2018 Annual Webinar for Participating Agencies

**New York State Department of Civil Service
Employee Benefits Division**

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

Agenda

- Financial Update

- Benefit Changes

- Federal Health Care Reform Update

- Benefit Administration

- Questions & Answers

Financial Update

Ron Kuiken – Assistant Director of Financial Management

Financial Update

Presenter- Ron Kuiken, Assistant Director, Financial Services

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Topics

- Premium Development

- Projected 2018 Empire Plan Experience

- Projected 2019 Rate Renewal Information

- NYSHIP Billing Statement Change

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Premium Development

- Goals: Lowest Premium

                Rate Stability

                Timely Approval

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Empire Plan Rate Components

- Hospital +
- Medical +
- MHSA +
- Rx Drug +
- Administrative Expense =
- **Gross Rates**

- Dividends

- Interest

= Net Rate

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Cost Components

Key Components

- Base Period (2018) Incurred Claims x

- Trend Factor =

- Rate Period Incurred Claims +

- Retention (Administrative Fee/Other) +

- Margin =

- Gross Premium Charge

2018 Premium Development Recap

- 7.1% Gross Premium Increase

- $70.0 million in dividend application

- 8.2% Empire Plan Net Premium Increase

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Projected Year 2018 Empire Plan Experience[1] (000's)

	Blue Cross Hospital	UHC Medical	Beacon MHSA	CVS Drug	Total
Premium	$3,278,835	$3,293,913	$283,686	$2,014,422	$8,897,856
Incurred Claims	$3,104,200	$3,106,647	$260,940	$1,998,014	$8,469,801
Administrative Expense	$93,303	$194,130	$15,562	$30,097	$333,092
Gain/(Loss)	**$81,332**	**($6,864)**	**$7,184**	**$13,311**	**$94,963**

(1) 2019 Rate Renewal Submissions

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2019 Rate Renewal

- Projected Net Premium Increase: 0.7%
- Includes 6.2% Trend
- Rate Includes 0% margin
- Rate action is considerably lower than the Plan's historical average annual increase due to the re-procurement of the Prescription Drug Program and the implementation of benefit changes effective January 1, 2019
- $150 Million Dividend Application

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Projected Dividends
All Payors (in Millions)

	Dividends
Available as of 12/31/17	**$220.7**
2017 Earned	+ $260.2
2018 Projected Applied	- $70.0
Projected Available 12/31/18	**$410.9**
2018 Projected Earned	+ $107.9
2019 Projected Applied	- $150.0
Projected Available as of 12/31/19	**$368.8**

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NYSHIP Billing Statement Change

- Beginning in December, monthly NYSHIP billing statements will be updated with a new remittance page

- The new remittance page will include an agency "scan line" to improve processing speed and accuracy

- Agencies will detach the top portion of the new remittance page and send it, along with the check/payment, to EBD's banking vendor using the provided blue envelopes.

- December billing statement (January 2019 Coverage) will include an insert letter announcing the change

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Questions?

Benefit Changes for 2019

MaryEllen

Benefit Update

Presenter- Mindy Beyer
Contract Manager

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Benefit Changes for 2019

- Medical, Hospital, and Mental Health & Substance Abuse changes agreed to by NYS employee unions will be extended to PAs/PEs in 2019 as follows:

In-Network Medical	Current Copayment	Change Effective 1/1/19
Office Visit, Office Surgery, Radiology, Lab, PT, Chiropractic, OT, Convenience Care	$20	$25
Non-Hospital Urgent Care Center Visit	$20	$30
Non-Hospital Outpatient Surgical Location Visit	$30	$50
Licensed Ambulance Service	$35	$70

In-Network Hospital	Current Copayment	Change Effective 1/1/19
Outpatient Physical Therapy	$20	$25
Urgent Care Visit, Outpatient Services for Diagnostic Radiology and Lab	$40	$50
Outpatient Surgery	$60	$95
Emergency Department Visit	$70	$100
Skilled Nursing Facility Days (In and Out of Network)	365 x 2	120 x 2

