

To: New York State  
From: Manatt Health Solutions  
Date: May 31, 2013  
Subject: SHOP Employee Notices Template

The following includes a communications' templates for the following model SHOP Exchange notices:

In drafting the model communications' content, we identified the following discussion points for your consideration:

- **Variable Systems Text:** We assume that states will have the capacity to customize notices for individuals based on computerized data elements. We have flagged where variable systems text may be inserted through <variable text> and in the "Data Elements" column.
- **Prioritization:** For this first draft, we have included both information that is required, and information that we believe is helpful to the consumer. We have highlighted in **red/bold** content that is legally required to be included in a notice.
- **Policy/Operational Decisions:** Finally, throughout the document, Manatt has highlighted policy/operational decisions in **yellow** that will determine what content must or should be communicated to the consumer. We suspect that some of these policies or operational decisions will have been decided while others have not.
- **Timeframe:** These primarily represent first year notices. Template notices need to be developed for continuing coverage after 2014.
- **General Information:** General information consistent across notices are in parentheses (), such as (website and assistance phone number).

<b>Table of EMPLOYEE Notices for SHOP</b>			
<b>#</b>	<b>Notice</b>	<b>Notice From:</b>	<b>Notice To:</b>
<b>16.</b>	Welcome Notice	Exchange	Employee
<b>17.</b>	Account Set Up Completion Notice; Plan Selection Pending	Exchange	Employee
<b>18a.</b>	Account Set Up Incomplete Notice	Exchange	Employee
<b>18b.</b>	Confirmation that Documentation Has Been Provided	Exchange	Employee
<b>19.</b>	Eligible Employee Reminder	Exchange	Employee
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<b>21.</b>	Notice of Enrollment and Effective Date	Exchange	Employee
<b>22a.</b>	Employee Eligible for Special Enrollment Period	Exchange	Employee
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<b>22c.</b>	Confirmation of Employee Eligibility for Special Enrollment Period	Exchange	Employee
<b>23.</b>	Notice of Employer Withdrawal from SHOP	Exchange	Employee
<b>24.</b>	Employer-Initiated Termination	Exchange	Employee
<b>25a.</b>	Employee-Initiated Termination – Received Request to Terminate Coverage	Exchange	Employee
<b>25b.</b>	Employee-Initiated Termination – Confirmation of Coverage Cancellation	Exchange	Employee
<b>26a.</b>	Employee Notice of Broker Assignments	Exchange	Employee
<b>26b.</b>	Employee Notice of Broker Revocation	Exchange	Employee
<b>27.</b>	Confirmation of Change in Employee Account	Exchange	Employee
<b>28.</b>	Employee Notification for Plan Termination	Exchange	Employee

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## Model Communication Content Template

NOTE:

- Content in **red/bold** indicates legally required notices communication.
- Content in **yellow highlight** is a policy/operational decision.

16. Welcome Notice				
Design Scenario:				
Triggering Event	Employer has successfully established an account with the SHOP and eligible employee is prompted to establish an employee account and enroll in a QHP; occurs right before open enrollment			
Relevant Regulation	155.715(f)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	Y			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	▪ <Date of notice>			✓
Issuing Agency and Contact (M.1001)	▪ This notice is being issued by the New York State SHOP Exchange.			
Reason for Notice (M.1059)	<ul style="list-style-type: none"> <li>▪ <b>Congratulations! &lt;Company name&gt; is offering health insurance coverage through the New York State SHOP Exchange.</b></li> <li>▪ <b>At this time, you are eligible to enroll in health insurance coverage selected by your employer.</b></li> <li>▪ <b>Your employer is offering &lt;coverage tiers&gt;.</b></li> <li>▪ <b>To view the specific type of insurance coverage available</b></li> </ul>			✓

