

ATTACHMENT D

Current List of Dynamic Notices and Static Documents. Please note this list is subject to change over the course of the contract term.

STATIC DOCUMENTS

Interpreter Services Cover Sheet
DOH 4220 Access NY Applications
DOH 4287 Renewal Form
DOH 4443 Financial Maintenance Form
DOH 4450 Employer Sponsored Request for Information
DOH 4469 Farm/Business Income Form
DOH 5017 Employer Verification Form
DOH 5018 Self Declaration of Income Form
DOH 5104 Information Concerning Medical Assistance of SSI/SSP beneficiaries
DOH 5139 Disability Questionnaire
DOH 5140 Disability Questionnaire
DOH 5153 Description of Childs Activities
DOH 5173 Authorization for Release of Information
DOH 5174 Consent Release of MA Info 3rd Party
DOH 5178a Supplement A
LDSS 4411 Chronic Care Renewal
LDSS-4148A Rights and Responsibilities Book
LDSS-4148B Social Service Programs Book
LDSS-4148C Emergency Q & A Book
MM-CF-NYHO-0715-REVG (07/15) Authorized Representative Consent Form
(1430/1431-SP/1401/1402) Health Care Proxy (SS-5)
SS-5 Form
(NYSVRF-E/S) NYS Agency Voter Registration Form
SEW-072913 Self Employment Worksheet
Marketplace Referral Courtesy Letter
OHIP-0112 - 4220 insert "You must apply for Medicare"
DOH 4282 Family Planning Application
DOH 4286 Family Planning App Instructions
DOH 5171 Family Planning Document Checklist
DOH 1144 Family Planning Fact Sheet
DOH 4328 Medicare Savings App
OHIP-0026 Excess Income Fact Sheet
OHIP-0023 Long Term Care Fact Sheet
OHIP-0032 Medical Assistance Reimbursement Detail Form
OHIP-0084 Absent Parent: Cooperation/Good Cause & Child Support Referral
DOH-5106 Employer Sponsored Health Insurance,
Request for Information Request Letter Adult Cover Sheet
LDS-2400 Child/Teen Health Plus Face Sheet
DOH 5079 Financial Assistance
DOH 5078 Financial Assistance

DOH 5085 – 5087 Authorized Representative Designation/Identification
(MM-CF-SWCC-0915-REVG (09/15) Authorized Consent Form
DOH-5088 Identity Verification Form
DOH 5231 Appeal Request
DOH 5232 Appoint a Representative for my appeal

DYNAMIC NOTICES

Courtesy Letter – Referral to NYSOH NYHO Renewal Marketplace Courtesy
NYHO Renewal Missing Info Letter Please Call
NYHO Renewal Missing Info Please Submit
LDSS 3622 / OHIP 0079
OHIP - 0040 Notice of Disability Determination
OHIP - 0050 (90 day) letter
SDRU #1R Request Letter Adult Cover Sheet
SDRU #2R Request Letter Child Cover Sheet
SDRU #3W Letter 5-Day Follow-Up Request for LDSS-1151
SDRU #4W 5-Day Letter Combined
SDRU #5W 5-Day Follow-Up Request for Disability Packet

SDRU #6W Phone call request letter 5-day follow-up incomplete information

SDRU #10W Letter to Rec No Response from Provider
SDRU #11W Letter client, CE Needed
SDRU #12W Letter Add Info Less Than 30 After Decision
SDRU #13W Letter Info Received Past 30 days 2
SDRU #14W Letter Recip Withdrawal Notification
SDRU #16 Letter to APP Certified Blind

SDRU #17W Letter to Recip Assist in Cert of Blindness from NYSCB

SDRU #18W Letter for Recip self-gathering
SDRU #19W Letter for Recip self-gathering not returned
Request Letter Adult Cover Sheet
DOH-5139 Disability Questionnaire Fields
DOH-5140 Disability Questionnaire Fields
DOH-5173 Authorization for release of Information-HIPPA
NYHO FPBP MI3 D200 Request for Income
NYHO FPBP MI3 D201 Letter

(Notice 017) Ineligible for Unsubsidized QHP Because of an Incomplete Application - Did Not Request Financial Assistance

(Notice 018) Ineligible for Unsubsidized QHP, APTC, and Medicaid Incomplete App
(Notice 028) Ineligibility of Health Insurance through the Exchange
(Notice 029) Ineligibility of Health Insurance through the Exchange