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Benefit Changes for 2019

In-Network Mental Health & Substance Abuse	Current Copayment	Change Effective 1/1/19
Mental Health Professional Office Visit	$20	$25
Outpatient Substance Abuse Treatment Program Visit	$20	$25
Emergency Department Visit	$70	$100

Non-Network Benefits	Current Deductible/Coinsurance	Change Effective 1/1/19
Deductible	$1,000 Enrollee $1,000 Spouse/DP $1,000 Children (combined)	$1,250 Enrollee $1,250 Spouse/DP $1,250 Children (combined)
Coinsurance	$3,000 Enrollee $3,000 Spouse/DP $3,000 Children (combined)	$3,750 Enrollee $3,750 Spouse/DP $3,750 Children (combined)

- **Prescription Drug Program:** Effective January 1, 2019, the 30-day quantity limit for maintenance medications required by the New to You Program will be eliminated.

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Questions?

Federal Health Care Reform Update

Presenter – Jesse Horton
Policy Analysis and Strategic Planning Unit

PA & PE PPACA Requirements

- The "individual mandate" has been repealed for 2019, but employer reporting requirements remain in effect

- Employer Shared Responsibility provisions, commonly known as the "employer mandate"

- Reporting Requirements to which Empire and Excelsior Plan employers must adhere

- Dependent Social Security Number solicitation

- Penalty Letters

- Each employer is responsible for their own compliance!

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Employer Shared Responsibility Provisions

- "Employer Mandate"

- Large employers must offer affordable and comprehensive health insurance benefits to 95% of full-time employees

- Failure to comply could result in severe federal penalties

- Who is a "large employer"?
  - Employers with 50 or more employees meeting federal full-time criteria
  - Employee count is based on the number of employees during the preceding calendar year

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Reporting Requirements

- All NYSHIP employers are subject to PPACA reporting requirements
  - Including those not designated as "Large Employers"

- Employers must provide a form, known as Form 1095-B or 1095-C, to all full-time employees, retirees, vestees, dependent survivors, and COBRA enrollees

- These forms must be provided to employees and enrollees by 1/31/19 and to the IRS by 2/28/19 if filing on paper and 4/1/19 if filing electronically

- Employers do not have to report for Medicare-primary enrollees

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What Form Should My Employer Use?

- Employers designated as "Large Employers" should provide Form 1095-C to its employees and enrollees

- All other employers should provide Form 1095-B to its Empire Plan enrollees

- For each of the last two years, the IRS has extended the due dates – we do not expect a similar extension this year

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Dependent SSN Solicitation

- Form 1095-B and Form 1095-C use Social Security numbers to identify enrollees

- Employers must make three "good faith efforts" to solicit missing dependent SSNs:
  1. At the time of enrollment;
  2. By December 31 of the year following enrollment; and
  3. Once in the following year

- NYSHIP employers still must ask for dependent SSNs upon enrollment

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Penalty Letters

- IRS is sending penalty notices for prior tax years

- Penalty letters will be addressed to the individual whose name appears on the IRS Business Master File

- Alert your tax and finance department

- Responses are time sensitive!

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EBD Assistance

- EBD has two downloadable reports available to assist NYSHIP employers with these requirements
    - The first report shows all enrolled dependents with a missing SSN
    - The second report provides all of the information to be included in Part III of Form 1095-C or Part IV of Form 1095-B

- HBA Memos PA15-23, PAEX15-21, PA 16-02, PA EX 16-02 provide information on how to access these reports

- EBD FAQ: http://www.cs.ny.gov/employee-benefits/nyship/shared/publications/faq/2015/pa-pe-ppaca-faq.pdf

Questions?

Benefits Administration Topics

- Department of Civil Service Systems and Access

- Submitting Requests to EBD

- Medicare and NYSHIP

- Communications and Publications Update

- EBD Contacts

Department of Civil Service Systems and Access

Presenter- Tim Burke

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The Department of Civil Service (DCS) Systems
NYBEAS and HBA Online

Agencies who participate in NYSHIP are granted access to Department of Civil Service (Department) systems. The following provides detailed information regarding the systems purpose and how to obtain, remove or change who has access.