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	<b>and enroll into health insurance coverage, you first need to create an account with the SHOP Exchange.</b>		
Instructions for setting up an Account (M.1060)	<ul style="list-style-type: none"> <li>To set up an account, please go online using this link (SHOP Exchange link). After your account is setup, use the code &lt;EE Code&gt; to link to your employer’s coverage offer.</li> </ul>		✓
Account Information (M.1061)	<ul style="list-style-type: none"> <li>Once you have setup your account on the New York State SHOP Exchange, you may access your account by logging onto the New York State SHOP Exchange website at (website).</li> </ul>		
Next Steps (M.1062)	<ul style="list-style-type: none"> <li>Once you establish an account, you must complete the application process in order to participate in a health insurance plan on the SHOP Exchange.</li> <li>To complete the SHOP employee application process, go online to your Exchange account to enroll in one of the plans offered by your employer on the New York State SHOP Exchange.</li> <li>You will be asked to provide information about yourself and members of your household if they are being offered coverage and you will be able to view the plans that are being offered.</li> <li>After you complete the application process, the New York State SHOP Exchange will notify you when you have successfully selected a health insurance option. You may also be contacted directly by the health insurer.</li> <li>You will only be able to select health insurance during the open enrollment period, which is &lt;insert open enrollment date for company&gt;.</li> </ul>	✓	✓
Features of SHOP Exchange (for employees) (M.1063)	<ul style="list-style-type: none"> <li>The New York State SHOP Exchange is (marketing description of what the SHOP Exchange provides to employees of small employers)</li> </ul>		

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Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1065)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.715(f) requiring that SHOP notify employees of eligibility to participate in a health insurance plan through the SHOP Exchange.</b></li> </ul>		

17. Account Set Up Completion Notice; Plan Selection Pending				
Design Scenario:				
Triggering Event	Employee completed account set up; Employee still needs to select a QHP			
Relevant Regulation	155.715(f)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	Y			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M. 1066)	<ul style="list-style-type: none"> <li><b>&lt;Company name&gt; is offering health insurance coverage through the New York State SHOP Exchange.</b></li> <li>Your employer is offering &lt;coverage tiers&gt;.</li> <li>Our records indicate that you are <b>eligible to participate in health insurance coverage.</b></li> <li><b>You have already established an account with the SHOP Exchange but did not enroll in a health insurance plan.</b></li> </ul>			✓
Next Steps (M. 1067)	<ul style="list-style-type: none"> <li>To complete the SHOP employee application process, go online to your New York State SHOP Exchange Account.</li> <li>After you complete the application process, the New York State SHOP Exchange will notify you when you have successfully selected a health insurance option. You may also be contacted directly by the health insurer.</li> <li>You will only be able to select health insurance during the open enrollment period, which is &lt;insert open enrollment</li> </ul>		✓	✓

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	date for company>. If your application is not completed by this deadline, coverage will not be available again until next year unless you qualify for a special enrollment period.		
Account Information (M.1068)	<ul style="list-style-type: none"> <li>You may login to your account on the New York State SHOP Exchange website at (Exchange website link).</li> </ul>		
Features of SHOP Exchange (for employees) (M.1063)	<ul style="list-style-type: none"> <li>The New York State SHOP Exchange is (marketing description of what the SHOP Exchange provides to employees of small employers)</li> </ul>		
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li><b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li><b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		
Accessibility (M.1007)	<ul style="list-style-type: none"> <li><b>(Statement in non-English language indicating availability of language services.)</b></li> <li><b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1065)	<ul style="list-style-type: none"> <li><b>This notice is being sent in accordance with 45 CFR §155.715(f) requiring that SHOP notify employees of eligibility to participate in a health insurance plan through the SHOP Exchange.</b></li> </ul>		

### 18a. Account Set Up Incomplete Notice

Design Scenario:				
Triggering Event	Employee account set up is not complete due to an identify proofing failure			
Relevant Regulation	155.715(d)(2)(ii)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	Y			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1069)	<ul style="list-style-type: none"> <li>&lt;Company name&gt; is offering health insurance coverage through the New York State SHOP Exchange.</li> <li>Our records indicate that you initiated an account with the New York State SHOP Exchange.</li> <li>At this time, the New York State SHOP Exchange has been unable to validate your identity electronically.</li> </ul>			✓
Next Steps (M.1070)	<ul style="list-style-type: none"> <li>To resolve these items, please contact the New York State SHOP Exchange for assistance at (assistance phone number) during regular business hours of (insert business hours).</li> </ul>		✓	
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li><b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>			✓

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Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1071)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.715(d)(2)(ii) requiring a notice be sent if employee information provided is inconsistent with SHOP Exchange eligibility.</b></li> </ul>		

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### 18b. Confirmation that Documentation Has Been Provided

