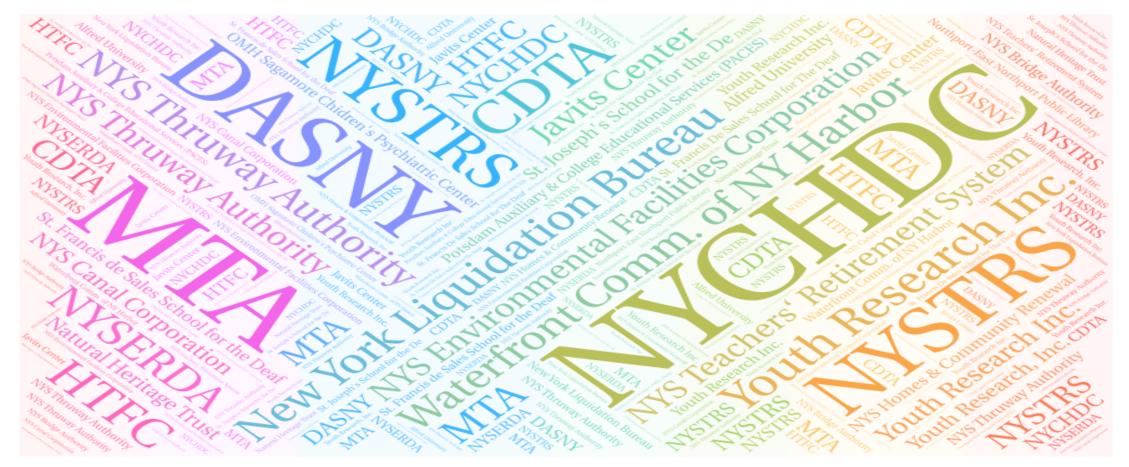
2023 Annual Webinar for Participating Employers

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only,



Welcome to the 2023 Annual Webinar For Participating Employers





Agenda

- A Message from the Director of EBD
- Benefits Administration from PA/PE Unit
- PELU Announcements
- Empire Plan Benefit Changes
- Financial Update
- Questions and Answers







NYSHP New York State Health Insurance Program

A Message from the Director of EBD

Presenter – Daniel Yanulavich, Employee Benefits Division Director



Message from the Director

Daniel Yanulavich

518-473-1977 Daniel.Yanulavich@cs.ny.gov







NYSHP New York State Health Insurance Program

Benefits Administration

Presenters – Michael Jones, PA/PE Unit Supervisor



PA/PE Unit Topics

- HBA/DAO Access
 - System access for each role
- Correction Requests
 - How to submit and following up on the Corrections Worklist
- Effective Dates
 - Processing changes in compliance with NYSHIP effective date rules
- Retirements and Terminations in NYBEAS

 Processing timely and leaving clear comments
- HBA Online



December 18, 2023

HBA/DAO Access



HBA/DAO Access

Data Access Officer (DAO)

A designated employee of an agency who is authorized to request and terminate user permissions for HBA access for NYBEAS and HBA Online

Health Benefits Administrator (HBA)

A designated employee of an agency who is authorized to access NYBEAS and HBA Online

<u>Note</u>: A DAO cannot be an HBA or have access to NYBEAS. An HBA cannot be a DAO



DAO Access

Agencies designate or change their DAOs by sending a completed *EBD* 545 DAO form signed by the authorized signatory of the agency to EBD

DAOs can request adds, deletes or changes to user permissions for both NYBEAS and HBA Online through the Online Civil Service Permission Request System (OCSPR)

DAOs can request changes to DAO or HBA contact information by sending a fax to 518-485-5590 or an e-mail <u>cs.sm.dao-hba@cs.ny.gov</u>

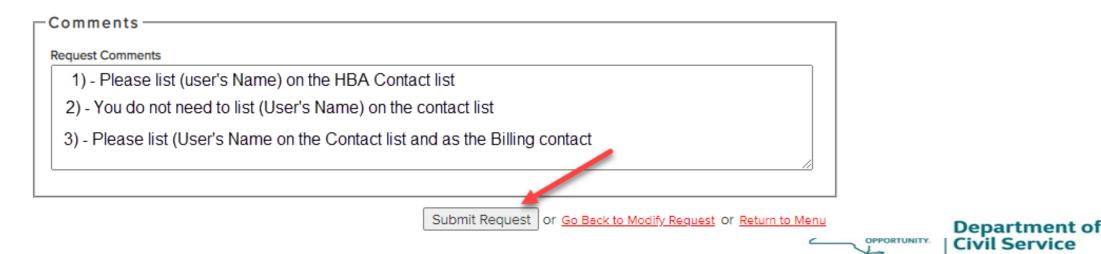
If a DAO is unable to access OCSPR, they should contact the HBA Helpline at 518-474-2780 Option 3 for assistance



HBA Access

Agencies DAOs designate or change HBAs through the Civil Service Online Permission Request System (OCSPR)

DAOs must indicate if the user is a new HBA under the "Request Comments" section. If there is no comment added, then the user will not be added to EBD's contact list and EBD will not disclose info to the user



HBA Access

Once the DAO submits the request thru OCSPR, the request goes to the NYS ITS department for review

Once the user has been approved, the DAO who submitted the request will receive **two e-mails** from the ITS Service Desk

One e-mail will provide the User ID for the new user and one will provide the password associated with the User ID

The DAO must forward the email to the user, including all attachments in the email

HBA Access

For password reset assistance with NYBEAS or HBA Online, you must contact the NYS IT department:

- Phone: 844/891-1786
- Email: <u>fixit@its.ny.gov</u>

EBD cannot reset an HBA password!

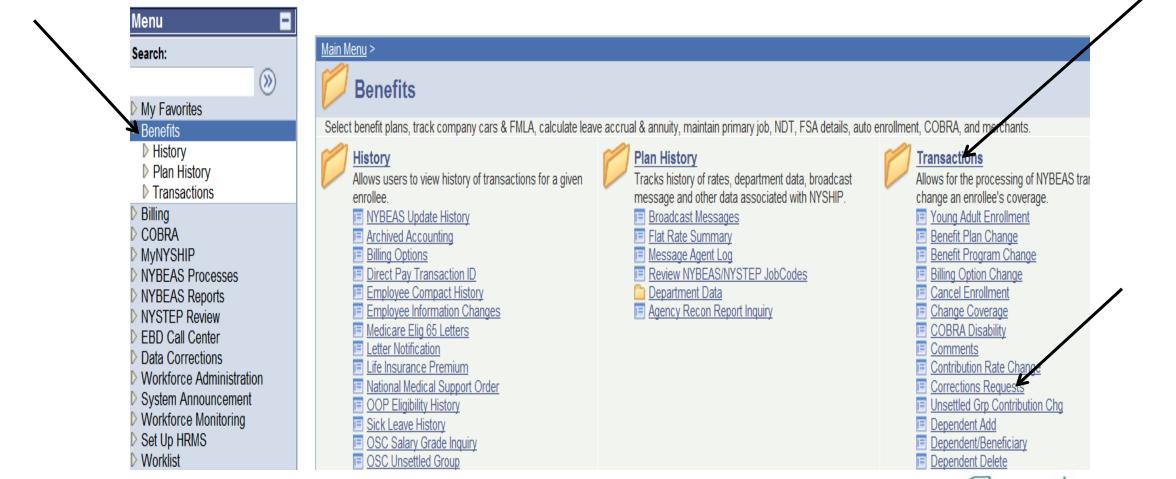


December 18, 2023

Corrections Requests



Corrections Requests Transaction







Corrections Requests Transaction

Click *Find an Existing Value* to search a correction request that has already been submitted. Click *Add a New Value* to start a new correction request

