

Medicare Enrollment Scenarios When Participating Employer Enrollees Are Retiring

Enrolled in Part A	Enrolled in Part B	Age of Person Who Is Medicare Eligible	NYSHIP Plan Option	How NYBEAS Should Be Updated	Additional Action Required	How Claims Will Be Paid
Yes	Yes	Any Age	Any Option	Process Medicare primacy and reimbursement effective the date of Medicare primacy.	Send letter to enrollee confirming Medicare was updated and is primary.	Medicare will pay primary; NYSHIP will pay secondary.
No	No	Over Age 65	Any Option	Process a cancellation of NYSHIP coverage effective the date of Medicare primacy.	Instruct the enrollee to contact the Social Security Administration to sign up for Medicare. In addition, make a comment in NYBEAS indicating the person who is not enrolled in Medicare.	NYSHIP coverage will be cancelled as of the date of Medicare primacy. Claims will not be paid as of that date.
Yes	No	Under Age 65	The Empire Plan	Process Medicare primary effective the date Medicare is primary. Medicare reimbursement will be updated effective the Medicare Part B enrollment date or the next July 1 following the enrollee's	Instruct the enrollee to contact the Social Security Administration to sign up for Part B. In addition, make a comment in NYBEAS indicating the person who is not enrolled in Medicare Part B and	Claims will be paid as NYSHIP primary until the effective date of Medicare Part B enrollment or the next July 1

				retirement date, whichever comes first.	notify EBD by letter that the person is not enrolled in Medicare Part B.	following the enrollee's retirement date, whichever comes first.
Yes	No	Over Age 65	The Empire Plan	Process Medicare primacy and reimbursement effective the date of Medicare primacy.	Instruct the enrollee to contact the Social Security Administration to sign up for Part B. In addition, make a comment in NYBEAS indicating the person who is not enrolled in Medicare.	The Empire Plan carriers will not cover the portion of the claim that would have been paid by Medicare. The enrollee will be responsible for that portion.
Yes	No	Under Age 65	NYSHIP HMO	NYBEAS will be updated by EBD to show Medicare primacy and reimbursement effective the Medicare Part B enrollment date or the next July 1 following the enrollee's retirement date, whichever comes first.	Instruct the enrollee to contact the Social Security Administration to sign up for Part B. In addition, make a comment in NYBEAS indicating the person who is not enrolled in Medicare Part B and notify EBD by letter that the person is not enrolled in Medicare Part B.	Claims will be paid as NYSHIP primary until the effective date of Medicare Part B enrollment or the next July 1 following the enrollee's retirement date,

						whichever comes first.
Yes	No	Over Age 65	NYSHIP HMO	Process a cancellation of NYSHIP coverage effective the date of Medicare primacy.	Instruct the enrollee to contact the Social Security Administration to sign up for Part B. In addition, make a comment in NYBEAS indicating the person who is not enrolled in Medicare Part B.	NYSHIP coverage will be cancelled as of the date of Medicare primacy. Claims will not be paid as of that date.
No	Yes	Any Age	Any Option	Process Medicare primacy and reimbursement effective the date of Medicare primacy.	Request documentation from the Social Security Administration stating that the enrollee and/or dependent is ineligible for Part A or that they are required to pay Part A premium. Forward this documentation to EBD.	Individuals will be held harmless by NYSHIP on a permanent basis for Medicare Part A, unless the individual becomes eligible for no cost Part A.