What’s New/What’s Coming

New York State of Health

What’s New/What’s Coming

Surprisingly Affordable! NY State of Health’s NEW Essential Plan!

Find Us In Your Community!

Individuals & Families

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.

GET STARTED

Get help finding an insurance assessor in your area.

Visit NY State of Health’s NEW events map at http://info.nystateofhealth.ny.gov/events

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.
Privacy and Security

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
NYSHIP Match and CHPlus

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.

![Message](image)
Below is the notice language the family will receive if the child is found to have NYSHIP coverage.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>How we made our decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td>• 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.</td>
</tr>
<tr>
<td>Marketplace ID:</td>
<td></td>
</tr>
<tr>
<td>HX00000000000</td>
<td></td>
</tr>
</tbody>
</table>

- 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).
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
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.
  
  o In these scenarios, the Marketplace will provide temporary eligibility for the individual for 90 days allowing time to submit documentation.
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

[勾选] 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.
• 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.
Child Health Plus Transition

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.
Child Health Plus Transition

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 1st, 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. 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.
Early Medicaid Renewal Flyer

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)
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 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, to find a Navigator or Certified Application Counselor at a community-based organization or health plan.

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.
Early Medicaid Renewal Flyer

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.
  
  o 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.
  
  o 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”.

![Image of token generation process]

Below is the one-time verification code (token number) needed to complete your login on the New York State of Health the official Health Plan Marketplace. Enter this number on the “Enter Token Number” screen of your Small Business Marketplace Account.

A new token will be generated and emailed to you every time you login to the Marketplace to help maintain the security of your account. If your token expires before you use it, click the Regenerate Token Button on the Enter Token Number screen and a new token number will be sent to you.

Your Token number is: 577688
This token will expire in 60 minutes.
Updates to the Assistor Dashboard
Overview Tab

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

<table>
<thead>
<tr>
<th>Notice Id</th>
<th>Subject</th>
<th>Type</th>
<th>Date</th>
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<tbody>
<tr>
<td>Notice1025</td>
<td>Welcome</td>
<td>Notice</td>
<td>06/19/2017</td>
</tr>
</tbody>
</table>

### Small Business Marketplace Notification

- **Employer**: Employee
- **Renewal** | Pending Termination | Update Offer
- **Show**: 10 entries per page

<table>
<thead>
<tr>
<th>Employer Account ID</th>
<th>Employer Name</th>
<th>Renewal Type</th>
<th>Renewal Date</th>
<th>Number of Employees enrolled</th>
<th>Number of Employees not offered</th>
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</table>

No data available in table

Showing 0 to 0 of 0 entries

### Individual Marketplace Overview

- **Manual Renewal** | Verification | Eligibility In-Progress | Plan Selection In-Progress
- **Renewal end date range**: -- Select --
- **Show**: 10 entries per page

<table>
<thead>
<tr>
<th>Individual Account ID</th>
<th>Account Holder Name</th>
<th>Email Address</th>
<th>Phone Number</th>
<th>Renewal LSC</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

No data available in table

Showing 0 to 0 of 0 entries
Updates to the Assistor Dashboard
My Profile Tab

Personal Profile
- First Name: Erin
- Middle Name: Middle Name
- Last Name: TestAssistor
- Suffix: None

Contact Info
- Email Address: eurewak.hullar@health.ny.gov
- Primary Phone Number: 518-473-9566

Business Address
- Address Line 1: 1 W Albany Dr
- Address Line 2:
- City: Albany
- Zip: 12205

Mailing Address
- Address Line 1: 1 W Albany Dr
- Address Line 2:
- City: Albany
- Zip: 12205

Public Search Preferences
- Hide Profile from Public Search
- Send me Client Renewal Reminder Notice

Languages List
- Chinese
- French
- French Creole
- Italian

Languages Supported
- English

Agency Affiliation
- My Agency Affiliations: NYS DOH
- Agency Contract ID: CAC0000988

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

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.
Updates to the Assistor Dashboard
My Profile Tab

Manage Profile Information

Personal Profile
First Name: Erin
Middle Name: 
Last Name: TestAssistor
Suffix: None

Contact Info
Email Address: eurewak.bhullar@health.ny.gov
Primary Phone Number: 518 473 0966
Preferred Phone Number: Cell

Business Address
Address Line 1: 1 W Albany Dr
Address Line 2: 
City: Albany
Zip: 12205 State: NY

Mailing Address
Address Line 1: 1 W Albany Dr
Address Line 2: 
City: Albany
State: NY
Zip: 12205

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 Served
- ALBANY
- RENSSELAER
- SCHENECTADY

Languages List
- Chinese
- French
- French Circle
- Italian

Languages Supported
- English

Agency Affiliation:
My Agency Affiliations
- NYS DOH
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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.

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.

