

New York Benefits Eligibility and Accounting System (NYBEAS)

Employee Benefits Division

May 19, 2021

Topics

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- 4. Creating a New Job Record
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NYBEAS Access

- Agencies that participate in NYSHIP are required to have access to the New York Benefits Eligibility and Accounting System (NYBEAS), to process enrollment transactions related to NYSHIP participation
- Access to NYBEAS may only be granted to an agency's Health Benefits Administrator (HBA)

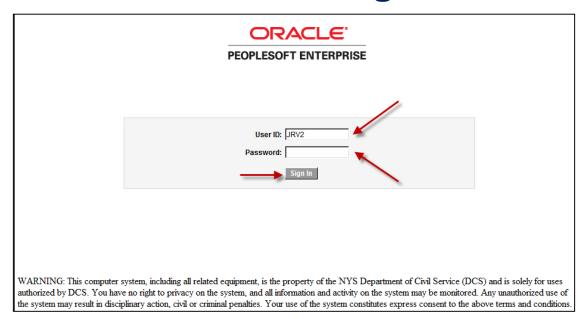
May 19, 2021

NYBEAS Access

- The Data Access Officer (DAO) at your agency is designated to permit and terminate NYBEAS access
- HBA Memo PA 18-02 NYBEAS Access and HBA Online Access



NYBEAS Login



https://nybeas.cs.state.ny.us/psp/NYBEAS/?cmd=login&languageCd=ENG&



NYBEAS Access

- Requests for NYBEAS password resets should be sent to the Office of Information Technology Service Desk.
 You may reach them:
 - by phone at 1-844-891-1786
 - by e-mail at <u>fixit@its.ny.gov</u>
 - by submitting a request online via the ITS Service Portal at https://nysitsm2.service-now.com/sp/



How to Look Up an Enrollee





Click **Benefits** from the Main Menu





Under the **History** folder, click on **NYBEAS Update History**



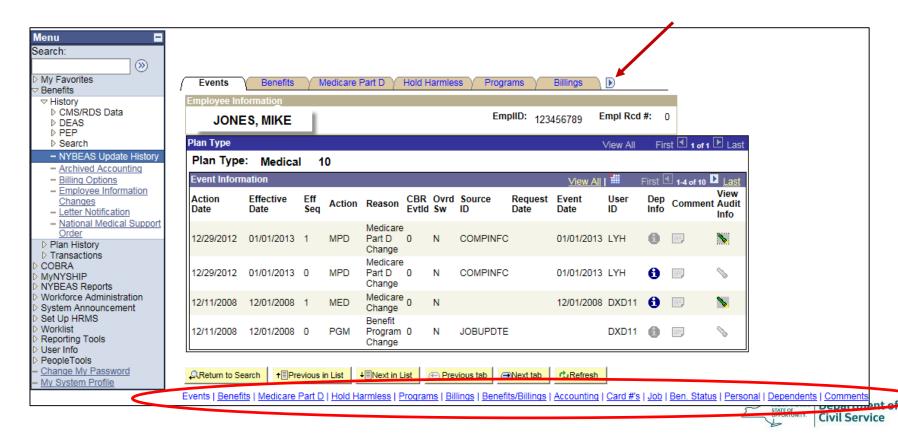
Department of Civil Service

Enter the enrollee's SSN (EmpIID) and click Search





NYBEAS Update History will appear



Search Folder





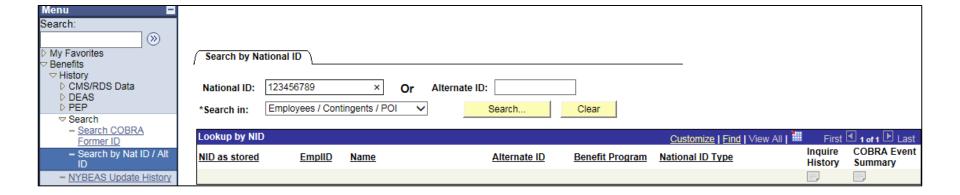
May 19, 2021

Here we see other methods of searching an enrollee or dependent



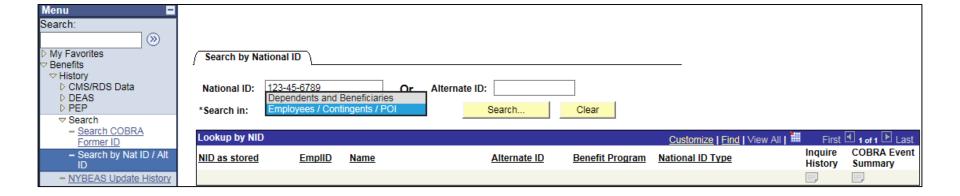


Enter the National ID (SSN) or Alternate ID (Empire Plan Id Number) and click **Search**





Click the drop-down menu to search a dependent's SSN



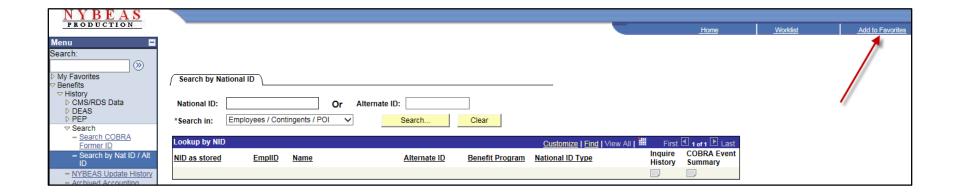


Click **Inquire History** and the NYBEAS Update History Panel will appear

Search by National ID									
National ID:	999-99-9998	Or	Alternate ID:						
*Search in:	Employees / Conti	ingents / POI 🗸	Search	Clear					
Lookup by NIC)				Customize Find View All	First	1 of 1 Last		
NID as stored	<u>EmplID</u>	<u>Name</u>	Alternate ID	Benefit Program	National ID Type	Inquire History	COBRA Event Summary		
999-99-9998	99999999	8 SAMPLE, SALLY	890672789	A02	Social Security Number				
						1			



Navigate to your desired screen and click the Add to Favorites link



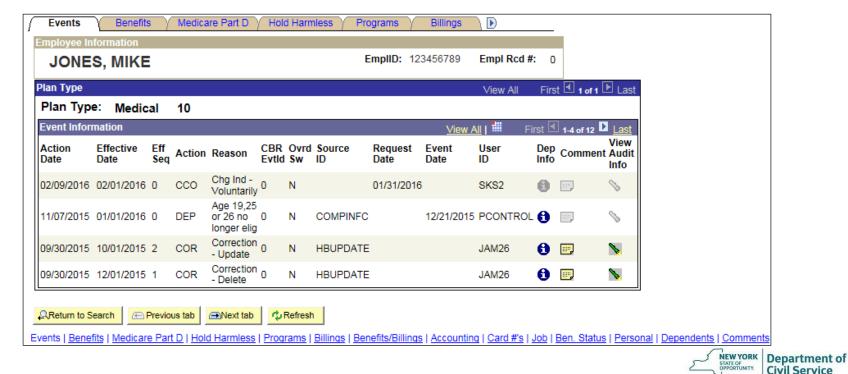


How to Navigate Through an Enrollees Account

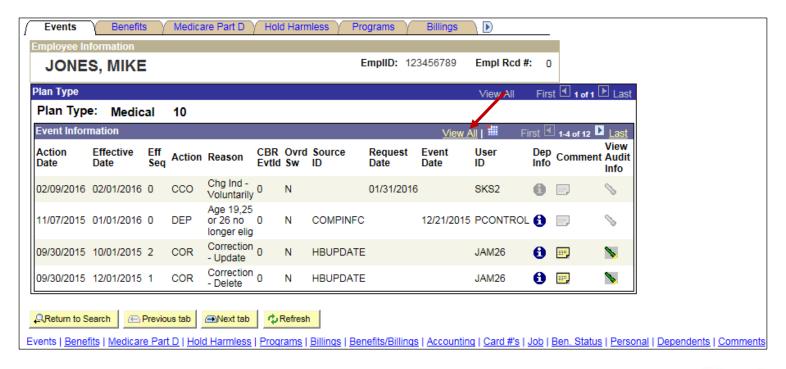




Events Panel: Lists in chronological order all benefit transactions that have been processed for this enrollee as well as the effective date of the change

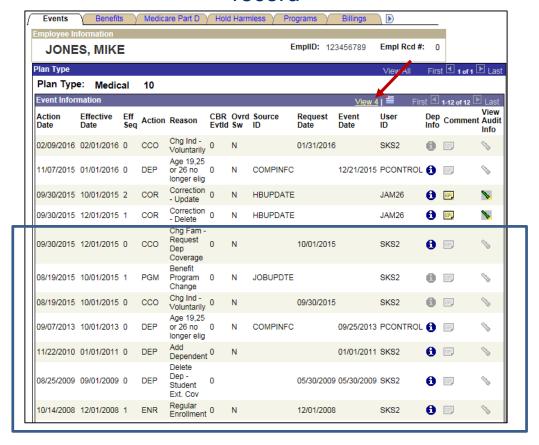


Click "View All" on the "Event Information" line to view all transactions processed on the enrollee's file





After you click "View All" you can now see all transactions on the record



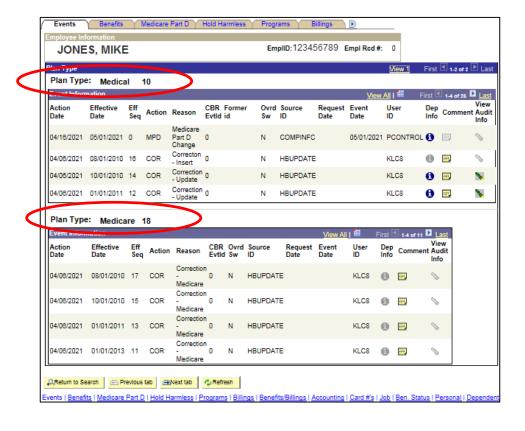


Click "View All" on the "Plan Type" line to view all benefit types on the enrollee's file



