

# What's New/What's Coming



The screenshot shows the nystateofhealth website. At the top, there is a navigation bar with "New York State" and "State Agencies" on the left, and a search bar on the right. Below this is the nystateofhealth logo and a menu with "ABOUT", "RESOURCES", "FORMS", "GET HELP", "1-855-355-5777", and "LANGUAGES". A secondary menu lists "Individuals & Families", "Employers", "Employees", "Brokers", and "Navigators".

A news banner features a photo of a man and the text: "New York's new Essential Plan: a health plan for \$20 or less. Apply today. [Click here](#) to learn more." Below this, a yellow banner reads: "Surprisingly Affordable! NY State of Health's NEW Essential Plan! Coverage is \$20 a month or free if you qualify." A link below says: "Haga clic [aquí](#) para solicitar cobertura médica en español."

A section titled "Find Us In Your Community!" includes a link: "Visit NY State of Health's NEW events map at <http://info.nystateofhealth.ny.gov/events>".

The "Individuals & Families" section features a photo of a family and text: "You and your family have many new low cost, quality health insurance options available through the Individual Marketplace. You can quickly compare health plan options and apply for assistance that could lower the cost of your health coverage. You may also qualify for health care coverage from Medicaid or Child Health Plus through the Marketplace. Anyone can apply here." A green "GET STARTED" button is present, along with a link: "Get help finding an insurance assistor in your area."

**Time: 10:00am – 11:30am**  
**Dial-In Number: 1-855-897-5763**  
**Conference ID: 43066992**

# Today's Webinar



- 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.
- A recording of the webinar and any related materials will be available online and emailed to all registrants.

## Here's what you said:

- More than 95% said “it increased my knowledge of the topic”.
- More than 95% said “the information will allow me to better assist consumers in a private and secure manner”

*“Very nicely done”*

*“I like the poll questions, it gives us a chance to participate”*

*“Please break for Q & A more often”*

*“Can more people log-in to view the webinar?”*

# Presenters:



## Welcome

Gabrielle Armenia

Bureau Director of Child Health Plus Policy & Exchange  
Consumer Assistance

## Today's Presenters

Erin Bacheldor

Medical Assistance Specialist, Bureau of Child Health Plus Policy  
& Exchange Consumer Assistance

Erin Chaskey

Associate Health Care Management Systems Analyst, Bureau of  
Child Health Plus Policy & Exchange Consumer Assistance

Alicia Kern

Medical Assistance Specialist 2, Bureau of Child Health Plus  
Policy & Exchange Consumer Assistance

Sara Oberst

Eligibility Program Manager 2, Division of Eligibility and  
Marketplace Integration

Karilyn Tremblay

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

# What's New

# Child Health Plus and New York State Health Insurance Program (NYSHIP)

## Implemented April of 2017

# Child Health Plus and New York State Health Insurance Program (NYSHIP) Background

- Federal law prohibits a child with access to or enrollment in a state health benefits plan (NYSHIP) from enrollment in the state's Children's Health Insurance Program (CHIP).
- The NYS Department Health has an interface with the NYS Department of Civil Service to determine if a child applying for or enrolled in Child Health Plus has NYSHIP coverage.
- If a child appears on the NYSHIP file, he/she is ineligible for the Child Health Plus program.
- This interface previously occurred outside of the Marketplace after the eligibility process.

## What's Happening Now

- Effective April of 2017, NY State Department of Health began sending the file that it receives from the Department of Civil Service to NY State of Health to determine if a child has NYSHIP coverage.
- If the child appears on the NYSHIP file, he/she is found ineligible for participation in the Child Health Plus program at the time of application in NY State of Health.
  - Child will become eligible for a Full Pay Qualified Health Plan (if otherwise eligible).
- The only way for Child Health Plus coverage to be effectuated is if NYSHIP coverage ends because the child is no longer eligible.
- Reminder- a child with access to NYSHIP is ineligible for the Child Health Plus program.

Is Lisa's parent or stepparent a public employee, and can get family coverage through a state health benefits plan?\* 

Yes  No

## Child Health Plus and NYSHIP

- Below is the message you will see on NY State of Health if the child is found on the NYSHIP file.

✘ **Child's Name**

**Not Eligible For Financial Assistance**

**Marketplace ID:** HX000000000

You are not eligible to receive help paying for your health insurance coverage. However you can purchase a qualified health plan through the Marketplace at full cost. If your circumstances change, you may contact the Marketplace to have your eligibility re-determined. This eligibility is effective as of July 01, 2017. You can update your application to see if you can get help paying for health coverage.

## Child Health Plus and NYSHIP

Below is the notice language the family will receive if the child is found to have NYSHIP coverage.

Household Member	How we made our decision
Child's Name Marketplace ID: HX0000000000	<ul style="list-style-type: none"> <li>You are not eligible for Child Health Plus because state data sources show that you are enrolled in coverage through the New York State Insurance Program (NYSHIP). Children with state health benefits are not eligible for Child Health Plus and can only enroll in a full pay qualified health plan at New York State of Health.</li> </ul>

- If a child enrolled in CHPlus is identified as having NYSHIP coverage, the child is disenrolled from their CHPlus plan effective the last day of the month in which he/she is found on the file.
- The family may enroll the child in a Full-Pay QHP (if eligible).

<b>ACTIONS TAKEN BY NY STATE OF HEALTH</b>	Your enrollment with <b>MetroPlus Health Plan</b> ends on <b>May 1, 2017</b> .  This is because our records show you have coverage in New York State Health Insurance Program (NYSHIP). You were sent a separate notice about your eligibility.
<b>WHAT YOU NEED TO DO NEXT</b>	<b>Action Needed:</b> Log in to your account to pick a plan. Your coverage will not begin until you pick a plan.

