

# NYSOH Small Business Marketplace: New Administrative Guide for Brokers

(post - 4/1/18)

Last Updated: March 2019

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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, Employees, Brokers and Navigators.

### 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 or Navigator.
- *Small Business Marketplace* – The Small Business Marketplace, otherwise known as SHOP (Small Business Health Options Program), has two portals, the Employer Portal and the Employee 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 issuer of their choosing. This will allow the business to apply for the Small Business Tax Credit should they meet the other criteria. If the Employer’s business was enrolled through the NYSOH prior to 4/1/18, then the Employer will also have access to their Legacy Portal. The Legacy Portal is where all employee enrollment information is stored and available for editing. Brokers will also have access to Legacy Portals for businesses they represent.
  - *Employee Portal* – The Employees of businesses who were enrolled through the NYSOH prior to 4/1/18 have access to their Employee account to view, make changes to, and enroll in coverage offered by their employer. New employees to businesses previously enrolled will have the same benefit. Brokers will have access to the employee portals belonging to businesses they represent.
- *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 Individuals, Employers and Employees.

- *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 an eligible small business in order to gain access to the Small Business Healthcare Tax Credit.

To be eligible to participate in the Small Business Marketplace, the employer must have between one and one hundred Full Time Equivalent (FTE) employees and there must be one common law employee enrolled in coverage (excludes business owners and their spouses). SBM certified Brokers can assist employers with the following, 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 assisting the employer group with enrollments directly with the selected issuer. They can also assist employers with understanding the eligibility criteria for the Small Business Health Care Tax Credit.

This guide is meant to be used as a support tool for Brokers as they help employers with their SHOP determination. 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, a Broker must complete the certification course(s) offered by DFS-approved continuing education (CE) provider organizations. Certification on the Small Business Marketplace (SBM) is a prerequisite for certification on the Individual Marketplace. Brokers completing these courses will earn CE credits toward the renewal of their insurance licenses.

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

### Steps for Certification and Registration (see also, "[How to Complete Broker Certification](#)")

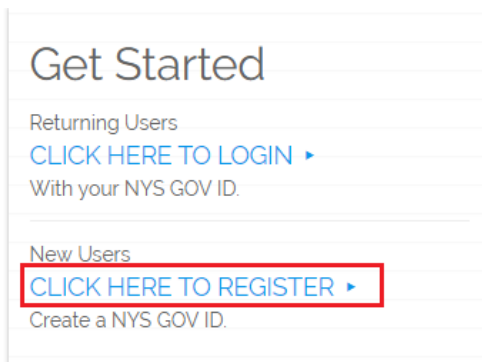
1. Register for classes, complete your training and test requirement:

[http://www.dfs.ny.gov/insurance/agbrok/ab\\_shop.htm](http://www.dfs.ny.gov/insurance/agbrok/ab_shop.htm)

*Please Note: Some of the training providers listed in the link above may no longer offer the NYSOH certification courses. Please call the provider to confirm if the certification is currently offered.* Register your certification with the Department of Financial Services (DFS): <https://myportal.dfs.ny.gov/nylinxext/>

- If you do not already have an account, you must create one.

- When you are able to sign in, complete all steps in this process.
  - If you take both courses (SBM and Individual Marketplace), you must register both separately with DFS
2. You will receive only one email from NYSOH with an invitation code, regardless of the number of courses you register with DFS. Go to [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov) and click on **Brokers** (see below). Chose the **Click Here to Register** option for **New Users** and follow the steps to create a NY.gov ID and password. When you sign in with your new NY.gov ID username and password, you will need to have both your invitation code and NYS license number to create your account.



**Please Note: If you lose or do not receive your Invitation Code 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 with your code. Please send inquiries to: [NYSOHbrokersupport@health.ny.gov](mailto:NYSOHbrokersupport@health.ny.gov). You may also contact the NYSOH Contact Center at 1-855-355-5777 with issues regarding account access and invitation code.**

### Broker Recertification

Recertification is required every two years to remain an active broker with NYSOH. However, unlike the original certification, the recertification process is provided solely online through NYSOH. Courses will consist of refresher material as well as any policy and system functionality updates. There will be 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 you register your certification courses with NYSOH.

