



Department of
Civil Service

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PA 22-11
PE 22-12
PAEX 22-10

TO: Health Benefits Administrators of Participating Agencies and Participating Employers
FROM: Employee Benefits Division
SUBJECT: Mandatory Federal Premium Reporting Requirement
DATE: August 18, 2022

As part of the Consolidated Appropriations Act of 2021, the federal government has established a requirement that all health insurance issuers, employer-based health plans, and other group health plans report an average monthly premium paid by employees and an average monthly premium paid by employers. These reporting requirements are outlined in the Prescription Drug Data Collection (RxDC) Reporting Instructions published by the Centers for Medicare and Medicaid Services (CMS).

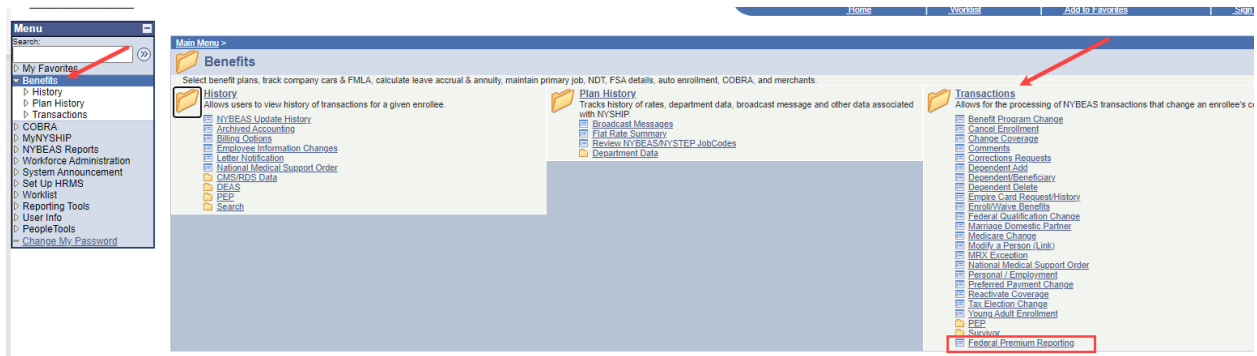
Premium figures must be reported for plan years 2020 and 2021 by December 27, 2022. This will also be an annual requirement going forward with reporting due by June 1 following each plan year. To meet this federal requirement, the Department of Civil Service needs to collect premium contribution information from Participating Agencies and Participating Employers.

To facilitate this data collection, agencies must utilize a new page in NYBEAS to input their total annual employee contributions by plan year for **2020, 2021** and going forward. This survey is **mandatory** for all NYSHIP PAs and PEs and must be completed by **October 14, 2022**.

To satisfy this requirement, locate the Federal Premium Reporting page in NYBEAS and input the Total Annual EE Share of the premium.

Below are the instructions to get to the Federal Premium Reporting page.

Sign into NYBEAS and choose Benefits then under the Transaction folder, select Federal Premium Reporting:



Enter your agency code in the Department box and click on Search.

Federal Premium Reporting
 Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Use Saved Search:

Department:

Correct History

[Basic Search](#) [Delete Saved Search](#)

A new page will populate and this is where agencies enter the Total Annual Enrollee Share of the NYSHIP health insurance premium for each Benefit Plan (e.g. 001 Empire Plan vs. 009 Excelsior); and for each Coverage Option (e.g. Employee Only vs. Family coverage). The Total Annual Premium and the Enrollee Count for each Benefit Plan and Coverage Option is pre-populated.

The Total Annual EE Share of the premium represents the total amount **all** employees, retirees, vestees, dependent survivors, COBRA, and Young Adult Option (YAO) enrollees (regardless of if plan-prime or Medicare-prime) paid for coverage for the plan year.

