

PA Webinar Q & A

December 1 & 2, 2020

Acronym Key

CEO: Chief Executive Officer

CMS: Centers for Medicare and Medicaid Services

DAO: Data Access Officer

EBD: Employee Benefits Division

HBA: Health Benefits Administrator

HIPAA: Health Insurance Portability and Accountability Act

ITS: Information Technology Services

LOA: Leave of Absence

LWOP: Leave Without Pay

NYBEAS: New York Benefits Eligibility and Accounting System

NYSHIP: New York State Health Insurance Program

OCSPR: Online Civil Service Permissions Request System

OSC: Office of the New York State Comptroller

PA: Participating Agency

PE: Participating Employer

PELU: Public Employer Liaison Unit

SSA: Social Security Administration

PELU Unit Introduction

Q1: What is PELU?

A1: PELU is an acronym for the Public Employer Liaison Unit. PELU approves applications for agencies to join NYSHIP, assists agencies with initiating NYSHIP enrollment and administration, reviews resolution changes for compliance under NYSHIP, responds to agency's questions regarding the Manual for Participating Agency, or NYSHIP policies, and assists agencies that wish to withdraw from NYSHIP.

Q2: Under what circumstances does PELU need to be notified of Domestic Partnership?

A2: Your agency needs to contact PELU if it has never offered domestic partner coverage and is now choosing to offer it.

OSC Audit: Claims paid for ineligible NYSHIP Members

OSC Audit:

Q3: Was this audit by the Office of the State Comptroller (OSC) limited to Participating Agencies and Participating Employers, or was it NYSHIP in total?

A3: The audit was for NYSHIP in total.

Q4: Can you explain exactly what a retroactive transaction is?

A4: A NYBEAS transaction that is processed after the fact. For instance, if a person is no longer employed by the agency as of November 30, but you as the HBA do not enter that into NYBEAS until two months later, this means that that person has the ability to use the coverage and incur claims when they are no longer eligible.

Q5: Can we obtain a list of these claims/members specific to our own agency?

A5: We are not able to share claims information due to HIPAA rules.

Q6: Will we know which transactions were not handled timely for our agency?

A6: You can determine what type of retroactive transactions your agency has had by looking at the transaction listing that is provided to your agency monthly with your monthly bill. More information will also be released later.

Q7: Are you saying there are HBAs that do not timely cancel a member's enrollment upon termination?

A7: Yes. We have HBAs who are not processing a timely cancellation in NYBEAS. They are cancelling the enrollment after one, two, or three months, during which time the member may have used the coverage. Employers and enrollees pay those costs.

Q8: Being fluid in the time of COVID with staff changes, how quickly do you think a staff change needs to be submitted to not be classified as “naughty”?

A8: If you have an employee who is no longer eligible for coverage, you need to make that transaction as soon as possible. Those transactions should be able to be made on a prospective basis instead of a retroactive basis.

Q9: How do we ensure that our employees inform us of circumstances that require termination such as a divorce? Sometimes employees do not tell us, and we have no way of knowing.

A9: We understand there is nothing an HBA can do if an enrollee does not provide timely notification of a divorce. We ask that you communicate to your members the requirement to provide notification as soon as possible and also provide a reminder that members can be held liable for claims incurred by ineligible dependents.

Here are links to documents that reference the requirements for enrollees to notify HBAs of any changes to eligibility:

[Empire Plan Report](#)

[Excelsior Plan Report](#)

[Special Report on Health Insurance Fraud](#)

Q10: What about the Audit’s recommendations on required and formal training of HBAs by CS? Will information on training be provided?

A10: This webinar constitutes the mandatory HBA training for now. EBD is contemplating offering additional training next year. We will be in touch if such sessions are offered. In the meantime, we encourage you to utilize the training resources available on HBA Online, including the E-Learning page:

<https://www.cs.ny.gov/employee-benefits/hba/shared/e-learning/index.cfm>

HBA Roles and Attestation:

Q11: Does each member that has access to NYBEAS have to sign the attestation?

A11: Yes. All NYBEAS users must attest that they know what their roles and responsibilities are.

Q12: How can I access the Confidentiality Agreement and Attestation Form?

A12: Here is the link to the HBA Memo that includes the Confidentiality Agreement and Attestation Form that must be completed by December 18, 2020: [HBA Memo PA20-22 PAEX20-20](#)

Q13: Does the DAO also sign the Confidentiality Agreement and Attestation Form?