### Online Directory of Registered Brokers

Employers/Individuals can go to the NYSOH web portal and use the “Search Broker/Navigator” directory. DFS transmits the broker certification information to the NYSOH ensuring that it is always up to date and only brokers who can operate in the Marketplace are listed. Brokers can choose to NOT be listed in the directory by selecting this option through their account. Brokers listed will display in order of covered lives on the Small Business Marketplace.

### Broker of Record Templates

Small group employers or individuals may authorize a Broker to work on their behalf in the NYSOH Marketplace. A Broker of Record (BOR) letter should be completed and signed as part of the employer group enrollment. For groups new to the NYSOH on or after 4/1/18, the BOR is not required to be uploaded to the NYSOH but will be required by the Issuer. The Broker Template for both Individual and Small Business can be found in the Broker Portal under the *Useful Links* tab or use a personal or agency BOR document. Or, download and use the NYSOH template (link below).

All uploaded BOR’s are displayed in the Broker Portal under the “Documents” tab. BOR’s for the SBM and Individual Marketplaces can also be found under the “Useful Links” tab. Or, click below to access the Broker of Record forms.

[Individual Marketplace Broker of Record form](#)

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

### Broker Agreement Template

The NY State of Health will certify licensed brokers and agents to assist eligible individuals in purchasing QHPs 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).

[Broker Agreement](#)

### Qualified Health Plans (QHP)

Carriers must be certified to participate with SBM and must maintain their certification.

Participating carriers must offer “standard” QHPs at four metal levels of coverage associated with an actuarial value (AV):

- Bronze - 60% AV
- Silver - 70% AV
- Gold - 80% AV
- Platinum - 90% AV

Participating carriers may offer standard or non-standard OHP's. Cost sharing for each metal level's *standard* plan will be the same across carriers. For instance, a "Gold plan" from Insurance Carrier A will have the same deductible, copays and coinsurance as a "Gold plan" from Insurance Carrier B. Premiums may differ.

The benefits for nonstandard plans can vary slightly from those of the standard plans. Nonstandard plans cannot have fewer benefits and the actuarial value for these plans must be equivalent with their metal level's standard plan counterparts (i.e., all Gold Plans are 80% AV).

The Individual Marketplace limits the amount of Standard(1) and Non-Standard(3) plans that may be offered, there will be no limit on the number of products offered by an insurer on the Small Business Marketplace.

Qualified Health Plans are available in four standard tiers of coverage:

- Employee only
- Employee + spouse
- Employee + child
- Employee + family

All OHPS offered through NYSOH must cover ten categories of "Essential Health Benefits":

1. Ambulatory patient services
2. Emergency room services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance abuse disorders
6. Prescription drugs
7. Rehabilitation and habilitation services and devices
8. Laboratory services
9. Preventive and wellness services and chronic disease management
10. Pediatric services, including oral and vision

You can view a detailed breakdown of the [New York Essential Health Benefits](#).

### Health Rider Options

Three health option riders are available for all qualified health plans:

#### Dependent Coverage through Age 29 Rider

Employers have the option to select whether they want to offer coverage to dependent children through age 29 to their employees. Cost of coverage may increase when this rider is selected.



### Domestic Partner Coverage Rider

Employers have the option to choose if they want to offer coverage to the Domestic Partners of their employees. According to NYS Law, “A Domestic Partnership is a legal relationship permitted under the laws of the State and City of New York for couples that have a close and committed personal relationship. The Domestic Partnership Law recognizes the diversity of family configurations, including lesbian, gay, and other non-traditional couples.”

### Qualified Religious Organization Rider

Employers may claim an exemption from the requirement to provide, without cost-sharing, coverage of certain contraceptive services for employees if they are determined to be a qualified religious organization.

For purposes of this exemption, a qualified religious organization is defined as an organization that meets the following criteria:

- The inculcation of religious values is the purpose of the organization.
- The organization primarily employs and serves persons who share the religious tenants of the organization.
- The organization is a non-profit.