▷ 00P ▷ PEP	Corrections Red	quests	
▷ Survivor	Enter any information	n you have and click Search. Leave fields	blank for a list of all val
- Young Adult Enrollment			
- Benefit Plan Change	Find an Existing V	alue Add a New Value	
– <u>Benefit Program Change</u>	1 -	_	
- Billing Option Change	F 110		_
- Cancel Enrollment	EmplID:	begins with 👻	
- Change Coverage	Empl Rcd Nbr:	= 🗸	
- <u>Comments</u>			
 Corrections Requests 	Last Name:	begins with 👻	
- Dependent Add	First Name:	begins with 🐱	7
- Dependent/Beneficiary	Thot Nume.		
- Dependent Delete	Department:	begins with 💌	
 Empire Card Request/History 	Reference Number:	begins with	7
- Enroll/Waive Benefits	Nelei ence Multibel.		
- Federal Qualification	Status:	= 🗸	*
Change	Action Date:	= 🗸	ii
- Letter Notification	Action Date.	- •	2
- Medicare Change			
- Medicare Part D Change	Search Clea	ar 🛛 Basic Search 🔚 Save Search Crit	eria
- National Medical Support			010
Order			
 – Payment Method Change 	Find an Existing Valu	ie Add a New Value	
- PE First Eligibility Dates			



Add a New Value

NYBEAS		<u>Home Worklist Add to Favorites Sign out</u>
Menu 🗖		
	•	New Window E
Employee Life	_	
DOD 00D		Corrections Poquets
▷ PEP		Corrections Requests
Survivor		
 Young Adult Enrollment 		Eind an Existing Value Add a New Value
– <u>Benefit Plan Change</u>		
- Benefit Program Change		EmpliD:
- <u>Billing Option Change</u>		
- Cancel Enrollment		Empl Rcd Nbr: 0
- <u>Change Coverage</u>		
- <u>Comments</u>		
 Corrections Requests 		Add
- Dependent Add	Ξ	
- <u>Dependent/Beneficiary</u>		Find an Existing Value Add a New Value
- <u>Dependent Delete</u>		
- Empire Card		
Request/History		
- Enroll/Waive Benefits		



Corrections Requests Status

DO NOT change the *Status* from *HBA Pending* until all information has been entered! This must be done last

ſ	Header Request Correction Request C	Comments Billing & EBD Corrections
	EmpIID 123123123 NAME,ENROLLEE *Status HPNE HBA Pending	Empl Rcd# 0 Ref# NEW Old Ref# None
	D Delete	HBA Phone # Agency 00500
	For EBD/CU Only	
	Pull Carrier Daily	Pull Life Benefit Billing Retro
	Pull Carrier Weekly	Change Life Retro Eff Date
	Pull Benefit Billing Retro	Follow up Required
	Change Benefit Billing Retro Eff date	Urgent

Save C Previous tab

Add Update/Display

Header Request | Correction Request | Comments | Billing & EBD Corrections | Final Correction | Final Billing Correcti





Header Request Tab

On the *Header Request Tab,* you are required to enter the best phone number to reach you in the event we need to reach you to discuss the corrections request

Header Request Correction Request C	comments Billing & EBD Corrections D
EmpIID 123123123 NAME,ENROLLEE *Status HPNE HBA Pending	Empl Rcd# 0 Ref# NEW Old Ref# NONE
D Delete	HBA Phone # 518/555-5555 Agency 00500
For EBD/CU Only	
Pull Carrier Daily	Pull Life Benefit Billing Retro
Pull Carrier Weekly	Change Life Retro Eff Date
Pull Benefit Billing Retro	Follow up Required
Change Benefit Billing Retro Eff date	Urgent



Corrections Request Tab

On the *Correction Request Tab* you may need to enter information on the Benefits and Job rows

Header Request Correction Request Comments Billing & EBD Corrections Einal Correction
EmpliD 123123123 NAME,ENROLLEE Empl Rcd# 0 Ref# NEW *Status: HPNE HBA Pending Benefit Summary Job Summary Benefits Find View All First 1 of 1 Last Plan Benefit Covrg + - Type Txn Type Action Reason Benefit Covrg + - Io Delete ENR REG 001 4 02/05/2024 03/01/2024 03/01/2024 03/01/2024
Job Find View All First 1 of 1 Last Txn Type Action Reason Job Effdt Department NU PCT Fill Image: Comparison of the second s



Comments Tab

On the *Comments Tab* enter a comment to confirm your request. Type a comment and click Add Comments

Header Request Y	Correction Reque		Empl Rcd#	orrections	Ref#	NEW]	
*Status: HPNE Q	HBA Pending		Empirican	0	Rein	NEW		
Existing Comments	-		<u>Find</u> Vie	ew All	First 🖪	l of 1 🕑 Last		
	т							
						/		
Enter your commen					,			
the Job panel an	d the subsequent (3/01/204 enrollme	ete the 02/05/2024 ro nt on the Benefits pa nt for the correct effe	nel.		Comments		
					-			

Civil Service

Comments Tab

Your comment will save to the *Existing Comments* box

	Header Request Correction Request Comments	Billing & EBD Corrections	
$\overline{\}$	EmpIID 123123123 NAME,ENROLLEE *Status: HPNE HBA Pending	Empl Rcd# 0	Ref# NEW
	Existing Comments	Find View All	First 🕙 1 of 1 🕨 Last
	Rehired and enrolled on the incorrect date. Please delet the subsequent 03/01/204 enrollment on the Benefits pa and enrollment for the correct effective dates OPPAUR	anel. Once deleted, I will re-	process the rehire
	Enter your comments below & click on Add Comments.		
			Add Comments



