



2014 Regional Meetings for Participating Agencies

New York State Department of Civil Service
Employee Benefits Division

September 24, 2014 – Saratoga Springs

October 15, 2014 – Suffern

October 16, 2014 – Hauppauge

Agenda

- Financial/Program Updates
- Legislative Updates, Policy Updates, Communications
- Lunch Break
- Program Administration

Financial/Program Updates

David Boland

Director of Employee Benefits Division

Topics

- Financial Structure/Concepts
- Projected 2014 Empire Plan Experience
- Projected 2015 Rate Renewal Information
- Medicare Part B
- Benefit Changes
- Other Changes

NYSHIP

Empire Plan

Self Insured – Effective 1/1/2014

Experience Rated

HMOs

Fully Insured

Community Rated

Health Insurance Premium

Goals: Lowest Premium
 Rate Stability
 Timely Approval

Empire Plan Rate Components

Hospital +

Medical +

MHSA +

Rx Drug +

NYBEAS =

Gross Rates

- Dividends

- Interest

- MLR

= Net Rates

Cost Components

Key Components

- Base Period (2014) Incurred Claims x
- Trend Factor =
- Rate Period Incurred Claims +
- Retention (Administrative Fee/Other) +
- Margin =
- Gross Premium Charge

2014 Premium Development Recap

2.2% Gross Premium Increase

\$127.8 million in dividend application

\$39.2 million in ERRP application

1.8% Empire Plan Net Premium Increase (All Payors)

1.9% Empire Plan Net Premium Increase (PA Group Only)

Projected Year 2014 Empire Plan Experience¹ (000's)

	Blue Cross Hospital	UHC Medical	VO MHSA	CVS Drug	Total
Premium	\$2,429,041	\$2,665,383	\$179,345	\$1,598,619	\$6,872,388
Incurred Claims	\$2,366,521	\$2,484,723	\$155,125	\$1,621,429	\$6,627,798
Administrative Expense	<u>\$100,747</u>	<u>\$177,938</u>	<u>\$13,294</u>	<u>\$25,214</u>	<u>\$317,193</u>
Gain/(Loss)	(\$38,227)	\$2,722	\$10,926	(\$48,024)	(\$72,603)

(1) 2015 Initial Rate Renewal Submissions

2015 Rate Renewal

- Vendor Gross Premium Estimates: 6.8%
- Includes 8.1% Trend
- Includes 0% margin for Hospital and Medical, 3% for MHSA and 2% for Prescription Drugs
- Increased Pharma and Med D Revenue
- Decreased Transitional Reinsurance Fee

2015 Rate Renewal

Other Factors To Consider Further:

- 2014 Claim Base – will be updated for August claims experience
- 2015 Trend Review
- Dividend Application

Projected Dividends/ERRP All Payors (in Millions)

	Dividends	ERRP	Total
Available as of 12/31/13	\$284.3	\$39.2	\$323.5
2013 Earned	+ \$300.6	+ \$0.0	+ \$300.6
2014 Projected Applied	- \$128.0	- \$39.2	- \$167.2
Projected Available 12/31/14	\$456.9	\$0.0	\$456.9
2014 Projected Earned	-72.6	\$0.0	-72.6
2015 Projected Applied	- \$250.0	\$0.0	- \$250.0
Projected Available as of 12/31/15	\$134.3	\$0.0	\$134.3

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Projected Available as of 12/31/15	\$134.3	\$0.0	\$134.3

2015 Projected Empire Plan Premium

(In millions)

Initial Submission/All Payors

	2014	2015	% Change
Gross Premium	\$7,051.1	\$7,527.3	6.8%
Dividend and Interest	\$127.9	\$250.0	195.5%
ERRP	\$39.2	\$0.0	
Mediprime Charge	\$0.0	\$0.0	
Net Premium	\$6,884.0	\$7,277.3	5.7%

2015 HMO Gross Premium Projected Increase

Weighted average composite increase for 20 NYSHIP
HMO Options = 7.4% increase

Breakdown of % increase:

% Increase	# Options
< 0%	6
0% - 5%	4
5% - 10%	1
10% - 15%	9
> 15%	0

Projected Industry Premium Increases for 2015

Mercer Survey

- 5.9% increase if no plan changes

Department of Financial Services

- Average Approved Rate Increase – 5.7%

CalPERS

- PPOs .56% for PPO; 11.52% for Medicare
- HMO 3.88% for Basic; 5.92% for Medicare

2015 Medicare Part B Premium

- Announcement expected soon
- Annual Trustees Report indicates no change from 2014 amount (\$104.90)

Benefit Changes Medical Exception Process for Excluded Drugs

- Effective September 2, 2014
- Provides for Appeals Rights Not Previously Available
- Must First Try Formulary Alternatives
- Have Doctor Contact CVS/Caremark
- If Denied, Letter is Sent to the Member and Doctor Outlining Appeal Rights.

Benefit Changes

Immunizations at Pharmacies

- Effective 10/1/14
- 57,948 Participating Pharmacies
- Available to members 18 years old or older
- Includes flu, pneumonia, meningitis and shingles
- Coverage also available at Non Participating Pharmacies via an enrollee submit claim

Maximum Out of Pocket

- 2015 Amounts
- Prescription Drugs
 - Individual - \$2,300
 - Family - \$4,600
- Hospital/Medical/MHSA Combined
 - Individual – \$4,300
 - Family - \$8,600

Benefit Changes

Provider Non Discrimination

- Increases Coverage to Providers Licensed to Perform the Same Services.
- Increased coverage may be at Par or Non Par level.
- Par Level Coverage Includes
 - Registered Dieticians
 - Nutritionist
 - Pharmacist
 - Nurse Practitioners/Convenience Care Clinics
- Non Par Coverage Includes
 - Certified Acupuncturist
 - Genetic Counselor
 - Doctors of Naprapathy/Naturopathy
 - Massage Therapist
 - LMHC and LMHT

MHSA Parity (ACA) Legislation

- Effective 1/1/15
- Prohibits Plans from Applying Financial Requirements and Treatment Limits to MHSA that are More Restrictive than Medical
- Regulations Still Pending

Other Charges

PCORI Fee

- 2013 (Paid 7/2014) \$2.00 PMPY
- 2014 (Paid 7/2015) Not Yet Announced

EBD Administrative Fee

- 2014 - \$2.114 Per Contract Per Month
- 2015 – Expect \$2.114 Per Contract Per Month

Transparency Reporting

- Effective 9/1/14
- Establishes Standardized Report Relating to Use of Benefits by Persons Covered Under the Plan to Employers Participating in NYSHIP
- Includes Reporting the Number of Claimant with Large Dollar Spend Per Year (\$50,000)

Legislative/Policy Updates

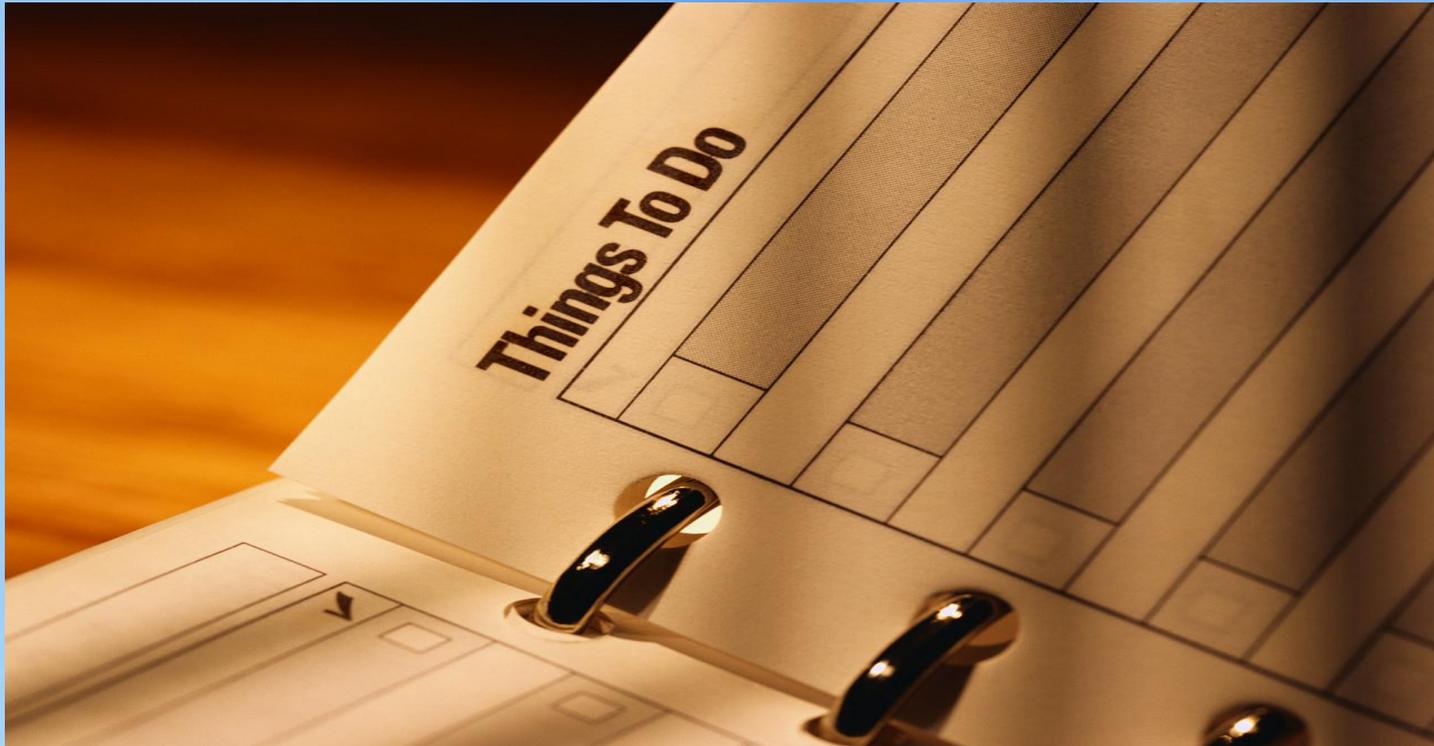
MaryEllen Brucculeri & Erik Anderson

Policy Analysis & Strategic Planning

Topics

- Patient Protection and Affordable Care Act (PPACA) Update
- DOMA
- NYSHIP Rules (Helpful reminders)
- Eligibility
 - Employee
 - Retiree
- Employer Change in Resolutions
(Ie; changes in eligibility or rate of contribution)
- Communications

PPACA



PPACA Currently Effective

- Dependent coverage up to age 26
- Annual dollar limits prohibited on essential benefits
- Pre-existing condition exclusion prohibited for all enrollees
- Waiting Periods over 90 days prohibited
- No cost-sharing for preventative services

Individual Mandate

- Effective 1/1/2014
- Individual Mandate to purchase insurance or pay penalty. Penalty is greater of:
- Flat Dollar Amount
 - 2014 \$95/adult, \$47.50/ child; \$285 max
 - 2015 \$325/adult, \$162.50/child; \$975 max
 - 2016 \$695/adult, \$347.50/child; \$2085 max
- Percentage of Income Amount
 - 2014 1%
 - 2015 2%
 - 2016 2.5%

90-Day Limitation on Waiting Periods: UPDATE

Recap:

- Effective 1/1/2014 a group health plan cannot impose a waiting period in excess of 90 days
- Waiting period defined as “period that must pass with respect to the individual before the individual is eligible to be covered for benefits under the terms of the plan”

90-Day Limitation on Waiting Periods: UPDATE

Orientation Period, effective 1/1/2015

- Satisfying a bona-fide orientation period can be considered a “substantive eligibility condition”
- Permitted for up to one month prior to 90 day waiting period
- Any Orientation Period extending beyond one month would be considered designed to delay waiting period
- Provides employer and employee opportunity to review employment situation

90-Day Limitation on Waiting Periods: UPDATE

The length of one month is measured from the employee's start date

And

determined by adding one calendar month to that date and subtracting one calendar day

90-Day Limitation on Waiting Periods: UPDATE

Measurement examples:

- Employee is hired on :
 - May 3, the orientation period has to end no later than June 2
 - October 1, the orientation period has to end no later than October 31
 - January 30, the orientation period has to end no later than February 28 (February 29 if a leap year)
- <http://www.gpo.gov/fdsys/pkg/FR-2014-02-24/pdf/2014-03811.pdf>

Employer Shared Responsibility Transition Relief

Large employers with 100 or more full-time employees, or full-time equivalents:

- Employers need to cover 70% of FT employees by 2015 and fulfill compliance reporting (Code Section 6056)
- Relieved of first 80 in 2015
- And cover 95% of FT employees by 2016

Large employers with 50 to 99 full-time employees, and full-time equivalents:

- Will fulfill compliance reporting on their workers and coverage in 2015, but have until 2016 before any employer responsibility payments could apply.

