



2011 Regional Meetings for **Participating Agencies**

New York State Department of Civil Service
Employee Benefits Division

October 4, 2011 – Saratoga Springs

October 5, 2011 – Suffern

October 6, 2011 – Hauppauge

Financial/Program Updates

Mary Frye,

Director of Employee Insurance Programs

Topics

- Projected Year 2011 Experience
- Projected Year 2012 Rates
- 2012 Benefit Changes
- Mental Health Parity
- 2012 Medicare Part B Information
- Timely Payment of NYSHIP Premiums

Projected Year 2011 Empire Plan Experience(1) (000's)

	Blue Cross Hospital	UHC Medical	UHC MHSA	UHC Drug	Total
Premium	\$2,276,489	\$2,514,273	\$139,661	\$1,761,988	\$6,692,411
Incurred Claims	\$2,104,240	\$2,202,250	\$135,018	\$1,572,599	\$6,014,107
Administrative Expense	<u>\$160,732</u>	<u>\$234,314</u>	<u>\$19,637</u>	<u>\$89,860</u>	<u>\$504,543</u>
Gain/(Loss)	\$11,517	\$77,709	(\$14,994)	\$99,529	\$173,761

(1) 2012 Initial Rate Renewal Submissions

2012 Rate Renewal

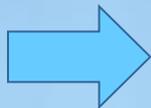
- Carrier Gross Premium Request: 9.4%
- Reduction to be achieved through:
 - Carrier concessions
 - Margin Removal/Retrospective agreements
 - Benefit Changes

2012 Rate Renewal

- Factors affecting rate negotiations:

- Status of Contracts – Rx
- Collective Bargaining Changes
- 2011 Claim Base
- 2012 Trend
- Economic/State Fiscal Climate

All factors generate uncertainty



conservatism by carriers

Projected Dividends/ERRP All Payors (In Millions)

	Dividends	ERRP	Total
Balance from prior years	\$228.0	\$51.5	\$279.5
2011 Projected Earned	\$179.4	\$123.5	\$302.9
2012 Projected Applied	\$275.2	\$90.0	\$365.2
Available for 2013	\$132.2	\$85.0	\$217.2

2012 Empire Plan Premium

- DCS Projected Net Premium Increase:

5% - 6.5%

2012 HMO Gross Premium Projected Increase

Weighted average composite increase for 20 NYSHIP
HMO Options = 3.9% increase

Breakdown of % increase:

% Increase	# Options
< 0%	3
0% - 5%	5
5% - 10%	9
10% - 15%	3
> 15%	0

Projected Industry Premium Increases for 2012

Segal Survey

- 9.5% PPOs
- 9.2% HMOs

CalPERS

- 3.0% PPOs
- 5.3% HMOs

NYS Collective Bargaining

- Contracts with unions representing State employees ended earlier this year
- CSEA contract ratified; ALESU and PEF contracts not ratified
- CSEA changes extended to unrepresented State employees and retirees

NYS Collective Bargaining

- EE Premium contribution increase effective 10/1/11
 - Salary grade sensitive: 12%/27% (<SG 10) and 16%/31% (SG 10+)
 - Current retirees: 12%/27%
- Update of actuarial table used to calculate sick leave credit effective 10/1/11
- Opt-out Program for active employees in 2012
 - Annual incentive of \$1,000 individual and \$3,000 family

Empire Plan Changes

- Rx Program Enhanced Flexible Formulary
 - When clinically appropriate and financially advantageous to the Program, Brand-Name drugs may have a Level 1 copayment
 - Brand-Name Drugs may be placed on Level 1 and their high cost generic counterpart on Level 3 – know as Brand for Generic or B4G

Empire Plan Changes

- Rx Program Enhanced Flexible Formulary
 - Certain therapeutic categories of prescription drugs may not have a Brand-Name drug on Level 2
 - Access to one or more drugs in select therapeutic categories may be excluded (not covered) if the drug:
 - Contains one of more active ingredient available in another covered prescription drug
 - Is a therapeutic equivalent or a modified version of another covered drug or an OTC drug

