



# 2014 Regional Meetings for Participating Employers

New York State Department of Civil Service  
Employee Benefits Division

November 7<sup>th</sup> – Manhattan

November 14<sup>th</sup> – Albany

# Agenda

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

# Financial/Program Updates

**David Boland**

Director, 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 Experience<sup>1</sup> (000's)

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

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

# 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:

<b>% Increase</b>	<b># Options</b>
< 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

- 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

# Other Charges

## PCORI Fee

- 2013 (Paid 7/2014) \$2.00 PMPY
- 2014 (Paid 7/2015) \$2.08 PMPY

# 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**

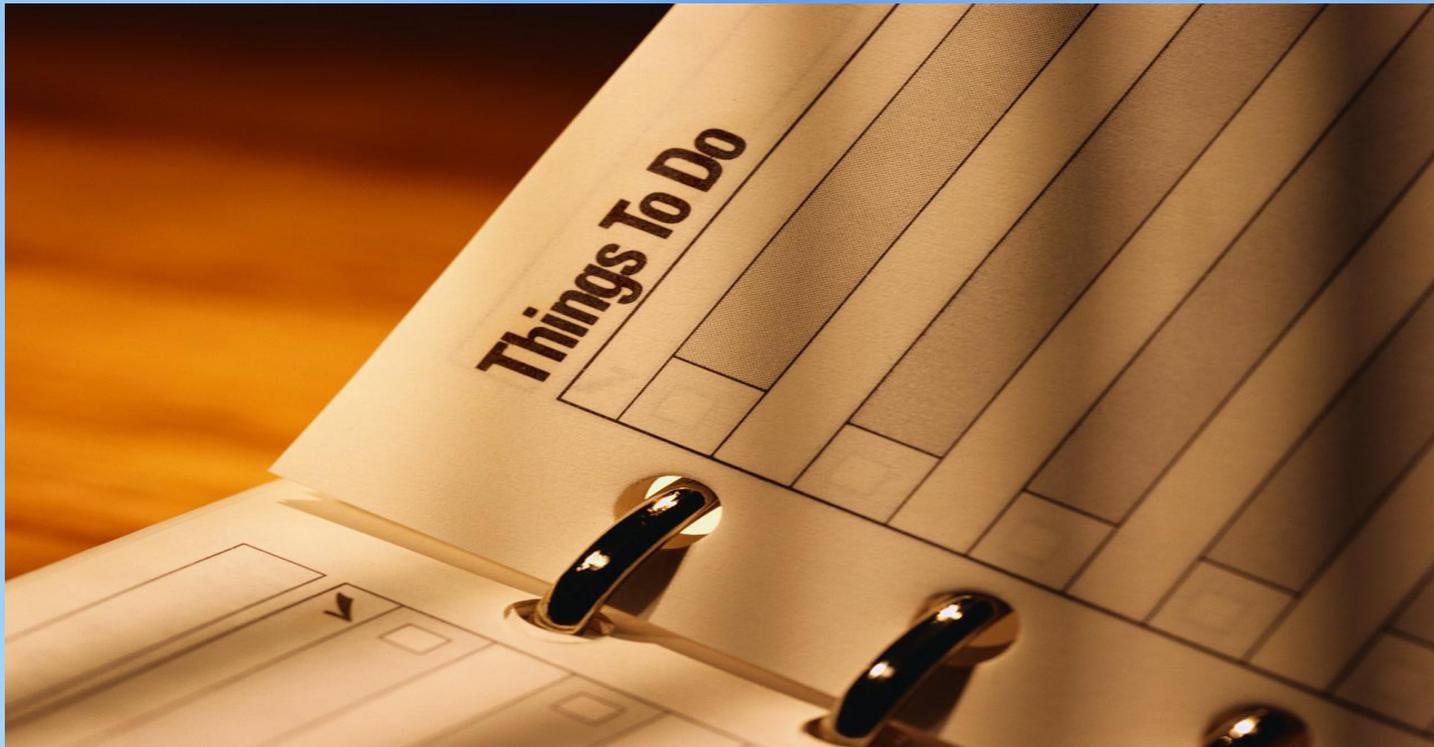
**MaryEllen Brucculeri & Erik Anderson**

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.dol.gov/ebsa/healthreform/regulations/90day.html>

# 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](http://www.irs.gov)
- [www.hhs.gov](http://www.hhs.gov)
- [www.dol.gov](http://www.dol.gov)
- [www.aon.com/default.jsp](http://www.aon.com/default.jsp)
- [www.kff.org](http://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 employers 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 404 (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.
- Provide assistance to enrollees who have claim or enrollment issues.

# PEs 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 Employer cannot Withdraw only Medicare eligible enrollees from NYSHIP (See Policy memo 127 for additional guidance)*
  - *A participating Employer must offer dependent survivor coverage to eligible dependents if the deceased enrollee had at least 10 yrs of service*

# PEs 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 Employer cannot restrict health insurance benefits to individual coverage only.*

# **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.

# Employer Discretion Within Certain Areas of NYSHIP

Within certain areas of NYSHIP, Participating Employers 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.

# **Employer 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 Employer.

# 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

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 Employers 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 employer's employees.

# Employee Eligibility

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

A Participating Employer 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 employer'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 Employer may elect to cover active employees only. However, an employer must cover active employees in order to cover retirees.