### Dental Plans

Brokers will now assist Employer groups with enrolling directly through insurance carriers where stand-alone dental plans are available. Some SHOP Certified Dental Plans are available on the NYSOH Anonymous Shopping tool. Eligibility rules will default to individual carriers.

Pediatric dental services are part of the Essential Health Benefits. Pediatric dental must be made available to employee’s when the employer offers tiers of coverage that include children. The employer will either offer pediatric dental embedded in the QHP or make it available as a standalone product if they choose to offer dental. The employee does not have to enroll in a standalone Pediatric Dental plan but the Employer must make it available to them if offering a Child tier of coverage (employee + child, employee + family).

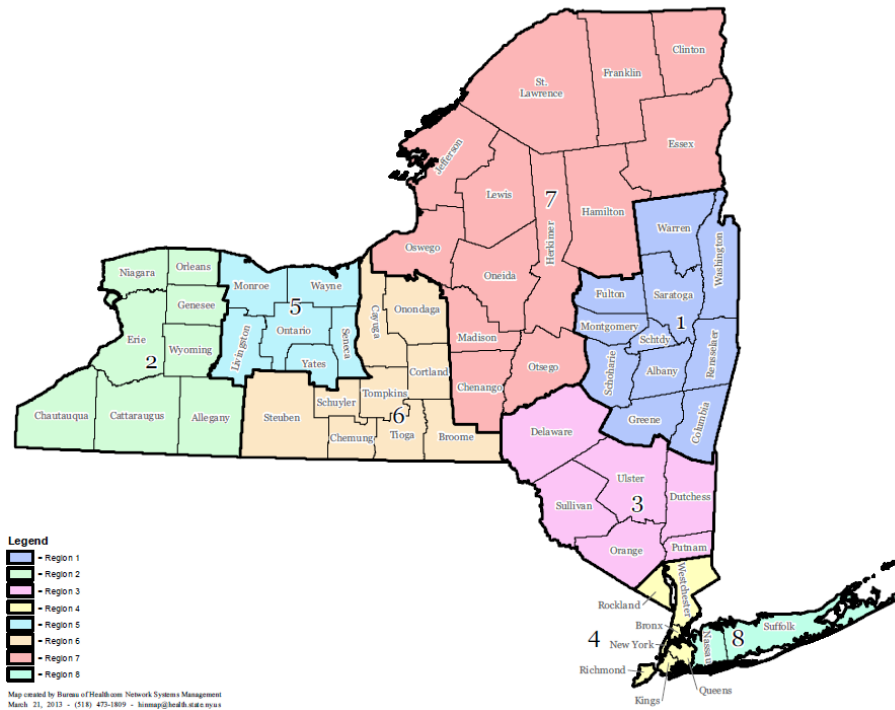
### Rates and Benefit Details

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 and Dental Rates](#)

New York Map of Rating Regions



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

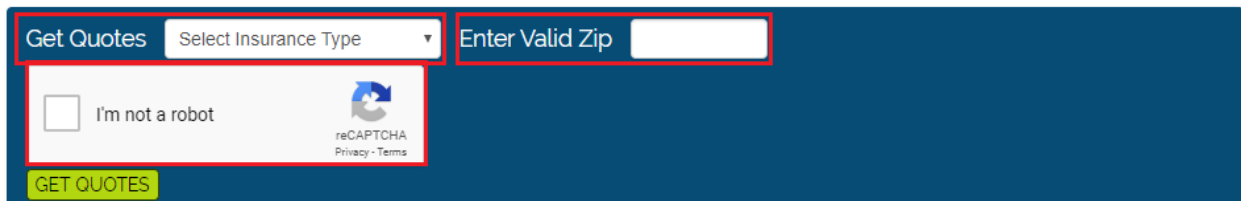
[NY Map of Rating Regions](#)

[Health Plan Provider Networks](#)

**Anonymous Shopping** (“Get a Quote” Function)

The Individual and Small Business Marketplaces each have their own Anonymous Shopping Tools as each marketplace has different Issuers/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 blue “Get Quotes” box. It may also be accessible from the Useful Links Tab in the Broker Portal.

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.



All plans displayed can be printed by page in the upper right-hand corner. Filter by carrier and metal levels or sort by premium. 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.