Design Scenario:				
Triggering Event	Employee Provides Adequate Documentation to Continue Account Set Up and QHP Enrollment			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	Y			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1072)	<ul style="list-style-type: none"> <li>Thank you for providing documentation which enables you to establish an account and enroll in health insurance coverage through the New York State SHOP Exchange.</li> </ul>			
Account Information (M.1061)	<ul style="list-style-type: none"> <li>Once you have setup your account on the New York State SHOP Exchange, you may access your account by logging onto the New York State SHOP Exchange website at (website).</li> </ul>			
Next Steps (M.1062)	<ul style="list-style-type: none"> <li>Once you establish an account, you must complete the application process in order to participate in a health insurance plan on the SHOP Exchange.</li> <li>To complete the SHOP employee application process, go online to your Exchange account to enroll in one of the plans offered by your employer on the New York State SHOP Exchange.</li> </ul>		✓	

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	<ul style="list-style-type: none"> <li>▪ You will be asked to provide information about yourself and members of your household if they are being offered coverage and you will be able to view the plans that are being offered.</li> <li>▪ After you complete the application process, the New York State SHOP Exchange will notify you when you have successfully selected a health insurance option. You may also be contacted directly by the health insurer.</li> <li>▪ You will only be able to select health insurance during the open enrollment period, which is &lt;insert open enrollment date for company&gt;.</li> </ul>		
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

## 19. Eligible Employee Reminder

Design Scenario:				
Triggering Event	Open enrollment period ending in 14 days			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1073)	<ul style="list-style-type: none"> <li>This is a reminder that the open enrollment period for &lt;Company name&gt; will close in two weeks, or on &lt;open enrollment end date&gt;.</li> <li>You must sign up for health insurance coverage during this timeframe in order to receive coverage through the SHOP Exchange.</li> <li>If you do not enroll within this timeframe, your next opportunity to enroll in coverage through the SHOP Exchange will be the next annual open enrollment period for your employer--unless you have a qualifying event that entitles you to a special enrollment period.</li> </ul>			✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li><b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with</b></li> </ul>			✓

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	<p><b>enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></p>		
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

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## 20. Eligible Employee with Ineligible Enrollee

Design Scenario:				
Triggering Event	Employee submitted information but one or more enrollees was determined ineligible for coverage through SHOP			
Relevant Regulation	155.710(e)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1074)	<ul style="list-style-type: none"> <li>Our records indicate that one or more individuals you have listed to enroll in coverage is not eligible for health insurance coverage through &lt;Company name&gt; in the SHOP Exchange.</li> <li>The ineligible enrollee(s) are: &lt;ineligible enrollees&gt;</li> </ul>			✓
Right to Appeal – SHOP (M.1021)	<ul style="list-style-type: none"> <li><b>If you disagree with this determination, you have the right to appeal.</b></li> </ul>			
Instructions for How to Appeal – SHOP Instructions for How to Appeal – SHOP (M.1022)	<ul style="list-style-type: none"> <li><b>(Explanation of appeal rights/ right to request hearing; description of procedures to request an appeal including options for going online, contacting customer service center, mail and/or fax and any additional appeals information).</b></li> </ul>			
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li><b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who</b></li> </ul>			✓

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	<p>was selected by &lt;Company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</p>		
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ (Statement in non-English language indicating availability of language services.)</li> <li>▪ (Availability of ADA/504 compliant aids and language services.)</li> </ul>		
Legal Authority (M.1075)	<ul style="list-style-type: none"> <li>▪ This notice is being sent in accordance with 45 CFR §155.710(e) notifying eligible employees of their right to appeal a determination on eligibility for the SHOP Exchange.</li> </ul>		

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21. Notice of Enrollment and Effective Date				
Design Scenario:				
Triggering Event	Employee successfully enrolled in coverage - after confirmation from issuer is received			
Relevant Regulation	155.720(e)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1076)	<ul style="list-style-type: none"> <li>&lt;Company name&gt; is offering health insurance coverage through the New York State SHOP Exchange.</li> <li>Our records indicate that you enrolled in &lt;name of health insurance plan&gt; for &lt;family or individual coverage&gt;.</li> <li>Coverage is effective for &lt;names of covered employee and dependent(s)&gt;.</li> <li><b>Health insurance coverage will begin on &lt;coverage effective date&gt;</b> for &lt;names of covered employee and dependent(s)&gt;.</li> </ul>			✓
Enrollment Period Information (M.1077)	<ul style="list-style-type: none"> <li>Unless you experience a qualifying event, you will only be able to make changes during your plan's annual open enrollment period which is &lt;date of employee open enrollment&gt;.</li> </ul>			✓