# Poll Question #1

If a family disagrees that their child is enrolled in NYSHIP and wants CHPlus, what steps should be taken first?

- a) Call the Marketplace
- b) Send an email to [CHPlus@health.ny.gov](mailto:CHPlus@health.ny.gov)
- c) Explain that the Marketplace will not help them
- d) Tell the family to contact their employer to verify if the child is enrolled in NYSHIP coverage**

## Poll Question #2

If a child is enrolled in NYSHIP but the family wants CHPlus, how can the Assistor advise them best?

- a) Explain that they can elect to pay for both
- b) Tell the family to drop the NYSHIP coverage for the child
- c) Explain that if a child has access to NYSHIP they are not eligible for CHPlus due to federal requirements**
- d) Help them enroll in Full-Pay CHPlus

# **Documentation of the Date Some Individuals in the 5-Year Bar Obtained their Current Immigration Status (Grant Date)**

## **Implemented April of 2017**

## 5-Year Bar - Grant Date

When an Immigrant is subject to the 5-year bar and they are eligible for Medicaid or Essential Plan 3 or 4, the Marketplace needs to know the date that the individual obtained their current immigration status.

- For many individuals, the Marketplace can learn of the date that they obtained their current immigration status systematically by communicating with the federal hub.
- There are some individuals for whom this information is not provided by the hub.
  - In these scenarios, the Marketplace will provide temporary eligibility for the individual for 90 days allowing time to submit documentation.

## 5-Year Bar - Grant Date

When 90 days of temporary eligibility is given, the Marketplace will request that the consumer submit documentation to verify:

- **The date that they obtained their current immigration status (Grant Date).**

The following items may be submitted to satisfy this documentation requirement:

- I-551 Permanent Resident Card (green card). Acceptable even if expired.
- Temporary I-551 Permanent Resident Card (temporary green card). To be valid, a temporary I-551 annotation on a visa or passport needs a valid I-94 stamp.
- Proof of current Visa status (stamped passport). To be valid, the visa needs a valid I-94 stamp.
- Approval letter from the US Citizenship and Immigration Service (I-797A Notice of Action).
- I-94 Arrival/Departure Record.

If the consumer does not submit valid documentation within 90 days of this request, their coverage will be terminated at the end of the month in which the 90-day clock expires with notification to the consumer.

## Poll Question #3

True or False? If an immigrant subject to the 5-Year Bar becomes eligible for a QHP, you should ask them to upload documentation demonstrating the date they obtained their current immigration status.

True

False

- **NYSHIP Match and CHPlus**
- **5-Year Bar – Grant Date**

## Questions?



# What's Coming

# Child Health Plus Transition to NY State of Health

# Child Health Plus Transition Background

- Prior to the Affordable Care Act and the creation of NY State of Health, children were enrolled and renewed in Child Health Plus coverage through a participating health plan.
- Effective November 16, 2013, all new Child Health Plus enrollees were required to apply for coverage through NY State of Health.
- Children previously enrolled through a health plan continued to renew their coverage with the health plan on an annual basis.

# Child Health Plus Transition



- There are currently approximately 55,000 children who remain enrolled in the Child Health Plus program through their health plan.
- Effective for Child Health Plus recertification on or after August 1, 2017, children will be transitioned to NY State of Health.
- This process will occur over a one year period at the child's renewal until all enrollment is in NY State of Health.

## Process

- Approximately 60 days prior to the end of the child's 12 month enrollment period with the health plan, the family will receive a notice telling them that it is time to renew their coverage and that the renewal process has changed.
- The notice will tell them that rather than recertifying with the health plan by completing a paper application, they must apply for coverage through NY State of Health.
- Notices were sent beginning on June 1, 2017 for August 2017 renewals and will continue throughout the year until the transition is complete.

## Process

- The transition notice tells the family they may apply for coverage online, by phone with the Marketplace, or through a Marketplace Assistor.
- A dedicated phone line (1-855-648-1909) has been established at NY State of Health to assist applicants through the transition process.
- This number is strictly for use by parents or guardians who are transitioning their child's Child Health Plus coverage.

The following is the model notice health plans will send the family for a child due to renew for coverage starting on August 1<sup>st</sup>, 2017:

Dear Parent/Guardian of Child Health Plus Enrollee:

It is time to renew your child(ren)'s coverage in the Child Health Plus program. As you know, we are required to receive updated information each year to make sure your child(ren) is still eligible for the program. The process to renew coverage through the Child Health Plus program has changed. All program enrollment is now being processed through NY State of Health, New York's Health Insurance Marketplace.

Rather than complete a paper renewal application and send it to [plan name] like you have done in the past, you now must recertify your child's coverage on-line through NY State of Health by visiting [www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov). If you would like assistance in applying for coverage, there are many ways for you to get help. There are application assistors available in the community that can help you with the process. To receive a list of assistors in your area, you may visit the NY State of Health website listed above or call the Consumer Service Center at 1-855-648-1909 and they can provide you with the list.

[Healthy Plan also has many Marketplace Facilitated Enrollers that can assist you with this process. Please call us at XXX-XXX-XXXX to schedule an appointment.]

You may also apply for coverage over the phone by calling the NY State of Health at 1-855-648-1909.

It is very important that you complete your child(ren)'s application between **June 16, 2017 and July 15, 2017**, in order for your child(ren) to remain continuously enrolled in the program. Please note, if you apply too early, your child(ren)'s enrollment will not be processed since your child(ren) have other health care coverage and you will need to come back to apply within the renewal window to avoid a lapse in coverage. If you apply too late, your child will experience a gap in coverage.

