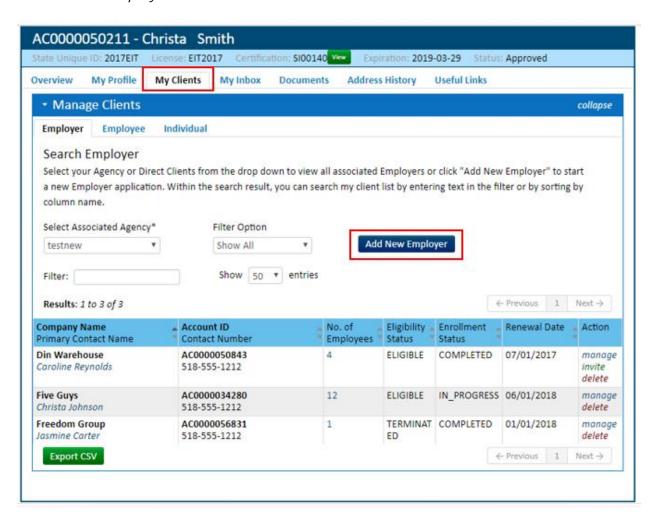
# Adding a New Group After 4/1/18 & Navigation of the Eligibility Landing Page

Beginning April 1, 2018, small employers in New York State will be able to enroll in NYSOH SHOP-certified qualified health plans ("QHPs") directly with insurers, or through their broker/navigator, and still receive the Small Business Health Care Tax Credits, if otherwise eligible. Due to this change, the functionality of the Employer Portal has changed. Businesses who are new to NYSOH (or had a previous NYSOH account and were not active on April 1, 2018) on or after April 1, 2018 will not have the ability to enroll through the old NYSOH SBM system.

New groups must go through the new NYSOH SBM eligibility determination system to establish if they are a SHOP eligible employer group. To be a SHOP eligible employer, a business or non-profit organization must have a physical business location in New York State and have between 1 and 100 full-time equivalent employees.

1. To begin, log into your Broker Portal and navigate to the *My Clients* tab. Click the *Add New Employer* button.



2. Now, when adding a new Employer, an Attestation will appear that will take the place of a BOR. A BOR will no longer need to be uploaded to the NYSOH. It may still be required when enrolling the group directly with the Issuer.

Check the checkbox to attest that you are authorized to do business on behalf of the small group employer.

A small business or non-profit organization must verify their eligibility and obtain a favorable SHOP eligibility determination letter to be eligible for the small business healthcare tax credit.

You must obtain a favorable SHOP eligibility determination letter for each year you are claiming the small business tax credit. Please note the tax credit is only available for two consecutive years.

Please keep all eligibility determination letters for your records.

# **SHOP Eligibility Determination Form**

Use this form to determine if you are an eligible SHOP employer group.

To be eligible for the healthcare tax credit you must enroll in health insurance through SHOP. To be eligible to enroll your small business or non-profit organization through SHOP you must meet the following requirements:

- · Have a physical business location in New York State
- · Have 1 to 100 FTE (Full-Time Equivalent) employees
- You are about to enter information to obtain a NY State of Health Small Business Marketplace eligibility determination. By checking this box you are attesting that you are authorized on behalf of this small group employer to obtain this eligibility determination.

3. Once the Attestation is checked the next section, Business Contact Information, will populate. Here, enter the Small Business Contact Information including the Account Holders Name (does not have to be the business owner), their Email Address, Business Phone Number, Legal Company Name and EIN. Click Verify once complete.

A small business or non-profit **SHOP Eligibility Determination Form** organization must verify their eligibility and obtain a favorable SHOP eligibility determination letter Use this form to determine if you are an eligible SHOP employer group. to be eligible for the small business To be eligible for the healthcare tax credit you must enroll in health insurance through SHOP. To be eligible to healthcare tax credit. enroll your small business or non-profit organization through SHOP you must meet the following requirements: You must obtain a favorable SHOP · Have a physical business location in New York State eligibility determination letter for each year you are claiming the • Have 1 to 100 FTE (Full-Time Equivalent) employees small business tax credit. Please note the tax credit is only available for two consecutive years. You are about to enter information to obtain a NY State of Health Small Business Marketplace eligibility Please keep all eligibility determination. By checking this box you are attesting that you are authorized on behalf of this small group employer to obtain this eligibility determination. determination letters for your records. **Business Contact Information** First Name Middle Name Last Name Suffix None Email Address Confirm Email Business Telephone Extension EIN Legal Company Name