Full-Time is defined as working on average 30 hours per week, or 130 hours per month

Employer Shared Responsibility Penalty

If the large employer does not offer Minimum Essential Coverage (MEC) to its full-time employees and dependents,

and

The full-time employee enrolls in Marketplace coverage and receives a premium tax credit

Annual Penalty : \$2,000 for each FT employee, relieved of first 30 FT employees

Employer Shared Responsibility Penalty

If the large employer does offer Minimum Essential Coverage (MEC) to its full-time employees and dependents

But

Coverage does not meet Minimum Value

(Plan's share of total allowed costs is less than 60% of total costs)

Or

Coverage is not Affordable and employee contribution exceeds 9.5% of household income for individual coverage;

And

The full-time employee enrolls in Marketplace coverage and receives a premium tax credit

Annual Penalty : \$3,000 for each FT employee

Employer Shared Responsibility

- **W-2 Safe Harbor:** If the employee annual contribution for employee-only coverage does not exceed 9.5% of the Form W-2 amount, the employer coverage would be affordable.
- **Rate of Pay Safe Harbor:** If the employee's monthly contribution for employee-only coverage does not exceed 9.5% of the monthly wages, the employer coverage would be affordable.
- **Federal Poverty Line Safe Harbor:** If the employee's monthly contribution for employee-only coverage does not exceed 9.5% of the Federal Poverty Line, the employer coverage would be affordable. 2014 FPL for an individual is \$11,670 annually, or \$972.50 monthly.

Various Employee Categories Under ACA

- **Volunteers:** Hours contributed by bona fide volunteers, such as volunteer firefighters and emergency responders, will not cause them to be considered full-time
- **Educational Employees:** Teachers and other educational employees will not be treated as part-time because their school is closed or operating on a limited budget during the summer.
- **Seasonal Employees:** Positions for which the customary annual employment is six months or less will not be considered full-time employees

Various Employee Categories Under ACA

- **Student Work-Study Programs:** Service performed by students under federal or state-sponsored work-study programs will not be considered full-time employees
- **Adjunct Faculty Various Employee Categories:** 2.25 hours of service per week for each hour of teaching or classroom preparation, and separately 1 hour per week for each additional hour outside of the classroom performing required duties, such as office hours and faculty meetings
- <http://www.treasury.gov/press-center/press-releases/Documents/Fact%20Sheet%20021014.pdf>

PPACA Resources

- www.irs.gov
- www.hhs.gov
- www.aon.com/default.jsp
- www.kff.org (Kaiser Family Foundation)

DOMA

The United States Supreme Court has invalidated the DOMA provision that the term “spouse” could not include individuals in a same-sex marriage.

Consequently, the Centers for Medicare and Medicaid Services (CMS) is no longer prohibited from applying the Medicare Working Aged provision to individuals in a same-sex marriage when paying claims under Medicare Secondary Payer (MSP) rules.

DOMA

Consistent with this policy and for the purpose of the Medicare Secondary Payer (MSP) provisions, effective January 1, 2015, the following will apply:

- If an individual is entitled to Medicare as a spouse based upon the Social Security Administration's rules, that individual is a “spouse” for the purposes of the MSP Working Aged provisions
- If a marriage is valid in the jurisdiction in which it was performed as described , both parties to the marriage are “spouses” for the purposes of the MSP Working Aged Provisions.

DOMA and Plan Primacy for Medicare Eligible Dependents

Effective January 1, 2015, same-sex Medicare eligible spouses who are dependents of active employees become NYSHIP Primary

- Current Medicare Enrollees will become NYSHIP Primary, and agencies are no longer required to reimburse for Medicare Part B premiums
- Medicare eligible dependents will not have to enroll in Medicare until actively employed spouse retires

Out Of Network Surprise Billing Legislation

- Effective 4/1/15
- Purpose
 - Protects Consumer Liability from Surprise Bills
 - Creates Independent Dispute Resolution Process
 - Establishes Minimum OON Coverage
 - Improves Disclosure on OON Reimbursement
 - Extends Network Adequacy Protections
 - Easier Consumer Claims Submissions
- Regulations Pending
- Work in Progress by DFS and Vendors

NYSHIP Policy & Compliance

- Employer Participation
- Employee Eligibility (The Basics)
- Retiree Eligibility (Constructive retirement)
- Employer Changes in Resolutions
 - (i.e.; Changes in rate of contribution or eligibility)
- Communications

Participating Agency/Employer Reminders

Employers that participate in NYSHIP must comply with all laws, regulations and policies related to the program.

The following are some helpful reminders concerning NYSHIP rules.

Administering Benefits and Enrollment

Health Benefit Administrator Responsibilities include:

- Ensure that all eligible employees and retirees are properly informed of the benefits and availability of NYSHIP.
- Determine the eligibility of employees and retirees for enrollment.
- Enroll employees and eligible dependents, and maintain copies of the PS 503.1 (transaction form) and appropriate proofs.

Administering Benefits and Enrollment

Other Responsibilities include:

- Transmit timely premium payments.
- Verify the accuracy of the Health Insurance Activity list.
- Notify and enroll those eligible for either COBRA or New York State Continuation of Coverage.
- Provide assistance to enrollees who have claim or enrollment issues.
- Issue Medicare reimbursement to enrollees and dependents who are Med Primary.

PAs are restricted under Civil Service Law from negotiating or changing certain program rules

- The following represent important program rules that cannot be locally negotiated or changed under NYSHIP:
 - *A Participating Agency cannot Withdraw only Medicare eligible enrollees from NYSHIP (See Policy memo 127 for additional guidance)*
 - *A participating Agency must offer dependent survivor coverage to eligible dependents if the deceased enrollee had at least 10 yrs of service*

PAs are restricted under Civil Service Law from negotiating or changing certain program rules

- The following represent important program rules that cannot be locally negotiated or changed under NYSHIP:
 - *NYSHIP does not require years of service to be continuous to qualify for health insurance in retirement. NYSHIP recognizes an enrollee's total years of service regardless of how that service is accumulated.*
 - *A Participating Agency cannot restrict health insurance benefits to individual coverage only.*

Medicare Reimbursement

Employers that participate in NYSHIP are required by Section 167-a of New York State Civil Service Law to reimburse Medicare primary enrollees, dependents, and survivors the amount equal to the Medicare Part B premium, including any income related monthly adjustment amount (IRMAA).

(A PA is not required to reimburse the cost of Med B when NYSHIP is primary).

Reimbursement can be issued monthly, quarterly, annually, or other designated timeframe as long as it doesn't exceed 1 yr.

The New York Benefits Eligibility and Accounting System NYBEAS

Employers that participate in NYSHIP are required to have access to NYBEAS to process enrollment transactions related to NYSHIP participation, and HBA Online, to receive important information and updates related to NYSHIP participation.

COBRA

Employers that participate in NYSHIP are responsible for administering COBRA for eligible enrollees, and must comply with federal COBRA requirements.

Agency Discretion Within Certain Areas of NYSHIP

Within certain areas of NYSHIP, Participating Agencies have the flexibility to establish their own policies, some of which include:

- Years of service required for retiree benefits.
- Different contribution rates for different classes or categories of employees.
- Requiring that employees be within 5 yrs of retirement to be eligible to Vest.

Agency Discretion Within Certain Areas of NYSHIP (Cont'd)

- Election of Domestic Partner coverage.
- Recognition of other public service.
- Allowing or prohibiting two family policies if both enrollees work for the same Agency.
- Frequency of Medicare Part B reimbursement (i.e; monthly, quarterly, yearly).

Employer Change in Resolution

From time to time, employers will implement changes related to NYSHIP, either administratively, or through collective bargaining. Employers are required to provide EBD with the notice of any and all changes related to NYSHIP and include a copy of the revised resolution.

Always notify EBD as soon as a change is implemented. Some changes that involve NYBEAS programming require 90 days notice before the change will become effective.

Employer Change in Resolution

EBD's practice is to review resolutions for compliance with NYSHIP and to provide employers with a letter of acknowledgement.



Some Types of Employer Change in Resolutions include:

- Eligibility extended to employees of a specific class or category.
- Eligibility for Domestic Partner Coverage.
- Waiting periods.
- Change in Minimum Employer Contributions (90 days notice required to avoid retroactive adj).

Employer Minimum Contribution (applies to active and retired enrollees only)

Employers that participate in NYSHIP are required to contribute a minimum of 50% towards the cost of individual coverage and 35% towards the cost of dependent coverage (50/35).

(Dependent coverage cost is defined as the portion of premium that is the difference between the family premium and the individual premium).

50/35 Minimum Employer Contribution How to Calculate

For example;	\$1,500 Family premium
minus	<u>\$500 Individual premium</u>
difference	\$1,000 Dependent premium

Calculation of Employer Contribution of Family Premium

50% of \$500 for individual coverage = \$250
plus

35% of \$1000 for the dependent cost = \$350

Minimum employer contribution towards Individual premium = \$250

Minimum employer contribution towards family premium (250+ 350) = \$600

These amounts are examples only

Employer Minimum Contribution (applies to active and retired enrollees only)

Participating Agencies may adopt different contribution rates for different classes of employees or designated bargaining units provided the classes are reasonable classifications and do not establish an arbitrary or discriminatory distinction among the agency's employees.

Employee Eligibility

A Participating Agency must designate which class or category of employees/retirees are eligible for inclusion under NYSHIP.

A Participating Agency may extend coverage to all its eligible employees, or to a single class of employees, or to several classes of employees as long as the classifications are reasonable and do not establish an arbitrary or discriminatory distinction among the agency's employees.

Employee Eligibility

Some examples of classes and categories include:

- All Enrollees, including employees, retirees and dependent survivors.
- All employees of a bargaining unit
- All non-represented employees
- All employees of a bargaining unit hired on or after a specific date.
- All retirees
- All retirees who retire on or after a specific date

Employee Eligibility

A Participating Agency may elect to cover active employees only. However, an agency must cover active employees in order to cover retirees.

Employee Eligibility Requirements

NYSHIP MINIMUM ELIGIBILITY REQUIREMENTS	AGENCY DISCRETION (NOTE: agencies can exclude eligibility for certain classes or categories of employees)
Expected to work at least three months	Can extend the three month expectation to six months
Must work a regular schedule of at least 20 hours or half-time -or- Receive annual salary of at least \$2,000 -or- Be in one of the following categories: Local elected official, paid member of public legislative body, elected member of a school board, unpaid board member of public authority with at least 6 mos. service, a volunteer firefighter or ambulance worker, major source of family income is from public employment	Can require a regular work week of more than 20 hours Require an annual salary greater than \$2,000 Can establish work week or annual salary requirements each of the categories Are not required to offer coverage to volunteer firefighters and ambulance workers
Are not already enrolled in NYSHIP as an employee	66

Retirement Eligibility



Retirement Eligibility

Retirement Eligibility and Constructive Retirement

Retirement Eligibility

Key Dates for Establishing Retiree Coverage

If a Participating Agency joined NYSHIP prior to March 1, 1972, the enrolled employees are eligible for benefits into retirement if their most recent date of employment with the employer is prior to April 1, 1977.

Retirement Eligibility

Key Dates for Establishing Retiree Coverage

A Participating Agency is not required to offer retirement benefits to enrolled employees if their most recent date of employment with the employer is on or after April 1, 1977.

Retirement Eligibility

Key Dates for Establishing Retiree Coverage

A Participating Agency may establish a service requirement greater than 5 years for employees hired on or after April 1, 1975.

Eligibility for Health Insurance Benefits in Retirement

There are 3 eligibility requirements to Continue NYSHIP coverage in retirement.

Eligibility for Health Insurance Benefits in Retirement (The 3 Requirements)

The 3 requirements are:

1. Employee has met the Employer's Minimum Service Requirement. (Minimum of 5 years).

Continuous service is not required under NYSHIP.

PAs may establish a service requirement greater than 5 yrs for employees hired on or after April 1, 1975. (if a PA does not establish a service requirement, the 5 yr. rule will apply)

An employer can elect to accept prior service with other public employers.

