

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



Open Enrollment, Renewals and What's New

- **Open Enrollment**
- **Renewals**
- **New Information on Gender Identity Designation**
- **Supplemental Nutrition Assistance Program (SNAP)
Information for Eligible Consumers**

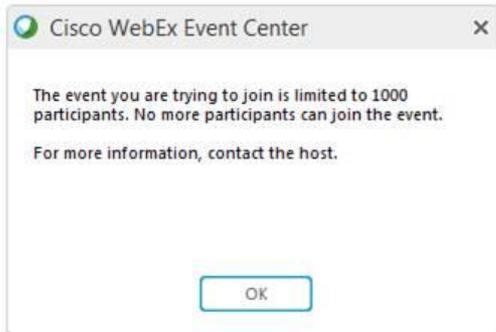
Date: October 2, 2019

Time: 10:00am – 11:30am

Dial-In Number: 1-855-897-5763

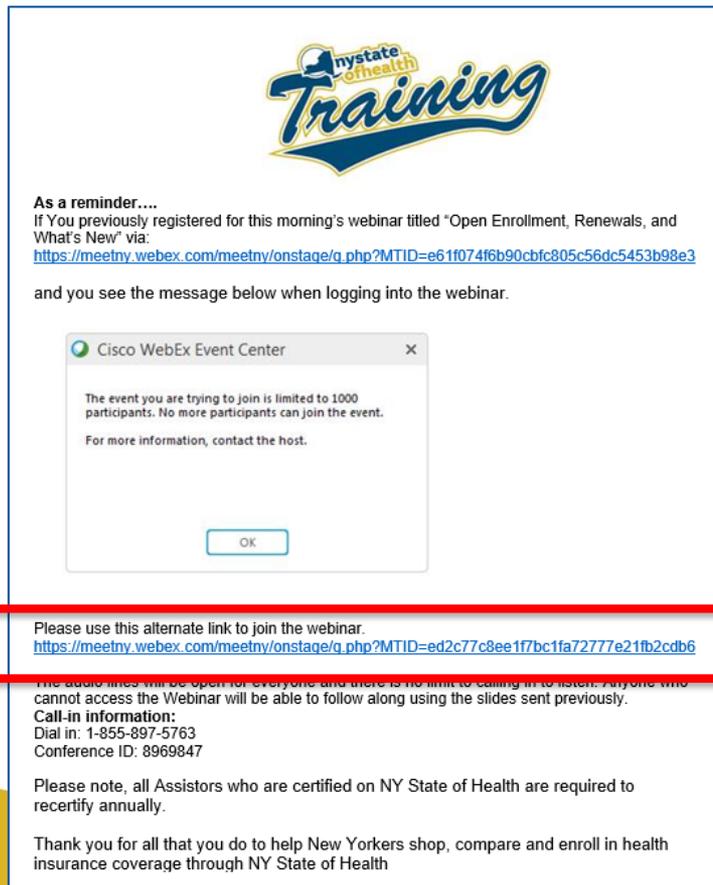
Conference ID: 8969847

TODAY'S WEBINAR



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

Please find this email:
Subject Line: 2019 Spring Training Recertification Overflow Reminder I What's Coming
and click on the second link in order to log in.

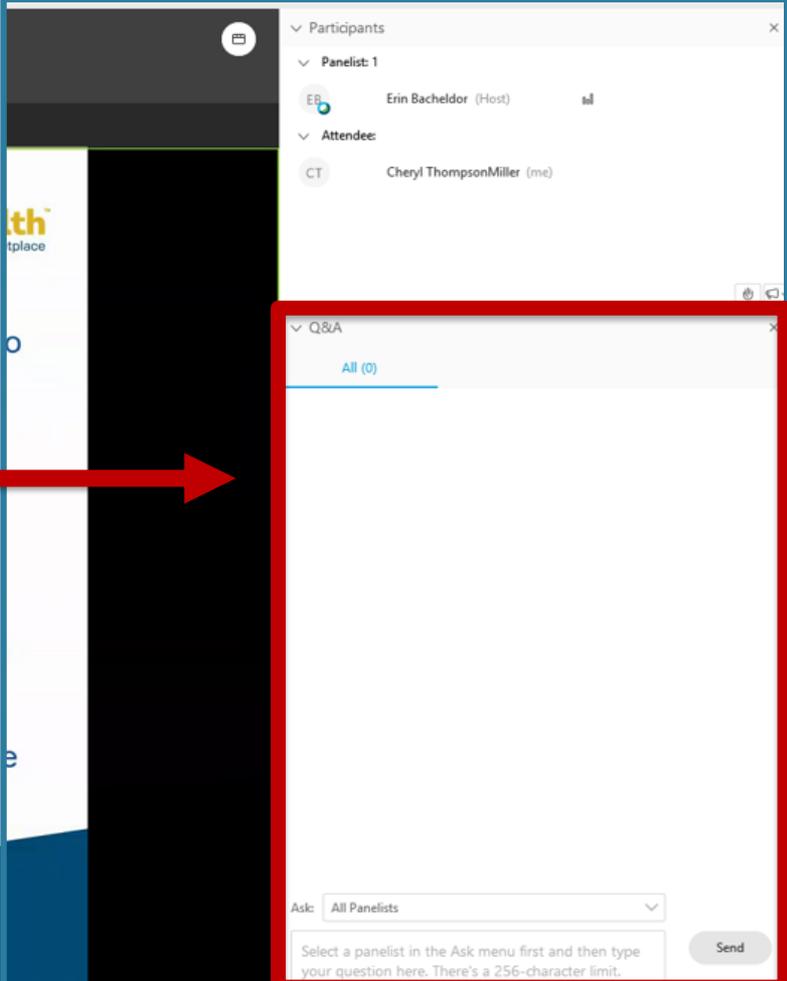


Dial-In Number: 1-855-897-5763
Conference ID: 8969847

TODAY'S WEBINAR (CONT...)

- There is no sound through your computer.
 - Dial in to listen to the audio portion of the webinar using the audio instructions on your WebEx control panel.
 - All participants will remain muted for the duration of the program.
- Questions can be submitted using the Q&A function on your WebEx control panel;
 - We will pause periodically to take questions.

Dial-In Number: 1-855-897-5763
Conference ID:8969847



The screenshot displays the WebEx control panel interface. The 'Participants' window is open, showing a list of participants: Erin Bachelder (Host) and Cheryl ThompsonMiller (me). The 'Q&A' window is also open, showing a list of questions (All (0)). A red arrow points from the text 'Questions can be submitted using the Q&A function on your WebEx control panel;' to the Q&A window. The Q&A window is highlighted with a red border. The 'Ask:' dropdown menu is set to 'All Panelists'. The 'Send' button is visible at the bottom right of the Q&A window.

TODAY'S WEBINAR (CONT...)



A recording of the webinar and any related materials will be available online at our Spring Training webpage at:

<https://info.nystateofhealth.ny.gov/SpringTraining>

YOU DESERVE AFFORDABLE HEALTHCARE.
Find the right health plan and financial assistance you need today.

2019 Spring Training

Session	Topic	Training Materials
1 July 21, 2019	Privacy and Security	Presentation Video Manual Identity Proofing Tool Kit Authorized Representative Designation Form Document Linking Checklist
2 August 21, 2019	What's New: New auto enrollment functionality, changes to the address fields in the Marketplace and changes regarding duplicate HX ID numbers	Presentation Video
3 (Part A) September 25, 2019	What's Coming: Updated functionality for Medicaid Managed Care lock-in and changes in the process for uploading documents	Presentation Video

The 2018 Spring training series is available [here](#).
The 2017 Spring training series is available [here](#).
The 2016 Spring training series is available [here](#).
The 2015 Spring training series is available [here](#).
The 2014 Spring training series is available [here](#).

Your Feedback: What's Coming



Medicaid Managed Care Lock-in and New Process for Uploading Consumer Documents

Webinar Statistics:

- More than 97% said the webinar increased your knowledge of the topic!
- More than 97% said information from the webinar will allow you to better assist consumers.

Here's what you said:

- “NY State of Health needs to update the list of documents that are available in the drop-down. Several things to upload are not included on the list.”
- “The preview screen is great change! It benefits us to help keep our clients PII/PHI protected. Thank you so much.”
- “Keep interacting with the audience. The polling helps us make sure that we understand.”

Welcome



Gabrielle Armenia

Bureau Director of Child Health Plus & Marketplace
Consumer Assistance

Panelists

Danielle Holahan

Deputy Director, NY State of Health

Marci Natale

Director of the Division of Communications for the Office of
Health Insurance Programs and NY State of Health

Lisa Sbrana

Director, Division of Eligibility and Marketplace Integration

Sonia Sekhar

Director of Policy and Evaluation, NY State of Health

Agenda

Open Enrollment & Renewal

- ✓ Important Dates
- ✓ 3 types of Renewals
- ✓ Reminder on Advance Premium Tax Credit (APTC)
- ✓ NY State of Health Flyers

Open Enrollment & Renewals



When is Open Enrollment in New York State?

Open Enrollment will run November 1, 2019 - January 31, 2020

- NY State of Health expects to renew coverage for more than 500,000 households and enroll new people into coverage during the Open Enrollment Period.
- All Assistors will be allowed to complete telephone applications for consumers during the open enrollment period.
- Details about 2020 plan options will be released in early October.
- Enrollment in Medicaid, Essential Plan (EP), and Child Health Plus (CHPlus) is open all year.

