

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



## **What's Coming:**

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

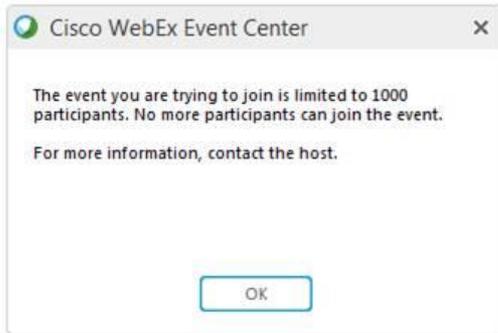
**Date: September 25, 2019**

**Time: 10:00am – 11:30am**

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

**Conference ID: 5596816**

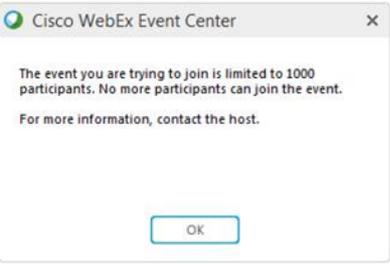
# TODAY'S WEBINAR



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



**As a reminder....**  
If you previously registered for this webinar via:  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e53816d5ec733bd38b440a06a47ef6138>  
and you see the message below when logging into the webinar.



Please use this alternate link to join the webinar.  
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e187539a779cc23bbc0d99d2eccb3dd9f>

The audio lines will be open for everyone and there is no limit to calling in to listen. Anyone who cannot access the webinar will be able to follow along using the slides sent previously.  
**Call-in information:**  
Dial in: 1-855-897-5763  
Conference ID: 9954199

Please note, all Assistors who are certified on NY State of Health are required to recertify annually.

Thank you for all that you do to help New Yorkers shop, compare and enroll in health insurance coverage through NY State of Health

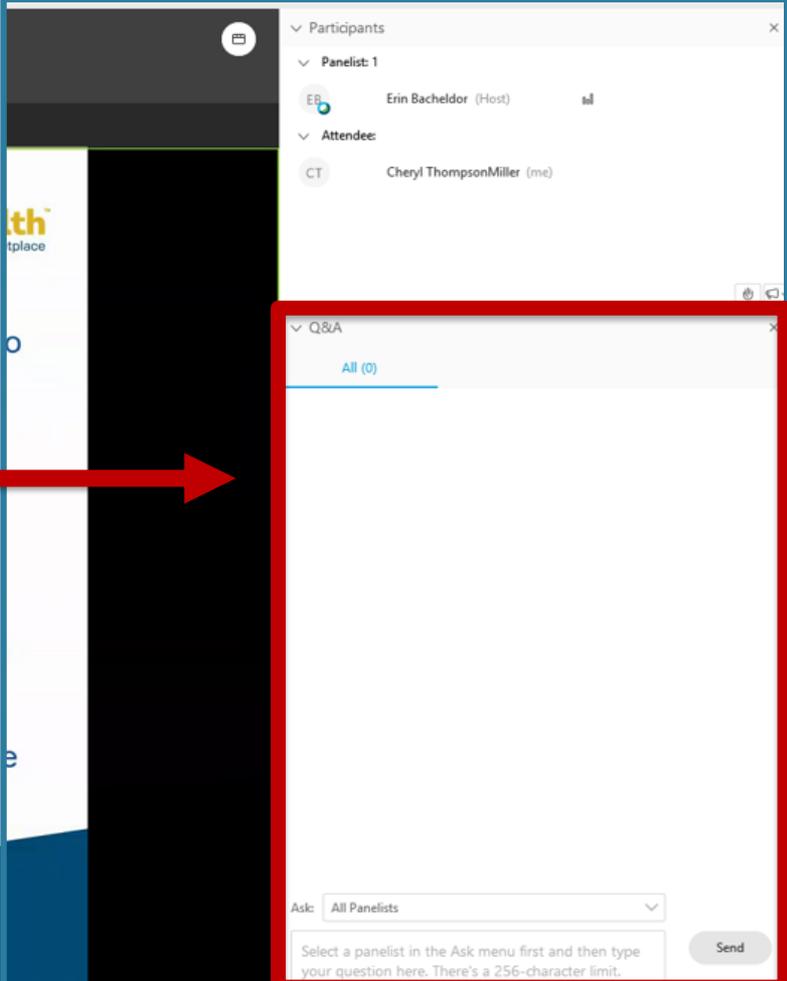
Please find this email:  
**Subject Line: 2019 Spring Training Recertification Overflow Reminder I What's Coming**  
and click on the second link in order to log in.

**Dial-In Number: 1-855-897-5763**  
**Conference ID: 5596816**

# 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:5596816**



The screenshot shows a WebEx control panel interface. The top right corner displays a 'Participants' window with a list of attendees: Erin Bachelder (Host) and Cheryl ThompsonMiller (me). Below this, the 'Q&A' window is highlighted with a red border. The Q&A window shows 'All (0)' questions. At the bottom of the Q&A window, there is an 'Ask:' dropdown menu set to 'All Panelists' and a 'Send' button. 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.

# 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 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

# Your Feedback: What's New



Updated Functionality for Auto-Enrollment • Updated Information on Addresses • Duplicate HX ID Numbers

## Webinar Statistics:

- More than 97% said the webinar increased your knowledge of the topic!
- More than 96% said information from the webinar will allow you to better assist consumers based what's coming in the system.

## Here's what you said:

- “I am excited about the changes that I do believe will improve functionality. Thank you for keeping the system fluid.”
- “I like seeing the "test environment" when the actual screens are shared. It makes the topic easier to understand.”

If you have a specific case, and you need assistance, please email [Assistor.Cases@health.ny.gov](mailto:Assistor.Cases@health.ny.gov)

# Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus & Marketplace  
Consumer Assistance

# Panelists

Kelly Lamendola

NY State of Health, Office of Marketplace Counsel

Wendy Millard

Health Program Administrator 2, Division of Health Plan  
Contracting and Oversight

Alicia Neznok

Medical Assistance Specialist 3, Bureau of Child Health  
Plus & Marketplace Consumer Assistance

Karilyn Tremblay

Health Program Administrator 2, Bureau of Child Health  
Plus & Marketplace Consumer Assistance

# Medicaid Managed Care (MMC) Lock-in

# Reminder - Medicaid Managed Care (MMC) Rules



Consumers have 10 days to select a MMC plan once they are determined eligible for MMC.

- If they do not select a plan during the 10 day period, they will be automatically assigned to a MMC plan.

## Medicaid Managed Care Lock-in

- Once a consumer is enrolled in a MMC plan, they have 90 days to make a change.
  - After 90 days, they are locked-in to that plan for the remainder of the year unless they have a special reason to make a change.

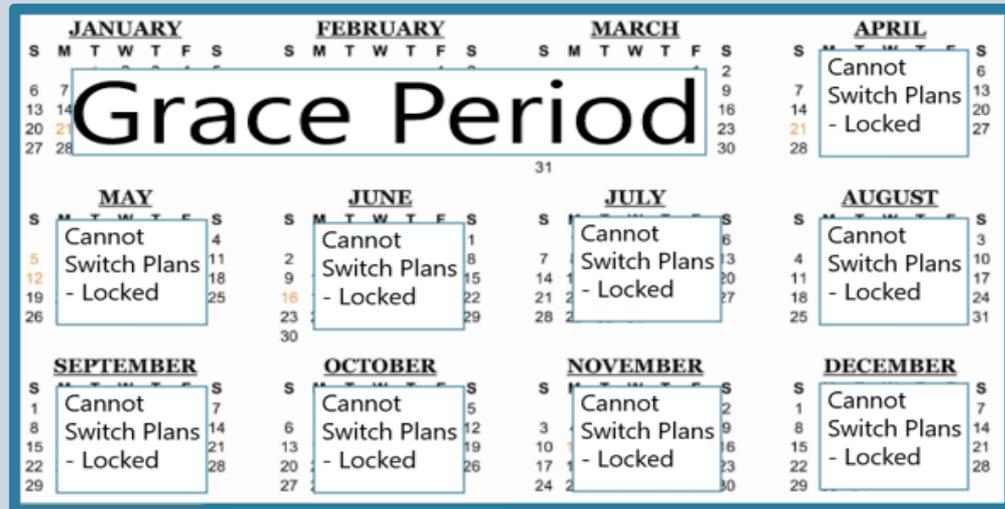
# Medicaid Managed Care (MMC) Functionality

## Current Functionality

Consumers enrolled in a MMC plan through NY State of Health may change their plan selection multiple times during their eligibility period.