# Employee Eligibility Requirements

<b>NYSHIP MINIMUM ELIGIBILITY REQUIREMENTS</b>	<b>EMPLOYER DISCRETION</b> (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 <b>-or-</b> Receive annual salary of at least \$2,000 <b>-or-</b> 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
<b>Are not already enrolled in NYSHIP as an employee</b>	<b>63</b>

# Retirement Eligibility



# **Retirement Eligibility**

## **Retirement Eligibility and Constructive Retirement**

# Retirement Eligibility

## Key Dates for Establishing Retiree Coverage

If a Participating Employer 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 Employer 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 Employer 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.*

*PEs may establish a service requirement greater than 5 yrs for employees hired on or after April 1, 1975. (if a PE 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**  
**Employers**



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.**

**hba\_online**  
benefits resource center

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

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

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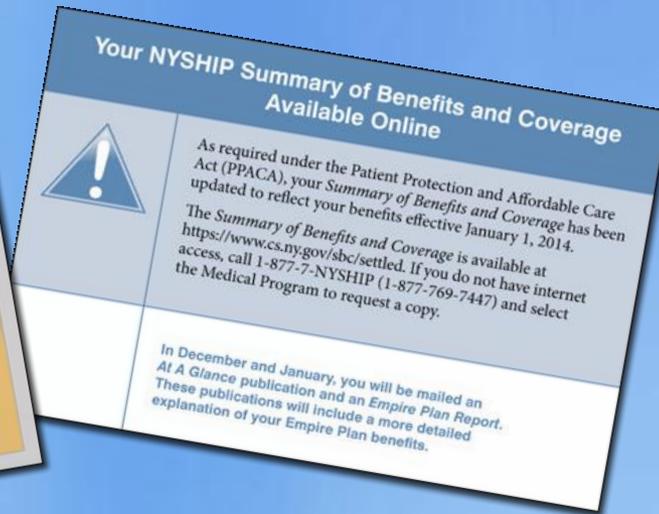
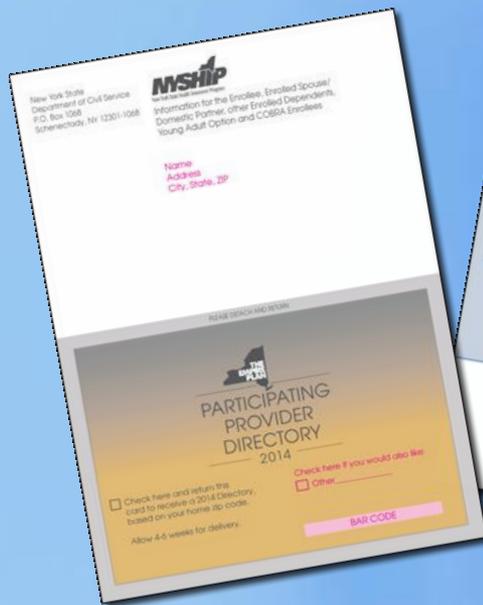
**Before we mail information to your enrollees, we post a memo, send a System Announcement and post an alert in “You Should Know” on HBA Online. Please be sure to check these resources regularly. You must have password access to this HBA administrative website and we ask that you not share it with anyone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

## NYSHIP Publication Order Forms

### ▼ PE (Participating Employers) Actives

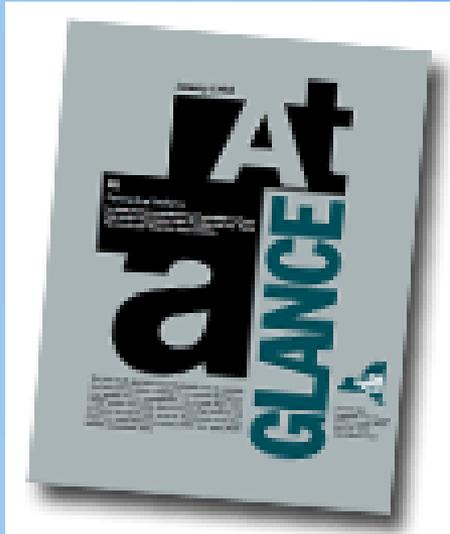
- [Order Publications Online](#) - Order specific publications for your office or mail directly to the enrollee's home.
- [Empire Plan Quick Order](#) - A complete package of group-specific materials mailed directly to the enrollee's home.
- [HMO Quick Order](#) - A complete package of group-specific 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 HMO 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.**

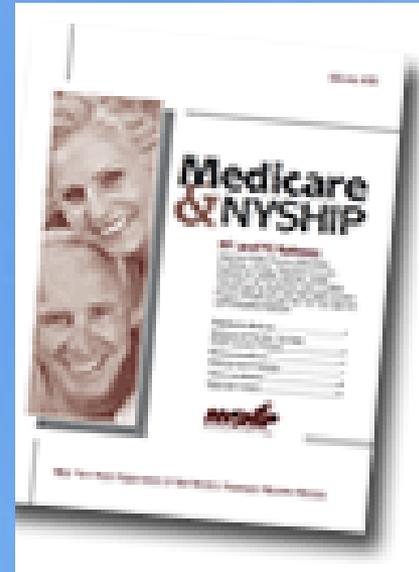


**We send postcards to your enrollees annually to request an Empire Plan Participating Provider Directory. We encourage enrollees to use the online Provider Directory as this saves thousands of dollars, but of course, this is their opportunity to order one or more if that is helpful to them.**

**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 65<sup>th</sup> birthday letters to your retirees to remind them they must enroll in Medicare. These letters are mailed five months before the 65<sup>th</sup> birthday and the mailing includes the helpful publication “Medicare & NYSHIP’s NY & PE 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

