

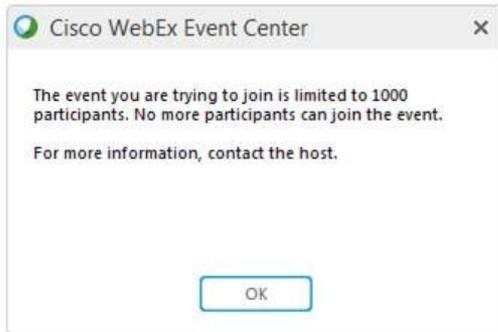
# PRIVACY & SECURITY



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

**Time: 10:00am – 11:30am  
Date: July 8, 2020  
Dial-In Number: 1-855-897-5763  
Conference ID: 2043557**

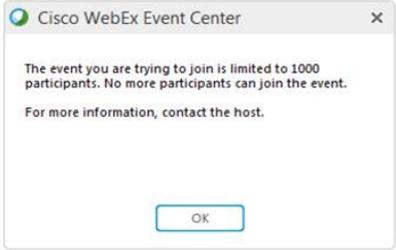
# TODAY'S WEBINAR



**If** you see this message when logging into the webinar...



**As a reminder....**  
If You previously registered for this webinar via:  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e2de9de2b9a3bde0e8310438f7fa1839f>  
and you see the message below when logging into the webinar.



Please use this alternate link to join the webinar.  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e98419a6d185319cb2071721f2a6b2e3d>

The audio lines will be open for everyone and there is no limit to calling in to listen. Anyone who cannot access the Webinar will be able to follow along using the slides sent previously.  
**Call-in information:**  
Dial in: 1-855-897-5763  
Conference ID: 2795934

Please note, all Assistors who are certified on NY State of Health are required to recertify annually.

Thank you for all that you do to help New Yorkers shop, compare and enroll in health insurance coverage through NY State of Health

Please find this email:  
Subject Line: **2020**  
**Recertification Overflow**  
**Webinar | Privacy & Security**  
and click on the second link  
in order to log in.

**Dial-In Number: 1-855-897-5763**  
**Conference ID: 2043557**

# PRESENTERS



## Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus and Marketplace Consumer Assistance

## Speakers

Kelly Lamendola

Director, Office of Marketplace Counsel

Norman Massry

NY State of Health Chief Information Security Officer

# MARKETPLACE INFORMATION PRIVACY AND SECURITY



Marketplace Assistors are required by law, and by agreement with the Department of Health, to protect Personally Identifiable Information (PII) and Protected Health Information (PHI).

This training will cover:

- Definition of PII
- HIPAA and the definition of PHI
- Limits on the Use of PII and PHI
- Requirements for Safeguarding PII and PHI
- Review of Best Practices

# WHAT IS PII?

PII is Personally Identifiable Information. PII is information that can be used to distinguish a person's identity, when standing alone or when combined.

- Name
- Address
- Telephone number
- SSN
- Date of Birth
- E-Mail address
- Driver's license number
- Passport number



# USE OF PII

- The Marketplace uses PII provided by applicants to process eligibility determinations for health insurance programs and QHPs.
- The Marketplace is subject to specific privacy and security standards for the collection, use and disclosure of PII under the federal Marketplace regulations (45 CFR 155.260).
- PII may only be used for eligibility and enrollment purposes. It may not be re-disclosed or shared for other purposes.
- PII may not be shared with other government agencies, except as permitted by law.

# AUTHORIZATION AND CONSENT



The Marketplace privacy and security regulations require “*Openness and Transparency*” regarding policies, procedures and technologies that directly affect consumers and their personal information.

Assistors should answer consumer’s questions about the need for identity proofing to protect privacy; and the need to collect PII to determine eligibility for coverage.

In addition, it is important that consumers review the general privacy attestation and the Terms Rights and Responsibilities.

### General Privacy Attestation

- I understand the Marketplace will keep my information private as required by law. My answers on this form will only be used to determine eligibility for health coverage.
- I understand the Marketplace may use data sources, including Experian and/or the New York State Department of Motor Vehicles, to verify my identity.
- I understand that to protect my privacy, I will need to complete Identity Verification successfully, before requesting access to the selected activity.

### Identity Proofing

With respect to identity proofing, below are a few items to keep in mind.

- Ensure that you have entered your legal name, current home address, primary phone number, date of birth and email address correctly. The Marketplace will only collect personal information to verify your identity with Experian, an external identity verification provider.
- Identity Verification involves Experian using information from your consumer report profile to help confirm your identity. As a result, you may see an entry called a “soft inquiry” on your Experian consumer report. Soft inquiries are only visible to you, will never be presented to third parties, and do not affect your credit score. The soft inquiry will be titled “CMS Proofing Services” and will be removed from your Experian consumer report after 25 months.
- You may need to have access to your personal and consumer report information, as the Experian application will pose questions to you, based on data in their files. For additional information, please see the Experian Consumer Assistance website -

Close

### Request for Financial Assistance – Terms, Rights, and Responsibilities

may be a penalty if I'm not truthful.

- I know that I must tell the Marketplace if anything changes from what I wrote on this application. I should call 1-855-355-5777 or visit [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) to report any change or for help getting required information.
- I know that it is against federal law to discriminate on the basis of race, color, national origin, sex or disability. I can file a discrimination complaint by visiting [www.hhs.gov/ocr/office/file](http://www.hhs.gov/ocr/office/file).
- I confirm that no one applying for health insurance on this application is living in a medical facility.

If anyone on this application qualifies for the Essential Plan:

- I understand that if NY State of Health determines me or anyone on this application eligible for the Essential Plan, we are not eligible for Medicaid or the premium tax credit. This means that NY State of Health cannot allow us to enroll into a qualified health plan (with or without a premium tax credit) or a Medicaid Managed Care Plan.
- I know that if I qualify for the Essential Plan, I must choose and join an Essential Plan health plan.
- By applying for the Essential Plan, I agree to pay any monthly fee (premium) not paid by New York State.

If anyone on this application qualifies for Advanced Premium Tax Credits:

- I know that if I am employed, NY State of Health may notify my employer that I have applied for and that the Marketplace determined me eligible for the premium tax credit. Federal law requires that NY State of Health send this notice based on an eligibility determination. NY State of Health may send this notice even if I do not enroll in a health plan. If NY State of Health sends the notice, it may give my employer enough information to identify me.
- I know that if I am employed, the Marketplace may contact any of the employers on this application to see if anyone on this application qualifies for health insurance. The Marketplace will let me know if they get any information that affects whether I qualify for insurance.

### Right to appeal

If I think the Marketplace has made a mistake, I can appeal its decision. To appeal means to tell someone at the Marketplace that I think the decision is wrong and to ask for a fair review of the decision. I know that I can find out how to appeal by calling 1-855-355-5777. I know that I can have someone other than myself represent me in my appeal. Information about whether I qualify, as well as other important information, will be explained to me. I understand that a change in my information could affect whether people in my household qualify for health insurance.

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

- HIPAA is a federal law passed in 1996 and amended by another federal law, passed in 2013, called HITECH.
- The actual rules are contained in federal regulations that have since been in effect since 2003 (45 CFR Parts 160 and 164).
- Significant amendments to HIPAA went into effect in 2013, strengthening privacy and security provisions.



# HIPAA: COVERED ENTITIES



HIPAA applies to certain types of organizations, called “Covered Entities.”