Please feel free to contact (insert Member Services phone number) if you have any questions regarding this process. We encourage you to apply for your child(ren)'s coverage during the timeframes listed in this letter so that your child(ren) continue to receive health insurance coverage.

Sincerely,  
Health Plan Name

# Child Health Plus Transition

## Timing of Application

- In order to have a seamless transition, the child's application must be completed no earlier than 45 days prior to the month coverage with the health plan will end but no later than 15 days before coverage with the health plan will end.
- For example, a child with coverage ending on 7/31/17 must complete a new application in NY State of Health between 6/16/17 and 7/15/17.
- If the child applies too early, the system will show that the child has existing Child Health Plus coverage and will not be able to proceed with Child Health Plus enrollment.
- If the child applies too late, this will result in a gap in coverage.

# Child Health Plus Transition Assistor's Role in the Transition Process

- Marketplace Assistors should assist members in the transition process to NY State of Health.
- Health Plan Facilitated Enrollers will be performing outreach to their members to ensure continuous coverage in the program.
- If an Assistor is working with a family to complete an application, the Assistor must ask if anyone in the household already has an account on NY State of Health so the child can be added to the existing account.

# Child Health Plus Transition Family Premium Contribution

- Children transitioning from a health plan's enrollment system to NY State of Health will be provided a 30-day prospective grace period to pay their family premium contribution, consistent with the grace period for existing Child Health Plus members, even though the child will appear as a new enrollee in NY State of Health.

# Poll Question #4

A family receives a notice that their child's CHPlus is ending on 8/31/2017 and they need to apply in NY State of Health for CHPlus. When should their NY State of Health application be completed?

- a) 9/1/2017 – 9/15/2017
- b) 7/16/2017 – 8/15/2017**
- c) 8/16/2017 – 8/31/2017
- d) 7/1/2017 – 7/15/2017

# Early Medicaid Renewal Flyer

**Coming: July, 2017**

In order to decrease call volume and improve wait times during Open Enrollment, NY State of Health will be encouraging some families to renew their Medicaid coverage early.

### Goals:

- By spreading the volume of renewals outside of the Open Enrollment period, we anticipate a more balanced workload for Assistors and the Call Center.



The following households will receive a flyer between July and September encouraging them to renew early.

1. Households with least one (1) member who is due to renew coverage between 12/1/2017 and 2/1/2018.

AND

2. Households where all applying members on the account are enrolled in Medicaid.

The flyer will  
be sent by mail  
(not email)



Jane Smith  
123 Albany Street  
Albany, NY 12205

AC0000000000

## Good News for Medicaid Enrollees

**It's not too early to renew your  
Medicaid coverage.**

**It's easy ..... It's fast ..... Act now!**

**Log into your account at** [nystateofhealth.ny.gov/individual](https://nystateofhealth.ny.gov/individual) to tell us about any changes in your life, such as changes in income, family size, or where you live.

**Need Help?** Go to this online directory, [https://nystateofhealth.ny.gov/agent/hx\\_brokerSearch](https://nystateofhealth.ny.gov/agent/hx_brokerSearch), to find a Navigator or Certified Application Counselor at a community-based organization or health plan.

**Questions?** Call 1-855-355-5777 (TTY 1-800-662-1220).  
Monday to Friday: 8am - 8pm / Saturday: 9am - 1pm

**We are headed toward a very busy time of year.**

**Now is a good time to update your account.**

**It's an important part of taking good care of your health.**

# Question & Answer

### **What will happen if consumers do not respond to this flyer and update their account?**

- Nothing. The consumer will still be scheduled to renew their coverage based on their original coverage dates.

### **What if they renew early and remain eligible for Medicaid?**

- Consumer will get a new 12 months of Medicaid coverage from the date they update their account and renew.
  - Example: Consumer is enrolled in Medicaid through 1/31/2018. They receive this flyer and update their account on 7/26/2017. They remain eligible for Medicaid. Consumer is given a new 12 months of coverage starting 7/1/2017 – 6/30/2018.

### **What if they renew early but are no longer eligible for Medicaid?**

- Consumer will remain in their continuous coverage with Medicaid.
  - Example: Consumer is enrolled in Medicaid through 1/31/2018. They receive this flyer and update their account on 7/26/2017. They are no longer financially eligible for Medicaid. They will receive the eligibility determination stating that they are no longer eligible for Medicaid but will remain in continuous coverage with Medicaid through 1/31/2018.

# Poll Question #5

If a Medicaid enrollee contacts you for an appointment to renew their coverage early after receiving this flyer, what timeframe should you recommend that they complete this appointment?

- a) Must update application within 2 weeks
- b) ASAP
- c) Anytime convenient for them**
- d) Depends on their renewal due date

- **Child Health Plus Transition**
- **Early Medicaid Renewal Flyer**

## Questions?



# Updates to the Assistor Dashboard

## Coming Next Week!

# Updates to the Assistor Dashboard Tokens

The New screen to generate a token looks a bit different, but functions in the same way.

- Click the box for “Generate Token”
- Check your email, copy the token number once received, and click on “Next”.

**Secure Login**

**Request a Security Token**

To provide a secure environment for you to complete health insurance applications and meet federal security requirements, NY State of Health requires a multi-factored authentication. An email message will be sent to the email address associated with this account that contains a new verification code (token) every time you log into the marketplace.

