

How to Enter a Loss of Coverage Date for an Employee on the Employer Roster

When an Employee loses coverage (through a spouse, other job, etc.) and needs to enroll in their Employer Sponsored Health Insurance with the NYSoH, you may be able to give that Employee a new offer in just a few simple steps.

An Employer or Broker can use the **Loss of Coverage Date** on the Employer Roster for any employee that is:

- Currently not enrolled in Employer Sponsored coverage with NYSoH
- Has lost Minimal Essential Healthcare Coverage
- Has an existing offer from their Employer (this functionality will not work for an employee in "Not Yet Offered" status)

****An Employee does not have to decline coverage to utilize this field****

The Employee's NYSoH Employer Sponsored Coverage will begin the day *after* the Loss of Coverage Date entered.

Current direction on the Roster page:

Manage Enrollments

1. After you have completed your enrollment offer, a participation code will be sent to all employees on your roster. Your employees will then have the ability to enroll themselves online, or can have customer service assist them. If you want to enroll one or all of your employees directly, you can use the **Enroll button** next to their name on the roster. You will then have to complete the enrollment process for each employee you are assisting.
2. If your employee later wants access to the account you have created for them, use the **Invite button**. This will send an invitation code to the email address on file for this employee.
3. To delete an employee from your insurance offer, you can select the **Delete button** next to the employee's name.
4. In order to enroll an employee who lost qualified health coverage during the plan year, select the **+Active** button to the left of the employee's name, and enter the **loss of coverage** date. This will open a Special Enrollment period and the employee will be allowed to enroll in a plan due to this qualified event and coverage will begin the day after the loss of Health Coverage.



1. To enter the Employee's Loss of Coverage Date, click on the 'Loss of Coverage Date' calendar icon. The User must choose the last day of the previous coverage. (i.e. coverage ends on 12/18/17, choose 12/18/17 from the calendar to begin the NYSoH Employee policy effective 12/19/17)

Edit	First Name	Last Name	Address	Class	Enrollment Status	Participation Code	Actions
Active	Lisa	Cramer	15 Main St, Apt 3, Schenectady, NY 12309	Management staff	Notified	53180544111	Delete Manage Invite

Employee Details

First Name *

Lisa

Last Name *

Cramer

Phone Number *

(518) 555 - 1212 x

Ext

Email Address

christa.baynard@health.ny.gov

Social Security Number *

*** - ** - 039

Employee Code *

EMP01

Hire Date *

10/15/2008

Avg. Hrs/Week *

50

Loss of Coverage Date (enter last day of previous coverage)

Class

Management staff

Enrollment Status

Notified

Mailing Address

Address Line 1 *

15 Main St

Address Line 2

Apt 3

City *

Schenectady

Zip Code *

12309

County *

SCHENECTADY

State *

NY

Save Changes

2. The calendar contains the previous 30 days from today's date as well as 30 days into the future. The NYSoH coverage will begin the day **after** the Loss of Coverage. Click *Save Changes* when complete.

Loss of Coverage Date (enter last day of previous coverage)

December 2017

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Enrollment Status

Notified

Address Line 1

Apt 3

Code *

309

Count

SCH

Employee Details

First Name * Lisa Last Name * Cramer

Phone Number * (518) 555 - 1212 Ext x Email Address christa.baynard@health.ny.gov

Social Security Number * Employee Code * Hire Date * Avg. Hrs/Week *

... .. 1039 EMP01 10/15/2008 50

Loss of Coverage Date (enter last day of previous coverage)

January 2018

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Enrollment Status

Notified

Address Line 2

Apt 3

Code * County * State *

309 SCHENECTADY NY

Save Changes

3. User will receive a message at the top of the Roster that the Employee was successfully saved.

The Employee is successfully saved.






Filter Roster

Show All

1 to 10 of 12 Entries < Previous Next >


Edit	First Name	Last Name	Address	Class	Enrollment Status	Participation Code	Actions
●	Lisa	Cramer	15 Main St,	Management	Notified	53180544111	Delete

4. Once the Employee successfully saves, click the *Create Offer* button at the bottom of the Roster page to put the Employee into a new Class/Offer.

 Cobra Beneficiary	Andrea	Burke	34 Jump Street, Rensselaer, NY 12144	COBRA_INTERNAL	Submitted	39361479559	<div><div> Terminate</div><div> Manage</div><div> Invite</div></div>
 Active	Brian	Fuller	934 Austin Dr, Apt 3H, Albany, NY 12206	Part time staff	Notified	71873929458	<div><div> Delete</div><div> Enroll</div></div>

Deleted Employees

1 to 1 of 1 Entries [< Previous](#) [Next >](#)

Employee Code	Employee Name	SSN	Status	Termination Date	Primary Reason for Termination	Action
EMP08	Dylan McKay	***-**-1047	Deleted	12/31/2018	Employment Terminated	<div><div><div>Move Back to Roster</div><div> Remove from Roster</div></div></div>



5. To view/verify the employee's new Effective Date, click on the *Employer Offering* tab on the left side navigation panel. Then, click the class name of the employee's class. Once in the class summary, click the subtab *Employee Enrollment* to view all employee's in the class. This will display the Enrollment Periods and Effective Dates for all Employee's listed.