Federal Premium Reporting

Federal Premium Reporting

Department: Agency Code Agency Name

Federal Premium Reporting Find | View All First 1 of 2 Last

Plan Year 2021 Company PA OR PE

Federal Premium Amounts Find First 1 of 1 Last

001	Empire Plan	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count
		Employee Only	<input type="text"/>			
		Family	<input type="text"/>			
		Total Combined				

The Total Annual EE Share includes amounts you deducted from payroll checks, pensions, or billed directly. You must also include amounts the Employee Benefits Division received from your agency's enrollees, such as direct billing or pension deductions for retirees, vestees, and dependent survivors. If your agency paid 100 percent of the premium for your enrollees, you would still need to complete the page with \$0.00 in the Total Annual EE Share field. This will help ensure the correct premium amount is reported in compliance with the federal requirement. For your convenience, EBD has pre-populated the page with the Total Annual Premium and the Enrollee Count for each Coverage Option by Plan Year.

Federal Premium Reporting

Federal Premium Reporting

Department: Agency Code Agency Name

Federal Premium Reporting Find | View All First 1 of 2 Last

Plan Year 2021 Company PA OR PE

Federal Premium Amounts Find First 1 of 1 Last

001	Empire Plan	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count
		Employee Only	<input type="text"/>			
		Family	<input type="text"/>			
		Total Combined				

The Plan year is indicated at the top of the page. You will need to fill this information out for both 2021 and 2020 plan years. Plan year 2021 will be displayed first, to move to plan year 2020, you would click on the arrow that points to the right.

Federal Premium Reporting

Department: Agency Code Agency Name

Federal Premium Reporting Find | View All First 1 of 2 Last

Plan Year 2021 Company PA OR PE

Federal Premium Amounts Find First 1 of 1 Last

001	Empire Plan	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count
		Employee Only	<input type="text"/>			
		Family	<input type="text"/>			
		Total Combined				

Save Return to Search Include History Correct History

Federal Premium Reporting

Department: Agency Code Agency Name

Federal Premium Reporting Find | View All First 2 of 2 Last

Plan Year 2020 Company PA / PE

Federal Premium Amounts Find First 1 of 1 Last

001	Empire Plan	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count
		Employee Only	<input type="text"/>			
		Family	<input type="text"/>			
		Total Combined				

If your agency offers different NYSHIP plans, you will see a row for each Benefit Plan. Agencies must input the Annual EE Share for each Coverage and Plan Option (HMO, Empire Plan, or Excelsior Plan) for 2021 and 2020.

Agencies without any enrollees in a certain option (Employee Only or Family) will have no data to input. *Please see example below.* This agency offers different plans and in the 050 (HIP) plan they do not have anyone taking that plan as a family coverage, so there is no data to input.

Federal Premium Reporting						Find View All	First	1 of 2	Last
Plan Year	2021		Company	PE					
Federal Premium Amounts						Find	First	1-13 of 13	Last
001	Empire Plan								
	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count				
	Employee Only	<input type="text"/>		\$2,082,138.48	207				
	Family	<input type="text"/>		\$2,337,080.64	95				
	Total Combined			\$4,419,219.12					
050	EmblemHealth-HIP (Downstate)								
	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count				
	Employee Only	<input type="text"/>		\$63,414.60	5				
	Family								
	Total Combined			\$63,414.60					
058	MVP Rochester								
	Coverage Option	Total Annual EE Share	Total Annual ER Share	Total Annual Premium	Enrollee Count				
	Employee Only	<input type="text"/>		\$18,378.72	2				
	Family	<input type="text"/>		\$126,750.24	6				
	Total Combined			\$145,128.96					

Please note this is a federal requirement and in addition to providing the 2020 and 2021 enrollee total share of the premium, you must complete this exercise in future years. EBD will notify agencies when information for the 2022 plan year should be completed. The Department of Civil Service must report premium for NYSHIP by June 1, 2023. Therefore, the Department anticipates 2022 data collection to begin in early 2023.

If you have any questions, please contact the HBA Help Line at (518) 474-2780.