(Notice 035) Incomplete paper application
(Notice 083) Ineligibility of Health Insurance through the Exchange
(Notice 100) Discontinue eligibility for Health Insurance through the Exchange
(Template 001) Confirmation of Electronic Communication
(Template 002) Individual(s) in Pend status
(Template 003) Notice of invalid document
(Template 010) Ongoing Eligibility Notice
(Template 011) Changed to the Insurance Coverage
(Template 012) Notice of Plan Enrollment
(Template 014) Notification of Employee's Eligibility
(Template 015) Disenrollment and Cancellation
(Template 016) Retro Enrollment
(Template 017) Eligibility Pre-release File
(Template 018) HARP Passive Enrollment Notice
(Template 019) CHIP Retro Notice
(Template 020) Broker Assistor Notice
(Template 021) Mailing Address Change
(Template 023) Death Notice
(Template 031) Cancellation of Coverage Notice
(Template 032) Termination of Coverage Notice
(Template 033) 10 day notice – Disenrollment due to Incarceration
(Template 056) Retro Medicaid Notice (Eligible/Ineligible/Request Documentation)
(Template 060) Appeals Acknowledgement
(Template 065) Notice of Action for WMS to NYSOH
(Template 099) Renewal Notice
(Template 101) Notice of Eligibility/Ineligibility Determination
(Template 115) Notice to Take Action
(Template 116) Notice of Renewal for Deemed MA Newborns
(Template 165) Notice of Medicare Equitable Relief
CSRA Marketplace Letter Resend - Cover letter
1095A - "IRS Form"
MN01 - Invalid Document
MN02 – Notice of call us to review your app
MN03 - Authorized Representative Notice
MN04 – Denial Have Coverage
MN05 – Denial Failure to Call Us to Review Application
MN06 - Notice to complete your application
MN07 - Consumer to Reinstate Coverage Notice
MN08 - Invalid Format And/or Password Protected Document
MN09 - Conditional Questions
MN10 - Invalid Identity Proofing Document
MN11 - Missing Data
MN13 - Missing ID Verification Form
MN14 – Denial: Failure to Respond
MN15 – Retro: Approve Retro Coverage
MN16 – Newborn: Verify Information
MN17 – Deny Retro Coverage Above Medicaid Level
MN18 - Retro: Deny Retro Coverage Failure to Document

MN19 - Invalid Appeal Request
MN20 - Dismissal: Invalid Appeal Request
MN21 - Phone Hearing Cancellation
MN22 - Dismissal: Withdrawal
MN23 - Scheduled Phone Hearing: Aid to Continue
MN24 - Dismissal: Death
MN25 - Notice of Decision
MN26 - SBM: Dismissal
MN27 - Dismissal: Failure to Appear
MN28 - SBM: Invalid Appeal Request
MN29 - SBM: Scheduled Phone Hearing
MN30 - SBM: Employee: Employee Appeal Request
MN31 - SBM: Phone Hearing Cancellation
MN32 - Rejection: Shell Accounts
MN33 - Denial: Medicare Reimbursements
MN34 - Reimbursement: Medicare Premium
MN35 - Reimbursement: Accept TPHI
MN36 - Reimbursement: Accept Medicare
MN37 - Denial: Cost Effective
MN38 - Accept Medicare Reimbursement SS
MN39 - Dismissal: Hearing Request
MN40 - Denial: SEP Exception Request
MN41 - NY.GOV ID Email Address Change
MN42 - Dismissal: Failure to Participate
MN43 - Dismissal: Sworn Telephone Withdrawal
MN44 - Dismissal Before Hearing - Phone Not Working
MN45 - Failure to Appear: Bad Telephone Number
MN46 - Discontinuance: Failure to Document - QHP Eligible - Not Open Enrollment
MN47 - Discontinuance: Failure to Document - QHP Eligible - Open Enrollment
MN48 - Newborn: Added to Wrong Account
MN49 - TPHI: Request for Information
MN50 - Insufficient Document Request
MN51 - Discontinuance: Failure to Document - Not QHP Eligible
MN52 - Document Request Letter
MN53 - Document Request: Verify 3 Plus Babies
MN54 - TPHI Failure to Respond
MN55 - Denial of Request for Expedited Appeals Process
MN56 - Premium Reimbursement for TPHI Access
MN57 - Cancel or Confirm Hearing - AOP
MN58 - Hearing Request Cancellation - AOP
MN59 - Appeal Confirmation Notice
DOH01 - Tuition Fees
Notice of Returned Payment