There may be red errors alerting to something that could be entered incorrectly such as mismatched email addresses, Legal Name and Company EIN do not match, etc. Ensure any errors are corrected and try again. If you get an error that the EIN and Company Name do not match, double check the information is correct (spelling, capitalization and punctuation), if all is correct, click the attestation checkbox that the Company Name and EIN are correct as entered. Once attested, the next field in the Eligibility Determination Form will populate.

A small business or non-profit organization must verify their eligibility and obtain a favorable SHOP eligibility determination letter to be eligible for the small business healthcare tax credit.

You must obtain a favorable SHOP eligibility determination letter for each year you are claiming the small business tax credit. Please note the tax credit is only available for two consecutive years.

Please keep all eligibility determination letters for your records.

### SHOP Eligibility Determination Form Use this form to determine if you are an eligible SHOP employer group. To be eligible for the healthcare tax credit you must enroll in health insurance through SHOP. To be eligible to enroll your small business or non-profit organization through SHOP you must meet the following requirements: · Have a physical business location in New York State · Have 1 to 100 FTE (Full-Time Equivalent) employees **Business Contact Information** First Name Middle Name Suffix Last Name Aura Peters None **Email Address** Confirm Email Business Telephone Extension christa.baynard@health. christa.baynard@health. (518)555-1212 123 Legal Company Name Com Corp 256565700 EIN does not match the Legal Company Name you provided. We could not verify the business information entered. Please confirm that the Company name and EIN are accurate as entered. This must match your legal company name, and is what will be used if you file for the Small Business healthcare tax credit

Please make any changes required and select Verify above, or you may continue the application by checking the

I attest that the Company Name and EIN above are correct.

4. Once the Company Information is verified, or attested to, a green checkmark will appear next to the EIN. Under that, the Primary Address fields will populate. Complete the Primary Business Address fields.

A small business or non-profit SHOP Eligibility Determination Form organization must verify their eligibility and obtain a favorable SHOP eligibility determination letter Use this form to determine if you are an eligible SHOP employer group. to be eligible for the small business To be eligible for the healthcare tax credit you must enroll in health insurance through SHOP. To be eligible to healthcare tax credit. enroll your small business or non-profit organization through SHOP you must meet the following requirements: You must obtain a favorable SHOP · Have a physical business location in New York State eligibility determination letter for each year you are claiming the Have 1 to 100 FTE (Full-Time Equivalent) employees small business tax credit. Please note the tax credit is only available for two consecutive years. ✓ You are about to enter information to obtain a NY State of Health Small Business Marketplace eligibility determination. By checking this box you are attesting that you are authorized on behalf of this small group Please keep all eligibility determination letters for your employer to obtain this eligibility determination. records **Business Contact Information** First Name Middle Name Last Name Suffix Lisa McDowell None Business Telephone Email Address Confirm Email Extension christa.baynard@health. (516)555-1212 christa.baynard@health. 234 Legal Company Name EIN Little Black Dress 500123617 Primary Business Address Address Line 1 Apt/Suite Zip Code Address Line 2 City County -Select---Select-Is the mailing address the same as the Primary Business Address?