B4G Lipitor Strategy

- Highest utilized drug in the U.S. and the EP
- “Black Friday” – generic Lipitor, atorvastatin, expected to hit the market
- Generic drug initially will cost more than the brand
 - Minimal discount (10%)
 - No rebates
- For a limited time (3 – 6 months)
 - Lipitor will be a Level 1 drug (higher rebates)
 - Atorvastatin will be a Level 3 drug

B4G Lipitor Strategy

- Individuals taking Lipitor will receive a letter in late October (tentative mail date 10/24)
- Pharmacies will receive online messaging advising them to override generic substitution and to dispense the brand (allowed under law)
- When generic becomes the lower cost option pharmacy messaging will change; generic will be dispensed
- Patients should not ask doctor for a DAW script

Lipitor Strategy Savings

- Current annual Plan cost for Lipitor: \$47.8M
- Cost if Program does nothing: \$61.3M
- Cost using B4G strategy: \$45.3M
- 2012 baseline savings with B4G: \$ 2.5M
- Copayment savings to Lipitor enrollee population = \$40 per script (\$5M annualized)

Flexible Formulary Reminders

- There is no appeals process for copayment amount or for medications excluded from the Empire Plan Prescription Drug Program benefit
- Mandatory generic substitution policy still applies except when the B4G (Brand for Generic) policy is invoked
- The up-to-date Flexible Formulary drug list is available on NYSHIP Online or from Empire Plan Rx Program customer service

Empire Plan Changes for 2012

2012 Copayments

- We are still in the process of finalizing the 2012 PA benefit design
- As soon as it is finalized we will provide PAs with copayment information and any other changes not identified in this presentation

Empire Plan Changes for 2012

Participating Provider Program Changes

- Independent nurse practitioners will be eligible to become participating providers
- Convenience Care Clinics a.k.a Minute Clinics will be eligible to become participating providers
- No out-of-network coverage

Empire Plan Changes 2012

Nurse Practitioners

- Currently only covered when employed by a physician
- Improve access to care/lower cost
- UHC is targeting independent NPs in NYS
- Not many practicing independently in NYS
 - Approx 100 – 150
 - NYS law requires physician oversight
 - Modification in the law could increase the #

Empire Plan Changes 2012

Convenience Care Clinics (Minute Clinics)

- UHC has a national network
 - Approx 670 in U.S.
 - 107 in NYS; primarily downstate
 - Many in FL, AZ
 - Many are affiliated with retail businesses especially pharmacies (CVS, Walgreens) and big box stores (Target)
- Extended hours (7 days/week; some 24 hr)
- Typical wait time < 15 minutes

Empire Plan Changes 2012

Convenience Care Clinics (Minute Clinics)

- Types of services provided:
 - Treatment of common ailments such as strep throat, ear infections, pink eye
 - Physicals
 - Preventive Care
 - Vaccinations

Caution: pharmacy “flu shot” clinics are not covered; only services provided in the CCC

Empire Plan Changes 2012

Convenience Care Clinics (Minute Clinics)

- All CCCs are accredited and practitioners credentialed
- Use electronic medical records
- Will forward records to patients PCP or other physician, with permission

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

- Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
 - Aims broadly to eliminate group health plan discrimination on the basis of mental health or substance abuse
- The Interim Final Rules (IFR) published February 2, 2010
 - Apply to most plans renewing on or after 7/1/2010
 - NYSHIP implementation is 1/1/2012 due to NYS collective bargaining agreements

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

- The Interim Final Rules (IFR) clarified:
 - Deductibles and Out-of-Pockets must be shared
 - Financial requirements of each plan to be reviewed quantitatively to determine which requirements will be applied to “substantially all”
 - Non-quantitative treatment limitations (NQTL)
 - Behavioral management standards that limit/exclude benefits based on medical necessity must be comparable to and applied no more stringently than medical/surgical