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The Department of Civil Service (DCS) Systems
NYBEAS and HBA Online

NYBEAS is:

The New York Benefits Eligibility and Accounting System (NYBEAS) is the system that maintains New York State Health Insurance Program (NYSHIP) enrollment information for NYSHIP participating agencies and employers.

The Department of Civil Service (DCS) Systems
NYBEAS and HBA Online

HBA Online is:

an online resource that contains current and historical NYSHIP information, as well as up-to-date memos and announcements specifically prepared for NYSHIP participating agencies. <u>The Department communicates</u> with HBAs through HBA Online.

The Department of Civil Service (DCS) Systems
NYBEAS and HBA Online

Who needs access to NYBEAS and HBA Online?

The agency staff member (s) who work directly with employee benefits and is responsible for providing benefit information to their members and enrolling and updating enrollees benefit information. EBD refers to the staff responsible for administering NYSHIP benefits as the agency Health Benefits Administrator (HBA).

NYBEAS

NYBEAS

Below are some examples to show what NYBEAS is used for:

- Enrollments (processing and viewing)
- Changing coverage
- Adding /deleting dependents
- Marital status changes
- Enrollee address changes
- Running agency reconciliations
- Medicare Transactions

HBA Online

HBA Online

Below are some examples to show what HBA online is used for:

- HBA memos
- Policy memos
- HBA Manuals
- Forms
- E- Learning videos
- Listing of NYBEAS system announcements
- Empire Plan resource materials
- Ordering publications
- Premium costs

HBA Online and NYBEAS System Access

How does agency staff obtain access to NYBEAS and HBA online?

HBA Online and NYBEAS System Access

Agencies must <u>first</u> designate a Data Access Officer (DAO).

The DAO is the officer of the agency who is authorized to request user permissions to NYBEAS and HBA Online.

There should also be a back up DAO named

NYBEAS and HBA Online System Access

Data Access Officer (DAO)

- The DAO should be established by each agency

- If you do not have a DAO please refer to Memo PA18-02, fill out the attached form EBD-545 and submit by fax or mail

- If you are not sure of your DAO, your EBD contact can assist by calling the HBA help line at 518-474-2780

- To remove a DAO form EBD-545 should be filled out and submitted by fax or mail

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HBA Online and NYBEAS System Access

- The DAO may now update user permissions through the Civil Service Online Permission Request System (OCSPR)

- OCSPR is located on the DCS website at: https://www.cs.ny.gov/login/?tlsd=/permissions-request/index.cfm

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HBA Online and NYBEAS System Access

Responsibilities of the DAO

- The DAO will provide HBA's with the necessary links to NYBEAS and HBA Online

- The DAO will provide the HBA(s) with the USER ID and Password that they have been assigned by DCS for NYBEAS and HBA Online

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HBA Online and NYBEAS System Access

Agencies must also designate a Health Benefits Administrator (s) (HBA (s) for the agency

The HBA is the person who works directly with employee benefits and is responsible for providing benefit information to their members and enrolling and updating enrollees benefit information on NYBEAS.

There can be more than 1 HBA within an agency

Agency Contacts

In addition to the Data Access Officer (DAO) information EBD has on record for your agency, EBD maintains agency contact (s) information for each agency.

The information includes; Name, Address, Email and Phone Number for any staff member within the agency that EBD should contact with questions concerning enrollees. Some examples are:

Health Benefit Administrators

Benefits Clerks

Agency Officers

Mayors

Superintendents

Chief Financial Officers

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Agency Contacts

It is important to keep your agency contact information up to date. Any changes to this information should be reported to EBD in writing.

Agency Name

Agency Code

Name

Address

Title

Email

Phone

** When providing an update be sure to include the name of any staff member that should no longer be listed as your contact.

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Questions?

