

NYSOH Small Business Marketplace: Administrative Guide for Brokers

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NY State of Health (NYSOH) is an organized marketplace where participating insurance carriers offer qualified health and dental plans to small groups, Individuals, and their families. The NYSOH is comprised of several different portals – Individuals and Families, Small Business Marketplace Employers, Brokers, and Navigators/Assistors.

Marketplace Portals

- *Individuals and Families* – This portal is used by Individual clients seeking Qualified Health Plans (QHP), Essential Plan (EP), Child Health Plus (CHP) or Medicaid. The portal allows the Individual access to their account that has been created by themselves, the Customer Service Center or by their Broker, Navigator, or other Assistor.
- *Small Business Marketplace* – The Small Business Marketplace, otherwise known as SHOP (Small Business Health Options Program), has two portals, the Employer Portal and the Broker Portal.
 - *Employer Portal* – Is where an Employer may complete the Eligibility Determination Form to see if they qualify as a Small Business. A positive determination will allow the Employer to enroll into a SHOP Certified Plan through the carrier of their choosing. This positive determination will also allow the business to apply for the Small Business Tax Credit should they meet the other criteria.
- *Broker Portal* – is where each Broker certified with the NYSOH will have the ability to manage their clients. The Broker Portal also contains information to assist Brokers with helping their clients with anything they may need. The portal grants access to all clients represented by the Broker including both Individuals and Employers
- *Navigator Portal* – this portal is for Navigators assisting clients enrolled with the NYSOH. They have access to all client information that they are representing.

Small Business Marketplace (SBM)

The Small Business Marketplace (SBM) is where Employers can be determined as an eligible small business in order to gain access to the Small Business Health Care Tax Credit.

To be eligible to participate in the Small Business Marketplace, the employer group must have between one and one hundred Full Time Equivalent (FTE) employees, have a valid business in NYS and offer coverage to all full-time employees. SBM Certified Brokers can assist employers with, but not limited to, account set up, completing the Eligibility Determination form, utilizing the Anonymous Shopping tool to investigate and suggest plans for the business, and assist the employer group with enrollments directly with the selected Carrier. They can also assist employers with understanding the eligibility criteria for the Small Business Health Care Tax Credit.

Individual Marketplace

The Individual Marketplace is where brokers can help individuals shop for, compare plans, and enroll in health coverage. It is also the only place where brokers can help individuals apply for financial assistance to lower the cost of health coverage. Brokers may also help Individuals and families qualify for free or low-cost coverage from Medicaid, Child Health Plus, or the Essential Plan.

This guide is meant to be used as a support tool for brokers as they help individual consumers enroll in coverage or help employers obtain a SHOP determination through the NY State of Health Marketplace. It provides general guidance and defines important policies and requirements.

Other resources are provided on our website at <https://info.nystateofhealth.ny.gov/brokertoolkit>

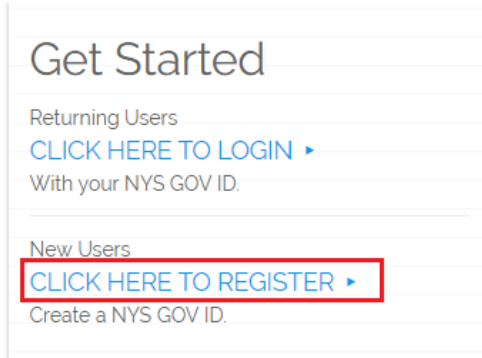
Broker Certification

Brokers interested in assisting consumers through the NYSOH Marketplace must first have a New York State health insurance license in good standing with the Department of Financial Services (DFS). Additionally, brokers must complete the certification course(s) offered through the NYSOH website upon account setup. Certification on the Small Business Marketplace (SBM) is a prerequisite for certification on the Individual Marketplace. The certification courses offered through the NYSOH do not offer Continuing Education (CE) credits. Brokers may complete the Individual Certification courses following completion of the Small Business Marketplace courses.

PLEASE NOTE: These courses are the only approved trainings that will qualify a broker for certification to sell insurance through NY State of Health.

Steps for Certification and Registration

1. Go to www.nystateofhealth.ny.gov and click on **Brokers** (see below).
2. Chose the **Click Here to Register** option for **New Users** and follow the steps to create a NY.gov ID and password.
3. After signing in with your new NY.gov ID username and password, you will go through the identity proofing process followed by the Certification courses.
4. Once the courses are completed, the remainder of the account setup can be completed.