Save
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
Dear Erin TestAssistant,

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 1-855-365-5777 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 1-855-365-5777 (TTY - English: 1-800-662-1220; TTY - Spanish: 1-877-662-4886).

Sincerely,

NY State of Health

<table>
<thead>
<tr>
<th>Account ID</th>
<th>Renewal Date</th>
<th>Renewal Status</th>
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<tr>
<td>AC00000000000</td>
<td>September 1, 2017</td>
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<td>AC00000000001</td>
<td>October 1, 2017</td>
<td>Automatic</td>
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Updates to the Assistor Dashboard
Add Additional Contact
Updates to the Assistor Dashboard
Overview Tab

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#### Small Business Marketplace Notification

- **Employer**: Employee
- **Renewal**: Pending Termination
- **Update Offer**

<table>
<thead>
<tr>
<th>Employer Account ID</th>
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#### Individual Marketplace Overview

### Manual Renewal

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<th>Renewal end date range</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Show entries per page</th>
<th>-- Select --</th>
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<tr>
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Updates to the Assistor Dashboard

Collapsing and Expanding Sections:

- **Messages & Notices**
  - Notice ID: 1023, Type: Notice, Subject: Welcome

- **Small Business Marketplace Notification**

- **Overview**

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- **Messages & Notices**
  - 1 of 1 messages

- **Small Business Marketplace Notification**

- **Individual Marketplace Overview**

Expand and Collapse Options:

- **Collapse**
- **Expand**
Updates to the Assistor Dashboard
Overview – Messages and Notices

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*click on the notices below to view or download*
Updates to the Assistor Dashboard
Small Business Marketplace Notification
Employer Tab
Renewal

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Updates to the Assistor Dashboard
Small Business Marketplace Notification
Employer Tab
Pending Termination

![Small Business Marketplace Notification Table]

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<td>0</td>
</tr>
<tr>
<td>AC0000155120</td>
<td>Telefonica Holding of Argentina, Inc. Argentina OTC - Debt</td>
<td>AUTO</td>
<td>09/01/2017</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AC0000155129</td>
<td>Telefonos de Mexico S.A. de C.V. Mexico NYSE</td>
<td>AUTO</td>
<td>07/01/2017</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>AC0000155699</td>
<td>Shinhan Financial Group Co., Ltd. Korea NYSE</td>
<td>AUTO</td>
<td>09/01/2017</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
## Small Business Marketplace Notification

<table>
<thead>
<tr>
<th>Employer Account ID</th>
<th>Employer Name</th>
<th>Event Date</th>
<th>Employee Name</th>
<th>Employee Class</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data available in table</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Showing 0 to 0 of 0 entries
Updates to the Assistor Dashboard
Small Business Marketplace Notification
Employee Tab

<table>
<thead>
<tr>
<th>Employee</th>
<th>Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal Type</td>
<td>All</td>
</tr>
<tr>
<td>Show</td>
<td>10 entries per page</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee</th>
<th>Name</th>
<th>Employee</th>
<th>Renewal</th>
<th>Open Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account ID</td>
<td>Employer</td>
<td>Category</td>
<td>Class</td>
<td>Type</td>
</tr>
</tbody>
</table>

No data available in table
Showing 0 to 0 of 0 entries
Updates to the Assistor Dashboard
Individual Marketplace Overview

<table>
<thead>
<tr>
<th>Manual Renewal</th>
<th>Verification</th>
<th>Eligibility In-Progress</th>
<th>Plan Selection In-Progress</th>
</tr>
</thead>
</table>


Updates to the Assistor Dashboard
Individual Marketplace Overview
Manual Renewal Tab

<table>
<thead>
<tr>
<th>Manual Renewal</th>
<th>Verification</th>
<th>Eligibility In-Progress</th>
<th>Plan Selection In-Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal end date range</td>
<td>-- Select --</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Show **10** entries per page

<table>
<thead>
<tr>
<th>Individual Account ID</th>
<th>Account Holder Name</th>
<th>Phone Number</th>
<th>Renewal LSC End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No data available in table

Showing 0 to 0 of 0 entries
Updates to the Assistor Dashboard
Individual Marketplace Overview
Verification Tab

<table>
<thead>
<tr>
<th>Individual Account ID</th>
<th>Account Holder Name</th>
<th>HX ID Phone Number</th>
<th>Program</th>
<th>Verification Type</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC0000052176</td>
<td>Paula Robin</td>
<td>HX0000055142 518-442-6602</td>
<td>EPP</td>
<td>IMMGRANTDATE</td>
<td>09/06/2017</td>
</tr>
<tr>
<td>AC0000052176</td>
<td>Paula Robin</td>
<td>HX0000055142 518-442-6602</td>
<td>EPP</td>
<td>INCOME</td>
<td>09/06/2017</td>
</tr>
<tr>
<td>AC0000052883</td>
<td>Mighty Mouse</td>
<td>HX0000055534 518-473-0566</td>
<td>Medicaid</td>
<td>INCOME</td>
<td>07/05/2017</td>
</tr>
</tbody>
</table>