Corrections Request Status

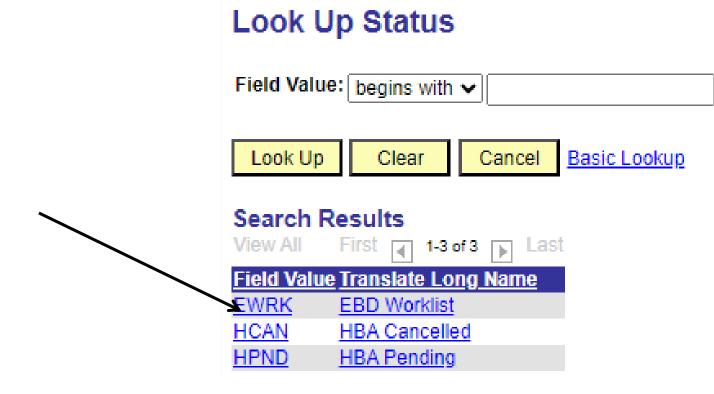
After entering information on the Correction Request tab and Adding Comments to the Comments tab, click the magnifying glass to change the status of the correction request

Header Request Correction Request Comments	Billing & EBD Correcti	ons
EmpliD 123123123 NAME,ENROLLEE	Empl Rcd# 0	Ref# NEW
*Status: HPNE HBA Pending		
Existing Comments	<u>Find</u> View All	First 🗹 1 of 1 🕨 Last
Rehired and enrolled on the incorrect date. Please delet the subsequent 03/01/204 enrollment on the Benefits p and enrollment for the correct effective dates OPPAL	anel. Once deleted, I will IPD (OPPAUPD 2023-11-	re-process the rehire
Enter your comments below & click on Add Comments	•	
		Add Comments



Corrections Request Status

Click EWRK for EBD Worklist





Saving Corrections Request

Save the Correction Request and it will be sent to EBD

*Status: EWRI C EBD Worklist		
Existing Comments	<u>Find</u> View All	First 🖪 1 of 1 🕨 Las
Rehired and enrolled on the incorrect date. Please d the subsequent 03/01/204 enrollment on the Benefits and enrollment for the correct effective dates OPP/	s panel. Once deleted, I will r	e-process the rehire
Enter your comments below & click on Add Commen	its.	
		Add Comments



Civil Service

Click Worklist from the upper right corner of NYBEAS

NYBEAS PRODUCTION	Home	<u>Messages(0)</u>	Worklist	Add to Favorites	Sign out
Menu Search: S					



From your *Worklist Summary* click *Detail* to open your Corrections Requests Worklist

Worklist Summary	<u>Customize Find V</u>	iew All 🛗 👘 First 🗹 1-6 of 7	Last
Detail Filter Business Process	Activity	<u>Worklist</u>	Count
1 Detail Filter Administer Workflow	Send Note	<target roleusers=""></target>	46
Detail Filter Online Corrections	Correction Complete	Correction Complete	2612
3 Detail Filter Online Corrections	Correction Invalid (HBA)	Correction Invalid	376
4 Detail Filter NYBEAS Payment Method Chang	ge NYBEAS Payment Method Change	PA Pension Deductions < HBAs>	408
5 Detail Filter NYBEAS Administer Workforce	NYBEAS Hire Notifications	Incomplete Personal Dat <hba></hba>	137
6 Detail Filter NYBEAS Administer Workforce	NYBEAS Hire Notifications	New Enrollment <hba></hba>	3265
Field 1: Field 2:	✓ Field 3: ✓	Sort	ve Comm



The returned correction will be in your *Worklist Details*. Click *Work It* to open the correction request

					b m				
Worklist Details Mark		Empl		Customize Find)	<u>/iew 100</u> 🎫	First 🕙 1-15 of 2612 🕨	Last		
Worked	<u>ID</u>	Empl Rcd#	DeptID Name		<u>Ref. Nbr.</u>	Sent From	WL Created on	WL Comments	Reass
1 🖌 <u>Wor</u>	<u>'k lt</u>	0	03977		222672	Tibbitts, Michael	06/22/2020 2:13:28PM		Reass
2 🖌 🛛 <u>Wor</u>	<u>'k It</u>	0	03613		222738	Tibbitts, Michael	06/22/2020 3:32:30PM		Rease
3 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03228		222691	Tibbitts, Michael	06/22/2020 3:33:54PM		Rease
4 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03038		222850	Tibbitts, Michael	06/23/2020 2:26:19PM		Reas
5 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03145		222857	Tibbitts, Michael	06/24/2020 1:07:20PM		Reas
6 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03300		222901	Spring, Melissa	06/25/2020 9:25:52AM		Reas
7 🖌 🥂 Wor	<u>'k It</u>	0	03496		222853	Tibbitts, Michael	06/25/2020 12:54:27PM		Reas
8 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03613		222743	Tibbitts, Michael	06/25/2020 1:35:21PM		Reas
9 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03989		222758	Tibbitts, Michael	06/25/2020 2:40:20PM		Reas
10 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03381		222932	Tibbitts, Michael	06/26/2020 12:13:32PM		Reas
11 🛹 🛛 <u>Wor</u>	<u>'k It</u>	0	03145		222904	Spring, Melissa	06/26/2020 3:39:06PM		Reas
		0	02040		222005	Onder Mallers	000000000 0.40.40014		



Review the status to determine if the request is *Complete* or *Invalid Return to HBA*

Rehire and enrollment have been deleted. HBA can re-process for the correct date OPPAUPD (OPPAUPD 2023-11-24 11:10)	Existing Comments	Find View All First 4 2 of 2
Enter your comments below & click on Add Comments		 HBA can re-process for the correct date OPPAUPD
Enter your comments below a click on Add comments.		d Commonte

OPPORTUNITY

ivil Service

Correction Requests

- You must review the Comments Tab to view responses from EBD for further action required by you. Even if the status is Complete, you will likely need to take further action
- If EBD determines the correction cannot be processed the Status will be changed to *Invalid Return to HBA*
 - Call the Help Line for assistance
- The Comments Tab will inform if further processing is needed or of the reason why the correction request was marked Invalid



Corrections Requests Example

This comment indicates that further processing is needed by the HBA. EBD Corrections Unit deleted information in NYBEAS. The HBA can now process for the correct date. If not done by the HBA, the processing will not be completed and larger issues may arise

pIID 123123123	NAME,ENROLLEE	Empl Rcd# 0	Ref#	NEW
atus:: COMI	Complete			
ting Comments		<u>Find View Al</u>	<u>I 🛛 First</u> 🗹	2 of 2 🕑 La
(OPPAUPD 2023-11	211110)			
				11
nter your comments I	below & click on Add Commer	nts.		/



Correction Requests

- Navigate to NYBEAS Update history to determine if NYBEAS was updated how you intended
- Remove the correction from your worklist by clicking Mark Worked