## Coming Soon! Functionality as of 9/26/2019

Consumers will be prevented from changing their MMC plan after the first 90 days of enrollment (unless they have a good reason).



**After the first 12 months of enrollment in the plan, the consumer can switch plans at any time.**

- They will get a notice letting them know that they can change their plan 45 days prior to the end of their lock-in period.
- If/when they change their plan, they will be given a new 90 day grace period and a new lock-in period.

# Some Consumers are not subject to MMC lock-in rules.



## Examples of consumers who are exempt from MMC enrollment.

- People who live in facilities for the developmentally disabled;
- Residents of an Article 819 long term alcohol or substance use facility;
- People who are being treated for a chronic medical condition for 6 months or more by a fee-for-service Medicaid specialist who is not in a Medicaid health plan (exemption is limited to a 6-month period and for 1 time only);
- Individuals in waiver programs, such as Nursing Home Transition and Diversion (NHTD), Office of people with Developmental Disabilities (OPWDD, Traumatic Brain Injury (TBI); and
- American Indians/Alaska Natives.

## HARP/SNPs

- Consumers enrolled in a HARP/SNP may select a new HARP/SNP at anytime regardless of their lock-in status.
  - May also switch from a HARP to a SNP or SNP to a HARP.
- Consumers enrolled in a Mainstream MMC plan who are eligible for a HARP/SNP may enroll in a HARP/SNP at anytime regardless of their lock-in status.

# How do lock-in rules work for a new MMC consumer?



Sally meets with an Assistor for the first time on 8/21. She is eligible for MMC and enrolls in a MMC plan right away.

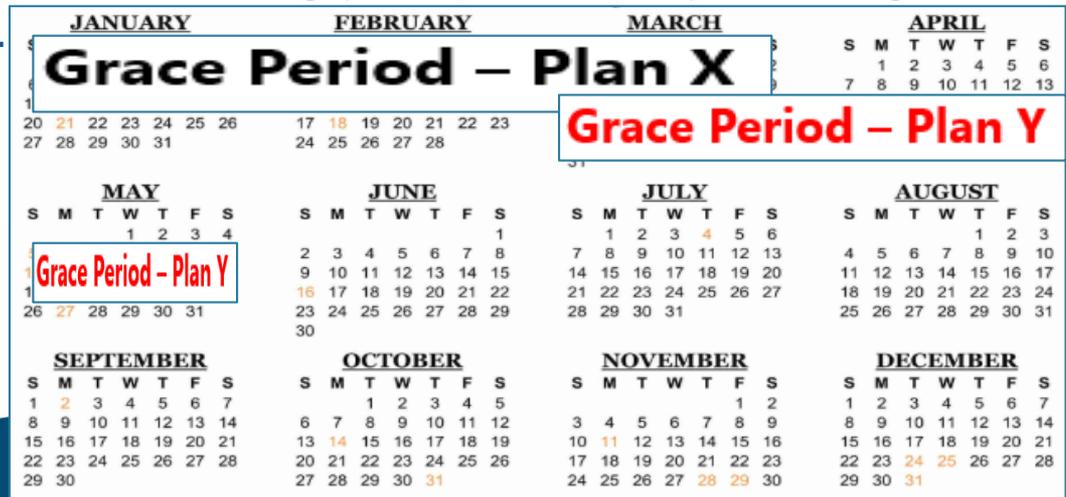
- Sally will be enrolled in Medicaid Fee-For-Service (FFS) from 8/1 – 9/30.
- Her MMC plan will begin on 10/1 and she will be given a grace period to change plans from 10/1 – 12/31.
- If Sally does not change her plan, she will be locked-in to her plan from 10/1 – 9/30.
- Sally is due to renew her coverage by 7/15 for 8/1.
- Sally renews and remains eligible for MMC. She remains locked-in to her current MMC plan until 9/30.
- After 9/30, she may change MMC plans anytime. If/when she changes to a new MMC plan, she will be given a new grace period and a new lock-in period.

JANUARY							FEBRUARY							MARCH							APRIL						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
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27	28	29	30	31	24	25	26	27	28	24	25	26	27	28	29	30	28	29	30								

# What if the consumer changes their MMC plan during the Grace Period?

When a consumer changes their MMC plan during their grace period, they will get a new grace period.

- Example: If a consumer renews into Plan X starting 1/1, they will be given a 90 day grace period that ends on 3/31. If they make no changes, they will be locked into Plan X until 12/31.
  - If the consumer instead updates their application and chooses a new plan (Plan Y) on 2/14, their enrollment in Plan Y will begin on 3/1, and they will get a new grace period from 3/1 that ends on 5/31.
  - If the consumer keeps Plan Y through the end of May, then they are locked into Plan Y through 2/28 of the following year (unless they have a good reason to change plans).



# What is Good Cause?



**If consumers want to switch their MMC plan during the period that they are locked-in, they will need a good reason.**

**This is called Good Cause.**

Consumers may call New York Medicaid Choice (NYMC) at 1-800-505-5678 to report that they have “good cause” and request an assessment.

NYMC will review the consumers’ request for good cause and notify them of their determination.

If the request is approved, NYMC will communicate with NY State of Health to break the lock-in period and allow the consumer to change their MMC plan.

# What is Good Cause?

## A consumer may request Good Cause for the following reasons:

- Foster Care children entering or being discharged from Foster Care are not subject to lock-in.
- The contractor (plan) failed to furnish accessible and appropriate medical care services or supplies to which the consumer is entitled under the terms of the contract under which the contractor (plan) has agreed to provide services. This includes, but not limited to the failure to:
  - Provide primary care services;
  - Arrange for in-patient care, consultation with specialists, or laboratory and radiological services when reasonably necessary;
  - Arrange for consultation appointments; or
  - Coordinate the enrollee's overall medical care such as periodic immunizations and diagnosis and treatment of any illness or injury.

# Notices from NY Medicaid Choice on Good Cause

New York

Medicaid Choice

New York State's Medicaid managed care enrollment program

1-800-505-5678

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll

<Date>

<Barcode> <Letter Code>

<Name>

<Address >

<City>, <State> <Zip>

**We have reviewed your request to change your health plan**

Dear <Consumer Name>:

<AC0000000000>

Your request to change your health plan during a lock-in period has been approved. You can now select a new Medicaid Managed Care plan.

**What you need to do next:**

- Sign into your NY State of Health account at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)
- Click on "Plans" tab to select your new plan.
- You will remain enrolled in your current Medicaid Managed Care plan until you select a new plan.
- After you select a new plan, you will receive confirmation from NY State of Health by email or mail (depending on what you said you would prefer).

If you need assistance with selecting your new plan or don't have internet access and want to select a plan over the phone, call NY State of Health at 1-855-355-5777. TTY: 1-800-662-1220.

Thank you,  
New York Medicaid Choice

Questions? Call Us!  
(toll-free) 1-800-505-5678

Monday-Friday, 8:30 am – 8:00 pm  
Saturday, 10:00 am – 6:00 pm

If you have TTY call:  
1-888-329-1541



New notice from NY Medicaid Choice (NYMC).

Informs consumers that their Good Cause request was approved and they may select a new MMC plan.

- Instructions on how to change plans are also provided.



1-800-505-5678

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll



&lt;Date&gt;

&lt;Barcode&gt; &lt;Letter Code&gt;

&lt;Name&gt;

&lt;Address &gt;

&lt;City&gt;, &lt;State&gt; &lt;Zip&gt;

### We have reviewed your request to change your health plan

We could not transfer the family member(s) listed in this letter into the health plan they chose. Please see below to learn why they cannot transfer to a new health plan. If you still have questions, please speak to one of our counselors at 1-800-505-5678.