Open Enrollment & Renewals



Timeline

Date	Action
By November 1, 2019	Renewal Notices mailed. These notices are sent to individuals eligible for renewal of their: <ul style="list-style-type: none">• Qualified Health Plans (QHPs) including Full Pay QHP, & those with Advance Premium Tax Credit (APTC), and Cost Sharing Reduction (CSR).• Medicaid, Child Health Plus, and Essential Plan coverage ending on 12/31/19.<ul style="list-style-type: none">○ Annual renewal notices for Medicaid, Child Health Plus, and Essential Plan will be sent on a rolling schedule.
November 1, 2019	Open Enrollment begins for <u>new</u> applicants.
November 16, 2019	Renewal Period begins for QHPs. <ul style="list-style-type: none">• Consumers can update their account if needed, and enroll in a plan for coverage starting on 1/1/2020.
December 15, 2019	Last day to enroll for January 1, 2020 coverage.
January 31, 2020	Open enrollment closes for QHPs.

Open Enrollment & Renewals



Individuals enrolling in coverage for the first time during open enrollment can apply and select a plan beginning November 1st.

For	When Enrollment is Completed	Coverage Begins
New Application	November 1- December 15	January 1, 2020
New Application	December 16 - January 15	February 1, 2020
New Application	January 16 - January 31	March 1, 2020

Three Types of Renewals

1. Automatic Renewal **with** Auto-Enrollment
 - No action required
2. Automatic Renewal **without** Auto-Enrollment
 - Action required: Consumer must select and enroll in a plan
3. Manual Renewal
 - Action required: Consumer must update their application

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT



- Consumer must have given NY State of Health permission to renew eligibility using data sources.
- Consumer will have their eligibility renewed using documented income from the consumer, state data sources, and federal data sources.
 - Documented income from the consumer must have been verified by the Marketplace within the past three (3) months.
- Consumer will receive a notice by November 1st with enrollment information including APTC applied (if applicable) before the end of the year.
 - No action is needed if the consumer agrees with the information in their notice.
 - If the consumer does not agree with their automatic renewal determination, they will be able to update their application.
 - The update can be made starting 11/16/2019. It should be completed by 12/15/2019 to ensure coverage on 1/1/2020.
- Enrollment into the plan (if the same plan is available in 2020) will be automatically completed by the Marketplace.

AUTOMATIC RENEWALS WITH AUTO-ENROLLMENT



It is renewal time and **NO ACTION IS REQUIRED** for the following individuals:

Jane Doe

Marketplace ID: HX0012345678

CHANGE IN ELIGIBILITY:

You qualify for a **premium tax credit** to help pay for your health insurance coverage, effective **January 1, 2020**. Your tax credit amount for 2020 is **\$431.11** per month.

You can apply all or part or none of this credit to your monthly bill.

You can also get help paying your share of out-of-pocket costs like the deductible – what you must pay before your health plan begins to help pay – or copayments due at the time of service. You must enroll in a Silver Level health plan to get this benefit.

NO ACTION REQUIRED:

Your health insurance coverage has not changed. We re-enrolled you into the same product that you had before. Contact your insurance company if you have questions about covered services or providers.

If you want to make a change, you must do so between **November 16, 2019** and **December 15, 2019**. See the section of this notice, "*How and When to Make Changes to Your Account or Coverage*".

AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT

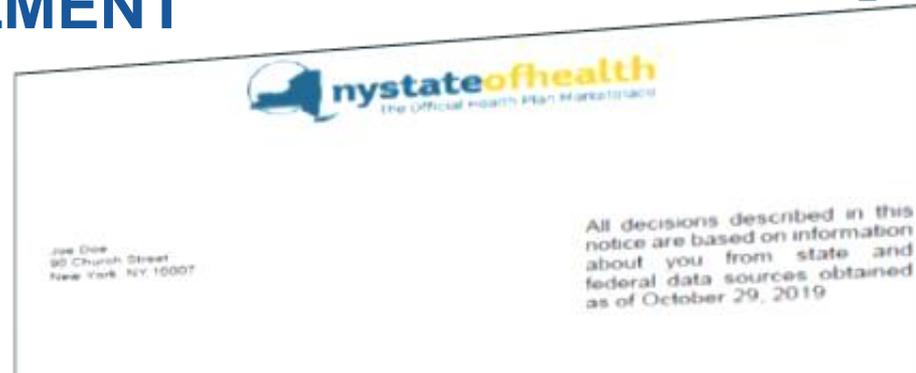


Action Required: Consumer must select and enroll in a plan

This could happen because:

- The consumer became newly eligible for a QHP or full-pay CHPlus.
- The consumer's program eligibility changed and their current plan does not offer a plan in the new program.
- The consumer's current plan will no longer be offered in NY State of Health for the upcoming year.

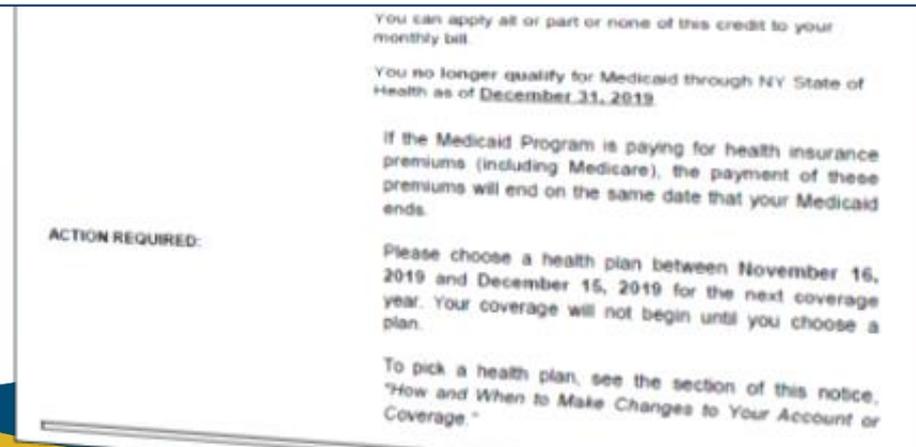
AUTOMATIC RENEWALS WITHOUT AUTO-ENROLLMENT



ACTION REQUIRED:

Please choose a health plan between November 16, 2019 and December 15, 2019 for the next coverage year. Your coverage will not begin until you choose a plan.

To pick a health plan, see the section of this notice, *“How and When to Make Changes to Your Account or Coverage.”*



MANUAL RENEWALS



- Consumers need to be manually renewed when we are unable to automatically renew them based on data sources.
- Qualified Health Plan (QHP) consumers **MUST** update information on or before 12/15/2019 in order to remain enrolled for 1/1/2020.
- Consumers who do not update their information may:
 - have a gap in their QHP coverage.

MANUAL RENEWALS



It is renewal time for the following individuals and **ACTION IS REQUIRED:**

Jean Doe (YX123456S)

Marketplace ID:HX0001234567

ACTION REQUIRED:

Based on the information from federal and state sources, we cannot make a decision about whether you qualify for financial help paying for your health insurance coverage.

Please update the information on your NY State of Health account by **December 15, 2019** so we can make an appropriate decision.

NOTE: If you miss this deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

Please update the information on your NY State of Health account by **December 15, 2019** so we can make an appropriate decision.

NOTE: If you miss this deadline, you are at risk of losing your health insurance coverage and if applicable, any financial assistance.

REMINDER ON APTC



Under federal regulation, consumers may be found ineligible for tax credits in 2020 if they received an APTC in previous years but:

- Did not reconcile these credits using form 8962 when filing taxes. (This includes ANY year where tax credits were received, but not reconciled)

OR

- Did not file a return in 2018 (whether they asked for an extension or not)

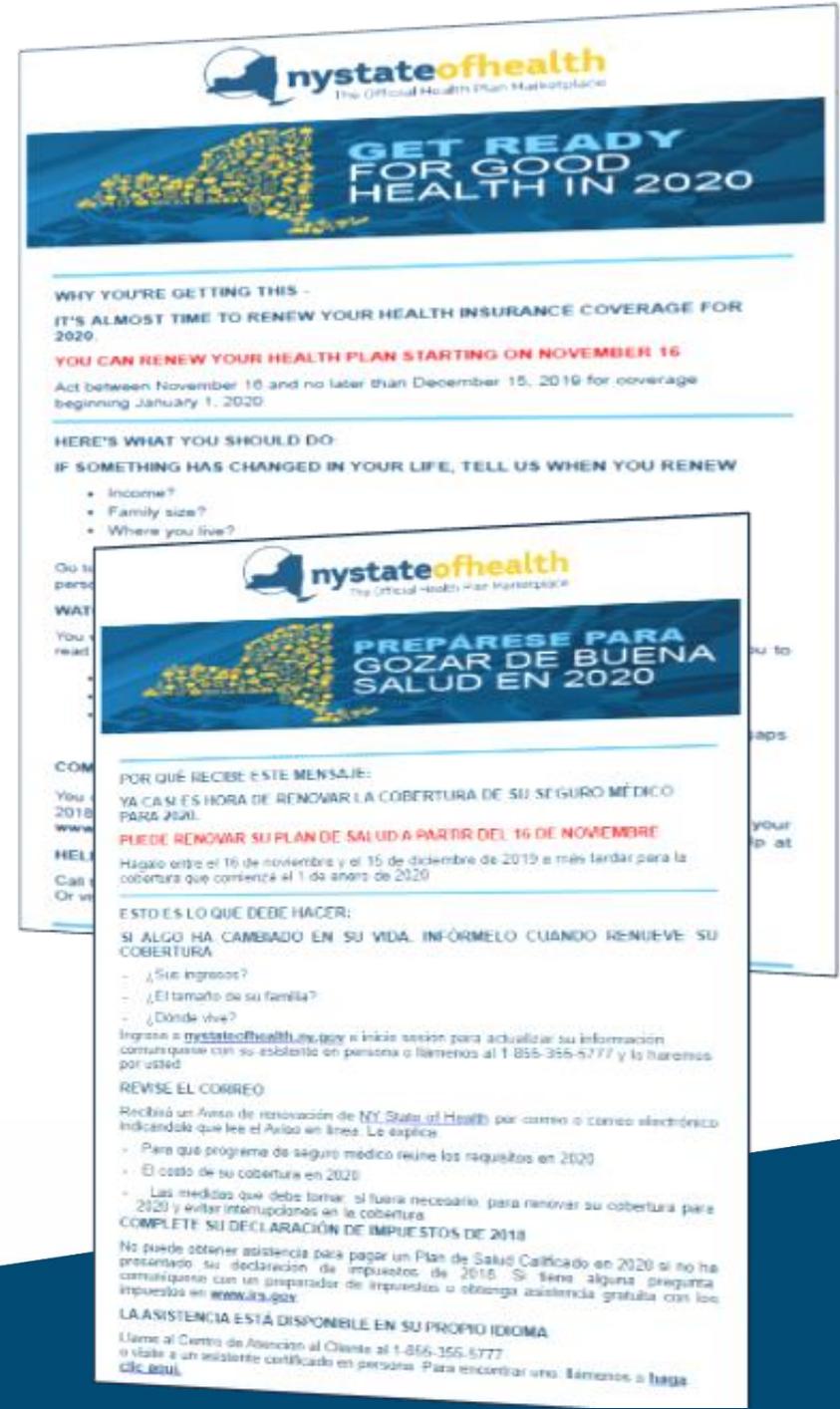
Consumers who are found ineligible for tax credits should refer to their notice for more information on what to do next to resolve their APTC reconciliation.