Worklist Details		Customize Find View 100 🚟	First 🕙 1-15 of 2612	▶ Last		
Mark <u>ID</u> Worked	<u>Empl</u> <u>Rcd#</u> <u>DeptID</u> <u>Nar</u>		Sent From	WL Created on	WL Comments	<u>Reassign</u>
Work It	0 03977	222672	Tibbitts, Michael	06/22/2020 2:13:28PM		Reassign
2 🖌 Work It	0 03613	222738	Tibbitts, Michael	06/22/2020 3:32:30PM		Reassign
3 🛹 Work It	0 03228	222691	Tibbitts, Michael	06/22/2020 3:33:54PM		Reassign
4 🛹 Work It	0 03038	222850	Tibbitts, Michael	06/23/2020 2:26:19PM		Reassign
5 🛹 Work It	0 03145	222857	Tibbitts, Michael	06/24/2020 1:07:20PM		Reassign
6 🛹 Work It	0 03300	222901	Spring, Melissa	06/25/2020 9:25:52AM		Reassign
7 🖌 Work It	0 03496	222853	Tibbitts, Michael	06/25/2020 12:54:27PM		Reassign



December 18, 2023

Effective Dates



Effective Dates

- When you process an enrollment transaction in NYBEAS, the Timeliness of the Request Date, and the First Date of Eligibility or Qualifying Event (if applicable) must be used to determine the effective date of coverage
- When an enrollee requests coverage changes that either do not have a qualifying event or the request is made more than 30 days after an event, the enrollee will be subject to a late enrollment waiting period: the effective date will be the first day of the third month following the month in which the request was made



Effective Dates – New Hire/Newly Eligible

New Hire / Newly Eligible Employee	Request Date	Effective Date
<i>Without</i> an	No later than 30 Days after the <u>First Date of Eligibility</u>	First Day the Employee Actively Works a Benefits Eligible Position
Initial Waiting Period	More than 30 Days after the <u>First Date of Eligibility</u>	First Day of the third month following the <u>Request Date</u>
<i>With</i> an Initial Waiting Period	During the Initial Waiting Period	The Day After the Completion of the <u>Initial Waiting Period</u>
	No later than 30 Days after the <u>First Date of Eligibility</u>	The Day After the Completion of the <u>Initial Waiting Period</u>
	More than 30 Days after the First Date of Eligibility	First Day of the third month following the <u>Request Date</u>



Department of Civil Service

Effective Dates – Enrollee Qualifying Event

Previously Eligible Employee	Request Date	Effective Date
Employee experienced a qualifying event to newly enroll in coverage	No later than 30 Days after the qualifying event	The Date of the <u>Qualifying</u> <u>Event</u>
Employee experienced a qualifying event to newly enroll in coverage	More than 30 Days after qualifying event	First Day of the third month following the <u>Request Date</u>
Employee did not experience a qualifying event to newly enroll in coverage	The signature date on the PS-404	First Day of the third month following the <u>Request Date</u>



Effective Dates – Dependent Qualifying Event

There is a Qualifying Event to Add a Dependent	Request Date	Effective Date
Employee was previously eligible for/enrolled in NYSHIP coverage	No later than 30 Days after the qualifying event	The <u>Event Date</u>
Employee was previously eligible for/enrolled in NYSHIP coverage	More than 30 Days after the qualifying event	First Day of the third month following the <u>Request Date</u>

- This could be a newly eligible dependent, such as a newborn child or a new spouse, or a previously
 eligible dependent who experienced a qualifying event that allows them to enroll in coverage without a
 waiting period, such as a loss of other coverage.
- If the employee/retiree is already enrolled in coverage, the dependent can be added to coverage effective the date of the qualifying event. If the employee/retiree is not enrolled in coverage, they can enroll in coverage adding the dependent effective the date of the qualifying event.

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Effective Dates – No Qualifying Event

Previously Eligible Enrollee/Dependent	Request Date	Effective Date
Enrollee/Dependent did not experience a Qualifying Event	The signature date on the PS-404	First Day of the third month following the <u>Request Date</u>

If an enrollee or a dependent was previously eligible for NYSHIP coverage and was not enrolled/added to coverage at the time they were first eligible and they have not experienced a qualifying event to newly enroll in coverage, then their coverage will be effective after a late enrollment waiting period, the first day of the third month following the request date.



Effective Dates - Newborn

- A newborn child can be added without the social security number and/or birth certificate, however you must follow up to obtain this information once it is available
- If you receive a PS-404 requesting the addition of a newborn more than 30 days after the child's birthdate, forward the request to EBD for review and/or processing



Retirements and Terminations in NYBEAS



Retirement or Termination



Important: You must wait until <u>at most 2 weeks prior to an enrollee's date of</u> <u>retirement</u> before processing the retirement in NYBEAS



After Processing a Retirement

Eligible employees will be qualified by EBD staff for NYSHIP coverage in retirement

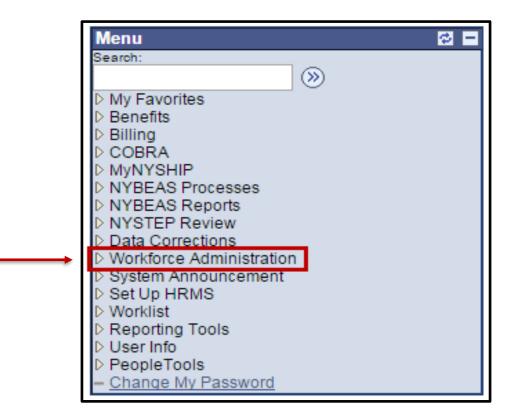


After Processing a Termination

The HBA must add a NYBEAS comment to advise EBD what the terminated enrollee is eligible for (COBRA, Vestee, or both). EBD will send a Vestee or COBRA application to the employee <u>once EBD is</u> <u>able to verify the comment in NYBEAS</u>



From the NYBEAS homepage, select Workforce Administration





Under the Job Information menu, choose Job Data





Click on the Plus sign to add a new row to the Job Data page

Job Data Employ	ment
mployee Info	
ENROLLEE, SA	AM EmplID: 123456789 Empl Rcd #: 0
ob Data	Find View All First 🗹 1 of 1 🕑 Last
Employee Status:	Active
*Effective Date/Seq:	09/01/2004 🕅 0 Current
*Action / Reason:	HIR HIR Hire Action Date: 09/03/2004
Department:	03287 Town Of Brookhaven
Company:	PA Participating Agency *Pay Group: MTH Monthly - PA
Negotiating Unit:	PA Participating Agency
Employee % Filled:	100 Source ID: CORRECT Operator ID: LXR3
Title Code:	9999999 Title Not Defined
Hire Date	09/01/2004 Termination Date
Rehire Date	09/01/2004
enefit Program	Find View All First 🗹 1 of 1 🕩 Last
Effective Date:	09/01/2004
Benefit Program:	PA7 PA Option 7 (Actives)
Save Return to S	earch 🖻 Previous tab 🛋 Next tab 🖉 Update/Display 🖉 Include History 🕼 Correct History