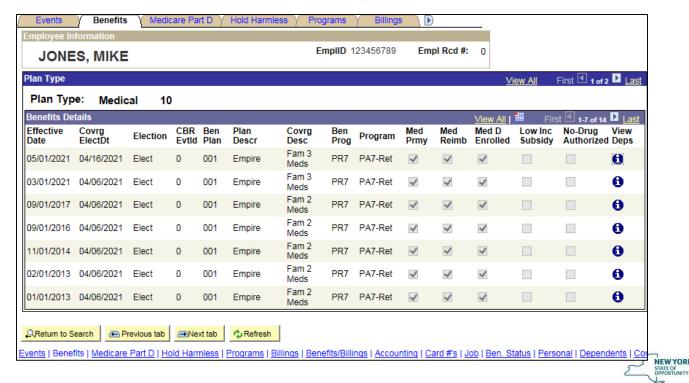


After you click "View AII" you can now see information about the enrollee's Medicare benefits in addition to their Medical benefits





Benefits Panel: Outlines the current benefit status, coverage type, benefit program and Medicare status. You can also view any dependents covered under the policy



Department of

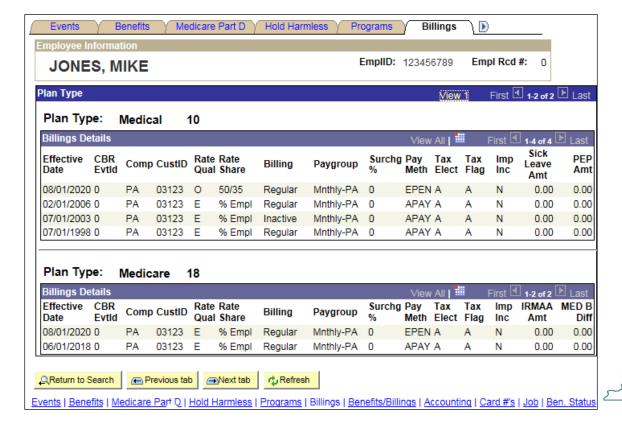
Civil Service

Programs Panel: Shows the Benefit Program which can be used to determine if an enrollee is actively employed, retired, or in another non-active benefit status





Billings Panel: Shows the billing and payment method for an enrollee (EPEN, TPEN, DIRP, APAY, etc.)



Department of Civil Service

Payment Methods

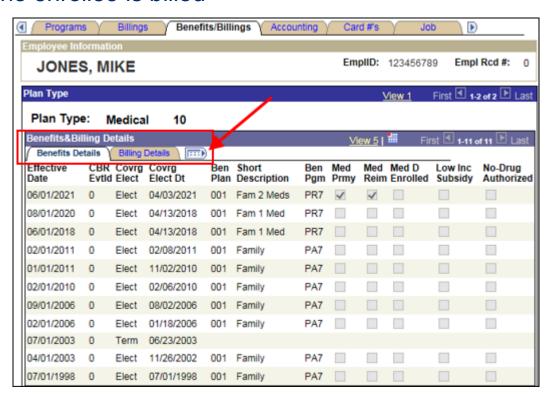
Payment Methods: (EPEN: Employee Retirement System Pension Deduction or

TPEN: Teachers Retirement System Pension Deduction)

Select one of the following values:						
<u>APAY</u>	Agency Pays					
DIRP	Direct Pay					
<u>EPEN</u>	ERS Pension Deduction					
TPEN	TRS Pension Deduction					
Cancel						

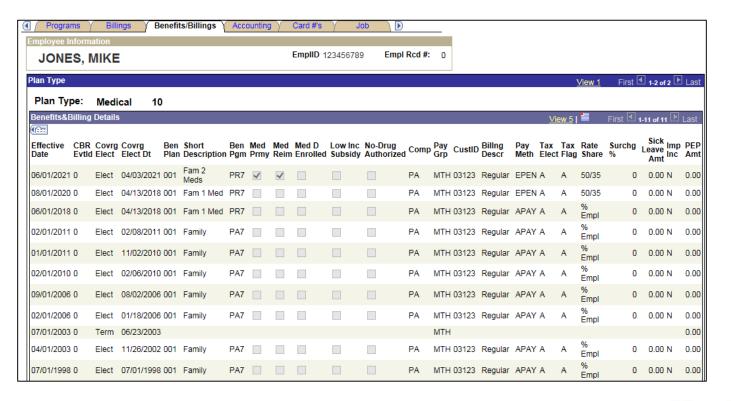


Benefits/Billings Panel: Gives a description of the current coverage which corresponds with the amount and method in which the enrollee is billed



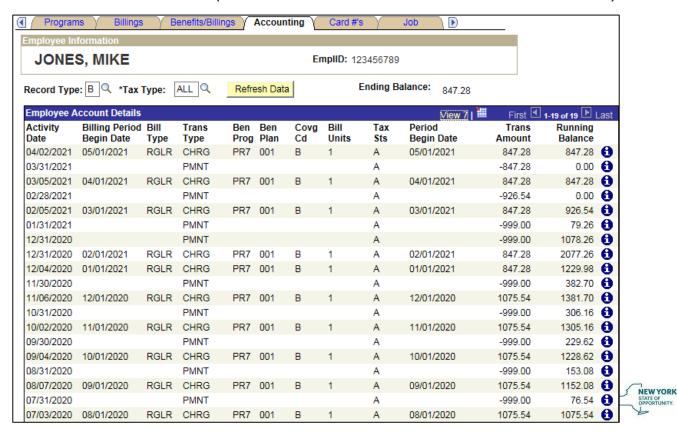


Benefits/Billings Panel – View Benefits & Billing Details





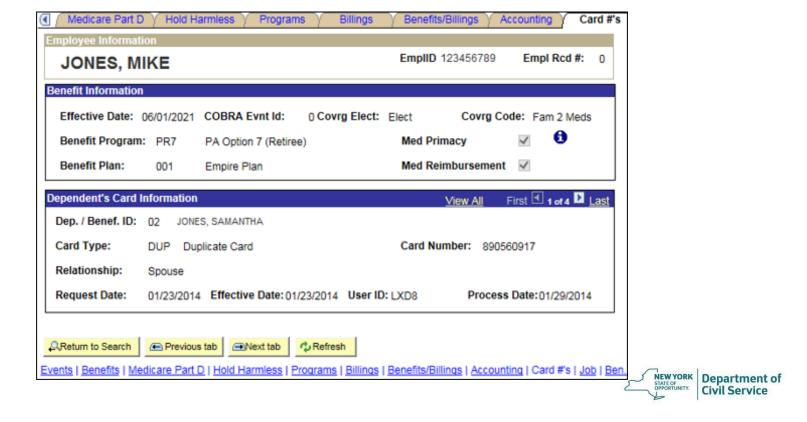
Accounting Panel: Shows the premium billing amount for EPEN/TPEN enrollees (No data will show for APAY enrollees)



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Civil Service

Card #'s Panel: Shows the enrollees Empire Plan ID number as well as the most recent date a replacement card has been requested

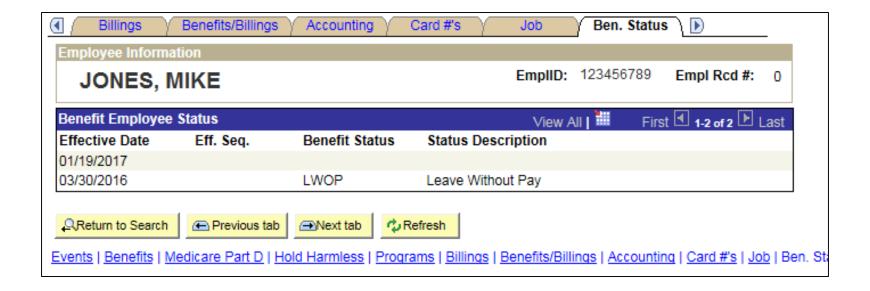


Job Panel: Shows any job transaction for an enrollee (Hire, Leave, Retirement, Rehire, etc.)