Eligibility for Health Insurance Benefits in Retirement (The 3 Requirements)

2. Pension Eligibility (Membership in a Retirement System).

The Employee must either:

Retire or has retired (is eligible to collect a pension) as a member of a retirement system administered by the State of New York or one of its political subdivisions, or;

If the employee is not a member of a retirement system administered by the State or one of its political subdivisions:

a- The enrollee must meet the Employee Retirement System's age requirement in effect at the time he or she last entered service. Employees who are members of certain retirement systems such as the Local Police & Fire Retirement Systems are eligible to retire after a specific number of years of service regardless of age, or:

b- be qualified to receive Social Security disability payments.

Eligibility for Health Insurance Benefits in Retirement (The 3 Requirements)

3. Employee must be enrolled in NYSHIP as *enrollee* or *dependent*, **or** in an alternative employer sponsored health plan offered by the agency at the time of retirement

*If an employee is not enrolled as an enrollee or dependent or in an alternative employer sponsored health plan, but meets all other requirements, he or she **cannot** enroll at a later date .*

Eligibility for Health Insurance Benefits in Retirement (Constructive Retirement)

When an enrollee retires for health insurance purposes but delays collecting his or her pension, this is called “Constructive Retirement.”

Employees who have met all 3 eligibility requirements for retiree health benefits and leave employment but defer receipt of a pension **must be** considered retired for health insurance purposes.

NYSHIP
Communications
For
Participating
Agencies



October 2013

**NOTICE OF CREDITABLE COVERAGE FOR PERSONS WITH MEDICARE
WHO ARE COVERED BY
THE NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP)**

This important notice is being sent to all NYSHIP enrollees to fulfill the annual creditable coverage notice requirements of the Medicare Prescription Drug Plan. If you or a covered dependent are not yet eligible for Medicare, it does not pertain to you at this time, but may provide you with helpful information about how the Medicare Prescription Drug Plan and NYSHIP work together. Please keep this notice.

Medicare prescription drug coverage has been available to everyone with Medicare since January 1, 2006. This notice has information about your current prescription drug coverage and Medicare prescription drug coverage.

NYSHIP provides creditable prescription drug coverage through The Empire Plan. This means that, on average for all Plan participants, your NYSHIP plan is expected to pay out as much or more than standard Medicare prescription drug coverage will pay. Because the NYSHIP prescription drug coverage is creditable coverage, you can keep your prescription drug coverage with NYSHIP instead of joining a Medicare Prescription Drug Plan. If you later decide to enroll in a Medicare Prescription Drug Plan, you will not pay a late enrollment penalty as long as you enroll within 63 days of terminating your NYSHIP prescription drug coverage.

The Empire Plan

If you are Medicare-primary and enrolled in The Empire Plan, you will automatically be enrolled in Empire Plan Medicare Rx, a Medicare Part D prescription drug plan. This means you are enrolled in a Medicare Prescription Drug Plan through NYSHIP.

Medicare Part D Plan Rules

The Empire Plan includes Medicare Part D coverage. Since Medicare rules allow enrollment in only one Medicare plan at a time, if you enroll in another Medicare plan, your NYSHIP coverage will end for other health expenses in addition to prescription drugs. If you are the enrollee and have family coverage, NYSHIP coverage for your covered dependent(s) also will end.

Not about Extra Help: Some people with limited resources and income may be able to get Extra Help to pay the costs related to a Medicare Prescription Drug Plan. If you or a dependent are approved for Extra Help and enrolled in The Empire Plan, and you wish to

(over)

PA Notice of Creditable Coverage 10/2013 NYSHIP

EBD Communications assists you by sending important NYSHIP communications directly to your active employees and retirees. We automatically send required notices in our Mandated Packages or as individual mailings such as the annual Creditable Coverage notice. Mandated packages include Privacy, HIPAA and COBRA information. We do not provide specific COBRA information and refer the enrollee to the agency.

NOTE:

While we send many important materials to your enrollees, we do not send specific COBRA information, information about your Open Enrollment or the Employer Marketplace Notice.

These are your responsibility.

hba_online
benefits resource center

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

Easy Reference	Current Topics 2014 Regional Meeting Registration Participating Agencies Participating Employers	dental	life
Publications & Forms		APSU	M/C
Phone Numbers / Links	Young Adult Option Coverage	C-82	IPP Income Protection Plan
Meetings & More	NYSHIP	M/C	M/C
Health Plan Choices	For Employees of:	NYSCOPBA	Legislature
HBA Manuals	New York State	PBA Supervisors	Special Enrollees
E-Learning	Participating Employers (PE)	PBA Troopers	DC-37
HIPAA Privacy Information	Participating Agencies (PA)	PE	survivor benefits
Site Map	Retired State/PE Employees	PEF	New York State Active Employees
Help / Tutorial	Empire Plan Providers, Pharmacies and Services	PIA	workers' compensation
Contact Us / Disclaimer	 NYPERL™	SEHP	ARS Publications for Executive Branch Agencies and Unified Court System
NYSHIP Home	NYS Agencies	vision	ARS Manual
Super Search	Participating Agencies and Participating Employers	Davis Vision Information	Dispute Resolution Program
Suggestions			Workers' Compensation Pharmacy Benefits

09/19/2014 3:03 pm

Before we mail information to your enrollees, we post a memo, send a System Announcement and post an alert in “You Should Know” on HBA Online. Please be sure to check these resources regularly. You must have password access to this HBA administrative website and we ask that you not share it with anyone else. Contact the ITS Help Desk at 1-800-800-3671 if you have problems with access.

NYSHIP Publication Order Forms

▼ Choose the group

▼ PA (Participating Agencies) with The Empire Plan

- [Order Publications Online](#) - Order specific publications for your office or mail directly to the enrollee's home.

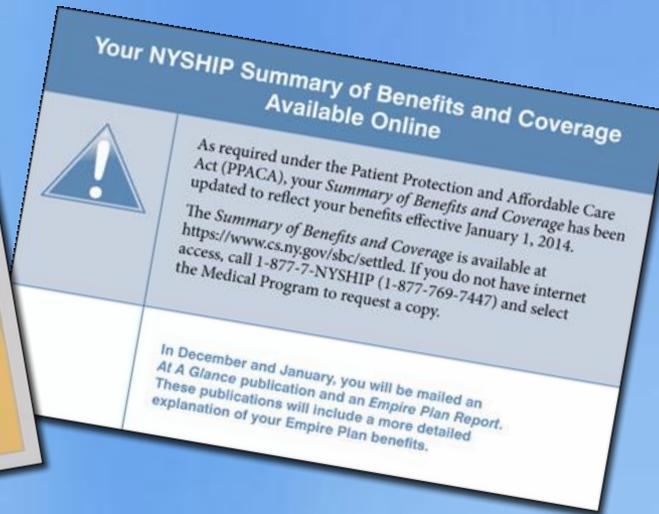
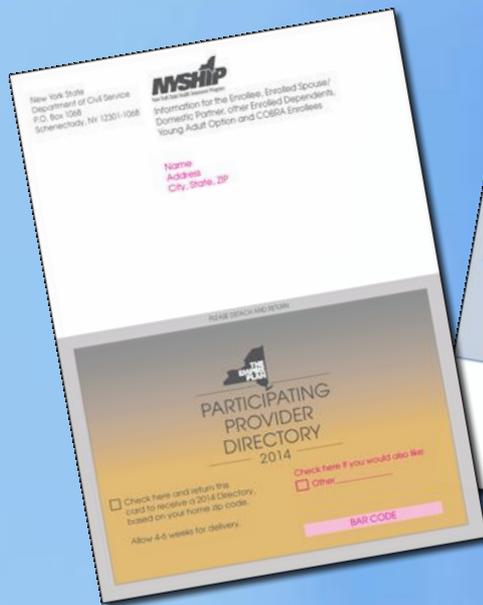


- [PA \(Participating Agencies\) with The Empire Plan Quick Order \(for Active Employees\)](#) - A complete package of group-specific materials mailed directly to the enrollee's home.



- [PA \(Participating Agencies\) with The Empire Plan Quick Order \(for Retired Employees\)](#) - A complete package of group-specific materials mailed directly to the enrollee's home.

When you need to order additional materials, HBA Online is your NYSHIP resource. In the Publications & Forms section, there is an opportunity to order a “Quick Order” package for your new hires and new retirees. It contains all of the essential publications that make up a current Empire Plan or Excelsior Plan benefit package. These packages are *not* sent automatically. You must order it for your enrollee, but you can have it mailed directly to their home.

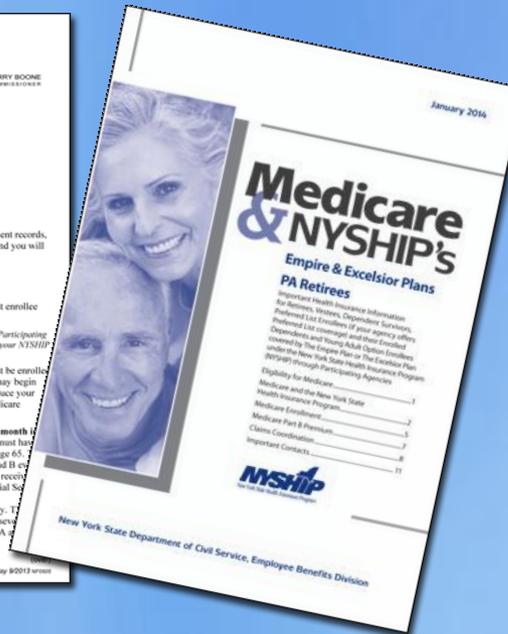


We send postcards to your enrollees annually to request an Empire Plan Participating Provider Directory. We encourage enrollees to use the online Provider Directory as this saves thousands of dollars, but of course, this is their opportunity to order one or more if that is helpful to them.

We also send postcards when we have benefit announcements that are time sensitive, such as the annual Summary of Benefits and Coverage (SBC), as required by PPACA.



We mail the annual At A Glance publication and new Empire Plan Reports automatically to your enrollees. We ship a small amount to you for your use and post a memo on HBA Online to tell you how to order more if you need them. Please wait until your shipment arrives before ordering more.



We send 65th birthday letters to your retirees to remind them they must enroll in Medicare. These letters are mailed five months before the 65th birthday and the mailing includes the helpful publication “Medicare & NYSHIP’s Empire & Excelsior Plan” for PA Retirees.

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

09/10/2014 11:54 am

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

Current Topics
2014 Regional Meeting Registration
 Participating Agencies
 Participating Employers
Young Adult Option Coverage

NYSHIP
 For Employees of:
 New York State
 Participating Employers (PE)
 Participating Agencies (PA)
 Retired State/PE Employees
 Empire Plan Providers, Pharmacies and Services

NYPERLSM
 NYS Agencies
 Participating Agencies and Participating Employers

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

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 and Unified Court System
 ARS Manual
 Dispute Resolution Program
 Workers' Compensation Pharmacy Benefits
 Revised C-2 and Claimant Information Packet
 NYBEAS/ARS Upgrade
 ARS Instructions for Completing the Revised C-2
 PESH Page and Report Instructions
 Call Center Hours

HBA Online is your NYSHIP resource. Under Publications & Forms, there is a short tutorial on how to order NYSHIP publications. Under E-Learning, there are numerous training videos to explain how to process transactions on NYBEAS. Be sure to click on the links for Participating Agencies.

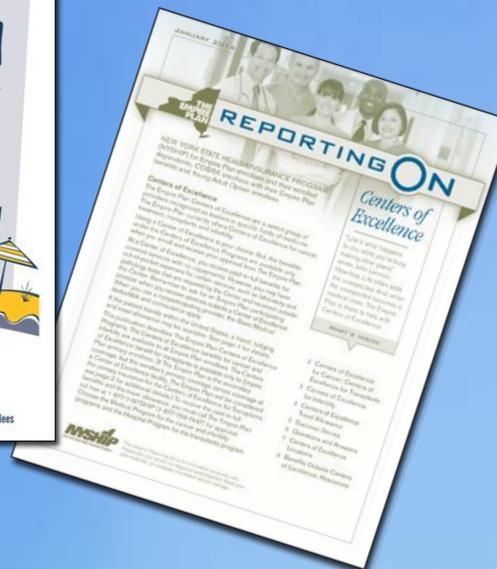
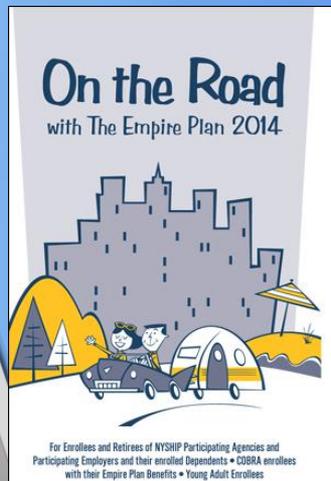
Employee Information Day/Health Fair Planning Information Form

▼ Choose the document or form

- [Guidelines for NYSHIP Participation at PA/PE Employer Health Fairs](#)
- [Online PE and PA Agencies Employee Information Day/Health Fair Request Form](#)
-  [Print or View Form for PE and PA Agencies](#)
- [Empire Plan Event Representative's Evaluation Form](#)

Did you know that you can request an Empire Plan representative for your Employee Info Day or Health Fair? Under Publications & Forms, you can find guidelines and an online form to request attendance.