A13: No, only HBAs and NYBEAS users sign the Confidentiality Agreement and Attestation Form.

Q14: Can we get a confirmation that the email with the confidentiality agreement has been received?

A14: EBD is tracking all returned signed Confidentiality Agreement and Attestation Forms. We will not send a confirmation email; however, we will contact those agencies who do not respond.

OSC Audit: Dual Family Coverage

Opt-Out and Buyout programs

Q15: If you opt out and receive the payment can you join later on down the road?

A15: We can only speak to the program the State administers for its employees. Under the State program an employee who opts out may choose to re-enroll at a later date. It would be up to your agency to administer its own buyout program and establish rules governing the program. Your agency's buyout program must comply with NYSHIP [Policy Memo 122r1](#). It is permissible to have an Opt-out program in which an employee opts out of coverage, but later enrolls during a subsequent Option Transfer Period.

Q16: How can we find out what our agency buyout is with NYSHIP?

A16: EBD does not administer buyout programs for PAs and PEs of NYSHIP. Your agency must administer its own buyout program and establish rules governing the program.

Q17: Can an employee take a buyout to opt out of insurance for their employment but be covered by a spouse with NYSHIP?

A17: Yes, an employee's "other coverage" can be NYSHIP. Please refer to [Policy Memo 122r1](#) for more information.

Q18: [Is the NYS opt-out payment] \$1,000 per year? \$3,000 per year?

A18: Under the program that New York State administers for its employees, the payments are \$1,000 annually for opting out of Individual coverage and \$3,000 annually for opting out of Family coverage, divided into 26 biweekly payments. Your agency will need to set its own buyout amounts.

Q19: How does a PE (or PA) enroll with the Opt-out Program?

A19: To clarify, you would not be enrolling in New York State's Opt-out Program. You are encouraged to implement a similar program fully administered by your agency.

Q20: We pay an Individual buy-out for \$1,250.00, when another (married) employee carries Empire family. Is this correct? In another scenario, we pay \$2,500.00 not \$3,000.00. Is that OK?

A20: It is the agency's discretion of how they want to implement a buy-out program, as long as they administer it under the guidelines described in NYSHIP's [Policy Memo 122r1](#). It is okay if your agency pays out a different amount than what New York State pays out for its Opt-out Program.

Q21: If an employee signs up for a buy-back with the agency, would that be proof that we offered insurance to the employee?

A21: The federal Patient Protection and Affordable Care Act (PPACA) stipulates that certain employers offer health insurance to a percentage of its full-time employees. Questions related to this and compliance with other federal laws should be directed to your agency's legal counsel.

Q22: If an employee comes out of Opt-out, the payment stops but they do receive payment up to that month, correct? Our program requires them to remain in it the entire plan year.

A22: How you administer an opt-out program will be up to your administration/collective bargaining agreements. In the State program, payments cease when an employee comes out of the Opt-out program and enrolls into a plan.

Q23: Where can Policy Memo 122r1 be found?

A23: The Memo is on HBA Online: [Policy Memo 122r1](#)

Dual Family Coverage

Q24: Do we have to cancel dual coverage for our employees?

We have retirees who retired years ago that have dual coverage. Do we have to cancel family coverage for each?

A24: No. You are not required to implement any prohibition against dual family enrollments. The information was provided a courtesy to let you know that you can implement such a policy as a cost-saving measure.

Q25: For retirees who are over 65 and have dual Empire Plan coverage, aren't they supposed to have individual coverage since they are over 65?

A25: NYSHIP enrollees over the age of 65 are eligible to carry a family plan which includes their dependents, even if that dependent has Empire Plan coverage in their own right.

Q26: How would a PE or PA know if someone had dual coverage?

A26: An agency can track its own enrollment files to identify dual coverage among its own population. There is not a way to do so for the entire NYSHIP population.

Reminders and Updates for PAs

NYBEAS Website issues and NYBEAS training for HBAs

Q27: Do you offer training for the NYBEAS site?

A27: There are many training videos on the : [HBA Online E-Learning page](#)

Q28: Is there a more updated resource pool and/or agencies that is recommended for training/workshops/webinars for us to engage with to help reach these goals?

A28: We encourage you to thoroughly explore the resources currently available on HBA Online. EBD is working to develop more training resources, which will be posted to HBA Online as they are available.

HIPAA Training

Q29: How do we become HIPAA trained and compliant?

