HOW TO HELP A CONSUMER WITH THEIR REQUEST FOR DOCUMENTATION

When assisting a consumer applying for health insurance, they may be asked to provide some documentation. This is so that the marketplace can verify the information that the consumer entered in their application before they are determined fully eligible.

CHECK THE CONSUMER'S ELIGIBILITY DETERMINATION SCREEN

The eligibility determination screen will indicate that the consumer must submit documentation.

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

CHECK THE CONSUMER'S NOTICE

Directly below the consumer's eligibility result, you will find instructions on what the consumer needs to do next.

> **What you need to do next:** **Provide additional information in order to confirm your eligibility** – More information about what documents you need to provide NY State of Health can be found in the "Request for Additional Information to Confirm Your Eligibility" section of this letter.

You will also see the specific request in the "Request for Additional Information to Confirm Your Eligibility" section of the notice.

> **Requesting for Additional Information to Confirm Your Eligibility**
>
> Additional information is required to confirm eligibility for members of your household. Please review the following table to determine what information is required for your household.
>
> Provide proof of **Citizenship Status by December 04, 2023** for:
> Janice Plato   Marketplace ID: **HX0000074408**
>
> Provide proof of **Social Security Number by December 01, 2022** for:
> Janice Plato   Marketplace ID: **HX0000074408**
>
> Provide proof of **Income by December 01, 2022** for:
> Janice Plato   Marketplace ID: **HX0000074408**
>
> **Please note:** If you miss the due date, you may lose your insurance or receive less help paying for your coverage.

The documentation list in the consumer's notice will tell them what types of documents would be acceptable.

You may refer to the Documentation Checklist for Assistors for a list of documentation that would be acceptable based on the type of request. Click here to access this resource
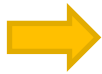
CHECK YOUR DASHBOARD

On your Assistor dashboard overview tab, you will see a section called "Individual Marketplace Overview". You will see several tabs that highlight accounts in which a member needs to provide documentation to become fully eligible for coverage in NY State of Health.

An account will appear here as needing documentation verified until the request for documentation is satisfied. Once the documentation has been verified and the consumer has been determined fully eligible, the account will no longer appear in this section.

| Overview | My Profile | My Clients | My Inbox | Address History | Useful Links |

Welcome to your NY State of Health Assistor Overview tab. This screen provides an overview of any accounts which may need your attention. To manage all of your accounts, please navigate to the "My Clients" tab. You may click on the tabs above to move around your dashboard. Please be sure to review each tab for important information.

▾ Messages & Notices 1
1 of 1 messages | view all | collapse

You have 1 unread notices in your Messages & Notices Inbox

Notice Id	Subject click on the notices below to view or download	Type	Date
Notice1025	Welcome	Notice	05/20/2022

▾ Individual Marketplace Overview
collapse

| Manual Renewal | Verification | Eligibility In-Progress | Plan Selection Needed | Communication Events |

Show [10 ▾] entries per page   ← Previous 1 2 Next →

Individual Account ID	Account Holder Name / Email Address	HX ID / Phone Number	Program	Verification Type	Due Date
AC0000072279	Janice Plato	HX0000074406 555-555-5555	Medicaid	CITIZENSHIP_STATUS	01/04/2023
AC0000072279	Janice Plato	HX0000074408 555-555-5555	Advance Premium Tax Credit	CITIZENSHIP_STATUS	12/01/2022
AC0000072279	Janice Plato	HX0000074408 555-555-5555	Advance Premium Tax Credit	SSN	12/01/2022
AC0000072279	Janice Plato	HX0000074408 555-555-5555	Advance Premium Tax Credit	INCOME	12/01/2022

ALL THE COLUMNS ARE SORTABLE

- **Account ID –** This will order the account numbers, smallest to largest which will group the documentation requests for household members of the same account number together. An account may have multiple requests for documentation that may be satisfied with one submission.
- **Account Holder Name –** This will order the account holders' name alphabetically.
- **HX ID –** This will order the household members' HX numbers in order smallest to largest.
- **Program –** This will order the names of the programs that the person might be eligible for alphabetically.
- **Verification Type –** This will order the types of documentation requests alphabetically.
- **Due Date –** This will order the documentation due dates in order. This will allow you to prioritize your consumers' documentation requests by due date.

➡️ ONCE THE DOCUMENTS ARE REVIEWED

If the consumer's documentation is reviewed and found to be acceptable, the consumer will be able to have their eligibility determined or found fully eligible.

We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility.

⊘ **Janice Plato (34)**   Medicaid   CIN: AA00000A | Marketplace ID: HX0000000000

You are eligible for Medicaid. Your eligibility is based on the number of people in your household and the information in your application.

Annual Household Income	Federal Poverty Level
$16,000.00	117.73%

If the consumer's documentation is reviewed and found to be insufficient, the consumer will receive a new notice that informs them that more information is needed to become fully eligible.

ACTION REQUIRED TO CONFIRM YOUR APPLICATION

Lin Smith   Marketplace ID: HX0000000008

Provide proof of Household Income by April 20, 2023. Please note: if you miss this due date, you may lose your health insurance or receive less help paying for your health coverage. Please review the documentation checklist at the end of this notice for more specific options.

Document Status: Paycheck stubs

➡️ The Paycheck stubs you sent us did not include enough information to confirm your Household Income.

What your document must include:

➡️ Paycheck stubs must be dated **March 10, 2023** or more recently. Documents must show income for 4 weeks in a row.

➡️ Paycheck stubs must include the employee's name or Social Security Number, pay date or pay period and the gross pay amount.

As mentioned previously, once the documentation has been verified and the consumer has been determined fully eligible, the account will no longer appear in the Verification tab on your Assistor dashboard.

Please remember to exercise caution when uploading documents to the consumer's account. Be sure that the documents you are uploading are appropriate for the document request and that they are being uploaded to the correct account. You can find the "Document Linking Checklist" by clicking here.

nystateofhealth
The Official Health Plan Marketplace