Act quickly, reps are limited and dates book up fast!



Agency Publications Supply Request for PAEP

EMPIRE PLAN GENERAL INFORMATION BOOK / EMPIRE PLAN REPORTS / CERTIFICATE AMENDMENTS

Code
AL1285
PA0137
PA0149
PA0162
PA0169
PA0175
PA0183
PA0188
PA0192

Title
EPR Special 14-2
GIB-EP/PA-PLUS/2007
EPR-PA-PLUS-08-01
EPR-PA-Empire Plan-09-01 (January 2009)
GIB-Empire Plan/PA/09-02 (Jan. 2009)
EPR-PA-Empire Plan-10-1
EPR-PA-11-1
EPR-PA-13-1
EPR-PA-14-1

Enter
Quantity
Needed

You can find forms to order individual publications on HBA Online.

hba_online
benefits resource center

Super Search | All HBA Memos | All Policy Memos | HBA Broadcast Messages | Notices | NY HBA Manual | PE HBA Manual | PA HBA Manual | ARS Manual | Union Contracts | Civil Service Law | **Civil Service Home**

easy_reference

[Agency Locations](#) | [Benefits](#) | [Copayments](#) | [Rates](#) | [General Information](#)

Agency Locations

[New York State Unified Court System](#)

[New York State Agencies](#)

[Participating Agencies with The Empire Plan](#)

[Participating Agencies with The Excelsior Plan](#)

[Participating Employer Agencies](#)

The Easy Reference tab contains a wealth of information including:

- HBA Memos**
- Rates (Current and Past)**
- Benefit Matrices**
- System Announcements (in case you missed it on NYBEAS)**
- PA Cost Estimate Calculator**
- PA/PE Reconciliation Report Instructions**

Q: Where can I find NYSHIP Online & HBA Online and what's the difference?

A: NYSHIP Online is the “public” site where you should direct your enrollees. www.cs.ny.gov. Click on Benefit Programs, then NYSHIP Online. HBA Online is just for you. www.cs.ny.gov/ebdonline.



**Publications you can expect between now
and the end of the year:
Creditable Coverage Letter and CHIP Notice
PA General Information Book
2015 Flexible Formulary or Excelsior
Formulary
Preventive Care Coverage Chart
SBC Postcards
Empire Plan & Excelsior At a Glance
Empire Plan & Excelsior Plan Reports**



PLEASE KEEP ADDRESSES UP-TO-DATE

Sometimes the mail is returned to DCS due to bad addresses. We send it back to you and ask that you update the address on NYBEAS. This process saves hundreds of thousands of dollars on postage. Thank you for your assistance!

HBA Online Benefits Resource Center

- Registered for and using HBA Online – you are all set!
- Registered, but have forgotten your user ID and/or password, contact the Department of Civil Service GGC Service desk at:
1 -800 -422-3671

HBA Online Benefits Resource Center

- Not registered - please complete and submit form IRM-302, Participating Agency Request for Access to NYBEAS
- If your agency does not have access to the internet, please let us know.

HBA Online Benefits Resource Center

Tutorials Available

- New Hires
- Change in Coverage Transactions
- COBRA Transactions
- Adding and Deleting a Dependent

HBA Online Benefits Resource Center

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 Benefits Resource Center

HBA memos

- A system announcement is posted to NYBEAS when a memo for Participating Agencies is issued.
- All HBA memos are located on HBA on-line.

HBA Online Benefits Resource Center

HBA Manual

The Manual For Participating Agencies is available on HBA online.

This manual outlines the official procedures for the administration of NYSHIP and is available on HBA online.

The manual is now being updated. Please provide our office with any suggestions you may have.

NYSHIP e-News for PAs

The Department of Civil Service maintains a list for HR Professionals in Local Government Agencies who wish to be notified via e-mail of information regarding the New York State Health Insurance Program (NYSHIP).

NYSHIP e-News for PAs

How to Sign up

Go to the Department of Civil Service Web site at:

www.cs.ny.gov

Click on “HR Professionals”, then click “ Local Government HR Professionals”, then click “Sign up for E-mail Notifications of NYSHIP news”

OR

You can go directly to the sign up webpage at:

http://www.cs.ny.gov/nyship/nyshipnews/nyshipnews_pa.cfm

When you subscribe, you will receive a confirmation e-mail, as well as future alerts, from nyshipnews-pa@cs6.state.ny.us. This will assure you that we received your correct e-mail address. This list will not be used for any other purposes, nor will your e-mail address be shared with anyone.

EBD Contacts for PA HBAs

For questions related to :

- How to process transactions
- Eligibility
- NYBEAS access
- HBA Memo's

Call 518-474-2780

EBD Contacts for PA HBAs

For questions related to:

- NYSHIP Policies
- Civil Service Law
- Presidents Regulations
- Changes in eligibility criteria for new employees and retirees

Call 518-485-1771

Questions



?

LUNCH BREAK



Program Administration

Barbara Vaughn, Theresa Flanagan
Program Administration

Program Administration

Topics Include:

- Empire Plan Medicare RX & NYBEAS
- How to Reconcile your Bill
- NYBEAS Corrections processing
- NYBEAS worklist

Empire Plan Medicare Rx – Part D & NYBEAS

Role of the Health Benefits Administrator

Enrollment into the Empire Plan's Medicare Part D Program (Empire Plan Medicare Rx) is based upon an enrollee or dependent's status within the New York Benefits Eligibility and Accounting System (NYBEAS).

It is the responsibility of the Health Benefits Administrator to assure that the NYBEAS health benefits information is current for all enrollees/dependents.

Update Medicare Primacy Timely

In order to ensure Medicare eligible enrollees and their dependents are enrolled properly in the Empire Plan Medicare Rx, their NYBEAS records must be updated timely and reflect the correct Medicare primacy effective date.

Medicare primacy may be entered automatically via the DCS auto-med process or entered manually by the HBA or EBD processor.

Automatic Medicare Primacy Update

The Medicare primacy indicator will be entered into NYBEAS automatically for retirees and dependents 2 months prior to their 65th birthday, subsequent to verification by the Centers for Medicare and Medicaid Services (CMS) that they are enrolled in Medicare A and B.

If the member does not enroll in Medicare timely, the Medicare primacy indicator will not be updated on his/her file.

Automatic Medicare Primacy Update - Events

NYBEAS
PRODUCTION

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Medicare Part D

Programs

Billings

Benefits/Billings

Employee Information

EmplID: [REDACTED] Empl Rcd #: 0

Plan Type View All | First 1 of 2 Last

Plan Type: Medical 10

Event Information View All | First 1-2 of 2 Last

Action Date	Effective Date	Eff Seq	Action	Reason	CBR Evtld	Ovrd Sw	Source ID	Request Date	Event Date	User ID	Dep Info	Comment	Audit Info
09/06/2014	11/01/2014	0	MED	Medicare Change	0	N	COMPINFC		11/01/2014	PCONTROL			
11/12/2010	12/01/2010	0	PGM	Benefit Program Change	0	N	JOBUPDTE			[REDACTED]			

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Automatic Medicare Primacy Update – Benefits

When Medicare primacy is indicated, a request for enrollment in the Empire Plan Medicare Rx is sent electronically to SilverScripts.

NYBEAS PRODUCTION

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Events | Benefits | Medicare Part D | Programs | Billings | Benefits/Billings

Employee Information

EmpID: [REDACTED] Empl Rcd #: 0

Plan Type View All First 1 of 2 Last

Plan Type: Medical 10

Benefits Details View All First 1-3 of 3 Last

Effective Date	Covrg ElectDt	Election	CBR Evtld	Ben Plan	Plan Descr	Covrg Desc	Ben Prog	Program	Med Prmy	Med Reimb	Med D Enrolled	Low Inc Subsidy	No-Drug Authorized	View Deps
11/01/2014	09/06/2014	Elect	0	001	Empire	Fam 1 Med	PR7	PA7-Ret	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12/01/2010	11/12/2010	Elect	0	001	Empire	Family	PR7	PA7-Ret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02/01/1989	02/01/1989	Elect	0	001	Empire	Family	PA7	PA7-Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Notice of Retirees Turning 65

Agencies will receive a Medicare Eligibility Report with their monthly bills providing notice of members turning 65 within 2 months of the report.

The report will also provide notice of members who are not enrolled in Medicare A and B (Dependent is listed without a Medicare ID).

NYS DEPARTMENT OF CIVIL SERVICE

Report ID: BEABB109
ReportTitle:

ENROLLEE ELIGIBILITY FOR MEDICARE IN 2 MONTHS

Page No. 22
Run Date 09/05/2014
Run Time 20:31:43

Runcontrol Parameters: From date- 02-SEP-2014; Thru date- 01-DEC-2014. COMPANY: PA. NON-COBRA INACTIVES.

DeptID	Employee ID	Employee Name	Benefit Plan	Coverage Code	Birthdate	Status	Age	Employee Status	Dependent Benefit	Comment
			001	4	09-19-1949	E	65	A		
			001	4	11-15-1949	E	65	R		
			001	B	10-18-1949	D	65	R	02	Dependent is listed without a MedicareID

Updating Medicare in NYBEAS Manually

Medicare primacy must be entered manually in NYBEAS when:

- Enrollee/Dependent is age 65 or older at the time of enrollee's retirement
- Enrollee/Dependent not enrolled timely in Medicare A and B

To add Medicare primacy to an enrollee's record in NYBEAS, go to Benefits > Transactions > Medicare Change.

The screenshot displays the NYBEAS PRODUCTION web application interface. On the left is a navigation menu with the following items: Transactions (expanded), Employee Life, OOP, PEP, Survivor, Young Adult Enrollment, Benefit Plan Change, Benefit Program Change, Billing Option Change, Cancel Enrollment, Change Coverage, Comments, Contribution Rate Change, Corrections Requests, Unsettled Grp Contribution Chg, Dependent Add, Dependent/Beneficiary, Dependent Delete, EGWP Manual Action Page, Empire Card Request/History, Enroll/Waive Benefits, Federal Qualification Change, Letter Notification, Medicare Change (highlighted), and Medicare Part D Change. The main content area is titled "Medicare Change" and includes the instruction: "Enter any information you have and click Search. Leave fields blank for a list of all values." Below this is a search form with the following fields: "Find an Existing Value" (a horizontal line), "EmpID:" (dropdown: begins with, text input), "Empl Rcd Nbr:" (dropdown: =, text input), "Last Name:" (dropdown: begins with, text input), "First Name:" (dropdown: begins with, text input), and "Department:" (dropdown: begins with, text input). There is also a checkbox for "Case Sensitive". At the bottom of the form are buttons for "Search", "Clear", "Basic Search", and "Save Search Criteria". The top right of the page has a "Home" link. The page number "113" is located in the bottom right corner.

Medicare Change – Transaction

NYBEAS PRODUCTION Home | W

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 - Federal Qualification Change
 - Letter Notification
 - Medicare Change
 - Medicare Part D Change
 - MRX Exception
 - National Medical Support Order
 - Payment Method Change

Medicare Change

EmplID: Empl Rcd #: 0

Plan Type

*Plan Type: Medical COBRA Event ID: 0

Enrollee's Current Coverage Information

Eff Date	Event Id	Covrg Elect	Benefit Plan		Coverage
11/01/2014	0	Elect	001	The Empire Plan	Fam 1 Med
	PR7	PA Option 7 (Retiree)		Med Primacy <input checked="" type="checkbox"/>	Med Reimbursement <input checked="" type="checkbox"/>

Transaction Details

*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
<input type="button" value="MED"/>	<input type="button" value="CHG"/>	<input type="text" value="10/01/2014"/> <input type="button" value="📅"/>	<input type="text"/>	<input type="text" value="10/01/2014"/>	<input type="text" value="No"/> <input type="button" value="📄"/>
Medicare Change					

Enrollee Medicare Info

Medicare Change?: Med Primacy? Med Reimbursable? Medicare Id:

Change Dependent Medicare Information

Enter Plan Type:
10 - Medical

Enter Event Date

Press Save when complete

Ensure Medicare ID is correct

Medicare Change - Benefits

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- Sick Leave History
- OSC Salary Grade Inquiry
- OSC Unsettled Group
- Plan History
- Transactions

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- Programs
- Billings
- Benefits/Billings

Employee Information

EmpID: [REDACTED] Empl Rcd #: 0

Plan Type

View All | First 1 of 2 Last

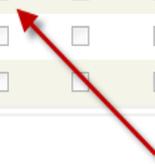
Plan Type: Medical 10

Benefits Details

View All | First 1 of 3 Last

Effective Date	Covrg ElectDt	Election	CBR Evtld	Ben Plan	Plan Descr	Covrg Desc	Ben Prog	Program	Med Prmy	Med Reimb	Med D Enrolled	Low Inc Subsidy	No-Drug Authorized	View Deps
11/01/2014	09/06/2014	Elect	0	001	Empire	Fam 1 Med	PR7	PA7-Ret	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12/01/2010	11/12/2010	Elect	0	001	Empire	Family	PR7	PA7-Ret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02/01/1989	02/01/1989	Elect	0	001	Empire	Family	PA7	PA7-Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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BE CAREFUL!!