## 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.

Click [here](#) to search for doctors and facilities. By clicking on the link, you will be re-directed to the NYS Provider & Health Plan Look-Up website.

**Quality Ratings Data Disclaimer:** Plan quality ratings and enrollee survey results for 2018 were calculated by the U.S. Centers for Medicare and Medicaid Services (CMS), using data provided by health plans in 2017. CMS is testing the use of star ratings this year and will use this test to improve the program. Learn more about these ratings <https://info.nystateofhealth.ny.gov/QualityRatings>

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

Compare 0 Plans Estimate Tax Credit --Sort By-- 71 - 80 of 128



New Plan - Quality data not yet available

**EMBLEMHEALTH BRONZE VALUE, BRONZE, NS, INN, FAMILY DENTAL, DEP25, FAMILY VISION, FREE PCP VISITS, NO DEDUCTIBLE GENERIC DRUGS, FREE TELEMEDICINE, DP, FP**

HIOS ID: 88582NY2080001

BRONZE

Add to Compare

County: RENSSELAER

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$626 <sup>96</sup>	\$1,253 <sup>90</sup>	\$1,065 <sup>82</sup>	\$1,786 <sup>81</sup>



New Plan - Quality data not yet available

**MVP LIBERTY HDHP GOLD 2 NS INN PEDIATRIC DENTAL DEP25 DP FP ACUPUNCTURE ADULT VISION PREVENTIVE DRUGS TELEMEDICINE WELLNESS**

HIOS ID: 89846NY0010072

GOLD

Add to Compare

County: RENSSELAER

	Employee	Employee+Spouse	Employee+Child	Employee+Family
New Premium:	\$629 <sup>23</sup>	\$1,258 <sup>46</sup>	\$1,069 <sup>69</sup>	\$1,793 <sup>31</sup>

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 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		\$629.23	New Premium -Employee+Spouse	\$1258.48
New Premium -Employee+Child		\$1069.69	New Premium -Employee+Family	\$1793.31
Annual Deductible - Individual		\$1,600	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/stshop/bronze/>  
 Prescription Drug List: <http://www.discovermvp.com/ny/indivix1>  
 Provider Network: <http://mvp.prismisp.com/#guest>  
 Plan Brochure: <http://www.discovermvp.com/ny/stshop/bronze/>

## Provider Look-Up Tool

The NYSOH now has a Provider Look-Up Tool on the home page of the website. Simply click on the purple banner to search by Health Plan or search by Provider. See the webinar – [Assistor Training: NYS Provider and Health Plan Look-Up Tool](#) or the *Health Plan and Provider Look-Up Tool* User Guide.



**INTRODUCING THE**  
NYS Provider & Health Plan Look-Up

Search By  
Health Plan,  
Provider, or Facility

The NYS Provider & Health Plan Look-up is an internet tool that can be used by consumers to investigate/research provider networks and health plans. Using this tool, consumers can look up their preferred providers, including doctors and hospitals, in order to see which health plans have them in their network.

[Read More](#)

## Eligibility and Enrollment Policies

### 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 create, or log into the business's Small Business Marketplace account. There, they can complete the Eligibility Determination Form to see if they qualify as a Small Business. 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.

### Employee Eligibility:

The NYSOH SBM does not determine Employee eligibility for new Employer groups. However, if the group still has active insurance through the NYSOH SBM (Legacy Employer Group), newly hired or newly eligible employees may still be added to the company policy up to the end of the group's plan year. Review the eligibility rules in the pre-4/1/18 Admin Guide to learn how a Newly Hired or Newly Eligible Employee is to be considered an eligible employee under a small group health 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 with plan years beginning 7/1/18.

The new Eligibility Determination Form includes a small section asking how many FTE Employee's the business has at the time of application. There is also a link that will assist with calculating the group's FTE count if the exact number is unknown.

Full-Time Equivalent (FTE) employees

Number of Full-Time Equivalent (FTE) employees

[FTE Calculator](#)

### Participation and Contribution Requirements

In order to be eligible to participate in the Small Business Marketplace, an employer group must have and enroll in coverage at least one common law employee. The business owner cannot be the sole enrolled employee. Employers must also offer coverage to all eligible employees working 30 hours per week or more.