The screenshot shows the 'Employer Offering' interface. On the left is a navigation panel with sections: COMPANY INFORMATION (Five Guys, EIN: 712345696, 726 EIT Street, Albany NY 12203, Primary Phone: (518) 555-1212), Overview, Messages & Notices (116), Roster, Employer Offering (selected), Plans, My Documents, Bills and Payments, EBILL, FTE Calculator, Estimate Tax Credit Calculator, Address History, and a Return to Agent Portal button. The main content area has a 'Create Offer' button at the top right. Below it are two class cards: 'Employees not classified' (Delete Class) and 'Management staff' (View Offer, Delete Class). The 'Management staff' card is selected, showing subtabs: Class Summary, Employee Enrollment (selected), Move Employees, Health Plans, and Dental Plans. The 'Employee Enrollment' subtab displays a table with columns: Name [First Last], Enrollment Period, Effective Date, and Status. The table lists four employees: Ash George (Terminated), Christa Johnson (NOTIFIED), Lisa Cramer (Terminated), and Thomas Cramer (Terminated). A blue arrow points to the 'Effective Date' column for Lisa Cramer, which is 06/01/2018. Below the table is a pagination bar with 'Previous', '1', and 'Next' buttons. At the bottom are three more class cards: 'Full time staff' (View Offer, Delete Class), 'Part time staff' (View Offer, Delete Class), and 'COBRA (Due to termination)'.

Name [First Last]	Enrollment Period	Effective Date	Status
Ash George	03/28/2018 - 04/30/2018	06/01/2018	Terminated
Christa Johnson	03/28/2018 - 04/30/2018	06/01/2018	NOTIFIED
Lisa Cramer	03/28/2018 - 04/30/2018	06/01/2018	Terminated
Thomas Cramer	03/28/2018 - 04/30/2018	06/01/2018	Terminated

**Since this employee's insurance takes effect on 12/19/17, this employee's monthly premium will be prorated from 12/19/17-12/31/17 for the month of June.

If the Loss of Coverage is reported between the 1st and 15th of the month, the Employer should see the new coverage on a mid-month rebill. Otherwise, it will appear on the next month's invoice. **

Directions on how to add a Loss of Coverage for a Dependent are below.

Dependent Loss of Coverage

If a dependent of an enrolled employee loses other Minimum Essential Coverage, the Loss of Coverage can be reported in the Employee account.

- The Employer **must** offer dependent tiers of coverage in order to add a dependent to coverage.
- 1. From the Broker portal, search for the Employee. Once in the Employee account, click the *Report Change in Circumstance* tab on the left-side navigation menu.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000062813
Shelby Cobra
Account Settings

HOUSEHOLD INFORMATION [Edit](#)

Mailing Address:
456 State St,
Schenectady NY, 12304
Primary Phone:
(518) 555-3535

Overview
Messages & Notices
Enrollments & Plans
Documents
Broker/Navigator
Report Change in Circumstance
Address History
Other Insurance Information
[Return to Agent Portal](#)

Report Change in Circumstance Plan Year: Feb 1, 2019 to May 31, 2019 ▼

Changes to your household members may affect your insurance coverage costs and options. It is important to update your account as soon as possible when changes occur. Please select the type of change you want to report.

- Marriage, Relocation and Loss of Coverage can be reported up to 30 days before or after the date of the event.
- Loss of Medicaid/CHIP can be reported up to 60 days after the date of the event.
- All other qualifying events need to be reported within 30 days of the event.
- You can change your last name without adding a dependent when reporting marriage, below.

Select a Change in Circumstance

Type of Change: --Select-- Date of Occurrence:

Coverage Effective Date will be:

<< Cancel [Report Change >>](#)

2. Select “*Loss of Health Insurance for Qualified Dependent*” from the drop-down menu. Once this is selected, a calendar icon appears to select the *Date of Occurrence*. Once both are selected, the “*Coverage Effective Date Will Be*” field will automatically populate with the dependent's effective date. The new dependent must be added in the populated field below. Click *Add Member* to add more than one dependent. Once finished adding dependents, click *Report Change*. Coverage will begin the day after the Date of Occurrence.

The screenshot shows a web form titled "Select a Change in Circumstance". On the left is a sidebar menu with options: Overview, Messages & Notices, Enrollments & Plans, Documents, Broker/Navigator, Report Change In Circumstance (highlighted), Address History, Other Insurance Information, and Return to Agent Portal. The main form area has a "Type of Change" dropdown set to "Loss of Health Insurance for Qualified Dependent". To its right, the "Date of Occurrence" is set to "02/15/2019" with a calendar icon. Below that, "Coverage Effective Date will be:" is set to "02/16/2019". A yellow banner states: "Coverage will begin the day after the qualified dependent lost coverage (Date of Occurrence)". Below this is the "Add Member" section, which includes a tab for "Household Member 1". The form fields for this member are: First Name *, Middle Name, Last Name *, Gender * (Male/Female), Date Of Birth * (MM/DD/YYYY), Relationship * (Spouse/Domestic Partner/Child), and SSN/ITIN. At the bottom of the form are three buttons: "<< Cancel", "Add Member", and "Report Change >>". Blue arrows point to the "Date of Occurrence" field, the "Household Member 1" tab, the "Add Member" button, and the "Report Change >>" button.

Note: All eligible employees should be included on the roster even if they choose to decline coverage during the open enrollment period. If an eligible employee who loses other coverage is NOT on the Roster, he or she should be added as a new hire and enrolled.

Any previously entered changes will be listed on the Change in Circumstance screen. These changes are listed in chronological order of their respective Effective Date.