NEW YORK STATE OF OPPORTUNITY.

Department of Civil Service

ANDREW M. CUOMO
Governor

TO: Agency Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: New Report Available: Dependent Missing SSN Report

DATE: November 20, 2015

The New York Benefits Eligibility and Accounting System (NYBEAS) has been enhanced to provide a new report for PA and PE agency Health Benefits Administrators (HBA) and CUNY HBAs for Student Employee Health Plan (SEHP) enrollees.

The Dependent Missing SSN Report (BEA_DEPENDENT_MISSING_SSN) is a static report of an agency's enrollees whose dependents have a missing or invalid SSN in NYBEAS. The Dependent Missing SSN Report is a single snapshot of NYBEAS information as of November 19, 2015.

NOVEMBER 2015

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The static snapshot date of the Dependent Missing SSN Report is 11/19/2015.

NOTE: Enrollees (and covered dependents) added after 11/19/2015 will not be on this report.

In accordance with the federal Patient Protection and Affordable Care Act (PPACA), participating agencies and employers are required by Internal Revenue Service (IRS) regulations to request the Social Security or Taxpayer Identification number for dependents participating in the New York State Health Insurance Program (NYSHIP). This report will allow participating agencies and participating employers to easily identify those enrollees covering dependents with missing or invalid Social Security or Taxpayer Identification numbers. More information regarding these IRS regulations can be found at https://federalregister.gov/a/2014-05051.

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_DEPENDENT_MISSING_SSN

Department ID: [   ] 🔍

[OK] [Cancel]

Enter your agency code.

Agencies are encouraged to run the Dependent Missing SSN Report to make outreach to enrollees who have incomplete or incorrect dependent information on NYBEAS and to update information that is incorrect. The following data fields are reported in the Dependent Missing SSN Report:

Report Field	Report Field Description
Empl NID	The enrollee's ID number. This value is typically the employee's SSN.
EmplName	The enrollee's name
Plan Year	The NYSHIP Plan Year.
DeptID	The enrollee's agency code.
EE Type	The type of enrollee.
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.
Dep/Benef	The person number of a covered individual in NYBEAS. Dependents can be any value beginning with 02.
Dep NID	The dependent's ID number. This value is typically the SSN.
Name	The name of the covered dependent.

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 Dependent Missing SSN Report please contact our HBA Helpline at 518-474-2780.

Attachment(s)