Please Note: If assistance is needed for any reason, please send an email to the NYSOH Broker BML with your licensing information and someone from the Department of Health will respond. Please send inquiries to: NYSOHbrokersupport@health.ny.gov. You may also contact the NYSOH Contact Center at 1-855-355-5777 with issues regarding account access and other issues.

For detailed User Guides, see also, "[Broker Certification - Step 1 - Step 4](#)" in the Broker Tool Kit

Broker Recertification

Recertification is required every two years to remain an active broker with NYSOH. The recertification process is provided solely online through NYSOH. Courses will consist of refresher material as well as any policy and system functionality updates. Currently, there are no continuing education (CE) credits available for completing the recertification. All brokers seeking recertification must be duly licensed and in good standing with the New York State Department of Financial Services.

Please note: Your NYSOH certification date begins on the date when your certification courses are completed with NYSOH.

Online Directory of Registered Brokers

Employers/Individuals can go to the NYSOH web portal and use the "Search Broker/Navigator" directory to find a NYSOH certified Broker. Brokers can choose to NOT be listed in the directory by selecting this option through their account. To do this, see Broker Tool Kit User Guide - [NYSOH Broker Certification Step 4: Profile Setup](#) Brokers listed will display in random order when a broker has at least one active enrollee.

Broker of Record Process and Templates

Small group employers or individuals may authorize a NYSOH certified broker to work on their behalf in the NYSOH Marketplace system. A Broker of Record (BOR) letter is required to be signed and completed by the small employer group or individual consumer authorizing the NYSOH certified broker to work on their behalf in the NYSOH Marketplace system.

Click below to access the Broker of Record forms:

[Individual Marketplace Broker of Record form](#)

[Small Business Marketplace Broker of Record form](#)

For groups and individuals new to NYSOH, the BOR is not required to be uploaded for enrollment but is required to be collected and furnished upon request by NY State of Health. Failure to collect or provide a BOR upon request can lead to suspension or termination of your access to the Marketplace. The Broker Template for both Individual and Small Business can be found in the Broker Portal under the *Useful Links* tab. or a personal or agency BOR document can be used.

BOR's are processed completely online via an attestation through the broker portal by going to the *My Clients* tab and selecting "BOR Change Request". "Add New Employer/Broker" pending the respective client being added. A physical BOR is required to be collected before requesting a BOR change in the system. NY State of Health can and will request these formal BOR's (dated and with client signatures) when we deem necessary and BOR authorizations will be revoked for any that are not provided. It is the sole responsibility of the Broker to collect and maintain these BOR's and furnish when requested. Failure to collect or provide a BOR upon request can lead to suspension or termination of your access to the Marketplace.

If an individual client is already under another broker/assistor and has a signed BOR with you, click the "BOR Change Request" button to begin a manual review to switch the individual to your dashboard.

All completed BOR attestation and change requests are displayed in the Broker Portal under the *Broker Authorizations* tab. These are physical copies of the attestations and not BOR's. These Attestations cannot be used as BOR's with Carriers or the NYSOH as proof of a Broker of Record. Please find the links above for the NYSOH Broker of Record template if needed.

Broker Agreement Template

The NY State of Health will certify licensed brokers and agents to assist eligible individuals in purchasing QHPs, EP, CHP, Medicaid and stand-alone dental plans through the Marketplace, provided that the agent or broker agrees to, and satisfies, the requirements set forth in the Agent/Broker agreement (link below) and adheres to the rules of behavior and terms of service.