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

- Plan Changes for 2012 due to Parity
 - **Deductible:** The amounts applied to the Medical/Surgical non-network deductible and MHSA program deductible will be accumulated
 - **Coinsurance Maximum:** the amounts applied will be accumulated among the Hospital, Medical/Surgical, and MHSA programs

Empire Plan Changes 2012

Out of Network Coverage: Hospital, Medical/Surgical and MHSA

- Single **Deductible** for Medical/Surgical and MHSA: \$1000 for enrollee, \$1000 for spouse/DP, \$1000 for all dependent children combined effective 1/1/2012
- Single **Coinsurance Maximum** for Hospital, Medical/Surgical and MHSA: \$3000 for enrollee, \$3000 for spouse/DP, \$3000 for all dependent children combined effective 1/1/2012
- Once the out-of-pocket is satisfied, higher benefit levels apply to all programs

Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

- Partnership for a smooth implementation for plan year 2012; UnitedHealthcare, Empire BlueCross and OptumHealth are working closely together to:
 - Collaborate on shared accumulator implementation for deductible and coinsurance maximums
 - Complete the necessary Quantitative Analysis Review

2012 Medicare Part B Premium

- 2012 Part B premium expected to be released by mid-October
- COLA expected for Social Security; therefore an increase in the Part B premium for all beneficiaries is expected
- Will result in a single standard Part B premium
- Projected by CMS in February 2011 to be \$108.20 for 2012

Reminder: Timely Payment of NYSHIP Premium

- Division is aggressively monitoring employers that fail to submit premium payments in a timely manner
- Employers that fall three months behind will experience a suspension of claims for enrollees
- Division will notify affected enrollees of coverage termination by letter, as required by law
- Termination of coverage will be retroactive to “paid-through” date of employer
- We must submit premium to NYSHIP insurers on time – NYSHIP employers must submit payment to us on time to ensure those payments can be made

Legislative/Policy Updates

Kevin Hill,

Policy Analysis & Strategic Planning

Topics

- Marriage Equality Act
- Oral Chemotherapy Legislation
- Federal Healthcare Reform Update
- Revised Buyout Policy Memo
- Projects of Interest

A8354 - Marriage Equality Act

- Signed June 24, 2011
- Effective July 24, 2011
- Amended Domestic Relations Law
- Otherwise valid marriage is valid in NY regardless of sex of parties to the marriage
- State government treatment or legal status, effect, right, benefit, privilege, protection or responsibility relating to marriage shall not differ based on sex of parties to the marriage
- NYSHIP has recognized same-sex spouses as eligible since May 1, 2007 – no change in eligibility

Marriage Equality Act

- Act affects tax treatment of NYSHIP benefits for same-sex spouses who are not federally qualified dependents
- Prior to act, same-sex spouses subject to imputed income for both Federal & State income tax purposes
- Effective July 24, 2011, NYSHIP benefits for same-sex spouses no longer result in imputed income for NYS tax purposes
- See Technical Memorandum TSB-M-11(7)M available at www.tax.ny.gov

Marriage Equality Act

- Imputed income assessed prior to effective date still applies for NYS income tax purposes
- Non-federally qualified same-sex spouses continue to be subject to imputed income for Federal income tax purposes – value of the benefits provided is imputed income for the enrollee with Federal tax paid on that value
- If same-sex spouse is federally qualified, enrollee must submit PS427.3, Dependent Tax Affidavit attesting to status – imputed income and tax no longer applicable (same form used for federally qualified Domestic Partners)

Marriage Equality Act

- Valid marriage certificate from jurisdiction where legal is sufficient for NYSHIP eligibility if marriage not more than one year old
- If marriage more than one year old, current proof of financial interdependence must be provided
- Consistent with all dependents, enrollee will need to provide birth certificate, Social Security card and Medicare card, if applicable