A29: Your agency is responsible for providing HIPAA training to all of its Health Benefits Administrators and NYBEAS users. When the CEO of your agency signs the EBD-545 Form that establishes a DAO, they are authorizing that all NYBEAS users will comply with HIPAA, including training requirements.

Keeping HBA and DAO information up to date

Q30: My understanding is that you cannot be a DAO and HBA, is the correct?

A30: Correct, a DAO cannot also be an HBA.

Q31: Is the DAO and HBA allowed to be the same person in very small authorities? Or is this prohibited?

A31: No, if your agency has a small staff, EBD can act as your agency's DAO. Submit an EBD-545 form requesting to have EBD as your DAO. When a change in HBAs is needed, call the HBA Help Line at 518-474-2780 and someone will assist your agency with granting permissions.

Q32: Can someone else in the agency be given NYBEAS access as a backup in case the HBA is out ill or for another reason when a change has to be made? In the case where the HBA was not permitted to make a change for their own dependent in NYBEAS, the DAO had to process the change in NYBEAS.

A32: If your agency only has one HBA then the paperwork needs to be sent to PA/PE Unit for processing. The DAO **should not** have access to NYBEAS.

Q33: How can you update DAO information? We recently had changes in management.

A33: Your new agency Data Access Officer should fill out the EBD-545 Data Access Officer Request form and have your agency's CEO or similar official sign the form. You can return the completed form to EBD by fax to (518) 485-5590, or by mail to:

New York State Department of Civil Service
Employee Benefits Division
Albany, NY 12239

If you need to request a copy of the EBD-545 Data Access Officer request form, please contact EBD.

Q34: How do we find out who is listed as a DAO and HBA?

A34: In NYBEAS, Main Menu > Set up HRMS > Foundation Tables > Department Contact Table. (This is our most up to date information.) If there is an issue, please call the HBA Help Line at 518-474-2780.

Q35: Can a DAO view information on the OCSPR system and what is the link for that system?

A35: The link to OCSPR is in the HBA Memo PA 20-22/PAEX 20-20 on this topic.

Q36: How can someone find out if they still have HBA access?

A36: If they want to know if they still have HBA Online or NYBEAS access as an HBA, they can email Carol Orth of the EBD Support Unit to find out: Carol.Orth@cs.ny.gov

Q37: Can we have more than one HBA?

A37: Yes, your agency can have multiple HBAs. There is no limit to the number of HBAs that your agency can have.

NYSHIP Publications

Q38: When we have new employees/enrollees, I put in a "quick order" request on HBA Online to be mailed to the enrollee's home. Does that encompass everything I need to give to new employees/enrollees?

A38: Yes, the Quick Order packages are updated as new materials are published and the group-specific content reflects all required NYSHIP publications that enrollees need.

Q39: Does NYSHIP send these [publications] out once an employee is enrolled in the plan, or do we have to give them this information?

A39: Once enrolled, mandated NYSHIP publications are mailed to enrollees at their address of record in NYBEAS. Agencies are also informed of new publications via HBA memos and a small shipment is usually mailed to agencies in advance of mailings. Be sure to check HBA Online for up-to-date information on the You Should Know tab and read enclosures sent with publications for the latest news.

Q40: Can the General Info Booklet & Certificate be included in the packet that we arrange to send to the new employee's home?

A40: Yes, the *General Information Book* and *Empire Plan Certificate* are included in Quick Order packages. These materials are also mailed to enrollee homes whenever they are updated.

Q41: We always include the Empire Plan at a Glance for new employees; since we are a large group, do we have to include the information booklet too, and do we pay for it? Does providing the GIB and Empire Plan Certificate electronically or posting on internal website satisfy distributing copies to employees?

A41: The annual *At A Glance* publication is a summary of benefits for the plan. The *General Information Book* contains information about enrollment requirements under NYSHIP and is not updated annually. The *Empire Plan Certificate* is a mandated publication that describes plan benefits in greater detail than the *At A Glance*. All three publications are included in Quick Order packages, which can be ordered on HBA Online and mailed to an enrollee's home address. The Employee Benefits Division's distribution of plan materials is an included service covered by the administrative cost that NYSHIP Participating Agencies and Participating Employers pay. Additionally, all plan publications are posted on NYSHIP Online at www.cs.ny.gov/employee-benefits. Enrollees can be directed to this website for the most updated information.

Q42: Is it ok if we email a link to the employee of the publication booklets instead of mailing?