[Broker Agreement](#)

[Rules of Behavior](#)

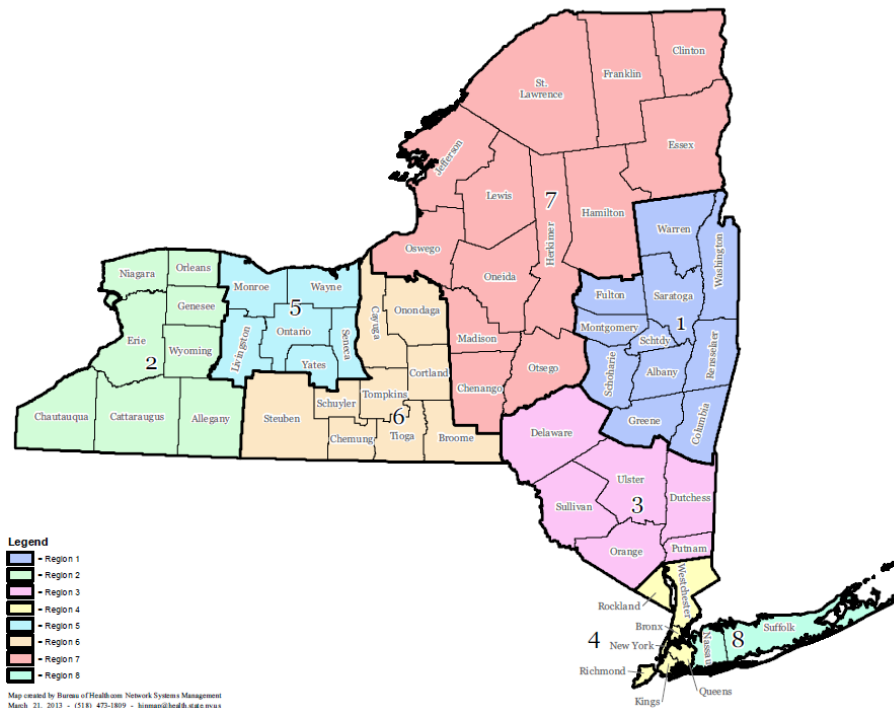
[Privacy and Security Guidelines](#)

Rates and Benefit Details

Small Business Marketplace rates for SHOP Certified Plans are updated quarterly on the NYSOH website. Once a group effective date is chosen- the first of any month of the calendar year - it becomes the start date for that group's **plan year**. The rates for any group will remain the same for the entire plan year and will be based on the quarter in which coverage becomes effective.

[Small Business Marketplace Qualified Health Plan Rates](#)

New York Map of Rating Regions



The items below provide geographical and organizational resources about plan characteristics and provider networks.

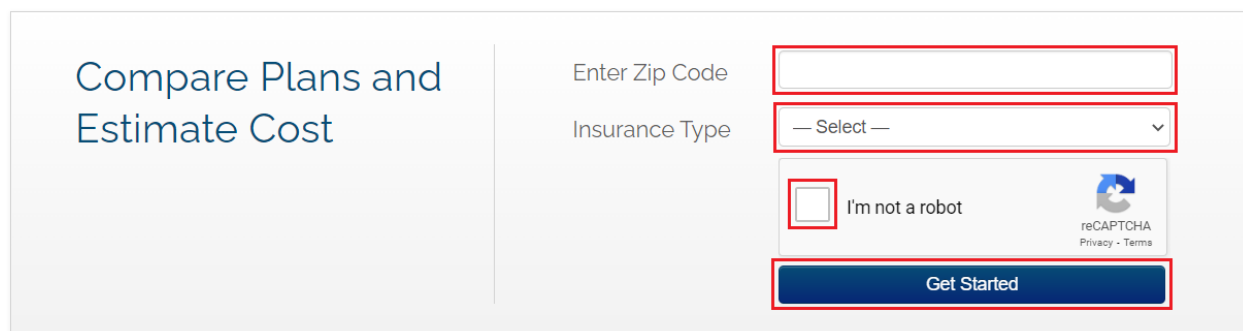
[NY Map of Rating Regions](#)

Anonymous Shopping (“Get a Quote” Function)

The Individual and Small Business Marketplaces each have their own Anonymous Shopping Tools as each marketplace has different Carriers/Plans, etc. Both Anonymous Shopping Tools work similarly but are located in their respective portals. Both tools are listed in the Useful Links tab in the Broker Portal. To find all of the SHOP Certified Health Plans, Rates, and Benefits offered directly through participating carriers, go to the Employer sign-on page and scroll down to the “Compare Plans and Estimate Costs” box.



Select the Insurance Type (medical or dental) and then enter the Zip Code of the physical business address. Click the box that ensures you are not a robot. After that, CAPTCHA signs may appear which will need to be completed. Just follow the directive in the picture box and, once complete, the system will then show all plans available according to the selections made in the Get Quotes section.



