorder services, medications, and hospital care. HARPs also provide additional specialty services important to people living with mental health or substance use disorders. HARPs provide extra benefits and support, such as enhanced care management. HARPs do not cover long-term nursing home care.

When you join a HARP, you will get:

- A primary care provider (PCP);
- Enhanced care management services; and,
- Potentially additional benefits supporting overall health and assistance reaching your goals, such as finding a job, living independently, and/or managing stress.

● Outpatient Services

Benefit	Description
PCP Office Visits (Injury or Illness)	Visit to a primary care provider for health services that cover a range of prevention, wellness, and treatment for common illnesses.
Specialist Visit	Visits to a physician to diagnose, manage, prevent or treat certain types of symptoms and conditions related to a specific disease or condition.
Other Practitioner Office Visit (Nurse, Physician Assistant)	Visit to a clinician for health services that cover a range of prevention, wellness, and treatment for common illnesses.
Outpatient Facility Fee	Amount charged to pay for the use of an outpatient facility.
Outpatient Surgery Physician/Surgical Services	Amount charged to pay for the services of the clinician performing healthcare or surgical services in an outpatient setting.



Be sure to review the “Plan Details” page for a HARP with the consumer.

Mental Health and Substance Abuse Disorder Services	
Benefit	Description
Mental/Behavioral Health Outpatient Services	Diagnosis and treatment of mental, nervous and emotional disorders performed in an outpatient setting.
Mental/Behavioral Health Inpatient Services	Diagnosis and treatment of mental, nervous and emotional disorders performed in an inpatient setting.
Substance Abuse Disorder Outpatient Services	Diagnosis and treatment of alcoholism and/or substance use and/or dependency in an outpatient setting.
Substance Abuse Disorder Inpatient Services	Diagnosis and treatment of alcoholism and/or substance use and/or dependency in an inpatient setting. This includes coverage for detoxification and/or relapse prevention and/or substance use and/or chemical use and/or substance abuse.

Rehabilitative and Habilitative Services and Devices	
Benefit	Description
Inpatient Rehabilitative Services	Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services consist of physical therapy, occupational therapy, and speech therapy in an inpatient setting.
Outpatient Rehabilitative Services	Certain Coverage Limitations. 20 visits Physical Therapy per calendar year; 20 visits Occupational Therapy per calendar year; 20 visits Speech Therapy per calendar year. COVERAGE LIMITATIONS NOT APPLICABLE TO ENROLLEES UNDER AGE 21, ENROLLEES WHO ARE DEVELOPMENTALLY DISABLED AND ENROLLEES WITH TRAUMATIC BRAIN INJURY.
Habilitative Services	Health care services that help you keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.
Durable Medical Equipment	Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.
Hearing Aids	Electronic amplifying devices designed to bring sound more effectively into the ear consisting of a microphone, amplifier and receiver.
Prosthetic Devices	Prosthetic Exclusions: Cranial Prosthesis (i.e. wigs); dental prosthesis unless resulting from medical injury/illness.

Behavioral Health Home and Community Based Services

Benefit	Description
Psychosocial Rehabilitation	A face-to-face intervention designed to assist you with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with a behavioral health condition.
Community Psychiatric Support and Treatment (CPST)	A face-to-face intervention with you, your family or others designed to help you achieve stability and functional improvement in the following areas: daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community integration.
Habilitation Services	Typically provided on a one to one basis and are designed to assist you with retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills necessary to reside successfully in home and community-based settings.
Family Support and Training	Active participation of your family in your treatment. This is available only at your request.
Short-Term Crisis Respite	A short-term, site-based care and intervention for you when you are experiencing challenges in your daily life that cannot be managed in your home or community.
Intensive Crisis Respite	A short-term, residential care and clinical intervention for individuals who are facing a behavioral health crisis that cannot be managed in a short-term crisis respite.
Education Support Services	To assist you with education or formal training needed for you to obtain employment.
Peer Support Services	Peer Support services designed to help you cope with and manage behavioral health symptoms.
Non-medical Transportation	Available to access services that help you integrate more fully into the community and ensure your health, welfare, and safety.
Pre-vocational Services	Services that prepare you for employment.
Transitional Employment	Designed to improve your work skills with the goal of achieving employment.
Intensive Supported Employment	Individualized, person-centered services provided to help you maintain employment.
On-going Supported Employment	Services that help you keep your employment.