**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

**NYPERL**  
 NYS Agencies  
 Participating Agencies and Participating Employers

**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 Employers.**

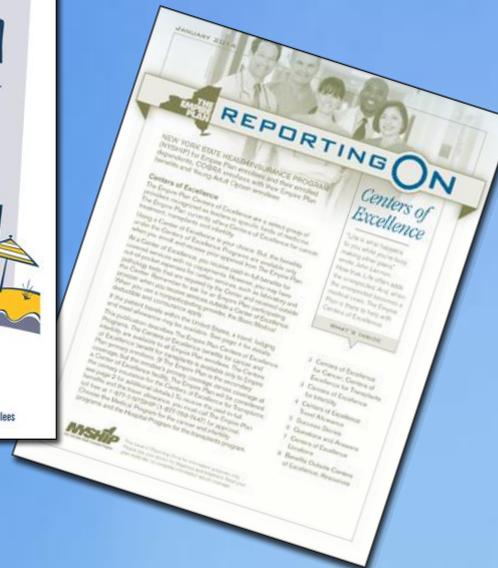
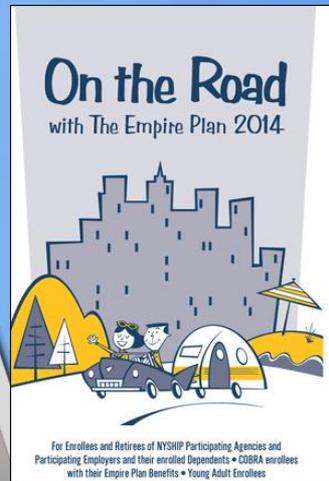
## Employee Information Day/Health Fair Planning Information Form

▼ 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](#)

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**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)**
- PE 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](http://www.cs.ny.gov). Click on Benefit Programs, then NYSHIP Online. HBA Online is just for you. [www.cs.ny.gov/ebdonline](http://www.cs.ny.gov/ebdonline).**



**Publications you can expect between now  
 and the end of the year:  
 Creditable Coverage Letter and CHIP Notice  
 PE 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 Employer 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 Employer is issued.
- All HBA memos are located on HBA on-line.

# **NYSHIP e-News for PEs**

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

# **NYSHIP e-News for PEs**

## **How to Sign up**

Go to the Department of Civil Service Web site at:

**[www.cs.ny.gov](http://www.cs.ny.gov)**

Click on “HR Professionals”, then click “ New York State HR Professionals”, then click “Employee Benefits” 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\\_pe.cfm](http://www.cs.ny.gov/nyship/nyshipnews/nyshipnews_pe.cfm)**

When you subscribe, you will receive a confirmation e-mail, as well as future alerts, from nyshipnews-pe@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 PE HBAs**

For questions related to :

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

**Call 518-474-2780**

# **EBD Contacts for PE HBAs**

For questions related to:

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

**Call 518-485-1771**

# Questions



?



# **Program Administration**

**Travis Clause, Kara Hillicoss**

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 an 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 65<sup>th</sup> 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

Events | Benefits | 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 1-4 of 12 Last

Action Date	Effective Date	Eff Seq	Action	Reason	CBR Evtld	Ovrd Sw	Source ID	Request Date	Event Date	User ID	Dep Info	Comment	View Audit Info
06/13/2014	07/01/2014	0	MPD	Medicare Part D Change	0	N	COMPINFC		07/01/2014	PCONTROL			
05/03/2014	07/01/2014	2	PMC	Direct Pay	0	N	COMPINFC		07/01/2014	PCONTROL			
05/03/2014	07/01/2014	0	MED	Medicare Change	0	N	COMPINFC		07/01/2014	PCONTROL			
08/26/2010	10/01/2010	0	PGM	Benefit Program Change	0	N	COMPINFC		10/01/2010	LYH			

# 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.

Events Benefits Medicare Part D Programs Billings Benefits/Billings

Employee Information

EmpID:      Empl Rcd #: 0

Plan Type View All First 1 of 2 Last

Plan Type: Medical 10

Benefits Details View All First 1-7 of 8 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
07/01/2014	06/13/2014	Elect	0	001	Empire	Family	G04	NMB100/100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10/01/2010	08/26/2010	Elect	0	001	Empire	Family	G04	NMB100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05/15/2008	06/07/2008	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08/21/2005	09/08/2005	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01/01/2003	01/29/2003	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03/01/2002	05/10/2002	Elect	0	050	HIP	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02/01/2001	01/25/2001	Elect	0	050	HIP	Family	M04	PEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# Notice of Retirees Turning 65

Agencies will receive a Transaction Listing with their monthly bills providing notice of members turning 65 within 2 months of the date they are Medicare Primary.

Members who are not enrolled in Medicare A or B (Dependent is listed without a Medicare ID) will not be updated as Medicare primary and will receive communication from our office.