The screenshot shows a form titled 'Compare Plans and Estimate Cost'. It contains the following fields and elements, all highlighted with red boxes: 'Enter Zip Code' (text input), 'Insurance Type' (dropdown menu with '— Select —'), 'I'm not a robot' (checkbox), and 'Get Started' (blue button). A reCAPTCHA logo and 'Privacy - Terms' link are also visible.

All plans displayed can be printed by page in the upper right-hand corner. The purple icon at the top of the screen is to search by Health Plan, Provider or Facility. A comprehensive list of all plans that are offered in the previously entered zip code are displayed. Filter plans by “Carrier” and “Metal Level”, or sort by premium. Healthy NY plans will be included in the search results list. Use the “Select Metal Level” dropdown to view only Healthy NY plans, or by selecting the “Gold” option for plans without Healthy NY in the results. The system also provides a calculator to determine an estimate of the small business health

care tax credit. Clicking on the name of any plan will display the plan benefit details, which may also be printed (see following screen captures).

Compare up to three plans at a time by selecting the *Add to Compare* box for each plan you want to compare and selecting the *Compare Plans* button.


Print Page

Plan List

The following plans are available based on the zip code you entered.


- You can filter your plans by Metal level or Carrier.
- You can compare up to three plans at a time by selecting the check box **"Add to Compare"**, then select the **"Compare Plans"** button.
- To view the plan details/benefits, click on the Plan Name to access the hyperlink.

Quality Ratings Data Disclaimer: Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2022. The ratings are being displayed for health plans for the 2023 plan year. [Learn more about these ratings](https://info.nystateofhealth.ny.gov/QualityRatings)
<https://info.nystateofhealth.ny.gov/QualityRatings>

 Search by Health Plan, Provider, or Facility

Filter Options: --Select Carrier-- --Select Metal Level-- Apply Filter Reset Filters


Compare 0 Plans Estimate Tax Credit --Sort By-- 1 - 10 of 119


HDHMO 426, BRONZE, NS, INN, DEP25, ADULT VISION, LASIK, WELLNESS, DP, FP

HIOS ID: 94788NY0260108 BRONZE Add to Compare

County: RENSSELAER

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$546 ³²	\$1,092 ⁵⁴	\$928 ⁷⁵	\$1,557 ⁰²


MVP HMO BRONZE 10, BRONZE, INN, NY SMALL GROUP HMO, DEP25, ACUPUNCTURE, PREFERRED FACILITY, TELEMEDICINE, WELLNESS, PEDIATRIC DENTAL, DP, FP

HIOS ID: 56184NY0170088 BRONZE Add to Compare

County: RENSSELAER

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$549 ¹⁵	\$1,098 ³²	\$933 ⁵⁷	\$1,565 ¹¹


View the plan details for a specific plan by clicking the *plan name*. Click *print page* (continued on next page) to print the details.

Plan Details

Print Page

You can see premiums co-pays, deductibles, covered services and quality details for the plan you chose for employees. For additional information on this plan, click on the right arrow symbol below for detailed coverage information for the benefit category or go to the Get More Information link.

Back to Plan List



MVP
HEALTH CARE

MVP Liberty HDHP Gold 2 NS INN Pediatric Dental Dep25 DP FP Acupuncture Adult Vision Preventive Drugs Telemedicine Wellness

Metal Level	Gold	Overall Quality Rating	New Plan - Quality data not yet available
HSA Creditable	Yes	HIOS ID	89848NY0010072
New Premium -Employee	\$829.23	New Premium -Employee+Spouse	\$1258.48
New Premium -Employee+Child	\$1069.69	New Premium -Employee+Family	\$1793.31
Annual Deductible - Individual	\$1,800	Annual Deductible - Family	\$1600 per person \$3200 per group
Out of Pocket Maximum - Individual	\$4,500	Out-of-Network Coverage	No
Out of Pocket Maximum - Family	\$4500 per person \$9000 per group		

Design MVP Liberty provides a national network of carriers. This MVP Liberty plan is a qualified High Deductible Health Plan (HDHP) that can be paired with a tax advantaged Health Savings Account (HSA). Wellness drugs are not subject to the plan's deductible. Pediatric Dental Care is included with the plan. Acupuncture is covered up to 12 visits and Home Health Care coverage has an extended number of visits. Adult Vision Care and Eyewear benefits are covered. You have up to \$325 per contract per plan year that can be redeemed for Gym Membership, Kids Sports, Massage Therapy, Weight Loss or Tobacco Cessation support programs and other wellness activities. No referrals are required. The Schedule of Benefits can be used to determine if the plan is Embedded, Aggregate or a combination thereof.