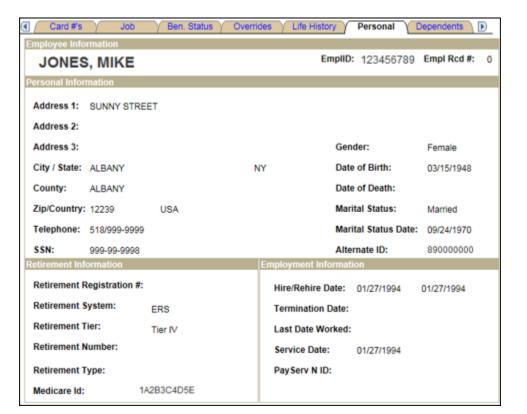


Benefit Status Panel: Displays the date a particular job transaction will begin to affect benefit status



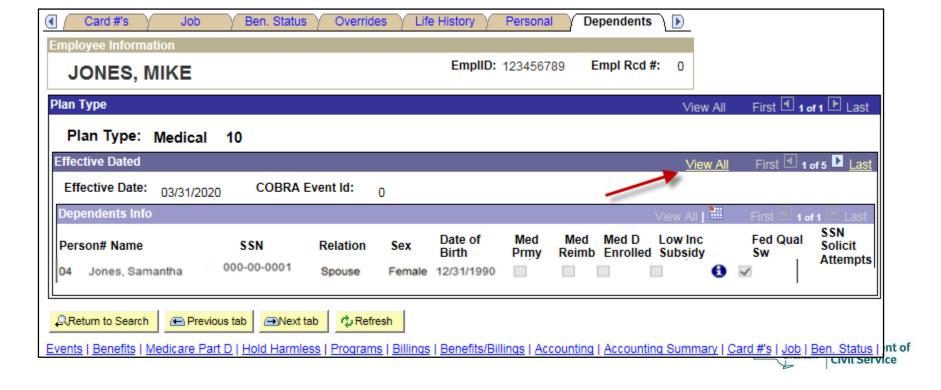


Personal Panel: Shows the enrollees personal information such as mailing address, date of birth, marital status, hire date, Empire ID, Medicare ID and Retirement information

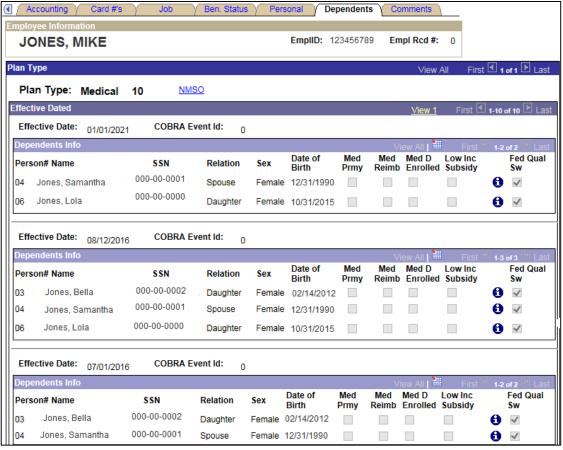




Dependents Panel: Shows all the dependents who have ever been covered under the policy along with effective dates of coverage

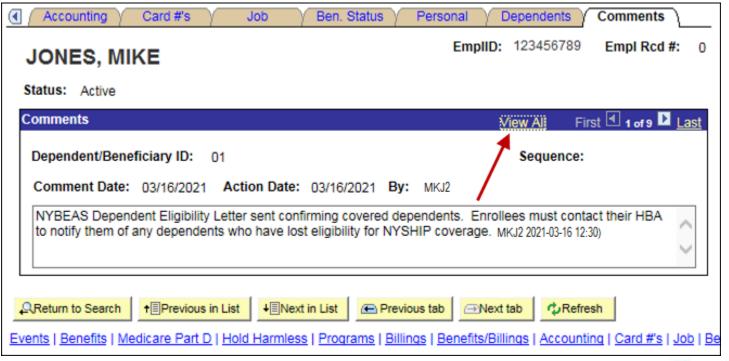


Dependents Panel – View All





Comments Panel: Shows comments made by any NYBEAS user who has made a change to the enrollee's policy



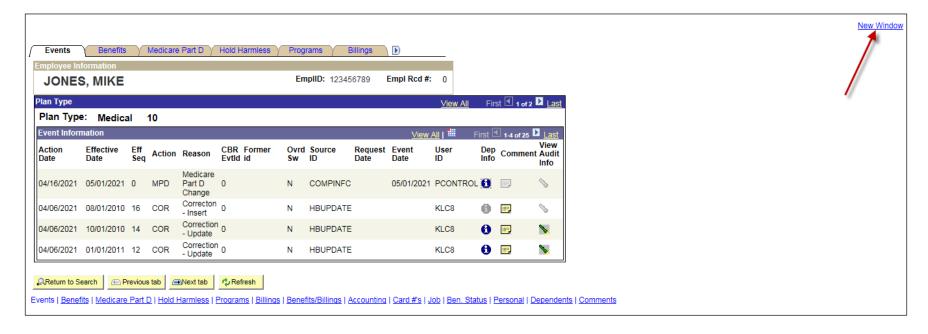


Comments Panel - View All

Accounting Card#s Job Ben. Status Personal	Dependents Comments
JONES, MIKE EmplID:	123456789 Empl Rcd #: 0
Status: Active	
Comments	iew 1 First 1-9 of 9 🕨 Last
Dependent/Beneficiary ID: 01	Sequence:
Comment Date: 03/16/2021 Action Date: 03/16/2021 By: PCONTROL	
NYBEAS Dependent Eligibility Letter sent confirming covered dependents. Enroll to notify them of any dependents who have lost eligibility for NYSHIP coverage.	ees must contact their HBA
Dependent/Beneficiary ID: 01	Sequence:
Comment Date: 01/14/2020 Action Date: 01/14/2020 By: Amanda Perkin	
Applied WOP extension through 6/1/20 per Filenet approval. EE has met her full y 01-14 11:27)	/ear of a WOP. (AXP26 2020-
	~
December 4December 1December 1	C
Dependent/Beneficiary ID: 01	Sequence:
Comment Date: 11/14/2019 Action Date: 11/14/2019 By: Amanda Perkin	
Applied WOP from 11/1/19-1/1/20 per Filenet approval. (AXP26 2019-11-14 14:40))
	~
Dependent/Beneficiary ID: 01	Sequence:
Comment Date: 10/15/2019 Action Date: 10/15/2019 By: Amanda Perkin	ns



Navigate to your desired screen and click the **New Window** Link





Creating a New Job Record





To create a job record for a new employee you must enter their information into NYBEAS. From the NYBEAS homepage, select the **Workforce Administration** link





Under the Hire menu, choose Enter Hire Data





Click on the **Select Template** drop-down menu and chose the **PA- Hiring Employees into PA** and then click **Go**

Hire	
Choose a template and select Go to enter a new person. The Hires to Process section lists people you have who are in draft status. Select a name to continue the hire process. You have the option to delete people you	
Add a New Person	
Select Template: ERV - Emergency Volunteer/Enroll. PA - Hiring Employees into PA You do not have anyone in draft status.	Go
Tou do not have anyone in draft status.	
Go To: Template-Based Hire Status	
Refresh	



On the Enter Hire Details page, enter the **Employee ID Number** and the **Job Effective Date**. Then click **Next**

*EmplID:	123456789
*Job Effective Date:	05/01/2019
Action:	Hire
*Reason Code:	Hire
*Address Country:	United States



On the Enter Employee Information page, under the **Name** section, enter the employee's first and last names using all capital letters. If the employee has a Suffix, use the drop-down box

Name			
Name Prefix:	•		
*First Name:	JOHN	Middle Name:	
*Last Name:	ENROLLEE		
Name Suffix:	V	· •	



In the Address Information for Hire section, enter the **employee's zip code FIRST** in the Postal Code field and hit the tab key. The City, State and County information will auto-populate

Address information for Hire				
Address Type:	HOME	Postal Code:	12203 Q	
*Address Line 1:		Address Line 2:		
City:	ALBANY			
State:	NY	County:	ALBANY	



In the **Address 1** field, enter the employee's address using all capital letters

If they live in an apartment, enter the apartment number in the **Address 1** field and the street address in the **Address 2** field

Address information for Hire				
Address Type:	HOME	Postal Code:	12203 Q	
*Address Line 1:	50 MAIN ST	Address Line 2:		
City:	ALBANY			
State:	NY	County:	ALBANY	



If the employee has a post office box type it in as it appears in the following format: **PO BOX 123.**

If the employee is using a PO Box as their primary address, you will need to add a street address as their permanent address by using the **Personal/Employment** transaction

Address information fo	r Hire		
Address Type:	HOME	Postal Code:	12203 Q
*Address Line 1:	50 MAIN ST	Address Line 2:	
City:	ALBANY		
State:	NY	County:	ALBANY



When Keying an Address

- USE ALL CAPITAL LETTERS
- Do not use punctuation
- There is a maximum of 23 characters per field
- Use abbreviations where possible.



Common Abbreviations Accepted by USPS

Primary Street Suffix Name	Postal Service Standard Suffix Abbreviation
Avenue	AVE
Boulevard	BLVD
Center	CTR
Circle	CIR
Court	CT
Drive	DR
Highway	HWY
Park	PARK
Parkway	PKWY
Plaza	PLZ
Road	RD
Route	RTE
Square	SQ
Street	ST
Terrace	TER
Turnpike	TPKE

For a list of standard abbreviations, go to the United States Postal Service website at www.usps.com.



In the **Telephone** field type in the employee's 10-digit phone number without dashes or parenthesis

Person Phone Number	r			
Phone Type:	01-Home ▼	Telephone:	5185551212	



Enter the employees **Date of Birth**, **Retirement System**, and **Retirement Tier**. If you do not have retirement information available, you can enter it later

Person Static data			
Date of Birth:	04/01/1992	Medicare Id:	123456789A
Retirement System:	Employee's Retirement Systi 🗸	Retirement Type:	~
Retirement Number:		Retirement Tier:	Retirement Tier VI 🗸
Retirement Registration#:			

Do <u>not</u> enter the Retirement Number. (The retirement number is not assigned until the enrollee retires)



Under the **Personal Data for Hire** section, use the dropdown menus to add the employee's **Gender** and **Marital Status.** If there has been a change in marital status, enter the date that the change occurred in the **Marital Status Date** field

Personal Data for Hire			
*Gender:	Male ▼		
*Marital Status:	Married ▼	Marital Status Date:	06/12/2012



In the **Job Date for Hire** section, enter the employee's agency code in the **Department** field. Click the magnifying glass and select the agency code

Job Data for Hire			
*Department:	Q	Description:	
Company:	PA		
Pay Group:	MTH	Description:	MTH - Monthly - PA
Union Code:	PA	Description:	Participating Agency
Employee Percent Filled	: 100	NYBEAS Job Code:	9999999]Q



Enter the employee's **First Eligibility Date**. This is the first day the employee is eligible to enroll in coverage and cannot be prior to hire date

First Eligibility Date	
*First Eligibility Date:	