Entering Medicare Primacy into NYBEAS too early will cause the enrollment to be denied by SilverScript.

Medicare primacy should not be entered more than **3** months prior to the Medicare primacy effective date.

Verify that enrollee/dependent names, dates of birth, social security numbers and Medicare ID numbers are correct prior to updating Medicare Primacy.

Medicare Rx Enrollment Process

Enrollment into the Empire Plan Medicare Rx takes time. After Medicare primacy is updated in NYBEAS the following processes occur:

- Silverscript Pre-Processing (48 hours)
- Attestation Period/ Opt Hold (21 Days)
- CMS Processing (48 hours)
- EBD notification of successful enrollment (24 hours)

SilverScript Pre-Processing

Silverscript will review the enrollment record to ensure the enrollee's name, address, date of birth, gender and Medicare ID number matches the Center for Medicare and Medicaid Services (CMS) records.

If everything matches, the Attestation / Opt Hold period will begin.

Attestation / Opt Hold Period

Under Medicare rules, SilverScript must offer enrollees the opportunity to cancel their Empire Plan Medicare Rx coverage. SilverScript will send a letter to enrollees providing instruction on how to provide their decision. Enrollees may call and explain they wish to join the Empire Plan Medicare Rx program.

Each enrollee/dependent has 21 days to provide SilverScript with his/her decision. If the enrollee does not call within 21 days, he/she will automatically be enrolled in the Empire Plan Medicare Rx.

CMS Processing

If the enrollee does not “opt out” of the Empire Plan Medicare Rx coverage, a request for enrollment will be sent to CMS.

CMS reviews the request to verify eligibility, which includes confirming enrollment in Medicare A and B.

Once CMS approves the request, SilverScript mails the prescription drug card and Empire Plan Medicare Rx plan documents to the enrollee.

Be Proactive

Advise your Medicare eligible enrollees and dependents to enroll in Medicare A and B timely. (Ask for a copy of their Medicare card.)

If they are not enrolled in Medicare A or B, the request for their enrollment in Empire Plan Medicare Rx will be DENIED and their Empire Plan benefits may be terminated.

Review your reconciliation reports to determine which enrollees and dependents are turning 65 (sort by date of birth); you want to be sure they are enrolled in Medicare.

EBD 65th Birthday Letter

The Employee Benefits Division will continue to send retirees and their dependents a letter 5 months prior to their 65th birthday reminding them to enroll in Medicare A and B.

Note:

Active enrollees, working past age 65 or with a 65 year old dependent, should be reminded that they should go to their social security office 3 months prior to the retirement, to ensure that Medicare is in place on the date of retirement.

Ensuring Proper Enrollment

The enrollee/dependent name on NYBEAS must match what is on the Medicare ID Card.

If NYBEAS indicates a PO BOX for the home address, a physical address must also be entered in NYBEAS.

The enrollee/dependent Medicare ID number (Health Insurance Claim Number - HICN) must match what is on the Medicare ID card.

Updating Enrollee Name

In order to update an enrollee's name in NYBEAS to match the name on his/her Medicare card, go to Benefits > Transactions > Personal/Employment.

The screenshot displays the NYBEAS PRODUCTION web application. The top navigation bar includes the logo and a 'Home' link. A left-hand menu lists various transaction types, with 'Personal / Employment' selected at the bottom. The main content area is titled 'Personal/Employment' and contains a search instruction: 'Enter any information you have and click Search. Leave fields blank for a list of all values.' Below this is a search form with the following fields: 'EmpID:', 'Last Name:', 'First Name:', 'Department:', and 'Retirement Number:'. Each field has a dropdown menu set to 'begins with' and a text input box. There are also checkboxes for 'Correct History' and 'Case Sensitive'. At the bottom of the search form are buttons for 'Search', 'Clear', and links for 'Basic Search' and 'Save Search Criteria'.

Edit Name – Personal/Employment

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 - PE First Eligibility Dates
 - Personal / Employment

Name / Id | Address/Phone | Personal Details

Employment Information

EmplID: [REDACTED]

National ID | Customize | Find | View All | First 1 of 1 Last

Country	National ID Type	Description	National ID
USA	PR	Social Security Number	[REDACTED]

Alternate ID

Alternate ID [REDACTED]

Name | Find | View All | First 1 of 1 Last

*Effective Date: 01/24/1989

Display Name: [REDACTED] [Edit Name](#)

Save | Return to Search | Previous tab | Next tab | Include History | Correct History

Name / Id | Address/Phone | Personal Details

After editing name, press Save

Change Medicare ID Number

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 - MRX Exception
 - National Medical Support Order
 - Payment Method Change
 - PE First Eligibility Dates
 - Personal / Employment

Name / Id | Address/Phone | Personal Details

Employment Information

EmplID: [REDACTED]

Personal Data

Date of Birth: 11/15/1949 [31]
Date of Death: [REDACTED] [31]
Original Start Date: 01/24/1989 [31]

Employment Information

Hire Date: 01/24/1989 [31] Rehire Date: 01/24/1989 [31]
Termination Date: 11/28/2010 [31] Service Date: 01/24/1989
Last Date Worked: 11/28/2010 [31] Disabled

Retirement Information

Retirement Reg.#: [REDACTED] Medicare Id: [REDACTED] ←
Retirement System: 1 Employee's Retirement System Retirement Number: [REDACTED]
Retirement Type: [REDACTED] Retirement Tier: [REDACTED]

Personal History Find | View All First 1 of 2 Last

*Effective Date: 09/09/2005 [31] *Marital Status: Married
*Gender: Male Marital Status Date: 10/02/1971 [31]

Save Return to Search Previous tab Next tab Include History Correct History

Name / Id | Address/Phone | Personal Details

After updating Medicare ID, press Save

Updating A Physical Address

Review HBA Memo PA 14-22 for specific instructions.

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 - Medicare Change
 - Medicare Part D Change
 - MRX Exception
 - National Medical Support Order
 - Payment Method Change
 - PE First Eligibility Dates
 - Personal / Employment
 - Preferred Payment

Name / Id **Address/Phone** **Personal Details**

Employment Information EmpID: [REDACTED]

Medical Benefit Plan

Benefit Plan	Description
001	The Empire Plan
Plan Type	Termination Date

Current Addresses Customize | Find | View All | [Grid] [Left] [Right] Last

Address Type	As Of Date	Status	Address	View Address Detail
Home	01/24/1989	A	[REDACTED]	View Address Detail +
Permanent	09/18/2014	A	[REDACTED]	Edit/View Address Detail +

Phone Information Customize | Find | [Grid] First 1 of 1 Last

*Phone Type	Telephone
01-Home	631/723-3048

Email Addresses Customize | Find | [Grid] First 1 of 1 Last

*Email Type	*Email Address	Preferred
		<input type="checkbox"/>

127

Updating Dependent Physical Address

A physical address must be updated for Medicare eligible dependents as well. In NYBEAS, go to Benefits > Transactions > Dependent/Beneficiary.

The screenshot displays the NYBEAS (New York Benefits and Employment Administration System) web application. The interface includes a navigation menu on the left, a main content area with tabs for Name, Address, and Personal Profile, and a dependent/beneficiary record view.

Menu:

- Transactions
 - Employee Life
 - OOP
 - PEP
 - Survivor
 - Young Adult Enrollment
 - Benefit Plan Change
 - Benefit Program Change
 - Billing Option Change
 - Cancel Enrollment
 - Change Coverage
 - Comments
 - Contribution Rate Change
 - Corrections Requests
 - Unsettled Grp Contribution Chg
 - Dependent Add
 - Dependent/Beneficiary**
 - Dependent Delete
 - EGWP Manual Action Page
 - Empire Card Request/History
 - Enroll/Waive Benefits
 - Federal Qualification Change
 - Letter Notification
 - Medicare Change
 - Medicare Part D Change
 - MRX Exception
 - National Medical Support Order
 - Payment Method Change
 - PE First Eligibility Dates
 - Personal / Employment Preferred Payment

Address Tab:

EmplID: [Redacted]

Dependent/Beneficiaries: Find | View All First 1 of 1 Last

Dependent/Beneficiary ID: 02 Name: [Redacted]

Address History: Find | View 1 First 1-2 of 2 Last

*Effective Date: 09/18/2014

Same Address as Employee Address Type: Permanent

Address:

Country: USA United States

Address: [Redacted] [Edit Address](#)

*Effective Date: 01/24/1989

Same Address as Employee Address Type: Home

Employee's Current Address:

Empire Plan Medicare Rx Enrollment Exceptions

To continue enrollment in a non-NYSHIP Medicare Part D prescription drug plan and maintain Empire Plan coverage for hospital, medical/surgical, and mental health and substance abuse services:

- The enrollee/dependent must be approved by Medicare for Extra Help
- The enrollee/dependent is confined in a long-term care facility
- The enrollee/dependent is enrolled in an approved Medicare Special Needs Plan (SNP)

Contact the Program Administration Unit in order to determine if an enrollee or dependent is eligible for an exception.

Other Medicare Plans

Enrollees can only be covered under one Medicare prescription drug plan at a time.

If they choose to enroll in another Medicare plan, Medicare will cancel their Empire Plan Medicare Rx coverage. If the enrollee is cancelled, the enrollee (and all covered dependents) will be cancelled from all Empire Plan health insurance coverage, including coverage for medical/surgical, hospital, mental health and substance abuse and prescription drugs.

Empire Plan Cancellation

If an enrollee/dependent is not properly enrolled or cancels his/her Empire Plan Medicare Rx coverage, all Empire Plan benefits will be terminated.

If an enrollee record is cancelled in NYBEAS with an action/reason of (CAN/CMS, DEP/CMS or CCO/CMS) and the former enrollee wants to reinstate Empire Plan benefits, he/she should contact the Program Administration Unit (1-800-833-4344).

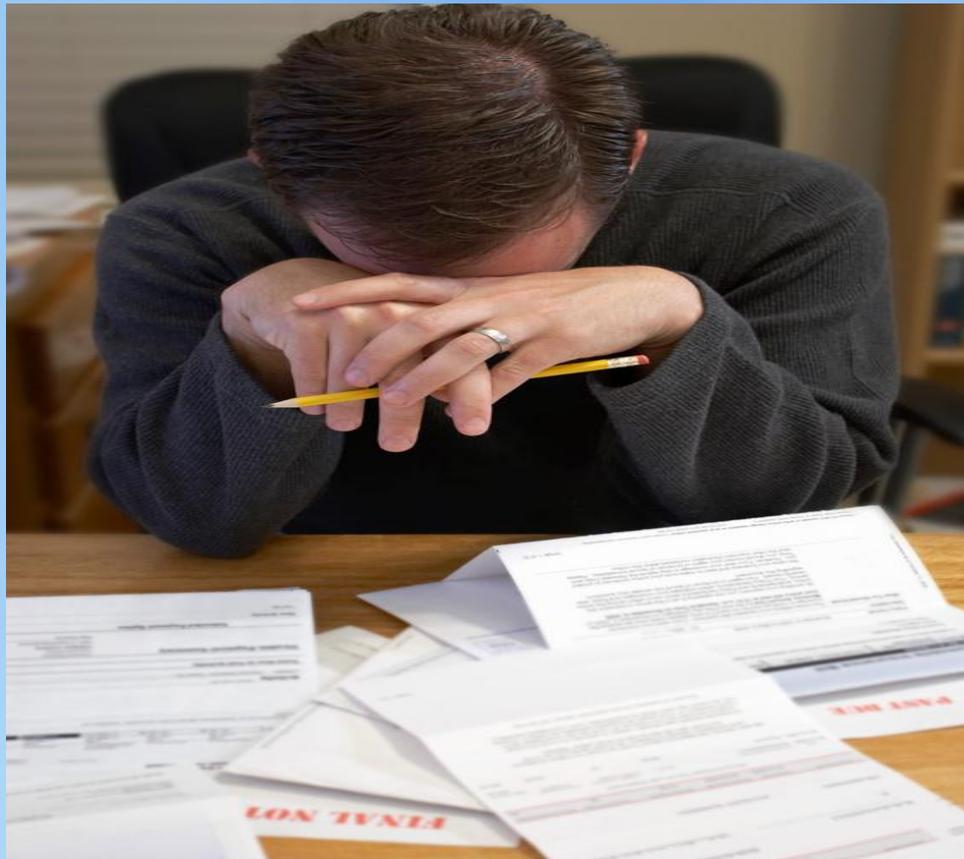
Late Enrollment Penalty

If an enrollee is cancelled from Empire Plan Medicare Rx coverage, CMS may impose a late enrollment penalty (LEP). The penalty is charged for failure to join a Medicare prescription drug plan or other creditable prescription drug plan that meets Medicare's minimum standards.