Marriage Equality Act

- Current Legal Jurisdictions:
 - New York, Connecticut, Iowa, Massachusetts, New Hampshire, Vermont, Washington DC, California (from 6/16/08 – 11/5/08)
 - Netherlands, Belgium, Spain, Canada, South Africa, Norway, Sweden, Portugal, Iceland, Argentina
- Further Guidance:
 - HBA Memos PA07-08, PA11-15, PAEX11-13
- Important – Enrollees should contact their tax professional with any questions related to the tax treatment of same-sex spouses

A6233-B/S3988-B

Oral Chemotherapy

- Signed September 23, 2011
- Effective January 1, 2012
- Amends NYS Insurance Law
- Coverage for oral chemotherapy covered at the lower cost sharing of either:
 - 1) anticancer medication under RX program; **or**
 - 2) intravenous or injected anticancer medication
- Since no cost sharing for intravenous or injected anticancer medication, oral chemotherapy must be covered at \$0 copayment

Patient Protection & Affordable Care Act (PPACA) Update

- Recap:
 - Signed March 23, 2010
 - Health insurance reforms implemented over four years and beyond with most changes taking place by 2014
 - 2011 Changes
 - Early Retiree Reinsurance Program (ERRP)
 - PPACA and Grandfathered Plans
 - Limitations on Essential Benefits
 - Coverage for Adult Children to Age 26
 - W-2 Reporting of Value of Employer-Provided Health Coverage (Delayed until 2012 – reported in early 2013)
 - Auto-Enrollment (Delayed until Regulations are issued)

Early Retiree Reinsurance Program (ERRP)

- Temporary program which will end 1/1/2014 or sooner if funding is exhausted
- Intended to encourage employers to continue to provide coverage to pre-Medicare retirees
- Reimburses 80% of claim costs greater than \$15,000 and less than \$90,000
- Department has filed/will continue to file on behalf of all NYSHIP participants
- Proceeds of ERRP are being used like plan dividend to offset future premium increases for all plan participants – law prohibits use of ERRP funds as general revenue (like Medicare D subsidy payments)
- ERRP proceeds will not be specifically identified on monthly bills; though the amount will be reflected in the overall premium that is charged

Early Retiree Reinsurance Program (ERRP)

- November 23, 2010 – 1st claim filed
 - Approved on January 21, 2011
 - \$47.9 million payment deposited into Health Insurance Fund
- March 31, 2011 – 2nd claim filed
 - Approved on April 21, 2011
 - \$40.5 million payment deposited into Health Insurance Fund
- HHS recently changed reporting requirement to file for reimbursement
- We are working with NYSHIP carriers to comply and expect to file 3rd claim within the next couple weeks
- We anticipate receiving approximately another \$41 million for 2010 plan year claims (for total of \$129 million) and \$92.5 million for 2011
- Note: 2011 rate development process included expected ERRP distributions during 2011 plan year – likewise for 2012 rate development

PPACA and Grandfathered Plans

- 2011 benefit design included all of the protections required under PPACA for non-grandfathered plans
 - Provided the flexibility to decrease the employer contribution more than 5% (would have triggered a loss of GF status)
 - Requirements included:
 - Coverage for Preventive Care Services received from a network provider
 - Enhanced Coverage for Emergency Services
 - Revised Appeals Process
 - Additional guidance released by DOL and HHS in Technical Release (TR) 2011-02 available at www.dol.gov
 - We are working with the NYSHIP carriers to ensure compliance

Limitations on Essential Benefits

- 2011 benefit design included all of the requirements related to essential benefits including:
 - Empire Plan: No annual or lifetime limits
 - Excelsior Plan: \$750,000 annual limit, no lifetime limit
 - Other limits were eliminated to ensure compliance

Coverage for Adult Children to Age 26

- Employers that have maintained GF status can restrict coverage for adult children to those who are not otherwise eligible for their own employer sponsored coverage (e.g. can only use relationship between enrollee/adult child and employment as determinants of eligibility)
 - Although the Empire Plan benefit package provides all of the protections required under PPACA for non-grandfathered plans, it doesn't cause an employer to lose GF status
 - We cannot make the determination regarding an individual employer's GF status – it is up to the employer to make the determination
- Employers that have lost GF status can only use relationship between the enrollee/adult child as determinant of eligibility – marital status, student status, residence, financial dependence and employment cannot be used