Plan Summary

Benefit	In Network Cost Share	Description
Primary Care Visit to Treat an Injury or Illness	\$10.00 Copay after deductible	Visit to a clinician for health services that cover a range of prevention, wellness, and treatment for common illnesses.
Specialist Visit	\$20.00 Copay after deductible	Visits to a physician to diagnose, manage, prevent or treat certain types of symptoms and conditions related to a specific disease or condition.
Inpatient Hospital Services (e.g., Hospital Stay)	\$200.00 Copay per Stay after deductible	Health care you get when you're admitted as a patient to a health care facility, like a hospital or skilled nursing facility.

Additional benefit detail sections are available, including “More Information”, which will display links to the plan’s provider network, formulary, and Summary of Benefits and coverage.

Plan Summary			
Benefit	In Network Cost Share Tier1	Subject to Deductible	Description
Well Baby Visits and Care	\$0	No	Routine doctor visits for comprehensive preventive health services that occur when a baby is young.
Chiropractic Care	50%	Yes	Care performed by a Doctor of Chiropractic (Chiropractor).
Urgent Care Centers or Facilities	50%	Yes	A licensed facility (except Hospitals) that provides care for an illness, injury or condition serious enough to require care right away, but not so severe as to require emergency room care.
Emergency Room Services	50%	Yes	Healthcare services you get in an emergency room.
Laboratory Outpatient and Professional Services	50%	Yes	Professional fees and services associated with laboratory work for diagnostic and treatment purposes.
Inpatient Hospital Services (e.g., Hospital Stay)	50%	Yes	Health care you get when you're admitted as a patient to a health care facility, like a hospital or skilled nursing facility.
Generic Drugs	\$10	Yes	A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs.
Non-Preferred Brand Drugs	\$70	Yes	Brand drugs are sold by a drug company under a specific name or trademark and is protected by a patent. Non-preferred drugs may or may not be included on a plan's covered drug list or formulary and have higher cost-share.
Specialty Drugs	\$70	Yes	Specialty drugs are used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia. The drugs are often self-injected or administered in a physician's office or through home health services.
Preferred Brand Drugs	\$35	Yes	Brand drugs are sold by a drug company under a specific name or trademark and is protected by a patent. Preferred drugs are included on a plan's covered drug list or formulary.
Primary Care Visit to Treat an Injury or Illness	50%	Yes	Visit to a clinician for health services that cover a range of prevention, wellness, and treatment for common illnesses.
Specialist Visit	50%	Yes	Visits to a physician to diagnose, manage, prevent or treat certain types of symptoms and conditions related to a specific disease or condition.

- ☐ Preventive and Wellness Services and Chronic Disease Management
- ☐ Rehabilitative and Habilitative Services and Devices
- ☐ Other Services
- ☐ Mental Health and Substance Abuse Services
- ☐ Emergency Services
- ☐ Laboratory Outpatient and Professional Services
- ☐ Pediatric Vision
- ☐ Hospitalization
- ☐ Prescription Drugs Other
- ☐ Outpatient Services
- ☑ More Information

Company Website: <http://www.mvphealthcare.com>

Summary of Benefits and Coverage: <http://www.discovermvp.com/ny/st/shop/bronze/> ←

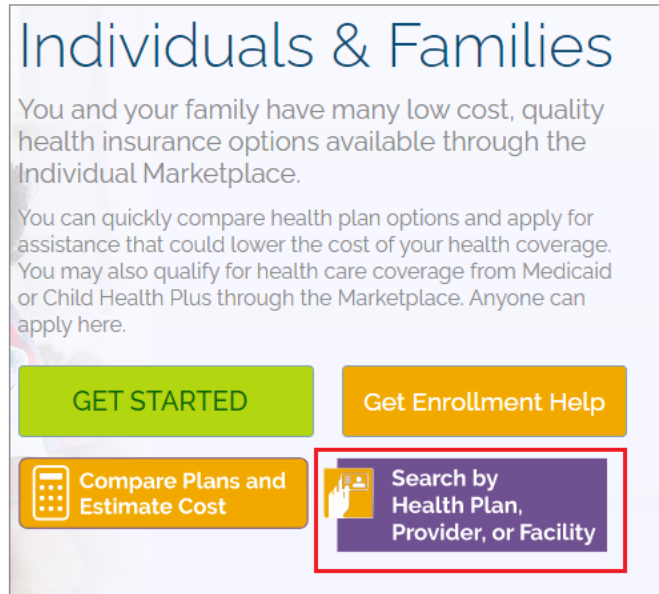
Prescription Drug List: <http://www.discovermvp.com/ny/indiv/rx1> ←