QUESTIONS??

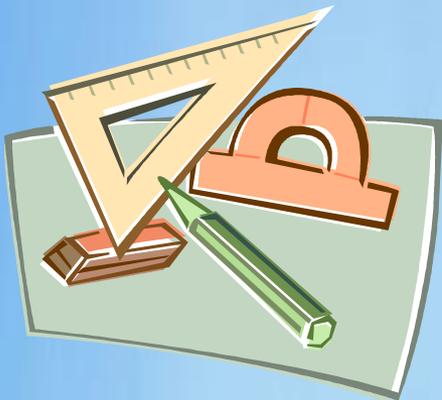
HOW TO RECONCILE YOUR BILL

How do you reconcile the bill ??



The tools needed are

- **The Billing Statement**
- **Transaction listing**
- **Reconciliation from NYBEAS**



**Here are some
examples of these
tools**



State of New York Department of Civil Service
Employee Benefits Division

AGENCY'S NAME
AND
ADDRESS

Statement Number: 473 Page: 1 of 3
 Statement Date: 09/08/2014
 Account Number: AGENCY'S CODE
 Send payment to: Employee Benefits Division
 State of New York
 Department of Civil Service
 PO Box 3801
 New York, NY 10008-3801

Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt	Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
7853634	Invoice	1/1/14	9/1/14	9/30/14		10	001	4	PA7	8/26/2014	CHRG	1	1714.1900			1,714.19
Total for Benefit Program PA7 :																\$1,714.19
7853635	Invoice	1/1/14	9/1/14	9/30/14		10	001	1	PR7	8/26/2014	CHRG	1	771.5400			771.54
7853636	Invoice	1/1/14	9/1/14	9/30/14		10	001	4	PR7	8/26/2014	CHRG	1	1714.1900			1,714.19
7853637	Invoice	1/1/14	9/1/14	9/30/14		10	001	A	PR7	8/26/2014	CHRG	23	408.7700			9,401.71
7853638	Invoice	1/1/14	9/1/14	9/30/14		10	001	B	PR7	8/26/2014	CHRG	1	1351.4200			1,351.42
7853639	Invoice	1/1/14	9/1/14	9/30/14		10	001	C	PR7	8/26/2014	CHRG	16	988.6900			15,819.04
7853640	Invoice	1/1/14	9/1/14	9/30/14		10	001	D	PR7	8/26/2014	CHRG	1	988.6900			988.69
Total for Benefit Program PR7 :																\$30,046.59
Total for Due Date 8/26/2014 :																\$31,760.78
7881428	Invoice	1/1/14	10/1/14	10/31/14		10	001	4	PA7	9/25/2014	CHRG	1	1714.1900			1,714.19
Total for Benefit Program PA7 :																\$1,714.19
7881429	Invoice	1/1/14	10/1/14	10/31/14		10	001	1	PR7	9/25/2014	CHRG	1	771.5400			771.54
7881430	Invoice	1/1/14	10/1/14	10/31/14		10	001	4	PR7	9/25/2014	CHRG	1	1714.1900			1,714.19
7881431	Invoice	1/1/14	10/1/14	10/31/14		10	001	A	PR7	9/25/2014	CHRG	22	408.7700			8,992.94
7881432	Invoice	1/1/14	10/1/14	10/31/14		10	001	B	PR7	9/25/2014	CHRG	1	1351.4200			1,351.42
7881433	Invoice	1/1/14	10/1/14	10/31/14		10	001	C	PR7	9/25/2014	CHRG	16	988.6900			15,819.04
7881434	Invoice	1/1/14	10/1/14	10/31/14		10	001	D	PR7	9/25/2014	CHRG	1	988.6900			988.69
7879467	Credit	1/1/14	10/1/14	10/31/14	123456789	10	001	A	PR7	9/25/2014	CHRG	-8	408.7700			-3,270.16
Total for Benefit Program PR7 :																\$26,367.66
Total for Due Date 9/25/2014 :																\$28,081.85
Total for																\$59,842.63
Total for 10																\$59,842.63

Transaction listing

NYS DEPARTMENT OF CIVIL SERVICE

Report ID: BEABB112

ReportTitle:

TRANSACTION LISTING

Page No. 3

Run Date 09/05/2014

Run Time 20:15:00

Runcontrol Parameters: From Date:- 02-AUG-2014, Thru Date:- 05-SEP-2014

Customer Id	Employee Id	SSN	Name Type	Ben Prog	Ben Plan	Plan	Covrg Code	Action	Reason	Action Dt	Effective Dt	Request Dt	Event Dt
00000	123456789	123456789	Sally Sample	PR7	001	10	A	CAN	DEC	09-03-14	01-26-14	--	01-25-14
				PR7		18		MED	CHG	09-03-14	01-26-14	--	01-25-14

CUSTID	BENPROG	PAYMETH	BENPLAN	COV	MEDS	MED REIMB	MED D	RATE QUAL	NAME	SSN	UNION	SEX	MARITAL STAT
	PA7	APAY	001	4	0			E	Mouse, Minnie		PA	F	S
	PA7	APAY	001	4	0				Mouse, Mickey		SP	M	
	PA7	APAY	001	4	0				Mouse, Baby		D	F	
	PA7	APAY	001	4	0			E	Piper, Tom		PA	M	M
	PA7	APAY	001	4	0				Contrary, Mary		SP	F	
	PR7	APAY	001	A	1	Y	Y	E	Bunny, Bugs		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Chipmunk, Alvin		PA	M	S
	PR7	APAY	001	A	1	Y	Y	E	Devil, Tasmanian		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Frozen, Elsa		PA	F	S
	PR7	APAY	001	A	1			E	Kluck, Lady		PA	F	D
	PR7	APAY	001	A	1	Y	Y	E	Pocahontas, Pocahontas		PA	F	S
	PR7	APAY	001	A	1	Y	Y	E	Poppins, Mary		PA	F	M
	PR7	APAY	001	A	1	Y	Y	E	Squirrel, Slappy		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Tiana, Princess Frog		PA	F	W
	PR7	APAY	001	C	2	Y	Y	E	Carey, Nancy		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Hamilton, Tom		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Duck, Daisy		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Duck, Donald		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Marian, Maid		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Hood, Robin		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Penguins, Peter		PA	M	M
	PR7	APAY	001	C	2	Y	Y		Penguins, Polly		S	F	
	PR7	APAY	001	C	2	Y		E	Philip, Prince		PA	M	M
	PR7	APAY	001	C	2	Y			Aurora, Princess		SP	F	
	PR7	APAY	001	C	2	Y	Y	E	Rabbit, Jessica		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Rabbit, Roger		SP	M	

**HOW DO YOU READ
THE
BILLING
STATEMENT
?**

Item ID	Entry Type	Rt Efdt	Cvg Bgn Dt	Cvg End Dt
7853634	Invoice	1/1/14	9/1/14	9/30/14
7853635	Invoice	1/1/14	9/1/14	9/30/14
7853636	Invoice	1/1/14	9/1/14	9/30/14
7853637	Invoice	1/1/14	9/1/14	9/30/14
7853638	Invoice	1/1/14	9/1/14	9/30/14
7853639	Invoice	1/1/14	9/1/14	9/30/14
7853640	Invoice	1/1/14	9/1/14	9/30/14
7881428	Invoice	1/1/14	10/1/14	10/31/14
7881429	Invoice	1/1/14	10/1/14	10/31/14
7881430	Invoice	1/1/14	10/1/14	10/31/14
7881431	Invoice	1/1/14	10/1/14	10/31/14
7881432	Invoice	1/1/14	10/1/14	10/31/14
7881433	Invoice	1/1/14	10/1/14	10/31/14

**Rt Efdt =
Rate Effective
Date**

**Coverage Begin
Date and
Coverage End
Date**

**THERE ARE TWO
MONTHS ON
THIS BILL**

Plan Type	Benf Plan	Cvg Cd	Benf Prog
10	001	4	PA7
10	001	1	PR7
10	001	4	PR7
10	001	A	PR7
10	001	B	PR7
10	001	C	PR7
10	001	D	PR7

Plan Type

10 = Medical

18 = Medicare

Benefit Plan

001 = Empire

009 = Excelsior

Coverage Code

 1= Individual

4= Family

A= Ind. with Medicare

B = Family w/1 Medicare

C = Family w/2 Medicare

D= Family w/3 or more Medicare

Cvg Cd	Benf Prog
4	PA7
1	PR7
4	PR7
A	PR7
B	PR7
C	PR7
D	PR7

Benf Prog	DueDt
PA7	8/26/2014
PR7	8/26/2014
PA7	9/25/2014
PR7	9/25/2014

Benefit Program

The first letter will always be a P
 Second letter (Job Status) will be:

A = Active

R = Retiree

S = Survivor

C = Cobra

V = Vestee

D = YAD

F = Firefighter

The last number will be a 7 for The Empire
 Plan Or a 9 for Excelsior Plan⁴⁵

Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU
	10	001	4	PA7	8/26/2014	CHRG	1
	10	001	1	PR7	9/25/2014	CHRG	1
	10	001	4	PR7	9/25/2014	CHRG	1
	10	001	A	PR7	9/25/2014	CHRG	22
	10	001	B	PR7	9/25/2014	CHRG	1
	10	001	C	PR7	9/25/2014	CHRG	16
	10	001	D	PR7	9/25/2014	CHRG	1
123456789	10	001	A	PR7	9/25/2014	CHRG	-8

BU = Billing Units

The count of Employees per Coverage Code and Benefit Program

When a SSN appears in the Emplid column, the BU column indicate months of retroactivity (credit or charge)

For this example 123456789 has 8 months of retroactive credit

Coverage Rate, the monthly rate for coverage

Cvg Cd	Benf Prog	DueDt	BU	Cvg Rt	Payment	Amount Due
4	PA7	8/26/2014	1	1714.1900		1,714.19
Total for Benefit Program PA7 :						\$1,714.19
1	PR7	8/26/2014	1	771.5400		771.54
4	PR7	8/26/2014	1	1714.1900		1,714.19
A	PR7	8/26/2014	23	408.7700		9,401.71
B	PR7	8/26/2014	1	1351.4200		1,351.42
C	PR7	8/26/2014	16	988.6900		15,819.04
D	PR7	8/26/2014	1	988.6900		988.69
Total for Benefit Program PR7 :						\$30,046.59
Total for Due Date 8/26/2014 :						\$31,760.78

Amount Due = The BU times the Cvg Rt

**Now that we have completed
the billing section, let's move
on to the transaction listing**

Transaction listing

NYS DEPARTMENT OF CIVIL SERVICE

Report ID: BEABB112

ReportTitle:

TRANSACTION LISTING

Page No. 3

Run Date 09/05/2014

Run Time 20:15:00

Runcontrol Parameters: From Date:- 02-AUG-2014, Thru Date:- 05-SEP-2014

Customer Id	Employee Id	SSN	Name Type	Ben Prog	Ben Plan	Plan	Covrg Code	Action	Reason	Prev. Customer Id	Action Dt	Effective Dt	Request Dt	Event Dt
00000	123456789	123456789	Sally Sample	PR7	001	10	A	CAN	DEC		09-03-14	01-26-14	--	01-25-14
				PR7		18		MED	CHG		09-03-14	01-26-14	--	01-25-14

Any billing transactions that were processed for your agency during this time period would show on this report

Report ID: BEABB112

ReportTitle:

Runcontrol Parameters: From Date:- 02-AUG-2014, Thru Date:- 05-SEP-2014

Customer Id	Employee Id	SSN	Name Type
00000	123456789	123456789	Sally Sample

Ben Prog	Ben Plan	Plan	Covrg Code	Action	Reason	Action Dt	Effective Dt	Request Dt	Event Dt
PR7	001	10	A	CAN	DEC	09-03-14	01-26-14	--	01-25-14
PR7		18		MED	CHG	09-03-14	01-26-14	--	01-25-14

In this example the enrollee passed away on 1/25/2014 (Event Dt). Benefits were canceled on 1/26/2014 (Effective Dt), and this was processed on NYBEAS as a CAN/DEC on 9/3/2014

Running a Reconciliation report on NYBEAS

On NYBEAS – Go to NYBEAS REPORTS – Agency Reconciliation Report

The screenshot shows a web application menu with a search bar at the top. Below the search bar, there is a list of menu items. The item 'Agency Reconciliation Report' is highlighted in blue. Two red arrows point to this item from the right side of the menu.