NYS DEPARTMENT OF CIVIL SERVICE

Report ID: BEABB112  
ReportTitle:

TRANSACTION LISTING

Page No. 652  
Run Date 06/16/2014  
Run Time 11:40:29

Runcontrol Parameters: From Date:- 03-MAY-2014, Thru Date:- 06-JUN-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
				G04	001	10	4	MED	CHG		05-03-14	07-01-14	--	07-01-14
				G04	001	10	4	PMC	DIR		05-03-14	07-01-14	--	07-01-14
				G04		18		MED	CHG		05-03-14	07-01-14	--	07-01-14
				G04		18		PMC	DIR		05-03-14	07-01-14	--	07-01-14

# 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. The top navigation bar includes the NYBEAS PRODUCTION logo on the left and a 'Home' link on the right. A 'Menu' sidebar on the left lists various transaction types, with 'Medicare Change' highlighted at the bottom. The main content area is titled 'Medicare Change' and contains the following elements:

- A header instruction: "Enter any information you have and click Search. Leave fields blank for a list of all values."
- A section titled "Find an Existing Value" with a horizontal search line.
- Search criteria fields:
  - EmplID: begins with [dropdown] [text input]
  - Empl Rcd Nbr: = [dropdown] [text input]
  - Last Name: begins with [dropdown] [text input]
  - First Name: begins with [dropdown] [text input]
  - Department: begins with [dropdown] [text input]
- A checkbox labeled "Case Sensitive".
- Buttons for "Search" and "Clear".
- Links for "Basic Search" and "Save Search Criteria".

# Medicare Change – Transaction

**Medicare Change**

Enter Plan Type 10 - Medical

EmpID: 026549204 Empl Rcd #: 0

Plan Type

\*Plan Type: 10 Medical COBRA Event ID: 0

Enrollee's Current Coverage Information

Eff Date	Event Id	Covrg Elect	Benefit Plan	Coverage
01/27/2014	0	Elect	001 The Empire Plan	Empl Only
M04 M/C w/Rx(100/100) Monthly Life		Med Primacy <input type="checkbox"/>	Med Reimbursement <input type="checkbox"/>	

Transaction Details

*Action	*Reason	Event Dt	Request Dt	Effective Dt	Override
MED	CHG	7/01/2014		7/01/2014	No

Medicare Change

Enter Event Date

Enrollee Medicare Info

Medicare Change?: Y Med Primacy?  Med Reimbursable?  Medicare Id: [REDACTED]

Press SAVE when complete

Ensure Medicare ID is correct

Save Return to Search

# Medicare Change - Benefits

Events **Benefits** 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

## Benefits Details

[View All](#) First 1-7 of 8 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
07/01/2014	06/13/2014	Elect	0	001	Empire	Family	G04	NMB100/100	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10/01/2010	08/26/2010	Elect	0	001	Empire	Family	G04	NMB100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05/15/2008	06/07/2008	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08/21/2005	09/08/2005	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01/01/2003	01/29/2003	Elect	0	001	Empire	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03/01/2002	05/10/2002	Elect	0	050	HIP	Family	R04	Ret100/100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02/01/2001	01/25/2001	Elect	0	050	HIP	Family	M04	PEs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Return to Search

Previous tab

Next tab

Refresh

# 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 65<sup>th</sup> 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 'begins with' dropdown menu 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'.

**NYBEAS PRODUCTION** Home

**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

**Personal/Employment**

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

**Find an Existing Value**

**EmpID:** begins with [ ] [ ]

**Last Name:** begins with [ ] [ ]

**First Name:** begins with [ ] [ ]

**Department:** begins with [ ] [ ]

**Retirement Number:** begins with [ ] [ ]

Correct History  Case Sensitive

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

# Edit Name – Personal/Employment

**NYBEAS PRODUCTION**

Home | Worklist

**Menu**

- Transactions
  - Employee Life
  - OOP
  - PEP
  - Survivor
    - Young Adult Enrollment
    - Benefit Plan Change
    - Benefit Program Change
    - Billing Option Change
    - Cancel Enrollment
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    - Dependent Add
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    - 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

**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

**NYBEAS PRODUCTION**

Home | Worklist

**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

**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

**NYBEAS**  
PRODUCTION

Home

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

**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 Icon] [Left Arrow] [Right Arrow] Last

Address Type	As Of Date	Status	Address	View Address Detail
Home	01/24/1989	A	[REDACTED]	<a href="#">View Address Detail</a> +
Permanent	09/18/2014	A	[REDACTED]	<a href="#">Edit/View Address Detail</a> +

**Phone Information** Customize | Find | [Grid Icon] First [Left Arrow] 1 of 1 [Right Arrow] Last

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

**Email Addresses** Customize | Find | [Grid Icon] First [Left Arrow] 1 of 1 [Right Arrow] Last

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

# 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 Enrollment Administration System) interface. On the left is a navigation menu with the following items: 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 (highlighted), 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, and Personal / Employment Preferred Payment. The main content area shows the 'Address' tab selected for a dependent/beneficiary. The 'Address History' section is visible, showing two entries. The first entry has an effective date of 09/18/2014 and is marked as 'Permanent'. A red arrow points to the 'Address Type' dropdown menu for this entry. The second entry has an effective date of 01/24/1989 and is marked as 'Home'. The 'Employee's Current Address' section is partially visible at the bottom. The page number '123' is displayed in the bottom right corner.