Covered Entities Include:

- Health Care Providers, such as physicians and hospitals
- Health Insurance Plans, such as Medicaid and Insurance Companies
- Health Care Clearinghouses, which refers to companies that assist with claims processing or billing

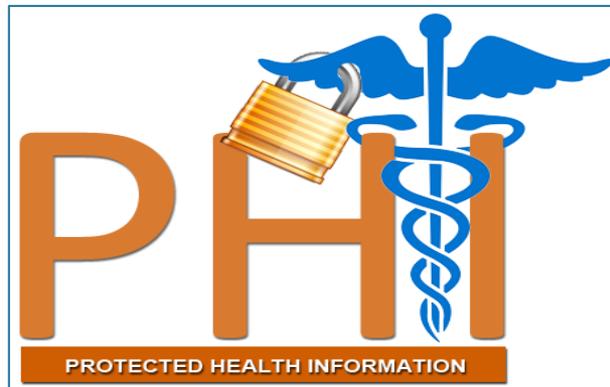
The Marketplace is a Covered Entity (specifically, a “Covered Program”) of the New York State Department of Health

# PROTECTED HEALTH INFORMATION

Under HIPAA, PII combined with “Health Information” (information about a person’s health care, including payment for health care) is “Protected Health Information” or “PHI.”

PII + “Health Information” = PHI

An individual consumer’s enrollment in a health plan is PHI.



# INFO CHECK



✓ ACCOUNT INFORMATION

✓ BUILD HOUSEHOLD

✓ INC

✓ OTH

✓ APP

✓ FIN

## Plan Selections Confirmed

Congratulations! Information about the plans you have chosen for you and your family is below. You can print out

- Account Numbers (AC00000000000)
- HX IDs (HX00000000000)
- Confirmation Numbers
- Other Stand-Alone Information

When they stand alone they are not traceable, but as soon as they are combined with any other PII, they should be treated as protected information.

You must pay the monthly premium for this coverage to begin on the 1st day of the coverage month. Your insurer will follow up with you regarding payment of your premium.

Show More

# BUSINESS ASSOCIATES



Many Assistors are “Business Associates” of the Marketplace under HIPAA, which means that they receive or transmit PHI on behalf of a Covered Entity (the Marketplace).

Business Associates have a Business Associate Agreement or BAA with the Marketplace.

The HIPAA amendments that went into effect in 2013 included important changes for Business Associates. The federal Office of Civil Rights in the Department of Health and Human Services can take enforcement action directly against Business Associates for breaches of security or privacy.

# HIPAA: PRIVACY AND SECURITY



HIPAA includes a Privacy Rule and a Security Rule that requires Covered Entities and Business Associates to use operational, administrative, technical and physical safeguards to prevent unauthorized access, use or disclosure of PHI.



Whether a consumer participates in the Medicaid program or any other health insurance program is PHI that may only be used for Marketplace program purposes.



Assistors may only use PHI for Marketplace program purposes. It may not be re-disclosed or shared.

# MEDICAID CONFIDENTIAL DATA AND UNEMPLOYMENT INFORMATION



- In addition to HIPAA, individually identifiable **Medicaid Confidential Data** is also protected by Federal and State Laws.
- An individual's application for or receipt of **Unemployment Insurance (UI)** benefits is confidential information protected under Federal and State Laws.
- HIPAA adds to these protections, it does not replace them.

# LIMITATION OF ACCESS

- Only Assistor staff who need access to PII / PHI to perform their assigned job responsibilities may have access (also known as “need to know”).
- Access to PII / PHI must be limited to what is minimally necessary for staff to do their jobs (also known as “minimum necessary”).

Unless a staff person has an assigned job responsibility, he or she should **not** have access to PII or PHI.

# POLL QUESTION # 1

How can an Assistor get access to a consumer's existing Marketplace account before they actually meet with the consumer?  
Is the answer....

- a) If the consumer has access to their Marketplace account online, the consumer may sign into their account, and electronically assign you as their Assistor.
- b) The consumer can call the Call Center on their own and ask to have you assigned to their account.
  - They will need your name (first and last) and your agency name.
  - Make sure you are not hidden from the public search screen in your Assistor Profile



- c) Have a teleconference call with the consumer and the Call Center to have the account transferred.
  - *Both you and the consumer will need to be authenticated by the Call Center.*
- d) All of the above are possible ways to get access to a consumers Marketplace account before meeting them in person.

# HIPAA: SECURITY RULE

- Assistors must take steps to prevent unauthorized access to PHI.
  - Be aware of your surroundings while handling or discussing PII or PHI
  - Use screen protectors if needed
- Laptops used by Assistors to collect and transmit PII and PHI must be encrypted.



## What is Disk Encryption?

- Encryption converts data into an unreadable format. In order to convert it back to an intelligible format, it needs to be unlocked with the secret key.
- Encryption refers to whole-disk encryption, which requires an Assistor Organization to use software, such as Bitlocker, to encrypt the hard drive of the laptops that it provides to individual Assistors.
- If an *encrypted* laptop is lost or stolen, the data on the hard drive is unreadable.
- It is important to check with your supervisor to be sure that any laptop that has been given to you to provide Marketplace enrollment assistance is encrypted.

## Protect your laptop and/or workstation

1. Protect your User IDs and your passwords.
  - Change them frequently
  - Do not post where they are visible to others
2. Never let anyone else use your User ID and Password.
3. Use up to date anti-virus software and keep operating systems updated and patched with the latest security updates.
4. Always lock your computer when you leave your desk so that PII/PHI are not visible on the screen or accessible.
5. Secure any paper PII/PHI. Never place PII/PHI in a standard recycling bin or trash can.
6. Shred PII/PHI when finished with it, or store securely.

# WHAT NOT TO DO

Assistors should **NEVER**:

- Discuss PII/PHI with co-workers who do not have a “need to know.”
- Discuss PII/PHI via telephone, or provide enrollment assistance via telephone.
  - Unless speaking to a representative of NY State of Health or its Customer Service Center.
- Transmit PII/PHI via email.
  - Except in limited circumstances when Assistors need to send PII/PHI to a DOH staff member and only in an encrypted format.
- Discuss PII/PHI with a non-authorized person.



# SECURITY BASICS

## PUBLIC LOCATION



Problem	Corrective Action
Shoulder Surfers	Choose a space within your public location that is least subject to your computer screen being viewed by others.
Eavesdroppers	Encourage consumers to be aware, and speak quietly when providing information.
Non-reading Consumers or Interpreters	Set the tone; let them know that it may be beneficial to move to a secure location, or explain that you will be speaking quietly when reviewing PHI/PII.
PHI/PII Disposal	Encourage consumers to take responsibility for their own documents, and dispose of them in a non-public location.

# RANSOMWARE

## What is Ransomware?

- Type of Malware
- Typically spread through Phishing emails
- Encrypts and Locks Files
- Holds Files for Ransom

## How do I get Ransomware?

- Spam and Phishing Emails
- Malicious Web Advertisements
- Unpatched Vulnerabilities

# RANSOMWARE

Cryptolocker 2.0

## Your personal files are encrypted



Your files will be lost without payment on:  
11/24/2013 3:16:34 PM

**Info**

Your **important files were encrypted** on this computer: photos, videos, documents, etc. You can verify this by click on see files and try to open them.

Encryption was produced using **unique** public key **RSA-4096** generated for this computer. To decrypt files, you need to obtain **private** key.