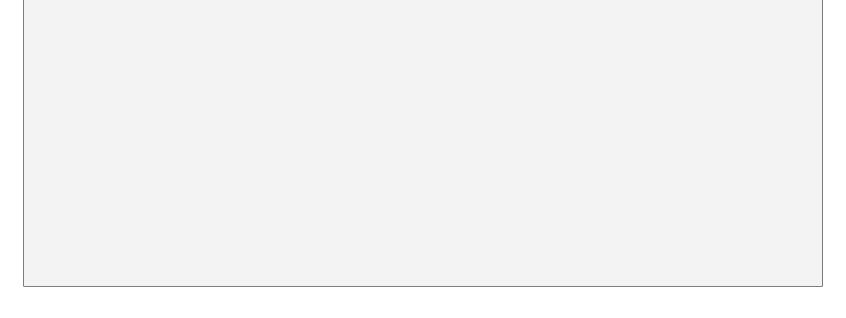


When you are finished entering information, click the **Save** and **Submit** button at the bottom of the page



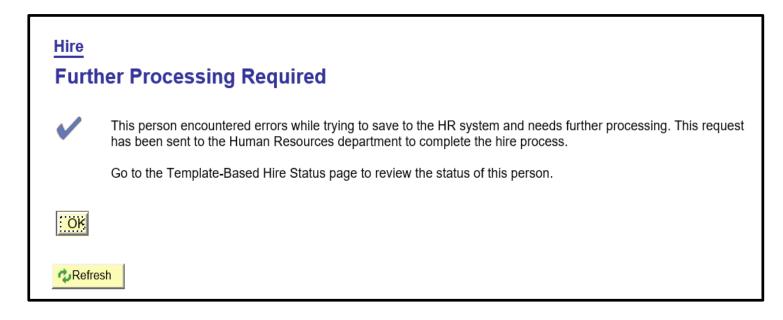


If there was an error processing the hire transaction, you will see this warning





If this screen appears DO NOT try to correct the error or process the new hire again. Instead, click OK and call the HBA Helpline at (518) 474-2780 for assistance





If NYBEAS accepts the transaction you should see this screen. Click **OK** to finish the transaction





Next you need to enroll the employee in benefits



How to Enroll a New Hire or Newly Eligible Employee into Coverage





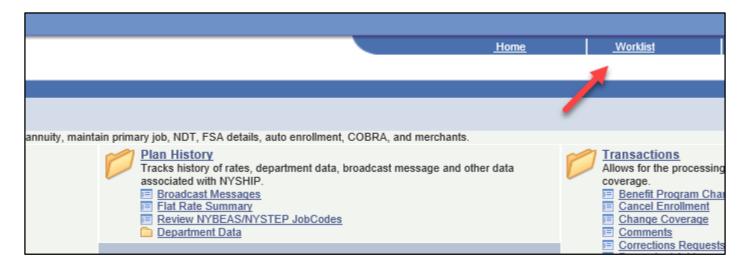
Enrolling a New Hire/Newly Eligible Employee into Coverage

 After you have processed the Hire transaction on Workforce Administration, you can enroll the employee into a NYSHIP health plan by using the Enroll/Waive Benefits transaction

OR

 You should find the employee on the New Enrollment Worklist. Using the New Enrollment worklist will bring you directly to the Enroll/Waive Benefits screen

Worklists can be found in the top right corner of your NYBEAS window





To enroll a new hire or newly eligible employee into coverage from the NYBEAS homepage, select **Benefits**





Under the **Transactions** menu, choose **Enroll/Waive Benefits**





Enter the **Employee's ID number** (usually their Social Security Number) in the **EmplID** field and Press **Search**

Enroll/Waive Benefits Enter any information you have and click Search. Leave fields blank for a list of all values. Find an Existing Value		
EmplID:	begins with ✓ 549120982	
Empi Kca Nor:	=	
Last Name:	begins with 🗸	
First Name:	begins with 🗸	
Department:	begins with 🗸	
☐ Case Sensitive		
Search Clear Basic Search Save Search Criteria		



The Enroll/Waive Benefits screen will appear

Enroll/Waive Benefits	
Employee Information	
ENROLLEE, JOHN	EmplID: 549120982 Empl Rcd #: 0
Select Plan Type	
*Plan Type: 🔲 🔍	COBRA Event Id: 0
Enrollee's Current Coverage Information	
Eff Date Event Id Covrg Elect Benefit Plan	Coverage
Select Action	
*Action *Reason Event Dt Request Dt	Effective Dt Override
	No V
Select Benefit Plan Information	
Benefit Plan:	Alternate ID:
Tax Election Q	
Health Benefit Selection	
Coverage Code:	Medicare Primary ?
	Medicare Reimbursable ?
Life Benefit Selection	
Coverage Type: A	
Save	



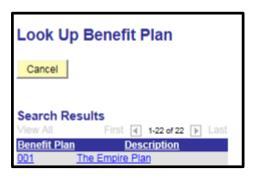
In the **Plan Type** field, enter **10** for Medical.
In the **Action** field, enter **ENR** for Enroll.
In the **Reason** field, enter **REG** for Regular Enrollment.
In the **Request Date** field, enter the signature date on the PS-503.
The **Effective Date** field will auto-populate

Enroll/Waive Benefits	
Employee Information ENROLLEE,JOHN	EmplID: 546120982 Empl Rcd #: 0
*Plan Type: 10 Q Medical Select Action	COBRA Event Id: 0
*Action	Request Dt Effective Dt Override



In the **Benefit Plan** field, click the magnifying glass to select the NYSHIP Plan your agency offers (Empire Plan or Excelsior Plan)

Select Benefit Pla	an Inform	ation	
Benefit Plan:	001	The Empire Plan	Alternate ID:
Tax Election	А	After-Tax	
Health Benefit Se	election		
Coverage Code	::		Medicare Primary ? Medicare Reimbursable ?





For Employee Only coverage (Individual) enter 1 in the Coverage Code field and press Save

Select Benefit Plan Information		
Benefit Plan: 001 Q	Empire Plan	Alternate ID:
Tax Election A	After-Tax	
Health Benefit Selection		
Coverage Code: 1		Medicare Primary ? Medicare Reimbursable ?
Return to Search		



For Family coverage, enter 4 in the Coverage Code field. Next, click Enroll Dependents to add dependents to coverage

Health Benefit Selection			
Coverage Code: 4 Q	Family	Enroll Dependents	Medicare Primary ?
OOD FEI-INST. I-F-			



On the next screen, click **Add/Change Dependents** to add dependent info

Employee Information ENROLLEE, JOHN	EmplID: 546120982 Empl Rcd #: 0
Plan Type	
Plan Type: 10 Medical	
Add/Change Dependents	Return to the Main Panel



On the **Add/Change Dependent Data** page, enter a dependent's SSN, Date of Birth, and First and Last Name in all capital letters

Dependent/Beneficiary ID 02 SSN: Same Phone as Employee Date of Death: Elig. Adj(Mths): Name *Effective Date: First Name: Last Name: Name: Name: Name: Refresh Name	d/Change Dependent Data	Fi	<u>nd</u> View All First <mark> </mark>	₄ ► Last
Same Phone as Employee Date of Death: Elig. Adj(Mths): Name *Effective Date: First Name: Last Name: Suffix: Pafroch Name	Dependent/Beneficiary ID 02	COBRA Emplid:		
*Effective Date: Prefix:: First Name: Middle Name: Suffix: Suffix: Pafrach Name	_			
*Effective Date: Prefix:: First Name: Middle Name: Last Name: Suffix: Prefix:: Middle Name: Suffix: Pafreeb Name	Elig. Adj(Mths):			
Last Name: Suffix:		Prefix::	~	
Petroch Name				
		Julia.	Refresh Name	

In the Address section, if a dependent's permanent address is the same as the enrollee's address, click the **Same Address as Employee** check box

Address	
*Effective Date	04/01/2021
Same Address a	s Employee 😾 ძ



If the address is different than the enrollee's permanent address, double click the **Same Address as Employee** check box to enter a new address

Dependent Address					
Address Type:	HOME				
Postal Code:	Q				
Address Line 1:					
Address Line 2:					
City:					
County:					
State:	Country: USA Q				
OK Cancel					



Next, enter the dependent's **Relationship** to the enrollee, their **Gender**, and their **Marital Status**

Dependent Profile	
*Effective Date: 05/01/2021	*Relationship: Spouse V
*Dependent Type: Dependent V	*Gender: Female V
*Marital Status: Married V	Marital Status Date: 02/14/2020
Student?	Student Status Date: 3
*Dep Proc. Type: No Disab	Dep. End Date:
Medicare Id:	
OK Cancel	



If you need to add additional dependents, click on the **blue plus sign** on the top right side of the screen. Repeat this step for each eligible dependent you are enrolling

Add Depende	nts	<u>Find View All</u> <u>First</u>	2 of 2 Last
Dependent/E	Beneficiary ID 03	COBRA Emplid:	+ -
SSN:	123-45-6789	Birthdate: 01/01/1990 3	
Same Phone	e as Employee 🗹	Date of Death:	/



When you are finished entering information click **OK**

Add/Change Dependent Data	
Add Dependents	Find View All First ◀ 1 of 1 ▶ Last
Dependent/Beneficiary ID 02	COBRA Emplid:
SSN: 123-69-8547	Birthdate: 01/10/1985 🙀
Same Phone as Employee 🗹	Date of Death:
Elig. Adj(Mths):	
Name	
*Effective Date:	Prefix:: ▼
First Name: JANE	Middle Name:
	Suffix:
Last Name: ENROLLEE	Refresh Name
Name: ENROLLEE,JANE	Reliesh Name
Address	
*Effective Date	
Same Address as Employee	
Dependent Profile	
*Effective Date:	*Relationship: Spouse *
*Dependent Type: Dependent ▼	*Gender: Female ▼
	Marital Status Date: 09/09/2015 🕅
*Married *	
Student?	Student Status Date:
*Dep Proc. Type; No Disab ▼	Dep. End Date:
Medicare Id:	
OK Cancel	