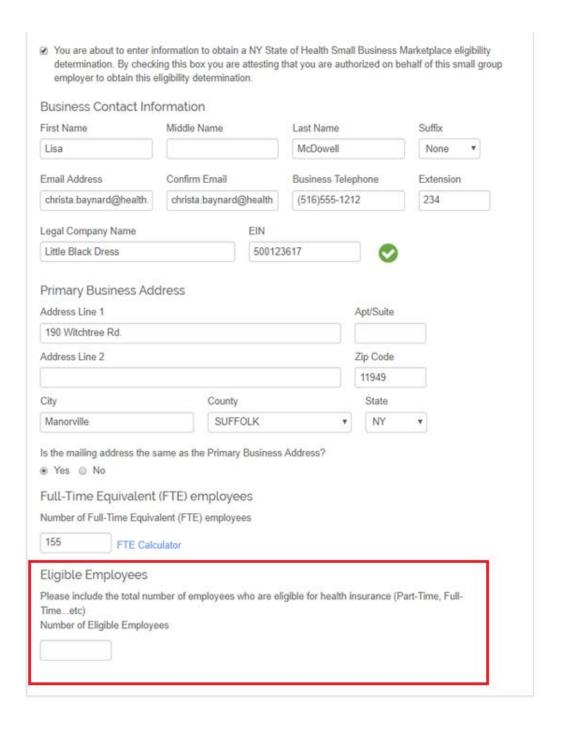
- Answer the question under the Primary Address that asks if the Business Mailing Address is the same as the Primary Address entered. If *No*, additional fields to enter the Business Mailing Address will populate. If *Yes*, the system will populate the next section of the SHOP Eligibility Determination Form.
- 5. The next section for completion is the Full Time Equivalent (FTE) Calculator. If the FTE count is unknown, click the blue FTE Calculator link to the right of the box.

This will open the calculator for the user to get the FTE count by adding the full-time employees (employees who work an average of 30+ hours per week) as well as the combined hours worked by the company's part-time employees. Once the calculation is complete, the FTE count will appear on the Eligibility Form and the next section will populate.

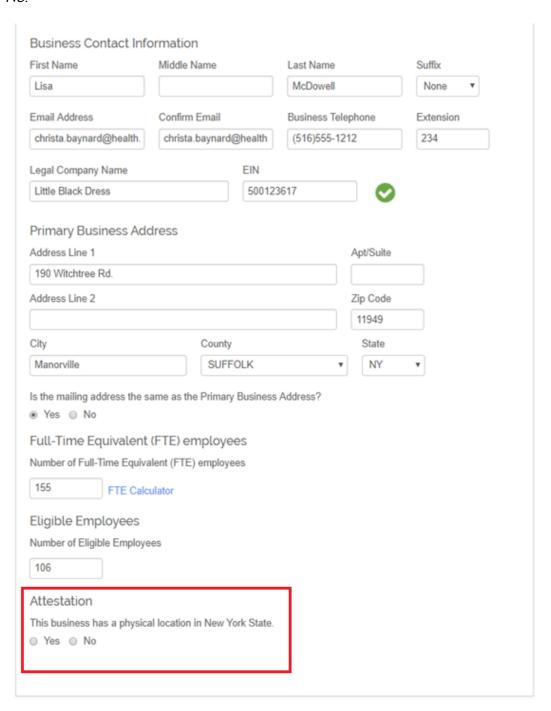
To be eligible for the health enroll your small business of	,			
Have a physical busines	ss location in New York	State		
Have 1 to 100 FTE (Ful	I-Time Equivalent) emp	lovees		
		,		
You are about to enter in determination. By check employer to obtain this e	ing this box you are atte			
Business Contact Info	ormation			
First Name	Middle Name	Last N	ame	Suffix
Lisa		McDo	well	None v
Email Address	Confirm Email	Busine	ess Telephone	Extension
christa.baynard@health.	christa.baynard@he	ealth. (516)	555-1212	234
Legal Company Name	E	IN		
Little Black Dress 500123617		500123617		
Primary Business Add Address Line 1	dress		Apt/Suite	
190 Witchtree Rd.				
Address Line 2			Zip Code	
			11949	
City	County		State	
Manorville	SUFFOLE	<	▼ NY	*
Is the mailing address the s  Yes No  Full-Time Equivalent  Please enter the total numb hours of service per month. employees for your busines	(FTE) employees' er of employees averag If needed please use the	ging at least 30	hours of week serv	
Number of Full-Time Equiva	alent (FTE) employees			

6. The next section to populate is the Eligible Employee's section. Enter the number of employee's that are <u>eligible</u> to enroll in insurance through the employer plan. Enter all eligible employee's including Full-Time and Part-Time employees, as well