The single copy of the private key, which will allow you to decrypt the files, is located on a secret server on the Internet; **the server will destroy the key within 72 hours after encryption completed.** After that, nobody and never will be able to restore files.]

**To retrieve** the private key, you need to pay 0.5 bitcoins.

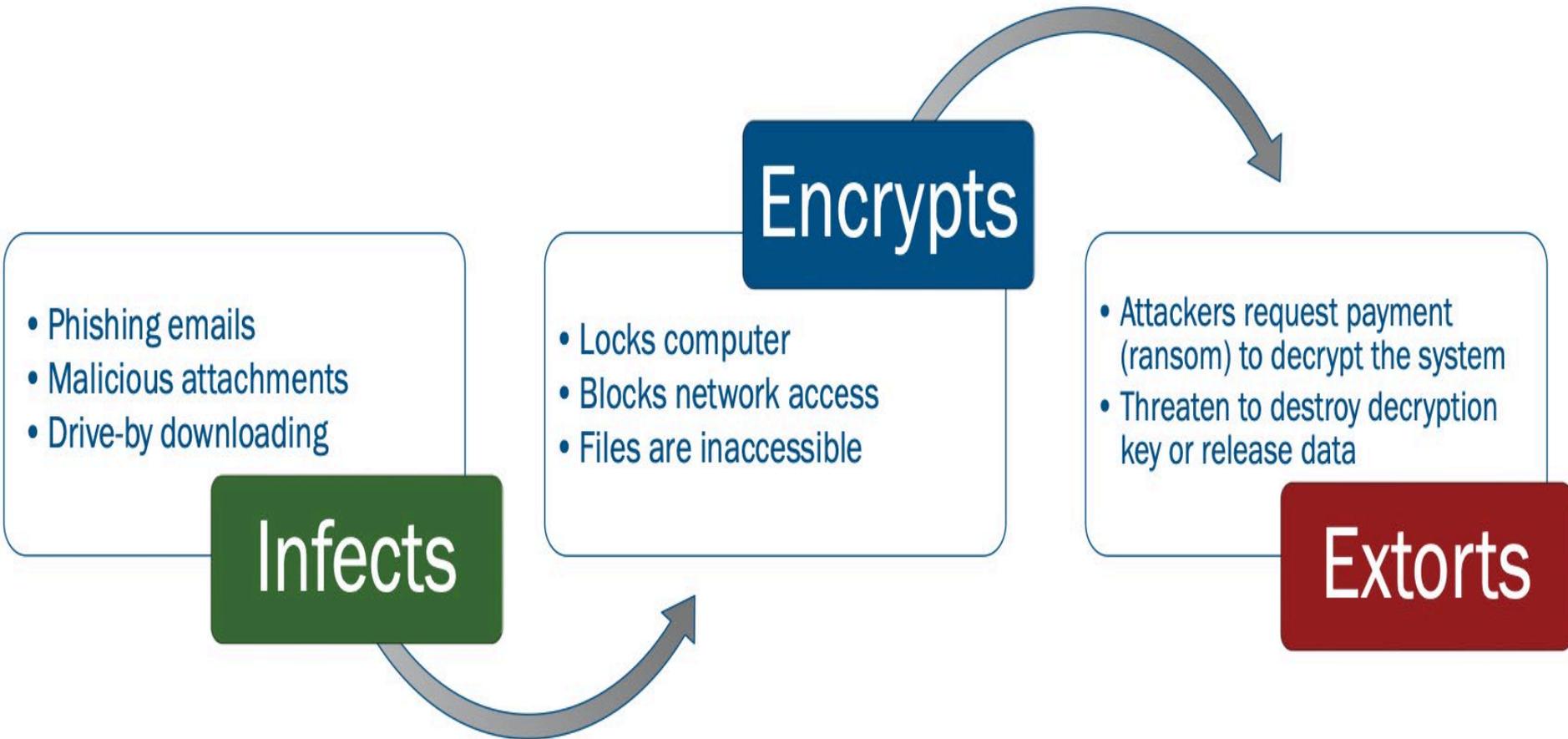
Click **proceed to payment** to obtain private key.

**Any attempt to remove or damage this software will lead to immediate private key destruction by server.**

See files      << Back      Proceed to payment >>

www.bleepingcomputer.com

# HOW RANSOMWARE WORKS



# POLL QUESTION # 2



What measures can you take to help prevent becoming a casualty of ransomware?

- A. Backup your data.
- B. Update and patch your systems.
- C. Ensure your security solutions are up to date.
- D. All of the above.

# MARKETPLACE INFORMATION SECURITY



- Never save or copy PII and PHI to mobile devices, such as flash drives or portable disk drives.
- Never photograph consumer documents for the purpose of uploading to an account.
- PII and PHI must not be stored on a laptop or PC.
  - You may retain a list of client names and phone numbers for the purpose of calling to make appointments, but no further client information should be saved on an Assistor's work or personal computer, phone, or other devices.

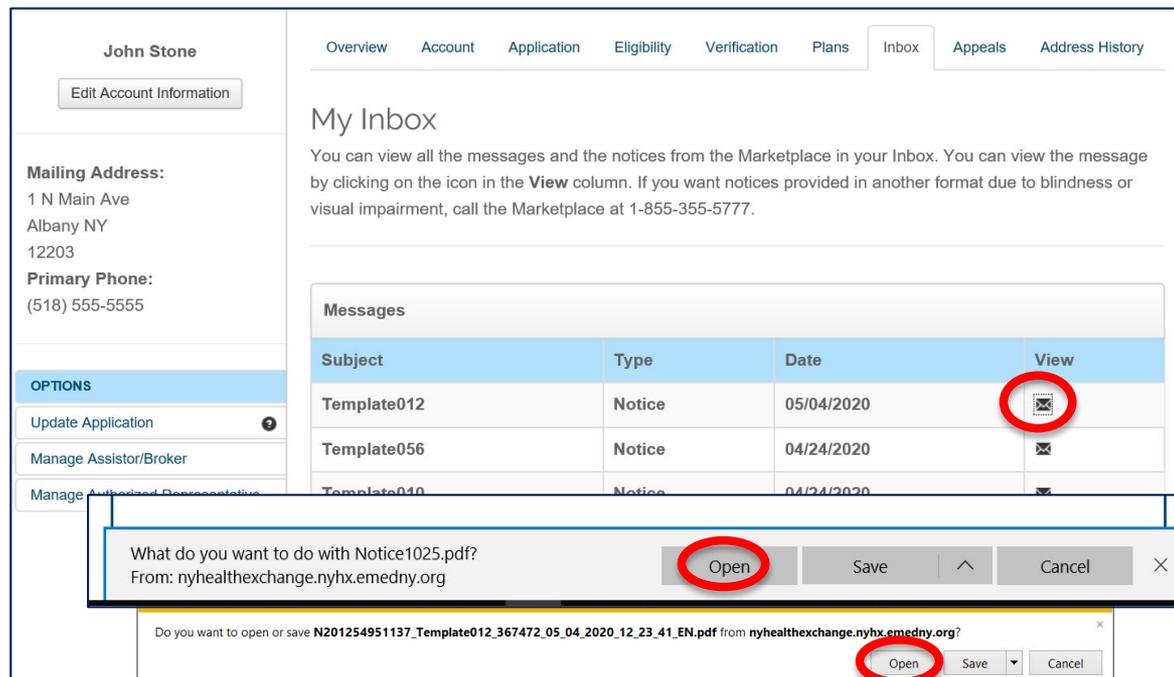
 **The next three slides provide instructions on how to securely open a consumer's notice and how to delete it from your computer if needed.**

# MARKETPLACE INFORMATION

## SECURITY (CON'T)

### Viewing Notices: Internet Explorer or Microsoft Edge

- Be sure to click on “Open” and not “Save” in order to avoid a copy of the document automatically saving to your computer.