Coverage for Adult Children to Age 26

- Reminders:
 - Coverage available to natural, legally adopted, step, domestic partner and “other” children
 - “Other” children must recertified every 2 years using PS-457 Statement of Dependence
 - Unlike the Young Adult Option, there is no annual open enrollment for coverage to age 26, e.g. if coverage is requested for a previously eligible (not enrolled) young adult they may be subject to a late enrollment waiting period (if there is a change from individual to family coverage)
 - After aging out (reaching age 26) adult children will be eligible for Young Adult Option (to age 30) or COBRA (up to 36 months)
 - Both options are full share individual policies
 - Young Adult Option coverage tied to eligibility of parent – COBRA coverage is not
 - No COBRA after Young Adult Option

W-2 Reporting Requirement

- PPACA amended the Internal Revenue Code to require employers to report the aggregate cost of employer-sponsored group health plan coverage on Form W-2 for taxable years beginning on or after 1/1/2011
- IRS Notice 2011-28 provides interim guidance on the reporting requirement
- Delays reporting requirement until W-2 forms are generated for the 2012 tax year (early 2013)
- Employers not required to report on those enrollees for whom there is no obligation to issue a W-2 (i.e. retirees, COBRA enrollees, etc.)

W-2 Reporting Requirement

- Notice 2011-28:
 - Affirms that the reporting requirement is for informational purposes only and does not cause employer-provided health care coverage to become taxable
 - Provides that reporting for calendar year 2011 (early 2012) is not required but employers can voluntarily report the information
 - Provides transition relief to employers that are required to file fewer than 250 W-2s for 2011 – such employers will not be required to report prior to January 2014 (2013 tax year)

W-2 Reporting Requirement

- Notice 2011-28:
 - Aggregate cost of employer-sponsored coverage is reported in box 12, using code DD on Form W-2
 - Aggregate cost is the total cost of coverage under all applicable employer-sponsored coverage (does not include long-term care, separate dental/vision coverage or on-site medical clinic coverage)
 - Aggregate cost includes both the portion of the cost paid by the employer and the portion paid by the employee, e.g. full share premium

W-2 Reporting Requirement

- Notice 2011-28:
 - Calculation of aggregate cost can be completed using different methods:
 - 1) COBRA Applicable Premium Method
 - 2) Premium Charged Method
 - 3) Modified COBRA Premium Method
 - Methods are defined within IRS Notice
 - We cannot give guidance regarding which method to use or how to calculate the aggregate cost that is reported under each
 - Consult with your tax professional for further guidance on the reporting requirement
 - Additional information can be found in Notice 2010-69 available at www.irs.gov

Auto-Enrollment Requirement

- Employers with 200+ employees must enroll new full-time employees in the plan option with the lowest cost to the employee
- Enrollment required unless affirmative opt out or different plan selection by employee
- Applies only to new hires – currently enrolled employees remain enrolled unless they opt out
- Enrollment may be subject to waiting period to the extent permitted under law (90 day max – effective 1/1/2014)
- Employers not required to comply until regulations are issued
- Regulations to be released by Department of Labor – Employee Benefits Security Administration (EBSA)
- No estimate of date for regulations – except that DOL is anticipated to issue rules by 2014

Patient Protection & Affordable Care Act (PPACA) Update

- Upcoming Changes/Requirements
 - Uniform Explanation of Coverage
 - Effective 3/23/2012
 - “Mini-SPD”
 - No longer than four pages with print no smaller than 12-point font
 - Must include required disclosures and other plan provisions
 - Must be furnished to enrollments on or after effective date and during each annual option transfer period
 - We will handle this requirement for employers and are working to ensure compliance
 - Notice of Material Modifications
 - must be provided to plan participants at least 60 days prior to any material change in benefits