&lt;Name&gt;

Medicaid ID: &lt;CIN&gt;

&lt;Denial reason&gt;

#### RIGHT TO A CONFERENCE OR FAIR HEARING

**RIGHT TO A CONFERENCE (Informal meeting with us):** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made an incorrect decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at 718-637-2426, or writing to us at Medical Assistance Program, Conference Unit, 111 Livingston Street, 4<sup>th</sup> Floor, Brooklyn, NY 11201 to arrange a meeting. Sometimes this is the fastest way to solve any problems you may have. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference, you are still entitled to a fair hearing. Read below for fair hearing information

**INFORMATION** If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**HOW TO OBTAIN DOCUMENTS FROM THE HUMAN RESOURCES ADMINISTRATION (HRA) FOR YOUR FAIR HEARING:** Prior to your hearing date, HRA can provide you with free copies of the documents from your case file which HRA will present at the fair hearing, or, other documents from your file which you think you may need to prepare for your fair hearing. To request documents for your fair hearing, you may: **fax** your request 718-722-7565 **OR mail** your request to the HRA Medicaid Fair Hearing Division, Rivera Liaison, 111 Livingston Street, 4<sup>th</sup> Floor, Brooklyn, NY 11201 **OR call** 718-637-2425. You must include your fair hearing number with your request.

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING.**

**STATE FAIR HEARING: Deadline for Request:** If you want the State to review our decision about your Medical Assistance you must ask for a fair hearing within 60 days from the date of this notice.

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have the right to bring witnesses to speak in your favor. ~~You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical~~

- Informs consumers that their Good Cause request was denied.
- Provides the reason the request could not be approved.
- Informs the consumer of their right to a conference or fair hearing.

Are there any changes to the application?

**Yes!**

# What are the changes to the application?

Once a consumer has completed MMC enrollment, they will see new messaging on their “Manage Plans” page explaining that they are now in their **grace period**.

Manage Plans [Print This Page](#)

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on **Print This Page**.

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on **Cancel Enrollment in Plans**.

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on **Pick a New Plan**.

**DO NOT use the Cancel Enrollment in Plans button to transfer to a new plan.**

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on **Change APTC Amount**.

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Submitted Enrollment

<b>Plan Selection Period</b>	You can change your plan within 90 days of the start date of your health coverage. The last day you can change your health plan is <b>[grace period end date]</b> . After this date you cannot change your health plan for the next 9 months, unless you have a good reason.
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<b>Plan Selection Period</b>	You can change your plan within 90 days of the start date of your health coverage. The last day you can change your health plan is <b>[grace period end date]</b> . After this date you cannot change your health plan for the next 9 months, unless you have a good reason.
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[Cancel Enrollment in Plans](#) [Pick a New Plan](#)

# What are the changes to the application?

Once a consumer is outside of their grace period, they are locked-in to their MMC plan for the remainder of their 12 month plan enrollment.

Consumer's who are locked-in will see new messaging letting them know that they cannot choose a new plan unless they have a good reason.

Manage Plans Print This Page

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on **Print This Page**.

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on **Cancel Enrollment in Plans**.

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on **Pick a New Plan**.

**DO NOT use the Cancel Enrollment in Plans button to transfer to a new plan.**

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on **Change APTC Amount**.

Submitted Enrollment

Medicaid	
Household Member(s)	Eclair Proffiterole HX ID : HX0000310547
Coverage Period	02/01/2019 - 11/30/2019
Plan Selection Period	You cannot pick a new Medicaid Managed Care Plan until [plan selection available date (MM/DD/YYYY)] unless you have a good reason.

Cancel Enrollment in Plans Pick a New Plan

**Plan Selection Period** You cannot pick a new Medicaid Managed Care Plan until [plan selection available date (MM/DD/YYYY)] unless you have a good reason.

# What are the changes to the application?

Consumer's who are locked-in and select the "Cancel Enrollment in Plans" button will be moved to the "Disenroll Plans Page.

They will find that the button labeled "Cancel Plan" will be disabled and new messaging will also be repeated from the previous page.

Manage Plans Print This Page

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on [Print This Page](#).

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on [Cancel Enrollment in Plans](#).

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on [Pick a New Plan](#).

**DO NOT** use the Cancel Enrollment in Plans button to transfer to a new plan.

If you qualify for an advanced premium tax credit (APTC), you can choose the amount applied to the monthly health plan premium.

**You cannot cancel your Medicaid Managed Care Plan until [MM/DD/YYYY] unless you have a good reason.**

Sub

Medicaid	
Household Member(s)	Eclair Proffiterole HX ID : HX0000310547
Health Plan Information	<a href="#">View Plan Benefits</a>
Plan Name	Fidelis Care
Insurance Company	Fidelis Care
Plan Type	Medical with Dental
Level of Coverage	NA
Monthly Premium	\$0.00
Coverage Period	02/01/2019 - 11/30/2019
Plan Selection Period	

**You cannot pick a new Medicaid Managed Care Plan until [plan selection available date (MM/DD/YYYY)] unless you have a good reason.**

[Cancel Enrollment in Plans](#) [Pick a New Plan](#)

**Disenroll Plans**

You can remove members or cancel plan enrollment(s) for the following individuals in your Marketplace account. If you remove someone from the plan listed below, they are no longer seeking health coverage through the Marketplace. Removing someone from a plan or cancelling enrollment in a plan may affect your eligibility determination, including the amount of your advance premium tax credit. Removing a member or cancelling plan enrollments may also effect who is covered by a health plan. If you pay a premium, you may also be responsible for the plan premiums until the cancellation effective date.

**You cannot cancel your Medicaid Managed Care Plan until [MM/DD/YYYY] unless you have a good reason.**

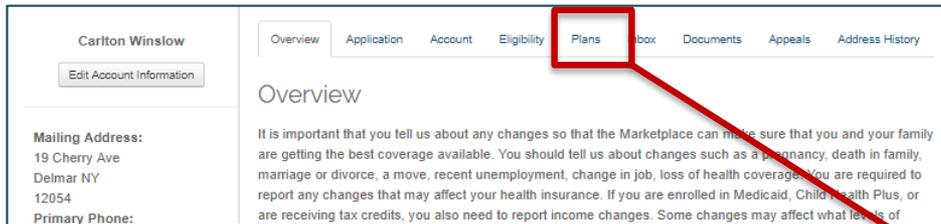
[Cancel Plan](#)

Medicaid	
Household Member(s)	Napoleon Proffiterole HX ID : HX0000310546
Health Plan Information	
Plan Name	Healthfirst
Insurance Company	Healthfirst
Plan Type	Medical with Dental
Monthly Premium	\$0.0

# What are the changes to the application?

If a consumer has been granted “Good Cause” by NYMC, they will see a pop-up when entering the account letting them know that plan selection is now available.

- It instructs the user to go to their “Plans” tab and click on “Pick a New Plan.”



Carlton Winslow

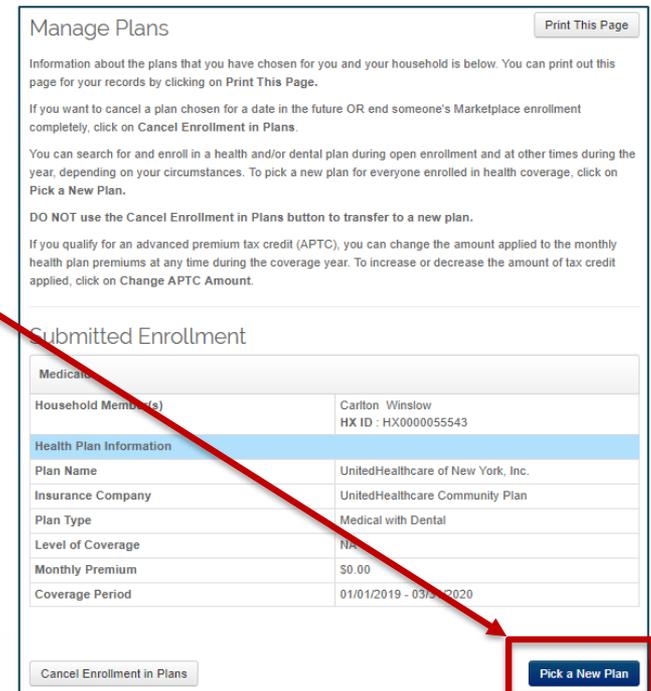
Overview Application Account Eligibility **Plans** Inbox Documents Appeals Address History

Edit Account Information

Mailing Address:  
19 Cherry Ave  
Delmar NY  
12054  
Primary Phone:

Overview

It is important that you tell us about any changes so that the Marketplace can make sure that you and your family are getting the best coverage available. You should tell us about changes such as a pregnancy, death in family, marriage or divorce, a move, recent unemployment, change in job, loss of health coverage. You are required to report any changes that may affect your health insurance. If you are enrolled in Medicaid, Child Health Plus, or are receiving tax credits, you also need to report income changes. Some changes may affect what levels of



Manage Plans [Print This Page](#)

Information about the plans that you have chosen for you and your household is below. You can print out this page for your records by clicking on [Print This Page](#).

