

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 ("OHPs") 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.

The screenshot displays the NYSOH Employer Portal interface. At the top, the user is identified as AC0000050211 - Christa Smith. Below this, a status bar shows: State Unique ID: 2017EIT, License: EIT2017, Certification: SI00140 (with a 'View' button), Expiration: 2019-03-29, and Status: Approved. The navigation menu includes Overview, My Profile, My Clients (highlighted with a red box), My Inbox, Documents, Address History, and Useful Links. The main content area is titled 'Manage Clients' and has a 'collapse' button. It features three tabs: Employer (selected), Employee, and Individual. A 'Search Employer' section provides instructions and a search filter. Below the search area, there are dropdowns for 'Select Associated Agency*' (set to 'testnew') and 'Filter Option' (set to 'Show All'). A red box highlights the 'Add New Employer' button. A 'Filter' input field and a 'Show 50 entries' dropdown are also present. The results section shows 'Results: 1 to 3 of 3' and a table with the following data:

Company Name Primary Contact Name	Account ID Contact Number	No. of Employees	Eligibility Status	Enrollment Status	Renewal Date	Action
Din Warehouse Caroline Reynolds	AC0000050843 518-555-1212	4	ELIGIBLE	COMPLETED	07/01/2017	manage invite delete
Five Guys Christa Johnson	AC0000034280 518-555-1212	12	ELIGIBLE	IN_PROGRESS	06/01/2018	manage delete
Freedom Group Jasmine Carter	AC0000056831 518-555-1212	1	TERMINAT ED	COMPLETED	01/01/2018	manage delete

At the bottom of the table, there is an 'Export CSV' button and pagination controls showing '← Previous 1 Next →'.

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.

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 Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	None ▾
Email Address	Confirm Email	Business Telephone	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Company Name	EIN	<input type="button" value="Verify"/>	
<input type="text"/>	<input type="text"/>		

- 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.

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Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Aura"/>	<input type="text"/>	<input type="text" value="Peters"/>	<input data-bbox="1299 940 1404 976" type="text" value="None"/>
Email Address	Confirm Email	Business Telephone	Extension
<input type="text" value="christa.baynard@health."/>	<input type="text" value="christa.baynard@health"/>	<input type="text" value="(518)555-1212"/>	<input type="text" value="123"/>
Legal Company Name	EIN	<input type="button" value="Verify"/>	
<input type="text" value="Com Corp"/>	<input type="text" value="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 attestation below.

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

- 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.

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Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Lisa"/>	<input type="text"/>	<input type="text" value="McDowell"/>	<input type="text" value="None"/>
Email Address	Confirm Email	Business Telephone	Extension
<input type="text" value="christa.baynard@health."/>	<input type="text" value="christa.baynard@health."/>	<input type="text" value="(516)555-1212"/>	<input type="text" value="234"/>

Legal Company Name	EIN	<input checked="" type="checkbox"/>
<input type="text" value="Little Black Dress"/>	<input type="text" value="500123617"/>	



Primary Business Address

Address Line 1	Apt/Suite	
<input type="text"/>	<input type="text"/>	
Address Line 2	Zip Code	
<input type="text"/>	<input type="text"/>	
City	County	State
<input type="text"/>	<input type="text" value="--Select--"/>	<input type="text" value="--Select--"/>



Is the mailing address the same as the Primary Business Address?
 Yes No

- 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.

- 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.

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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.


Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Lisa"/>	<input type="text"/>	<input type="text" value="McDowell"/>	<input type="text" value="None"/>
Email Address	Confirm Email	Business Telephone	Extension
<input type="text" value="christa.baynard@health."/>	<input type="text" value="christa.baynard@health"/>	<input type="text" value="(516)555-1212"/>	<input type="text" value="234"/>
Legal Company Name	EIN		
<input type="text" value="Little Black Dress"/>	<input type="text" value="500123617"/>	<input checked="" type="checkbox"/>	

Primary Business Address

Address Line 1	Apt/Suite	
<input type="text" value="190 Witchtree Rd."/>	<input type="text"/>	
Address Line 2	Zip Code	
<input type="text"/>	<input type="text" value="11949"/>	
City	County	State
<input type="text" value="Manorville"/>	<input type="text" value="SUFFOLK"/>	<input type="text" value="NY"/>

Is the mailing address the same as the Primary Business Address?
 Yes No

Full-Time Equivalent (FTE) employees 

Please enter the total number of employees averaging at least 30 hours of week service per week, or 130 hours of service per month. If needed please use the FTE calculator provided to calculate the number of FTE employees for your business.