Next you will see all the dependent(s) that you have input information for. Check the **Add Dependent** box next to each dependent being added to coverage. Then, click **Return to the Main Panel**

Employee Information	
Employee Information ENROLLEE, JOHN	EmplID: 546120982 Empl Rcd #: 0
Plan Type	
Plan Type: 10 Medical	
Add/Change Dependents	Return to the Main Panel
Enroll Dependents	<u>Find</u> First 1 of 1 Last
02 ENROLLEE, JANE Add Dependent Med Primary?	Spouse DOB: 01/10/1985 123-69-8547 Med Reimbursable? ■ Fed Qualified? ■



Finally, click **Save** on the bottom on page

Enroll/Waive Benefits	
Employee Information	
TEST,NYBEAS	EmplID: 787878781 Empl Rcd #: 0
Select Plan Type	
*Plan Type: 10 Q Medical	COBRA Event Id: 0
Select Action	
*Action *Reason Event Dt ENR REG	Request Dt Effective Dt Override 01/01/2021 № ✓
Select Benefit Plan Information	
Benefit Plan: 001 C Empire Plan Tax Election A After-Tax	Alternate ID:
Health Benefit Selection	
Coverage Code: 4 Q Family	Enroll Dependents Medicare Primary? Medicare Reimbursable?
Save Return to Search	



Once you have completed the transaction, be sure to check the NYBEAS Update History to make sure that the transaction was successful



NYBEAS Comments





NYBEAS Comments

- Transaction used to note any communications with the employee and other events that are not captured by a NYBEAS Transaction
- For informational purposes only; does <u>not</u> update an enrollee's record
- The comments section should be used every time you receive a request or assist an employee
- When you create a comment in NYBEAS this information is <u>not</u> communicated to the Employee Benefits Division (EBD). If further action is required, you must process the transaction or contact EBD



Things to Note When Leaving Comments

- What was the employee's request?
- Is the employee benefits eligible?
- What forms were submitted and what date were they signed?
- List what proofs were received from the employee.
- What date were the forms and proofs received? Was it within the required timeframe?
- What was the date and name of the life or job event that prompted the transaction if there is one?
- What was the transaction being processed?
- Were there any delays in processing and why did they occur?

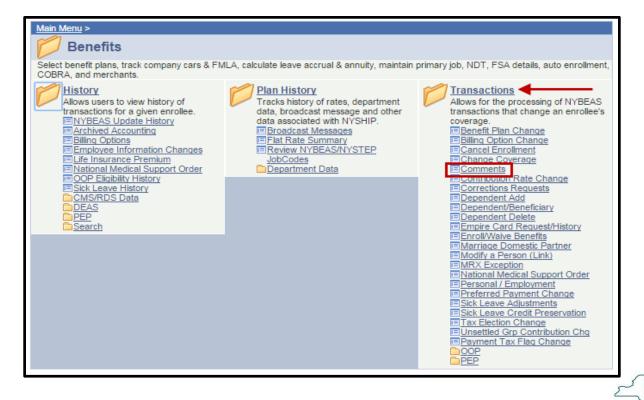


To access the **Comments** transaction, begin at the NYBEAS home screen and click the **Benefits** link





On the right-hand side of the screen, under the **Transactions** Menu, click the **Comments** link



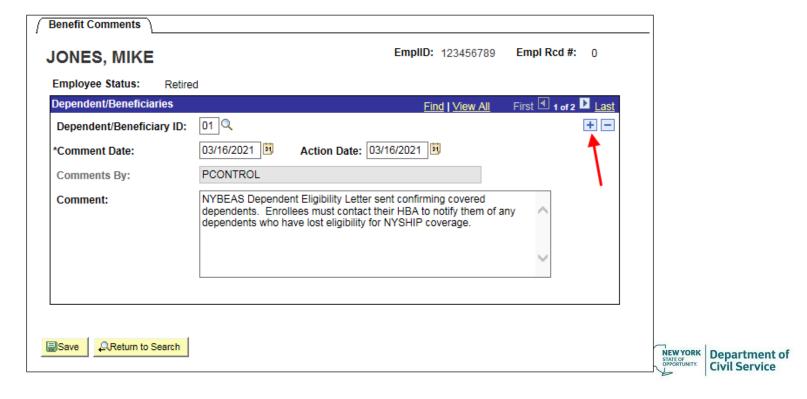
Department of Civil Service

Enter the employee ID number (Social Security Number) in the **Employee ID** field and press **Search**

Comments Enter any information you have and click Search. Leave fields blank for a list of all values.			
∫ Find an Exis	eting Value		
EmplID:	begins with ▼ 546120982		
Empl Rcd Nbr	: = ▼		
Last Name:	begins with ▼		
First Name:	begins with ▼		
Department:	begins with ▼		
Case Sensitive			
Search Clear Basic Search Save Search Criteria			



If there is an existing comment on this screen, click the **Blue Plus Sign** button at the top right of the panel to add a new comment

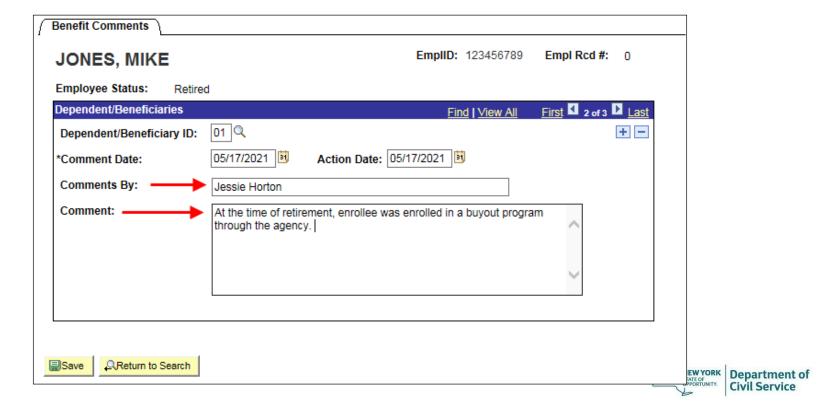


A new Comment box will appear. The **Comment Date** and **Action Date** will both auto-populate with today's date

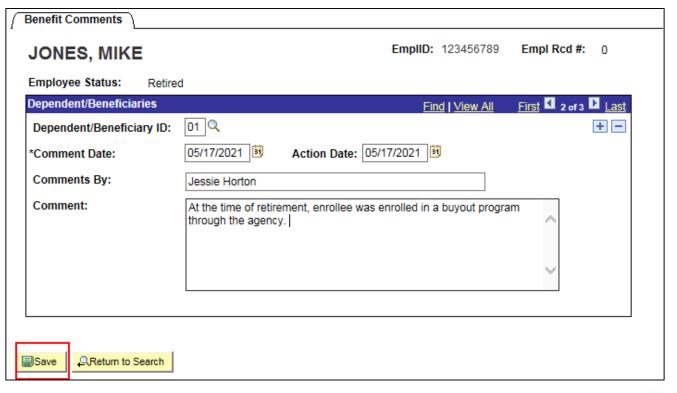
Benefit Comments			
JONES, MIKE		EmplID: 123456789	Empl Rcd #: 0
Employee Status: Retire	ed		
Dependent/Beneficiaries		<u>Find View All</u>	First 2 of 3 Last
Dependent/Beneficiary ID:	01 🔍		+ -
*Comment Date:	05/17/2021	Action Date: 05/17/2021	
Comments By:			
Comment:			^ ~



Enter your full first and last name in the **Comments By** field and enter your notes in the **Comment** section



When you are finished adding comments, click Save





Once you have completed the transaction, be sure to check the NYBEAS Update History to make sure that the transaction was successful



How to Process Retirements





To process a Retirement for an employee who is eligible to continue NYSHIP benefits in retirement, select **Workforce Administration** from the NYBEAS homepage





Under the Job Information menu, choose **Job Data**



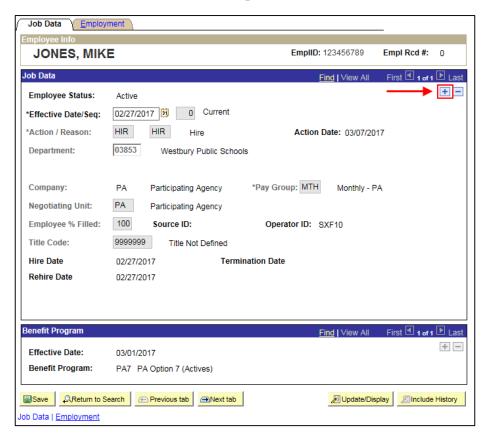


Enter the EmpIID and click **Search**

Job Data Enter any information you have and click Search. Leave fields blank for a list of all values. Find an Existing Value				
EmplID:	begins with > 123456789			
Empl Rcd Nbr				
Last Name:	begins with V			
First Name:	begins with V			
Department:	begins with 🗸			
V Include History ☐ Case Sensitive Search ☐ Clear ☐ Basic Search ☐ Save Search Criteria				



Click on the **Plus sign** to add a new row





The **Effective Date** will auto-populate to today's date. You need to update it to the date of the separation (retirement date)

Job Data <u>Employ</u>	ment \			_	
Employee Info	_	EIID		5	
JONES, MIK	E	EmpliD:	123456789	Empl Rcd #:	0
Job Data		<u> </u>	ind View All	First 1 of 2	Last
Employee Status:	Active				+ -
*Effective Date/Seq:	05/12/2021 🗓 0 Current				
Action / Reason:	Q Q	Action [Date: 05/12/20	21	
Department:	03853 Westbury Public School	s			
Company:	PA Participating Agency	*Pay Group: MTH	Monthly - P	A	
Negotiating Unit:	PA Participating Agency				
Employee % Filled:	100 Source ID:	Operator ID: O	PPAUPD		
Title Code:	9999999 Title Not Defined				
Hire Date	02/27/2017 Termin	nation Date			
Rehire Date	02/27/2017				
Benefit Program		<u> </u>	ind View All	First 1 of 1	
Effective Date:	03/01/2017				+ -
Benefit Program:	PA7 PA Option 7 (Actives)				
☐Save ☐ Return to Se	earch Previous tab Next tab		☑ Update/Dis	play Include	History
ob Data Employment					



For the **Action Code**, select **RET-Retirement** from the drop-down menu.