If you want to cancel a plan chosen for a date in the future OR end someone's Marketplace enrollment completely, click on [Cancel Enrollment in Plans](#).

You can search for and enroll in a health and/or dental plan during open enrollment and at other times during the year, depending on your circumstances. To pick a new plan for everyone enrolled in health coverage, click on [Pick a New Plan](#).

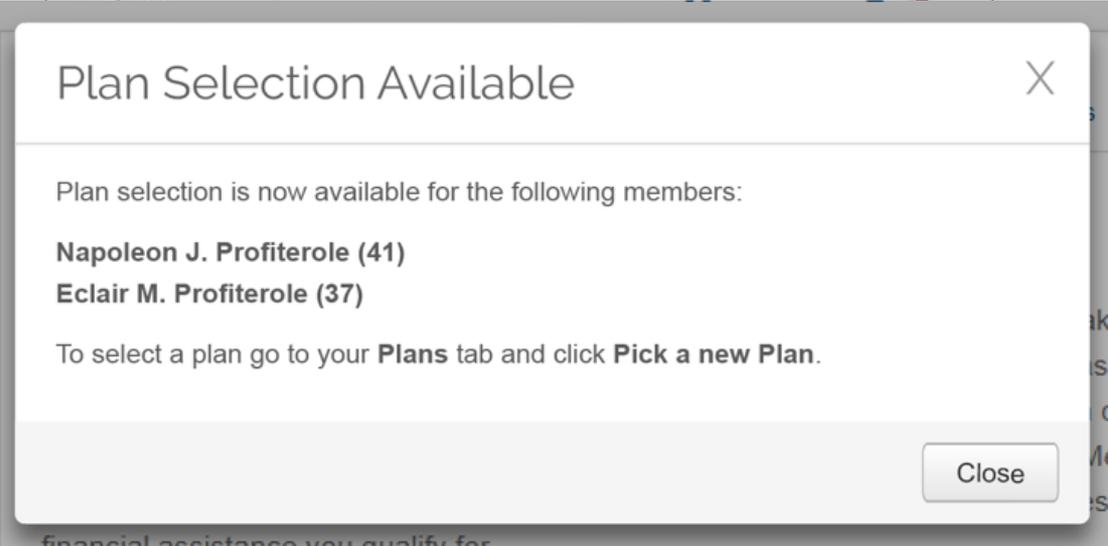
**DO NOT** use the [Cancel Enrollment in Plans](#) button to transfer to a new plan.

If you qualify for an advanced premium tax credit (APTC), you can change the amount applied to the monthly health plan premiums at any time during the coverage year. To increase or decrease the amount of tax credit applied, click on [Change APTC Amount](#).

Submitted Enrollment

Medicaid	
Household Member(s)	Carlton Winslow HX ID : HX0000055543
Health Plan Information	
Plan Name	UnitedHealthcare of New York, Inc.
Insurance Company	UnitedHealthcare Community Plan
Plan Type	Medical with Dental
Level of Coverage	NA
Monthly Premium	\$0.00
Coverage Period	01/01/2019 - 03/31/2020

[Cancel Enrollment in Plans](#) [Pick a New Plan](#)



Plan Selection Available

Plan selection is now available for the following members:

**Napoleon J. Profiterole (41)**  
**Eclair M. Profiterole (37)**

To select a plan go to your **Plans** tab and click **Pick a new Plan**.

Close



Communication from NY State of Health [Go to Inbox](#)

You have 11 new messages waiting for you in your inbox.

Documents You Submitted or Uploaded [Go to Documents](#)

# What are the changes to the application?

Continued from previous slide.....

After selecting “Pick a New Plan” (previous slide), the consumer is brought to their “Plan Selection Dashboard” which also has new messaging and they can click on the blue button to find or change their plan.

## Plan Selection Dashboard

On this page you will be able to select a plan for each of your family members listed below. To search the plans available to each family member, click on the top right blue button for each individual. When you finish selecting plans, click on Review Plan Selections at the bottom of the page.

If you need more information about how to join a health plan, what health plans are available to you, or to find out if you have to join a plan, please call the Marketplace at 1-855-355-5777.

### Medicaid

Find/Change Medicaid Plan

Napoleon J. Profiterole Jr. (41)

Enrollment Start Date: 02/01/2019

No Plan Selected

If you do not choose a health plan, one will be chosen for you. If you need medical services before your plan begins, use your New York State Benefit Identification card (Medicaid Card) at any provider who accepts Medicaid.

If you pick a plan today, your Medicaid Managed Care plan will start on [MM/DD/YYYY]. [Explain.](#)

Most individuals who are eligible for Medicaid are required to enroll in a Medicaid Managed Care plan.

Consumer's who are in their grace period will also see new messaging here.

### Medicaid

Find/Change Medicaid Plan

Napoleon J. Profiterole Jr. (41)

Enrollment Start Date: 02/01/2019

You can change your plan within 90 days of the start date of your health coverage. The last day you can change your health plan is [grace period end date]. After this date you cannot change your health plan for the next 9 months, unless you have a good reason.

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: WellCare	\$0.00	NA	\$0.00

Consumer's who are locked-in will also see new messaging here.

### Medicaid

Find/Change Medicaid Plan

Napoleon J. Profiterole Jr. (41)

Enrollment Start Date: 02/01/2019

You cannot pick a new Medicaid Managed Care Plan until [MM/DD/YYYY] unless you have a good reason.

Please Note: Individuals eligible to enroll in a Health and Recovery Plan (HARP) or a HIV Special Needs Plan (SNP) can transfer into one of these plans at any time, if available.

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: WellCare	\$0.00	NA	\$0.00

# What are the changes to the application?

## More changes to Plan Selection Dashboard.....

Plan Selection Dashboard

On this page you will be able to select a plan for each of your family members listed below. To search the plans available to each family member, click on the top right blue button for each individual. When you finish selecting plans, click on Review Plan Selections at the bottom of the page.

If you need more information about how to join a health plan, what health plans are available to you, or to find out if you have to join a plan, please call the Marketplace at 1-855-355-5777.

---

**Medicaid** Find/Change Medicaid Plan

Kim Wednesday (Health Coverage Start Date: 09/01/2016)

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
Current Plan Name: WellCare	\$0.00	NA	\$0.00
New Plan Name: WellCare	\$0.00	NA	\$0.00

Please select a Medicaid plan for each of your family members. Most people with Medicaid must choose a health plan. You can choose the health plan you wish to enroll in, and there may be several plans in your area. If you are found eligible for Medicaid and don't choose a health plan one will be chosen for you. You will not pay premiums for these plans.

You must pick a plan if you are eligible for Medicaid. If you do not choose a health plan, one will be picked for you. Most consumers who are enrolled in Medicaid get two cards - a New York State Common Benefit Card (CBIC) and a card from your health plan. If you need care before your enrollment in a health plan begins, use your CBIC card at any doctor's office or pharmacy that accepts Medicaid. They must agree to bill Medicaid and be a Medicaid provider. Your bills will be sent to the New York State Medical Assistance program to be paid. There may be limitations on certain services.

Medicaid health plans provide comprehensive health services, such as preventive and primary care, inpatient hospital care, prenatal and newborn care. You will choose a primary care provider who will make sure your health care needs are met. Medicaid health plans have a network of specialty providers, hospitals, clinics, laboratories, and other providers of services

Show More

~~Confirm and Check Out~~

This button which currently says “Confirm and Check Out” will be updated to say “Review Plan Selections.”