- Search:
- My Favorites
- Benefits
- Billing
- COBRA
- MyNYSHIP
- NYBEAS Processes
- NYBEAS Reports**
 - Benefits Billing
 - Agency Reconciliation Report**
 - Annual Health Cost Report
- NYSTEP Review
- EBD Call Center
- Data Corrections
- Workforce Administration
- System Announcement
- Workforce Monitoring
- Set Up HRMS

The screenshot shows the 'Agency Reconciliation Report' search form. It includes a title, a search instruction, a search bar, and several buttons and links.

Agency Reconciliation Report
Enter any information you have and click Search. Leave fields blank for a list of

Find an Existing Value

Department:

[Basic Search](#) [Save Search Criteria](#)

**Enter your Agency code here
and Click on Search**
MEMO PA 11-08

Agency Reconciliation Report

Department 00000

Agency's Name

Report Format

1

XLS

Process

HTM

PDF

XLS

Check box to enter a billing statement date 2

Statement Date 09/08/2014 31

You have a choice of how the report will look –
HTM – Hyper Text Markup (web based)
PDF – Portable Document Format
XLS – Excel Spreadsheet

We recommend that you check the box off to enter a billing statement to get an accurate count

CUSTID	BENPROG	PAYMETH	BENPLAN	COV	MEDS	MED REIMB	MED D	RATE QUAL	NAME	SSN	UNION	SEX	MARITAL STAT
	PA7	APAY	001	4	0			E	Mouse, Minnie		PA	F	S
	PA7	APAY	001	4	0				Mouse, Mickey		SP	M	
	PA7	APAY	001	4	0				Mouse, Baby		D	F	
	PA7	APAY	001	4	0			E	Piper, Tom		PA	M	M
	PA7	APAY	001	4	0				Contrary, Mary		SP	F	
	PR7	APAY	001	A	1	Y	Y	E	Bunny, Bugs		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Chipmunk, Alvin		PA	M	S
	PR7	APAY	001	A	1	Y	Y	E	Devil, Tasmanian		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Frozen, Elsa		PA	F	S
	PR7	APAY	001	A	1			E	Kluck, Lady		PA	F	D
	PR7	APAY	001	A	1	Y	Y	E	Pocahontas, Pocahontas		PA	F	S
	PR7	APAY	001	A	1	Y	Y	E	Poppins, Mary		PA	F	M
	PR7	APAY	001	A	1	Y	Y	E	Squirrel, Slappy		PA	M	M
	PR7	APAY	001	A	1	Y	Y	E	Tiana, Princess Frog		PA	F	W
	PR7	APAY	001	C	2	Y	Y	E	Carey, Nancy		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Hamilton, Tom		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Duck, Daisy		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Duck, Donald		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Marian, Maid		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Hood, Robin		SP	M	
	PR7	APAY	001	C	2	Y	Y	E	Penguins, Peter		PA	M	M
	PR7	APAY	001	C	2	Y	Y		Penguins, Polly		S	F	
	PR7	APAY	001	C	2	Y		E	Philip, Prince		PA	M	M
	PR7	APAY	001	C	2	Y			Aurora, Princess		SP	F	
	PR7	APAY	001	C	2	Y	Y	E	Rabbit, Jessica		PA	F	M
	PR7	APAY	001	C	2	Y	Y		Rabbit, Roger		SP	M	

CUSTID	BENPROG	PAYMETH	BENPLAN	COV	MEDS
	PA7	APAY	001	4	0
	PA7	APAY	001	4	0
	PA7	APAY	001	4	0
	PR7	APAY	001	A	1
	PR7	APAY	001	A	1
	PR7	APAY	001	C	2
	PR7	APAY	001	C	2

Job Status,

APAY = Agency Pays
TPEN = TRS Deduction
EPEN = ERS Deduction

**Indicates
number of
Medicare
Primary
members
on the file**

MED REIMB	MED D	RATE QUAL	NAME
		E	Mouse, Minnie
			Mouse, Mickey
			Mouse, Baby
Y	Y	E	Bunny, Bugs
Y	Y	E	Squirrel, Slappy
Y	Y	E	Duck, Daisy
Y	Y		Duck, Donald



Rate Qualifier

E = 100% of the cost to the agency. If there is a different letter in the column the enrollee has a pay method of EPEN or TPEN.

<u>0</u>	<u>100/100</u>
<u>1</u>	<u>100/95</u>
<u>2</u>	<u>100/90</u>
<u>3</u>	<u>100/80</u>
<u>4</u>	<u>100/75</u>
<u>5</u>	<u>100/65</u>
<u>6</u>	<u>100/50</u>
<u>7</u>	<u>100/35</u>
<u>8</u>	<u>95/95</u>
<u>9</u>	<u>95/85</u>
<u>A</u>	<u>90/90</u>
<u>B</u>	<u>90/85</u>
<u>C</u>	<u>90/75</u>
<u>D</u>	<u>90/50</u>
<u>F</u>	<u>85/85</u>
<u>G</u>	<u>85/75</u>
<u>H</u>	<u>85/50</u>
<u>I</u>	<u>75/75</u>
<u>J</u>	<u>75/50</u>
<u>K</u>	<u>75/35</u>
<u>L</u>	<u>65/45</u>
<u>M</u>	<u>60/60</u>
<u>N</u>	<u>50/50</u>
<u>O</u>	<u>50/35</u>
<u>P</u>	<u>95/90</u>
<u>Q</u>	<u>95/80</u>
<u>R</u>	<u>90/80</u>
<u>S</u>	<u>80/80</u>
<u>U</u>	<u>83/83</u>
<u>Y</u>	<u>85/80</u>

BILLING STATUS

R

R

R

R

R

R

R

R

R

R

R

R

R

R

R

W

W

W

We have added a new column to the reconciliation to reflect the employee Billing Status

- **Regular (R)**
- **Waiver of Premium (W)**
- **Extended Benefits (E)**

Memo PA14-19

**Take all the tools that I have gone over and see if they match; for example if you have
4 – PA7 (1) Individuals on the bill
make sure there are 4 individual actives on
your reconciliation –

and so forth.**

**NOW YOU SHOULD BE
ABLE TO
RECONCILE YOUR
AGENCY'S BILL**

Reminder # 1

If you want a transaction to reflect on the next bill, the transaction must be processed in NYBEAS before COB on the first Friday of the month.

For example you would have to process anything by 10/3/2014 to have it reflect on next billing statement

Reminder # 2

If you process any transaction after the first Friday of the month, it will not be reflected on the bill run that month.

Reminder # 3

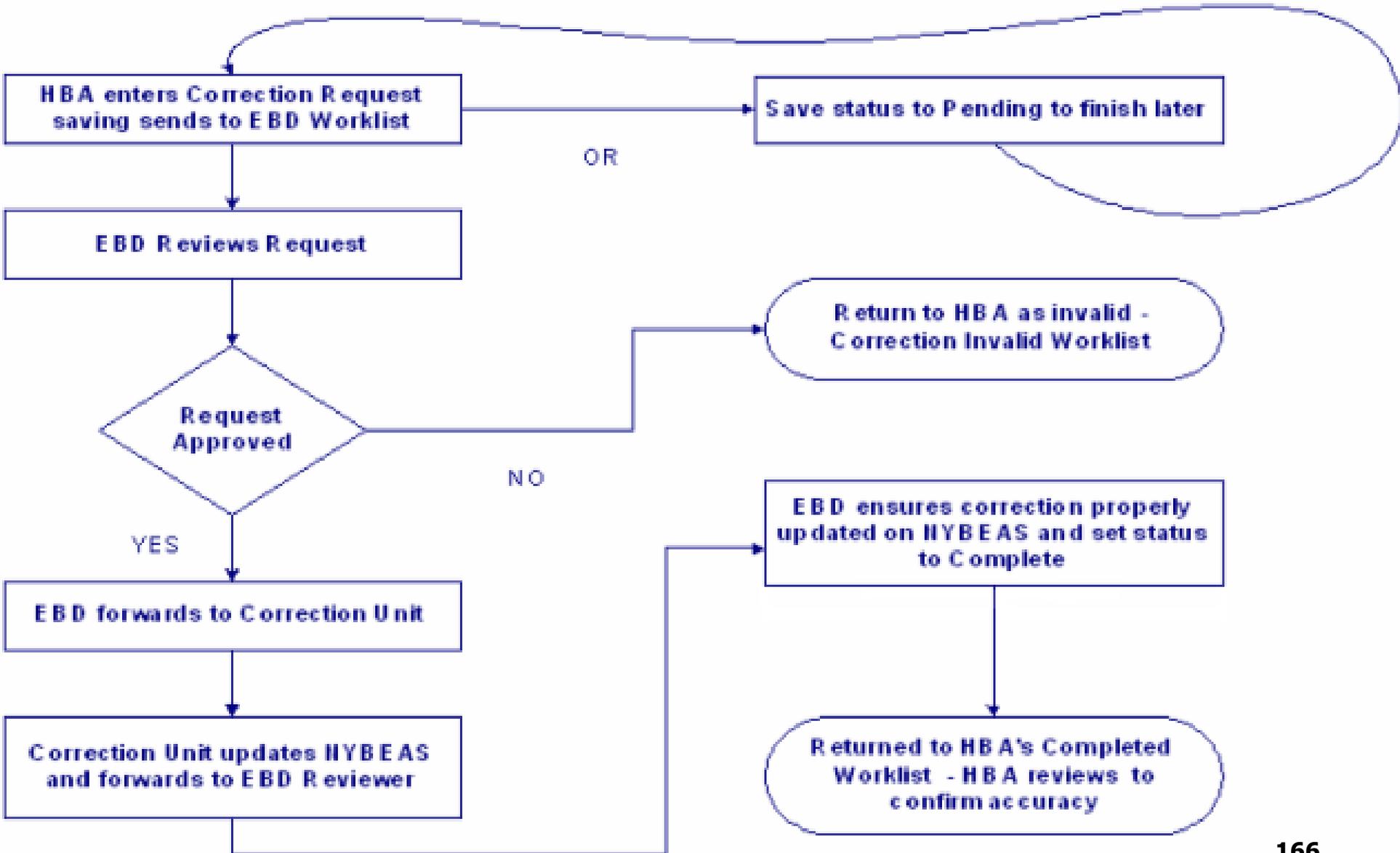
Paying your bill on time avoids multiple billing months on one statement, making it easier to reconcile.

REQUESTING CORRECTIONS ON NYBEAS

Correction Request Process

- Correction requests for enrollees are submitted through NYBEAS using the Corrections Panel
 - Corrections Requests are used in place of sending letters and documentation (e.g. copy of PS-503.1, Transaction Form)
 - It is still the responsibility of the HBA to obtain required documentation from the enrollee (marriage certificate, birth certificates, divorce decrees).*
 - Request a correction when you cannot process the transaction through standard processing
- * There may be certain situations where EBD will still require that additional documentation be provided

Correction Request Process



Location of Online Correction Request Panels

Menu

Search:

My Favorites

Benefits

- History
- Plan History
- Transactions

Billing

COBRA

MyNYSHIP

NYBEAS Processes

NYBEAS Reports

NYSTEP Review

EBD Call Center

Data Corrections

Workforce Administration

System Announcement

Workforce Monitoring

Set Up HRMS

Worklist

Main Menu >

Benefits

Select benefit plans, track company cars & FMLA, calculate leave accrual & annuity, maintain primary job, NDT, FSA details, auto enrollment, COBRA, and merchants.