# 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).

**DO NOT REACTIVATE BENEFITS.**

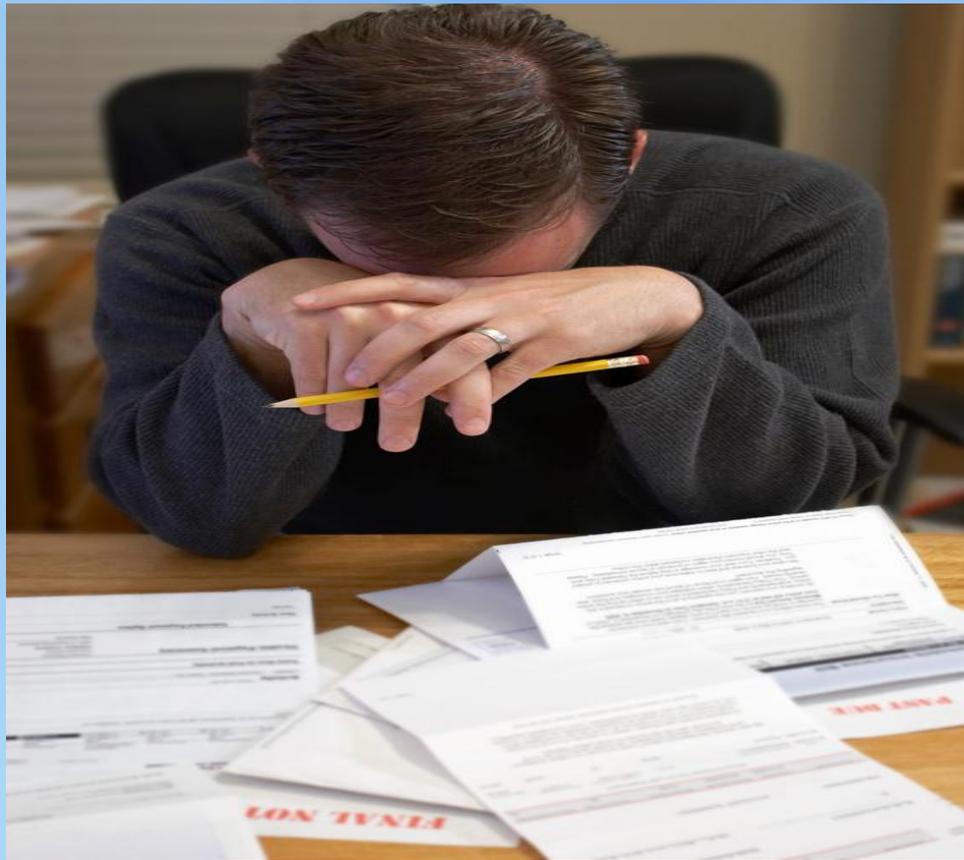
# Late Enrollment Penalty

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??**

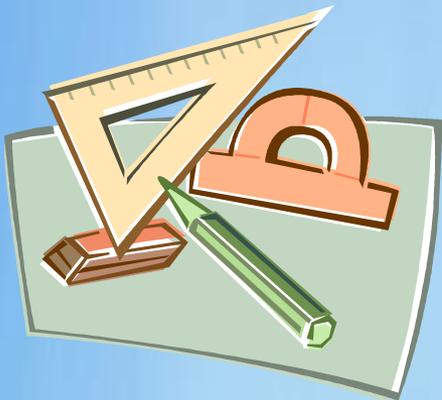
# **HOW TO RECONCILE YOUR BILL**

# 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

Account: Palisades 49550 10

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
7888475	Invoice	1/1/14	10/1/14	10/31/14		10	001	1	G01	9/30/2014	CHRG	2	555.7600			1,111.52
7888476	Invoice	1/1/14	10/1/14	10/31/14		10	001	1	G01	9/30/2014	SKLV	2	0.0000			61.75
<b>Total for Benefit Program G01 :</b>															<b>\$1,173.27</b>	
7888477	Invoice	1/1/14	10/1/14	10/31/14		10	001	1	M04	9/30/2014	CHRG	7	617.5100			4,322.57
7888478	Invoice	1/1/14	10/1/14	10/31/14		10	001	4	M04	9/30/2014	CHRG	6	1499.6100			8,997.66
7878328	Credit	1/1/14	10/1/14	10/31/14	123456789	10	001	1	M04	9/30/2014	CHRG	-1	617.5100			-617.51
7878329	Invoice	1/1/14	10/1/14	10/31/14	123456789	10	001	4	M04	9/30/2014	CHRG	1	1499.6100			1,499.61
<b>Total for Benefit Program M04 :</b>															<b>\$14,202.33</b>	
<b>Total for Due Date 9/30/2014 :</b>															<b>\$15,375.60</b>	
<b>Total for</b>															<b>\$15,375.60</b>	
<b>Total for 10</b>															<b>\$15,375.60</b>	

# Transaction listing

NYS DEPARTMENT OF CIVIL SERVICE

Report ID: BEABB112  
ReportTitle:

TRANSACTION LISTING

Page No. 602  
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 Code	Covrg Code	Action	Reason	Prev. Customer Id	Action Dt	Effective Dt	Request Dt	Event Dt
00000	123456789	123456789	Sally Sample	M04	001	10	4	CCO	MAR		09-02-14	08-23-14	08-23-14	08-23-14