Review Plan Selections

# What are the changes to the application?

## Changes to the “Find a Plan for [consumer name]” page

### Find a Plan for Napoleon Profterole

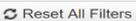
On this page you will see the Medicaid Managed Care plans that are available to you. You can search for plans based on their quality ratings or by the health insurance carrier you prefer.

You can also see the plans that your doctor accepts, or plans that include hospitals or other facilities that you use. However, this does not guarantee that your doctor accepts the plan. In addition to using the search function, call your doctors hospitals, or other facilities to see what plan they accept.

[How are quality ratings determined?](#)

You can use more than one search criteria, and then click on **Apply Filters** to see your choices. Click on **Reset All Filters** to restart your search.

Carrier Name  Select 

Overall Quality Rating  

☆☆☆☆ 

Plan Type  Select  
Select  
SNP  
HARP

Click on the **View Detail** button to learn what benefits a plan covers or more information about the plan.

**I want to enroll in regular Medicaid**

You cannot pick a new Medicaid Managed Care Plan until [MM/DD/YYYY] unless you have a good reason. Please Note: Individuals eligible to enroll in a Health and Recovery Plan (HARP) or a HIV Special Needs Plan (SNP) can transfer into one of these plans at any time, if available.

[What are HIV Special Needs Plans \(SNPs\)?](#)

[What are Health and Recovery Plans \(HARPs\)?](#)

	Plan name	Quality	Plan Type	
	BlueCross BlueShield of Western New York BlueCross BlueShield of Western New York Plan	Overall Quality Rating ☆☆☆☆ <a href="#">Quality Details</a>	MMC	 
	Fidelis Care Fidelis Care	Overall Quality Rating ☆☆☆☆ <a href="#">Quality Details</a>	SNP	 
	CDPHP CDPHP	Overall Quality Rating ☆☆☆☆ <a href="#">Quality Details</a>	HARP	 

When filtering plans and a consumer is locked-in to their MMC plan, the “Plan Type” dropdown will only show SNP or HARP as available dropdown options for filtering (if the consumer is eligible for a HARP/SNP).

- It will not show MMC as a filter option while a consumer is locked-in.

Consumer’s who are locked-in will also see this messaging here.

Consumer’s who are locked-in will no longer see the button for “Remove” under the plan that they are currently locked-in to.

# What are the changes to the application?

## Changes to Plan Details page.....

Plan Detail

This page provides detailed information on the plan you wanted to look at, including the benefits that are covered by the plan and plan quality ratings. Click on the benefit category below to learn more about this plan's covered benefits and services. Click on Plan Documents to see a full list of plan benefits and services. Click on Select This Plan to buy this plan. To return to the list of plans, click on the Return to Plan List button at the bottom of the page.



Overall Quality Rating ★★★★☆ [Quality Details](#)

Click on the benefit categories below to learn more about this plan's covered benefits and services. To see a full list of the benefits and services, visit the "Summary of Benefits" link under "Plan Documents" at the bottom of this page.

- Pediatric Dental
- Other Services
- Pediatric Vision
- Hospitalization
- Laboratory and Imaging Services
- Rehabilitative and Habilitative Services and Devices
- Emergency Services
- Outpatient Services
- Mental Health and Substance Abuse Disorder Services
- Prescription Drugs
- Preventive and Wellness Services and Chronic Disease Management
- Plan Documents

[Back to plan list](#) [Remove](#)

Consumer's who are locked-in will no longer see the button for "Remove" on the "Plan Details" page.



# What are the changes to the application?

## Changes to the “Review Your Plans” page.

Review Your Plans

Review the plans that you have picked for your family members. Click on Confirm Plan Selections at the bottom of the page to enroll in these selections.

**Medicaid**

Napoleon J. Profiterole Jr. (41) Enrollment Start Date: 02/01/2019

Health Plan	Monthly Premium	Advance Premium Tax Credit	Amount you Would Owe
New Plan Name: Fidelis Care Start Coverage: 03/01/2019 End Coverage: 01/31/2020	\$0.00	NA	\$0.00

If you have ever received public benefits (Food Stamps, Medicaid, Temporary Assistance, etc) in New York, do you still have your New York State Benefit Card (CBIC)?

Yes  No

[Return to Plan Selection Dashboard](#) [Confirm](#) [Check Out](#)

This button which currently says “Confirm and Check Out” (for the second time) will be updated to say “Confirm Plan Selections.”

Confirm Plan Selections



# NY State of Health Updated Notices

- Medicaid Managed Care Lock-in Messaging

John Doe  
90 Church Street  
New York, NY 10007

All decisions described in this notice are based on information about you from state and federal data sources obtained as of April 2, 2019.

April 3, 2019  
Account ID: AC0001234567

Help at: 1-855-355-5777  
TTY: 1-800-662-1220

## Important Notice About Your Health Insurance Coverage

It's time for you and/or members of your household to renew your health insurance coverage through NY State of Health, The Official Health Plan Marketplace. This letter contains important information about renewing your health insurance coverage.

EP enrollee was automatically renewed and redetermined as eligible for MMC.

- He was auto-enrolled into the same plan he had before.
- He can change plans, but only during his grace period (dates are specified).
- Notice also informs consumer about rules on grace period and lock-in *if* they do decide to pick a new plan.

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

**John Doe (AB12345D)** Marketplace ID: HX0001234567

**NO CHANGE IN ELIGIBILITY** You qualify for Medicaid, effective June 1, 2019.

**INSURANCE DETAILS:**  
**Insurance Company:** Fide CDPHP  
**Program:** Medicaid  
**Start Date:** June 1, 2019

**NO ACTION REQUIRED:** We have enrolled you into this product to keep you with the insurance company you had before.

Contact your insurance company if you have questions about covered services or providers.

You can choose to stay with your current health plan or switch to a different a Medicaid Managed Care plan. If you pick a new plan, you have 90-days from the start date of your new enrollment to change your plan for any reason. After the 90-day grace period, you cannot change your Medicaid Managed Care plan for the next 9 months, unless you have a good reason.

If you want to make a change, you must do so between <<date>> and <<date>>. See the section of this notice, "How and When to Make Changes to Your Account or Coverage."

# Other new MMC Lock-In Messaging



ENROLLED IN A MEDICAID  
PLAN:

Plan Name: Healthfirst  
Plan Type: Medical with Dental

Member(s)

JOHN SMITH  
Marketplace ID: HX0001234567  
CIN: GC12345B

Coverage Information

Your Premium: \$0 (free) per month  
Enrollment Start Date: March 1, 2018

You can change your plan within 90 days of your Enrollment Start Date. The last day you can change your health plan is << **grace period end date** >>. After this date you cannot change your health plan for the next 9 months, unless you have a good reason.

Medicaid enrollee is within their grace period.

- Notice provides the date of the last day of the grace period and lets the consumer know that they will not be able to change their plan after this date.

ENROLLED IN A MEDICAID  
PLAN:

Plan Name: Healthfirst  
Plan Type: Medical with Dental

Member(s)

JOHN SMITH  
Marketplace ID: HX0001234567  
CIN: GC12345B

Coverage Information

Your Premium: \$0 (free) per month  
Enrollment Start Date: March 1, 2018

You cannot pick a new Medicaid Managed Care Plan until <<**plan selection available date**>>. You cannot pick a new health plan unless you have a good reason. For more information, please contact NY State of Health.

Medicaid enrollee is within their lock-in period.

- Notice provides the date that their lock-in will end and they will become eligible to select a new plan after that date.



SUSAN SMITH  
123 Avenue A  
New York, NY 10003

June 12, 2018  
Account ID: AC0001234567

**IMPORTANT NOTICE  
ABOUT YOUR MEDICAID MANAGED CARE HEALTH PLAN  
ENROLLMENT**

When you joined your health plan, you were told that you must stay in this health plan for at least 12 months. You are receiving this notice because you can change your health plan at NY State of Health effective the date listed below. You can choose to stay with your current health plan or switch to a different health plan at any time after this date. **If you choose to stay with your current health plan, you do not need to do anything at this time.**

If you pick a new health plan, you have 90 days from the effective date of your health plan enrollment to change your health plan again for any reason. After the 90-day grace period, you must remain in the new health plan for at least a full 12 months, unless you have a good reason.

