



NY19-23

TO: New York State Agency Health Benefits Administrators
FROM: Employee Benefits Division
SUBJECT: Workers' Compensation Worklist
DATE: September 6, 2019

HBAs now have a worklist in NYBEAS titled "HBA Workers Compensation WL". Employees in your agency will appear on this worklist when the following transactions are entered on the Job Panel: LOA/WCD, LOA/WCL, LOA/WCM or LOA/WCR.

HBA Responsibility

HBAs are required to "work" items from the worklist and enter information concerning whether the injury is eligible for a "One Year" leave, or, a contractual allowance of "Two Years" due to an on-the-job assault. Please see the attached instructions on how to process.

Your action will assist EBD representatives in identifying enrollees in Workers' Compensation status and when that status ends. This will help ensure that premiums are deferred timely, if applicable, and will reduce the need for EBD representatives to reach out to HBAs or refer enrollees back to their agency concerning their Workers' Compensation leave.

NYSTEP and Non-NYSTEP Agencies – Updating Leaves of Absence

When updating an enrollee's status from one type of Leave to another, through NYSTEP, or directly through Workforce Administration, please process the new leave directly after the existing leave. Do not process a Return from Leave (RFL) in between the two types of leave. Example: An enrollee on Family Medical Leave, who has exhausted their 12 weeks and is then placed on a Leave of Absence, should not have a Return from Leave (RFL) processed. This processing will generate incorrect billing for Active employee premiums. The Staffing Services Division within Civil Service has confirmed this process with EBD.

If you have questions about this memo, please contact the HBA Helpline at 518-474-2780.

Enclosure: HBA Workers' Compensation Leave Worklist Instructions

HBA Workers Compensation Leave Worklist Instructions

Click on "Detail" on the worklist:

Detail	Filter	NYBEAS Administer Workforce	NYBEAS_WORKERS_COMP_DEFERRED	HBA Workers Compensation WL	20
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Click "Work It" to select the employee from the list:

1	✓	Work It	Enrollee ID#	0	12000	Enrollee Name	LWOP	HBA Name or PCONTROL	05/23/2019 2:07:44PM
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The screen below will populate. Enter the information pertinent to the employee's leave of absence.

Workers' Comp Duration

Sample, Sally EmpID: 000000000 Empl Rcd #: 0

Workers' Comp Duration Find | View All First 1 of 1 Last

Effective Date 04/20/2019

One Year

Two Year **Assault Date**

Comments

Save **Correct History**

Be sure to enter the "Assault Date" when selecting the "Two-Year" eligibility:

Workers' Comp Duration Find | View All First 4 of 4 Last

Effective Date 12/16/2018

One Year

Two Year **Assault Date**

Comments

Message from webpage

 If Workers' Compensation is for 2 years, Assault Date must be entered. (24000,888)