Tokens expire after 60 minutes. If you have a valid one, you may enter it now, or  
**Click on Generate Token and check your email for your temporary security Token.**

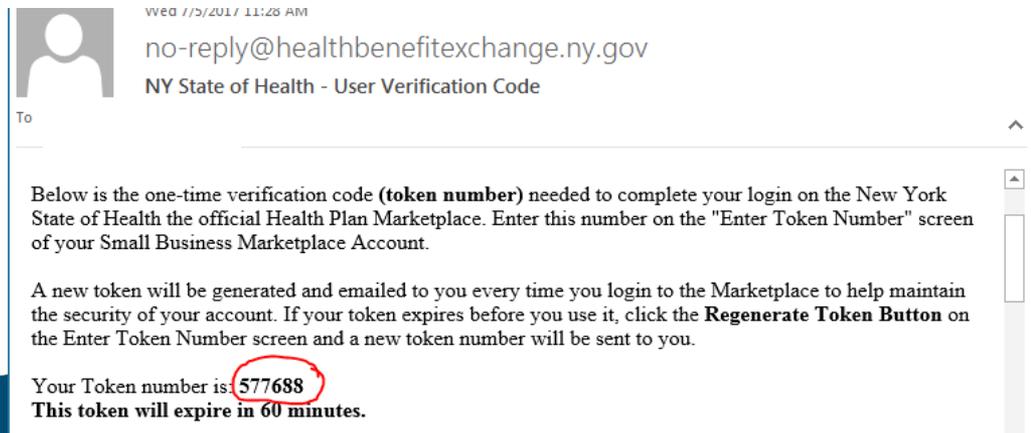
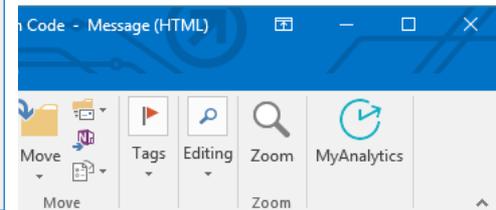
**Generate Token**

**Enter Security Token**

577688

**Click Next to Access your Account**

**Next**



# Updates to the Assistor Dashboard Overview Tab

**AC0000052788 - Erin TestAssistor**

Identification Number: 998-000160

[Overview](#) | 
 [My Profile](#) | 
 [My Clients](#) | 
 [My Inbox](#) | 
 [Documents](#) | 
 [Address History](#) | 
 [Useful Links](#)

Welcome to the NY State of Health Navigator overview screen. This screen provides you with different notifications for your accounts which may need attention. Please be sure to review each tab for important information. Use the navigation links above to move around the system.

▼ Messages & Notices
1 of 1 messages | [view all](#) | [collapse](#)

Notice Id	Subject <i>click on the notices below to view or download</i>	Type	Date
Notice1025	Welcome	Notice	06/19/2017

▼ Small Business Marketplace Notification
[collapse](#)

[Employer](#) | [Employee](#)

[Renewal](#) | [Pending Termination](#) | [Update Offer](#)

Show  entries per page

Employer Account ID	Employer Name	Renewal Type	Renewal Date	Number of Employees enrolled	Number of Employees not offered
No data available in table					

Showing 0 to 0 of 0 entries

▼ Individual Marketplace Overview
[collapse](#)

[Manual Renewal](#) | [Verification](#) | [Eligibility In-Progress](#) | [Plan Selection In-Progress](#)

Renewal end date range

Show  entries per page

Individual Account ID	Account Holder Name	Phone Number	Renewal LSC End Date
No data available in table			

Showing 0 to 0 of 0 entries



# Updates to the Assistor Dashboard My Profile Tab

Overview **My Profile** My Clients My Inbox Documents Address History Useful Links

**Manage Profile Information** collapse

**Personal Profile**

First Name:  \*  
 Middle Name:   
 Last Name:  \*  
 Suffix:

**Contact Info**

Email Address:  \*  
 Please select "cell" as your primary phone type.  
 Primary Phone Number:    X   \*  
 Add Another Number  
 Preferred Phone Number:  \*

**Business Address**

Address Line 1:  \*  
 Address Line 2:   
 City:  \*  
 Zip:  \* State:

**Mailing Address** Same as business

Address Line 1:  \*  
 Address Line 2:   
 City:  \*  
 Zip:  \* State:

**Public Search Preferences**

Hide Profile from Public Search  
 Send me Client Renewal Reminder Notice

You can select more than one county or language by holding down the control button when making your selection

**Counties List**

ALLEGANY  
BRONX  
BROOME  
CATTARAUGUS

**Counties Served**

ALBANY  
RENSSELAER  
SCHENECTADY

**Languages List**

Chinese  
French  
French Creole  
Italian

**Languages Supported**

English

**Agency Affiliation:**

My Agency Affiliations:   
 Agency Contract ID:

**Additional Contact Information**

You can give us a secondary contact with business on your behalf through NY State Health Customer Service Center. You can skip this section or come back to it later.

[add Additional Contact](#)

Please confirm that the information above, related to your NY State of Health certification and service details is accurate. This information will be displayed when potential clients are searching for a Broker, Navigator or Certified Application Counselor.

**Find Broker/ Navigator**

A Broker or Navigator can assist you or your employees to get health insurance through NY Health Exchange. You can authorize a Broker/ Navigator to work on your behalf. Please use following filters to search a Broker/ Navigator

Filter Options

Broker/Navigator First Name:   
 Broker/Navigator Last Name:   
 Agency Name:   
 Zip Code:

Issuer Affiliations:   
 Counties Served:   
 Languages Supported:

Group Size:   
 Type of Assistor:

**Search Result**

1 to 10 of 4,301 < Previous

Name (Last First)	Type	Email Address	Phone Number	Affiliated Agency
Name	APPLICATION_COUNSELOR	test.last@agency.org	5185555555	DOH

# Updates to the Assistor Dashboard

## Hide Profile from Public Search

### Public Search Preferences

Hide Profile from Public Search

Send me Client Renewal Reminder Notice

### Confirm

Note: By making this selection, consumers will not be able to add you as their Broker, Navigator or Certified Application Counselor. Are you sure you wish to continue ?