CUSTID	BENPROG	PAYMETH	BENPLAN	COV	MEDS	MED REIMB	MED D	RATE QUAL	NAME	SSN	UNION	SEX	MARITAL STAT
	 (Ctrl) ▾	DIRP	001	1	1	Y	Y	E	Sample, Sally		96	F	D
	G01	EPEN	001	1	0			E	Mouse, Mickey		96	M	S
	M04	APAY	001	1	0			E	Bunny, Bugs		96	F	E
	M04	APAY	001	1	0			E	Chipmunk, Alvin		96	F	W
	M04	APAY	001	1	0			E	Devil, Tasmanian		96	M	S
	M04	APAY	001	1	0			E	Frozen, Elsa		96	F	M
	M04	APAY	001	1	0			E	Kluck, Lady		96	U	S
	M04	APAY	001	1	0			E	Pocahontas, Pocahontas		96	M	S
	M04	APAY	001	1	0			E	Poppins, Mary		96	F	S
	M04	APAY	001	4	0			E	Carey, Nancy		96	F	M
	M04	APAY	001	4	0				Hamilton, Tom		SP	M	
	M04	APAY	001	4	0			E	Duck, Daisy		96	F	D
	M04	APAY	001	4	0				Duck, Donald		SP	M	
	M04	APAY	001	4	0				Duck, Donald Jr		S	M	
	M04	APAY	001	4	0				Duck, Donna		D	F	
	M04	APAY	001	4	0			E	Hood, Robin		96	M	M
	M04	APAY	001	4	0				Marian, Maid		SP	F	
	M04	APAY	001	4	0			E	Penguins, Peter		96	M	M
	M04	APAY	001	4	0				Penguins, Polly		SP	F	
	M04	APAY	001	4	0			E	Philip, Prince		96	M	M
	M04	APAY	001	4	0				Aurora Princess		SP	F	
	M04	APAY	001	4	0			E	Rabbit, Jessica		96	F	S
	M04	APAY	001	4	0				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	340	4	M04
10	001	4	M04
10	001	1	G01
10	001	1	G01
10	063	4	G01
10	340	1	G01
10	340	1	G01

## Plan Type

**10 = Medical**

**11 = Dental**

**14 = Vision**

## Benefit Plan

**This is the NYBEAS code for the NYSHIP option the member is enrolled in**

# Coverage Code

Cvg Cd	Benf Prog
1	G04
4	G04
1	G04
4	G04
1	G08
4	G08
1	G08
1	G15
4	G15
1	M04
4	M04
1	M04
4	M04

**1= Individual**

**4 = Family**

Cvg Cd	Benf Prog
--------	-----------



# Benefit Program

1 G04

**G01 = Retiree (90/75)**

4 G04

**G03 = Retiree (pre 1983) (100/75)**

1 G04

**G04 = Retiree (100/100)**

4 G04

1 G08

**G08 = Survivor (90/75)**

4 G08

1 G08

**G09 = Vesteers**

1 G15

**G15 = Retiree (100/100 Dep Sur)**

4 G15

**G21 = Retiree (90/75) with MC life**

1 M04

**M04 = Monthly w NYSHIP Drugs**

4 M04

**M05 = Monthly w/OUT NYSHIP**

1 M04

**Drugs**

4 M04

Emplid	Plan Type	Benf Plan	Cvg Cd	Benf Prog	DueDt	Inv Type	BU
	10	001	1	M04	9/30/2014	CHRG	7
	10	001	4	M04	9/30/2014	CHRG	6
123456789	10	001	1	M04	9/30/2014	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	Inv Type	BU	Cvg Rt	Payment	Item Activity	Amount Due
1	G01	9/30/2014	CHRG	2	555.7600			1,111.52
1	G01	9/30/2014	SKLV	2	0.0000			61.75
<b>Total for Benefit Program G01 :</b>								<b>\$1,173.27</b>
1	M04	9/30/2014	CHRG	7	617.5100			4,322.57
4	M04	9/30/2014	CHRG	6	1499.6100			8,997.66
1	M04	9/30/2014	CHRG	-1	617.5100			-617.51
4	M04	9/30/2014	CHRG	1	1499.6100			1,499.61
<b>Total for Benefit Program M04 :</b>								<b>\$14,202.33</b>
<b>Total for Due Date 9/30/2014 :</b>								<b>\$15,375.60</b>

**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: BEA8B112

ReportTitle:

TRANSACTION LISTING

Page No. 602

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	M04	001	10	4	CCO	MAR		09-02-14	08-23-14	08-23-14	08-23-14

# 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

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



Customer Id	Employee Id	SSN	Name	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	M04	001	10	4	CCO	MAR		09-02-14	08-23-14	08-23-14	08-23-14

**In this example the enrollee married on 8/23/14 (Event Dt). The enrollee requested to add her spouse to her coverage on 8/23/14.**

**This change went into effect on 8/23/2014 (Effective Dt), and this was processed on NYBEAS as a CCO/MAR on 9/2/2014 (Action Dt)**

# **Running a Reconciliation report on NYBEAS**

# On NYBEAS – Go to NYBEAS REPORTS – Agency Reconciliation Report

The screenshot shows a web application menu titled "Menu". It includes a search bar and a list of navigation items. The item "Agency Reconciliation Report" is highlighted in blue, and a red arrow points to it from the right. Other items include "My Favorites", "Benefits", "Billing", "COBRA", "MyNYSHIP", "NYBEAS Processes", "NYBEAS Reports" (with a sub-item "Benefits Billing"), "Annual Health Cost Report", "NYSTEP Review", "EBD Call Center", "Data Corrections", "Workforce Administration", "System Announcement", "Workforce Monitoring", and "Set Up HRMS".

The screenshot shows the "Agency Reconciliation Report" search interface. It includes a title, a search instruction, a "Find an Existing Value" tab, a "Department:" label with a dropdown menu set to "begins with" and a yellow input field, and buttons for "Search" and "Clear". There are also links for "Basic Search" and "Save Search Criteria". A red arrow points to the "Search" button.