Enter the date of the retirement or termination as the effective date and then click the magnifying glass to pull up action and reason code listings

1	Job Data	ment
	Employee Info	
	SAMPLE, SALLY	EmplID: 99999998 Empl Rcd #: 0
	Job Data	Find View All First 🗹 1 of 5 🗅 Last
	Employee Status:	Active + -
	*Effective Date/Seq:	09/05/2012 🛐 D Current
	Action / Reason:	Action Date: 09/05/2019
	Department:	08000 NYS Dept Of Civil Service
	Company:	NYS New York State *Pay Group: ALB Administrative/Lag/Biweekly
	Negotiating Unit:	05 Professonal Scientific/Tech
	Employee % Filled:	100 Source ID: Operator ID: MKJ2
	Title Code:	0421300 Senr Auditor
	Hire Date	01/27/1994 Termination Date
	Rehire Date	01/27/1994



If the employee is <u>eligible</u> for NYSHIP coverage in retirement, select the **Action Code RET - Retirement**

Action	Action Description
AGY	Agency Split
DCS	Department Civil Service
<u>ERV</u>	Emergency Volunteer/Enroll.
IAG	Within Agency Transfer
LOA	Leave of Absence
LTO	Long Term Disability
<u>PLA</u>	Paid Leave of Absence
PLC	PLACE
POS	Position Change
RET	Retirement
<u>RFL</u>	Return from Leave
RTQ	Rate Qualifier Change
RWB	Return from Work Break
SEP	Separation
STO	Short Term Disability
SUR	Survivor Enrollment
SWB	Short Work Break
TER	Termination
YAD	Young Adult Enrollment
<u>ZZZ</u>	Conversion



Then select the **Reason Code RET - Regular Retirement**

Reason Code	Description
<u>NPR</u>	No-Penalty Retiremnt Incentive
<u>RET</u>	Regular Retirement
<u>RMT</u>	Normal Retirement
<u>TRI</u>	Targeted Retirement Incentive



If the employee is <u>not eligible</u> for NYSHIP coverage in retirement, select the **Action Code TER - Termination**

Action	Action Description
<u>AGY</u>	Agency Split
DCS	Department Civil Service
<u>ERV</u>	Emergency Volunteer/Enrol
IAG	Within Agency Transfer
LOA	Leave of Absence
LTO	Long Term Disability
<u>PLA</u>	Paid Leave of Absence
PLC	PLACE
POS	Position Change
RET	Retirement
<u>RFL</u>	Return from Leave
RTQ	Rate Qualifier Change
RWB	Return from Work Break
SEP	Separation
STO	Short Term Disability
SUR	Survivor Enrollment
<u>SWB</u>	Short Work Break
TER	Termination
YAD	Young Adult Enrollment
<u>ZZZ</u>	Conversion

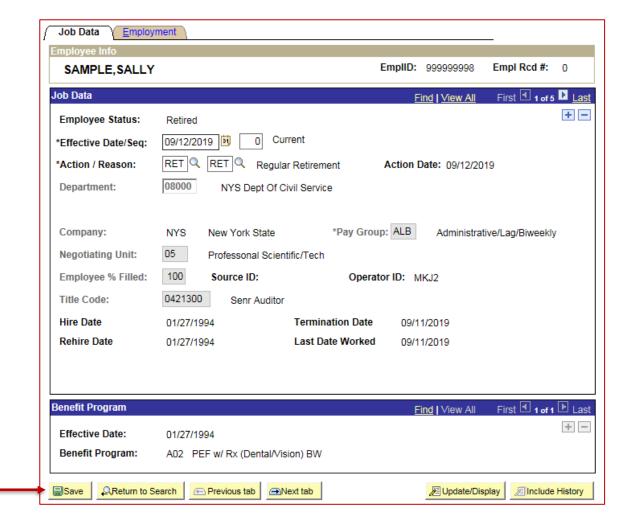


Then select the **Reason Code TER - Terminate**

Reason Co	ode <u>Description</u>
DEA	<u>Death</u>
LAF	Layoff frm State/Refuse Reassn
TER	Terminate
UAB	Terminate-Unauthorized Absence



Review your work and then click Save





NYBEAS Comments - Retirement

If the enrollee is eligible for coverage as a Retiree, create a comment informing EBD of Retiree eligibility and the date they will become eligible as a retiree

ſ	Benefit Comments	-
	SAMPLE, SALLY	EmplID: 999999999 Empl Rcd #: 0
	Employee Status: Active	
	Dependent/Beneficiaries	Find <u>View All</u> First 🗹 2 or 8 🕨 Last
	Dependent/Beneficiary ID:	
	*Comment Date:	9/13/2019 Action Date: 9/13/2019
Ļ	Comments By:	KEY YOUR FULL NAME
	Comment:	EE meets minimum service requirement, is eligible to collect pension, and enrolled in NYSHIP. EE eligible to continue as a retiree.
	Save AReturn to Search	



NYBEAS Comments - Termination

If the enrollee is eligible for Vestee coverage, create a comment informing EBD of Vestee eligibility and the date they will become eligible as a retiree

Benefit Comments	
SAMPLE, SALLY	EmplID: 999999999 Empl Rcd #: 0
Employee Status: Active	
Dependent/Beneficiaries	Find View All First 🗹 2 of 8 🕨 Last
Dependent/Beneficiary ID:	
*Comment Date:	9/13/2019 3 Action Date: 9/13/2019
Comments By:	KEY YOUR FULL NAME
Comment:	EE TERMED EFFECTIVE 10/15/19 AND IS NOT ELIGIBLE FOR RETIREE BENEFITS YET, EE IS ELIGIBLE TO BE A VESTEE, AND WOULD BECOME A RETIREE EFFECTIVE 12/1/2020
Save QReturn to Search	





NYBEAS Comments - Termination

If the enrollee is only eligible for COBRA coverage, create a comment informing EBD of COBRA eligibility

Benefit Comments		
SAMPLE, SALLY	EmplID: 999999999	Empl Rcd #: 0
Employee Status: Active		
Dependent/Beneficiaries	Find View All	First 🚺 2 of 8 🕨 Last
Dependent/Beneficiary ID:	01 🔍	+ -
*Comment Date:	9/13/2019 Action Date: 9/13/2019	
Comments By:	KEY YOUR FULL NAME	
Comment:	EE TERMED EFFECTIVE 10/15/19 AND IS NOT ELIGIBLE FOR RETIREE BENEFITS. EE IS ONLY ELIGIBLE FOR COBRA, PLEASE SEND COBRA APP.	~ ~
Return to Search		