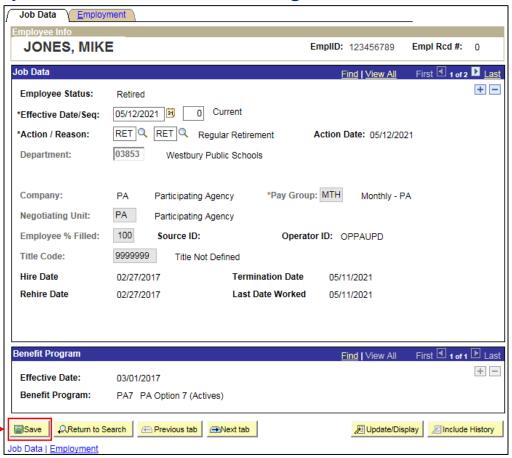




For the **Reason Code**, select **RET- Regular Retirement** from the drop-down menu



When you are finished entering information, click Save





As soon as you save a retirement transaction in Workforce Administration, you will receive this message, prompting you to process the **Preferred Payment Change**

If this retiree needs to have pension deductions started, complete the Preferred Payment Change Panel (24000,298)

If this retiree is in a retirement system and needs to have pension deductions started, the Preferred payment change panel must be completed, after this transaction is saved.

OK

Cancel



If the enrollee will pay for their coverage through pension deductions, you will now need to process a Preferred Payment Change to ERS or TRS Pension Deduction



If you received this warning, you must go into

Personal/Employment and enter the Retirement System
and Retirement Registration Number prior to processing a

Preferred Payment Change





You will see this error message if the enrollee or any of their dependents are over the age of 65. You will need to update their Medicare Primacy by processing a **Medicare**Change





Once you have completed these transactions, be sure to check the NYBEAS Update History to make sure that the transactions were successful



How to Process Medicare Changes





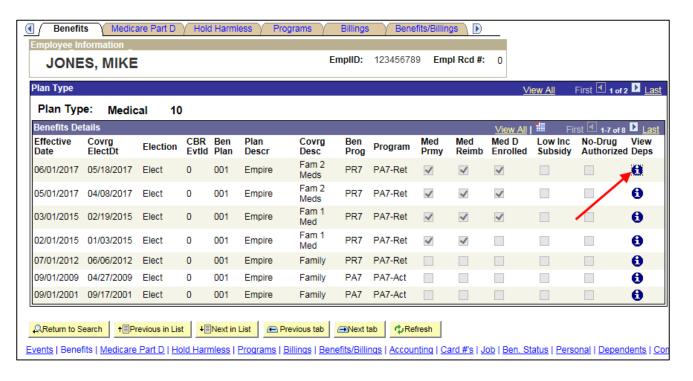
Medicare Change

- To update Medicare primacy and Medicare primary billing, you must process a Medicare Change transaction
- Before you begin this transaction, check NYBEAS Update History to confirm the correct Medicare ID is reflected on the enrollee's record
 - An enrollee's Medicare ID can be found in the Personal panel of NYBEAS Update History
- If the <u>enrollee's</u> Medicare ID number is not already entered or needs to be updated, you must make the change by using the Personal/Employment transaction

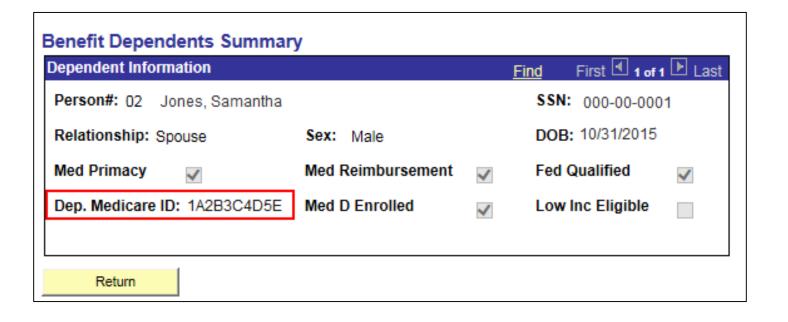


- Before you begin this transaction, check NYBEAS Update History to confirm the correct Medicare ID is reflected on the enrollee's record
- A dependent's Medicare ID can be found in the Benefits panel of NYBEAS Update History, by clicking the blue "i" icon under "View Deps"











- To update a <u>dependent's</u> Medicare ID number, you must make the change by using the **Dependent/Beneficiary** transaction
- If you update a dependent's Medicare ID using the Dependent/Beneficiary transaction, make sure to use the Medicare primacy date as the effective date



Name Address Perso	nal Profile			
JONES, MIKE		EmplID:	123456789	
ersonal Profile			Find View All	First 🕙 1 of 3 🕨 Las
Dependent/Beneficiary ID: 02	Name: Jones, S	amantha		+
Date of Birth: 10/2 Date of Death:	1/1965 3	Elig Adj (Mth	s): Find View All	First ¹ 1 of 4 Last
*Effective Date:	04/01/2021	Medicare Id	1A2B3C4D5E	+ =
Relationship to Employee:	Spouse	~		
Dependent Beneficiary Type:	Dependent	~		
*Sex:	Female 🗸			
*Marital Status:	Unknown	As of:	[31]	
	Student	End Date:	[31]	
	Disabled	As of:	31	

Medicare Change

If the enrollee or dependent's Medicare Part A date is <u>before</u> the
enrollee's retirement date, the Medicare primacy date will be the
date the enrollee's status as an active employee changes to retiree
(or date of enrollment in extended benefits for survivors, date of
enrollment in survivor coverage, date of enrollment in COBRA, or
date of enrollment in Vestee coverage)



Medicare Change

• If the enrollee or dependent's Medicare Part A date is <u>after</u> the enrollee's retirement date (or date of enrollment in extended benefits for survivors, date of enrollment in survivor coverage, date of enrollment in COBRA, or date of enrollment in Vestee coverage), the Medicare primacy date will be effective on the Medicare Part A date



To process a Medicare Change transaction, select **Benefits** from the NYBEAS homepage





Under the **Transactions** Menu, choose **Medicare Change**





Select plan type **10** for Medical. Enter the Medicare Primacy date in the **Event Date** field, regardless if it is for the enrollee or the dependent

Medicare Change	
ENROLLEE, JANE	EmplID: 123456789 Empl Rcd #: 0
Plan Type	
*Plan Type: 10 Medical	COBRA Event ID: 0
Enro lee's Current Coverage Information	
Eff Date Event Id Covrg Elect Benefit Plan	Coverage
02/01/2018 0 Elect 001 The Empire Plan	Fam 1 Med
PR7 PA Option 7 (Retiree) Med Primacy	Med Reimbursement
Transaction Details	
*Action *Reason Event Dt Request Dt	Effective Dt Override
MED CHG 07/01/2019	07/01/2019 No 🗸 🗐
Medicare Change	
Enrollee Medicare Info	
Medicare Change?: Y Med Primacy? ✓ Med Reimbursable?	✓ Medicare Id: 7NT5C64EK61
Change Dependent Medicare Info	ormation
Save Return to Search	



Once you have finished updating Medicare for the enrollee, click **Save**

	Medicare Char	nge								_
	ENROLL	.EE, JANI	E			EmpIID:	12345	6789	Empl Rcd #:	0
F	Plan Type									
	*Plan Type:	10	Medical			COBRA Eve	ent ID:	0		
E	Enrollee's Curr	rent Coveraç	ge Informatio	n						
	Eff Date Eve	ent Id Co	vrg Elect	Bene	efit Plan			Cove	rage	
	02/01/2018	0 E	Elect	001	The Empire Plan			Fam '	1 Med	
	PR7	PA Option 7	(Retiree)		Med Primacy	Med	Reimb	urseme	nt 🗌 🚨	
1	ransaction De	etails								
	*Action	*Reason	Event Dt		Request Dt	Effective	Dt	Ove	erride	
	MED	CHG	07/01/2019			07/01/2019	9	No	~	
	Medicare Ch	ange								
E	Enrollee Medic	are Info								
	Medicare Cha	inge?: Y	Med Primacy	? ✓ Me	ed Reimbursable?	✓ Medica	are Id:	7NT5C6	34EK61	
			Cha	nge Der	pendent Medicare Info	ormation				
	Save ARe	eturn to Search								



If you are changing a dependent's Medicare to primacy, enter the dependent's Medicare primacy date in **Event**Date and click Change Dependent Medicare Information