A42: Please use the online ordering feature on HBA Online and we will mail publications directly to the enrollee. There are E-learning videos available on HBA Online that will show you how to order publications and packets. If you need assistance, call the HBA Help Line and we will walk you through how to order them.

Q43: Do Employees have to be enrolled in NYSHIP to receive publications?

A43: Yes, with the limited exception of the annual Creditable Coverage Notice, which is mailed in September, only employees who are enrolled in NYSHIP are mailed publications.

Q44: When will the 2021 "At A Glance" publication be available?

A44: The [2021 At A Glance](#) publication has been published.

Dependent Proofs:

Q45: How can an HBA access the SSA information for an individual enrollee other than asking for a copy of the enrollee's social security card?

A45: There is an [HBA Memo PA 20-11](#), "Medicare and HBA Responsibility" that explains how you can use the Voluntary Data Sharing Agreement (VDSA) that is on NYBEAS to help you.

Q46: According to Policy Memo 139r1, enrollees do not need to provide a copy of their dependents' SS card. How can we verify that the information (including names) on the Health Insurance Transaction form [PS-503 or PS-404] is correct?

A46: We require a birth certificate for all dependents.

Q47: When the employee receives the letter that their name or other information does not match, does the name need to match the birth certificate or the SSA record? Can you provide us with a copy of the letter you send to enrollees?

A47: We will provide a sample letter as well as an HBA Memo soon.

Q48: Where can I find a listing of acceptable identification for enrollment?

A48: This information is provided in the NYSHIP [General Information Book](#) under the heading "Proof of Eligibility" in the section titled "Required Proofs." If an enrollee is unable to supply one of the required proofs or if you have questions about acceptable proofs, please contact EBD.

Q49: Where can I find a list of required proofs for enrollment?

A49: This information is provided in the NYSHIP [General Information Book](#) under the heading “Proof of Eligibility” in the section “Required Proofs.” You can also find information about the required proofs to add dependents in [Policy Memo 139r1](#).

Q50: Since we are to enroll a newborn right away, what if any is the time frame for an employee to supply a birth certificate for proof of birth?

A50: Enrollees are asked to apply for coverage for their newborns within 30 days of the event. However, EBD understands that there are circumstances in which the application or the supporting documentation may be delayed. If the enrollee submits their application or supporting proofs more than 30 days after the birth of the child, please contact EBD. More information can be found in [HBA Memo PA20-10 PAEX20-10](#)

Leave and Waiver of Premium

Q51: Who pays for the insurance if a waiver of Empire Plan premium was approved?

A51: Under a premium waiver the agency and enrollee would not be required to pay any premium.

Q52: They [the employee] can request a waiver once they are unpaid?

A52: The employee needs to fill out the waiver and apply for a waiver, it is not automatic, and they should apply once they fall off payroll.

Q53: They [employees] cannot get waivers if they are on Workers’ Compensation, correct? Am I understanding that an employee on an off-payroll Medical LOA but who is receiving Workers’ Comp. wages, they are NOT eligible for Waiver of Premium?

A53: Correct, an employee is not eligible for a waiver for their Empire Plan or Excelsior Plan premium while receiving Workers’ Compensation benefits.

Q54: What is considered a Total disability?

A54: Total disability is determined by the carriers. The employee should fill out the Waiver of Premium form and submit it to the carriers; they will determine whether the employee is eligible.

Q55: When is the enrollee responsible for the full-share premium should a waiver not be granted?

A55: When an enrollee is on a leave other than being out to their own sickness/disability, they would have to pay full-share and they would not be granted a waiver.

Q56: Can HBAs also be notified through NYBEAS (Worklist) of any WPM?

A56: A letter is getting sent at this time to the HBA, for the HBA to notify their employee that they do not to submit payment to the agency due to the waiver approval and the dates.

Q57: How do I put an employee on a leave without pay?

A57: In NYBEAS > Workforce Admin > Job Information > Job Data. Click the + key and enter the LWOP.

Q58: What do we do when an employee returns from leave?

A58: You would need to key a RFL (return from leave) in NYBEAS under Workforce Admin- Job Information – Job Data as well.

Q59: If I did not process the leave transaction for an employee who is on a leave for over a year, can I still go in and do it retroactively, and what effective date would I use?

A59: HBA's have a 6-month retro limit – so you will have to send a correction or a letter to give us the details for Civil Service to key it.