December 18, 2023

HBA Online



HBA Online

enefits resource center	Find the benefit , click on the gro	nun. Benefits varv hv droun	
You Should Know	This are series, elector are gre	up. Denenio vary by group.	
Easy Reference	Current Topics	dental	life
Publications & Forms	PA/PE Webinars		
HBA Memos		APSU	M/C
Policy Memos	Young Adult Option	C-82	
Phone Numbers / Links	Coverage	M/C	IPP Income Protection Plan
Meetings & More	General Information	NYSCOPBA	M/C
Health Plan Choices	Book for:	PBA Supervisors	DC-37
HBA Manuals	NY Active	PBA Troopers	
E-Learning	NY Retiree	PE	survivor benefits
HIPAA Privacy Information	Participating Employers	PEF	New York State Active
-	(PEs)	PIA	Employees
Site Map	Participating Agencies (PAs)		_
Contact Us / Disclaimer	Student Employee Health	SEHP	workers' compensation
NYSHIP Home	Plan (SEHP)		ARS Publications for



Stay Updated

You Should Know

Search

Excelsior Plan: Important Information for Nassau County CSEA Local 830 Retirees

2024 Option Transfer Period for Active NY Enrollees: November 30 - December 29, 2023

The 2024 Option Transfer Period is November 30 - December 29, 2023. Enrollees must make any changes to their health insurance option no later than **December 29, 2023**.

The NYSHIP Rates & Deadlines for 2024 flyer is now available online and will be mailed to enrollee homes soon. A supply of the rates publication will also be shipped to NY agencies shortly.

<u>Health Insurance Choices for 2024</u>, which details the benefits and programs available to NYSHIP enrollees under The Empire Plan and NYSHIP HMOs, is available online and a supply was shipped to all agencies in October.

Also available online is the A Health Insurance Choices for 2024 Supplement, a companion document to Choices compiled for active employees represented by Council 82, DC-37, NYSCOPBA, PBA, PBANYS and PIA. It includes information about 2024 Empire Plan benefits, including copayments, coinsurance and deductibles, and is intended to be utilized in place of pages 13-23 in Choices.

Please distribute these publications at informational meetings and to employees who request them, as applicable. If you need to order additional copies, click on the Publications and Forms link on the HBA Online homepage. The NYSHIP Plan Comparison Tool will be available online beginning on November 30, 2023 to assist enrollees in making a choice for 2024.

For more information about 2024 Option Transfer publications, see memo NY23-16.

2024 Option Transfer Period for Active PE Enrollees: November 30 - December 29, 2023

Department of

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E-Learning

E-Learning

This page is a resource for Health Benefits Administrators (HBA). Below are links to a series of tutorials to help HBAs use NYBEAS and to assist their enrollees with their NYSHIP benefits. If you have questions or need additional help, please call the HBA Helpline at 518-474-2780.

Ordering NYSHIP Publications:

Active Employees of New York State Agencies (NY)

Active Employees of Participating Employers (PE)

Retirees of New York State Agencies and Participating Employers (Retirees NY & PE)

Active Employees and Retirees of Participating Agencies (PA)

NYBEAS Transactions:

Adding a New Hire into NYBEAS

- New York State Agencies (NY)
- Participating Employers (PE)
- Participating Agencies (PA)

Change in Coverage – Individual to Family

- New York State Agencies (NY)
- · Participating Employers (PE)
- Participating Agencies (PA)

Change in Coverage – Family to Individual

- New York State Agencies (NY)
- Participating Employers (PE)
- Participating Agencies (PA)

COBRA Transactions

- Enrollee Termination COBRA Family Enrollment
- Deleted Dependent COBRA Enrollment

Dependent Add - Family Coverage for New York State Agencies

Dependent Delete

- New York State Agencies (NY)
- Participating Employers (PE)



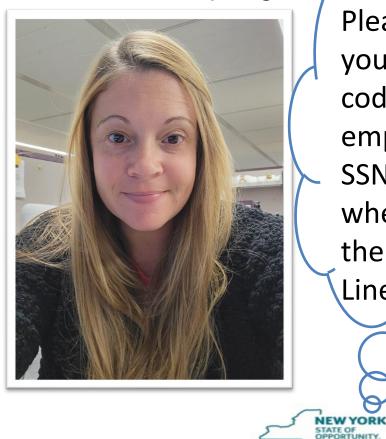


Participating Agency & Participating Employer (PA/PE) Unit Staff

Amanda Perkins



Please have NYBEAS open and ready when you call the HBA Help Line. Melissa Spring



Please have your agency code and the employee's SSN ready when you call the HBA Help Line.

Department of

Civil Service

Participating Agency & Participating Employer (PA/PE) Unit Staff

Elizabeth Varsany



Please to access the NEW HBA Manual. This is your toolbox for step-by-step NYBEAS transactions and much more!

Michael Santiago

Please run your monthly reconciliation report on the Monday following the first Friday of each month to reconcile your bill.

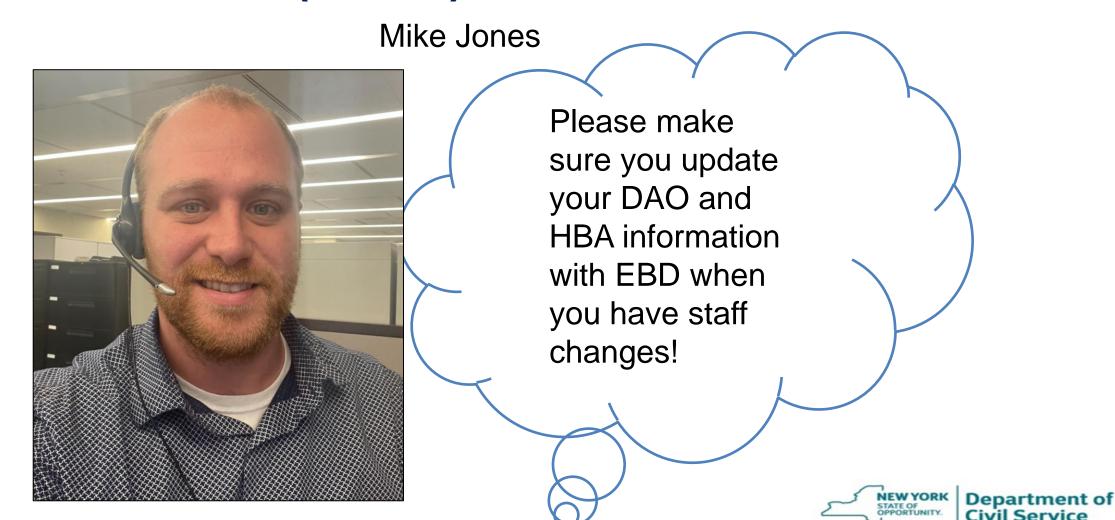
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Participating Agency & Participating Employer (PA/PE) Unit Staff





NYSHP New York State Health Insurance Program



Questions?