Results: 1 to 3 of 3
### Individual Marketplace Overview

<table>
<thead>
<tr>
<th>Individual Account ID</th>
<th>Account Holder Name</th>
<th>Phone Number</th>
<th>Application Initiated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC0000051575</td>
<td>Hasu William Thompson</td>
<td>518-370-0522</td>
<td>05/05/2017</td>
</tr>
<tr>
<td>AC0000051787</td>
<td>Cheryl Test</td>
<td>518-123-4567</td>
<td>05/23/2017</td>
</tr>
<tr>
<td>AC0000051908</td>
<td>Forever Twentyone</td>
<td>518-123-4567</td>
<td>05/24/2017</td>
</tr>
<tr>
<td>AC0000052124</td>
<td>Katey Stroke</td>
<td>518-123-4568</td>
<td>06/22/2017</td>
</tr>
<tr>
<td>AC0000052149</td>
<td>Margie Twentyone</td>
<td>518-345-9876</td>
<td>06/22/2017</td>
</tr>
</tbody>
</table>

Results: 1 to 5 of 8
## Individual Marketplace Overview

<table>
<thead>
<tr>
<th>Individual Account ID</th>
<th>Account Holder Name</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC0000052802</td>
<td>Fred Flinstone</td>
<td>518-473-0566</td>
<td><a href="mailto:Erin.Bacheldor@health.ny.gov">Erin.Bacheldor@health.ny.gov</a></td>
</tr>
<tr>
<td>AC0000052828</td>
<td>Lionel Thundercats</td>
<td>518-473-0566</td>
<td><a href="mailto:Erin.Bacheldor@health.ny.gov">Erin.Bacheldor@health.ny.gov</a></td>
</tr>
<tr>
<td>AC0000053247</td>
<td>Marge Simpson</td>
<td>518-473-0566</td>
<td><a href="mailto:Erin.Bacheldor@health.ny.gov">Erin.Bacheldor@health.ny.gov</a></td>
</tr>
</tbody>
</table>

Results: 1 to 3 of 3
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
--Select--  Show All

Download Roster Template
Updates to the Assistor Dashboard
My Clients
Employer Tab

Manage Clients

<table>
<thead>
<tr>
<th>Employer</th>
<th>Employee</th>
<th>Individual</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NYS DOH</th>
<th>Show All</th>
</tr>
</thead>
</table>

Filter: Show 50 entries

Results: 1 to 1 of 1

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Account ID</th>
<th>No. of Employees</th>
<th>Eligibility Status</th>
<th>Enrollment Status</th>
<th>Renewal Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard tire works</td>
<td>AC0000053199</td>
<td>3</td>
<td>ELIGIBLE</td>
<td>COMPLETED</td>
<td>08/01/2017</td>
<td>invite delete</td>
</tr>
<tr>
<td>Bob Smith</td>
<td>518-473-0566</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Export CSV

Previous 1 Next
### Updates to the Assistor Dashboard

#### My Clients

#### Employee Tab

#### Manage Clients

**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

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>SSN Phone Number</th>
<th>Employee Code</th>
<th>Class</th>
<th>Employee Enrollment Offer Status</th>
<th>Enrollment Status</th>
<th>Renewal Status</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arya Stark</td>
<td><strong>3302</strong> 518-473-0566</td>
<td>00000000002</td>
<td>Full time staff</td>
<td>COMPLETED</td>
<td>NOTIFIED</td>
<td></td>
<td>enroll</td>
</tr>
<tr>
<td>John Snow</td>
<td><strong>3301</strong> 518-473-0566</td>
<td>00000000001</td>
<td>Full time staff</td>
<td>COMPLETED</td>
<td>COMPLETED</td>
<td></td>
<td>manage invite</td>
</tr>
<tr>
<td>Tyrion Lannister</td>
<td><strong>1170</strong> 518-473-0566</td>
<td>00000000003</td>
<td>Hourly staff</td>
<td>COMPLETED</td>
<td>NOTIFIED</td>
<td></td>
<td>enroll</td>
</tr>
</tbody>
</table>

[Export CSV]
Updates to the Assistor Dashboard
My Clients
Individual Tab

Manage Clients

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

Filter: 
Search 
Show 10 entries

Results: 1 to 10 of 24 (filtered from 21 total entries)