Patient Protection & Affordable Care Act (PPACA) Update

- Upcoming Changes/Requirements
 - Medicare payroll tax increases 0.9% (to 2.35%) on wages/earnings over \$200,000 for individuals and \$250,000 for married filing jointly
 - Effective for tax years beginning 1/1/2013
 - 3.8% tax on unearned income (e.g. interest, dividends, rents, royalties, annuities, etc.) if income over \$200,000 for individuals and \$250,000 for married filing jointly
 - Effective for tax years beginning 1/1/2013
 - Employers must provide employees with information concerning the Health Insurance Exchanges (which begin in 2014)
 - Notice must be provided by March 2013

Patient Protection & Affordable Care Act (PPACA) Update

- Repeals of PPACA Provisions
 - 1099 Reporting Requirement
 - Repealed April 14, 2011
 - Required businesses to issue Form 1099s for all purchases of goods and services over \$600 annually - estimated to generate \$18 billion in revenue annually; cost to businesses estimated at \$22 billion annually
 - Health Care Voucher Program
 - Repealed April 15, 2011
 - Required employers that offer health coverage and pay a portion, to provide certain qualified employees with a voucher they could use to purchase coverage through an exchange

Policy Memo 122r1

PA/PE Health Insurance Buyouts

- Revision to Policy Memo 122
- Effective immediately: 9/28/2011
- Provides guidance to PA/PEs that offer buyouts of NYSHIP coverage
- Provides clarification on when PA/PE employees that elect to participate in an employer's buyout can enroll in NYSHIP
- Provides clarification on treatment of a buyout related to NYSHIP retirement eligibility criteria

Policy Memo 122r1

PA/PE Health Insurance Buyouts

- Key Points
 - Buyouts must be offered on an annual basis
 - Buyouts can only be offered to those employees who have other employer-sponsored coverage
 - Buyout period must coincide with annual option transfer period to allow enrollment in NYSHIP or alternate agency sponsored plan at the end of buyout period
 - Enrollees who participate in buyout cannot enroll in NYSHIP until end of buyout period unless they experience a qualifying event (e.g. loss of other coverage, retirement, substantial increase in cost of other coverage, etc.)

Policy Memo 122r1

PA/PE Health Insurance Buyouts

- Key Points
 - Employees who wish to enroll in NYSHIP as the result of a qualifying event must provide employer with adequate documentation
 - Participation in a buyout will be considered participation in an alternate agency sponsored plan for the purpose of establishing eligibility to continue NYSHIP in retirement
 - This includes employees who leave service as the result of a retirement incentive or due to layoff and meet the eligibility criteria to continue NYSHIP in retirement

Policy Memo 122r1

PA/PE Health Insurance Buyouts

- Key Points
 - Employees who retire during buyout period and meet the retirement eligibility criteria can enroll in NYSHIP immediately upon retirement (qualifying event) or defer enrollment until a later date, subject to normal late enrollment waiting periods or buyout program rules, if still applicable to retirees
 - Employers must maintain adequate documentation for those employees who establish eligibility to continue NYSHIP in retirement while participating in a buyout – this will help to protect those employees who defer enrollment until a later date

Projects of Interest

- 2011 Self-Audit for Participating Agencies
 - Due June 13, 2011
 - Completed Audits received from approximately 60% of PAs (over 300 agencies outstanding)
 - Streamlined Audit (no contribution rate information – requested in phone survey)
 - We recognize limitations with online process (i.e. saving as you go)
 - We appreciate the positive comments received on the NYSHIP Survey at the end of the Audit
 - Valuable source of information
 - If not completed, please submit ASAP:
www.cs.state.ny.us/paaudit/index.cfm

Projects of Interest

- Manual for Public Employers
 - Revise the existing Manual for Participating Agencies
 - Create a Unified Manual for Public Employers (for both PAs and PEs)
 - Include recent policy changes and changes that resulted from legislation, including Federal Healthcare Reform legislation
 - Include a user-friendly online version including links to legal, policy and other citations
 - Progress has been slow but we will continue to work on the project as time and staffing permits
 - We will let you know when the revised Manual is available

