



Department of Civil Service

ANDREW M. CUOMO
Governor

PE16-02
PA16-02
PAEX16-02

TO: Agency Health Benefits Administrators

FROM: Employee Benefits Division

SUBJECT: New Report Available: ACA Enrollment Report

DATE: January 28, 2016

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

The Affordable Care Act (ACA) Enrollment Report (BEA_ACA_ENROLLMENT_INFO) is a snapshot of all of an agency's employees, retirees, dependent survivors, vestees, young adult option enrollees and COBRA enrollees and their dependents who were enrolled in NYSHIP health insurance coverage at any time in 2015 based upon information in NYBEAS as of January 13, 2016.

JANUARY 2016						
SUN	MON	TUE	WED	THU	FRI	SAT
					H	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	H	19	20	21	22	23
24	25	26	27	28	29	30
31						

The ACA Enrollment Information Report will contain static information as of January 13, 2016.

Any change to an employee's coverage in 2015 processed after January 13, 2016 will not be captured in this report.

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.

As discussed in the October 2015 webinars, each NYSHIP employer is responsible for providing Form 1095-B or Form 1095-C to all of its Empire Plan, Excelsior Plan, and SEHP enrollees. More information about these requirements can be found in the NYSHIP PA/PE Resource Center at: <http://www.cs.ny.gov/nyship/resource.cfm>.

This report will allow agencies to more easily complete Part IV of Form 1095-B or Part III of Form 1095-C. If an enrollee or dependent is listed on this report with a “1” in any or all of the month columns, the corresponding monthly box for that enrollee or dependent should be filled in a row listing that enrollee or dependent’s name in Part IV of Form 1095-B or Part III of Form 1095-C. If an enrollee or dependent was enrolled for all 12 months of the calendar year, employers may fill in the “Covered all 12 months” box on Part IV of Form 1095-B or Part III of Form 1095-C and leave the monthly boxes blank.

Please note Part IV of Form 1095-B and Part III of Form 1095-C do not need to be completed for individuals who were enrolled in a health maintenance organization (HMO) or not enrolled in NYSHIP coverage. Since this reporting is not required for HMO enrollees, dependents of HMO enrollees have been omitted from this report.

The following data fields are reported in the ACA Enrollment Report:

Report Field	Report Field Description
EmplID	The enrollee’s ID number. This value is typically the employee’s SSN.
Empl Recd#	The enrollee’s record number in NYBEAS.
CBR Evt ID	The COBRA instance for an enrollee in 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.
Plan Year	The plan year of coverage for the ACA reporting. For this year, this value should be, “2015”.

Company	PA = Participating Agency PE = Participating Employer NYS = New York State
DeptID	The enrollee's agency code.
National ID	The employee's Social Security Number in NYBEAS.
First Name	The individual's first name.
Middle	The individual's middle name.
Last Name	The individual's last name.
Enrollee Type	0 = Other 1 = Employee
Non EE Type	This field provides a more detailed description for an individual identified as "0" in the "Enrollee Type" field. RET = Retiree COB = COBRA OTH = Vestee, Dependent Survivor, Young Adult Option If the field is Blank, they are an active employee.
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.
Country	The country of the enrollee's permanent address on NYBEAS.
Relationship Description	SEL = Self SPO = Spouse DOM = Domestic Partner CHI = Child OTH = Other Child
Birthdate	The birthday of the individual.
January February March April May June July August September October November December	To determine if coverage was offered and what kind of coverage was offered. 0 = Not Enrolled 1 = Empire Plan, Excelsior Plan, or Student Employee Health Plan (SEHP) coverage 2 = HMO NOTE: Anyone only enrolled in an HMO during the year with Family Coverage will not have dependents show up on this report.

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)