Submitting Changes to EBD (Correction requests Vs. Letters)

Presenter- MaryEllen Brucculeri

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Submitting Requests to EBD

Agency HBAs are responsible for updating enrollee information by processing a transaction on NYBEAS. Some transactions will need EBD assistance, such as ;

- Transactions over 6 months old at time of processing

- A transaction you processed that needs to be corrected

- Any transaction that an agency is prevented from processing (could be various reasons)

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Submitting Requests to EBD

Most NYBEAS transactions can be fixed by submitting a "Correction Request"

Some will require a "letter" along with supporting documentation be sent to EBD

It depends on what needs to be fixed before you can determine whether to process a 'Correction Request" or to send a "letter"

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Submitting Requests to EBD

Transactions Requiring a Correction

When a mistake is made when entering and saving the transaction on NYBEAS, the correction will normally involve:

- Correcting (Change) an effective date, or;
- Deleting (Delete) a transaction processed in error

The appropriate correction request would be a 'Change' or 'Delete'.

Note- Most mistakes are the result of not referencing the documents provided or double checking the effective date before saving.

Transactions Requiring a Correction

Below is an example of a request to "change" a DEP/NWB effective date.

For this correction the 'benefits' portion is completed.

If the correction was to fix a hire, retire, or term date the 'Job' portion of the correction is completed.

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Transactions Requiring a Correction

When completing a correction request, be sure to enter a comment that summarizes and matches the request:

Existing Comments
Find | View All   First ◀ **1 of 1** ▶ Last

Correction to change effective date of Dep Add for Jake Benton from 10/1/2016 to 7/1/2016. The incorrect request date was entered in error. - MXB1 (MXB1 2018-11-08 11:11)

Enter your comments below & click on Add Comments.

Add Comments

When the correction is returned to your worklist, be sure to check comments. The corrections unit may have responded with follow up required by you.

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Transactions Requiring a Correction

A correction request is also needed when an agency is simply prevented from processing the transaction due to any of the following reasons:

- The transaction is blocked by a more recent dated transaction preventing it from processing

- Processing Pension Deduction

- Over 6 months

The appropriate correction request to use in these cases is 'Insert'.

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Transactions Requiring a Correction Recap

When completing a correction request you will have the following choices;

- **Insert**
    - When the transaction you are attempting has a later date blocking yours
    - When you are attempting to process a transaction over 6 months old
    - When you are prevented from processing a transaction and receive an error message.

- **Change**
    - When you need to change an effective date of a transaction that was saved

- **Delete**
    - When you need to remove a transaction that should not have been processed

Choose the action that matches what you want us to do

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Transactions that Require a letter

There are certain situations where a correction request cannot be done, and a letter is required along with supporting documentation.

Example of requests that require a letter:

- Updating a record to Disability Retirement
  - Include Retirement System letter that provides the effective date

- CMS Reinstatements
  - Include supporting documentation (Medicare card, corrected Address or copy of other Medicare plan termination letter)

  - The need for EBD to process a transaction due to NO NYBEAS ACCESS
  - Be sure the steps are taken to obtain access as explained in the previous slides

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Reminders when Submitting Requests to EBD

- When sending requests do not send duplicates. I.e.; do not also send a letter when a correction request was sent

- When sending a letter it should be on Agency letterhead, and include:
  – Agency code
  – Enrollee SSN/Employee ID
  – Enrollee name
  – The reason it is being sent

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Reminders when Submitting Requests to EBD

- Do not send EBD proof for transactions you processed

- Send supporting documentation only when necessary. When the HBA signs a 503.1 form they are verifying that the appropriate documents are on file with the agency. See slide 57 for situations that require proof/supporting documentaiton

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Questions?

Medicare and NYSHIP

Presenters-
MaryEllen Brucculeri
Tim Burke

New York State Department of Civil Service
Employee Benefits Division

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Topics

- Overview of Medicare

- Medicare Beneficiary ID (MBI) (Formerly HICN)

- When To Enroll in Medicare Parts A and B

- Updating Medicare Information on NYBEAS

- Empire Plan Medicare Rx

- Role of the Health Benefits Administrator

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Medicare

What is it?