There is also new messaging which appears before the consumer confirms their plan selection and checks out.

Medicaid health plans provide comprehensive health services, such as preventive and primary care, inpatient hospital care, prenatal and newborn care. You will choose a primary care provider who will make sure your health care needs are met. Medicaid health plans have a network of specialty providers, hospitals, clinics, laboratories, and other providers of services you may need.

All Medicaid health plans cover the same comprehensive benefits for its enrollees. There may be some differences between plans, such as locations or providers you can see, but you will receive all the same services and

Each health plan has a network of providers. You can search the plan's network to see if your current providers are in-network. If you have questions, please call the Marketplace.

HIV Special Needs Plans (SNPs) are a Medicaid health plan option for New York City residents who meet one of the following criteria; (1) living with HIV/AIDS, (2) currently registered with the New York City shelters systems, (3) attestation of homeless status from a health care provider (4) attestation of gender dysphoria from a clinical provider. If you meet any of those criteria, [click here](#) to learn more about HIV SNPs.

Health and Recovery Plans (HARP) are Medicaid plans for adults aged 21 and over who need physical and/or behavioral health services, including extra support for reaching their recovery goals, such as finding a job or living independently. New York State determines if individuals are eligible for HARP. [Click here](#) for more information about HARPs.

Show Less

Confirm and Check Out

Health and Recovery Plans (HARP) are Medicaid plans for adults aged 21 and over who need physical and/or behavioral health services, including extra support for reaching their recovery goals, such as finding a job or living independently. New York State determines if individuals are eligible for HARP. [Click here](#) for more information about HARPs.

Questions?



What will happen for new consumers who are applying in NY State of Health?

HARP eligible consumers who are applying for the first time in NY State of Health will see messaging on their plan selection page letting them know that they are eligible to enroll in a HARP plan.

When proceeding to plan selection, plans will be displayed in this order:

1. **HARP plans** – These are the sister HARP plans listed on the right hand column of slide 13.
2. **Medicaid Managed Care Plans with HARP options** – These plans are not HARP plans nor do they have HARP benefits. These are the MMC plans listed on the left hand column of slide
3. **Medicaid Managed Care without HARP Options** – These are the 3 MMC plans which do not have a sister HARP product as listed on slide 14
4. **Special Needs Plans (SNPs)** - For consumers in NYC only.

If the consumer is MMC eligible and does not select any plan, they will be auto-assigned into MMC just like any other MMC consumer who hasn't picked a plan.

- HARPs and SNPs are voluntarily programs.
- Auto-assignment will follow current rules and will not automatically enroll a consumer into a HARP or SNP plan.

What if a consumer does not want to enroll in a HARP plan?

If a HARP eligible consumer selects a non-HARP plan, or voluntarily disenrolls from a HARP plan:

- The consumer will not receive any further notices about HARP eligibility or enrollment from NY State of Health.
- The consumer may return at any time and voluntarily enroll in a HARP plan.
 - HARP plans and products will remain available on their plan selection page.
- During NY State of Health's initial sweep, if a HARP eligible consumer previously "opted out" of HARP enrollment through their Local Department of Social Services, they will not receive a passive enrollment notice from NY State of Health.

What if a member of an account is HARP eligible but is not the account holder?

For existing non-account holders, NY State of Health will not provide HARP availability during plan selection without receiving an updated Privacy Consent from that member.

The NY State of Health Privacy Consent is being updated to accommodate for this.

Updated Privacy Consent Messaging



Click below to show that every adult applying for coverage under this account agrees to the NY State of Health policies on privacy and how we will use your information. You can also download and print this policy for your records by clicking **Download and Print**.

- Maria Sanchez
- David Sanchez
- Eduardo Sanchez

Download & Print

Back

Request for Financial Assistance – Privacy Consent

I understand that the New York State of Health Marketplace (the Marketplace) will keep my information private as required by law. My answers on this form will only be used to decide if I qualify for health coverage or help paying for coverage.