No

Yes

# Updates to the Assistor Dashboard

## Send me Client Renewal Reminder Notices



### Public Search Preferences

Hide Profile from Public Search

Send me Client Renewal Reminder Notice



Erin TestAssistor  
1 W Albany Dr.  
Albany, NY 12205

July 15, 2017  
Account ID: AC0000052788

Dear Erin TestAssistor,

Thank you for enrolling individual clients on NY State of Health. You are receiving this notice to alert you of individuals, on your dashboard, that are due to renew their health coverage. Included in this notice, please find a listing of Account IDs for households with one or more members due to renew within the next 90 days through NY State of Health.

The information included in this notice is believed to be accurate and is for general information purposes only. While every effort has been made to ensure an accurate report, NY State of Health provides no guarantee regarding the accuracy of this report, therefore accepts no liability what so ever for any information subsequently proved incorrect.

If you have questions or need assistance, please contact NY State of Health at 1-855-355-5777 or <https://www.nystateofhealth.ny.gov>. There is no charge for these services.

If you need this information in a language other than English, or you need assistance reading this letter we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220; TTY - Spanish: 1-877-662-4886).

Sincerely,  
NY State of Health

Account ID	Renewal Date	Renewal Status
AC0000000000	September 1, 2017	Manual
AC0000000001	October 1, 2017	Automatic

# Updates to the Assistor Dashboard

## Add Additional Contact

AC0000052788 - Erin TestAssistor  
Identification Number: 998-000160

Overview **My Profile** My Clients My Inbox Documents Address History Useful Links

**Manage Profile Information** collapse

**Personal Profile**

First Name:    
 Middle Name:    
 Last Name:    
 Suffix:

**Contact Info**

Email Address:    
 Please select "cell" as your primary phone type.   
 Primary Phone Number:    X     
 Preferred Phone Number:

**Business Address**

Address Line 1:    
 Address Line 2:    
 City:    
 Zip:  State:

**Mailing Address** Same as business

Address Line 1:    
 Address Line 2:    
 City:    
 Zip:  State:

**Public Search Preferences**

Hide Profile from Public Search   
 Send me Client Renewal Reminder Notice

You can select more than one county or language by holding down the control button when making your selection.

**Counties List** **Counties Served** **Languages List** **Languages Supported**

ALLEGANY  ALBANY    
 BRONX  RENSSELAER    
 BROOME  SCHENECTADY    
 CATTARAUGUS

Chinese  English    
 French    
 French Creole    
 Italian

**Agency Affiliation:**

My Agency Affiliations:  Agency Contract ID:

**Additional Contact Information** Optional

You can give us a secondary contact who can do business on your behalf through NY State of Health Customer Service Center. You can also skip this section or come back to it later.

[add Additional Contact](#)

Please confirm that the information above, related to your NY State of Health certification and service, is accurate. This information will be displayed when potential clients are searching for a Broker, Navigator or Certified Application Counselor.

**Additional Contact Information**

You can give us a secondary contact who can do business on your behalf through NY State of Health Customer Service Center. You can also skip this section or come back to it later.

First Name \*  Middle Name  Last Name \*  Suffix

Email Address \*  Email Address Confirmation \*

Date of Birth \*     Social Security Number \*

**Telephone Numbers**

Primary Phone Number \*

(  )  -  X Ext  Type

If cell phone standard text messaging rates apply.

# Updates to the Assistor Dashboard Overview Tab

**AC0000052788 - Erin TestAssistor**

Identification Number: 998-000160

Overview
My Profile
My Clients
My Inbox
Documents
Address History
Useful Links

Welcome to the NY State of Health Navigator overview screen. This screen provides you with different notifications for your accounts which may need attention. Please be sure to review each tab for important information. Use the navigation links above to move around the system.

▾ Messages & Notices 1 of 1 messages | [view all](#) | [collapse](#)

Notice Id	Subject <i>click on the notices below to view or download</i>	Type	Date
Notice1025	Welcome	Notice	06/19/2017

▾ Small Business Marketplace Notification [collapse](#)

Employer
Employee

Renewal
Pending Termination
Update Offer

Show 10 entries per page

Employer Account ID	Employer Name	Renewal Type	Renewal Date	Number of Employees enrolled	Number of Employees not offered
No data available in table					

Showing 0 to 0 of 0 entries

▾ Individual Marketplace Overview [collapse](#)

Manual Renewal
Verification
Eligibility In-Progress
Plan Selection In-Progress

Renewal end date range -- Select --

Show 10 entries per page

Individual Account ID	Account Holder Name	Phone Number	Renewal LSC End Date
	Email Address		

No data available in table

Showing 0 to 0 of 0 entries

# Updates to the Assistor Dashboard Collapse and Expand

AC0000052788 - Erin TestAssistor

Identification Number: 998-000160

**Overview** | My Profile | My Clients | My Inbox | Documents | Address History | Useful Links

Welcome to the NY State of Health Navigator overview screen. This screen provides you with different notifications for your accounts which may need attention. Please be sure to review each tab for important information. Use the navigation links above to move around the system.

▾ Messages & Notices 1 of 1 messages | [view all](#) | [collapse](#)

Notice Id	Subject	Type	Date
Notice1025	Welcome	Notice	06/15/2017

▾ Small Business Marketplace Notification [collapse](#)

Employer:  Employee

Renewal | Pending Termination | Update Offer

Show  entries per page ← Previous Next →

Employer Account ID	Employer Name	Renewal Type	Renewal Date	Number of Employees enrolled	Number of Employees not offered
No data available in table					

Showing 0 to 0 of 0 entries ← Previous Next →

**Overview** | My Profile | My Clients | My Inbox | Documents | Address History | Useful Links

Welcome to the NY State of Health Navigator overview screen. This screen provides you with different notifications for your accounts which may need attention. Please be sure to review each tab for important information. Use the navigation links above to move around the system.

