NY State of Health Assistors Registering Your Account

Assistors: Navigators, Certified Application Counselors (CACs), and Marketplace Facilitated Enrollers (MFEs)

Registering your Assistor account on NY State of Health

This is a step-by-step guide to help Assistors set up their account. Assistors must successfully complete certification training and then create their account with NY State of Health in order to gain access to their Assistor Dashboard.

Before you can set up your Assistor account, you MUST:

- 1. Have a NY.GOV username and password
 - If you do not have a NY.gov account, go to the <u>Assistor Toolkit</u> page and open the section heading that says **Resources for Assistors**. Then, follow the instructions on the document labeled **NYSOH Assistors – Creating Your NY.gov**.
- 2. Have received an email with your unique invitation code
 - Once you have completed training please allow approximately 1 week to receive the email.
 - The email will be from <u>no-reply@info.nystateofhealth.ny.gov</u>.
 - If you do not receive this email in the expected time frame, and you have verified that it is not in your spam or junk folder, you may either email or call the Department of Health for assistance.
 - > You may email <u>assistor.admin@health.ny.gov</u> or call 518-473-0566.
- 3. Know your agency's ID. This Agency ID will be received in an email from NYS Department of Health.
 - Once you have completed training please allow approximately 1 week to receive the email.
 - The email will be from Assistor.Admin@health.ny.gov.
 - If you do not receive this email in the expected time frame, and you have verified that it is not in your spam or junk folder, you may either email or call the Department of Health for assistance.
 - > You may email <u>assistor.admin@health.ny.gov</u> or call 518-473-0566.

Steps for Creating your NY State of Health Assistor Account:

- Click on the link below, or enter it into your web browser: <u>https://nystateofhealth.ny.gov/agent/assistors</u>
- Click on Returning Users CLICK HERE TO LOGIN with your NYS.GOV ID.

	ABOUT RESOURCES FC Individuals & Families	RMS GET HELP ▼
NEWS	Want to estimate your healthcare costs in 2020? Our <u>At a Glance cards</u> break costs down by program.	
	Assistors Certified Application Counselors. Marketplace Facilitated Enrollers, and Navigators are types of assistors that can help New Yorkers apply for health insurance, understand their coverage options, and enroll in a plan that is right for them. They can also help individuals and families renew their coverage. Assistors remove barriers to the application process by providing assistance in multiple languages, in community-based settings, and during non-traditional	Get Started Returning Users CLICK HERE TO LOGIN • With your NYS GOV ID. New Users CLICK HERE TO REGISTER • Create a NYS GOV ID.
	hours such as evenings and weekends. Interested in becoming an assistor certified to help consumers apply of Assistors must be employed by an agency that is authorized by the New York State Departme assistors, you may contact the New York State Department of Health at assistor admin@healt	on NY State of Health? nt of Health. If your agency is interested in having th ny gov.

- Enter your NY.gov Username and Password.
- Click Sign In.

Please login after reading the Acceptable Use Policy below
NY.gov ID
Username:
Password:
Sign In
Forgot your Username or Password
NY,90v ID - Terms of Service
Agency Assistance & Contact Information

• You will be navigated to the **Invitation** tab on the **Create an Account** screen and asked to input your **Agency ID** and **Invitation Code**.



- Input your Agency's ID into the screen above. Copy and paste the Agency Contract ID from your email to avoid input errors.
 - The email will be from <u>Assistor.Admin@health.ny.gov</u>.

		Tue 10/15/2019 10:30 AM			
	D	doh.sm.AssistorAdmin			
		Registering your Assistor Account o	n NY State of Health		
T		Reastering four Assistor Account o	and state of reality		
6	c				~
-					
	Assisto 2 MB	r NYSOHAccount Creation_V2.pdf			
ī	Action Items			+ Get more add-	ins
1				1 - Sena Friterina Menter F	
	Hello.				Ĥ
	,				
	You will be	receiving an email from the New York	State of Health today	with your Invitation Code to create an account on NY State of Health.	
	To log on to TO REGIS requires yo	the marketplace you will need to crea TER" and you will be prompted through u have a particular username please d	e a NY.GOV ID. To d the steps to create a scuss with them prior	o this please go to <u>https://nystateofhealth.ny.gov/agent/navigators</u> , click on "CLICK HERE NY.GOV ID. Your username will be linked to your new Assistor account. If your employer to creating your account as you will not be able to change it later.	
	Once you e and Agenc agency in the be prompte We have all process is t complete it.	nter the username and password you y Contract ID. Please copy and paste he corresponding fields. Once you enter d through the rest of the registration pr so attached a presentation on how to r he same). Please read through the inst	reated you will be bro the Invitation Code fro r this information, clici ocess. egister your account for ructions before you be	ught to the "Create an Account" where you will be prompted to enter your Invitation Code on the email you receive today and copy and paste the Contract ID -SEE BELOW- for your k on the submit button and your information should prepopulate on the screen, you will then or your reference (please note that some of the screens have changed, but the general egin the registration process so you become familiar with it and are able to successfully	
		Agency Name	Agency Contract ID		
	BELLEVUE	HOSPITAL CENTER	CAC0000126		
	BENEFITS C	ONCIERGE CONSULTING GROUP	CAC0000625		
	BRONXCAR	E HEALTH SYSTEM	CAC0000150		