The federal health insurance benefits program administered by the Centers for Medicare & Medicaid Services (CMS)

Parts of Medicare

- **Part A** provides inpatient hospital coverage, skilled nursing facility and hospice care. It is free if you meet the Social Security work requirements.

- **Part B** provides outpatient hospital and medical coverage. There is an enrollee premium for Part B.

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Parts of Medicare

- Medicare Advantage Plans (formerly *Part C*)
  - Most NYSHIP HMOs are Medicare Advantage Plans

NOTE: NYSHIP Medicare Advantage Plans are **<u>not available</u>** to PAs.

- *Part D* provides prescription drug coverage (Empire plan Medicare RX is called SilverScripts)

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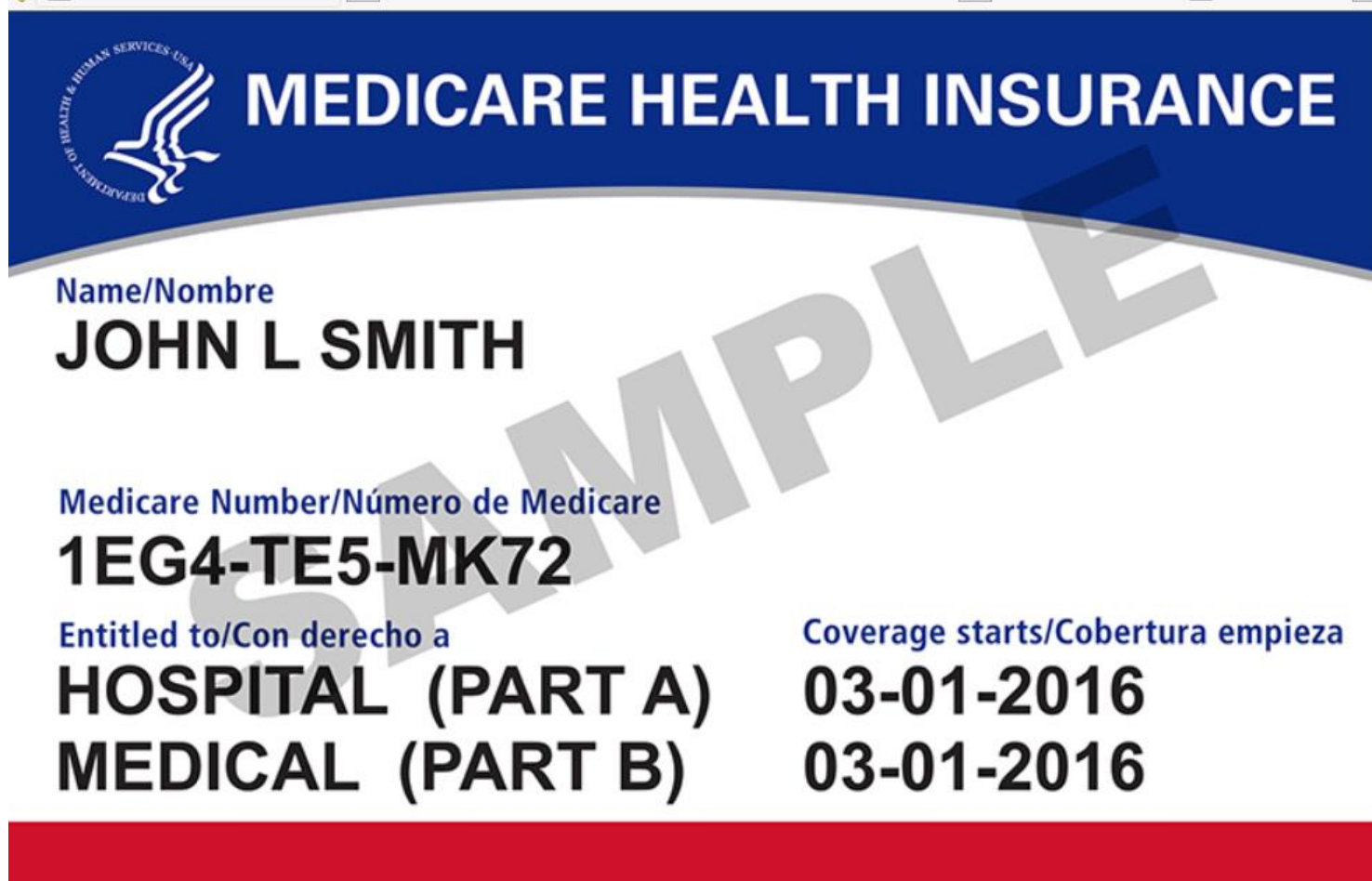
Medicare Beneficiary ID (MBI) (Formerly SSN/HICN)