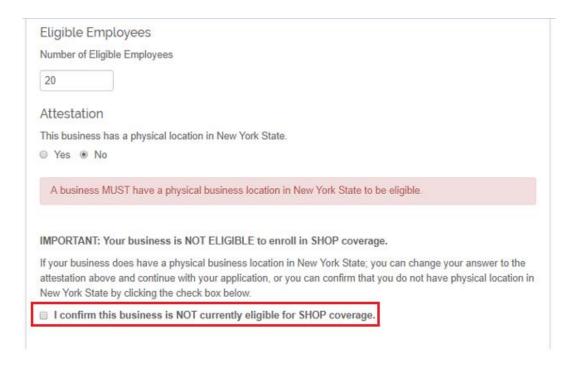
as any Seasonal workers who work more than 120 days per calendar year. Once the number is entered, the first attestation will appear.



7. The first Attestation is that the business has a physical location in NYS. Select *Yes* or *No*.



➤ If No is selected, a warning message will appear that a business MUST have a physical location in NYS to be eligible. Click in the box to confirm that the business is not eligible for SHOP coverage.



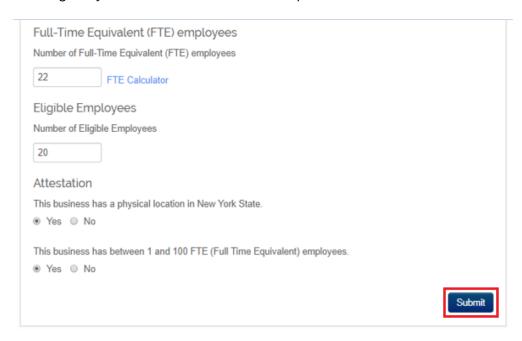
8. Once the first attestation is complete, the second attestation will appear. The second Attestation asks to confirm if the business has between 1-100 Full-Time Equivalent Employees. Select Yes to confirm or No if the business does not have between 1-100 FTE's. Note: if the business has only 1 part-time employee and they are eligible to enroll in employer sponsored coverage, select Yes to continue.

190 Witchtree Rd.  Address Line 2	Apt/Suite Zip Code 11949 State NY
Address Line 1  190 Witchtree Rd.  Address Line 2  City  County  Manorville  SUFFOLK  Is the mailing address the same as the Primary Business Address?  Yes No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees  Number of Eligible Employees	Zip Code 11949 State
Address Line 1  190 Witchtree Rd.  Address Line 2  City  County  Manorville  SUFFOLK  Is the mailing address the same as the Primary Business Address?  Yes No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees  Number of Eligible Employees	Zip Code 11949 State
Address Line 2  City  County  Manorville  SUFFOLK  Is the mailing address the same as the Primary Business Address?    Yes ○ No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees  106	Zip Code 11949 State
Address Line 2  City  County  Manorville  SUFFOLK  Is the mailing address the same as the Primary Business Address?  Yes No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees  106	11949 State
City County  Manorville SUFFOLK ▼  Is the mailing address the same as the Primary Business Address?  • Yes • No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155 FTE Calculator  Eligible Employees  Number of Eligible Employees  106	11949 State
City County  Manorville SUFFOLK ▼  Is the mailing address the same as the Primary Business Address?  • Yes • No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155 FTE Calculator  Eligible Employees  Number of Eligible Employees  106	State
Manorville  SUFFOLK  ▼  Is the mailing address the same as the Primary Business Address?  ● Yes ○ No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees  106	
Is the mailing address the same as the Primary Business Address?  • Yes • No  Full-Time Equivalent (FTE) employees  Number of Full-Time Equivalent (FTE) employees  155  FTE Calculator  Eligible Employees  Number of Eligible Employees	NY •
<ul> <li>Yes ○ No</li> <li>Full-Time Equivalent (FTE) employees</li> <li>Number of Full-Time Equivalent (FTE) employees</li> <li>155</li> <li>FTE Calculator</li> <li>Eligible Employees</li> <li>Number of Eligible Employees</li> <li>106</li> </ul>	
Attestation	
This business has a physical location in New York State.  ● Yes ○ No	
This business has between 1 and 100 FTE (Full Time Equivalent) employed   Yes   No	and the same of th

➤ If no is selected, a message will appear that the business MUST have between 1-100 FTE's. Click the box to confirm that the business is not eligible for SHOP coverage.

