

## ATTACHMENT E

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 3<sup>rd</sup> 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 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**