Agency Services Updates

Theresa Bartlett,
Supervisor, PA/PE Unit

Topics

- **Reconciliation Listing**
 - Procedures, mandatory NYBEAS access
- **Medicare**
 - CMS listings now include age 45
 - Medicare for enrollees who retire after age 65
 - Yearly calculation of Medicare Part D
- **HBA Online**
 - Tutorials available
- **Additional Information**
 - PA/PE Unit employee update
 - NYBEAS URL address update
 - HBA Online website address
 - Updated Department website address
 - Marriage Equality Act – Enrollees' info update

Reconciliation Listing

NYBEAS
PRODUCTION



Menu

Search: 

- ▷ My Favorites
- ▷ Benefits
- ▷ Billing
- ▷ COBRA
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- ▷ NYBEAS Processes
- ▷ NYBEAS Reports 
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- ▷ EBD Call Center
- ▷ Data Corrections
- ▷ Workforce Administration
- ▷ System Announcement
- ▷ Set Up HRMS
- ▷ Worklist
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- ▷ PeopleTools
- [Change My Password](#)

PA memo 11-08 dated May 2,2011(IRM 302 form) mandatory for all Participating Agency/Employers to have access to NYBEAS.

Reconciliation Listing

Menu

Search:

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 - [Agency Reconciliation Report](#)
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Main Menu >

NYBEAS Reports

 Administer COBRA Benefits	 Agency Reconciliation Report Agency Reconciliation Report	 Benefits Billing
 Dep Coverage Report		 Statements

Reconciliation Listing

Search:



- > My Favorites
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Agency Reconciliation Report

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

Find an Existing Value

Department:

Search

Clear

[Basic Search](#)



[Save Search Criteria](#)



Reconciliation Listing

[New Window](#) | [Customize Page](#)

Agency Reconciliation Report

Department 00416

County of Orange

Report Format ¹

Check box to enter a billing statement date ²

Process Report



Report Repository

[Customize](#) | [Find](#) | [View All](#) | First Last

No Reconciliation Reports Exist
For This Agency

Legend

¹ The available Formats that the reports are produced in are:

- HTM - For viewing your report directly in the current browser (e.g. Microsoft Internet Explorer).
- PDF - For viewing your report in Adobe Acrobat Reader.
- XLS - For viewing your report in Microsoft Excel.

PDF is what was mailed with bills

Reconciliation Listing

Agency Reconciliation Report

Department 00401

Fulton County

Report Format ¹

Check box to enter a billing statement date ²

[Process Report](#)

Statement Date 

Report Repository

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URL	File Size	Request Date/Time	Run Time
Recon_Rpt_00401_764199.XLS	283.65 kb	08/15/2011 1:28PM	2 min 32 sec

Legend

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Reconciliation Listing

Agency Reconciliation Report

Department 00401 Fulton County

Report Format ¹ Check box to enter a billing statement date ²

 Statement Date **If you want a certain date**

↑

Report Repository				
URL	File Size	Request Date/Time	Run Time	
Recon_Rpt_00401_764199.XLS	283.65 kb	08/15/2011 1:28PM	2 min 32 sec	

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Reconciliation Listing

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Agency Reconciliation Report

Department 00026 Schenectady Municipal Housing

Report Format ¹ Check box to enter a billing statement date ²

[Process Report](#)

Report Repository		Customize Find View All			First	1-3 of 3	Last
URL	File Size	Request Date/Time	Run Time				
Recon_Rpt_00026_764730.XLS	9.43 kb	08/18/2011 7:46AM	50 sec				
Recon_Rpt_00026_764335.XLS	9.43 kb	08/16/2011 9:49AM	1 min 3 sec				
Recon_Rpt_00026_760471.XLS	9.73 kb	07/21/2011 1:29PM	46 sec				

Legend

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Medicare

- **CMS Listings** now include retirees/dependents with Medicare primary starting at age 45 (used to be 55)
- HBAs need to review the age of their retirees when processing a retirement
- Reminder message being added to NYBEAS prior to the Retirement Transaction saving
- **Medicare Part D** – this information appears quarterly on your billing statements. Agencies must keep track of the Medicare Part D subsidy; unfortunately we do not have the time/staff to calculate this information for agencies on a yearly basis

HBA Online - Tutorials

hba_online
benefits resource center

You Should Know...