	Number of Eligible Employees
	106
3	Attestation
	This business has a physical location in New York State.
1	● Yes ⑤ No
100	This business has between 1 and 100 FTE (Full Time Equivalent) employees.
-	○ Yes ● No
	A business MUST have between 1 and 100 FTE employees to be eligible.
	IMPORTANT: Your business is NOT ELIGIBLE to enroll in SHOP coverage.
	If your business does have between 1 and 100 FTE's; you can change your answer to the attestation above an continue with your application, or you can confirm that you do not have between 1 and 100 FTE's by clicking th check box below.
_	check box below.  I confirm this business is NOT currently eligible for SHOP coverage.

9. Once the Eligibility Determination Form is completed, click Submit.



10. The NYSOH then brings you to the Eligibility Determination Landing Page. In the center of the page is the SHOP Document History. This is where the determination will appear once the form is submitted. Click the *open/print* icon next to the eligibility determination you would like to view.

# Little Black Dress

AC0000058336

Invitation Code: 152157356968760600

Broker of Record: testnew

### Congratulations

NY State of Health has determined your business to be eligible small business.

NY State of Health Small Business Marketplace (SHOP) provides access to quality, affordable health and dental insurance for small businesses and their employees. SHOP plans are offered by private insurance companies and cover essential health benefits and pre-existing conditions.

To review/print or mail your eligibility determination, select the letter below. Please keep this letter with your business records and be sure to provide a copy to your tax preparer. If you need to update your Employer information, click on Edit Employer Information to make changes and generate a new letter.

### SHOP Document History

Document	Date Approved	Open to view/print	
Eligibility Letter 2018	03/20/2018 - 15:37:14	Copen/print	

Click here to mail the most recent SHOP Eligibility Determination Letter to my business mailing address.

Ready to enroll in coverage?

You can work with a SHOP certified broker/navigator or enroll directly through an insurance carrier.

To be eligible for the tax credit you must enroll in a SHOP certified plan.

- > Browse SHOP certified plans and prices
- > View contact information for SHOP certified insurance carriers
- > See if you qualify for the small business tax credit
- > View small business tax credit calculator

## **SHOP Navigation**

- > Edit Employer Information Submit Eligibility Determination
- > Return to Agent Portal

## Features of the Eligibility Landing Page

- ➤ Edit Employer Information takes the user to the Eligibility Determination Form. Any edits made to the form, including updating or correcting any company information (including attestations) will generate a new eligibility determination letter in real time.
- > SHOP Document History displays all Eligibility Determination Letters with the most recent displaying first. If the business was previously enrolled with the NYSOH, the Eligibility Determination Letter will automatically display and will not need to be resubmitted. Past Messages and Notices can be viewed in the businesses old portal (Legacy Portal).
- Click here to mail the most recent SHOP Eligibility Letter to my business mailing address – will turn to a green checkmark once clicked. The most recent eligibility determination letter will be mailed via USPS to the business mailing address on file. This link may be clicked once per login.
- > ...Enroll directly through an insurance carrier produces a list of all of the SHOP participating insurance carriers and their contact information.
- Browse SHOP Certified Plans and Prices opens a new window to the Anonymous Shopping tool. All SHOP certified plans and rates will now display per zip code entered.
- View Contact Information for SHOP Certified Plans produces a list of all the participating insurance carriers and their contact information.
- > See if you Qualify for the Small Business Tax Credit opens a new window to the IRS website and displays all of the Small Business Tax Credit guidelines.
- View Small Business Tax Credit Calculator will open the current NYSOH Small Business Tax Credit Calculator which will estimate the tax credit the business may receive.
- ➤ Edit Employer Information/Submit Eligibility Determination Form brings the user back to the Eligibility Determination Form. Any changes made to the form will result in a new eligibility determination for the business. The new Eligibility Letter will display in the SHOP Document History and can be viewed/printed instantly.
- Access Legacy Account (not seen in screen shot) appears only when the business had a previous account through the NYSOH. This is for the user to view and manage any and all features of an enrolled account. If there are no current enrollments in the Legacy Account, the account will turn to "view only" and no changes will be permitted.
- Return to Agent Portal brings the Broker back to their Broker Portal.