History

Allows users to view history of transactions for a given enrollee.

- [NYBEAS Update History](#)
- [Archived Accounting](#)
- [Billing Options](#)
- [Direct Pay Transaction ID](#)
- [Employee Compact History](#)
- [Employee Information Changes](#)
- [Medicare Elig 65 Letters](#)
- [Letter Notification](#)
- [Life Insurance Premium](#)
- [National Medical Support Order](#)
- [OOP Eligibility History](#)
- [Sick Leave History](#)
- [OSC Salary Grade Inquiry](#)
- [OSC Unsettled Group](#)

Plan History

Tracks history of rates, department data, broadcast message and other data associated with NYSHIP.

- [Broadcast Messages](#)
- [Flat Rate Summary](#)
- [Message Agent Log](#)
- [Review NYBEAS/NYSTEP JobCodes](#)
- [Department Data](#)
- [Agency Recon Report Inquiry](#)

Transactions

Allows for the processing of NYBEAS transactions and change an enrollee's coverage.

- [Young Adult Enrollment](#)
- [Benefit Plan Change](#)
- [Benefit Program Change](#)
- [Billing Option Change](#)
- [Cancel Enrollment](#)
- [Change Coverage](#)
- [COBRA Disability](#)
- [Comments](#)
- [Contribution Rate Change](#)
- [Corrections Requests](#)
- [Unsettled Grp Contribution Chg](#)
- [Dependent Add](#)
- [Dependent/Beneficiary](#)
- [Dependent Delete](#)

Correction Request

(adding new or viewing previous correction request)

NYBEAS
HBEAS

Home | Worklist | Add to Favorites | Sign out

New Window | 

Menu

- Transactions
 - Employee Life
 - OOP
 - PEP
 - Survivor
 - Young Adult Enrollment
 - Benefit Plan Change
 - Benefit Program Change
 - Billing Option Change
 - Cancel Enrollment
 - Change Coverage
 - Comments
 - Corrections Requests**
 - Dependent Add
 - Dependent/Beneficiary
 - Dependent Delete
 - Empire Card Request/History
 - Enroll/Waive Benefits
 - Federal Qualification Change
 - Letter Notification
 - Medicare Change
 - Medicare Part D Change
 - National Medical Support Order
 - Payment Method Change
 - PE First Eligibility Dates

Corrections Requests

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

Find an Existing Value | **Add a New Value**

EmpID: begins with

Empl Rcd Nbr: =

Last Name: begins with

First Name: begins with

Department: begins with

Reference Number: begins with

Status: =

Action Date: = 

Search Clear Basic Search  Save Search Criteria

Find an Existing Value | Add a New Value

Used when you need to view a previous correction request

Used when you are entering a NEW correction request

Add New Correction Request

- Menu
- Transactions
 - Employee Life
 - OOP
 - PEP
 - Survivor
 - Young Adult Enrollment
 - Benefit Plan Change
 - Benefit Program Change
 - Billing Option Change
 - Cancel Enrollment
 - Change Coverage
 - Comments
 - Corrections Requests**
 - Dependent Add
 - Dependent/Beneficiary
 - Dependent Delete
 - Empire Card Request/History
 - Enroll/Waive Benefits

Corrections Requests

[Find an Existing Value](#)

[Add a New Value](#)

EmplID:

← **Enter SSN Here**

Empl Rcd Nbr:

[Add](#)

←

[Find an Existing Value](#) | [Add a New Value](#)

Header Request Panel

Header Request Correction Request Comments Billing & EBD Corrections

EmplID 123456789 Sally Sample Empl Rcd# 0 Ref# NEW

*Status Old Ref# None

ID Delete HBA Phone # Agency 00000

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

Update:
HBA
Phone #
(required)



Transaction Types

CHG - change existing information on NYBEAS

DEL - delete existing information on NYBEAS

INS - insert new information in NYBEAS that you are unable to process

Correction Requests - Change

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

EmplID 979712350 SAMUEL SIMON Empl Rcd# 0 Ref# NEW

*Status: EPND EBD Pending Benefit Summary Job Summary

Benefits Find | View All First 1 of 1 Last

Plan Type	Txn Type	Action	Reason	Benefit Plan	Covrg Cd	Event Dt	Request Dt	Effdt
10	Change	CCO	REQ		4		11/15/2010	01/20/2011
Dependents		To	PCT			12/31/2010		01/01/2011

Job Find | View All First 1 of 1 Last

Txn Type	Action	Reason	Job Effdt	Department	NU	PCT Fill

There are two rows to choose from

Benefits, if you need to make a change on just Benefits

OR
Job, If you need to make a change on job

Correction Requests - Delete

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

EmplID 979712350 SAMUEL SIMON Empl Rcd# 0 Ref# NEW

*Status: EPND EBD Pending Benefit Summary Job Summary

Benefits Find | View All First 1 of 1 Last

Plan	Benefit	Covrg						
Type	Txn Type	Action	Reason	Plan	Cd	Event Dt	Request Dt	Effdt

Dependents

Job Find | View All First 1 of 1 Last

Txn Type	Action	Reason	Job Effdt	Department	NU	PCT Fill
Delete	TER	TER	08/19/2010	08000	02	

Input info to be deleted from Benefits and/or Job



Correction Requests - Insert

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

EmplID 979712350 SAMUEL SIMON Empl Rcd# 0 Ref# NEW

*Status: EPND EBD Pending Benefit Summary Job Summary

Benefits Find | View All First 1 of 1 Last

Plan Type	Txn Type	Action	Reason	Benefit Plan	Covrg Cd	Event Dt	Request Dt	Effdt
10	Insert	CCO	MAR		4	12/02/2010	12/06/2010	12/02/2010

Dependents

Click dependent button to select dependent

Dependents Customize | Find First 1 of 1 Last

Id	Name	National ID	Date of Birth	Relationship
02	SIMON,TAMARA	888-88-8889	01/01/1985	Spouse

OK Cancel

Click magnifier to get dependent drop down box

NOTE: Dependent must be on Dependent/Beneficiary Panel before Correction is requested

Procedure for Correction Request

Header Request Correction Request Comments Billing & EBD Corrections Final Correction ▶

EmplID 979712350 SAMUEL SIMON Empl Rcd# 0 Ref# NEW

*Status:

Benefits Find | View All First ◀ 1 of 1 ▶ Last

Plan	Benefit	Covrg						
Type	Txn Type	Action	Reason	Plan	Cd	Event Dt	Request Dt	Effdt
<input type="text" value="10"/>	<input type="text" value="Insert"/>	<input type="text" value="CCO"/>	<input type="text" value="MAR"/>	<input type="text"/>	<input type="text" value="4"/>	<input type="text" value="12/02/2010"/>	<input type="text" value="12/06/2010"/>	<input type="text" value="12/02/2010"/>

Job Find | View All First ◀ 1 of 1 ▶ Last

Txn Type	Action	Reason	Job Effdt	Department	NU	PCT Fill
<input type="text"/>						

Press the **+** button to add another row for an additional transaction or to select another dependent with same effective date

Correction Comments Panel

Header Request Correction Request Comments Billing & EBD Corrections

EmplID 979712350 SAMUEL SIMON Empl Rcd# 0 Ref# NEW

*Status: EPND EBD Pending

Existing Comments Find | View All First 1 of 1 Last

PLEASE INSERT CCO/MAR EFF 12/02/10. RETRO ROW BLOCKING. PS 404 AND ALL DOCUMENTS ARE ON FILE. - TXS13 (TXS13 2010-12-24 15:41)

Enter your comments below & click on Add Comments.

Add Comments

Type comment in box below and click "Add Comments"

Copy this comment and add it to the NYBEAS main comment panel by clicking Benefits; Comments and paste the comment.

Corrections Comments Panel

- Comments should detail requested change, dates, documentation on file and **MUST** include:
 - Date of event
 - Request date
 - Statement of documentation received, verification of signatures and all proofs



Change Status on Correction Request

DO NOT change status from **HBA Pending** until all information is keyed.



<u>Header Request</u>	<u>Correction Request</u>	<u>Comm</u>
EmplID 979712350	Samuel Simon	
*Status: <input type="text" value="HPND"/> 🔍	←	
Existing Comments		

Change Status on Correction Request

Look Up Status

Field Value:

[Basic Lookup](#)

Search Results

View All First 1-3 of 3 Last

Field Value	Translate	Long Name
EWRK	EBD Worklist	
HCAI	HBA Cancelled	
HPND	HBA Pending	

Change Status to EWRK. "SAVE" will send the correction to EBD.

Corrections Trail

Final Correction Final Billing Correction Correction Trail

EmplID [REDACTED] LARRIN HAYES Empl Rcd# 0 Ref# 06859

Customize | Find | First 1-4 of 4 Last

Status Description	Status Change Date	Changed by
EBD Worklist	11/18/2008	MAS3
CU Regular Worklist	11/18/2008	SAS9
Ready for Processor to Review	11/19/2008	CTH
Complete	11/20/2008	SAS9

**HBA
sends to
EBD**

**Processor
sends to
Corrections**

**Corrections
returns to
Processor**

**Processor
reviews,
marks
“Complete”
which sends
correction
back to HBA’s
Worklist**

A record of the status, date and the person who changed the status shows on the Correction Trail panel. After the status is changed to Complete it will appear on the HBA completed worklist.

**Once your correction has been
completed,
you will see it on your worklist.**

WHAT IS A WORKLIST???

Worklist Display

NYBEAS
PRODUCTION

[Home](#)

[Messages\(1\)](#)

[Worklist](#)

[Add to Favorites](#)

[Sign out](#)



Menu



Search:



- ▶ My Favorites
- ▶ Benefits
- ▶ Billing
- ▶ COBRA

Description of Worklists

Correction Complete

- This worklist is populated after EBD has verified request was properly completed on NYBEAS. Status will be changed to **Complete**.
- HBA must verify that correction was processed as requested and complete any necessary follow up.

Worklist Summary		Customize Find View All [Grid Icon] First [Left Arrow] 1-2 of 2 [Right Arrow] Last			
Detail	Filter	<u>Business Process</u>	<u>Activity</u>	<u>Worklist</u>	<u>Count</u>
1	Detail	Filter	Online Corrections	Correction Complete	1

Worklist Details

Mark Worked	ID	Empl Rcd#	DeptID	Name	Ref. Nbr.	Sent From	WL Created on
1 <input checked="" type="checkbox"/>	Work It 123456789	0	00000	Sally Sample	169026	Elizabeth Varsany	07/29/2014 12:10:13PM
2 <input checked="" type="checkbox"/>	Work It 987654321	0	12345	Minnie Mouse	169225	Kathie Corrow	08/06/2014 9:45:54AM

Reminder: Remove the correction from your worklist by clicking the green “Mark Worked” check mark.

Mark Worked	ID	Empl Rcd#	DeptID	Name	Ref. Nbr.	Sent From	WL Created on
1 <input checked="" type="checkbox"/>	Work It 123456789	0	00000	Sally Sample	169026	Elizabeth Varsany	07/29/2014 12:10:13PM



Description of Worklists

Correction Invalid:

- Worklist is populated when EBD reviews a correction from an HBA and determines it cannot be processed. Status will be changed to **Invalid Return to HBA**.
- HBA must review the invalid request. The “Comments” field will indicate the reason why transaction was marked “Invalid”. **Initiate a new request with the correct information or take other appropriate action. Don't forget to remove the transaction from your worklist.**

Description of Worklists

NYBEAS Administer Workforce

Incomplete Personal Data

If something is missing from the Personal field, you should go under (Transactions, Personal/Employment) and review and add what is missing.

New Enrollment

Worklist created when a Hire or Rehire transaction is processed

NYBEAS Payment Method Change

Pension Deductions – Notifies you when an enrollee has been updated to have premium deductions from his/her pension.

NYBEAS Dependent Beneficiary

Dependent Temp Disability –

- Notifies you when a disabled dependent recertification is ending**
- You should advise the enrollee to recertify the dependent**
- The enrollee should complete a PS-451, Statement of Disability, and forward to United Health Care (UHC)**

Friendly Reminders from EBD Staff

Try to put comments into NYBEAS to help future HBA's or EBD staff to know what had happened on file.

Capital Letters in the Personal Fields (Name and Address) is Preferred – Full first name.

Update any contact information – If an HBA change or Supervisor Change please let us know.

If an enrollee left your agency please remember to process TERM On Workforce Admin, (don't just cancel benefits).

A termination transaction done on a COBRA, Vestee, or Retiree file will not cancel benefits.

THE END



QUESTIONS???