Medicare Change	
ENROLLEE, JANE	EmplID: 123456789 Empl Rcd #: 0
Plan Type	
*Plan Type: 10 Q Medical	COBRA Event ID: 0
Enrollee's Current Coverage Information	
Eff Date Event Id Covrg Elect Benefit Plan	Coverage
02/01/2018 0 Elect 001 The Empire Plan	Fam 1 Med
PR7 PA Option 7 (Retiree) Med Primacy	Med Reimbursement
Transaction Details	
*Action *Reason Event Dt Request Dt	Effective Dt Override
MED CHG 07/01/2019 3	07/01/2019 No 🔻 😇
Madisan Chann	
Medicare Change	
Enrollee Medicare Info	
Medicare Change?: N Med Primacy? ☐ Med Reimbursable?	Medicare Id: 7NT5C64EK61
Change Dependent Medicare Int	formation
Save Return to Search	

Select the appropriate dependent and click Return to the Main Panel

ENROLLEE, JANE	EmplID: 123456789 Empl Rcd	#: 0
Plan Type		
Plan Type: 10 Medical		
	Return to the Main Panel	_
Dependent Medicare Informat	on <u>Find</u> View All First	
02 DEPENDENT, ONE	SP Spouse DOB: 01/11/1953	
Change Dependent?: N	Med Primacy? ☑ Med Reimbursable? ☑ Fed Qualified? ☑	
	Dep. Medicare Id: 4X50GU1FA44	



Click **Save** to complete

Medicare Change	
ENROLLEE, JANE	EmplID: 123456789 Empl Rcd #: 0
Plan Type	
*Plan Type: 10 Medical	COBRA Event ID: 0
Enrollee's Current Coverage Information	
Eff Date Event Id Covrg Elect Benefit Plan	Coverage
02/01/2018 0 Elect 001 The Empire Plan	n Fam 1 Med
PR7 PA Option 7 (Retiree) Med Primacy	Med Reimbursement
Transaction Details	
*Action *Reason Event Dt Request Dt	Effective Dt Override
MED CHG 07/01/2019	07/01/2019 No 🗸 🗒
Martiner Channe	
Medicare Change	
Enrollee Medicare Info	
Medicare Change?: Y Med Primacy? ✓ Med Reimbursable?	✓ Medicare Id: 7NT5C64EK61
Change Dependent Medicare In	formation
☐Save ☐Return to Search	

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

Once you have completed the transaction, be sure to check the NYBEAS Update History to make sure that the transaction was successful



How to Process COBRA Enrollments





COBRA Enrollments

- The COBRA enrollment is a multi-step process that takes a minimum of two days to complete
- You must process the COBRA qualifying event before you begin processing the enrollment
- The COBRA-qualifying event is any involuntary cancellation, excluding cancellations due to non-payment, for members enrolled in Active or Retiree coverage (ex. divorce, job termination, cancellation due to age-ineligibility, death of the enrollee)
- Members whose Dependent Survivor Coverage is terminating due to age are also COBRA-eligible



COBRA Enrollments

- In the case of a divorce, you must change the status of the exspouse to divorced prior to processing their COBRA enrollment
- If the qualifying event is a Termination, once the termination is processed, you can skip the Insert COBRA Activity step and proceed to the Data Entry portion
- If the qualifying event is for the dependent(s) only, you can process the Insert COBRA Activity transaction the same day that the qualifying event was processed (Day 1)

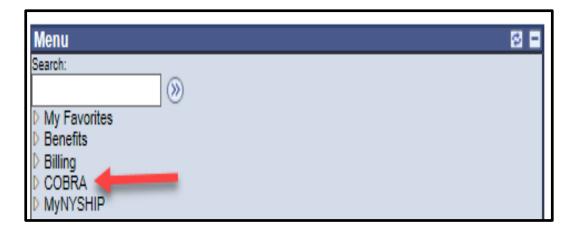


Day 1 Insert COBRA Activity

 Establishing the COBRA qualifying event in NYBEAS will result in a COBRA enrollment. To establish a COBRA qualifying event, you must process an Insert COBRA Activity transaction. Once the transaction is processed, allow NYBEAS to update overnight



Select **COBRA** from the NYBEAS Homepage





From the **Managed Automated Participation** folder. Select **Insert COBRA Activity**





Enter the enrollee's EmpIID, regardless if you are processing the COBRA enrollment for the enrollee or a dependent and click **Search**

Insert Cobra Activity Enter any information you have and click Search. Leave fields blank for a list of all values. Find an Existing Value							
EmplID:	begins with ✓ 123456789						
Empl Rcd Nbr	= >						
Last Name:	begins with V						
First Name:	begins with V						
Department:	begins with V						
☐ Case Sensitive							
Search	Clear Basic Search Save Search Criteria						



Date field. The event date should match the coverage termination date from the enrollee's NYBEAS Update History "Events" panel

Insert Cbr Activty	
Employee Details	
JONES, MIKE	EmplID: 123456789 Empl Rcd #: 0
Cobra Activity Information	<u>Find</u> View All First
*Event Date:	*COBRA Action:
Save Return to Search	



The **COBRA Action Code** is the reason for loss of eligibility

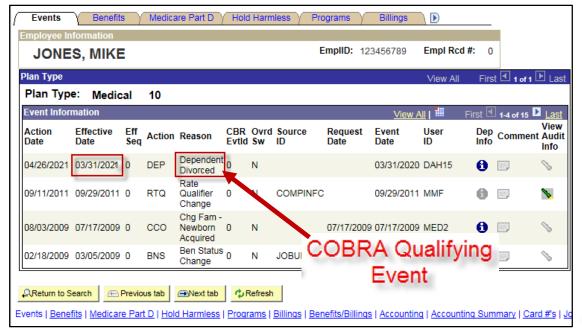
Insert Cbr Activty		
Employee Details		
JONES, MIKE	EmplID: 123456789 Empl Ro	cd #: 0
Cobra Activity Information	<u>Find</u> View All First <a>¶ 1 of	1 🕑 Last
*Event Date:	*COBRA Action:	+ -
Save		





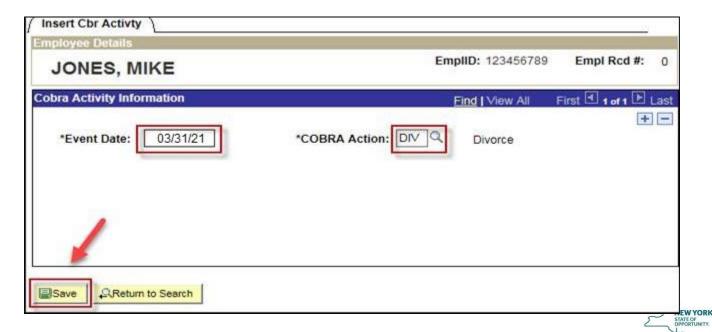
Example

This enrollee's dependent has been deleted effective 3/31/21. Since, the COBRA qualifying event in this case is divorce, the acronym "DIV" will be used in the COBRA Action field





Enter the COBRA Qualifying Event Date and the COBRA Action Code and click **Save.** The steps for Day 1 are complete once saved. You must allow the system to update overnight before completing the steps for Day 2



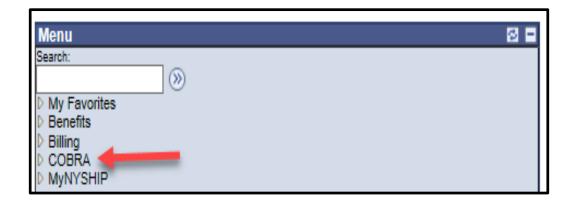
Department of

Day 2 Data Entry

- To complete the COBRA enrollment, you must process a Data Entry transaction. Once you complete the transaction, allow NYBEAS to update overnight and the enrollment will be reflected in NYBEAS the next day
- NYBEAS only allows processing for COBRA enrollments during a certain window of time from when the COBRA qualifying event occurred. Therefore, you must process COBRA enrollments as soon as possible. Otherwise, you will need to ask for EBD's assistance if you experience a NYBEAS error

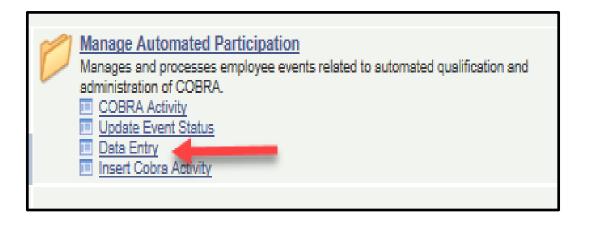


Select COBRA from the NYBEAS Homepage





Find the **Managed Automated Participation** folder. Select **Data Entry**





The Participant Data field will appear

Participant Data							-
JONES, MIKE			Emp	IID:		Ben Ro	cd#: 0
COBRA Event ID:	1		Ever	nt Class: Terr	nination		
Dep/Benef: COBRA Election:	00 JONES. MIKE	Election C	Oate: 04/30/2021		COBR/ Waive: Revok		23456789
Participant Enrollme	nt				Find V	iew All First	1 of 1 🕨 L:
Plan Type:	10	Covrg Begin:	05/01/2021	Covrg End:	04/30/2024	Election End:	06/29/2021
COBRA Election:	Elect V	Election Date:	04/30/2021	Waive:		Revoke:	
Option Code: Provider ID:	Q	Benefit Plan:	001	□ Previous	,		
Dependent Enrolle Dependent Name	nent	Relation	ship Health Prov			First 1 1 rev Person Typ	of 1 Last
■Save	Search						



In the first COBRA Election field, select the option Elect to enroll in COBRA

Participant Data		
JONES, MIKE COBRA Event ID: 1	EmpIID: Event Class: Termination	Ben Rcd#: 0
COBRA EVENTIB.	Event Class. Termination	
Dep/Benef: 00 JONES, MIKE		COBRA Emplid: 123456789
COBRA Election: Elect	Election Date: 04/30/2021	Waive:
		Revoke:



In the **Election Date** field, enter the date the application was signed. The application must be signed prior to the **Election End Date**