Provider Network: <http://mvp.prismisp.com/#guest> ←

Plan Brochure: <http://www.discovermvp.com/ny/st/shop/bronze/>

Provider Look-Up Tool

The NYSOH has a helpful Provider Look-Up Tool on the home page of the website. Simply click on the purple icon to search by Health Plan or search by Provider. The icon is located under Individuals and Families but can also be used for Small Business Employer groups. The icon can also be found at the bottom of the NYSOH home page, as well as in the SBM Anonymous Shopping tool. See the webinar – [Assistor Training: NYS Provider and Health Plan Look-Up Tool](#) or the *Health Plan and Provider Look-Up Tool* User Guide for more information.



Individuals & Families

You and your family have many low cost, quality health insurance options available through the Individual Marketplace.

You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here.

GET STARTED **Get Enrollment Help**

Compare Plans and Estimate Cost **Search by Health Plan, Provider, or Facility**

Eligibility and Enrollment Policies

Individual Eligibility

To help individuals shop in the Marketplace, they:

- Must live in New York
- Must be a US citizen, national, or lawfully present immigrant (Different immigration rules may apply if eligible for Child Health Plus, NYS Medicaid, or the Essential Plan based on the applicant's income)
- Cannot be currently incarcerated. (Different rules may apply if the applicant is eligible for Medicaid based on income.)
- Cannot be applying for coverage of nursing home care, care provided in a Residential Treatment Facility for Children and Youth, or Developmental Center or Intermediate Care Facility for the Developmentally Disabled.

Employer Eligibility

A Small Business Employer Group may apply for certification that they meet the criteria of a small business on the NYSOH. The small business, or their Broker, must access the Small Business Marketplace, select Employer, and create an account. There, they can complete the Eligibility Determination form to see if they qualify as a Small Business. (Brokers can do this through their own portal for Employers and Individuals) The business will qualify if it meets the following criteria:

- Must have a physical location in New York State.
- Be comprised of 1-100 Full Time Equivalent employees upon initial enrollment.
- Offers, or will offer, insurance to all Full-Time employees.

Employee Eligibility

The NYSOH Small Business Marketplace does not determine Employee eligibility for Employer groups. Employee eligibility is determined by each individual Health/Dental Plan.

Full-time Equivalent Employee Calculator

Small Business Marketplace provides a Full-Time Equivalent (FTE) employee calculator to determine employer eligibility for new or renewing groups who do not know their FTE count, or just want to check for accuracy.

The Eligibility Determination Form includes an attestation asking if the group has between 1-100 FTE Employee's at the time of application. The FTE Calculator link will assist with calculating the group's FTE count if the exact number is unknown.

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

Employer Participation Requirements

Participation and contribution requirements are deferred to the selected carrier. The NYSOH requires that Employer's attest to three attestations in the Eligibility Determination form. They must attest that the business is located in NYS, has between 1-100 FTE's, and offers insurance to all eligible full-time employees. The business must also offer, or plan to offer, coverage to all eligible full-time employees. A full-time employee is an employee who works, on average, 30 hours or more per week. The screen shot below is an example of the attestations in the Eligibility Determination Form.

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. [FTE Calculator](#)

Yes No

This business offers or will offer coverage to all full time employees.

Yes No

Qualifying Events

Certain qualifying life events trigger a special enrollment opportunity for eligible employees. Members and their dependents who are enrolled in a qualified health plan (QHP) may make certain changes to their enrollment if they have a qualifying event. Eligible employees enrolled directly through an insurance carrier are subject to the rules of said carrier. The employee may have to furnish documentation as proof of the qualifying event.