NY State of Health Open Enrollment & Renewal Flyers

Renewal Flyers

A “Get Ready to Renew” flyer will be sent out by email only in early October:

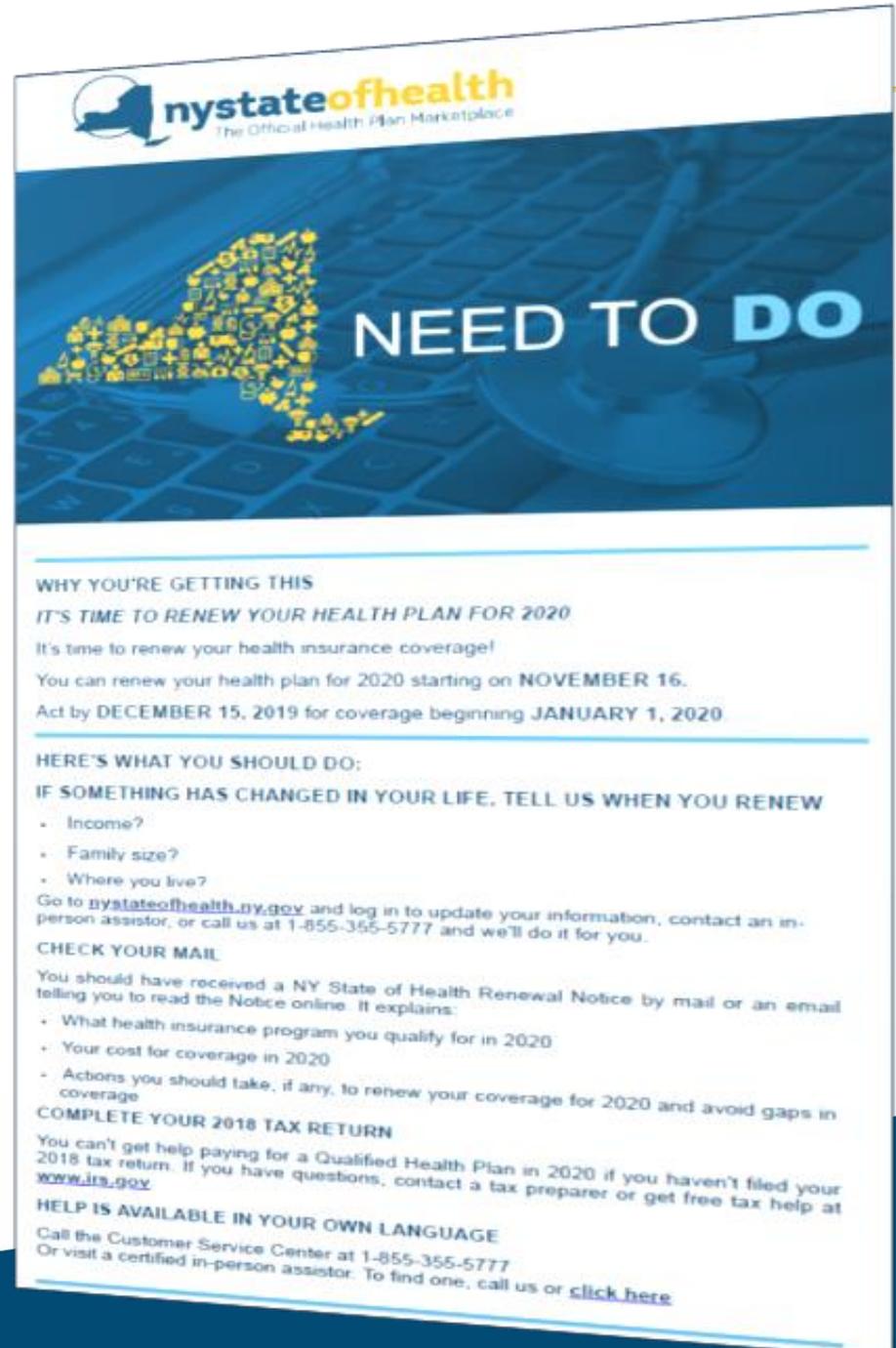
- To QHP, EP, CHPlus due to renew for coverage starting January 1, 2020.
- To inform consumers that they will soon receive their renewal notice from NY State of Health.
- To encourage consumers to take action between November 16, and December 15.
- To remind consumers that financial assistance for QHP enrollees will not be available in 2020 if the consumer received advance premium tax credits (APTCs) in 2018 but has not yet filed their 2018 tax return and reconciled those PTCs.
- It will be sent in both English and Spanish.



Renewal Flyers

A “Today’s the Day” flyer will be sent out by email only on November 16th:

- To QHP, EP, CHPlus due to renew for coverage starting January 1, 2020.
- To inform consumers that the renewal period has started, and to encourage them to take action between November 16, and December 15.
- To remind consumers that financial assistance for QHP enrollees will not be available in 2020 if the consumer received Advance Premium Tax Credits (APTCs) in 2018 but has not yet filed their 2018 tax return and reconciled those PTCs.
- It will be sent in both English and Spanish.



nystateofhealth
The Official Health Plan Marketplace

NEED TO DO

WHY YOU'RE GETTING THIS
IT'S TIME TO RENEW YOUR HEALTH PLAN FOR 2020
It's time to renew your health insurance coverage!
You can renew your health plan for 2020 starting on **NOVEMBER 16**.
Act by **DECEMBER 15, 2019** for coverage beginning **JANUARY 1, 2020**.

HERE'S WHAT YOU SHOULD DO:
IF SOMETHING HAS CHANGED IN YOUR LIFE, TELL US WHEN YOU RENEW

- Income?
- Family size?
- Where you live?

Go to nystateofhealth.ny.gov and log in to update your information, contact an in-person assistor, or call us at 1-855-355-5777 and we'll do it for you.

CHECK YOUR MAIL
You should have received a NY State of Health Renewal Notice by mail or an email telling you to read the Notice online. It explains:

- What health insurance program you qualify for in 2020
- Your cost for coverage in 2020
- Actions you should take, if any, to renew your coverage for 2020 and avoid gaps in coverage

COMPLETE YOUR 2018 TAX RETURN
You can't get help paying for a Qualified Health Plan in 2020 if you haven't filed your 2018 tax return. If you have questions, contact a tax preparer or get free tax help at www.irs.gov

HELP IS AVAILABLE IN YOUR OWN LANGUAGE
Call the Customer Service Center at 1-855-355-5777
Or visit a certified in-person assistor. To find one, call us or [click here](#)

Renewal Flyers

A “Reminder to Renew” flyer will be sent in early December by email only, to consumers who are due to renew for coverage starting January 1, 2020 but have yet to complete their renewal.

- The flyer will be sent to QHP, EP, CHPlus, and certain Medicaid consumers.
- It encourages consumers to review the renewal notice that they have already received and take action by December 15th.
- It will be sent in both English and Spanish.



You recently received a notice from NY State of Health about what actions you need to take, if any, to renew your health plan for 2020. It is important that you take these actions to avoid any gap in coverage.

- 1. TELL US WHAT'S NEW IN YOUR LIFE**
Did your income, family size or address change? Tell us at nystateofhealth.ny.gov or 1-855-355-5777. It could make a big difference in what insurance you can buy or how much you'll pay, if anything.
- 2. CHOOSE A HEALTH PLAN**
Visit nystateofhealth.ny.gov to see your choices and pick a health plan for 2020.
- 3. MAKE THESE CHANGES BY DEC 15TH**
It's the only way you can be sure that your coverage will continue, without any gaps, right through 2020.

ONE MORE THING!
HELP IS AVAILABLE IN YOUR OWN LANGUAGE.

