NY15-24
PE15-20
PA15-16
PAEX15-15
SEHP15-7

TO: Agency Health Benefits Administrators
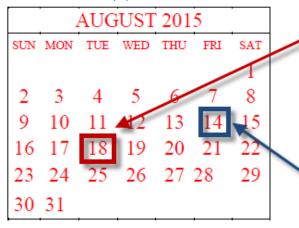
FROM: Employee Benefits Division

SUBJECT: New Report Available: NYSHIP Health Insurance Enrollment Report
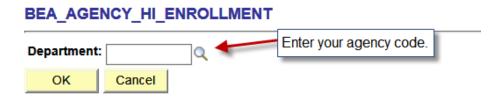
DATE: September 14, 2015

The New York Benefits Eligibility and Accounting System (NYBEAS) has been enhanced to provide a new report for NYS, PA, PE, and SEHP agency Health Benefits Administrators.

The NYSHIP Health Insurance Enrollment Report (BEA_AGENCY_HI_ENROLLMENT) is a snapshot of an agency's employees and retirees who are enrolled in NYSHIP health insurance coverage. The NYSHIP Health Insurance Enrollment Report's snapshot is based upon enrollees and dependents whose coverage was effective on or before the Friday prior to when the user scheduled the report.

The date you scheduled the NYSHIP Health Insurance Enrollment Report.

The results of the NYSHIP Health Insurance Enrollment Report will include all enrolled enrolles and dependents whose coverage is in effect on 8/14/2015 or earlier.

When you select this report, you will be prompted for the agency code. After providing this information, follow the instructions from memo NY15-19 / PE15-15 / PA15-14 / PAEX15-13 / SEHP15-5 to run the report.

BEA_AGENCY_HI_ENROLLMENT

Department: [   ] 🔍 ← Enter your agency code.

[OK] [Cancel]

Agencies are encouraged to run the NYSHIP Health Insurance Enrollment Report to verify the enrollment of their employees and dependents, and to update information that is incorrect. The following data fields are reported in the NYSHIP Health Insurance Enrollment Report:

Report Field	Report Field Description
EMPLID	The enrollee's ID number. This value is typically the employee's SSN.
Contract Holder SSN	The enrollee's SSN. This value is the National ID field in NYBEAS
Contract Holder Name	The enrollee's name.
Address 1	The first line of the enrollee's permanent address on NYBEAS.
Address 2	The second line of the enrollee's permanent address on NYBEAS.
City	The city of the enrollee's permanent address on NYBEAS.
State	The state of the enrollee's permanent address on NYBEAS.
Postal	The zip code of the enrollee's permanent address on NYBEAS.
County	The county of the enrollee's permanent address on NYBEAS.
Country	The country of the enrollee's permanent address on NYBEAS.
Dependent/Beneficiary ID	The person number of a covered individual in NYBEAS. Enrollees default to value 01. Dependents can be any value beginning with 02.
Relationship to Employee	SP = Spouse DP = Domestic Partner S = Son D = Daughter O = Other Child (requires recertification every 2 years)
Covered Person Name	The name of the covered dependent.
Covered Person SSN	The Social Security Number of the covered dependent.
Covered Person Gender	The gender of the covered dependent.
Covered Person Birthdate	The birthday of the covered dependent.
DeptID	The enrollee's agency code.
Company	NYS = New York State

	PE = Participating Employer
	PA = Participating Agency
Benefit Program	The enrollee's benefit program.
Coverage Code	1 = Individual Coverage
	4 = Family Coverage
Fed Qual Indicator	Y = The dependent is considered federally qualified.
	N = The dependent is **not** considered federally qualified and the enrollee is assessed imputed income.

For your convenience, a sample output from this report is enclosed. Additionally, an updated listing of HBA Reports available is enclosed. If you have any questions related to the NYSHIP Health Insurance Enrollment Report please contact our HBA Helpline at 518-474-2780.

Attachment(s)