

KATHY HOCHUL Governor

TIMOTHY R. HOGUES Commissioner

PE24-01 PA24-02 PAEX24-02

## MEMORANDUM

TO: Health Benefits Administrators (HBAs) of Participating Employers (PEs) and Participating Agencies (PAs) with The Empire Plan or Excelsior PlanFROM: Employee Benefits Division

**SUBJECT:** Mandatory Federal Premium Reporting Requirement, Plan Year 2023 **DATE:** February 2, 2024

As part of the Consolidated Appropriations Act, the federal government has established an **annual** 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).

To meet this federal requirement, the Department of Civil Service must collect premium contribution information from Participating Agencies (PA) and Participating Employers (PE). To facilitate in data collection, agencies must utilize a dedicated page in NYBEAS to enter their total annual employee contributions for plan year **2023**. This survey is **mandatory** for all NYSHIP PAs and PEs and must be completed by **March 31, 2024**.

To satisfy this requirement, locate the Federal Premium Reporting page in NYBEAS by following the instructions below.

Sign into NYBEAS and select Benefits. Under the Transaction folder, select Federal Premium Reporting:

			Home	Worklist	Add to Favorites	<u>  Sign</u>
Menu 🗖						
Search:	Main Menu >					
D My Favorites	Benefits					
<ul> <li>Benefits</li> </ul>	Select benefit plans, track company cars & FMLA, calculate leave accrual & annuity, maintain	primary job, NDT, FSA details, auto enrollment, COBRA, and merch	ants.			
Penefis     PHistory     PHistory     PHistory     PHistory     PHistory     PHistory     CORRA     ORMAN     Workfore Administration     Workfore Administration     Workfore Administration     System Announcement     System Announcement     System Announcement     Order Mistage     Workfore Administration     Workfore Administration     Workfore Administration     Workfore Administration     Order Mistage     Order Administration     Or	Seeted benefit plans, track company cars & FMLA calculate leave accrual & annuity, maintain  FMLStore users to view history of transactions for a given encolee.  FMLStore Store Information Changes Finding Colona Find	primary (or, NDT, FSA details, auto enrollment, COBRA, and merch Pian History Tracks history of rates, department data, broadcast mess with NYSHP Producest Messages Fig. Rate Summary Department Cola Department Cola		Transactions Alexand Fromessing of Earnet Enrollment Example Enrollment Example Coverage Controlment Coverage Economics Descendentificentificent Enroll Coverage Economics Econo	- Iistory ner rt Order	ige an enrollee's ci
				Reactivate Coverage     Tax Election Change     Young Adult Enrollment     Survivor		
				E Federal Premium Report	rting	

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: begins with V
Correct history
Search Clear Basic Search E Save Search Criteria Delete Saved Search

A new page will populate, and this is where agencies enter the **Total Annual EE Share** (Enrollee Share) of the NYSHIP health insurance premium for each Benefit Plan (e.g. Empire Plan, Excelsior Plan [*PA only*], or NYSHIP HMO [*PE only*]); and for each Coverage Option (e.g. Employee Only vs. Family coverage).

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 the enrollee is plan-prime or Medicare-prime) paid for coverage for the plan year. The Plan Year is indicated at the top of the page.

Federal Pre	emium Reporting		
Federal Prei	mium Reporting		
Departm	ent:		
Federal	Premium Reporting		Eind   View All First 🛃 1 of 4 🕨 Last
Plan	Year 2023	Company PA	
Fede	eral Premium Amounts		<u>Find</u> First 🗹 1 of 1 🕑 Last
0	01 Empire Plan		
	Coverage Option	Total Annual EE Share	
	Employee Only		
	Family		
Save 🕌	Return to Search		Include History

The Total Annual EE Share includes amounts your agency deducted from payroll checks, pension checks, 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, enter \$0.01 in the Total Annual EE Share field. The page will not accept a value of \$0.00.

ederal Premiu	Im Reporting		
deral Premiur	n Reporting		
Department:			
Federal Pren	nium Reporting		Find   View All First 🖪 1 of 4 🕨 Las
Plan Year	2023	Company PA	
Federal F	Premium Amounts		<u>Find</u> First 🗹 1 of 1 🕨 Last
001	Empire Plan		
	Coverage Option	Total Annual EE Share	
	Employee Only		
	Family		
Save 🔍 Re	turn to Search		Include History

If your agency offers different NYSHIP plans, you will see a row for each Benefit Plan. Agencies must enter the Total Annual EE Share for each Benefit Plan and Coverage Option (NYSHIP HMO [*PE only*], Empire Plan, or Excelsior Plan [*PA only*]) for 2023.

Agencies without any enrollees in a certain Coverage Option (Employee Only or Family) will have no data to enter. *Please see example below.* This agency offers both the Empire Plan and EmblemHealth-HIP (Downstate) options. In the 050 (HIP) option, there are no enrollees with Employee Only coverage, therefore there is no Total Annual EE Share to enter.

doral Prop	nium Reporting		
			<u>Find   View All</u> First 🗹 1 of 4 🕨 !
Plan Year	2020	Company PE	
Federal F	Premium Amounts		<u>Find</u> First 🕙 1-2 of 2 🕨 Last
001	Empire Plan		
	Coverage Option	Total Annual EE Share	
	Employee Only		
	Family		
	T anny		
050	EmblemHealth-HIP (Dow	nstate)	
	Coverage Option	Total Annual EE Share	
	Employee Only		
	Family		

Please note this is an annual federal reporting requirement. Agencies will be expected to report the Total Annual EE Share on an annual basis.

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