Number of Full-Time Equivalent (FTE) employees

[FTE Calculator](#)

6. The next section to populate is the Eligible Employee's section. Enter the number of employee's that are eligible 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.

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.

Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Lisa"/>	<input type="text"/>	<input type="text" value="McDowell"/>	<input type="text" value="None"/>
Email Address	Confirm Email	Business Telephone	Extension
<input type="text" value="christa.baynard@health."/>	<input type="text" value="christa.baynard@health."/>	<input type="text" value="(516)555-1212"/>	<input type="text" value="234"/>
Legal Company Name	EIN		
<input type="text" value="Little Black Dress"/>	<input type="text" value="500123617"/>	<input checked="" type="checkbox"/>	

Primary Business Address

Address Line 1	Apt/Suite	
<input type="text" value="190 Witchtree Rd."/>	<input type="text"/>	
Address Line 2	Zip Code	
<input type="text"/>	<input type="text" value="11949"/>	
City	County	State
<input type="text" value="Manorville"/>	<input type="text" value="SUFFOLK"/>	<input type="text" value="NY"/>

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

[FTE Calculator](#)


Eligible Employees

Please include the total number of employees who are eligible for health insurance (Part-Time, Full-Time...etc)

Number of Eligible Employees

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

Business Contact Information

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Lisa"/>	<input type="text"/>	<input type="text" value="McDowell"/>	<input type="text" value="None"/>
Email Address	Confirm Email	Business Telephone	Extension
<input type="text" value="christa.baynard@health."/>	<input type="text" value="christa.baynard@health"/>	<input type="text" value="(516)555-1212"/>	<input type="text" value="234"/>
Legal Company Name	EIN		
<input type="text" value="Little Black Dress"/>	<input type="text" value="500123617"/>		

Primary Business Address

Address Line 1	Apt/Suite	
<input type="text" value="190 Witchtree Rd."/>	<input type="text"/>	
Address Line 2	Zip Code	
<input type="text"/>	<input type="text" value="11949"/>	
City	County	State
<input type="text" value="Manorville"/>	<input type="text" value="SUFFOLK"/>	<input type="text" value="NY"/>

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
 [FTE Calculator](#)

Eligible Employees
Number of Eligible Employees

Attestation
This business has a physical location in New York State.
 Yes 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.

Eligible Employees

Number of Eligible Employees

Attestation

This business has a physical location in New York State.

Yes No


A business **MUST** have a physical business location in New York State to be eligible.

IMPORTANT: Your business is NOT ELIGIBLE to enroll in SHOP coverage.

If your business does have a physical business location in New York State; you can change your answer to the attestation above and continue with your application, or you can confirm that you do not have physical location in New York State by clicking the check box below.

I confirm this business is **NOT** currently 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.*

Legal Company Name	EIN	
<input type="text" value="Little Black Dress"/>	<input type="text" value="500123617"/>	
Primary Business Address		
Address Line 1	Apt/Suite	
<input type="text" value="190 Witchtree Rd."/>	<input type="text"/>	
Address Line 2	Zip Code	
<input type="text"/>	<input type="text" value="11949"/>	
City	County	State
<input type="text" value="Manorville"/>	<input type="text" value="SUFFOLK"/>	<input type="text" value="NY"/>
Is the mailing address the same as the Primary Business Address?		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
Full-Time Equivalent (FTE) employees		
Number of Full-Time Equivalent (FTE) employees		
<input type="text" value="155"/>	FTE Calculator	
Eligible Employees		
Number of Eligible Employees		
<input type="text" value="106"/>		
Attestation		
This business has a physical location in New York State.		
<input checked="" type="radio"/> Yes <input type="radio"/> No		
<div style="border: 2px solid red; padding: 5px;">This business has between 1 and 100 FTE (Full Time Equivalent) employees.</div>		
<input type="radio"/> Yes <input type="radio"/> No		

- 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.

Eligible Employees

Number of Eligible Employees

Attestation

This business has a physical location in New York State.

Yes No

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 and continue with your application, or you can confirm that you do not have between 1 and 100 FTE's by clicking the check box below.

I confirm this business is NOT currently eligible for SHOP coverage.

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

Full-Time Equivalent (FTE) employees
Number of Full-Time Equivalent (FTE) employees
 [FTE Calculator](#)

Eligible Employees
Number of Eligible Employees

Attestation
This business has a physical location in New York State.
 Yes No

This business has between 1 and 100 FTE (Full Time Equivalent) employees.
 Yes No

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


Broker of Record: testnew Invitation Code: 152157356968760600

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	 Open/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.