Q60: If someone is on Workers' Compensation, do we need to put them on a LOA if they are now off the payroll?

A60: At this time, you do not need to put in a LOA if they are on a Workers' Comp leave.

Q61: Is there a minimum amount of time an employee needs to be off the payroll before we add their dates to NYBEAS?

A61: As soon as your employee is off the payroll you should be keying their LOA in NYBEAS – this will make sure that everyone is receiving timely information.

Q62: If an enrollee who is on leave wants to cancel their health insurance, do we still have to put them on leave and then cancel them?

A62: Yes, you should key the LOA on job and then if the enrollee doesn't want their insurance, you can process a cancel under benefits – this will show why the employee was canceled.

Q63: At times enrollees are retroactively granted leaves/retirements, what is the timeframe for this application?

A63: We understand there are certain unavoidable situations in which a retroactive transaction must be processed, such as a retroactive change in employment status. We ask that you process transactions as soon as you are aware of the change. If you have any questions or concerns about a retroactive transaction, please call the HBA helpline at (518) 474-2780.

Reconciliation Reports and Transaction Listings

Q64: Who runs the reconciliation?

A64: Agency HBAs should run the reconciliation, the Monday after first Friday. Refer to instructions located in HBA memo [PA 11-08 and PAEX 11-05](#).

Q65: Regarding the reconciliation report, would it be possible to format the fields in a more traditional manner? For example, when I download the reconciliation report, the "BIRTH DATE" column displays YYYYMMDD which doesn't convert to a standard format date easily. It would be easier to program a spreadsheet to automatically compare these dates if the format was the same.

A65: Thank you for the suggestion - we will consider this request.

Q66: Is there a guide to all of the letters used on the Transaction Listing, such as E, W, WPM, GTD, etc.?

A66: There is not a guide as to what each letter that is used on the Transaction listing – you can always look in NYBEAS Update History to see what each one is if you

can't make it out – Also the [2019 Webinar](#) went over each column that the transaction listing has. – that is posted on HBA Online.

Q67: Can you show us how to get to the reconciliation?

A67: Under “NYBEAS Reports”, choose “Agency Reconciliation Report.” Search using your five-digit Agency Code and save the file to your computer. There is also a video available from last year’s webinar with instructions on how to run the reconciliation report. Also refer to the instructions located in HBA memo [PA 11-08, PAEX 11-05](#).

Q68: How do I get a listing of the addresses of the enrollees? The Agency Reconciliation report does not show it. Am I missing something?

A68: There is a report that you can run called Agency HI enrollment – [HBA Memo PA15-16, PAEX15-15](#) goes over what is on this report – Address is one of them.

Q69: We have approximately 3,161 employees and retirees enrolled and two HBAs employed. We would love to reconcile your report with our records each month but that is impossible. Would it be okay to do this quarterly?

A69: It is up to the agency to make sure that they have the correct employees on their bill, so we ask that you do it as often as you can to make sure transactions are processed timely, it is harder to reconcile your bill if you are doing it quarterly. If you can't do it monthly – I ask that you still run your reconciliation report every month and save it for you to reference back to when you compare it with your monthly bills.

Q70: Will HBAs get copies of the [dependent] letters being sent in 2021?

A70: We cannot provide copies of all letters being sent, but we will notify the HBAs when those letters are being sent and we will provide a sample letter for reference.

Health Insurance Transaction Forms

Q71: Where do I find the Health Insurance Transaction form?

A71: You can find the [PS-503](#) on HBA Online under Publications & Forms. Then choose NYSHIP Insurance Forms and Support Materials.

Q72: When I recently enrolled a new employee, I had her fill out a health insurance transaction form and call to see where I should send it; I was told it was for our internal use they did not need the form. Do I now need to send it and where?

A72: These forms are for you to keep at the agency in each employee personnel file. It is used to reference back to in case of an audit or a complaint from an enrollee – you have proof of request.

Q73: Does an employee have to fill out a health insurance transaction form [PS-503 or PS-404] if enrolling in another health insurance plan with the District?

A73: You should have some kind of proof that you offered NYSHIP as well as the other health insurance plans that your districts offer – if you have an enrollment form into one of the other plans, then you don't need a PS-503 or PS-404 for NYSHIP – but all the other documentation show they were offered it and didn't choose it.

Other Questions

Q74: What happens if we offer another Health Insurance plan, does the employee still need to decline The Empire Plan?