Medicare Beneficiary ID (Formerly HICN)

CMS is replacing the Social Security Number based Health Insurance Claim Number (HICN) with a **Medicare Beneficiary ID**. The transition period began April 1, 2018 and will run through December 31, 2019.

January 1, 2020, CMS will no longer accept a HICN for the submission and processing of claims

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Sample Medicare Card

When Does Medicare Eligibility Begin?

- At age 65; or

- Regardless of age, after being entitled to Social Security Disability Insurance (SSDI) benefits for 24 months; or

- Regardless of age, when diagnosed with End-Stage Renal Disease (ESRD); or

- When receiving SSDI benefits due to Amyotrophic Lateral Sclerosis (ALS)

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Enrolling in Medicare

- NYSHIP requires enrollees and their covered dependents to be enrolled in Medicare when it is primary to NYSHIP

- It is the responsibility of **your enrollees' and covered dependents'** to enroll in Medicare Parts A and B when first eligible for primary Medicare coverage. Enrollment is not automatic in all cases

Enrolling in Medicare

- As a reminder and to help your retired enrollee(s) and dependent(s), as well as your active enrollees, understand the importance of enrolling in Medicare, we send out what we call our ***"Happy 65th Birthday Letter"*** five months before an enrollee or dependent turns 65

- These letters are posted on NYSHIP Online under the Notices page that's available on the footer on the homepage

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Updating NYBEAS to Reflect Medicare Primacy

- NYBEAS will attempt to update the Medicare Primary indicator for enrollees and dependents who should be treated as Medicare-primary approximately 2 months prior to their 65th birthday.

- When your enrollee(s) and/or dependent(s) become Medicare-eligible **prior to age 65 (due to disability) or Amyotrophic Lateral Sclerosis (ALS)**, they must notify your office so the enrollment record can be updated.

- When an enrollee or dependent becomes Medicare-eligible due to End-Stage Renal Disease (ESRD), send a copy of the member's Medicare card to the Employee Benefits Division, who will research the ESRD coordination period and update the enrollment record.

Updating NYBEAS to Reflect Medicare Primacy

- When an enrollee's enrollment record is updated to Medicare Primary, NYBEAS communicates this enrollment information to ensure the individual receives the correct benefits (i.e., Empire Plan Medicare Rx).

The Empire Plan and Medicare

- When an enrollee is Medicare Primary, claims are to be submitted to Medicare first. Once Medicare considers the claim, it is then sent to The Empire Plan for secondary payment.

- This process is referred to as Medicare Crossover. When an enrollee's NYBEAS account is updated to Medicare Primary, he or she is automatically enrolled in Crossover with The Empire Plan.

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Determining Medicare Primacy

When an employee and/or his or her dependents are eligible for Medicare, coordination of benefits occurs.

Enrollee is an ==*ACTIVE*== Employee	**Enrollee is ==*RETIRED*==**
• Medicare is *secondary* to NYSHIP coverage	• Medicare is *primary* to NYSHIP coverage
• Exceptions	• Exception:
– End-Stage Renal Disease after completing Medicare's 3 month waiting period and 30 month coordination period	– End-Stage Renal Disease during Medicare's 30 month coordination period
– Domestic partners age 65 or over	

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Questions?

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The Empire Plan Prescription Drug Benefit Empire Plan Medicare Rx

NYSHIP enrollee(s) and their dependent(s) have prescription drug coverage as part of their health insurance coverage.