SUSAN SMITH

Marketplace ID: HX0001237890  
CIN: GC45678B

Changing your health plan:

You can stay with <Plan Name> or switch to a different health plan starting on <<Date>>

**If You Want to Change Plans:**

- Sign into your NY State of Health account at [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)
- Click on "Plans" tab to select your new plan.
- After you pick a new plan, you will receive confirmation from us by email or mail (depending on what you said you would prefer).
- You will remain enrolled in your current Medicaid Managed Care plan until you select a new plan as long as you remain Medicaid eligible.
- If you pick a health plan on or before the 15th of the month, your new health plan coverage will start on the first day of the next month. If you pick a health plan on or after the 16th of the month, your coverage will start on the first day of the month after next. For example, if you pick a health plan on April 18, your health plan coverage will start on June 1.

**New** notice is for consumers who are close to the end of their lock-in period.

Informs consumers that they may:

- choose to remain with their current MMC plan.
  - No action required
- switch their MMC plan at anytime starting on the date provided.
  - Instructions on how to change plans and enrollment timing are also provided.

# Poll Question #1



Shawna has been enrolled in her MMC plan for awhile. She contacts you stating that her primary care doctor has left the network of her current MMC plan. She would like to change plans so that she can continue to see her doctor.

What is the best response for you as her Assistor?

- A. Let's schedule an appointment so that I can help you change your MMC plan.
- B. I'm sorry but you are locked into your current MMC plan and there is nothing I will be able to do for you.
- C. I recommend that you call NYMC and tell them that you have good cause and want to change your plan so you can continue seeing your current doctor.
- D. Let's take a look at your account and see where you are at with your MMC enrollment. You may be in your grace period, or you may be locked-in.

# Poll Question #2



You check Shawna's account and see that she has been enrolled in the same MMC plan for 6 months and is currently locked-in.

What steps can you take to assist her at this point. (check all that apply)

- Nothing.
- Let her know that if she decides to switch PCPs, you can provide her with the tools to select a new PCP who is in her current network.
- Help her contact NYMC so that she can request good cause and switch her MMC plan.
- Help her understand the earliest date that she will be eligible to switch plans if she still wants to make a change and make an appointment for that day if she wants to proceed in changing her plan.

# Questions?

- **Medicaid Managed Care Lock-in**

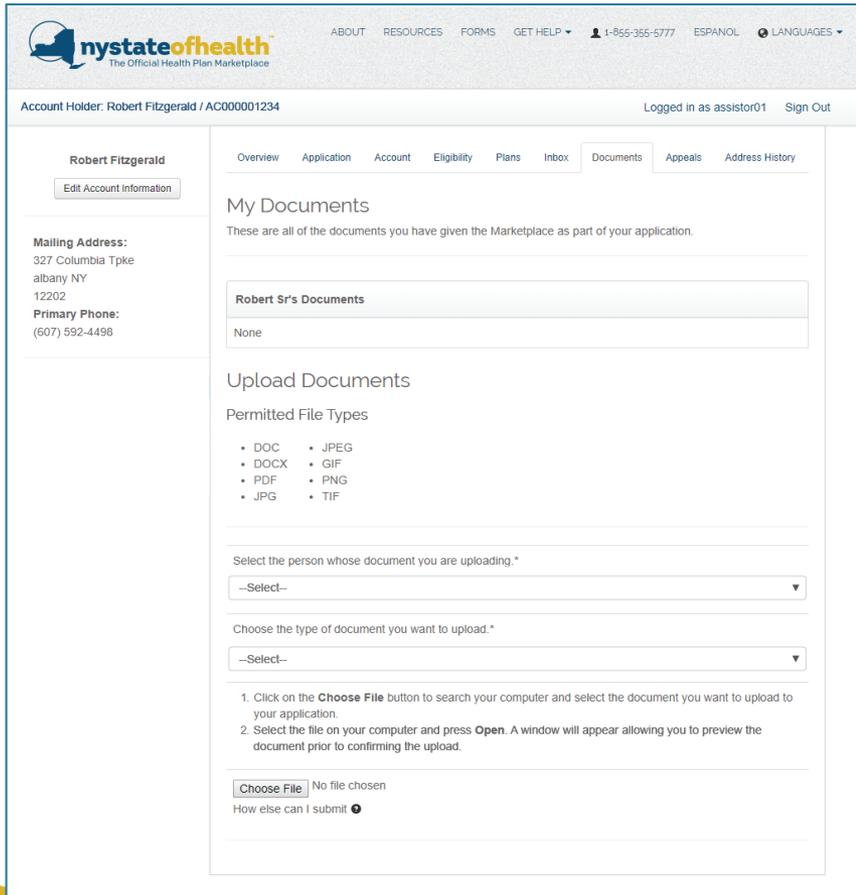


# New Process for Uploading Consumer Documents

# Uploading Consumer Documents

Assistors can upload documents to the consumer's account via:

## The Documents Tab



Account Holder: Robert Fitzgerald / AC00001234      Logged in as assistor01    Sign Out

**Robert Fitzgerald**  
Edit Account Information

Mailing Address:  
327 Columbia Tpke  
albany NY  
12202  
Primary Phone:  
(607) 592-4498

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

### My Documents

These are all of the documents you have given the Marketplace as part of your application.

**Robert Sr's Documents**  
None

### Upload Documents

Permitted File Types

- DOC      • JPEG
- DOCX    • GIF
- PDF      • PNG
- JPG      • TIF

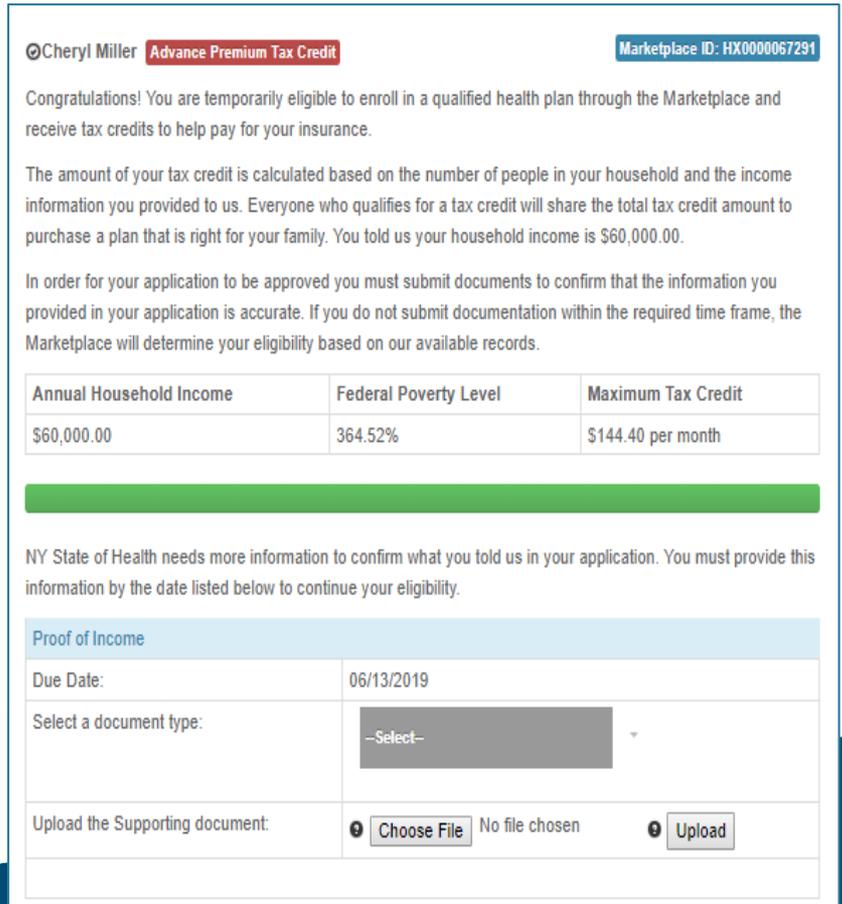
Select the person whose document you are uploading.\*  
--Select--

Choose the type of document you want to upload.\*  
--Select--

- Click on the **Choose File** button to search your computer and select the document you want to upload to your application.
- Select the file on your computer and press **Open**. A window will appear allowing you to preview the document prior to confirming the upload.