- Call the NY State of Health Customer Service Center at 1-855-355-5777.
- Or visit a certified in-person assistor. To find an assistor, call us or [click here](#) to search on-line.

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

Renewal Flyers

A “Reminder to Pick a Plan” flyer will be sent by email:

- During Open Enrollment to consumers who are new or who have renewed and who have a **QHP determination for 2020** but have yet to pick a plan. Emails will be sent throughout Open Enrollment beginning on November 6, 2019.
- During Open Enrollment and throughout the year to consumers who have an **Essential Plan determination**, but have yet to pick a plan. Emails will be sent beginning on November 1, 2019.
- In English and Spanish.

Consumers who are receiving this flyer have already received their renewal notice and have yet to enroll in a plan.

The flyer features the NY State of Health logo at the top left, with the tagline 'The Official Health Plan Marketplace'. The background is a blue-tinted image of a computer keyboard with a stethoscope resting on it. A map of New York is formed by various yellow icons representing health and insurance. The text 'NEED TO DO' is prominently displayed in white and blue. Below this, a section titled 'GOOD NEWS FROM NY STATE OF HEALTH' contains the phrase 'YOU'RE ELIGIBLE FOR THE ESSENTIAL PLAN!' where 'ESSENTIAL PLAN!' is circled in red. Further text explains the benefits of the Essential Plan and provides instructions on how to sign up, including a link to view health plan choices and contact information for assistance.

nystateofhealth
The Official Health Plan Marketplace

NEED TO DO

GOOD NEWS FROM NY STATE OF HEALTH
YOU'RE ELIGIBLE FOR THE ESSENTIAL PLAN!

The Essential Plan has great coverage, a monthly cost of \$20 or less and lots of health plans to choose from.

You took the first step toward getting health coverage for 2020.

HERE'S WHAT YOU NEED TO DO NEXT

Come back today and select your health plan for 2020.

View your health plan choices [here](#).

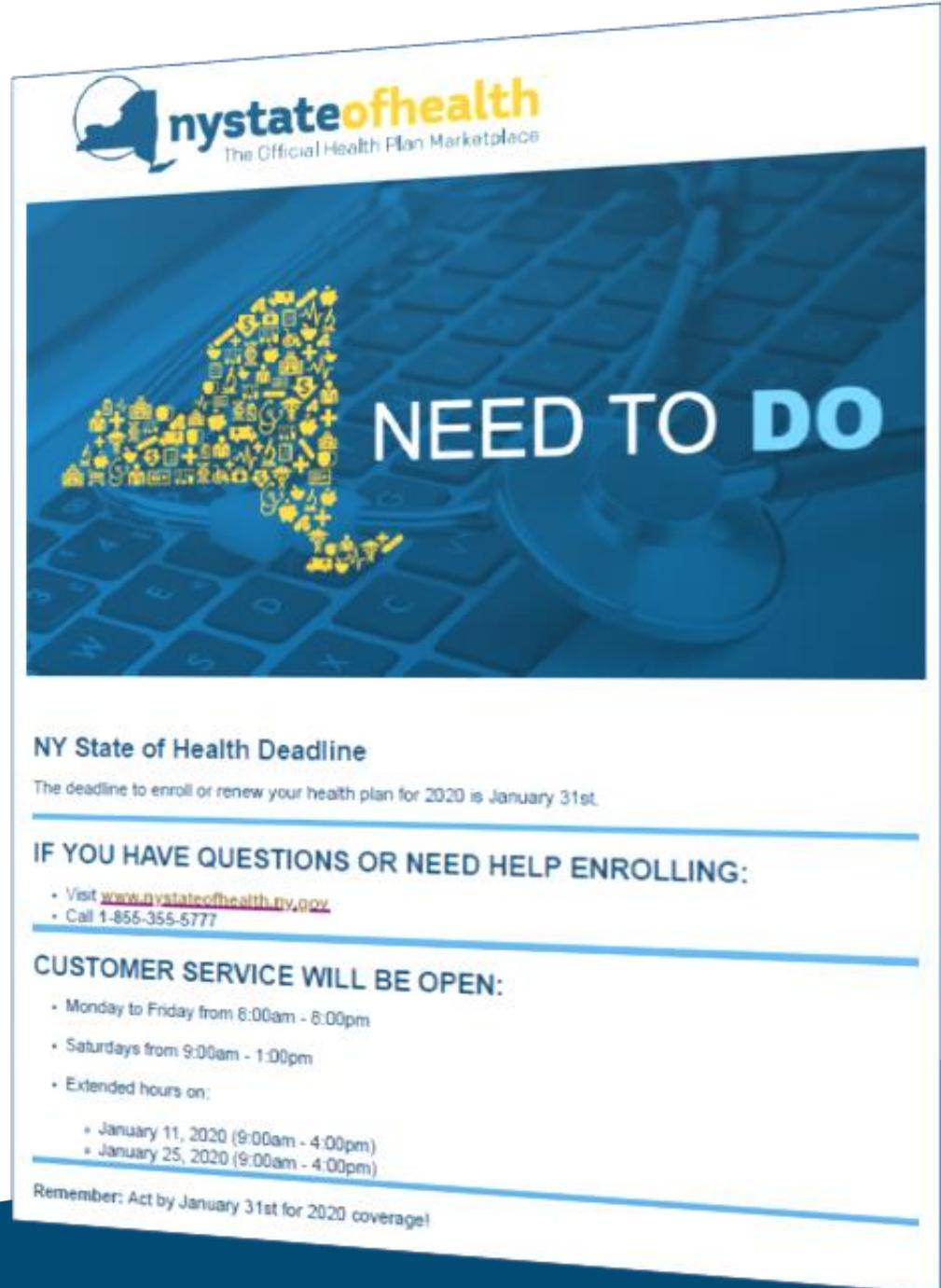
SIGN UP

- Visit nystateofhealth.ny.gov
- 1-855-355-5777 or TTY: 1-800-662-1210
- Visit an in-person assessor. Find one [here](#).

Renewal Flyers

A “Deadline Reminder” flyer will be sent by email:

- Starting in January 2020.
- Sent to consumers who have a QHP determination for 2020 but have not yet enrolled.



The flyer features the NY State of Health logo at the top left, which includes a silhouette of the state and the text "nystateofhealth The Official Health Plan Marketplace". The background is a blue-tinted image of a computer keyboard with a stethoscope resting on it. A yellow outline of the state of New York is filled with various health-related icons. The text "NEED TO DO" is prominently displayed in white and blue. Below the image, the flyer contains the following text:

NY State of Health Deadline
The deadline to enroll or renew your health plan for 2020 is January 31st.

IF YOU HAVE QUESTIONS OR NEED HELP ENROLLING:

- Visit www.nystateofhealth.ny.gov
- Call 1-855-355-5777

CUSTOMER SERVICE WILL BE OPEN:

- Monday to Friday from 8:00am - 8:00pm
- Saturdays from 9:00am - 1:00pm
- Extended hours on:
 - January 11, 2020 (9:00am - 4:00pm)
 - January 25, 2020 (9:00am - 4:00pm)

Remember: Act by January 31st for 2020 coverage!

POLL QUESTION #1

Mr. Smith calls you, his Assistor, and states that he received a notice which says that he was automatically renewed, and remains eligible for a QHP with APTC, but needs to pick a plan. He doesn't understand why he must pick a plan if he was automatically renewed. What is the best response?

- A. Ask him to email you the notice so you can review it yourself.
- B. Explain that this does occur. Remind him that Open Enrollment runs through the end of January, and he has plenty of time to choose and enroll in a plan.
- C. Explain that this does occur. Schedule an appointment to help him enroll in a plan by December 15th.
- D. Tell him to contact his current health care plan and inquire about why he can't enroll for next year.

POLL QUESTION #2

Sally calls you, her Assistor, stating that she was automatically renewed and determined eligible for a full pay QHP. She thought she'd be eligible for APTC. The notice states that advance payments of the premium tax credit were made to the health plan but Sally did not reconcile the amount of APTC she received based on her actual income when she filed her taxes with the IRS. What can you do?

- A) Let her know that she can file an appeal. Consumers under 400% FPL should be eligible for APTC.
- B) Tell her that NY State of Health checks data sources, so the determination must be correct. Make an appointment to help her enroll in a Full-Pay QHP.
- C) Tell her to call the IRS to resolve the issue.
- D) Remind her that consumers who receive APTC need to reconcile their APTC with the IRS when they file their taxes. Ask her if she filed a 2018 federal income tax return with "Form 8962."

Questions?

- Open Enrollment and Renewals



New Information on Gender Identity Designation in NY State of Health

Background



In January, 2019, New York City became the first municipality in the United States to allow residents who are born there to select a gender-neutral option (“X”) on their birth certificates.

- All New Yorkers, regardless of gender identity or expression, have equal access to State benefits and/or services.
 - The term “X” means a gender that is **not exclusively male or female**.
 - Individuals with the “X” designation must not be discriminated against or face barriers to benefits and/or services.
 - Individuals from other states may also have gender designations other than male/female on their state-issued identity documents.
 - “X” and other gender designations (such as non-binary) were created to indicate that an individual identifies in a way other than “M” or “F.”

Best Practices

It is **never** appropriate to assume a person's gender or use gender pronouns based on their:

- name
- appearance
- sound of voice
- relationship to other household members

When referring to an individual, please use their name or politely ask which gender pronouns they use.

Gender pronouns include “he,” “she,” “they,” or any other pronoun requested by the individual.



Update to the Application



Instructions to the “Build your household” page are being updated.