<table>
<thead>
<tr>
<th>Individual's Name</th>
<th>AccountID</th>
<th>Address</th>
<th>Eligibility End Date</th>
<th>Enrollment End Date</th>
<th>Enrolments Status</th>
<th>Renewal Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janitek, Friday</td>
<td>AC00000053319</td>
<td>1 Albany Albany NY, 12206</td>
<td>08/31/2017</td>
<td>09/30/2016</td>
<td>SUBMITTED</td>
<td>M</td>
<td>manage invite delete</td>
</tr>
<tr>
<td>George, Jetson</td>
<td>AC00000052878</td>
<td>192 Lark St Albany NY, 12210</td>
<td>05/31/2018</td>
<td>07/31/2017</td>
<td>SUBMITTED</td>
<td>M</td>
<td>manage invite delete</td>
</tr>
<tr>
<td>Donald, Duck</td>
<td>AC00000052884</td>
<td>815 DeCamp Ave Schenectady NY, 12309</td>
<td>05/31/2018</td>
<td>07/31/2017</td>
<td>SUBMITTED</td>
<td>M</td>
<td>manage invite delete</td>
</tr>
</tbody>
</table>
Updates to the Assistor Dashboard
My Clients
Individual Tab
Export CSV

---

Updates to the Assistor Dashboard
My Clients
Individual Tab
Export CSV

---

### Manage Clients

- **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 *

| Filter: Carl | Show 50 entries |

Results: 1 to 1 of 1 (filtered from 21 total entries)

<table>
<thead>
<tr>
<th>Individual's Name [Last][First]</th>
<th>AccountID</th>
<th>SSN</th>
<th>Address</th>
<th>Eligibility End Date</th>
<th>Enrollment End Date</th>
<th>Enrollments Status</th>
<th>Renewal Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlton , Winslow</td>
<td>AC00000052890</td>
<td><em><strong>-</strong></em>-3302</td>
<td>19 Cherry Ave, Delmar NY, 12054</td>
<td>N/A</td>
<td>N/A</td>
<td>manage</td>
<td></td>
<td>invite delete</td>
</tr>
</tbody>
</table>

---

### Table

<table>
<thead>
<tr>
<th>Account ID</th>
<th>Eligibility Start Date</th>
<th>Eligibility End Date</th>
<th>Coverage Start Date</th>
<th>Coverage End Date</th>
<th>Renewal Type</th>
<th>Renewal Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC00000053319</td>
<td>9/1/2016</td>
<td>8/31/2017</td>
<td>9/1/2016</td>
<td>9/30/2016</td>
<td>M</td>
<td>9/1/2017</td>
</tr>
<tr>
<td>AC00000053319</td>
<td>9/1/2016</td>
<td>8/31/2017</td>
<td>10/1/2016</td>
<td>8/31/2017</td>
<td>M</td>
<td>9/1/2017</td>
</tr>
<tr>
<td>AC00000052206</td>
<td>7/1/2017</td>
<td>12/31/2017</td>
<td>3/1/2017</td>
<td>12/31/2017</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AC00000052176</td>
<td>6/1/2017</td>
<td>5/31/2018</td>
<td>6/1/2017</td>
<td>5/31/2018</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AC00000052090</td>
<td>5/1/2017</td>
<td>4/30/2018</td>
<td>7/1/2017</td>
<td>4/30/2018</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AC00000052158</td>
<td>9/1/2017</td>
<td>5/31/2018</td>
<td>6/1/2017</td>
<td>5/31/2018</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**Updates to the Assistor Dashboard**

**My Inbox Tab**

---

**AC0000052788 - Erin TestAssistor**

Identification Number: 998-000160

---

**My Inbox**

<table>
<thead>
<tr>
<th>Messages &amp; Notices</th>
<th>1 messages</th>
<th>collapse</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Notice Id</th>
<th>Subject</th>
<th>Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice1025</td>
<td>Welcome</td>
<td>Notice</td>
<td>06/19/2017</td>
</tr>
</tbody>
</table>
Updates to the Assistor Dashboard
Documents Tab

<table>
<thead>
<tr>
<th>AC0000052788 - Erin TestAssistor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number: 998-000160</td>
</tr>
</tbody>
</table>

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

```
View Documents
```

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Document For</th>
<th>Document Uploaded</th>
<th>Status</th>
<th>Submit Date</th>
</tr>
</thead>
</table>

nystateofhealth.ny.gov
Updates to the Assistor Dashboard
Address History Tab

| Identification Number: 998-000160 |
|-------------------------------|-----------------------------------|
| Overview    | My Profile   | My Clients | My Inbox | Documents | Address History | Useful Links |

A list of all 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Address line1</th>
<th>Address line2</th>
<th>City, State and ZIP code</th>
<th>Date of address change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 19 2017 04:44 PM TO Present</td>
<td>1 W Albany Dr</td>
<td></td>
<td>Albany, NY, 12205</td>
<td>Jun 19 2017 04:44 PM</td>
</tr>
</tbody>
</table>

### Business Addresses

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

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.
  o 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