



## Department of Civil Service

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**PA20-13**

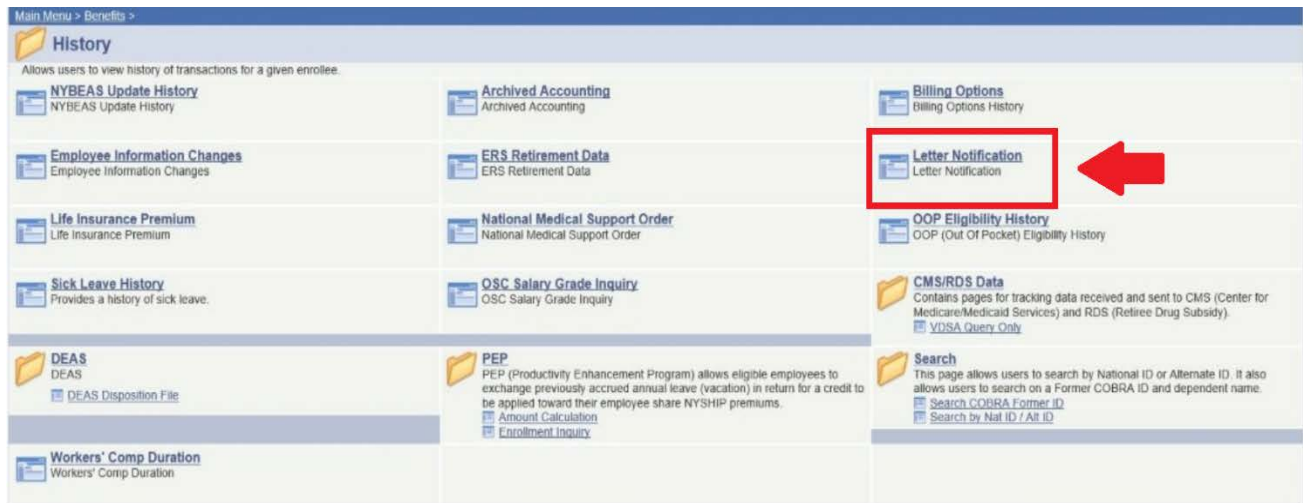
**TO:** Participating Agency Health Benefit Administrators  
**FROM:** Employee Benefits Division  
**SUBJECT:** Letter Automation Project  
**DATE:** August 17, 2020

The Employee Benefits Division (EBD) is pleased to announce the automation of letters to enrollees in the New York State Health Insurance Program (NYSHIP) when certain transactions are processed in NYBEAS.

A letter will be generated automatically when the following transactions are entered:

- **Dependent Delete – DEP/DEL, DEP/DIV, DEP/DEC, DEP/DPT (if applicable), DEP/DPV (if applicable):** Removing a dependent from a family policy, where at least one other dependent remains covered.
- **Dependent Add – DEP/ADD, DEP/MAR, DEP/NWB, DEP/PCT, DEP/ADP (if applicable):** Adding one or more dependents to an existing family policy.
- **Change to Individual – CCO/VOL, CCO/DEC, CCO/DEL, CCO/DIV, CCO/EXT, CCO/OPN, CCO/DPT (if applicable), CCO/DPV (if applicable):** Changing from a family to an individual policy.
- **Change to Family – CCO/MAR, CCO/NWB, CCO/PCT, CCO/REQ, CCO/ADP (if applicable):** Changing from an individual to a family policy.
- **Payment Method Change – PMC/APY, PMC/ERS, PMC/TRS:** Changing the method in which an enrollee is billed for their premiums.

Once the transaction is processed, a letter will be queued for printing that evening and mailed the following business day. You can verify that the letter was generated by viewing the **Letter Notification** page in NYBEAS. This page can be accessed by visiting **Benefits > History > Letter Notification**.



A list of letters mailed to the member will be populated along with its current status and process date.

Example:

Letter Notification Information							Customize   Find   View All   First 1-5 of 5 Last
Type Code	Letter Type	Status Code	Letter Status	Sent To	Status Date	Action Date	
C1	Change Coverage to Family	NT	Notified	Enrollee	08/11/2020	08/11/2020	
AC	Address Change Notification	NT	Notified	Enrollee	08/04/2020	08/04/2020	
CI	Cobra Initial Notice	NT	Notified	Enrollee	07/15/2019	08/08/2019	
AC	Address Change Notification	NT	Notified	Enrollee	03/31/2016	03/31/2016	
PP	Privacy Package	NT	Notified	Enrollee	08/29/2013	08/01/2013	

The following chart catalogues possible **Letter Type** and **Type Code** (you may see other Codes and Letters produced by EBD) associated with corresponding transactions:

Type Code	Letter Type
C1	Change to family coverage
C2	Change to individual coverage
D1	Add a dependent
D2	Remove a dependent
P1	Option change
P2	Payment method change

The **Letter Status** column indicates which step of the letter generation process the letter is presently in. Possible **Letter Status** and **Status Codes** are listed in the following chart:

Status Code	Letter Status	Definition
NT	Notified	The letter was produced.
UN	Unprocessed	The letter has not yet been produced but is queued to generate overnight.
NP	Not Processed	The letter was not produced.

Note: Letters posted as Unprocessed (UN) will update the following day to reflect Notified (NT) status. Alternatively, letters in Not Processed (NP) status means EBD updated the record to prevent a letter from being generated for a specific transaction.

Although EBD will mail confirmation letters for these transactions directly to enrollees' homes, HBAs should continue to notify employees of the change(s) requested and applicable details. This will ensure they are provided with critical information, including changes in premium, which paycheck will be impacted, and whether there will be any retroactivity for billing.

If you have any questions after reviewing this memo, please contact the Employee Benefits Division HBA Help Line at (518) 474-2780. Representatives are available Monday through Friday between 9 a.m. and 4 p.m. Eastern time.