Participant Data	<u> </u>							_	
JONES, MIKE			EmpliD):			Ве	n Rcd#:	0
COBRA Event ID:	1		Event (Class:	Termination				
Dep/Benef: COBRA Election:	00 JONES. MIKE	Election D	ate: 04/30/2021			COBRA E Waive: Revoke:	mplid:	123456	3789
Participant Enrollme	nt					Find View	/ All F	irst 🕙	of 1 🕒 La
Plan Type:	10	Covrg Begin:	05/01/2021	Covrg E	ind: 04/30)/2024 E l	lection E	nd: 06/2	29/2021



In the second **COBRA Election** field select the option **Elect**

Participant Enrollment					<u>Find</u> View All First ¹ 1 of 1				
Plan Type:	10	Covrg Begin:	05/01/2021	Covrg End:	04/30/2024	Election End	: 06/29/2021		
COBRA Election:	Elect 🗸	Election Date:	04/30/2021	Waive:		Revoke:			
Option Code:	Q	Benefit Plan:	001	Coverage Cod	de: Family				
Provider ID:				☐ Previously	/ Seen				

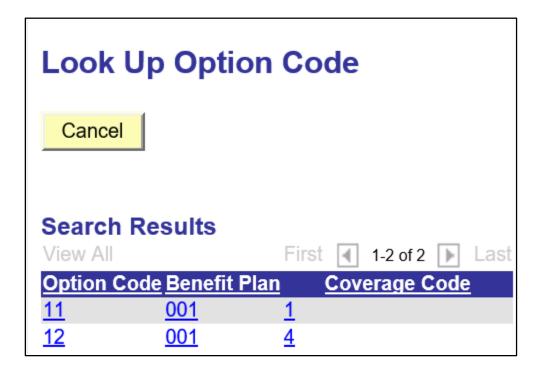


Click on the magnify glass to choose the correct **Option Code**

Participant Enrollme	ent				<u>Fir</u>	nd View All	First 🗹 1 of 1 🕑 Last
Plan Type:	10	Covrg Begin:	05/01/2021	Covrg End:	04/30/2024	Election End:	06/29/2021
COBRA Election:	Elect 🗸	Election Date:	04/30/2021	Waive:		Revoke:	
Option Code:	Q	Benefit Plan:		Coverage Co	de:		
Provider ID:				☐ PreviousI	y Seen		



Click on the magnify glass to choose the correct **Option Code**



```
11 = Individual
12 = Family
```



If the enrollee has elected Family coverage, click the magnifying glass icon next to the box under Dependent Name. A list of all covered dependents at the time of the loss of eligibility will appear

	e Find First 1 of 1 Last
ationship Health Provider ID	Prev Seen Person Type
	+ <u>-</u>



To add multiple dependents, click the **plus sign** on the right side of the screen under **Dependent Enrollment**. If you click on an incorrect dependent, simply click the minus sign to remove them prior to saving

Dependent Enrollment		Customize Find ## First 1 of 1 Last
Dependent Name	Relationship Health Provider ID	Prev Seen Person Type
Q		+ =
		7
Return to Search		



Once you have finished entering the enrollment information. Click the "Save" button at the bottom of the screen. Steps for Day 2 are now complete.

	Customize Find First 1 of 1	
elationship Health Provider ID	<u>Prev</u> <u>Seen</u> <u>Person Type</u>	
	<u> </u>	H -

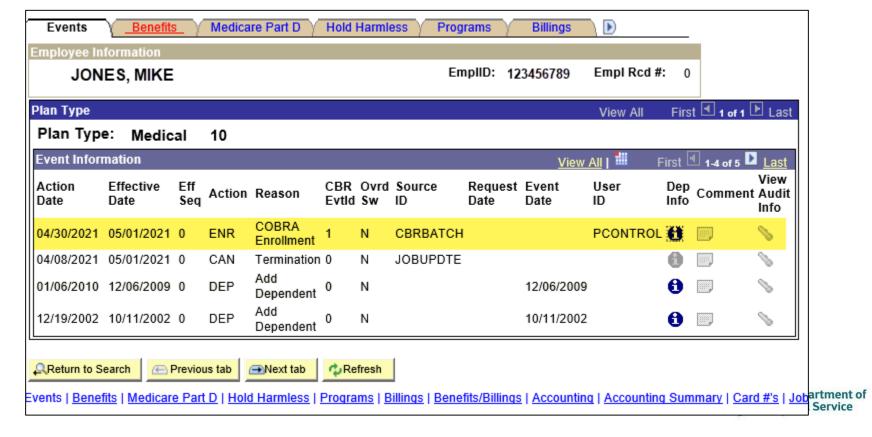


Day 3 Check the Enrollment Record

- The COBRA enrollment will show in NYBEAS on the following business day
- If the enrollment is for a former employee, the COBRA will show up under the enrollee's social security number and they will continue to use the insurance cards they were issued when they were still employed
- Once you have completed the transaction, be sure to check the NYBEAS Update History to make sure that the transaction was successful



Day 3 Check the Enrollment Record – Enrollee

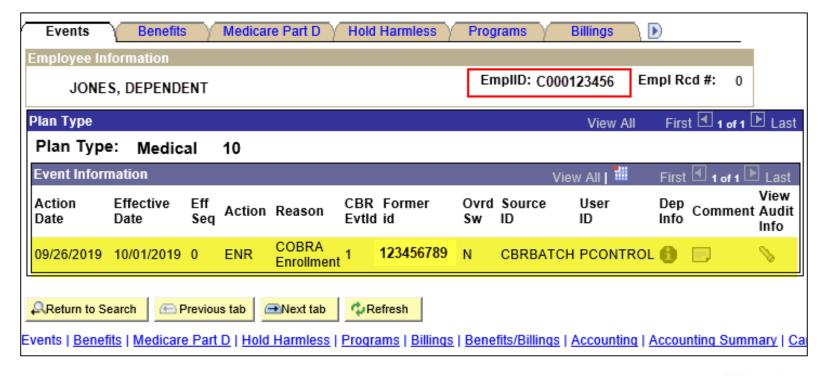


Day 3 Check the Enrollment Record – Dependent

- If the enrollment is for a dependent, the COBRA enrollee will be assigned a new ID number beginning with the letter "C" which they can use to reference their COBRA coverage. They will also receive new insurance cards
- You can locate their new NYBEAS file and C number by searching for their name in NYBEAS Update History or by using other Search functions you have learned today



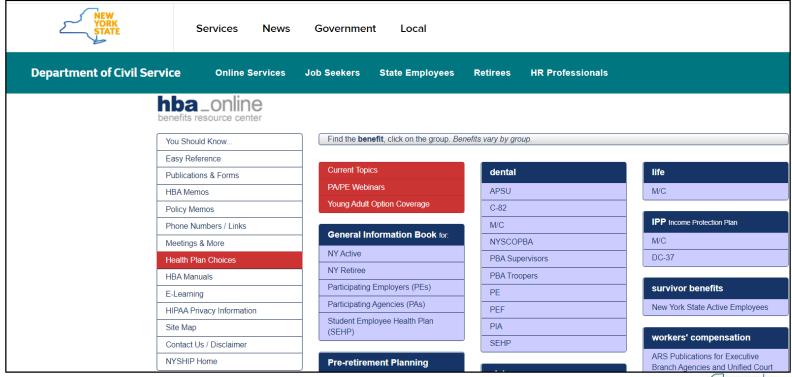
Day 3 Check the Enrollment Record – Dependent

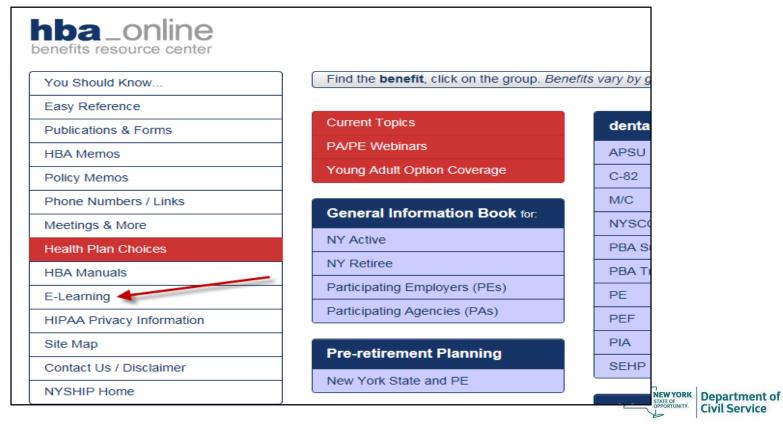


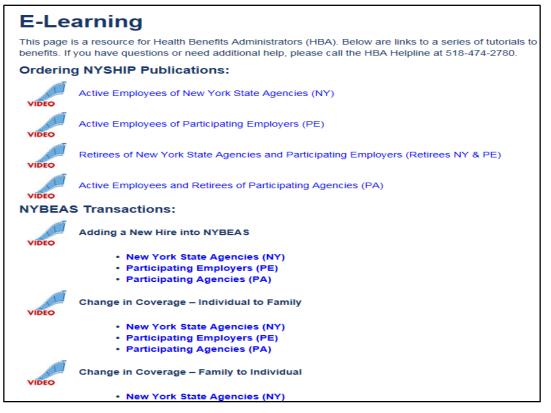














NYBEAS Training Videos on HBA Online

- Adding a New Hire into NYBEAS
- Change in Coverage Individual to Family
- Change in Coverage Family to Individual
- Enrollee Termination COBRA Family Enrollment
- Deleted Dependent COBRA Enrollment
- Dependent Delete
- Enrollee Address Change
- Enrollee Termination
- Enrolling an Employee into a Benefit Plan
- Waiving Benefits for an Employee



Questions