As of 4/1/18, participation and contribution requirements are deferred to the selected Issuer. The NYSOH requires that the Employer have between 1-100 FTE's and the business is located in NYS. The screen shot below is an example of the Eligibility Determination Form. The business must input the FTE count as well as the number of eligible employees that are eligible to receive insurance according to the business' policies and the NYSOH. They must then attest that they have a physical business in NYS and have between 1-100 FTE Employee's.

Is the mailing address the same as the Primary Business Address?

Yes  No

Full-Time Equivalent (FTE) employees

Number of Full-Time Equivalent (FTE) employees

[FTE Calculator](#)

Eligible Employees

Number of Eligible Employees

Attestation

This business has a physical location in New York State.

Yes  No

This business has between 1 and 100 FTE (Full Time Equivalent) 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 Issuer are subject to the rules of said Issuer. 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

Groups renewing after 6/1/18 will no longer renew their enrollments through the NYSOH SBM. Now, they will go direct to the Carrier(s) of their choosing to select plans and allow employees to enroll. The NYSOH will notify the employer with instructions 90 days prior to their plan year end date. 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 blue 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](#).

### Appeals

Employers have the right to request an appeal if they disagree with the eligibility determination made by the NYSOH. 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 enter at 1-855-355-5777](#)

## 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. [How to Complete the Broker Certification for the NYSOH](#)
2. [How to Create a NY Gov.ID](#)
3. [How to Create a Broker Account](#)
4. [How to Navigate the Broker Portal](#)
5. [How to Add an Agency Affiliation](#)
6. [How to Reassign Clients](#)
7. [Adding a New Group After 4/1/18 & Navigation of the Eligibility Account](#)
8. [Health Plan & Provider Look-Up Tool](#)

### Legacy Employer Account User Guides

- L1. [How to Invite an Employer to Access Their Account](#)
- L2. [How to Add an Employee](#)
- L3. [How to Enroll an Employee](#)
- L4. [How to Delete an Employee from the Roster](#)
- L5. [How to Offer COBRA & Enroll a Terminated Employee](#)
- L6. [How to Offer COBRA to an Eligible Dependents](#)
- L7. [Where to View Group & Member ID's & Summary of Benefits](#)
- L8. [How to Enter Loss of Coverage for Employees and Dependents](#)
- L9. [Rules for Modifying an Employee Enrollment](#)

## Webinars

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

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

## Broker Support

### Customer Service Call Center

All employers, employees, 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 in order 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.

### **Broker Responsibilities**

Brokers have their own Portal within the NYSOH 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 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 Issuer 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 \$53k or less (for the 2017 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@health.ny.gov](mailto:cobranding@health.ny.gov)

### Billing Policies

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

NOTE: If there are questions regarding a group who is enrolled through the NYSOH please see the OTHER ADMIN GUDE. Legacy Employers with previous enrollments through the NYSOH will find invoices, payments and messages in their Legacy Account under the Messages and Notices tab.

### Reinstating terminated coverage (Legacy Accounts ONLY)

If a Legacy Employer group is terminated for non-payment, they may reinstate coverage by contacting NYSOH to request reinstatement and paying all premiums up through the current coverage month.

If an employer group voluntarily terminates their SBM coverage they must then go direct to the Carrier of their choosing. They may still enroll into a SHOP Certified Plan if the selected Carrier is participating with SHOP.

NYSOH allows Legacy Employers to view invoice and payment activity through their online account, under the “Messages and Notices” tab.

### 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.<sup>1</sup> 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 for Legacy Accounts including qualifying events, open enrollment, qualified beneficiaries, benefit requirements and timelines, see “[COBRA Guidelines](#)” on the NYSOH website.

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<sup>1</sup> United States Department of Labor: [http://www.dol.gov/ebsa/FAQs/faq\\_compliance\\_cobra.html](http://www.dol.gov/ebsa/FAQs/faq_compliance_cobra.html)  
accessed on 5-7-14



### 2019 Plan Invitation

NY State of Health has issued its invitation to insurers to participate for the 2019 plan year. The invitation and related documents can be found [here](#).