- Input the **Invitation Code**. Copy and paste the invitation code from the email to avoid input errors.
 - The email will be from <u>no-reply@info.nystateofhealth.ny.gov.</u>

	Fn 10/18/2019 9:59 AM
N	no-reply@info.nystateofhealth.ny.gov
	NY State of Health - Navigator Invitation to complete registration
To O doh.s	m.AssistorAdmin
	ATTENTION: This email came from on external source. Do not open attachments or click on links from unknown senders or unexpected emails.
Congratul	ations on your successful completion of the Navigator Training program.
Your invita	tion code is unique to you and is required for your account setup.
Once you	have successfully completed the registration process, you will receive an email notification. Upon notification of your certification approval, you can begin to enroll new business and mana
existing cl	ents through your own personal account.
Please clic	k on this link to begin https://nystateofhealth.ny.gov/agent/navigators.
2,2,2,4,5,3,7,6,3,5,2	
We look fe	rward to working with you.
Sincerely,	
New York	Health Plan Marketplace
INVITATIO	NCODE: zWQIFd6cEOrAAuR-OgKe3g
E1020	
This is an	sutomated email message. Please do not reply or send any personal information to this email address. Information regarding the New York Marketplace Privacy and Security policy can be
viewed at	https://nystateofhealth.ny.gov/privacy.html.

• Click Next.

1. Invitation > 2. Build Accou	unt > 3. Identity Verification >	4. Agreement > 5. Setup Profile	
Create an Account			
Congratulations!			
You have successfully completed NY St	tate of Health Training and can now proce	ed with the account registration process	
Brokers: Enter your State License Num	nber and Invitation code that was emailed	to you.	
All other Assistors: Enter your Agency	Contract ID and Invitation code that was	emailed to you.	
If you have completed the training cou assistance: 1-855-355-5777	urse and have not yet received an invitatio	n code, you can contact customer servic	e for
State License or Agency Cor Invitati	e Number ntract ID: ion Code:		
			•

- You will be navigated to the **Build Account** tab. Verify that any information which auto-populated is correct.
- Complete the **Legal Residence** fields. This should be your current residential address (where you live). Do NOT use a P.O. Box.
- Complete the **Mailing Address** fields. This should be the agency's local address where you will be meeting with consumers. This address will appear to the public when they are searching for an Assistor, by location, to make an appointment.
- Complete the **Business Address** fields. This should be your agency's main location.
- Complete the **Contact Info** fields. Please provide your work email address and work phone number. This can be either a cell phone or a landline. This information will appear to the public when they are searching for an Assistor to contact.
- Read and agree to the **Rules of Behavior for NY State of Health** and the **General Privacy Attestation**.
- Click Create an Account.

reate an Accou	nt						
Account Informa Please provide the fo account.	ation llowing contact informat	ion and communication	ons preferences so we may	verify yo	our identity	and set up	your
Account Holder			Legal Residence				
First Name:	Nick		Address Line 1:	Address	Linie 2		•
Middle Name:			Address Line 2:	Address	Line 2		
Last Name:	Johnston		City:	City		•	
Suffix:	Select- *		Zip:	Zip	* State:	State *	
Contact Info			Mailing Address		Same a	s residence	122
E-mail Address:	nick.johnston@health.	ny.gov •	Address Une 1:	Address	Line 1		-
Primary Phone Number:	x	Select * *	Address Line 2:	Address	Line 2		
	A	dd Another Number	City:	City		-	
Preferred Phone Number:	-Select- * *		Zip:	7ip	* State:	State .	
Agreement			Business Address		Some a	s residence	
I have read and agre	ed to Rules of Behavior for	NY State of Health	Address Line 1:	Address Line 1		-	
I agree with the Gen	eral Privacy Attestation		Address Line 2:	Address	Line 2		
			City:	City			
				210		Charles #	

- You will see a Pop-up message which asks you to check the mailing address that you entered.
- The online address validation process takes the address as entered and standardizes it to meet the standard mailing guidelines for the US Postal Service.
 For example, the extra 4 digits of the zip code may be added.
- Check the **Suggested Address** <u>carefully</u> to make sure it is correct. If it is correct, click on the **Suggested Address**, and then click **Use this as Mailing Address**.
 - If it is not correct, you may click Cancel to go back and update the address.
- This process will then be repeated for the **Primary Business Address**, and the **Residential Address**.