Qualifying events that may trigger special enrollment opportunities include:

- Marriage
- Divorce/Legal Separation
- Birth
- Adoption
- Legal Orders
- Retirement
- Death
- Loss of Health Insurance for Qualified Dependent

Renewals

Every active group with a positive eligibility determination will be automatically renewed around June 1st every year. Quarterly rates of all SHOP Certified Plans can be found using the Anonymous Shopping Tool, or by clicking [here](#). Simply complete the information in the Compare Plans and Estimate Costs box to find rates for the desired region. Printable Rate Sheets to help assist Brokers can be found in the Broker Tool Kit, or by clicking [here](#).

Qualified Health Plan Renewals take place every year for an effective date of January 1st. If an Individual is Medicaid eligible or falls under another program like Essential Plan or Child Health Plus, then eligibility is determined year-round.

Appeals

Employers have the right to request an appeal if they disagree with the eligibility determination made by the NYSOH. Eligibility is re-run every time there is a change made and saved to the Eligibility Determination form. If an employer has received a recent decision from the Small Business Marketplace and does not agree with the decision, the employer may request an appeal within **90 days** from the date on the letter or may lose the right to an appeal.

Appealable reasons for Employers are:

- Denial of Eligibility
- Failure of NYSOH to make a timely decision

Appeals will be completed by calling the Customer Service Center at 1-855-355-5777. Broker's may also contact the DOH SHOP program via the Broker Support Mailbox with eligibility concerns: NYSOHbrokersupport@health.ny.gov

For information on appeals for individuals and families, click [here](#).

Step-by-step User Guides

The following guides include screen shots and detailed instructions for many of the actions a broker may need to perform on the NYSOH portal:

<http://info.nystateofhealth.ny.gov/ProducerUserGuides>

Broker User Guides

1. [Broker Certification Step 1: Account Credentials](#)
2. [Broker Certification Step 2: Identity Proofing and Licensing](#)
3. [Broker Certification Step 3: Training Courses](#)
4. [Broker Certification Step 4: Profile Setup](#)
5. [Navigate the Broker Portal](#)
6. [Add an Agency Affiliation](#)
7. [Reassign Clients](#)
8. [Adding a New Group & Navigation of the Eligibility Account](#)
9. [Health Plan & Provider Look-Up Tool](#)
10. [Broker Reactivation Instructions](#)

Webinars

The following link provides a comprehensive listing of all Webinars that have been offered on the NYSOH, including Individual and Small Business Marketplaces, going back to the beginning of the Marketplace.

[Webinars for Agents and Brokers on Informational Website](#)

Broker Support

Customer Service Call Center

All employers and authorized representatives such as brokers may contact the NY State of Health's customer service center at (855) 355-5777 to speak with a Consumer Support Specialist (CSS) regarding the following:

- General assistance navigating the NYSOH website and portals.
- Telephonic Enrollment application assistance (Individual)
- Assistance with technical issues while working within the website.
- Identity proofing issues
- Enrollment questions or concerns

When calling the customer service center, it is important to listen carefully to the menu prompts to make the appropriate selection. The customer service center operating hours are: *8am-8pm, Monday - Friday; 9am-1pm, Saturday.*

Please Note: When calling the Customer Service Center, a CSS will ask for identifying information such as your SSN or DOB. They will also always ask you to confirm the spelling of your name. Please be patient as the extra security steps are needed to protect the personal information of not only yourself, but the people you are representing. If a Broker has called the NYSOH Customer Service Center and feels that their issue is still not resolved, they may contact the NYS DOH Small Business Health Options Program via the Broker Support Mailbox at:

NYSOHBrokerSupport@health.ny.gov

Broker Responsibilities

Brokers have their own Portal within the NYSOH marketplace which allows them to assist small employers and Individuals with their needs. Brokers may complete registration, enrollments and manage their clients through their broker Dashboard. The following is a list of responsibilities and capabilities that the broker may have when representing an Individual or Small Business client.