▸ Messages & Notices 1 of 1 messages | [view all](#) | [expand](#)

▸ Small Business Marketplace Notification [expand](#)

▸ Individual Marketplace Overview [expand](#)

# Updates to the Assistor Dashboard Overview – Messages and Notices

▼ Messages & Notices		1 of 1 messages	view all	collapse
Notice Id	Subject <i>click on the notices below to view or download</i>	Type	Date	
Notice1025	Welcome	Notice	06/19/2017	



# Updates to the Assistor Dashboard Small Business Marketplace Notification Employer Tab Renewal

Small Business Marketplace Notification <span style="float: right;">collapse</span>					
<b>Employer</b>   <b>Employee</b>					
<b>Renewal</b>   Pending Termination   Update Offer					
Show <input type="text" value="10"/> entries per page					<input type="button" value="← Previous"/> <input type="text" value="1"/> <input type="button" value="Next →"/>
Employer Account ID	Employer Name	Renewal Type	Renewal Date	Number of Employees enrolled	Number of Employees not offered
AC0000153263	ACUMENT GLOBAL TECHNOLOGIES NORTH AMERICA	AUTO	09/01/2017	0	0
AC0000153276	ADEPT PLASTIC FINISHING INC	AUTO	07/01/2017	2	0
AC0000153357	ADITYA BIRLA GROUP	MANUAL	10/01/2017	0	0
AC0000155120	Telefonica Holding of Argentina, Inc. Argentina OTC - Debt	AUTO	09/01/2017	0	0
AC0000155129	Telefonos de Mexico S.A. de C.V. Mexico NYSE	AUTO	07/01/2017	2	0

# Updates to the Assistor Dashboard

## Small Business Marketplace Notification

### Employer Tab

### Pending Termination



Small Business Marketplace Notification <span style="float: right;">collapse</span>					
Employer <span style="margin-left: 20px;">Employee</span>					
Renewal <span style="margin-left: 10px;"><u>Pending Termination</u></span> <span style="margin-left: 10px;">Update Offer</span>					
Show <span style="border: 1px solid gray; padding: 2px;">10</span> entries per page				< Previous    1    Next >	
Employer Account ID	Employer Name	Renewal Type	Renewal Date	Number of Employees enrolled	Number of Employees not offered
AC0000153263	ACUMENT GLOBAL TECHNOLOGIES NORTH AMERICA	AUTO	09/01/2017	0	0
AC0000153276	ADEPT PLASTIC FINISHING INC	AUTO	07/01/2017	2	0
AC0000153357	ADITYA BIRLA GROUP	MANUAL	10/01/2017	0	0
AC0000155120	Telefonica Holding of Argentina, Inc. Argentina OTC - Debt	AUTO	09/01/2017	0	0
AC0000155129	Telefonos de Mexico S.A. de C.V. Mexico NYSE	AUTO	07/01/2017	2	0
AC0000155699	Shinhan Financial Group Co., Ltd. Korea NYSE	AUTO	09/01/2017	1	0

# Updates to the Assistor Dashboard Small Business Marketplace Notification Employer Tab Update Offer



Small Business Marketplace Notification collapse

Employer | **Employee**

Renewal | Pending Termination | Update Offer

Show  entries per page ← Previous    Next →

Employer Account ID	Employer Name	Event Date	Employee Name	Employee Class	Reason
No data available in table					

Showing 0 to 0 of 0 entries ← Previous    Next →

# Updates to the Assistor Dashboard Small Business Marketplace Notification Employee Tab



▼ Small Business Marketplace Notification *collapse*

**Employer**
**Employee**

Renewal Type

Show  entries per page

Employee Account ID	Name Employer	Employee Category	Class	Renewal Type	Date	Open Enrollment End Date	Status
No data available in table							

Showing 0 to 0 of 0 entries

# Updates to the Assistor Dashboard Individual Marketplace Overview



## ▼ Individual Marketplace Overview

**Manual Renewal**

Verification

Eligibility In-Progress

Plan Selection In-Progress

# Updates to the Assistor Dashboard Individual Marketplace Overview Manual Renewal Tab



Individual Marketplace Overview collapse

**Manual Renewal** | Verification | Eligibility In-Progress | Plan Selection In-Progress

Renewal end date range: -- Select --

Show 10 entries per page ← Previous Next →

Individual Account ID	Account Holder Name	Phone Number	Renewal LSC
	Email Address		End Date
No data available in table			

Showing 0 to 0 of 0 entries ← Previous Next →

# Updates to the Assistor Dashboard Individual Marketplace Overview Verification Tab



Individual Marketplace Overview <span style="float: right;">collapse</span>					
<span>Manual Renewal</span> <span style="border: 1px solid black; padding: 2px;"><b>Verification</b></span> <span>Eligibility In-Progress</span> <span>Plan Selection In-Progress</span>					
Show <input type="text" value="10"/> entries per page				<span>← Previous</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span>Next →</span>	
Individual Account ID	Account Holder Name Email Address	HX ID Phone Number	Program	Verification Type	Due Date
AC0000052176	<b>Paula Robin</b> cheryl.thompsonmiller@health.ny.gov	<b>HX0000055142</b> 518-442-6602	EPP	IMMG_GRANTDATE	09/06/2017
AC0000052176	<b>Paula Robin</b> cheryl.thompsonmiller@health.ny.gov	<b>HX0000055142</b> 518-442-6602	EPP	INCOME	09/06/2017
AC0000052883	<b>Mighty Mouse</b> Erin.Bacheldor@health.ny.gov	<b>HX0000055534</b> 518-473-0566	Medicaid	INCOME	07/05/2017
<b>Results: 1 to 3 of 3</b>				<span>← Previous</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span>Next →</span>	