I understand that if I qualify for Medicaid I may be offered a health plan that is focused on my medical needs, and if I select this plan the Account Holder would be able to see the plan selection.

Homeland Security, the New York State Department of Labor, the New York State Health Insurance Plan Information maintained by the Department of Civil Service, the Department of Corrections and Community Supervision, and other state data bases the Department of Health determines are necessary for eligibility verification, and/or a consumer reporting agency. We may also retrieve certain employment information provided to the New York State Department of Taxation and Finance by employers with respect to new hire and wage reporting data. We need this information to check if you qualify for coverage, to help pay for coverage if you want it, and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date.

- I authorize the New York State Department of Labor (DOL) to release to the Marketplace any confidential information maintained by DOL for Unemployment Insurance purposes that is necessary for the Marketplace to establish or verify eligibility for insurance affordability programs. I understand this information includes Unemployment Insurance benefit claims.
- I understand that the Marketplace will use data services, including a consumer reporting service and the New York State Department of Motor Vehicles, to verify my identity.
- I understand that if any of the information I provide doesn't match, the Marketplace may ask me to send proof.
- I agree to have my information used from the data sources listed above for this application. I have consent from everyone listed on the application for their information to be used from the data sources, and I understand that the only information that will be used from the New York State Department of Taxation and Finance is employment information provided by employers with respect to new hire and wage reporting data.

Updated Privacy Consent Messaging



Review Household Information

Please review the information on this page to make sure it accurately reflects what you have reported. Click **Make Changes** if you would like to make a change to any of the information displayed for this household member. Once you are satisfied that the information is correct, check the box at the bottom that says you agree with the information, and click on **Next**. The information you provided will be used to determine what program you qualify for in the NY State of Health.

Rebecca Larry Make Changes

Demographic Information

Identifying Information Additional Information Relationships Address Information

Date of Birth	01/24/1998
Is Person Living	Yes
Gender	F
Need Health Insurance?	Yes
Marital Status	Single
Social Security Number	***-**-3302
Citizenship/Immigration Status	US Citizen

- All household members over age 18 will be listed here.
- You cannot progress beyond this point in the application unless all boxes are checked for all adults in the household
- HARP plans will not be displayed as plan selection options for HARP eligible household members until this box is checked.

Click below to show that every adult applying for coverage under this account agrees to the NY State of Health policies on privacy and how we will use your information. You can also download and print this policy for your records by clicking **Download and Print**.

- Maria Sanchez
- David Sanchez
- Eduardo Sanchez

Download & Print

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Next

What happens at renewal for a consumer who is automatically renewed with auto-enrollment?

- If the consumer was enrolled in a HARP plan, and if they remain eligible, they will be auto-enrolled into the same HARP plan (if available)
- Check the renewal notice carefully. If the consumer wants a HARP plan but got auto-enrolled in a non-HARP plan, you will need to help them log in to their account and select a HARP plan that is available to them.
- If the consumer was HARP eligible but not enrolled in a HARP plan, existing rules apply and they will be auto-enrolled into the same plan they had previously (if available).

Can a deemed newborn under Medicaid be enrolled in a HARP plan?

- No. HARPs are only for eligible adults 21 years of age or older.
- Mothers who are enrolled in a HARP at the time of their newborn's birth, will have coverage for their newborn with the MMC plan from the same issuer (sister plan).

Poll Question #1

How does a consumer become eligible to enroll in a HARP plan?

- A. The consumer can decide to sign up for a HARP on their own.
- B. The insurer identifies and signs up the consumer.
- C. New York State determines if the consumer is eligible for a HARP.

Questions?



What Else is New?

A few quick reminders...

Deductions:

Qualified Tuition and Related Expenses

“Tuition & Fees”

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 amount.