**John Stone**  
Edit Account Information

Mailing Address:  
1 N Main Ave  
Albany NY  
12203  
Primary Phone:  
(518) 555-5555

OPTIONS  
Update Application  
Manage Assistor/Broker  
Manage Authorized Representative

Overview Account Application Eligibility Verification Plans **Inbox** Appeals Address History

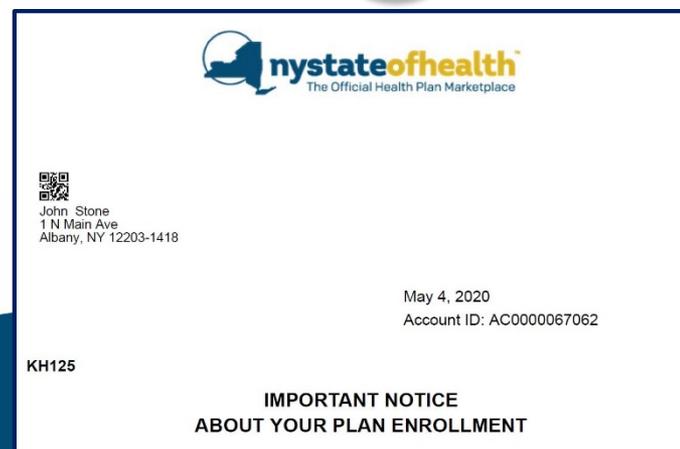
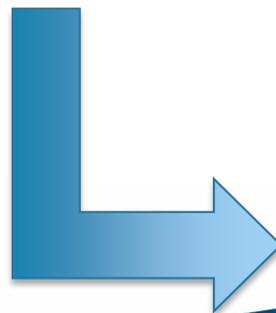
### My Inbox

You can view all the messages and the notices from the Marketplace in your Inbox. You can view the message by clicking on the icon in the **View** column. If you want notices provided in another format due to blindness or visual impairment, call the Marketplace at 1-855-355-5777.

Subject	Type	Date	View
Template012	Notice	05/04/2020	
Template056	Notice	04/24/2020	
Template010	Notice	04/24/2020	

What do you want to do with Notice1025.pdf?  
From: nyhealthexchange.nyhx.emedny.org

Do you want to open or save N201254951137\_Template012\_367472\_05\_04\_2020\_12\_23\_41\_EN.pdf from nyhealthexchange.nyhx.emedny.org?



**nystateofhealth**  
The Official Health Plan Marketplace

John Stone  
1 N Main Ave  
Albany, NY 12203-1418

May 4, 2020  
Account ID: AC0000067062

KH125

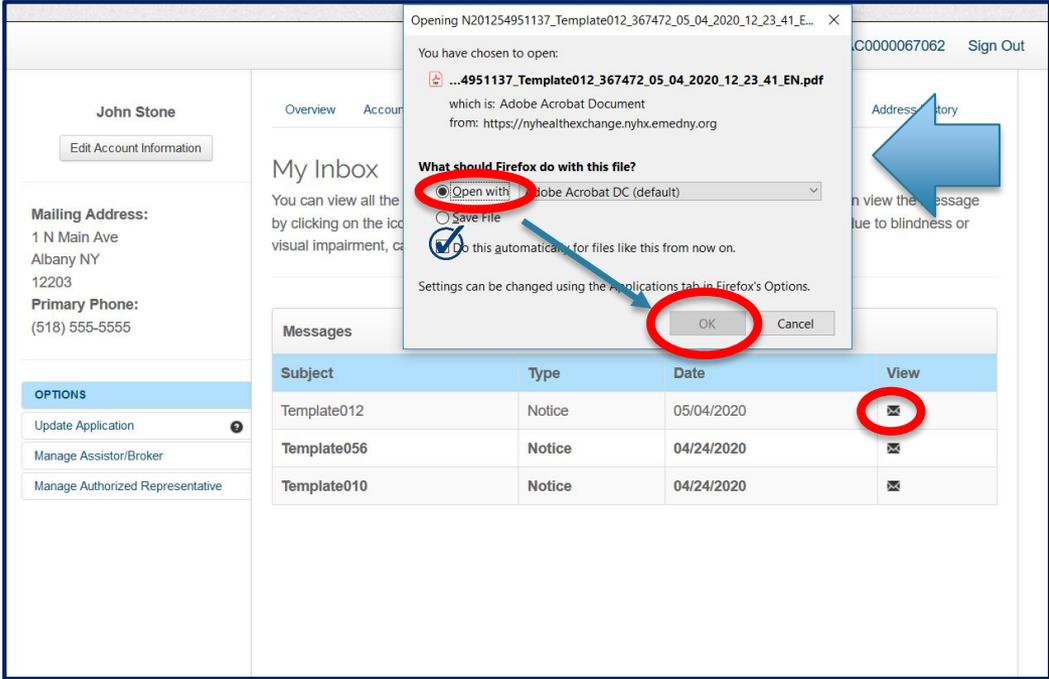
**IMPORTANT NOTICE  
ABOUT YOUR PLAN ENROLLMENT**

# MARKETPLACE INFORMATION

## SECURITY (CON'T)

### Viewing Notices: Mozilla Firefox

- Be sure to click on “Open with” and not “Save File” in order to avoid a copy of the document automatically saving to your computer.
- You may also check the box for “Do this automatically from now on”, then click “OK”.

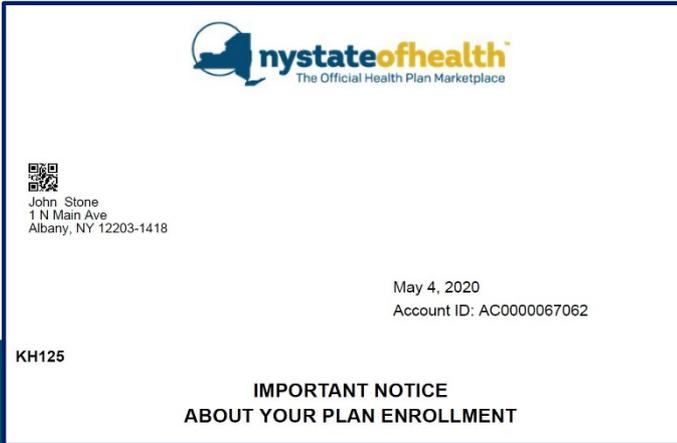
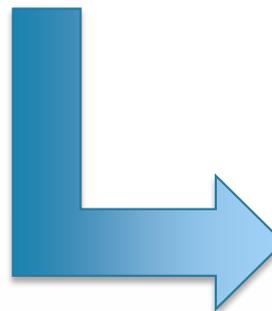


Opening N201254951137\_Template012\_367472\_05\_04\_2020\_12\_23\_41\_E...  
You have chosen to open:  
...4951137\_Template012\_367472\_05\_04\_2020\_12\_23\_41\_EN.pdf  
which is: Adobe Acrobat Document  
from: https://nyhealthexchange.nyhx.emedny.org

What should Firefox do with this file?  
 Open with Adobe Acrobat DC (default)  
 Save file  
 Do this automatically for files like this from now on.  
Settings can be changed using the Applications tab in Firefox's Options.