	Mailing Address
Mailing Address >	
Primary Business Address	We found a more complete version of the Mailing Address. Pick the address you want
Residential Address	to use. Lick on use this as Mailing Address to confirm the address. Lick Cancel to
	Original Address 1 Commerce Plaza 12th Floor Albany, NY 12210 Suggested Address 1 Commerce Plz Fl 12 Albany, NY 12210-2822 Use this as Mailing Address

- You will be navigated to the Identity Verification tab.
- Select your Gender.
- Enter your **Date of Birth** and **Social Security Number**. Enter your information exactly and as it appears on your Social Security Card.
- Click Next.

		Logged in as Assistor 1 My Dasho
New Account		
1. Invitation > 2. Bu	Id Account > 3. Identity Verific	ation > 4. Agreement > 5. Setup Profile
Create an Account		
Account and Identity	Information	
Account and identity	mormation	
Identity proofing is used by information.	he Marketplace to ensure only authori	zed individuals have access to personal or proprietary
Please enter your personal i	formation below.	
Gender *	Date of Birth *	Social Security Number *
🛇 Male 🛇 Female	MM DD YYYY	

• Additional identity proofing may be required in the form of a series of 3-5 personal identifying questions. Answer the questions and click **Next.**

New Account	
1. Invitation > 2. Build Account > 3. Identity Verification > 4. Agreement > 5. Setup Profile	
Create an Account	
Personal Identifying Information	
Please answer the following questions to allow verification of your identity.	
According to your credit profile, you may have opened an auto loan in or around April 1998. Please select the lender for this account. If you do not have used a auto loan. Select 'NOME OF THE ABOVE/DOES NOT APPY'. TOYOTA MICTOR CRED MISSIBHI MICTORS CRED OF AMERICA FIRST UNION FIRST UNION NOTE OF THE ABOVE/DOES NOT APPLY	
Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'. 2 3 4 5 NONE OF THE ABOVE	Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.
Using your date of birth, please select your astrological sun sign of the zodiac from the following choices. AQUARUS SCORPO SCORPO SQUALUS NONE OF THE ABOVE	USPS USPSTER STATUSTER STATUS
Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'. TRANSWESTERN PUBLISHING USP5 ORTHROP GRUMMAN ARDYS ROAST BEEF	

• Upon successful completion of identity proofing, a "Congratulations!" message screen will display, click **Next.**

If Identity Proofing is not successful, send an email to <u>Assistor.Admin@health.ny.gov</u>.

- You will be navigated to the Secure Login screen.
- Click **Generate Token**. You will need to generate a new token **each** time you log on to the portal.

• You will need to check your email account to retrieve the email message sent containing the token.

• Once the token has been obtained, enter it into the Enter Security Token field and click Next.

see applications and most federal security requirements. NV State
see applications and most fodoral county convirgments. NV State
Click Next to Access your Account Next box. ent to you.
i b b

- You will be navigated to the Agreement tab.
- Read each of the statements in the agreement.
- Check the checkbox next to the statement I have read and agreed to the Privacy and Security Requirements.
- Click Next.

alle all AU	count								
reement									
ase read each m.	of the statements in	the agreement. 1	Then click Ag	ree to show	that you have	read the stat	ements and a	gree	with
							Download	1	Print
	CERT	IFICATION RI REQUIR	EGARDING EMENTS I	OR ASSIST	AND SECU ORS	RITY			Î
Assistors prov privacy and se financial and supervision.	iding enrollment service county standards for the health information. As	ices on the NY S te creation, colle- therence to these	tate of Healt ction and use standards m	h Marketplac e of personall ust be assure	e are required y identifiable d through app	l to establish i information (propriate moni	and implemen "PII") as well itoring and	as	l
The privacy a requirements	nd security standards outlined in 45 CFR 15	for the creation, o 5.260. Such stan	collection an dards must b	d use of PII r e consistent	sust be the sa with the follo	me as or more wing principle	e stringent tha es:	n the	
o Potential en format;	rollees should be prov	ided with a simp	le and timely	means to ac	cess and obta	in their PII in	a readable for	m ar	sd
o Potential en erroneous info	rollees should be prov ormation corrected;	ided with a timel	y means to d	lispute the ac	curacy or inte	grity of their	P∐ and to hav	e	
o There shoul enrollees and	d be openness and tra or their PII;	isparency about j	policies, pro	cedures, and	echnologies t	hat directly at	ffect potential		
o Potential en collection, use	rollees should be prov e, and disclosure of th	ided a reasonable ir PII;	e opportunity	and capabili	ty to make in	formed decisi	ions about the		
T there easi	and agreed to the Pr	vacy and Securit	y Requireme	ents					