NYSHP New York State Health Insurance Program

PELU Announcements

Presenter – Jesse Horton, Public Employer Liaison Unit



Topics

- PELU Staff Introduction
- Policy Memo 150, Six months notice of change
- Policy Memo 127, Withdrawing Medicare Enrollees
- Timely processing
- Federal Premium Reporting
- Dental & Vision Dependent Eligibility
- Dual Family Prohibition & Buyout Programs
- When to Contact PELU



Public Employer Liaison Unit (PELU) Staff



Amy Orr

Use your NYSHIP resources: many answers to your questions can be found in the General Information Book, the HBA Manual, and the NYSHIP Administrative Guide.



August Heinrich

Remember to include your agency code in the subject line when you e-mail us.



Susana Alvear

Be sure to regularly check HBA Memos for important announcements.



Jesse Horton

Make sure to keep your NYBEAS credentials secure.



- On October 17, 2023, the Employee Benefits Division (EBD) published <u>Policy Memo 150</u>
- The memo requires that incoming agencies submit their request to join NYSHIP at least 6 months in advance
- The memo also requires that existing agencies requesting to make changes to their NYSHIP participation provide EBD with <u>at least 6 months</u> notice prior to the effective date of the change



- Such changes to NYSHIP participation could include a change in benefit plans, for example switching form the Empire Plan to the Excelsior Plan or vice versa
- Changes could also include a change in contribution rate, change in eligible classes, change in minimum service time for retirement, etc.



- The 6-month minimum notice is necessary to coordinate changes in coverage among multiple EBD units and insurance carriers without causing disruptions to member enrollments
- In addition, the 6-month timeframe is necessary to ensure compliance with statutes requiring advance notice to enrollees of a change in benefit
- For examples, 90-days notice of change in coverage is required for prescription drugs plans
- Please review Policy Memo 150 for more information



 Agencies that participate in NYSHIP may not withdraw only their Medicare-eligible retirees from NYSHIP, in accordance with NYSHIP Policy Memo 127.



- Some agencies have begun offering non-NYSHIP Medicare Advantage Plans to their Medicare-primary enrollees. This is allowable only if Medicare-primary enrollees are given the choice to stay in NYSHIP.
- Enrollees and their covered dependents may not be enrolled in different plan options.



- Participating Agencies are not allowed to withdraw only their Medicare-eligible enrollees from NYSHIP because this practice is detrimental to the plan.
- As a reminder, the NYSHIP premium cost is significantly reduced for Medicare-primary members.
- Any Participating Agency or Participating Employer that wishes to remove Medicare-primary retirees from eligibility for NYSHIP must withdraw <u>all</u> of its retirees from NYSHIP.



- As reminder, it is extremely important that all changes to enrollment records are processed in NYBEAS in a timely manner
- Typically, changes should be processed within 7 days of the request or event
- Timely processing is required to ensure accurate billing and a smooth transition of benefits for enrollees
- Numerous problems can arise when transactions are not processed timely



- For example, when a retirement is not processed in time for a Medicare eligible enrollee, claims are incorrectly paid as planprimary
- When EBD is eventually notified the employee has been retired, claims must be reversed
- Medicare has a limit on how far back they will pay claims, and will refuse claims submitted outside this time frame



- Reversed claims can be costly to the enrollee and the plan, and increased plan costs mean increased premiums for all plan enrollees
- In addition, agencies may incur additional premium costs if there is a difference in premium amount and transactions are processed outside the 6-month refund window



- As another example, problems can arise when job transactions, such as terminations or leaves of absence are not keyed on time
- Employees and their dependents may continue to have access to the benefits well after their eligiblity has ended
- By the time the job record is corrected, claims may have already been paid and the costs cannot be recovered
- Once again, this can be costly to the plan, which is ultimately costly for plan enrollees and agencies



Mandatory Federal Premium Reporting

- As a reminder, the federal Consolidated Appropriations Act requires that all health insurance plans annually report the average monthly premium paid by employees and employers
- Plans, including NYSHIP, must report 2023 premium to the federal government by mid-2024
- As has been done in past years, agency HBAs will be required to submit employee and employer premium information for their agencies using the dedicated NYBEAS page



Mandatory Federal Premium Reporting

- Please monitor HBA Online for an official announcement
- We plan to release an HBA memo in early 2024 with deadlines and instructions for submitting your premium information
- Premium information will likely be due In March 2024
- This is a mandatory federal requirement



New Vision/Dental Eligibility

- Effective January 1, 2024, dependent children of enrollees on NYS dental and vision plans will be eligible up to age 26, regardless of student status
- For NYS, dependents under age 26 will no longer have to provide student proofs
- Emblem Health Student Verification forms will no longer need to be completed periodically



New Vision/Dental Eligibility

- EBD has identified dependents previously removed from dental and/or vision coverage due to ineligibility prior to January 1, 2024 and will automatically reinstate them to coverage
- If an eligible dependent was inadvertently missed, you should manually process the enrollment effective 1/1/24
- If a dependent was added in error or does not wish to be covered, you should process a cancellation with the same effective date
- For more information, please refer to <u>HBA memo 23-31</u>



Optional Dual Family Prohibition

- New York State prohibits dual family coverage for its employees through

 Employees may not be enrolled in family coverage and as a dependent on another enrollee's NYSHIP policy
- This provision is included in the State's collective bargaining agreements with its public employee unions
- Participating Agencies may similarly prohibit their employees from being enrolled in dual family coverage to lower their overall health insurance costs



Optional Buyout Programs

- New York State offers a health insurance buyout program to its employees
 Employees can receive \$1,000 for opting out of individual coverage
 Employees can receive \$3,000 for opting out of family coverage
- Participating Agencies may implement similar programs to lower their overall health insurance costs
- Policy Memo 122r1 outlines the Department's policy on buyout programs for health insurance coverage



When to Contact PELU

- Questions about NYSHIP policies
- Changes in NYSHIP benefits such as contribution rate changes, changes in service time requirements, or newly offering benefits to a class or category of employee/retiree
- Contact us at least 60 days in advance of the effective date of the change
- Please contact PELU by e-mail at PELU@cs.ny.gov





NYSHP New York State Health Insurance Program



Questions?





NYSHP New York State Health Insurance Program

Empire Plan Benefit Changes

Presenter- Mindy Beyer, Contract Manager, Vendor Management Unit

New York State Department of Civil Service Employee Benefits Division

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.