Build your household

Your income and family size help us decide what programs you qualify for. Include these people on this application: 1) yourself; 2) your spouse, if you’re married; 3) any children you are caring for who live with you; 4) your partner who lives with you; 5) anyone you include on your federal income tax return. Write in everyone’s full legal name.

Anyone else who lives with you will need to file their own application if they want insurance. Not everyone has to be living at the same address to apply on the same application.

Click on **Add Another Person** to include someone in your household or to add someone who will be included on your federal tax return. Click **Remove** to delete this person from your application. Click **Edit** to change the information about this person.

If you are returning to your application to make an update or change, you can click **Remove** if someone has moved out of your household and will no longer be claimed as a dependent on your federal taxes. If you are not planning to file taxes, then click **Remove** if this person is no longer part of your household. You can click **Add Another Person** if there is a person who is now in your household or who you will include in your federal tax return.

New York State ensures your right to access State benefits and/or services regardless of your sex, gender identity, or expression. If you would like to provide us with how you or your household members currently identify, please also select a gender identity.

Update to the Application

The Build Your household page is also being updated to allow the account holder to select a different gender identity than that assigned at birth for themselves and any household members.

Build your household

Your income and family size help us decide application: 1) yourself; 2) your spouse, if you are married; 3) your partner who lives with you; 4) any other household member; 5) anyone else who lives with you will need to be living at the same address to apply on the application.

Click on **Add Another Person** to include someone on your federal tax return. Click **Remove** to delete information about this person.

If you are returning to your application to make changes, you may have moved out of your household and will no longer be planning to file taxes, then click **Remove if Not on Return** if there is a person who is not on your return.

Write in everyone's full legal name. Also tell us if you need health care coverage.

Household Member #3 Edit Remove

Legal First Name *	Legal Middle Name	Legal Last Name *	Suffix
<input type="text" value="Martha"/>	<input type="text"/>	<input type="text" value="Maple"/>	<input type="text" value="--Select--"/>
Sex *	Gender Identity (optional)	Need Health Insurance? *	
<input type="radio"/> Male <input type="radio"/> Female	<input type="text" value="--Select--"/>	<input type="radio"/> Yes <input type="radio"/> No	

Craig Medeiros

Legal First Name *	Legal Middle Name	Legal Last Name *	Suffix
<input type="text" value="Craig"/>	<input type="text"/>	<input type="text" value="Medeiros"/>	<input type="text" value="Sr"/>
Gender *	Need Health Insurance? *		
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input type="radio"/> No		



Sex

Household Member #3 Edit Remove

Legal First Name * Legal Middle Name Legal Last Name * Suffix

Sex Male Female Gender Identity (optional) Need Health Insurance? * Yes No

The sex you report here must be the same as what is currently on file with the Social Security Administration. The sex you report here is for our computer system's use only and will not appear on your benefit card or any other public-facing document. This is needed to process your application.

If you identify differently you will have the opportunity to provide this information later in the NY State of Health application.

Sex Male Female

The consumer's "Sex" is a required field and will be used for:

- Identity Proofing (Account Holder Only)
- Data-Source Matching (SSA, Public MEC search, etc.)
- Eligibility Determinations

Let the consumer know that they can enter their sex and their gender identity separately (differently) in NY State of Health.

Gender Identity

Household Member #3 Edit Remove

Legal First Name * Legal Middle Name Legal Last Name * Suffix

Sex * Male Female

Gender Identity (optional) ? Need Health Insurance? * Yes No

Gender Identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth.

Gender Identity (optional) ? Need Health Insurance? * ?

Answering the Gender Identity question is optional for the consumer.

Gender Identity

Gender Identity (optional) ?

--Select-- ▼

--Select--

Female

Male

Non-Binary/Non-Conforming

X

Transgender

Different Identity

Non-Binary - A term that many people use to describe their gender identity when they do not identify as exclusively male or female.

- A person may use the term to indicate that they identify as neither male nor female, some combination of both, or as some other gender designation.

Gender Non-Conforming - A term that describes people who have, or are perceived to have, gender characteristics and/or behaviors that do not conform to traditional or societal expectations.

- These expectations vary across cultures and have changed over time.

Gender Identity

Gender Identity (optional) ?

--Select-- ▼

--Select--

Female

Male

Non-Binary/Non-Conforming

X

Transgender

Different Identity

X - a gender that is **not exclusively male or female**

Transgender - An umbrella term that can be used to describe people whose gender identity and/or expression is different from what is expected of them in their culture, based on the sex assigned to them at birth.

Gender Identity

Gender Identity (optional) ?

--Select-- ▼

--Select--

Female

Male

Non-Binary/Non-Conforming

X

Transgender

Different Identity

Gender Identity (optional) ?

Different Identity ▼

Describe your identity (optional)

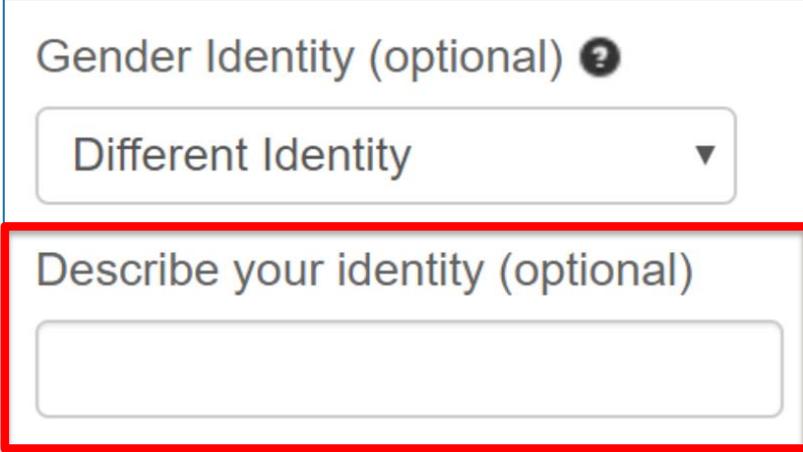
Consumers who select “Different Identity” will be able to type in their gender identity.

- Limit 20 string characters. Allowed:
 - Upper and Lower Case Letters
 - Numbers
 - Spaces
 - Number Sign (#)
 - Slash (/)
 - The And Sign (&)
 - Underscore (_)
 - Period (.)
 - Apostrophe (‘)
 - Hyphen (-)

Gender Identity

Examples of terms people may type in here to describe their gender identity:

Genderfluid - A term used to describe a person who shifts in gender identity and/or gender expression.



Gender Identity (optional) ?

Different Identity ▼

Describe your identity (optional)

Intersex - An umbrella term that can describe those with biological traits that are not typical for either male or female sex categorization.

These can include:

- XXY chromosomes
- variations in external genitalia
- differences in reproductive anatomy
- hormone differences

Individual Name	AccountID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
Alexandra Chase	AC0000064349 ***-**-3302 518-473-0000	1 Union St Schenectady NY, 12305	N/A	N/A			manage invite delete

Alexandra Chase

Overview | **Application** | Account | Eligibility | Plans | Inbox | Documents | Appeals | Address History

Edit Account Information

Overview

Mailing Address:
1 Union St
Schenectady NY
12305
Primary Phone:
(518) 473-0000

OPTIONS

Update Application

Return to Agent Portal

Updating Your Information

Account holder is the adult who is the contact for this account and is responsible for the application. The Edit Account Information button to:

- Update your mailing address or phone number;
- Change your language preferences;
- Change how you receive information about your notices - either by US Mail or email;
- Select to receive your notices in an alternative format.

NY State of Health must have the most up-to-date information about you and your household members on Update Application button to provide the most recent information about:

- Your address;
- Income;
- Access to or enrollment in the New York State Health Insurance Program (NYSHIP);
- Eligibility for health insurance from a job or other health insurance;
- Cost of health insurance Premiums from job;
- Everyone who lives in your household and changes in household size, for example, if you get divorced, become pregnant, have a child(ren) or adopt a child(ren); or if a child(ren) is placed with you;
- Changes in full-time student status (if applicable to application members);
- Changes in immigration status;
- How you plan to file your taxes.

Edit Account Information | Update Application

Overview | **Application** | Account | Eligibility | Plans | Inbox | Documents | Appeals | Address History

My Application

This is the information you gave us about everyone in your household. You can click through the tabs to see what you told us in each section of the application. If there are any changes to your or your household's Demographic, Other Coverage, Income, and Other Information, click on the Update Application button on the menu on the left side of this page.

Alexandra Chase (19)

Demographic Information | Other Coverage | Income Information | Other Information

TRR and Post Eligibility

Identifying Information | Immigration Information | Additional Information | Relationships | Address Information

Date of Birth	01/01/1989
Is Person Living	Yes
Sex	M
Gender Identity	Different Identity: Fluid
Need Health Insurance?	Yes
Marital Status	Single
Social Security Number	***-**-2630
Citizenship/Immigration Status	US Citizen
Hispanic or Latino/a	No

If the consumer has answered the gender identity question, it will appear when re-entering their account, on the "Application" tab, under "Identifying Information."

If the consumer has not answered the gender identity question, the row here for "Gender Identity" will not display at all.

Assistor Role

Federal regulations require Assistors to provide services in a neutral, non-biased manner.

When services are not linguistically, or culturally competent, potential enrollees could experience:

1. Feelings of being insulted or treated rudely.
2. Fear of contacting an Assistor, NY State of Health or an insurer.
3. Feeling confused and overwhelmed about meeting with an Assistor or enrolling in NY State of Health.
4. Feeling unwelcome, unwanted and not valued.