**Enter your Agency code here  
and Click on Search**  
**Memo PE 11-08**

## Agency Reconciliation Report

Department 00000

Agency's Name

Report Format 1

Process

- XLS
- HTM
- PDF
- XLS

Check box to enter a billing statement date 2

Statement Date 09/08/2014 

**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
	 (Ctrl) ▾	DIRP	001	1	1	Y	Y	E		Sample, Sally		96	F	D
	G01	EPEN	001	1	0			E		Mouse, Mickey		96	M	S
	M04	APAY	001	1	0			E		Bunny, Bugs		96	F	E
	M04	APAY	001	1	0			E		Chipmunk, Alvin		96	F	W
	M04	APAY	001	1	0			E		Devil, Tasmanian		96	M	S
	M04	APAY	001	1	0			E		Frozen, Elsa		96	F	M
	M04	APAY	001	1	0			E		Kluck, Lady		96	U	S
	M04	APAY	001	1	0			E		Pocahontas, Pocahontas		96	M	S
	M04	APAY	001	1	0			E		Poppins, Mary		96	F	S
	M04	APAY	001	4	0			E		Carey, Nancy		96	F	M
	M04	APAY	001	4	0					Hamilton, Tom		SP	M	
	M04	APAY	001	4	0			E		Duck, Daisy		96	F	D
	M04	APAY	001	4	0					Duck, Donald		SP	M	
	M04	APAY	001	4	0					Duck, Donald Jr		S	M	
	M04	APAY	001	4	0					Duck, Donna		D	F	
	M04	APAY	001	4	0			E		Hood, Robin		96	M	M
	M04	APAY	001	4	0					Marian, Maid		SP	F	
	M04	APAY	001	4	0			E		Penguins, Peter		96	M	M
	M04	APAY	001	4	0					Penguins, Polly		SP	F	
	M04	APAY	001	4	0			E		Philip, Prince		96	M	M
	M04	APAY	001	4	0					Aurora Princess		SP	F	
	M04	APAY	001	4	0			E		Rabbit, Jessica		96	F	S
	M04	APAY	001	4	0					Rabbit, Roger		SP	M	

BENPROG	PAYMETH	BENPLAN	COV	MEDS
G01	DIRP	001	1	1
G01	EPEN	001	1	0
M04	APAY	001	1	0
M04	APAY	001	1	0
M04	APAY	001	4	0
M04	APAY	001	4	0
M04	APAY	001	4	0



**Job Status,**



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

**APAY = Agency Pays  
DIRP = Direct Pay  
EPEN = ERS Pension Deduction  
TPEN = TRS Pension Deduction**

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 = is the value that establishes what EBD bills an agency.**

**Typically, EBD bills you 100% of the cost of NYSHIP coverage for your employees.**

## 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 PE14-20**

**Take all the tools that I have gone over and see if they match; for example if you have 4 – M04 (1) Individuals on the bill make sure there are 4 individual active employees on your reconciliation!**

**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

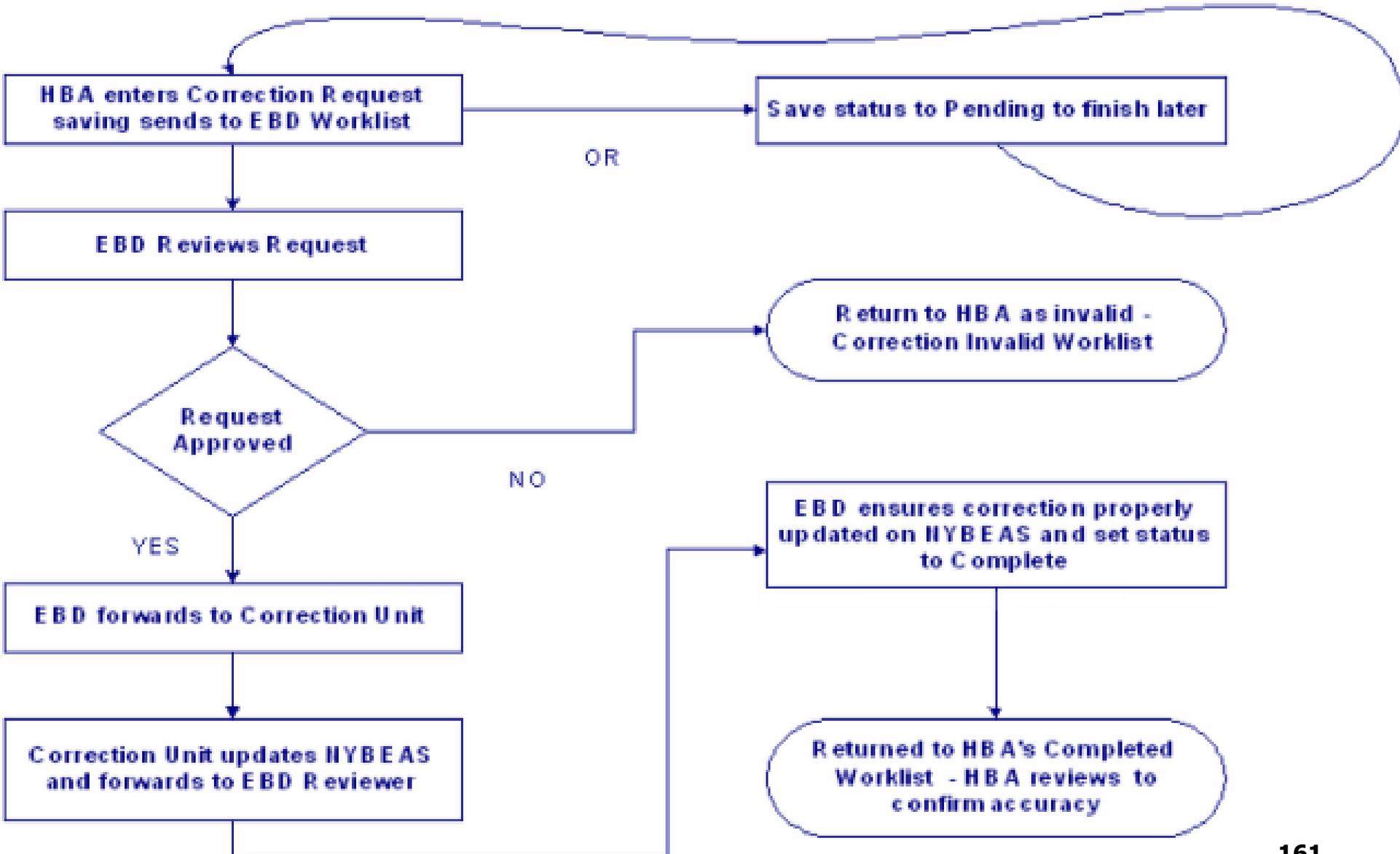
Paying your bill on time avoids multiple billing months on one statement, making it easier to reconcile.