- You will receive a **Congratulations!** message that you are authorized to conduct business on NY State of Health. You will be given your **Identification Number**, which is the same as your *Certification Number*.
- Click **Continue**.

Treate an Account	
Congratulations!	
You are authorized to conduct business on NY State of Hea	kh.
Name: NICK JOHNSTON	Certified By:
Identification Number: DOH-000264	nystateofhealth

- You will be navigated to the **Setup Profile** tab where there are fields to provide a secondary contact.
- This field is not for Assistors. Click Skip.

You can specify a	secondary con	tact who can do b	usiness on your behalf.		
First Name *	Mid	idle Name	Last Name *	Suffix	
				-Select- *	
Email Address *		Email Addres	s Confirmation *		
Date of Birth *	Social Secu	rity Number *			
Telephone N	umbers				
Primary Phone N	umber *				
Primary Phone N	umber *	X Ext	TypeSelect- *		

- Select your Account Preferences.
 - If you check **Hide Profile from Public Search**, the Marketplace will <u>not</u> be able to find you to transfer or assign a consumer's account to you.
 - If you check Send me Client Renewal Reminder Notice, you will receive notices to the My Inbox tab of your Assistor Dashboard. These notices will provide you with a list of accounts on your dashboard which are due to renew in the upcoming and subsequent months.
- Select the counties you serve (Counties Served) from the Counties List.
 - This should reflect the counties in which you are able to provide application assistance.
- Select the languages you support (Languages Supported) from the Languages List.
- Click Submit.

			Logged in as Assistori	My Dashboard	Sign
lew Account					
 Invitation > 2. 	. Build Account > 3. Ident	tity Verification > 4. Ag	reement > 5. Setup	Profile	
Create Profile					
Identification Numbe	r: DOH-000212				
Account Preferences	s				
Hide Profile from Pul	blic Search				
Send me Client Rene	ewal Reminder Notice				
You can select more that	an one county or language by h	olding down the control butt	on when making your sel	ection.	_
Counties List	Counties Served	Languages List	Languages Sup	ported	
SCHOHARIE SCHUYLER SENECA ST LAWRENCE	ALBANY MONTGOMERY SARATOGA SCHENECTADY	French Creole Italian Korean Russian	Spanish	\sum	
Agency Affiliation:					
Ny Agency Amilations	Agency Contr	act ID.			
Department of meanin					
Please confirm that t This information will Counselor.	he information above, related t be displayed when potential di	o your NY State of Health ce ents are searching for a Brol	rtification and service det ker, Navigator or Certified	alls is accurate. Application	
				Subm	it

- You have now successfully set up your Assistor Profile.
- Click Go To My Dashboard.

	ABOUT RESOUR	CES FORMS GET HELP - 1-855-355-5777 Q.LAV	GUAGES 👻
ystateon The Official Health Pla	Thank You!		
	Your Producer/Navigator Profile has been set up success	fully. My Dashboard Sir	
	You can go to your Dashboard and start managing your a	accounts and enrolling	
	clients. Please feel free to call customer service at 1-855-355-57	77 for any questions,	
		Go To My Dashboard 🗲	
count Preference	a lite Canada		
u can select more th	an one county or language by holding down the control b	utton when making your selection.	
ounties List	Counties Served Languages List	Languages Supported	

- Your **Dashboard** screen will now be displayed.
- At the upper left-hand corner of your dashboard screen, you will see your **Account Number** and underneath that, your **Certification Number**.
- To edit your account information, click on the My Profile tab.
- To see a list of your current clients, click on the **My Clients** tab, then click on the **Individual** tab and select your **Associated Agency** from the drop-down list.
- To **add** an individual, follow the steps above to see the list of current clients, and then click **Add Individual**.

Certificatio	DOH-00020	MICK JOHN 54	ston				
Overview	My Profile	My Clients	My Inbox	Documents	Address History	Useful Links	