- Prescription coverage continues even when Medicare becomes the primary coverage.
  - Empire Plan enrollees are enrolled in The Empire Plan Medicare Rx (SilverScripts)
  - Excelsior Plan enrollees experience no change to their prescription drug benefit

  All NYSHIP prescription drug coverage pays on average as much or more than Medicare's standard Part D Plan. This is called *creditable coverage*.

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The Empire Plan Prescription Drug Benefit Empire Plan Medicare Rx

- Is REQUIRED for Medicare Primary enrollees and dependents enrolled in The Empire Plan

- Once an enrollee or dependent's NYBEAS enrollment record is updated to Medicare primacy, information is automatically sent to CVSCaremark, who communicates with the Centers of Medicare and Medicaid Services (CMS) to enroll the individual in Empire Plan Medicare Rx

The Empire Plan Prescription Drug Benefit Empire Plan Medicare Rx

To ensure a smooth transition to The Empire Plan Medicare Rx, **before updating NYBEAS to Medicare Primary** make sure you:

- Have been provided with a copy of your employee(s) and/or dependent(s)' Medicare card and the Medicare ID is entered on NYBEAS

- Check for a Post Office Box mailing address on file and if so, you must update their permanent street address. Enrollees with only a P.O Box address will not be enrolled in Medicare Rx.

- Make sure the Medicare card and name on NYBEAS are the same

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The Empire Plan Prescription Drug Benefit Empire Plan Medicare Rx

When attempting enrollment in Empire Plan Medicare Rx, enrollees will be notified when additional information is needed in order to remain enrolled in The Empire Plan.

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CMS/Med Rx Enrollment/Terminations

If an enrollee or dependent is terminated from The Empire Plan, a letter will be sent explaining that additional information is needed to stay enrolled in The Empire Plan. The reason they became terminated is necessary to determine what is needed for coverage under The Empire Plan to be reinstated.

Please note that reinstatement will not guarantee that coverage will be continuous (i.e., a late enrollment penalty may apply).

The Empire Plan Prescription Drug Benefit Empire Plan Medicare Rx

The below situations will prevent an enrollee or dependent to be enrolled in Empire Plan Medicare Rx (SilverScript). CMS will reject a request to enroll when any of the following have occurred:

- Wrong DOB on NYBEAS

- Wrong address on NYBEAS

- When a P.O Box address only is listed on NYBEAS

- Enrollment in another Medicare Plan

- Missing or Incorrect Medicare ID (MBI)

- First or last name mismatch between NYBEAS and CMS

If any of the above situations exist when attempting enrollment in Empire Plan Medicare Rx, enrollees will be notified that additional information is needed in order to remain enrolled in The Empire Plan.

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CMS/Med Rx Enrollment/Terminations

If EBD is unable to enroll an enrollee or his/her dependent in The Empire Plan Med Rx, the following steps are taken:

1. EBD is notified by CMS that enrollment in Med Rx rejected
2. EBD sends letter to enrollee or dependent notifying them of the issue with a 30 day deadline to respond
3. EBD awaits required information
4. If required information is received within 30 days, enrollee can be reinstated with no lapse
5. If *not* received within 30 days, EBD proceeds with cancellation
6. If response with required information is sent after the 30 days, Enrollee can be reinstated subject to the normal waiting period rules.

Role of the Health Benefits Administrator

One of the most important responsibilities of the HBA is to ensure that NYBEAS health benefit information is accurate and up to date for all enrollee(s) and/or dependent(s). Such as;

- Name is correct: First and Last Name (should match what is on file with SSA) If you have the name as "Cindy" and SSA has the name as "Cynthia" you need to update your records to match SSA

- Obtaining enrollees' Medicare cards and updating Medicare Primacy Indicator on NYBEAS at time of retirement (or when applicable)

- Verify dates of birth

- Verify address. If enrollee has a P.O Box, a permanent/residential address must also be listed on NYBEAS

- Confirm that Medicare-primary enrollee and/or dependent is not enrolled in any other Medicare D plan

Role of the Health Benefits Administrator

HBA's can assist their retirees with determining if they are enrolled in another Medicare plan by referring them to the

www.Medicare.gov   Medicare Plan Finder "Check your enrollment"

Questions?