Easy Reference

Publications & Forms

Phone Numbers / Links

Meetings & More

Health Plan Choices

HBA Manuals

E-Learning

HIPAA Privacy Information

Site Map

Help / Tutorial

Contact Us / Disclaimer

NYSHIP Home

Super Search

Suggestions

Find the **benefit**, click on the group. *Benefits vary by group.*

Current Topics

NYSHIP

For Employees of:

New York State
Participating Employers (PE)
Participating Agencies (PA)
Retired State/PE Employees

Empire Plan Providers,
Pharmacies and Services



Long Term Care

dental

C-82
M/C
NYSCOPBA
PBA Supervisors
PBA Troopers
PEF
PIA
Courts
SEHP

vision

C-82
M/C
NYSCOPBA
PBA Supervisors
PBA Troopers
PE
PEF
PIA
SEHP

life

M/C

IPP Income Protection Plan

M/C
Legislature
Special Enrollees
DC-37

survivor benefits

New York State Active Employees

workers' compensation

ARS Publications
for Executive Branch Agencies
ARS Manual
Dispute Resolution
Workers' Compensation
Pharmacy Benefits
Revised C-2 and Claimant
Information Packet
NYBEAS/ARS Upgrade
ARS Instructions for Completing the
Revised C-2 - Effective 10/01/09

HBA Online - Tutorials

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 Delete

- [New York State Agencies \(NY\)](#)
- [Participating Employers \(PE\)](#)
- [Participating Agencies \(PA\)](#)



Enrollee Address Change

- [New York State Agencies \(NY\)](#)
- [Participating Employers \(PE\)](#)
- [Participating Agencies \(PA\)](#)



Enrollee Termination

- [New York State Agencies \(NY\)](#)
- [Participating Employers \(PE\)](#)

HBA Online - Tutorials



Enrolling an Employee into a Benefit Plan

- [New York State Agencies \(NY\)](#)
- [Participating Employers \(PE\)](#)
- [Participating Agencies \(PA\)](#)



Waiving Benefits for an Employee

- [New York State Agencies \(NY\)](#)
- [Participating Employers \(PE\)](#)
- [Participating Agencies \(PA\)](#)

Reminder

Quick Orders for active employees with the Empire Plan – An Empire Plan package will be sent directly to the enrollee's home.

Additional Information

PA Updates

- **Theresa Bartlett**
- **Karen Stewart**
- **Chad Scott**
- **Michelle Johnson**
- **Theresa Criscone**
- **Audrey Galea**
- ***E-mails are for HBA questions, if you need an error corrected on NYBEAS please process a correction request.
- **HBA Line** – 518-474-2780 - NYBEAS processing, procedures, policy questions
- **Help Desk** – 1-800-422-3671 - technical issues with NYBEAS or HBA Online
- HBAs should be accessing **NYBEAS directly through the internet with the following URL:**
<https://nybeas.cs.state.ny.us/NYBEAS/signon.html>
- Please visit **HBA Online** to access NYSHIP information – forms, PA memos
<http://www.cs.state.ny.us/ebdonline/ebdonlinecenter/hbamem/index.cfm>
- Department website **update:** www.cs.ny.gov
- **Reminder** – Keep Agency information updated at Civil Service
- Marriage Equality Act – please update the enrollee’s marital status to reflect “married” with the marriage date. (refer to memo PA 07-08)

Executive Session

Employee Benefits Division Staff &
Health Insurance Carrier Representatives