These feelings can delay and/or prevent access to health insurance and health care services.



Creating a culture that fosters diversity is an ongoing process.

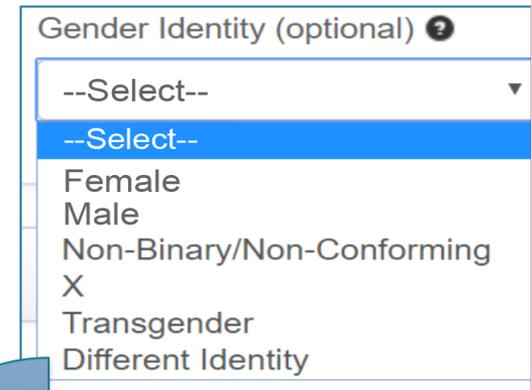
- As we work with consumers, be prepared to accept and respect differences.
- Be aware of your own culture and how it has shaped your ability to work with people.
- Be open to constantly learn and develop diverse knowledge and skills to more effectively work with consumers.
- Assistors should contact Assistor.Cases@health.ny.gov for assistance if they are made aware of a billing denial based on gender.



POLL QUESTION #3

You are helping a consumer to answer the gender identity question in the application. Lettie tells you that their gender identity is Genderqueer. You notice that this is not an option available on the drop-down. How do you assist Lettie?

- A. Review the options available on the drop-down list, and ask Lettie to choose one of those.
- B. Let Lettie know that the question is optional. There is no need to choose an answer at all if Lettie doesn't identify with any of the options.
- C. Ask Lettie what Genderqueer means and see if it is close to any of the options available.
- D. Help Lettie to choose "Different Identity" and then type in Genderqueer, in the additional box that presents itself.



Gender Identity (optional) ?

--Select--

--Select--

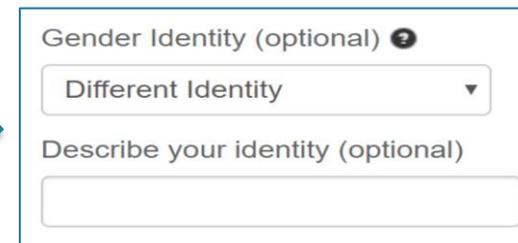
Female

Male

Non-Binary/Non-Conforming X

Transgender

Different Identity



Gender Identity (optional) ?

Different Identity

Describe your identity (optional)

Questions?

- New Information on Gender Identity Designation



Supplemental Nutrition Assistance Program (SNAP) Information for Eligible Consumers

What is SNAP?

The Supplemental Nutrition Assistance Program (SNAP) provides benefits to supplement the food budget of individuals and families so they can purchase healthy food.

- SNAP helps low-income working people, senior citizens, the disabled, and others to feed their families.
- Eligibility and benefit levels are based on household size, income, and other factors.
- Formerly known as food stamps.

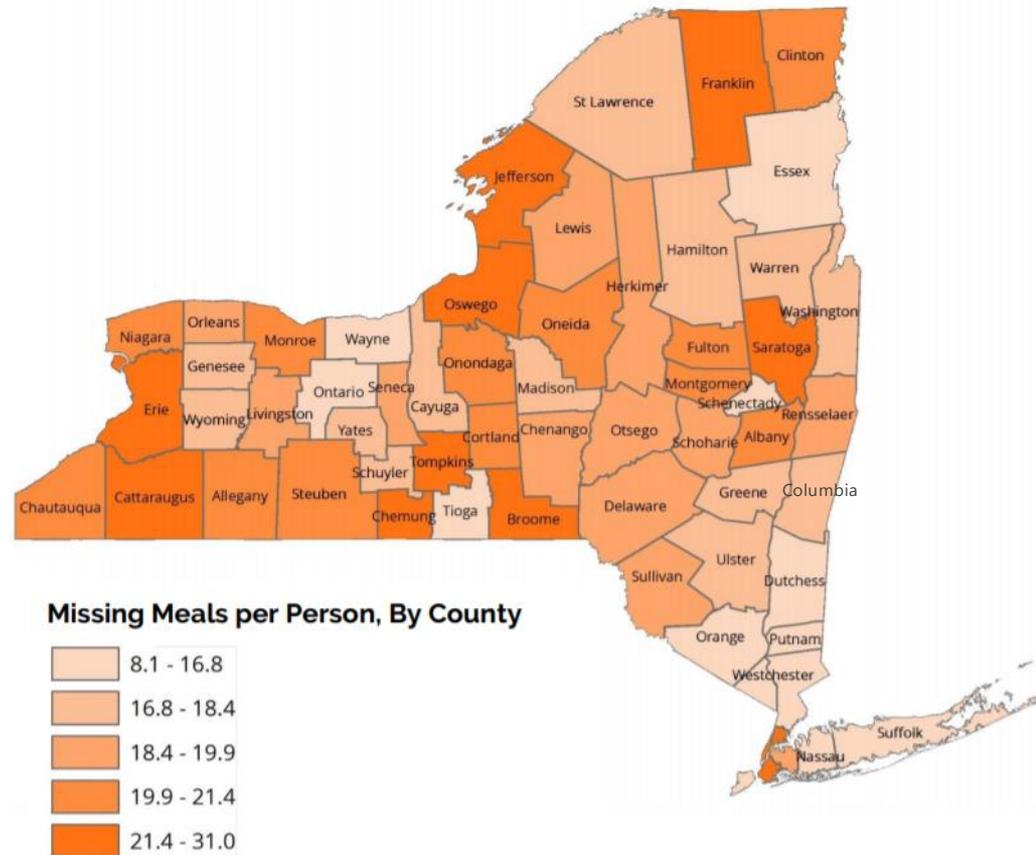


WHAT IS FOOD INSECURITY?

*Food insecurity is more than being hungry or wondering where the next meal will come from. **It is a lack of consistent access to enough food for an active, healthy life.***

-U.S. Department of Agriculture

- One in eight Americans do not have access to nutritious foods.
- Food insecurity costs the health system \$53 billion a year.
- Families and individuals facing food insecurity encompass more than hunger. It is debilitating to an individual's overall health.
- On average, health care costs for food-insecure adults is \$1,834 higher than people who are food secure.

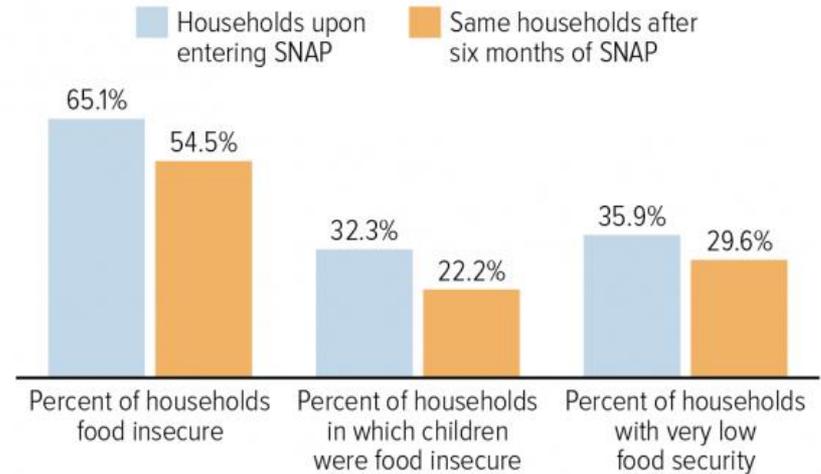


Source: The Food Bank 2018

SNAP Statistics

- Studies have found that SNAP benefits reduce “food insecurity,” which occurs when households lack consistent access to nutritious food because of limited resources.
- One study found that SNAP benefits can reduce food insecurity among high-risk children by 20% and improve their overall health by 35%.
- Another recent study found that participating in SNAP reduced households’ food insecurity by about 5% - 10% and reduced “very low food security,” which occurs when one or more household members have to skip meals or otherwise eat less because they lack money, by about 5% - 6%.
- Because SNAP allows low-income households to spend more on food than their limited budgets would otherwise allow, it helps ensure that they have enough to eat.

SNAP Helps Families Afford Adequate Food



Note: “Food insecure” = household lacks consistent access to nutritious food at some point during the year because of limited resources. “Households with food insecure children” = households in which both children and adults experience food insecurity during the year. “Very low food security” = one or more household members have to skip meals or otherwise eat less at some point during the year because they lack money.

Source: Agriculture Department, “Measuring the Effect of Supplemental Nutrition Assistance Program (SNAP) Participation on Food Security,” August 2013. This chart shows the results of a study that looked at longitudinal data comparing SNAP households upon beginning to receive SNAP, and six months after SNAP receipt.

NY State of Health – linking consumers to SNAP



NY State of Health will be providing individuals who may be income eligible with the option to receive information via email about the SNAP program.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits.

SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? If so, we will send information to the email address you provided when creating your account, which is pre-filled below, or you can enter a different address if you prefer.