OK Cancel

Subject	Type	Date	View
Template012	Notice	05/04/2020	<input checked="" type="checkbox"/>
Template056	Notice	04/24/2020	<input checked="" type="checkbox"/>
Template010	Notice	04/24/2020	<input checked="" type="checkbox"/>



**nystateofhealth**  
The Official Health Plan Marketplace

John Stone  
1 N Main Ave  
Albany, NY 12203-1418

May 4, 2020  
Account ID: AC0000067062

KH125

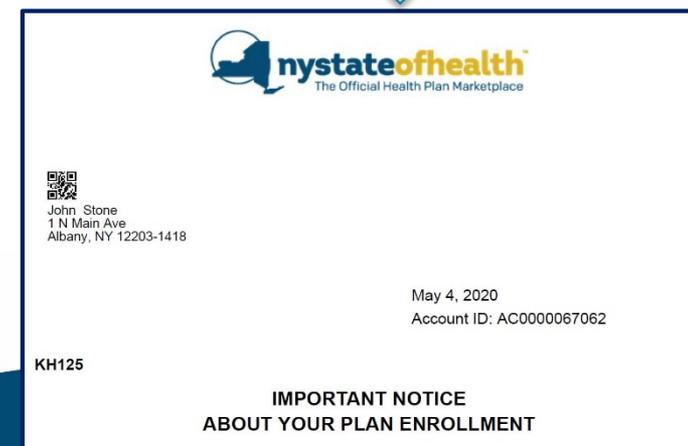
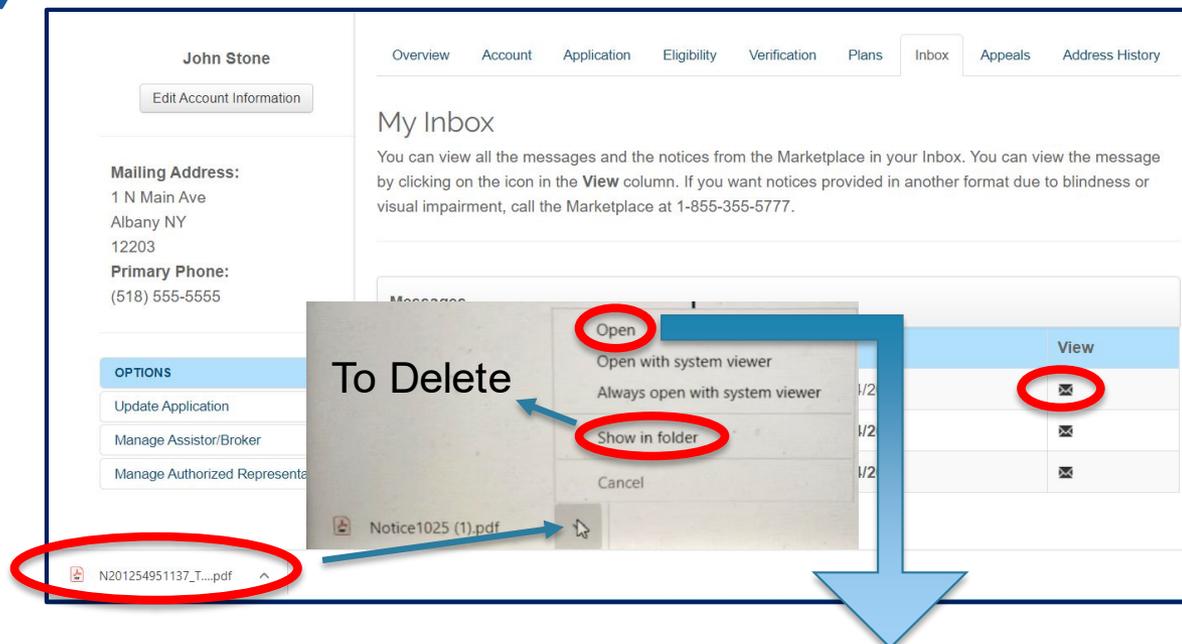
**IMPORTANT NOTICE  
ABOUT YOUR PLAN ENROLLMENT**

# MARKETPLACE INFORMATION

## SECURITY (CON'T)

### Viewing Notices: Google Chrome

- When you click on the notice, it automatically downloads a PDF to your computer.
- When you click the options arrow, you can either open the PDF or 'Show in folder' to see where the document has been saved on your computer.
- Follow this file path (usually a Temp file, or a Download file) to delete it.