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Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1078)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.720(e) which requires the SHOP Exchange to ensure that employees are notified of their effective date of coverage.</b></li> </ul>		

## 22a. Employee Eligible for Special Enrollment Period

Design Scenario:				
Triggering Event	Employee has requested a special enrollment period. The employee has provided enough information online to proceed. Applies only to certain SEPs			
Relevant Regulation	155.420			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1079)	<ul style="list-style-type: none"> <li>Based on the information you have provided, our records indicate that you are eligible for a special enrollment period.</li> <li>During a special enrollment period employees may switch plans, add or drop members from existing coverage or make other changes.</li> <li>The special enrollment period is &lt;number of days 30 or 60&gt; days long starting at the date of the change in circumstance &lt;date of change in circumstance&gt; and ending &lt;Special Enrollment period End Date&gt;. You may make changes at</li> </ul>			✓

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	any point during this time period.		
Reason for Special Enrollment Period (M.1080)	<ul style="list-style-type: none"> <li>▪ You are receiving this notice because you indicated that you have had a (include as many as apply):</li> <li>▪ Loss of Health Insurance for Qualified Individual</li> <li>▪ Marriage</li> <li>▪ Divorce</li> <li>▪ Birth</li> <li>▪ Adoption</li> <li>▪ Death</li> <li>▪ Dependent Status Change</li> <li>▪ Relocation</li> <li>▪ Separation from Service</li> <li>▪ Loss of Medicaid/CHIP coverage</li> </ul>		✓
Next Steps (M.1081)	<ul style="list-style-type: none"> <li>▪ During this special enrollment period you elected to change your health insurance coverage from &lt;insert old coverage here&gt; for &lt;insert individuals in old coverage&gt; to insert new coverage here&gt; for &lt;insert individuals in new coverage&gt;</li> <li>▪ This change has resulted in a change in premium from &lt;old premium&gt; to &lt;new premium&gt;</li> <li>▪ If you want to make additional changes during this special enrollment period, you must access your account and make changes to your health insurance coverage.</li> <li>▪ If you do not wish to make additional changes during this special enrollment period, you may also make these changes during your plan's regular open enrollment period which is &lt;date of employee open enrollment&gt;.</li> <li>▪ You will receive confirmation of new coverage.</li> </ul>		✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at</b></li> </ul>		✓

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	<b>(website and assistance phone number) can also assist you. All services are free of charge.</b>		
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1082)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.420 which requires the SHOP Exchange to offer Special Enrollment Periods to qualifying employees.</b></li> </ul>		

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## 22b. Employee Requests Special Enrollment Period Requiring Customer Service

Design Scenario:				
Triggering Event	Exchange has determined that employee is eligible for a special enrollment period. (SHOP SEPs only)			
Relevant Regulation	155.420			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	Y			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1083)	<ul style="list-style-type: none"> <li>Our records indicate that you were enrolled in &lt;insert health insurance plan&gt; and have reported a change in circumstance that may trigger a special enrollment period.</li> <li>During this special enrollment period you may switch plans, add or drop members on your plan or make other changes.</li> </ul>			✓
Reason for Special Enrollment Period (M.1084)	<ul style="list-style-type: none"> <li>You are receiving this notice because (include as many as apply):</li> <li>You are an American Indian/Alaskan Native, and thus may be eligible for additional opportunities to change plans under</li> </ul>			✓

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	<p>law;</p> <ul style="list-style-type: none"> <li>▪ You experienced an Enrollment Error</li> <li>▪ There was a Material Breach of Contract</li> <li>▪ There are Legal Orders which may permit you to have a special enrollment period.</li> </ul>		
Next Steps (M.1085)	<ul style="list-style-type: none"> <li>▪ You must contact customer service and provide verification to confirm eligibility for a special enrollment period and make a change in coverage.</li> </ul>	✓	✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1082)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.420 which requires the SHOP Exchange to offer Special Enrollment Periods to qualifying employees.</b></li> </ul>		