**Choose File** No file chosen  
How else can I submit

## The Consumer's Eligibility Page



Cheryl Miller    **Advance Premium Tax Credit**      Marketplace ID: HX000067291

Congratulations! You are temporarily eligible to enroll in a qualified health plan through the Marketplace and receive tax credits to help pay for your insurance.

The amount of your tax credit is calculated based on the number of people in your household and the income information you provided to us. Everyone who qualifies for a tax credit will share the total tax credit amount to purchase a plan that is right for your family. You told us your household income is \$60,000.00.

In order for your application to be approved you must submit documents to confirm that the information you provided in your application is accurate. If you do not submit documentation within the required time frame, the Marketplace will determine your eligibility based on our available records.

Annual Household Income	Federal Poverty Level	Maximum Tax Credit
\$60,000.00	364.52%	\$144.40 per month

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:	06/13/2019
Select a document type:	--Select--
Upload the Supporting document:	<b>Choose File</b> No file chosen <b>Upload</b>

# Uploading Consumer Documents



## NEW for September 2019...

- Assistors will be able to preview each document before uploading it to the account.
- Assistors will be required to match each document to the correct consumer by entering the account number.
- *Process Improvement Goals:*
  - ✓ By previewing documents, Assistors can confirm that the correct document has been selected which will enhance the privacy and security of each consumer document.
  - ✓ By matching documents to the correct account, Assistors will reduce the number of upload errors that occur.
  - ✓ Assistors should still use the Document Linking Checklist as an internal reference to ensure accuracy.

# Process Improvement Overview



The Assistor must complete two steps:

1. Preview the entire document to ensure they are uploading:
  - ✓ The correct document
  - ✓ For the correct consumer
  - ✓ To the correct account
2. Type in the account number (AC00000000000).

NY State of Health will validate the consumer's account number.

The document can only be uploaded if the correct account number is entered.

# New Preview Feature

Assistors will select a document type and then click the “Choose File” button.

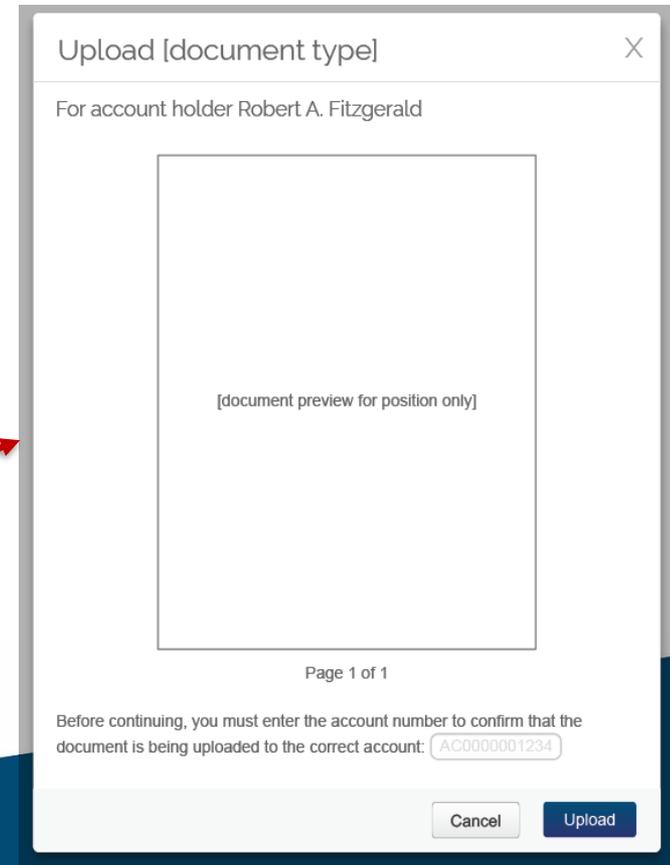
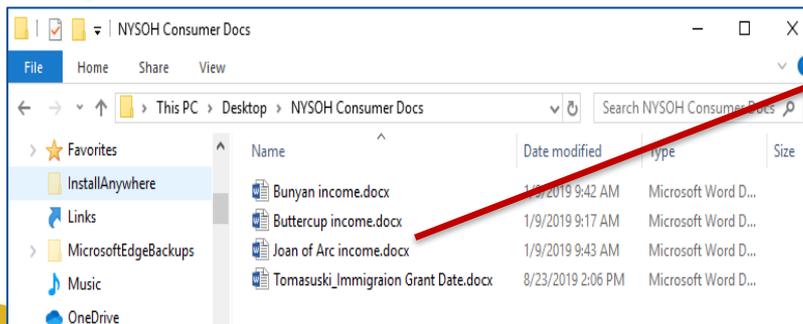
Find the document and select the file.

A NEW pop-up screen will appear.

1. Click on the **Choose File** button to search your computer and select the document you want to upload to your application.
2. Select the file on your computer and press **Open**. A window will appear allowing you to preview the document prior to confirming the upload.

Choose File No file chosen

How else can I submit ?



# New Preview Feature

Type of document being uploaded.

Name of the Account Holder

- Account Holder's name will appear even if uploading documents for a household member, such as a child or spouse.

Upload Paycheck stubs

For account holder Zedd Zabremson

**Best Practice:**  
Scroll down to view the entire page of the document.

COMPANY NAME			EARNINGS STATEMENT			
Sample Company Name, Sample Company Address, 95220						
EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE	
Zedd Zabremson	XXX-XX-3432	44234	481	8/26/2019 - 9/1/2019	13	
	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS		
GROSS WAGES	50	50	2,500.00	FICA MED TAX	36.25	1,631.25
				FICA SS TAX	155.00	6,975.00
				FED TAX	559.18	25,163.00
				CA ST TAX	183.76	8,269.26
				SDI	25.00	1,125.00

< Previous

Page: 1 / 5

Next >

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account:

Cancel

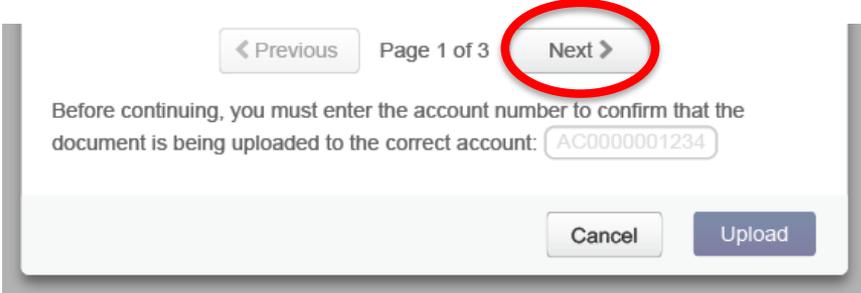
Upload

**Best Practice:**  
Check to make sure all pages were uploaded.

# New Preview Feature

If the document has multiple pages, the Assistor will hit the “Next” button to preview each page of the document.

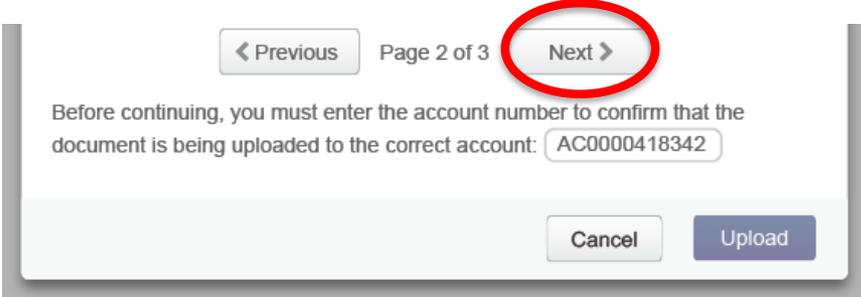
After reviewing each page of the document, and confirming that it is for the correct consumer, click on the “Upload” button.