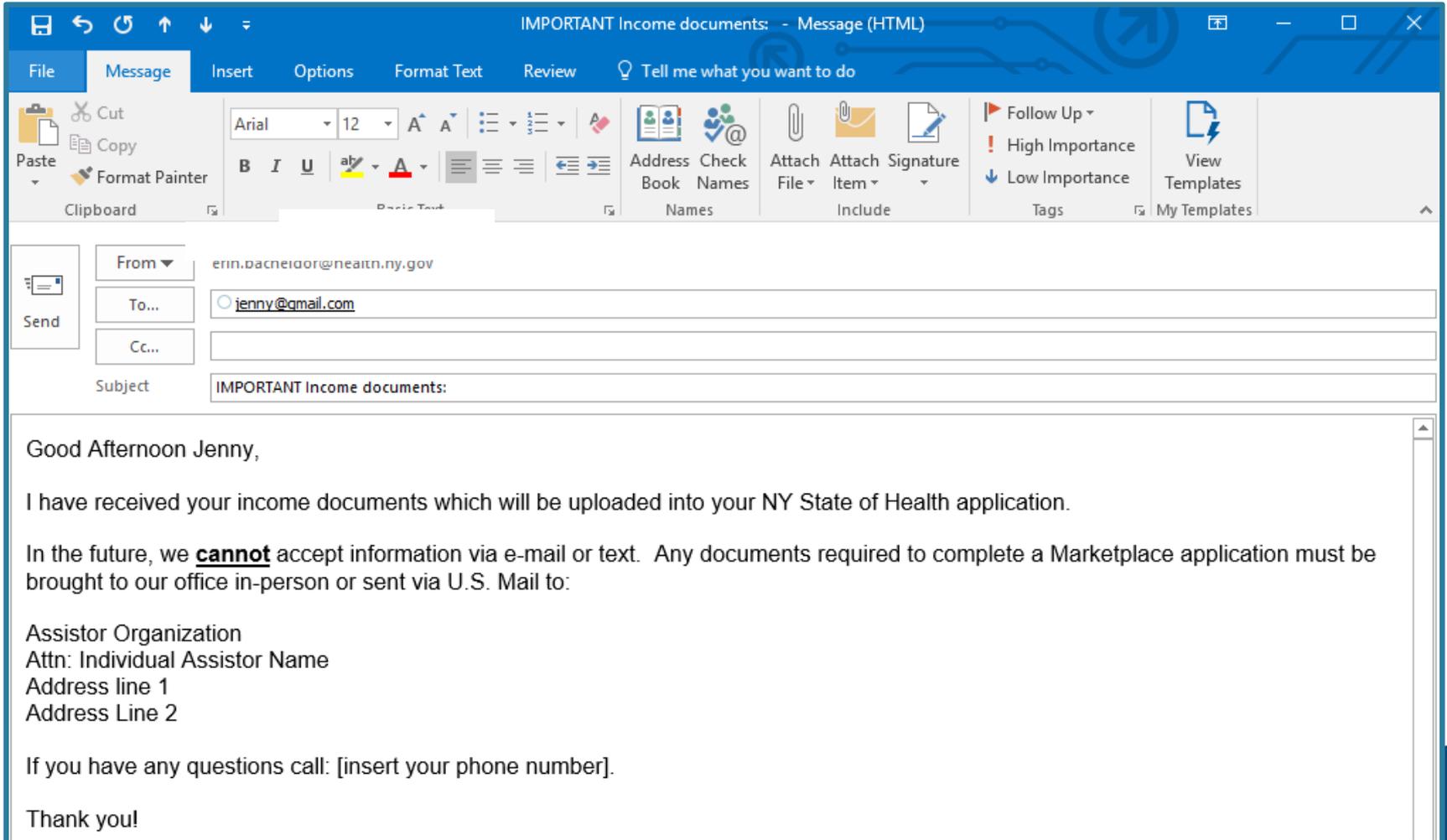


# MARKETPLACE E-MAIL RESTRICTIONS



- Assistors must NOT send PII and/or PHI via e-mail.
- Assistors must instruct consumers not to send PII or PHI to the Assistor organization via e-mail or text.
- Consumers should never text photos of documents.
- If an Assistor receives unsolicited PII from a consumer, they should send the consumer a reply letting them know that in the future, the consumer must:
  - mail their document to the Assistor; or
  - deliver their document to the Assistor agency in-person in a sealed envelope; or
  - fax their document to the Assistor. More on this to come (slide 34)
- Unsolicited e-mail/PII received from a consumer should be deleted from the e-mail account and then deleted from “trash.”

# MARKETPLACE E-MAIL RESTRICTIONS (CON'T)



IMPORTANT Income documents: - Message (HTML)

File Message Insert Options Format Text Review Tell me what you want to do

Cut Copy Paste Format Painter Clipboard

Arial 12 A<sup>+</sup> A<sup>-</sup> B I U ab A

Address Book Check Names Attach File Attach Item Signature

Follow Up High Importance Low Importance View Templates My Templates

Send From: erin.bacnerdor@nearitn.ny.gov To: [jenny@gmail.com](mailto:jenny@gmail.com) CC: Subject: IMPORTANT Income documents:

Good Afternoon Jenny,

I have received your income documents which will be uploaded into your NY State of Health application.

In the future, we **cannot** accept information via e-mail or text. Any documents required to complete a Marketplace application must be brought to our office in-person or sent via U.S. Mail to:

Assistor Organization  
Attn: Individual Assistor Name  
Address line 1  
Address Line 2

If you have any questions call: [insert your phone number].

Thank you!

# ENCRYPTED E-MAIL

In limited, **time-sensitive** circumstances, an Assistor may use **encrypted** e-mail to send PII or PHI as an encrypted attachment to specific DOH staff members with a need to know.

- PII and PHI must NEVER be sent in the body of an email.
- Assistors may send encrypted attachments in an e-mail, encrypting Microsoft Office (e.g. Word) attachments by password protecting, or using “Winzip” or “7Zip.”
- Passwords or “keys” to the encrypted file must be sent in a separate e-mail.
- To encrypt using Word, Excel or PowerPoint file click File > Info > Protect Document > Encrypt with Password.

# ASSISTORS AND PII



- Assistors must not keep copies of consumer documents, such as copies of passports.
  - If the consumer can't finish the appointment, he or she should take their documents with them until they can re-schedule.
- Documents containing PII must be provided to the Assistor in-person or by regular mail.
  - For example: if following an in-person appointment, a consumer needs to provide additional copies of paystubs, the consumer may hand-deliver or mail the documents to the Assistor in a sealed envelope, clearly marked with the Assistor's name and organization (including client name and AC number). Assistor organizations may provide self-addressed labels for this purpose.

# ASSISTORS AND PII (CONT'D)

Can consumers fax documents, such as their paystubs, to their assigned Assistors?



Consumer documents containing PII should be provided to an Assistor in-person during an appointment to the maximum extent possible.

- A consumer **may** fax their documents to an Assistor.
  - The Assistor must verify that the consumer has the correct fax number.
  - The Assistor agency must ensure that the facsimile machine is located in a secure location and that the recipient Assistor is able to promptly receive the faxed information.
  - The fax cover page should include the name of the Assistor as well as the consumer's name and AC number.

# ASSISTORS AND PII (CONT'D)



- Assistors may maintain the names and telephone numbers of clients to make individual appointments and follow-up as needed regarding Marketplace coverage.
- Other client information must be stored in the Assistor dashboard. It may not be stored in other systems, such as Outlook.
- Contact information for clients must not be used for any other program purpose. Its use is limited to Marketplace enrollment assistance.

# FAXING IDENTITY PROOFING DOCUMENTS TO THE MARKETPLACE



- Any Fax sent to the Marketplace must have a cover sheet that is clearly labeled with name and account number (ACXXXXXXXXXX).
- Each fax must contain documents for one (1) account holder only.
- For Example: If an Assistor has two separate clients and needs to fax a one page document to the Marketplace for each client, the Assistor must prepare two (2) separate faxes with separate cover sheets.

# FAXING DOCUMENTS TO THE MARKETPLACE

1. Complete cover page for person #1
2. Send the fax with his cover sheet and his documents
3. Receive fax confirmation





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

## Identity Proofing Only

TO: NYSOH Identity Proofing	FROM (NAVIGATOR/CAC NAME):
CLIENT ACCOUNT #: <b>AC0000000001</b>	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 facsimile and any attachments are confidential and are intended solely for addressee. The information may also be legally privileged. 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 transmission is strictly prohibited. If you are not the intended recipient, please immediately notify the sender.

1. Complete cover page for person #2
2. Send the fax with her cover sheet and her documents
3. Receive fax confirmation





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

## Identity Proofing Only

TO: NYSOH Identity Proofing	FROM (NAVIGATOR/CAC NAME):
CLIENT ACCOUNT #: <b>AC0000000002</b>	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.

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# UPLOADING DOCUMENTS TO THE MARKETPLACE



- Consumer documents that contain PII (i.e. paystubs or immigration documents) must be uploaded separately by document type and consumer.
  - For example: If one consumer has provided four paystubs related to her application, the Assistor should upload them together as one (1) upload. If this consumer is also providing their Permanent Resident Card to verify immigration status, the front and back of the card should be uploaded separately as one (1) upload.
- Before uploading **each** document an Assistor must check at least three (3) different elements of PII in the document against the account, to verify that the document matches the account.
  - For example: Before uploading paystub copies, the Assistor should verify that the name and the address and the last four digits of the SSN on **each** paystub match the name and address and last four digits of the SSN on the account.
- NOTE: The type of PII in individual documents will vary. The important thing is to check at least three (3) different types of PII on each document to validate that the document matches the account.

# DOCUMENT LINKING CHECKLIST



- The Document Linking Checklist is a tool to help Assistors in checking at least three (3) different types of PII on each document against the PII on the account.
- Do not upload the checklist itself. The checklist is a reference tool to assist in checking PII as each consumer document is uploaded.
- NOTE: If an Assistor is not able to match three (3) different types of PII on a document, they should “hold” on uploading that document until they double check that the document matches the particular account.

Document Linking Checklist			
Answer the following questions before linking each document to a consumer's account.			
	Yes	No	N/A
Does the name on the document, match the name of a consumer listed in the account you are linking to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is an address listed on the document, does it match the address of the consumer account you are linking to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a SSN on the document, do the last four digits match the last four digits of the SSN of a consumer listed in the account you are linking to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a DOB on the document, does it match the DOB of a consumer listed in the account you are linking to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After reviewing the questions above, have you confirmed you are linking this document to the correct account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Be sure to delete the document after it has been uploaded.