## 22c. Confirmation of Employee Eligibility for Special Enrollment Period

Design Scenario:				
Triggering Event	Exchange has determined that employee is eligible for a special enrollment period. (SHOP SEPs only)			
Relevant Regulation	155.420			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1079)	<ul style="list-style-type: none"> <li>Our records indicate that you are eligible for a special enrollment period because &lt;qualifying event&gt;. During a special enrollment period employees may switch plans, add or drop members from existing coverage or make other changes.</li> <li>The special enrollment period is &lt;number of days 30 or 60&gt; days long from the date of the change in circumstance &lt;date of change in circumstance&gt; and will end &lt;Special Enrollment period End Date&gt;. You may make changes at any point</li> </ul>			✓

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	during this time period.		
Next Steps (M.1086)	<ul style="list-style-type: none"> <li>▪ To act during this special enrollment period, you must access your account and make changes to your health insurance coverage.</li> <li>▪ If you do not wish to act during this special enrollment period, you may also make these changes during your plan's regular open enrollment period which is &lt;date of employee open enrollment&gt;.</li> <li>▪ You will receive a separate confirmation of your new coverage, and may see your coverage costs change as a result of this action. .</li> </ul>		✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1082)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.420 which requires the SHOP Exchange to offer Special Enrollment Periods to qualifying employees.</b></li> </ul>		



### 23. Notice of Employer Withdrawal from SHOP

Design Scenario:				
Triggering Event	Employer leaves SHOP			
Relevant Regulation	155.715(g)(2)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1087)	<ul style="list-style-type: none"> <li><b>&lt;Company name&gt; has elected to no longer offer health insurance coverage on the New York SHOP Exchange.</b></li> <li><b>Our records indicate that you currently receive health insurance benefits from &lt;health insurance plan name&gt; through the SHOP Exchange.</b></li> <li><b>Due to your employer's withdrawal from the Exchange, you will no longer be eligible to receive coverage through the SHOP Exchange effective &lt;Coverage End Date&gt;. Until that time, your coverage will operate as normal.</b></li> </ul>			✓

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	<ul style="list-style-type: none"> <li>There are several other health insurance options available to you to continue having access to health insurance coverage.</li> </ul>		
Information about Other Sources of Coverage (M.1088)	<ul style="list-style-type: none"> <li>You may be eligible to receive coverage through the NYS Health Benefit Exchange via the Individual portal, which has been designed for individuals who are not receiving coverage through an employer. You may also be eligible for tax credits to help pay for the cost of your coverage.</li> <li>To find out whether you are eligible, please go to (insert instructions for contacting the NYSHBE Individual Exchange).</li> <li>You will receive information about insurance coverage through COBRA, when your insurance terminates.</li> </ul>		
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>(Statement in non-English language indicating availability of language services.)</li> <li>(Availability of ADA/504 compliant aids and language services.)</li> </ul>		
Legal Authority (M.1089)	<ul style="list-style-type: none"> <li>This notice is being sent in accordance with 45 CFR §155.715(g)(2) which requires the SHOP Exchange to notify employees of coverage termination prior to such termination, and also provide notice of other potential sources of coverage.</li> </ul>		

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## 24. Employer-Initiated Termination

Design Scenario:				
Triggering Event	Employee loses eligibility in Employer plan due to hours reduction, separation from employer, or other reason.			
Relevant Regulation	155.710(e)			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1090)	<ul style="list-style-type: none"> <li><b>Due to a change in eligibility status, you are no longer eligible to receive health insurance coverage through the SHOP Exchange.</b></li> </ul>			
Reason for Change in Eligibility (M.1091)	<ul style="list-style-type: none"> <li><b>You are no longer eligible to receive health insurance coverage from &lt;Company name&gt; through the SHOP Exchange because:</b></li> </ul>			✓