A74: You would have an election into the other plan in the employee's personnel file, so they would not have to decline The Empire Plan, and you would have proof of an offer of coverage.

Q75: What if an employee refuses to offer a permanent / residential address?

A75: This becomes an issue once the enrollee is Medicare-primary, if we can not verify, they have a residential address they will get a notification and could possibly be terminated from NYSHIP.

Q76: Is there any way to have the HBA memos emailed to us? Is there a way to know that new HBA memos or policy memos have been posted? Can they be emailed directly? Or can you only be aware if you log in and look at the website?

A76: System Announcements are posted in NYBEAS. These alert you to new HBA memos posted. In addition, EBD is currently working to create an electronic mailing list for HBA Memos and NYBEAS System Announcements. More information will be posted to HBA Online once available.

Q77: What takes so long for TPEN and EPEN deductions to be effective?

A77: For EPEN retirees, the deductions can only start when we get the retirement number from NYSLRS, then the deductions will start (there are many different issues as to way)

For TPEN – there were some programing issues the Department has faced. As of 12/1/20, these have been worked them out, so these should not take as long to process, if you have someone that has taken a long time, please call HBA line to see why.

Q78: I tried faxing the issues to the fax number provided, however the number I used does not work.

A78: Please use the fax number (518) 485-5590.

Q79: When an employee or dependent is eligible for Medicare before the age of 65 but they do not tell us-- how are we supposed to find out? Is there a way that the state could inform us?

A79: Refer to [PA Memo 20-11](#) on how to use VDSA to determine Medicare status.

Q80: Question about the VDSA Medicare searching. Can we just run an entire report with everyone within our agency (dependents)? It would be time consuming to run individual dependents.

A80: We don't have a way to run reports under VDSA, this is a sharing database with CMS. You should be checking them going forward, anytime you separate (retire) an employee from your agency, you can check VDSA at that time.

Q81: Are we required to enter comments for each transaction or is it just suggested?

A81: Comments are strongly recommended. It helps with any audits and helps when there is a change in staffing at the agency level to know the background.

Q82: Where do you enter comments in NYBEAS?

A82: To enter Comments in NYBEAS: Home > Benefits > Transactions > Comments

Q83: If the employee premium portion is deducted via payroll on a pre-tax basis, can an employee cancel coverage or change coverage from Family to Individual outside of the Option Transfer Period?

A83: There is guidance in NYSHIP Publications about Pre-tax status. You must follow IRS rules when administering a Pre-Tax Contribution Program. You cannot change your status without a qualifying event. When someone is on a leave of absence where the employer is not contributing to the health insurance premium, the employee is no longer in pre-tax status and could cancel their insurance while on leave.

Q84: When you are contacted about someone's death WHY are you [EBD] entering the information? Shouldn't you just be telling the person to contact the agency so WE can know what is going on?

A84: We sometimes get notification from different sources, so it depends on that source. It can be an automatic feed from another entity like the retirement system or from CMS. Agencies are notified on their transaction listing once it is keyed in NYBEAS.

Q85: I have a group that is not entitled to benefits until they have worked for one full year. I send them a letter to tell them this and ask them to contact me when the year is up, they sign it and return this to me. The date of that their coverage would begin is listed, do I still need to follow up with these employees or is it their responsibility to contact me?

A85: The NYS Regulations governing NYSHIP stipulate that an employer may impose a maximum waiting period of six months. Additionally, the federal Patient Protection and Affordable Care Act (PPACA) stipulates that certain employers offer health insurance to a percentage of its full-time employees. Questions related to this and compliance with other federal laws should be directed to your agency's legal counsel.

Q86: Do we have to notify retirees 90 days prior to a retiree turning 65 to enroll in Medicare Part B or will they receive notification from NYSHIP?

A86: Retirees do get notifications from CMS and from us prior to their 65th birthday, if they are already retired. Agencies may also seek to provide notification to retirees as well to advise them that they need to be enrolled into Medicare by the date that their health insurance is as a retiree.

Q87: When individuals are paying for coverage- Survivors, COBRA etc. how long do we give them to make a payment? if they miss a month, do we cancel?

A87: You should give them 30-day notice after the due date to pay their bill – You should also be advising the timeframe at the start of these enrollments as to when your agency expects the payments by.

Q88: If the divorce date is Dec 14, does the spouse come off that day or at the end of the month?