# **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-404, 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	Plan History	Transactions
Allows users to view history of transactions for a given enrollee.	Tracks history of rates, department data, broadcast message and other data associated with NYSHIP.	Allows for the processing of NYBEAS transactions, change an enrollee's coverage.
<a href="#">NYBEAS Update History</a>	<a href="#">Broadcast Messages</a>	<a href="#">Young Adult Enrollment</a>
<a href="#">Archived Accounting</a>	<a href="#">Flat Rate Summary</a>	<a href="#">Benefit Plan Change</a>
<a href="#">Billing Options</a>	<a href="#">Message Agent Log</a>	<a href="#">Benefit Program Change</a>
<a href="#">Direct Pay Transaction ID</a>	<a href="#">Review NYBEAS/NYSTEP JobCodes</a>	<a href="#">Billing Option Change</a>
<a href="#">Employee Compact History</a>	<a href="#">Department Data</a>	<a href="#">Cancel Enrollment</a>
<a href="#">Employee Information Changes</a>	<a href="#">Agency Recon Report Inquiry</a>	<a href="#">Change Coverage</a>
<a href="#">Medicare Elig 65 Letters</a>		<a href="#">COBRA Disability</a>
<a href="#">Letter Notification</a>		<a href="#">Comments</a>
<a href="#">Life Insurance Premium</a>		<a href="#">Contribution Rate Change</a>
<a href="#">National Medical Support Order</a>		<a href="#">Corrections Requests</a>
<a href="#">OOP Eligibility History</a>		<a href="#">Unsettled Grp Contribution Chg</a>
<a href="#">Sick Leave History</a>		<a href="#">Dependent Add</a>
<a href="#">OSC Salary Grade Inquiry</a>		<a href="#">Dependent/Beneficiary</a>
<a href="#">OSC Unsettled Group</a>		<a href="#">Dependent Delete</a>

# 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

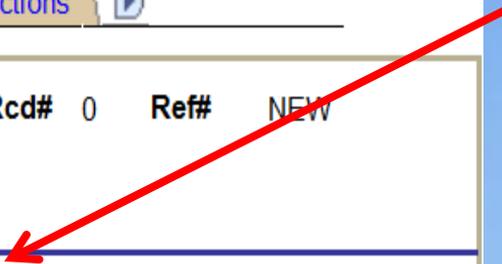
Pull Carrier Daily   Pull Life Benefit Billing Retro

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

**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**

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
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



# 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
<input type="text"/>								

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 <input type="text"/>	Insert <input type="text"/>	CCO <input type="text"/>	MAR <input type="text"/>	<input type="text"/>	4	12/02/2010 <input type="text"/>	12/06/2010 <input type="text"/>	12/02/2010 <input type="text"/>

Dependents

Click dependent button to select dependent

Dependents Customize | Find |     First ◀ 1 of 1 ▶ Last

Id	Name	National ID	Date of Birth	Relationship
02 <input type="text"/>	<input type="text"/> SIMON,TAMARA	888-88-8889	01/01/1985	Spouse

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: 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
10 🔍	Insert ▼	CCO 🔍	MAR 🔍		4	12/02/2010 📅	12/06/2010 📅	12/02/2010 📅

**Dependents**

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

Txn Type	Action	Reason	Job Effdt	Department	NU	PCT Fill		

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>
<b>EmplID</b> 979712350	Samuel Simon	
<b>*Status:</b> <input type="text" value="HPND"/> 🔍	←	
<b>Existing Comments</b>		

# 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
<u><a href="#">EWRK</a></u>	<u><a href="#">EBD Worklist</a></u>	
<u><a href="#">HCAI</a></u>	<u><a href="#">HBA Cancelled</a></u>	
<u><a href="#">HPND</a></u>	<u><a href="#">HBA Pending</a></u>	

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		<a href="#">Customize</a>   <a href="#">Find</a>   <a href="#">View All</a>   				First 	1-2 of 2	Last 
<a href="#">Detail</a>	<a href="#">Filter</a>	<a href="#">Business Process</a>	<a href="#">Activity</a>	<a href="#">Worklist</a>	<a href="#">Count</a>			
1	<a href="#">Detail</a>	<a href="#">Filter</a>	Online Corrections	Correction Complete	Correction Complete	1		

Worklist Details

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