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	<ul style="list-style-type: none"> <li>○ You are no longer employed by &lt;Company name&gt;.</li> <li>○ You have experienced a reduction in working hours and are no longer a full-time employee of &lt;Company name&gt;.</li> <li>○ (Other)</li> </ul>		
Coverage Termination Date (M.1092)	<ul style="list-style-type: none"> <li>▪ Your insurance coverage will terminate effective &lt;Coverage End Date&gt;.</li> </ul>		✓
Information about Other Sources of Coverage (Including COBRA) (M.1093)	<ul style="list-style-type: none"> <li>▪ You may also be eligible to receive coverage through the NYS Health Benefit Exchange, which has been designed for individuals who are not receiving coverage through an employer. You may also be eligible for tax credits to help pay for the cost of your coverage.</li> <li>▪ To find out whether you are eligible, please go to (insert instructions for contacting the NYSHBE Individual Exchange).</li> <li>▪ You may also be eligible for COBRA if you want to continue your current coverage. A separate COBRA notice will be sent to you with steps on how to COBRA your current insurance coverage and the premium costs associated with your option to COBRA.</li> </ul>		
Right to Appeal – SHOP (M.1021)	<ul style="list-style-type: none"> <li>▪ If you disagree with this determination, you have the right to appeal.</li> </ul>		
Instructions for How to Appeal – SHOP (M.1022)	<ul style="list-style-type: none"> <li>▪ (Explanation of appeal rights/ right to request hearing; description of procedures to request an appeal including options for going online, contacting customer service center, mail and/or fax and any additional appeals information).</li> </ul>		
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at</li> </ul>		✓

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	<b>(website and assistance phone number) can also assist you. All services are free of charge.</b>		
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		
Legal Authority (M.1094)	<ul style="list-style-type: none"> <li>▪ <b>This notice is being sent in accordance with 45 CFR §155.710(e) notifying eligible employees of their right to appeal a determination on eligibility for the SHOP Exchange.</b></li> </ul>		

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### 25a. Employee-Initiated Termination – Received Request to Terminate Coverage

Design Scenario:				
Triggering Event	Employee withdraws from coverage; could be due to gaining health insurance benefits through a spouse's employer			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1095)	<ul style="list-style-type: none"> <li>The New York SHOP Exchange program has received your request to dis-enroll from &lt;health insurance plan name&gt;.</li> <li>The last date of health insurance coverage through this plan will be on &lt;termination date&gt;.</li> </ul>			✓

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Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

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### 25b. Employee-Initiated Termination – Confirmation of Coverage Cancellation

Design Scenario:				
Triggering Event	Employee withdraws from coverage; could be due to gaining health insurance benefits through a spouse's employer			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1096)	<ul style="list-style-type: none"> <li>At your request, you have been dis-enrolled from &lt;health insurance plan name&gt;</li> </ul>			✓

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Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>(Statement in non-English language indicating availability of language services.)</li> <li>(Availability of ADA/504 compliant aids and language services.)</li> </ul>		

26a. Employee Notice of Broker Assignments			
Design Scenario:			
Triggering Event	Notifying the employee of the broker assigned by the employer to assist with health insurance coverage through the SHOP		
Relevant Regulation	N/A		
Recipient	Employee		
Issuing Agency	Exchange		
Communication Modality	Online/Paper		
Recipient Response Needed	N		
Model Content			
Key Messages			Recipient Response Needed
Data Elements			
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>		✓
Issuing Agency and Contact	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP</li> </ul>		

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(M.1001)	Exchange.		
Reason for Notice Received (M.1097)	<ul style="list-style-type: none"> <li>&lt;Company name&gt; has authorized &lt;Name of Producer/Navigator&gt; to assist you in obtaining and using health insurance coverage through the New York State SHOP Exchange.</li> </ul>		✓
Producer Roles (M.1048)	<ul style="list-style-type: none"> <li>As a result of this authorization, &lt;Name of Producer/Navigator&gt; is authorized to (list specific producer/navigator roles) on behalf of &lt;Company name&gt;.</li> </ul>		✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li><b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li><b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li><b>(Statement in non-English language indicating availability of language services)</b></li> <li><b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

26b. Employee Notice of Broker Revocation				
Design Scenario:				
Triggering Event	Notifying the employee that the broker previously assigned to assist the employer in the SHOP Exchange is no longer the broker on record			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received (M.1098)	<ul style="list-style-type: none"> <li>&lt;Company name&gt; no longer authorizes &lt;Name of Producer/Navigator&gt; to act on your behalf with the New</li> </ul>			✓