Topics

- What's New for January 1, 2024
- Benefit Updates and Reminders



What's New for January 1, 2024

Expansion of Site of Care Program for Infusions:

- This program will be expanded to include all drug infusion therapies except those used to treat cancer or hemophilia.
- Empire Plan primary members impacted by this change will receive a letter and assistance in coordinating the transition.
- There will be **no** copayments for the infusion when an alternate setting is used, which may include a freestanding infusion suite, a doctor's office, or your home.
- This list of therapies included for this program can be found at: <u>https://www.empireblue.com/nys/resources-forms</u>

What's New for January 1, 2024

Empire BlueCross Becoming Anthem Blue Cross:

- Empire BlueCross, the administrator of The Empire Plan Hospital Program, will be changing its name to Anthem Blue Cross.
- This transition will not impact coverage or network access.
- For the latest information about this change and for information about Empire Plan hospital benefits, go to: <u>www.empireblue.com/nys</u>
 - Using this link, plan members can set up an account to review benefits, view claims, submit inquiries and access LiveHealth Online.



What's New for January 1, 2024

Assignment of Benefits for Medical/Surgical Providers:

- Enrollees who obtain services from out-of-network providers may opt to have The Empire Plan pay covered expenses to providers directly.
- To choose this option, sign the "Assignment of Benefits" field to authorize payment to your provider when submitting your claim to UnitedHealthcare or when completing forms required by your provider.
- As a reminder, out-of-pocket costs will be much higher when using an out-of-network provider.



Benefit Updates and Reminders

Preventive Care – RSV (Respiratory Syncytial Virus):

- For adults ages 60 and older, the RSV vaccine is covered at no cost when provided by a vaccination network pharmacy or participating medical provider.
- For infants/children ages 0 through 19 months, RSV monoclonal antibodies are covered at no cost when administered by a participating medical provider.
 Please note this treatment is not available at retail pharmacies.
- For women between 32 to 36 weeks of pregnancy, the RSV vaccine is covered at no cost when administered by a participating medical provider. Per state regulation, vaccines for this group are not available at retail pharmacies.



Benefit Updates and Reminders

Preventive Care – COVID-19 and Influenza Vaccines:

- The flu vaccine and all COVID-19 vaccines and boosters are covered at no cost when provided by a vaccination network pharmacy or participating medical provider.
- The CDC (Centers for Disease Control) recommends the COVID-19 primary series vaccine for everyone age six months and older, and the COVID-19 boosters for individuals age five years or older.



Benefit Updates and Reminders

No Copayment for In-Network Opioid Treatments:

- Empire Plan members have no copayment when receiving services from a network MHSU (Mental Health and Substance Use) provider for opioid treatment that includes the prescribing of agonists, including methadone, Suboxone and buprenorphine. However, prescriptions obtained at a retail pharmacy are still subject to the applicable copayment.
- Also, there are no copayments for therapy and counseling sessions related to the same opioid treatment provided by a network MHSU provider.



Benefit Updates and Reminders

UnitedHealthcare App:

- Empire Plan members can use the UnitedHealthcare (UHC) app to:
 - Find participating providers, view medical claims, and check deductibles.
 - Choose paperless communications.
- Just scan the QR code to get registered.





Benefit Updates and Reminders

Empire Plan Member Resources:

- The Empire Plan NurseLineSM is available 24/7. Registered nurses can answer health-related questions and assist in finding a network provider.
- The Clinical Referral Line for the Mental Health and Substance Use Disorder Program is available 24/7. Licensed clinicians can help find a provider and schedule an appointment if necessary.
- CVS Caremark representatives are available 24/7 to answer questions about prescription drug benefits and assist in finding a network pharmacy.
- 1-877-7-NYSHIP (1-877-769-7447) is the number to call for the above services; this number is found on the back of the Empire Plan benefit ID card.



Benefit Updates and Reminders

Empire Plan Member Resources:

LiveHealth Online is a telehealth benefit that provides access to a boardcertified doctor, psychiatrist, psychologist, and licensed therapist by telephone or a video visit on your smartphone, tablet or personal computer.

- \$0 copayment service is at no cost to Empire Plan members.
- To register or to schedule a visit, go to <u>www.empireblue.com/nys</u> or call 1-888-LiveHealth (1-888-548-3432).
- Representatives are available 24/7.



Benefit Updates and Reminders

Empire Plan Member Resources:

Talkspace provides online access to therapy with a licensed clinician.

- Members can text providers and set up video or telephone calls.
- Therapy is subject to a copay, similar to an in-person visit.
- To get started, you can go to <u>https://www.talkspace.com/empireplan</u>



Benefit Updates and Reminders

Empire Plan Member Resources:

Empire Plan Center of Excellence Programs - Overview:

- Nationwide access to care from providers who are recognized as leaders.
- All Center of Excellence (COE) programs include paid-in-full benefits for services provided at the COE.
- All COE programs include a travel, lodging and meal expenses benefit for travel within the United States.
- Plan members must call and register for the applicable COE Program to access benefits.





Benefit Updates and Reminders

Empire Plan Member Resources:

Empire Plan Center of Excellence Listing of Programs:

- Cancer Services Medical/Surgical Program (UnitedHealthcare)
- Transplants Hospital Program (Empire BlueCross)
- Substance Use Disorder MHSU Program (Carelon)
- Infertility Benefits Medical/Surgical Program (UnitedHealthcare)



Benefit Updates and Reminders

Empire Plan Member Resources:

Empire Plan Center of Excellence Programs - More Information:

 Use the link below to access a publication about Empire Plan COE benefits, including a list of COE locations:

https://www.cs.ny.gov/employee-benefits/nyship/shared/publications/reportingon/2023/reporting-on-centers-of-excellence-2023.pdf





NYSHP New York State Health Insurance Program



Questions?





NYSHP New York State Health Insurance Program

Financial Update

Presenter - Katelyn Wilder Acting Director Office of Financial Administration

New York State Department of Civil Service Employee Benefits Division

Prepared for use by the Department of Civil Service, Employee Benefits Division representatives only.



2024 Rate Renewal

- Empire Plan Net Premium increase: 13.8%
- Empire Plan Program Trends:
 - Hospital Program: 7.6%
 - Medical Program: 7.3%
 - Prescription Drug Program: 10.9%
 - Mental Health & Substance Use Program: 10.8%
- Rates Include 0% margin
- No Dividend Application





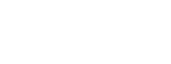
2024 Participating Employers Monthly Net Rates

Empire Plan Ratified Rates with Drug Coverage

Individual Coverage\$1,090.54Family Coverage\$2,799.94

Empire Plan Ratified Rates without Drug Coverage

Individual Coverage\$827.03Family Coverage\$2,215.58









NYSHP New York State Health Insurance Program



Questions?



Final Questions and Answers





End of Meeting