E-mail

n.profitero@gmail.com

Yes, send me information

Skip this question

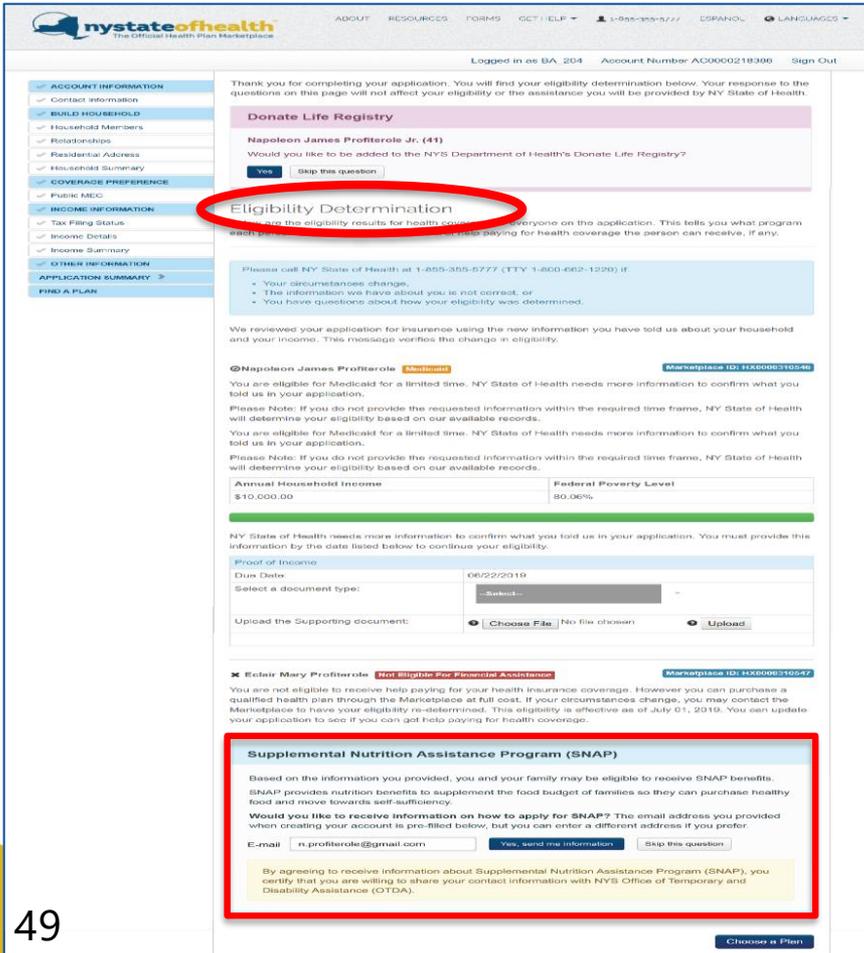
By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

Screen Instructions

New question on SNAP became visible last week.

New Applications - The screen will be found below the consumer's eligibility determination, and above the "Choose a Plan" button.

Post-determination - The screen will be found at the bottom of the consumer's "Eligibility" tab.



Thank you for completing your application. You will find your eligibility determination below. Your response to the questions on this page will not affect your eligibility or the assistance you will be provided by NY State of Health.

Donate Life Registry

Napoleon James Proffiterole Jr. (41)
Would you like to be added to the NYS Department of Health's Donate Life Registry?

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-1220) if:

- Your circumstances change.
- The information we have about you is not correct, or
- You have questions about how your eligibility was determined.

We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility.

Ⓜ Napoleon James Proffiterole Jr. (Medicaid) Marketplace ID: HX0000310546

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

Annual Household Income	Federal Poverty Level
\$10,000.00	80.06%

NY State of Health needs more information to confirm what you told us in your application. You must provide this information by the date listed below to continue your eligibility.

Proof of Income

Due Date: 06/22/2019
Select a document type:
Upload the Supporting document: No file chosen

Ⓜ Elaine Mary Proffiterole (Not Eligible For Financial Assistance) Marketplace ID: HX0000310547

You are not eligible to receive help paying for your health insurance coverage. However you can purchase a qualified health plan through the Marketplace at full cost. If your circumstances change, you may contact the Marketplace to have your eligibility re-determined. This eligibility is effective as of July 01, 2019. You can update your application to see if you can get help covering for health coverage.

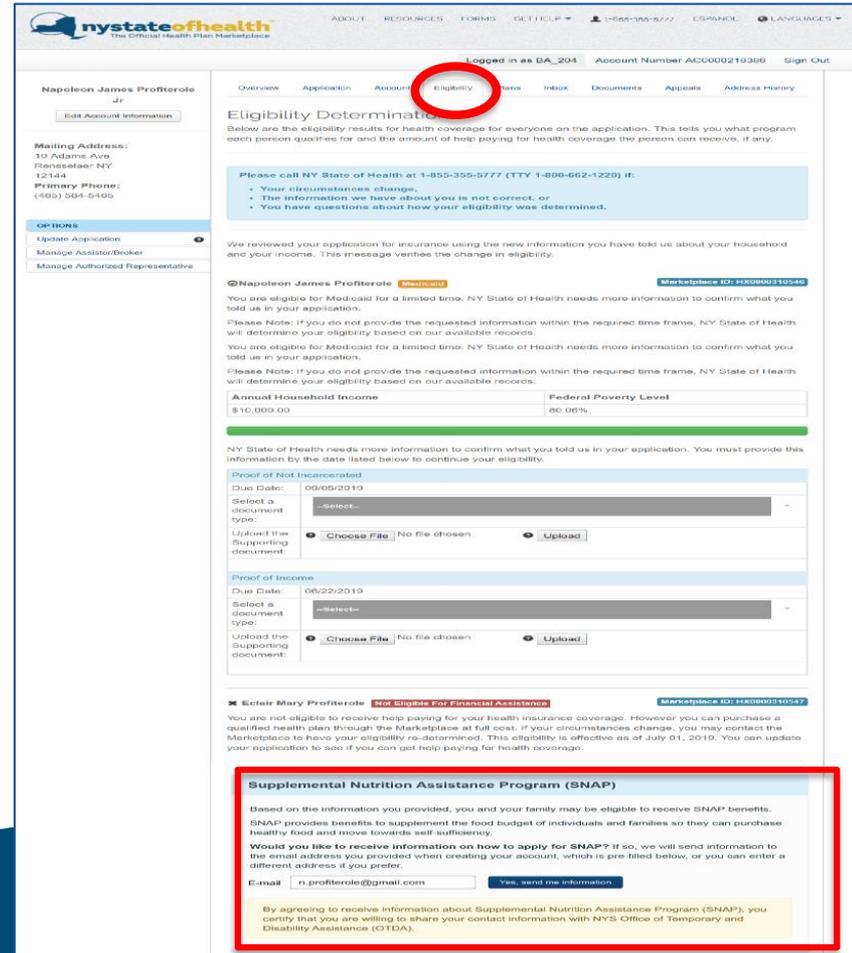
Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits. SNAP provides nutrition benefits to supplement the food budget of families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? The email address you provided when creating your account is pre-filled below, but you can enter a different address if you prefer.

E-mail:

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).



Overview Application Accounts **Eligibility** Plans Inbox Documents Appeals Address History

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-1220) if:

- Your circumstances change.
- The information we have about you is not correct, or
- You have questions about how your eligibility was determined.

We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility.

Ⓜ Napoleon James Proffiterole Jr. (Medicaid) Marketplace ID: HX0000310546

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

Annual Household Income	Federal Poverty Level
\$10,000.00	80.06%

NY State of Health needs more information to confirm what you told us in your application. You must provide this information by the date listed below to continue your eligibility.

Proof of Not Incarcerated

Due Date: 09/05/2019
Select a document type:
Upload the Supporting document: No file chosen

Proof of Income

Due Date: 06/22/2019
Select a document type:
Upload the Supporting document: No file chosen

Ⓜ Elaine Mary Proffiterole (Not Eligible For Financial Assistance) Marketplace ID: HX0000310547

You are not eligible to receive help paying for your health insurance coverage. However you can purchase a qualified health plan through the Marketplace at full cost. If your circumstances change, you may contact the Marketplace to have your eligibility re-determined. This eligibility is effective as of July 01, 2019. You can update your application to see if you can get help paying for health coverage.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits. SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? If so, we will send information to the email address you provided when creating your account, which is pre-filled below, or you can enter a different address if you prefer.

E-mail:

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

Screen Instructions

Consumers who would like to receive information on how to apply for SNAP should:

1. Review the email address, and update it, if desired.
2. Click on “Yes, send me information.”
3. After entering a valid email address, the consumer will see updated messaging telling them that they will receive an email shortly.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits.

SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? If so, we will send information to the email address you provided when creating your account, which is pre-filled below, or you can enter a different address if you prefer.

E-mail

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits.

SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Thanks! You will receive an email shortly!

SNAP Email

The information will be in English and Spanish.

It will feature pictures of the “myBenefits” website with arrows to further explain where the consumer can navigate to get started.



Thank you for requesting more information about the Supplemental Nutrition Assistance Program (SNAP).

To see if you are eligible for the program, visit your local department of social services or local center, or the myBenefits website at <https://mybenefits.ny.gov/> or ACCESS NYC at <https://access.nyc.gov/>.

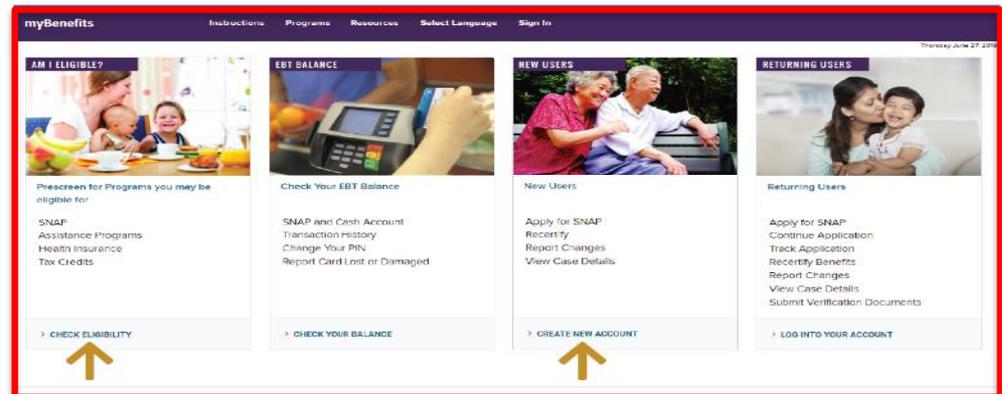
On the myBenefits website, you can begin the pre-screening process to see if you are eligible for SNAP and other programs by clicking on **Check Eligibility**, or if you'd like to skip to creating an account and applying, click on **Create New Account**. On the ACCESS NYC website, you can click on **Am I Eligible?** to pre-screen or **Go to ACCESS HRA** to apply.