Publications and Enrollee Notices

Communications Update

Recent publications:

- – 2018 Participating Provider Directories
- – 2018 Creditable Coverage Notice
- – Child Health Insurance Program (CHIP) Notice for 2018

Upcoming Publications

Fall 2018

- 2019 *At A Glance* for The Empire Plan and the Excelsior Plan
Enrollee mailing will also include: 2019 versions of The Empire
Plan Flexible Formulary or Excelsior Formulary, *Out of Network
Reimbursement Disclosure, Preventive Care Coverage Chart,* and
the *Nondiscrimination Notice.*

- Summary of Benefits and Coverage (SBC) reminder postcard

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Upcoming Publications

2019

- *Empire Plan Report*
- *PA General Information Book 2019* for The Empire Plan and the Excelsior Plan
- *Empire Plan Certificate*

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Be sure to check HBA online at a minimum of once a week to stay informed

hba_online
benefits resource center

ℹ **HBA Online has a new web address, https://www.cs.ny.gov/employee-benefits/hba.** Please update any bookmarked pages.   ✕

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

10/14/2016 8:06 am

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

Current Topics
2016 PA/PE Webinars
Young Adult Option Coverage

NYSHIP For Employees of:
New York State
Participating Employers (PE)
Participating Agencies (PA)
Retired NYS Employees
Retired PE Employees

Empire Plan Providers,
Pharmacies and Services

NYPERL℠
NYS Agencies
Participating Agencies and
Participating Employers

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

vision Davis Vision Information
APSU
C-82
MC
NYSCOPBA
PBA
PE
PEF
PIA
SEHP

life
M/C

IPP Income Protection Plan
M/C
Legislature
Special Enrollees
DC-37

survivor benefits
New York State Active Employees

workers' compensation
ARS Publications for Executive
Branch Agencies and Unified Court
System
ARS Manual
Dispute Resolution Program
Workers' Compensation
Pharmacy Benefits
Claimant Information Packet

W3C WAI-AA WCAG 1.0

General Reminders

Before Calling EBD

– Have NYBEAS open

– Check NYBEAS Update History for recently processed transactions

– Have SSN/Employee ID available

Billing Inquiries

– Be sure to run a reconciliation every Monday following the first Friday (billing is run the first Friday of every month)

– Send full payment that is reflected on your billing statement. Don't make adjustments *even though* changes may have been made resulting in a credit that would affect future bill. Credit adjustments will be reflected for transactions that were processed in the next billing cycle

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General Reminders

When receiving inquiries from your employees and retirees;

– Assist your enrollees

- If you need assistance please call the HBA Helpline. Do not refer caller to EBD

– If inquiry concerns a medical bill or problem receiving services, check NYBEAS for enrollment status

- If enrollee is covered and services were denied, refer caller to the Empire Plan 877-769-7447

– HBAs should be calling EBD on behalf of their enrollees; not referring them to EBD

How To Reach Us

HBA Line PA/PE Unit (518) 474-2780 Press 1 for Participating Agency

Responds to questions about:

- Enrollee needs services
- NYBEAS Processing
- Medicare
- Agency Bill
- Retiree Coverage
- Eligibility
- Effective dates of coverage
- Agency Reconciliation
- COBRA
- Survivor Coverage

Public Employer Liaison Unit (518) 549-2356

Responds to questions about:

- Compliance
- Agency Resolution Changes
- GASB 45
- Hold Harmless
- Agency Participation
- NYSHIP Policies

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New York State
Health Insurance Program

Thank you for joining us today!

EBD Contact for HBAs

Phone: **518-474-2780**

Address: NYS Department of Civil Service
Employee Benefits Division
Albany, NY 12239

Fax: **518-485-5590**

Website: **www.cs.ny.gov**

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