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	<p>York State SHOP Exchange.</p> <ul style="list-style-type: none"> <li>If &lt;Company name&gt; authorizes another individual to assist you with enrolling in and using your health insurance coverage, you will receive a separate notice.</li> </ul>		
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li><b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		
Accessibility (M.1007)	<ul style="list-style-type: none"> <li><b>(Statement in non-English language indicating availability of language services.)</b></li> <li><b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

### 27. Confirmation of Change in Employee Account

Design Scenario:				
Triggering Event	Notifying the employee that the SHOP has received a change on their account, such as a change of address of a change in dependents			
Relevant Regulation	N/A			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			
Reason for Notice Received	<ul style="list-style-type: none"> <li>You recently changed or updated the following information</li> </ul>			✓

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(M.1054)	<p>in your Account: &lt;specify change – e.g. contact information&gt;.</p> <ul style="list-style-type: none"> <li>▪ The New York State SHOP Exchange has successfully processed this information and sent notice of the change to the health insurance plans you have selected through the New York State SHOP Exchange.</li> <li>▪ No further action is needed from you at this time.</li> </ul>		
Next Steps (M.1055)	<ul style="list-style-type: none"> <li>▪ If you did not make these changes, or believe these changes were made in error, please contact us.</li> </ul>		
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> <li>▪ <b>(Availability of ADA/504 compliant aids and language services.)</b></li> </ul>		

## 28. Employee Notification for Plan Termination

Design Scenario:				
Triggering Event	Notice to an employee when a plan that they are enrolled in is no longer available (e.g. – decertified)			
Relevant Regulation	155.420			
Recipient	Employee			
Issuing Agency	Exchange			
Communication Modality	Online/Paper			
Recipient Response Needed	N			
Model Content				
Key Messages			Recipient Response Needed	Data Elements
Date of Notice (M.1000)	<ul style="list-style-type: none"> <li>&lt;Date of notice&gt;</li> </ul>			✓
Issuing Agency and Contact (M.1001)	<ul style="list-style-type: none"> <li>This notice is being issued by the New York State SHOP Exchange.</li> </ul>			

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Reason for Notice Received (M.1099)	<ul style="list-style-type: none"> <li>▪ &lt;Health insurance plan name&gt; will no longer offer coverage through the New York State SHOP Exchange as of &lt;Date of Plan Termination&gt;.</li> <li>▪ Our records show that you are currently enrolled in &lt;Health insurance plan name&gt;.</li> <li>▪ Due to this change, you are eligible for a special election period to select new health insurance coverage through the New York State SHOP Exchange.</li> <li>▪ This special election period will last from &lt;insert date range&gt;.</li> </ul>		
Next Steps (M.1100)	<ul style="list-style-type: none"> <li>▪ To act during this special enrollment period, you must access your account and make changes to your health insurance coverage.</li> <li>▪ If you do not wish to act during this special enrollment period, you will no longer have health insurance through the New York State SHOP Exchange as of &lt;date of plan termination.&gt;</li> <li>▪ Once you elect a new plan, you will receive a separate confirmation of your new coverage, and may see your coverage costs change as a result of this action.</li> </ul>		✓
Assistance w/Producer (M.1064)	<ul style="list-style-type: none"> <li>▪ <b>If you have any questions or need assistance please contact &lt;insert broker or navigator assigned to the account&gt;, who was selected by &lt;company name&gt; to assist you with enrollment. The New York State SHOP Exchange at (website and assistance phone number) can also assist you. All services are free of charge.</b></li> </ul>		✓
Assistance w/out Producer (M.1006)	<ul style="list-style-type: none"> <li>▪ <b>If you have questions or need assistance please contact the New York State SHOP Exchange at (website and assistance phone number). These services are free of charge.</b></li> </ul>		✓
Accessibility (M.1007)	<ul style="list-style-type: none"> <li>▪ <b>(Statement in non-English language indicating availability of language services.)</b></li> </ul>		

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	<ul style="list-style-type: none"> <li>▪ (Availability of ADA/504 compliant aids and language services.)</li> </ul>		
Legal Authority (M.1082)	<ul style="list-style-type: none"> <li>▪ This notice is being sent in accordance with 45 CFR §155.420 which requires the SHOP Exchange to offer Special Enrollment Periods to qualifying employees.</li> </ul>		

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