< Previous Page 1 of 3 **Next >**

Before continuing, you must enter the account number to confirm that the document is being uploaded to the correct account:

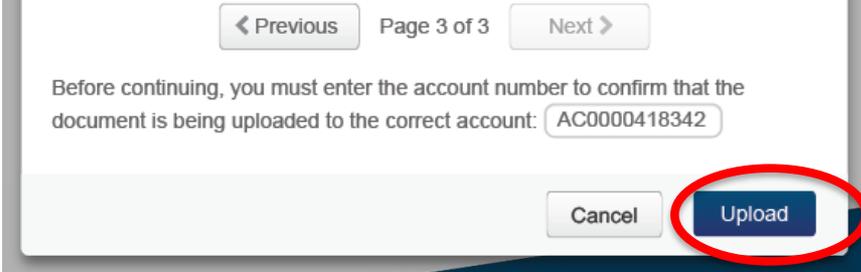
Cancel Upload



< Previous Page 2 of 3 **Next >**

Before continuing, you must enter the account number to confirm that the document is being uploaded to the correct account:

Cancel Upload



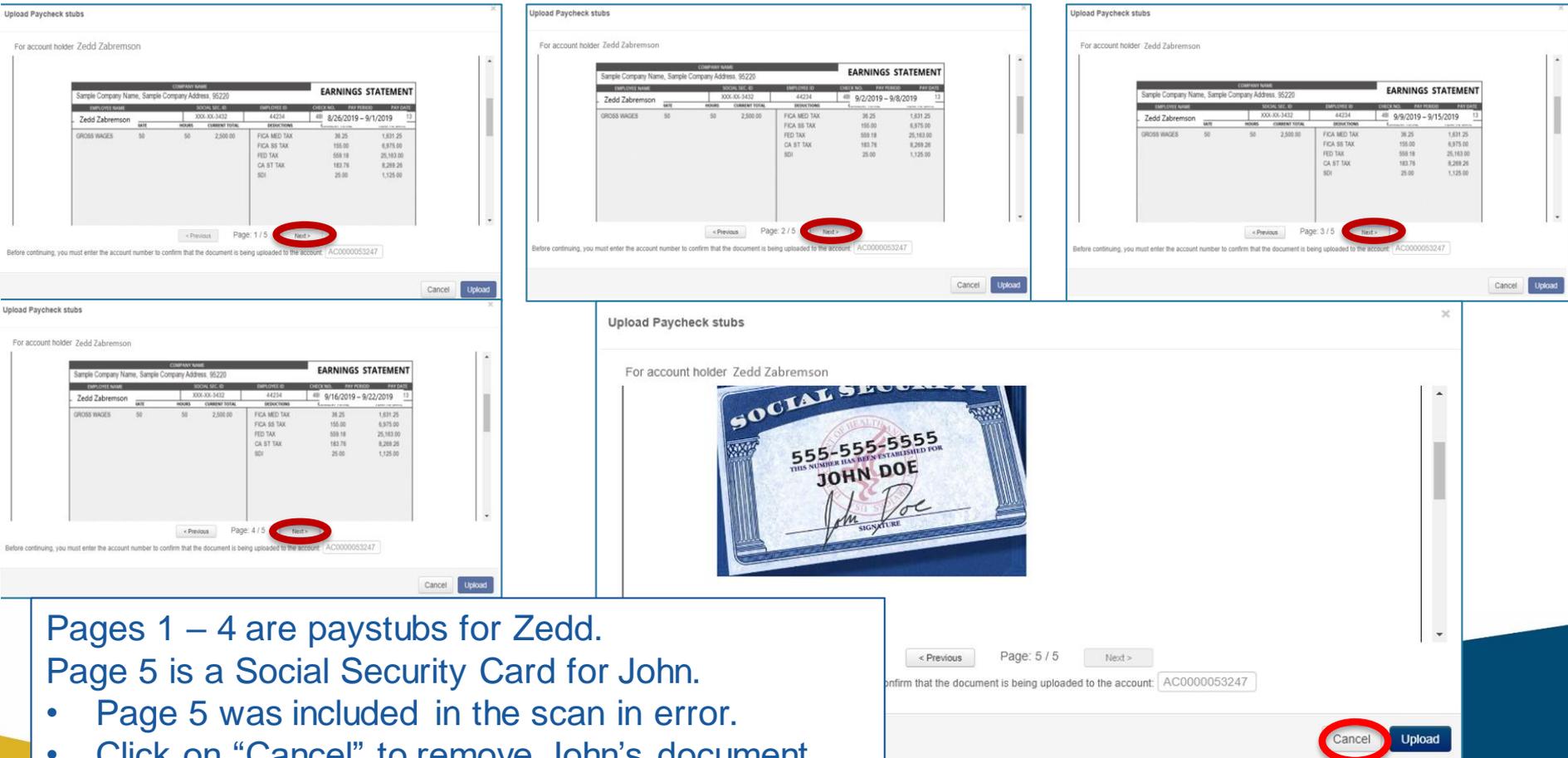
< Previous Page 3 of 3 Next >

Before continuing, you must enter the account number to confirm that the document is being uploaded to the correct account:

Cancel **Upload**

# New Preview Feature

If the Assistor realizes that they are previewing an incorrect document for the consumer, or some portion of the document is incorrect, they must click on “Cancel” to stop the document from being uploaded to the account.



Upload Paycheck stubs

For account holder Zedd Zabremson

Sample Company Name, Sample Company Address, 95220

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE
Zedd Zabremson	XXX-XX-3432	44234	48	8/26/2019 - 9/1/2019	13

Page: 1 / 5

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Upload Paycheck stubs

For account holder Zedd Zabremson

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE
Zedd Zabremson	XXX-XX-3432	44234	48	9/2/2019 - 9/8/2019	13

Page: 2 / 5

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Upload Paycheck stubs

For account holder Zedd Zabremson

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE
Zedd Zabremson	XXX-XX-3432	44234	48	9/9/2019 - 9/15/2019	13

Page: 3 / 5

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Upload Paycheck stubs

For account holder Zedd Zabremson

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK NO.	PAY PERIOD	PAY DATE
Zedd Zabremson	XXX-XX-3432	44234	48	9/16/2019 - 9/22/2019	13

Page: 4 / 5

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Upload Paycheck stubs

For account holder Zedd Zabremson

SOCIAL SECURITY CARD

555-555-5555  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
JOHN DOE

John Doe  
SIGNATURE

Page: 5 / 5

Before continuing, you must enter the account number to confirm that the document is being uploaded to the account: AC0000053247

Cancel Upload

Pages 1 – 4 are paystubs for Zedd.

Page 5 is a Social Security Card for John.

- Page 5 was included in the scan in error.
- Click on “Cancel” to remove John’s document.

# New Preview Feature

If the Assistor clicks on upload without entering in the account number... the following error message will appear in red.

Before continuing, you must enter the account number to confirm that the document is being uploaded to the correct account:

Please the enter the consumer's account number starting with AC.

Cancel Upload

If the Assistor enters the wrong account number or if they enter an ID that starts with “HX”... the following error message will appear in red.

Before continuing, you must enter the account number to confirm that the document is being uploaded to the correct account:

The account number entered does not match the consumer's account.  
Please enter the consumer's account number starting with AC.

Cancel Upload

# Verification of a Successful Upload

NY State of Health will validate the account number. If the account numbers match, then the pop-up is closed.

The documents page will be updated and show that the upload was successful.

Robert Sr's Documents		
Current lease	 Upload Successful	 View Document

When the page is reloaded, the table below will appear, showing the date of the upload.

Paula Robin's Documents		
Proof that you are a conditional resident	Submitted on: <u>08/23/2019</u>	 View Document
Notice of hearing from the Executive Office for Immigration Review	Submitted on: 08/22/2019	 View Document
Cancelled Debt: 1099	Submitted on: 08/22/2018	 View Document

# Summary / Assistor Responsibility



The new document upload feature requires Assistors to preview each consumer document before it is uploaded to the consumer's account by:

- Reviewing each page of the document to verify that each page belongs to the particular consumer and
- Typing-in the consumer's account number (AC0000000000) prior to each upload to assure that the consumer document is matched and uploaded to the correct consumer account.

Marketplace Assistors are required by law and by agreement with the Department of Health to protect Personally Identifiable Information ("PII") and Protected Health Information ("PHI").

Assistors are an important part of the enrollment process and must take steps to safeguard consumer PII and PHI at all times.



# Questions?

- **New Process for Uploading Consumer Documents**



# 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>

2019 Spring Training



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

# 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>

## Recertification Webinars

October 2	Open Enrollment, Renewals, and What's New
October 23	2020 QHP and EP Line-Up