# PREVIEW FEATURE

Type of document being uploaded.

Name of the Account Holder

- Account Holder's name will appear even if uploading documents for a household member, such as a child or spouse.

Upload Paycheck stubs

For account holder Zedd Zabremson

**Best Practice:**  
Scroll down to view the entire page of the document.

**Best Practice:**  
Check to make sure all pages were uploaded.

COMPANY NAME						
Sample Company Name, Sample Company Address, 95220						
EMPLOYEE NAME		SOCIAL SEC. ID		EMPLOYEE ID		
Zedd Zabremson		XXX-XX-3432		44234		
RATE	HOURS	CURRENT TOTAL		DEDUCTIONS		
GROSS WAGES	50	50	2,500.00	FICA MED TAX		
				FICA SS TAX	155.00	6,975.00
				FED TAX	559.18	25,163.00
				CA ST TAX	183.76	8,269.26
				SDI	25.00	1,125.00

< Previous Page: 1 / 5 Next >

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Type in the consumer's Account Number to validate

# PREVIEW FEATURE



**Assistor Upload Errors** have **decreased** since the new functionality was added!

- When uploading each document remember to confirm that the account number of the consumer is properly linked to that document.
- The most common types of incorrectly linked documents:
  - Paystubs
  - Letters of Employment
  - Self-Declaration of Income Form
  - Immigration Status Documents
  - Health Insurance Letters or Cards

# NYSOH MOBILE UPLOAD APP



The NYSOH Upload APP allows consumers to use a mobile device to submit documents to NY State of Health.

To find the NYSOH Upload APP on the App Store® or on Google Play™,

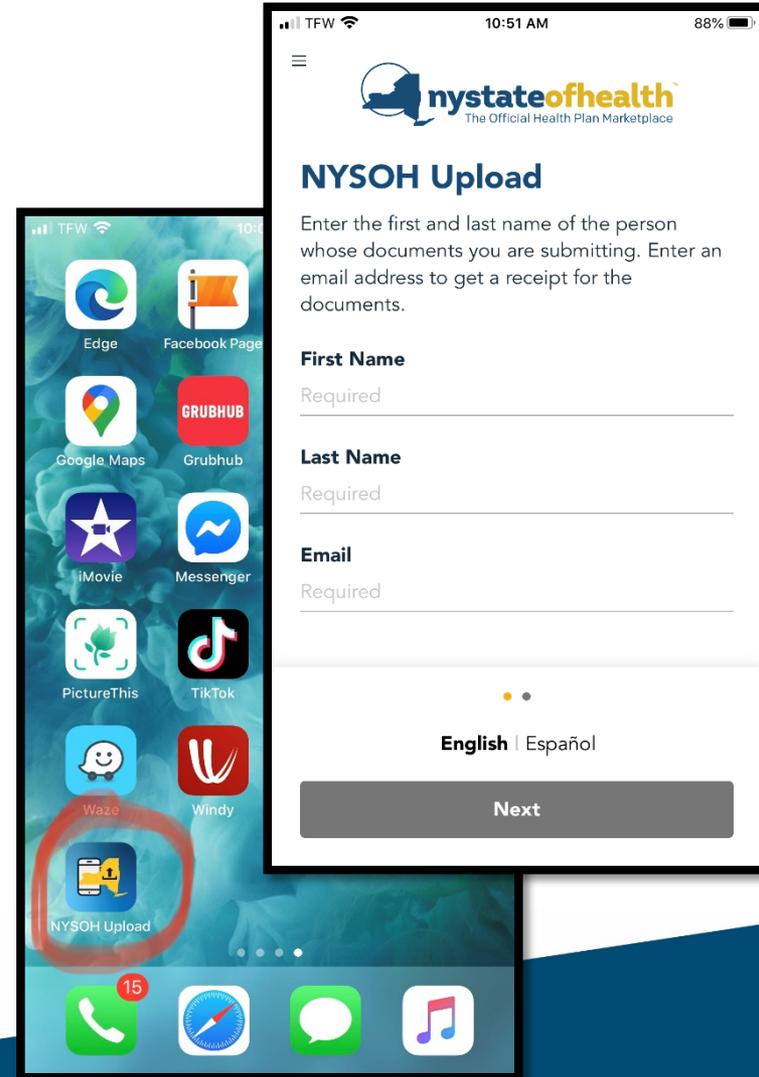
1. Search for 'NYSOH Upload' APP and look for our icon. 



2. Download for free

NYSOH Mobile Upload is quick and easy to use: the consumer needs to log in on a phone or tablet, choose the document from a list, snap a photo, and hit send.

Once the documents have been successfully submitted, the consumer will receive a confirmation email.



# INCIDENT REPORTING



- If an Assistor suspects there has been a loss or potential loss of PII or PHI, including an unauthorized use or disclosure, he/she must *immediately* report it to a supervisor.
- Assistor organizations must promptly report to the Marketplace any loss or potential loss of PII or PHI.
- Assistor organizations must report any unauthorized access to or loss or suspected loss of any PII or PHI within 24 hours to:
  - [NYSOHSecurity@health.ny.gov](mailto:NYSOHSecurity@health.ny.gov)
  - (518) 457-3849

# SCENARIO #1

You accidentally locked yourself out of your work computer. You have a client appointment in 5 minutes, that you have already re-scheduled twice.

Your co-worker Paul, offers to let you use his user ID and password for this one appointment, while the Help Desk is “unlocking” your account. Is this appropriate?



# AUTHORIZED REPRESENTATIVES



- Assistors must explain to consumers that the Marketplace takes every precaution to maintain the privacy and security of their information.
- Assistors and the Call Center cannot give information out to individuals who have not been designated as an Authorized Representative (AR) by the account holder and identity proofed.
- Identity verification protects the account holder, and everyone else who is listed on the account from unauthorized access.

# AUTHORIZED REPRESENTATIVES (CONT'D)



- Assistors may explain the process to designate an AR and inform the consumer that this includes a family member, friend, lawyer or other trusted person.
- Consumers may also add an AR to their account as part of their online application. This functionality can be accessed by having the consumer log into their account independently (not from the Assistor dashboard), or by calling the call center.
- There are two types of ARs that the consumer can add to their account:
  - **24 Hour ARs - Will not** be required to be identity proofed
    - Have access to a consumer's account for 24 hours from when access is granted or until consumer chooses to end access before 24 hours expires
  - **Permanent ARs - Will be** required to be identity proofed
    - Have indefinite access to a consumer's account until the consumer chooses to end the access

# AUTHORIZED REPRESENTATIVES (CONT'D)



Logged in as JohnStone123 Account Number AC0000067062 Sign Out

John Stone

Edit Account Information

**Mailing Address:**

1 N Main Ave  
Albany NY  
12203

**Primary Phone:**

(518) 555-5555

**OPTIONS**

- Update Application
- Manage Assistor/Broker
- Manage Authorized Representative**

## Authorized Representative

You can choose to allow another user, called an Authorized Representative, to update your account for you. The Authorized Representative can make changes for you by calling us at 1-855-355-5777 (TTY: 1-800-662-1220).

An Authorized Representative is a family member, friend, lawyer, or other trusted person. You may add one permanent Authorized Representative and one temporary (24-hour) Authorized Representative. You can end or renew this permission at any time.