(B) After 2003

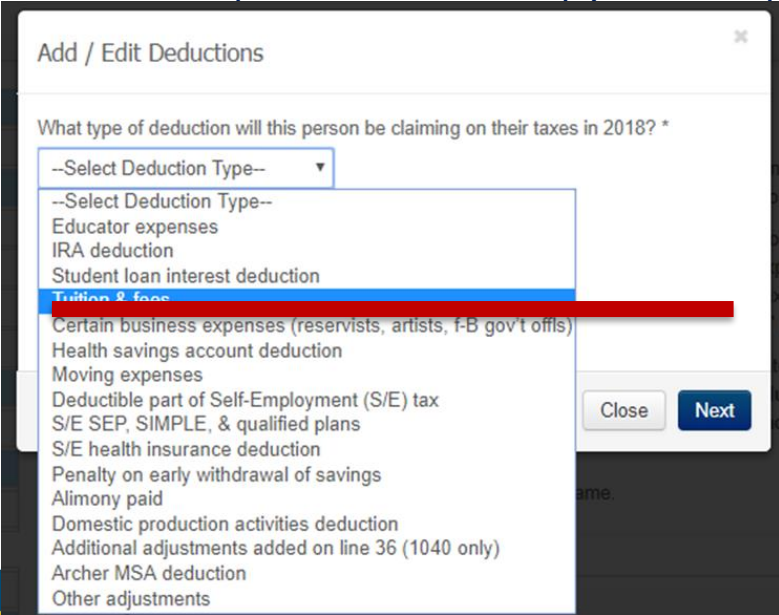
In the case of any taxable year beginning after 2003, the applicable dollar amount shall be equal to—

(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), \$

Effective immediately, Assistors must inform consumers they are helping complete an application that Qualified Tuition and Related Expenses is no longer an allowable deduction.

- When entering deductions in the NY State of Health application, Assistors must not choose the dropdown option for this deduction.
- NY State of Health will be manually adjusting accounts that contain this type of deduction to zero (\$0).
 - Please note, consumers' eligibility may be re-determined due to these manual adjustments. Assistors should be prepared to explain the reason why their eligibility was re-determined if contacted by a consumer they previously assisted.

Advise all consumers that they must not choose the option for "Tuition & Fees."



The screenshot shows a web form titled "Add / Edit Deductions". The question is "What type of deduction will this person be claiming on their taxes in 2018? *". A dropdown menu is open, showing a list of deduction types. The option "Tuition & fees" is highlighted in blue and has a red horizontal line drawn through it, indicating it should not be selected. Other options include Educator expenses, IRA deduction, Student loan interest deduction, Certain business expenses, Health savings account deduction, Moving expenses, Deductible part of Self-Employment (S/E) tax, S/E SEP, SIMPLE, & qualified plans, S/E health insurance deduction, Penalty on early withdrawal of savings, Alimony paid, Domestic production activities deduction, Additional adjustments added on line 36 (1040 only), Archer MSA deduction, and Other adjustments. There are "Close" and "Next" buttons at the bottom right of the dropdown.

Department of Health (DOH) will monitor instances where this deduction is selected and take appropriate action for Assistors that do not follow these instructions.

New Identity Proofing process in NY State of Health

New Process for Electronic Identity Proofing



When consumers cannot complete electronic identity proofing through Experian, they are now offered a second option to complete electronic identity proofing by using their DMV ID.

Under this new process, consumers are asked to enter in their:

- Date of birth
- Zip code
- Last four (4) digits of their Social Security Number
- DMV ID Number - (i.e., a unique 9-digit identifier found on NYS IDs)
- DMV Document Number - (i.e., a 8 or 10 digit combination of numbers and letters found on NYS IDs)

ID Proofing Unsuccessful

Sorry, we cannot confirm your identity with the personal identification information you have given.

You may review your information and try again with a set of personal identification questions.

[Review my information and try again](#)

-- OR --

You may verify using your NY Department of Motor Vehicles (DMV) ID

To verify your identity using your Driver License, Learner Permit, or Non-Driver Photo ID, we need the following information:

MM/DD/YYYY *Date of Birth

*Zip Code (5 digits)

*Last 4 digits of your Social Security Number

*DMV ID Number (9 digits)

*DMV Document Number (8 or 10 letters and numbers)

Note: The newest issue date must be used if you have duplicate license
If you need help locating your ID Number or Document Number, choose the example link that best describes your DMV ID: [Over age 21](#) | [Under age 21](#) | [Enhanced \(EDL\)](#)

[Submit for DMV ID Proofing](#)

-- OR --

Call the Marketplace at 1-855-355-5777 for more information on how to continue the process.