- Account Creation and Maintenance
- Communicate fully with the employer and respond to communications received.
- Employer Group and Individual Account Set Up
- Issue Resolution Liaison with the NYSOH Call Center
- Maintain ethical behavior.
- Maintain private/secure records.
- Manage Qualifying Events.
- Obligation to know the client's needs.
- Obligation to know the NYSOH plans/SHOP Certified plans available and make appropriate recommendations.
- Understand and communicate fully the appeals and complaints process.
- Work with the Health Plan regarding Coverage Issues

Brokers can call the NYSOH Customer Service Center to ask general policy questions, ask specific employer or employee account questions, file a complaint, or request an appeal on behalf of the employers they represent. A list of the Carrier Contacts is available [here](#).

Security and Privacy

The NY State of Health works to ensure the protection of protected health information (PHI) and personally identifiable information (PII) in both internal and external communications. Brokers are required to ensure the protection of PHI and PII.

Personally Identifiable Information (PII): Information that can be used to distinguish a person's identity such as their name, social security number, or date of birth, when standing alone or when combined with other personal information, such as mother's maiden name.

Protected Health Information (PHI): Under HIPAA, PII combined with "Health Information" (information about a person's health care, including conditions and payment for health care) is Protected Health Information or "PHI."

Encrypting Emails – PII and PHI must not be transmitted via standard e-mail, such as Outlook or Gmail. If it is necessary to transmit PII or PHI electronically to NYSOH staff or business associates, it must be compressed and sent as an encrypted file using approved encryption software.

The following document provides a set of guidelines and best practices to help producers ensure that PHI and PII are protected:

[Privacy and Security Guidelines](#)

Small Business Health Care Tax Credit

A tax credit is available to eligible small business owners that offer insurance coverage to employees.

In general, to be eligible for this credit, a business must:

- Have fewer than 25 full-time equivalent (FTE) employees.
- Have employees with average annual salaries of \$62K or less for the 2023 tax year.
- Contribute at least 50% of lowest cost employee only premium plan offered.
- Obtain a favorable eligibility determination from the NYSOH.
- Enroll in a SHOP Certified Health Plan directly through a participating Carrier.

NYSOH and the Small Business Marketplace does not calculate the exact amount of the Small Business Health Care Tax Credit. An estimator is available through the Employer Portal. Employers are advised to work with a tax professional to determine eligibility to claim this credit.

Tax credits are reconciled at the end of each tax year. Visit the IRS page, “Small Business Health Care Tax Credit for Small Employers” for more eligibility criteria, step-by-step instructions, forms and online tax credit estimator:

<https://www.irs.gov/affordable-care-act/employers/small-business-health-care-tax-credit-and-the-shop-marketplace>

Broker Contacts for Participating Carriers

The following spreadsheet provides broker support contact information for each carrier as well as information regarding commissions.

[Broker Contacts for Participating Carriers](#)

Co-Branding Guidelines

Use of the NY State of Health trademark logo is permitted by authorized partners including Brokers and Agents for the purpose of advertising and promoting the NYSOH and the public programs and qualified health plans available through the NYSOH. The logo must be used in accordance with these Guidelines:

[NY State of Health Brand and Co-Branding Guidelines](#)

PLEASE NOTE: Authorized partners must receive *prior approval* of co-branded marketing materials developed by authorized partners prior to distribution.

For questions about using the NYSOH trademark logo and for review of your documents, materials, websites, etc. showing intended logo use prior to dissemination or publication, please contact NY State of Health cobranding at:

cobranding@health.ny.gov

SHOP Billing Policies

The NYSOH no longer handles invoicing for insurance carriers. For groups with an effective date of 4/1/18 and beyond, invoicing and payments will be completed directly with the selected carrier.

COBRA

The acronym COBRA refers to the health benefit provisions of the Consolidated Omnibus Budget Reconciliation Act passed by Congress in 1986. The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.¹ COBRA gives employers and their families who lose their health benefits due to voluntary or involuntary job loss, reduction in the hours worked, transition between jobs, death, divorce, and other life events, the right to choose to continue group health benefits provided by their group plan for limited periods of time under certain circumstances.

For detailed information about COBRA accommodations including qualifying events, open enrollment, qualified beneficiaries, benefit requirements and timelines, see “[COBRA Guidelines](#)” on the NYSOH website.

Plan Invitation

NY State of Health has issued its invitation to insurers to participate for the most recent plan year. The invitation and related documents can be found [here](#).

¹ United States Department of Labor: http://www.dol.gov/ebsa/FAQs/faq_compliance_cobra.html
accessed on 5-7-14