



2018 Participating Agency Webinar Q's & A's

Q1: When will the 2019 rates be available?

A. As of the date of the Webinar, rates had not been approved. Rates were approved and posted on December 10, 2018 and agencies were notified via system announcement (SA 57 and 60) and agency memos (PA 18-14 and PAEX 18-13).

Q2: Is the projected rate increase the same for the Excelsior Plan?

A. The projected aggregate 2019 rate increase for the Excelsior Plan is 2.1%.

Q3: How will we be informed about the 2019 rates-via memo?

A. Agencies were notified via NYBEAS system announcement (SA 57 and 60) and agency memos were also issued (PA 18-14 and PAEX 18-13).

Q4: Do the billing statement changes apply to agencies that pay by electronic transfer?

A. No. The billing change to add a new remittance page with agency specific scan lines only applies to agencies that remit payments by check.

Q5: When will benefit change information be distributed to the enrollees?

A. On November 29 – December 3, 2018, enrollees were mailed the 2019 *At A Glance* booklet describing the benefits including any changes. The publication was also posted online on November 21, 2018.

Q6: What is the New to You? Are maintenance drugs required to be filled 90 days at a time?

A. New to You is a program where certain maintenance medication require at least two 30-day supplies to be filled before a supply for greater than 30 days will be covered. The New to You program will end January 1, 2019.

Q7: Who will the penalty letters be addressed to?

A. If you are assessed a non-compliance penalty under the Patient Protection and Affordable Care Act (PPACA) the IRS will send a penalty letter to your agency. The letter will be sent to the address on the IRS Business Master File.

Q8: Is there any plan to increase staff to accommodate phone calls and correction requests with less lag time?

A. Yes. The Employee Benefits Division is working to reorganize staff responsibilities to improve call and correspondence response time. We expect agencies will soon experience an improvement.



Q9: In the future can we please be notified sooner than mid-November about benefit changes? We already started open enrollment and now we must re-notify every employee about the benefit changes. We will have to extend our open enrollment period.

A. The Employee Benefits Division makes every effort in providing rate information as timely as possible and apologize for any inconvenience.

Q10: Can we create customized reports on NYBEAS?

A. There are several NYBEAS reports an agency can run, but they cannot be customized. If there is certain information you would like to obtain within a report, please contact our office at 518-474-2780 to inquire.

Q11: Will the Medicare Part B premium of \$135.50 apply to all Medicare Part B recipients? Or is it just for new Medicare Part B recipients in 2019?

A. Please visit www.medicare.gov for this information.

Q12: Are HBAs now responsible for entering the Medicare ID numbers for anyone who is or becoming Medicare prime?

A. Yes. Medicare numbers should be obtained and entered when a retirement transaction is being processed on NYBEAS for any of your enrollees who are eligible for Medicare Part A&B at time of retirement.

Q13: What is a domestic partner?

A. We suggest you contact your agency's counsel for the legal definition of domestic partner. Under NYSHIP, NYS enrollees can cover someone as a dependent that he/she is not married to but can prove to be in a committed relationship with, and can prove they share the same living quarters and living expenses for a minimum of 6 months. If eligible, the covered dependent is referred to a domestic partner under NYSHIP. Participating Agencies have the discretion whether to extend coverage to domestic partners.

Q14: Medicare Part B Reimbursement - requirement to reimburse IRMAA and Standard Rate? Is this required by the state and where can I find reference.

A. Yes. PAs are required to reimburse Medicare part B income-related monthly adjustment amount (IRMAA), which is in addition to the standard Medicare premium. PA memo number PA07-31 provides further detail concerning this requirement.

Q15: If an employee reaches 65 and retires, but then is hired back as a full-time contractor/consultant, do we change them to Medicare primary then change them back when rehired?

A. Yes, Medicare should be reflected on NYBEAS for a NYSHIP retiree. If/when a Medicare primary NYSHIP retiree is re-hired into a position eligible for NYSHIP as an employee again for the same employer that he/she retired from, NYSHIP becomes primary again.



Q16: When do new Medicare prime enrollees receive the new SilverScript card?

A. When Medicare becomes primary for an Empire Plan retiree, it can take several weeks to receive their prescription drug card from SilverScript. Enrollees should continue using their Empire Plan card for prescriptions until their new card arrives.

Q17: If employee and spouse are Medicare-primary do they need to pay for Medicare Part D or is Empire Plan Medicare Rx plan sufficient?

A. When Medicare becomes primary for an Empire Plan retiree and/or dependent, they will be automatically enrolled in Medicare Rx (Part D) through SilverScript. The enrollee will then be billed for Medicare Part D by Social Security. Note: This does not apply to Excelsior Plan enrollees.

Q18: With a retiree or spouse that became eligible for Medicare disability, who should process this transaction?

A. When Medicare becomes primary for an Empire Plan retiree and/or dependent due to disability, the HBA should obtain a copy of their Medicare card and process Medicare primary as appropriate. When Medicare becomes primary at age 65, Medicare will be processed automatically.

Q19: I have an active employee who is currently eligible for benefits as an active employee, who is 68 and retiring in December. We do not cover retirees under NYSHIP. What do I need to enter in NYBEAS when she retires?

A. When an agency does not offer retiree benefits, instead of processing a retirement transaction on NYBEAS, a termination transaction should be processed.

Q20: When retirees call and ask what Medicare they need we should tell them Part A, Part B and Part D?

A. Enrollees do not need to enroll in Medicare Part D. When Medicare becomes primary for an Empire Plan retiree and/or dependent, they should be advised to enroll in Medicare parts A and B. Once the Medicare transaction is processed on NYBEAS, Medicare Part D enrollment will be initiated.

Q21: When an enrollee retires, do agencies need to enter Registration # on their profile? Getting conflicting answers.

A. Agencies are not required to enter enrollees registration and retirement numbers when a retirement transaction is processed. The only field that is required, is the retirement system. Agencies only need to ensure that ERS or TRS is indicated on the personal panel on NYBEAS. If your retiree is requesting pension deduction, agencies should process the retirement transaction and set the preferred payment method to EPEN. As long as the preferred payment is set, ERS or TRS will send NYBEAS the retirement numbers electronically which will start pension deductions. If agencies enter the number, and the number is wrong, pension deduction will not occur.