# Updates to the Assistor Dashboard Individual Marketplace Overview Eligibility In-Progress Tab



▼ Individual Marketplace Overview <span style="float: right;">collapse</span>			
<a href="#">Manual Renewal</a>		<a href="#">Verification</a>	
<b><a href="#">Eligibility In-Progress</a></b>		<a href="#">Plan Selection In-Progress</a>	
Show <input type="text" value="5"/> entries per page		<input type="button" value="← Previous"/> <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="Next →"/>	
Individual Account ID	Account Holder Name Email Address	Phone Number	Application Initiated Date
AC0000051575	<b>Hasu WilliamThompson</b> Erin.Bacheldor@health.ny.gov	518-370-0522	05/05/2017
AC0000051787	<b>Cheryl Test</b> cheryl.thompsonmiller@health.ny.gov	518-123-4567	05/23/2017
AC0000051908	<b>Forever Twentyone</b> cheryl.thompsonmiller@health.ny.gov	518-123-4567	05/24/2017
AC0000052124	<b>Katey Stroke</b> cheryl.thompsonmiller@health.ny.gov	518-123-4568	06/22/2017
AC0000052149	<b>Margie Twentyone</b> cheryl.thompsonmiller@health.ny.gov	518-345-9876	06/22/2017
<b>Results:</b> 1 to 5 of 8		<input type="button" value="← Previous"/> <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="Next →"/>	

# Updates to the Assistor Dashboard Individual Marketplace Overview Plan Selection In-Progress Tab



▼ Individual Marketplace Overview collapse

Manual Renewal
Verification
Eligibility In-Progress
Plan Selection In-Progress

Show  entries per page


1

Individual Account ID	Account Holder Name	Phone Number	Email Address
AC0000052802	Fred Flinstone	518-473-0566	Erin.Bacheldor@health.ny.gov
AC0000052828	Lionel Thundercats	518-473-0566	Erin.Bacheldor@health.ny.gov
AC0000053247	Marge Simpson	518-473-0566	Erin.Bacheldor@health.ny.gov

**Results:** 1 to 3 of 3


1

# Updates to the Assistor Dashboard

## My Clients Tab



### AC0000052788 - Erin TestAssistor

Identification Number: 998-000160

[Overview](#) [My Profile](#) **[My Clients](#)** [My Inbox](#) [Documents](#) [Address History](#) [Useful Links](#)

#### Manage Clients collapse

**Employer** [Employee](#) [Individual](#)

#### Search Employer

Select your Agency or Direct Clients from the drop down to view all associated Employers or click "Add New Employer" to start a new Employer application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency\*

Filter Option

[Download Roster Template](#)

# Updates to the Assistor Dashboard

## My Clients

### Employer Tab

▼ Manage Clients collapse

Employer
Employee
Individual

### Search Employer

Select your Agency or Direct Clients from the drop down to view all associated Employers or click "Add New Employer" to start a new Employer application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency\*

NYS DOH ▼

Filter Option

Show All ▼

Add New Employer

Download Roster Template

Filter:

Show 50 ▼ entries

**Results:** 1 to 1 of 1 ← Previous 1 Next →

Company Name	Account ID	No. of Employees	Eligibility Status	Enrollment Status	Renewal Date	Action
Primary Contact Name	Phone number					
<b>Hard tire works</b> <i>Bob Smith</i>	<b>AC0000053199</b> 518-473-0566	3	ELIGIBLE	COMPLETED	08/01/2017	<i>manage</i> <i>invite</i> <i>delete</i>

Export CSV

← Previous 1 Next →

# Updates to the Assistor Dashboard

## My Clients

### Employee Tab



▼ Manage Clients collapse

Employer
Employee
Individual

### Search Employee

Select your Agency or Direct Clients from the drop down then select associated Employer to view all associated employees. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency \*

NYS DOH
▼

Select Associated Employer \*

Bob Smith
▼

Filter:

Show 50 entries

**Results:** 1 to 3 of 3 ← Previous 1 Next →

Employee Name	SSN Phone Number	Employee Code	Class	Employee Enrollment Offer Status	Enrollment Status	Renewal Status	Actions
Arya Stark	***-**-3302 518-473-0566	0000000002	Full time staff	COMPLETED	NOTIFIED		<i>enroll</i>
John Snow	***-**-3301 518-473-0566	0000000001	Full time staff	COMPLETED	COMPLETED		<i>manage invite</i>
Tyrion Lannister	***-**-1170 518-473-0566	0000000003	Hourly staff	COMPLETED	NOTIFIED		<i>enroll</i>

Export CSV
← Previous 1 Next →

# Updates to the Assistor Dashboard

## My Clients

### Individual Tab

▼ Manage Clients
collapse

Employer

Employee

Individual

### Search Individual

Select your Agency or Direct Clients from the drop down to view all associated Individuals or click "Add New Individual" to start a new Individual application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency \*

NYS DOH

Add New Individual

Filter:  Search Show 10 entries

**Results:** 1 to 10 of 24 (filtered from 21 total entries) 
← Previous
1
2
3
Next →

Individual's Name [Last] [First]	Account ID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
Janitest , Friday	<b>AC0000053319</b> ***-**-1021 786-876-7867	1 ALbny Albany NY ,12206	08/31/2017	09/30/2016	SUBMITTED	M	<i>manage</i> <i>invite</i> <i>delete</i>
George , Jetson	<b>AC0000052878</b> ***-**-1177 518-244-0522	192 Lark St Albany NY ,12210	05/31/2018	07/31/2017	SUBMITTED		<i>manage</i> <i>invite</i> <i>delete</i>
Donald , Duck	<b>AC0000052884</b> ***-**-1170 518-473-0566	815 DeCamp Ave Schenectady NY ,12309	05/31/2018	07/31/2017	SUBMITTED		<i>manage</i> <i>invite</i> <i>delete</i>