En Español

Gracias por solicitar más información sobre el Programa de Asistencia de Nutrición Suplementaria (SNAP).

Para ver si es elegible para el programa, visite su departamento local de servicios sociales o centro local, o el sitio web myBenefits en <https://mybenefits.ny.gov/> o ACCESS NYC en <https://access.nyc.gov/>.

En el sitio web myBenefits, puede comenzar el proceso de preselección para ver si es elegible para SNAP y otros programas haciendo clic en **Verificar elegibilidad**, o si desea pasar a crear una cuenta y aplicar, haga clic en **Crear nueva cuenta**. En el sitio web de ACCESS NYC, puede hacer clic en **¿Soy elegible?** para preseleccionar o **Ir a ACCESO HRA** para aplicar.



Screen Instructions

New Applications - Consumers who are not interested may click on "Skip this question" to hide the question.

- The consumer may also click on "Choose a Plan" to proceed to plan selection without answering the question.



Post-determination - The screen will be found at the bottom of the consumer's "Eligibility" tab.

- No option for "Skip this question" will be available here.

Thank you for completing your application. You will find your eligibility determination below. Your response to the questions on this page will not affect your eligibility or the assistance you will be provided by NY State of Health.

Donate Life Registry

Napoleon James Proffiterole Jr. (41)
Would you like to be added to the NYS Department of Health's Donate Life Registry?

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-1220) if:

- Your circumstances change.
- The information we have about you is not correct, or
- You have questions about how your eligibility was determined.

We reviewed your application for insurance using the new information you have told us about your household and your income. This message verifies the change in eligibility.

Eligible for Medicaid (Marketplace ID: HX000210306)

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

Please Note: If you do not provide the requested information within the required time frame, NY State of Health will determine your eligibility based on our available records.

Annual Household Income	Federal Poverty Level
\$10,000.00	80.06%

NY State of Health needs more information to confirm what you told us in your application. You must provide this information by the date listed below to continue your eligibility.

Proof of Income

Due Date: 06/22/2019
Select a document type: [Select...]
Upload the Supporting document: No file chosen

Eligible for Financial Assistance (Marketplace ID: HX000310547)

You are not eligible to receive help paying for your health insurance coverage. However you can purchase a qualified health plan through the Marketplace at full cost. If your circumstances change, you may contact the Marketplace to have your eligibility re-determined. This eligibility is effective as of July 01, 2019. You can update your application to see if you can get help paying for health coverage.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits. SNAP provides nutrition benefits to supplement the food budget or families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? The email address you provided when creating your account is pre-filled below, but you can enter a different address if you prefer.

E-mail: n.proffiterole@gmail.com

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

Overview Application **Eligibility** Plans Inbox Documents Appeals Address History

Eligibility Determination

Below are the eligibility results for health coverage for everyone on the application. This tells you what program each person qualifies for and the amount of help paying for health coverage the person can receive, if any.

Please call NY State of Health at 1-855-355-5777 (TTY 1-800-662-1220) if:

- Your circumstances change.
- The information we have about you is not correct, or
- You have questions about how your eligibility was determined.

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Eligible for Medicaid (Marketplace ID: HX000210306)

You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

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You are eligible for Medicaid for a limited time. NY State of Health needs more information to confirm what you told us in your application.

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Annual Household Income	Federal Poverty Level
\$10,000.00	80.06%

NY State of Health needs more information to confirm what you told us in your application. You must provide this information by the date listed below to continue your eligibility.

Proof of Not Incarcerated

Due Date: 09/05/2019
Select a document type: [Select...]
Upload the Supporting document: No file chosen

Proof of Income

Due Date: 06/22/2019
Select a document type: [Select...]
Upload the Supporting document: No file chosen

Eligible for Financial Assistance (Marketplace ID: HX000310547)

You are not eligible to receive help paying for your health insurance coverage. However you can purchase a qualified health plan through the Marketplace at full cost. If your circumstances change, you may contact the Marketplace to have your eligibility re-determined. This eligibility is effective as of July 01, 2019. You can update your application to see if you can get help paying for health coverage.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits. SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? If so, we will send information to the email address you provided when creating your account, which is pre-filled below, or you can enter a different address if you prefer.

E-mail: n.proffiterole@gmail.com

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

Assistor Role

- Help the consumer review the screen.
- Encourage them to double check and update the email address if needed.

Supplemental Nutrition Assistance Program (SNAP)

Based on the information you provided, you and your family may be eligible to receive SNAP benefits. SNAP provides benefits to supplement the food budget of individuals and families so they can purchase healthy food and move towards self-sufficiency.

Would you like to receive information on how to apply for SNAP? If so, we will send information to the email address you provided when creating your account, which is pre-filled below, or you can enter a different address if you prefer.

E-mail

By agreeing to receive information about Supplemental Nutrition Assistance Program (SNAP), you certify that you are willing to share your contact information with NYS Office of Temporary and Disability Assistance (OTDA).

If the consumer is interested in applying for the SNAP program:

- They may apply online by following the instructions in their email.
 - ✓ The Assistor is not responsible to help them complete the SNAP application.
- Refer them to their Local Department of Social Services.



NEW YORK STATE OF OPPORTUNITY Supplemental Nutrition Assistance Program (SNAP)

Thank you for requesting more information about the Supplemental Nutrition Assistance Program (SNAP). To see if you are eligible for the program, visit your local department of social services or local center, or the myBenefits website at <https://mybenefits.ny.gov/> or ACCESS NYC at <https://access.nyc.gov/>.

On the myBenefits website, you can begin the pre-screening process to see if you are eligible for SNAP and other programs by clicking on **Check Eligibility**, or if you'd like to skip to creating an account and applying, click on **Create New Account**. On the ACCESS NYC website, you can click on **Am I Eligible?** to pre-screen or **Go to ACCESS HRA** to apply.

En Español
Gracias por solicitar más información sobre el Programa de Asistencia de Nutrición Suplementaria (SNAP). Para ver si es elegible para el programa, visite su departamento local de servicios sociales o centro local, o el sitio web myBenefits en <https://mybenefits.ny.gov/> o ACCESS NYC en <https://access.nyc.gov/>.

En el sitio web myBenefits, puede comenzar el proceso de preselección para ver si es elegible para SNAP y otros programas haciendo clic en **Verificar elegibilidad**, o si desea pasar a crear una cuenta y aplicar, haga clic en **Crear nueva cuenta**. En el sitio web de ACCESS NYC, puede hacer clic en **¿Soy elegible?** para preseleccionar o **Ir a ACCESO HRA** para aplicar.

myBenefits | Instructions | Programs | Resources | Select Language | Sign In

AM I ELIGIBLE? Check if you qualify for programs you may be eligible for: SNAP Assistance Programs Health Insurance Tax Credits ↑ CHECK ELIGIBILITY	GET BALANCE Check Your EBT Balance SNAP and Child Account Transaction History Change Your PIN Report Card Lost or Changed ↑ CHECK YOUR BALANCE	NEW USERS Sign Up Now Apply for SNAP Register Report Changes View Case Details ↑ CREATE NEW ACCOUNT	RETURNING USERS Renewing Users Apply for SNAP Complete Application Track Application Request Benefits Report Changes View Case Details Update MyBenefits Documents ↑ LOG INTO YOUR ACCOUNT
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This is an automated email message. Please do not reply or send any personal information to this email address. Information regarding the New York Marketplace Privacy and Security policy can be viewed at <https://nystateofhealth.ny.gov/privacy.html>.

Questions?

- SNAP Information for Eligible Consumers



Recertification Process

- All Assistors who are registered or completed the in-person or online Assistor Certification training by **10/31/2019** will be required to view the recertification webinars.
- Keep track of the date you watched the live webinar or the recording.
- In November, supervisors will be emailed a Recertification Report or spreadsheet and must attest to the accuracy of each date the Assistor said they viewed the webinar.
- The webinars that are required for 2019 will be posted here:
<https://info.nystateofhealth.ny.gov/SpringTraining>



Session	Topic	Training Materials
1 July 31, 2019	Privacy and Security	Presentation Video Manual Identity Proofing Tool Kit Authorized Representative Designation Form Document Linking Checklist
2 August 21, 2019	What's New: New auto enrollment functionality, changes to the address fields in the Marketplace and changes regarding duplicate HX ID numbers	Presentation Video
3 (Part A) September 25, 2019	What's Coming: Updated functionality for Medicaid Managed Care lock-in and changes in the process for uploading documents	Presentation Video

Thank you for joining us!



- Please complete the survey
 - Evaluation of Webinar: What's Coming
- As always, watch for the video and materials to be posted to:
<http://info.nystateofhealth.ny.gov/SpringTraining>

One (1) Remaining Recertification Webinar:

October 23 - 2020 QHP and EP Line-Up