For consumers who have duplicate licenses, the newest issued license should be used to complete these screens.


New Process for Electronic Identity Proofing



- If a Social Security Number was not provided by the consumer on the account information page, the system will not display the new DMV option to the consumer.

There are no changes to the process to complete manual identity proofing

- If a consumer cannot complete electronic identity proofing through Experian or DMV ID, you may still assist them by faxing in the appropriate ID Proofing Forms along with copies of their IDs.



New York State of Health (NYSOH)
Fax to: 518-560-5102

Identity Proofing Only

TO: NYSOH Identity Proofing FROM: NAVIGATOR/CAC NAME:
CLIENT ACCOUNT # AC: TOTAL # OF PAGES:
NAVIGATOR/CAC PHONE #: DATE OF FAX:
AGENCY NAME: RE: ID PROOFING

One cover sheet should be completed for each account.

Remember to write the primary account holder's NYSOH Account Number on each page of the fax.

Submission of incorrect or incomplete documents may cause a delay in processing.

The contents of this fax/electronic and any attachments are confidential and are intended solely for addressee. The information may also be highly sensitive. This transmission is sent in trust, for the sole purpose of delivery to the intended recipient. If you have received this transmission in error, any use, reproduction or dissemination of this information is strictly prohibited. If you are not the intended recipient, please immediately notify the sender.

Identity Verification Form

1. Applicant Name _____

2. Address _____ 3. City _____ 4. State _____ 5. ZIP Code _____

6. Date of Birth (mm/dd/yyyy) _____ 7. Social Security Number _____ 8. Telephone Number _____

List A Submit a <u>copy</u> of ONE	OR	List B Submit a <u>copy</u> of TWO	OR	List C Submit a <u>copy</u> of ONE
<ul style="list-style-type: none"> • U.S. Passport book or card • Foreign Passport book or card • Driver's license • Official Government identification card • School identification card • U.S. military card or draft record • Military dependent's identification card • Native American Tribal Document • U.S. Coast Guard Merchant Mariner card • Certificate of Naturalization (N-400 or N-426) • Certificate of U.S. Citizenship (N-560 or N-580) • Office of Refugee Resettlement Verification of Release form 	OR	<ul style="list-style-type: none"> • Birth certificate • Social Security card • Marriage certificate • Divorce decree • Employee identification card • High school diploma • College diploma • High school equivalency diploma • Property deed or note 	OR	<ul style="list-style-type: none"> • Hospital or clinic record* • Doctor's record*

*Applies to applicants 18 and younger only

Attestation: I attest, under penalty of perjury, that to the best of my knowledge the information in and submitted with this form is true and correct.

9. Your Signature _____ 10. Date (mm/dd/yyyy) _____

11. Name (type or print name) _____ 12. Relationship to applicant _____

NEED HELP WITH THIS FORM? Call us at 1-855-355-5777. TTY users should call 1-800-662-1220 or 1-877-662-4836 for TTY in Spanish.

004-5088 (12/14)

Poll Question #2



Which deduction is no longer an allowable deduction?

- A. Student loan interest
- B. Educator Expenses
- C. Qualified Tuition and Related Expenses
- D. All the above

Questions?



RECERTIFICATION PROCESS



- All Assistors who are registered by **10/31/2018** and/or who were **trained in September or October of 2018** must view all webinars to be recertified.
 - <https://info.nystateofhealth.ny.gov/SpringTraining>
- Assistors, keep track of the date you watched the live webinar or the video for each of this year's five (5) Recertification Webinars.
- Provide your dates to your supervisor so they can complete the Recertification Report.

Thank you for joining us!



- Please complete the survey
 - Evaluation of Webinar: What's New (HARP Enrollment)
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>

Next Recertification Training:

Title: What's Coming

Date: June 27th