# Updates to the Assistor Dashboard

## My Clients

### Individual Tab

### Export CSV

▼ Manage Clients
collapse

Employer Employee **Individual**

**Search Individual**

Select your Agency or Direct Clients from the drop down to view all associated Individuals or click "Add New Individual" to start a new Individual application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency \*

NYS DOH Add New Individual

Filter:  Search Show  entries

**Results:** 1 to 1 of 1 (filtered from 21 total entries) ← Previous 1 Next →

Individual's Name [Last] [First]	AccountID SSN Phone Number	Address	Eligibility End Date	Enrollment End Date	Enrollments Status	Renewal Type	Action
Carlton , Winslow	<b>AC0000052890</b> ***-**-3302 518-473-0566	19 Cherry Ave Delmar NY ,12054	N/A	N/A			manage invite delete

Export CSV ← Previous 1 Next →

Account ID	Eligibility Start Date	Eligibility End Date	Coverage Start Date	Coverage End Date	Renewal Type	Renewal Date
AC0000053319	9/1/2016	8/31/2017	9/1/2016	9/30/2016	M	9/1/2017
AC0000053319	9/1/2016	8/31/2017	10/1/2016	8/31/2017	M	9/1/2017
AC0000052206	7/1/2017	12/31/2017	3/1/2017	12/31/2017		N/A
AC0000052176	6/1/2017	5/31/2018	6/1/2017	5/31/2018		N/A
AC0000052090	5/1/2017	4/30/2018	7/1/2017	4/30/2018		N/A
AC0000052158	9/1/2017	5/31/2018	6/1/2017	5/31/2018		N/A

# Updates to the Assistor Dashboard

## My Inbox Tab



### AC0000052788 - Erin TestAssistor

Identification Number: 998-000160

[Overview](#) [My Profile](#) [My Clients](#) **[My Inbox](#)** [Documents](#) [Address History](#) [Useful Links](#)

#### ▼ Messages & Notices

1 messages | [collapse](#)

You can view all the messages and the notices from the NY State of Health in your Inbox.  
If you want notices provided in another format due to blindness or visual impairment, call the Marketplace at 1-855-355-5777.

Notice Id	Subject <i>click on the notices below to view or download</i>	Type	Date
Notice1025	Welcome	Notice	06/19/2017

# Updates to the Assistor Dashboard Documents Tab



## AC0000052788 - Erin TestAssistor

Identification Number: 998-000160

- Overview
- My Profile
- My Clients
- My Inbox
- Documents**
- Address History
- Useful Links

You may review an uploaded document by clicking on its file name.

### ▾ View Documents

*collapse*

Document Type	Document For	Document Uploaded	Status	Submit Date
---------------	--------------	-------------------	--------	-------------

# Updates to the Assistor Dashboard Address History Tab

**AC0000052788 - Erin TestAssistor**

Identification Number: 998-000160

Overview
My Profile
My Clients
My Inbox
Documents
Address History
Useful Links

A list of all of the addresses you have entered in your profile is below.  
To ensure accuracy, please make sure that NY State of Health has your current mailing and business addresses as applicable.

▾ Mailing Addresses collapse

● Jun 19 2017 04:44 PM TO Present	
Address line1	1 W Albany Dr
Address line2	
City,State and ZIP code	Albany, NY, 12205
Date of address change	Jun 19 2017 04:44 PM

▾ Business Addresses collapse

● Jun 23 2017 10:34 AM TO Present	
Address line1	1 W Albany Dr
Address line2	
City,State and ZIP code	Albany, NY, 12205
Date of address change	Jun 23 2017 10:34 AM
● Jun 23 2017 10:33 AM TO Jun 23 2017 10:34 AM	
Address line1	1 Alabnay Street
Address line2	
City,State and ZIP code	Albany, NY, 12205
Date of address change	Jun 23 2017 10:33 AM
● Jun 20 2017 02:51 PM TO Jun 23 2017 10:33 AM	
Address line1	1 Commerce Plaza
Address line2	
City,State and ZIP code	Albany, NY, 12205
Date of address change	Jun 20 2017 02:51 PM
● Jun 19 2017 04:49 PM TO Jun 20 2017 02:51 PM	
Address line1	1 W Albany Dr
Address line2	
City,State and ZIP code	Albany, NY, 12205
Date of address change	Jun 19 2017 04:49 PM

# Updates to the Assistor Dashboard Useful Links Tab



**AC0000052788 - Erin TestAssistor**

Identification Number: 998-000160

Overview   My Profile   My Clients   My Inbox   Documents   Address History   **Useful Links**

**Useful Links** *collapse*

These help links will open in a new tab

- [NY State of Health Spring Training](#)
- [Training Updates - Other](#)
- [Anonymous Shopping Individual Marketplace](#)
- [Anonymous Shopping Small Business Marketplace](#)
- [Qualified Health Plan \(QHP\) Plan Maps](#)
- [Essential Plan \(EP\) Plan Maps](#)
- [Employer Roster Template](#)

# Updates to the Assistor Dashboard

## Questions?



# Reminder

## Recertification Process

- All Assistors must view all webinars to be recertified.
  - Please keep track of the date that you watched this webinar
- The reporting process for recertification is currently being finalized and information will be forthcoming.



Thank you for joining us!

Next Recertification Training:

Title: Immigration

Date: August 16th