Authorized Representatives <span>Show Only Active ▲</span>		
Name	Expiration Status	Action
Jason Stone	Permanent	<a href="#">View</a>   <a href="#">End Permission</a>

Add an Authorized Representative

Continue Application

# AUTHORIZED REPRESENTATIVES (CONT'D)



- Assistors can present the “Combined Authorized Representative Designation and Authorized Representative Identity Verification Form”.
- The Assistor may help the consumer complete the forms:
  - Schedule another appointment (if needed) to gather identity proofing documents for the AR and fax the forms to the Marketplace.

OR

  - Advise the consumer on how to fax or mail the documents to the Marketplace themselves (if they don't have the appropriate documents available during their appointment).
    - In this scenario, the Assistor should take the time to review the forms and all of the instructions on the forms with the consumer to ensure that they understand the entire process and what documents will be acceptable.

# AUTHORIZED REPRESENTATIVES (CONT'D)



- Authorized representative forms and accompanying documentation can be sent to:
  - Mail: NY State of Health, PO BOX 11727, Albany, NY 12211.
  - Fax: 1-855-900-5557.
  - These forms cannot be uploaded at this time.
- Assistors should contact the Call Center to find out if the forms have been successfully processed and gain permission to work with the AR directly.
  - NOTE: It could take 7 to 10 business days for the form and documents to be processed by the Call Center.
    - If an AR is permanently assigned to an account, they will remain authorized on that account, even if the Assistor changes, until/unless the consumer un-authorizes them.

# SCENARIO #2

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**Authorized Representative Designation Form**

Applicant or Enrollee's name (First name, Last name)

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Mailing address

City State ZIP code

Telephone Number SSN Date of Birth (mm/dd/yyyy)

**CHECK ONE**  
The person or organization below is my authorized representative for **all matters** related to my account.   
The person or organization below is my authorized representative only to **act as my representative during an appeal**.

By signing, you allow this person or organization to get official information about your account and act for you for the matters you stated above. Your authorization will become effective when we receive this completed form, and it will remain effective until you or your authorized representative tell us that the authorization has ended.

Applicant or Enrollee's signature Date (mm/dd/yyyy)

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**Acceptance of Designation**

Authorized representative's name (First name, Last name, or Organization name)

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Mailing address

City State ZIP code

Telephone number  Attorney  Non-attorney representative

By signing, you agree to maintain the confidentiality of any information regarding the applicant or enrollee that NY State of Health provides. You also agree to fulfill all the responsibilities encompassed within the scope of this authorization as if you were the applicant or enrollee. You also agree to comply with applicable state and federal laws concerning conflicts of interest.

If you are signing on behalf of an organization, you agree that providers, staff members, and volunteers affirm that they will comply with applicable state and federal laws concerning conflicts of interest and confidentiality of information.

Representative's Signature Date (mm/dd/yyyy)

NEED HELP WITH THIS FORM? Call us at 1-877-355-9777.  
TTY users should call 1-800-662-1220 or 1-877-662-4886 for TTY in Spanish.

DOH-5085 (09/13)

**Authorized Representative Identity Verification Form**

1. Authorized Representative Name

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2. Address 3. City

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4. State 5. ZIP Code 6. Telephone Number

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7. Applicant Name

8. Applicant Address 9. City 10. State 11. ZIP Code

12. Applicant Date of Birth (mm/dd/yyyy) 13. Applicant Social Security Number 14. Applicant Telephone Number

Submit a **copy** of ONE document from List A **OR** Submit one **copy** of TWO documents from List B

<ul style="list-style-type: none"> <li>• U.S. Passport book or card</li> <li>• Driver's license</li> <li>• Official Government Identification card</li> <li>• School Identification card</li> <li>• U.S. military card or draft record</li> <li>• Military dependent's Identification card</li> <li>• Native American Tribal Document</li> <li>• U.S. Coast Guard Merchant Mariner card</li> <li>• Certificate of Naturalization (N-550 or N-570)</li> <li>• Certificate of U.S. Citizenship (N-560 or N-561)</li> </ul>	<ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Social Security card</li> <li>• Marriage certificate</li> <li>• Divorce decree</li> <li>• Employer Identification card</li> <li>• High school diploma</li> <li>• College diploma</li> <li>• High school equivalency diploma</li> <li>• Property deed or title</li> </ul>
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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.

15. Authorized Representative Signature 16. Date (mm/dd/yyyy)

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# SANCTIONS

Individuals who do not comply with Privacy & Security Requirements may be subject to fines and other penalties.

- Any person who knowingly and willfully uses or discloses information in violation of section 1411(g) of the Affordable Care Act will be subject to a civil penalty of not more than **\$25,000** per person or entity, per use or disclosure, in addition to other penalties that may be prescribed by law.



# HIPAA AND HITECH PENALTIES



- The Health and Human Services (HHS) Office for Civil Rights may assess penalties against Covered Entities and Business Associates for failing to appropriately safeguard PHI. Penalties may be assessed per violation.
- Covered entities and individuals who knowingly obtain or disclose PHI may be subject to a fine of up to \$50,000 and up to one (1) year in jail.

# KEY POINTS



The Marketplace and its Assistors are subject to privacy and security rules protecting PII, in addition to the requirements of HIPAA governing PHI.

PII and PHI must be safeguarded at all times, including:

- Keeping PII and PHI confidential and disclosing it only as necessary to perform Assistor services.
- Using physical, operational, technical and administrative safeguards to protect the security of PII and PHI, including the encryption and secure storage of laptops.
- Never sending PII or PHI by standard e-mail.
- Checking at least three (3) elements of PII in each document against the account before uploading.
- Reporting any potential privacy or security concern promptly.
- Reviewing the security controls that are in place regularly and updating as needed.

# POLL QUESTION # 3



You accidentally leave your laptop in your car overnight. In the morning you discover your car was broken into, and the laptop is missing, but you know it was password protected. What is the FIRST action you should take?

- a) Contact your employer (Assistor organization) to report the theft.
- b) Contact the police and file a police report.
- c) Contact the Marketplace directly.

# POLL QUESTION # 4



An investigator with a local law enforcement agency contacts your organization and states she needs PII for a specific consumer for a time-sensitive investigation. What is the appropriate response?

- A. Validate the investigator's credentials and provide only the specific information sought (minimum necessary) in paper format.
- B. Contact the consumer.
- C. Contact your organization's legal department or senior manager.

After contacting your legal department, please report that you received an inquiry to us at the Department of Health.

[NYSOHSecurity@health.ny.gov](mailto:NYSOHSecurity@health.ny.gov)

# CONTACT INFORMATION



Report any unauthorized access, loss or suspected loss of any PII or PHI to NYSOH Security within 24 hours.

## NY State of Health Information Security Office

- Email: [NYSOHSecurity@health.ny.gov](mailto:NYSOHSecurity@health.ny.gov)
- Telephone: (518) 457-3849

# QUESTIONS?



# RECERTIFICATION PROCESS



- All Assistors who are registered or completed the in-person or online Assistor Certification training by **10/31/2020** will be required to view the recertification webinars. The material included in each webinar is a supplement to what was provided during the initial certification course.
  - <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 four (4) 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: Privacy and Security
- As always, watch for the video and materials to be posted to:  
<http://info.nystateofhealth.ny.gov/SpringTraining>

## Next Recertification Training:

**Title: Immigration**

**Date: August 26, 2020**