A88: You should be going by the date that the county clerk office filed the divorce papers in their office, and they ex-spouse would come off they day the paperwork was filed by the county clerk's office.

Empire Plan Benefit Changes

Q89: Is there any guidance on how long the co-pay waiver for telehealth will last?

A89: Per the NYS Department of Financial Services, a cost share waiver for in-network telehealth services is currently in place through January 7, 2021. It may be extended further to a later date.

Q90: What is the difference between Livehealth and Telehealth?

A90: LiveHealth Online is a service offered by Empire BlueCross. Telehealth is a general term that refers to a phone or video appointment with your provider.

Q91: Are COVID tests for asymptomatic people covered? Is there a limit on the number of COVID can be taken?

A91: Yes, COVID tests for asymptomatic persons are covered. There are no established limits on the number of tests. Plan members with questions about testing should call the [NYS COVID-19 hotline](#)

Q92: If they [members] have to be tested for COVID due to flying restriction guidelines - we were told by UHC that they had to have a script from doctor in order to be paid under insurance.

A92: If you go to a CDC approved testing site, such as a doctor's office, urgent care, or pharmacy, and that testing site determines you need a test, it will be covered.

Q93: If someone goes to the doctor and the doctor performs a COVID test, is the co-pay for the visit automatically waived?

A93: Presently, copayments are waived for COVID-19 testing performed by network providers. Copayment is also waived for the visit when the purpose of the visit is to diagnose COVID-19.

Q94: Will there be changes to the copays for 2021?

A94: There will be no changes to copayments for 2021.

Q95: Where would I find the NYSHIP/Empire Summary of Benefits & Coverage for 2021? Thank you.

A95: Here is the 2021 Empire Plan SBC for PA Enrollees:

[Empire Plan Summary of Benefits and Coverage](#)

Other questions

Q96: What will the Medicare Part B Reimbursement rate be for 2021?

A96: The standard monthly Medicare Part B premium is \$148.50/month.

[Medicare Part B Costs](#)

Financial Update

Q97: I am using online billpay, so there is no way to send the remittance with it.

A97: Correct. It is not necessary for an agency to submit a remittance slip to our banking vendor when using BillPay (online banking) to remit NYSHIP premium payments. The payment and account information used in setting up BillPay with an agency's bank provides the necessary information for our banking vendor to apply the payment to the correct agency account. To remit payments via BillPay, please use your Agency Code (5-digit Agency code noted on your bill) as the account number and the payment address below. In addition, please select 'NY ST DEPT CIVIL SVC-AGENCY PMT' as the payee in setting up your online payments.

NY ST DEPT CIVIL SVC-AGENCY PMT
PO BOX 645481
Cincinnati, Ohio 45264-5481

Q98: How do we determine which one our agency should be using? Do we use Schedule 1?

A98: The 2021 rate schedules include information in the page headings to assist agencies with identifying their applicable rates. Additionally, the rate information in the “Contributions” section of the schedules provide the full share net rates (LWOP column), as well as the enrollee share rates. The rates in the LWOP column represent the rates charged to agencies. Please reach out to EBDAccounting@cs.ny.gov with any questions you may have with the 2021 rate schedules.

Q99: Will we receive the split rate premium amounts, i.e. 50/35% and 50/50?

A99: The 2021 plan year rate schedules do not include the rate-sharing scenarios and examples we have provided in past years. Due to the numerous rate-sharing scenarios utilized by NYSHIP Participating Agencies, the Department is no longer providing this information.

Q100: How do you know what group you are in for the rates?

A100: The 2021 rate schedules include information in the page headings to assist agencies with identifying their applicable rates. Additionally, the rate information in the “Contributions” section of the schedules provide the full share net rates (LWOP column), as well as enrollee share rates. The rates in the LWOP column represent the rates charged to agencies. Please reach out to EBDAccounting@cs.ny.gov with any questions you may have with the 2021 rate schedules.

Q101: Was there no increase to the Empire Plan rates for individual coverage?

A101: For NYSHIP Participating Agencies, the 2021 individual coverage rates for plan primary enrollees increased 4.1% while the 2021 individual coverage rates for Medicare primary enrollees increased 0.2%.

Q102: What is the difference between non-ratified and ratified rates?

A102: The ratified rates apply to the vast majority of the NYSHIP Participating Employer and Participating Agency groups. The non-ratified rates are used for enrollees represented by a small number of State employee union groups who have not reached agreement with the State regarding copayment and other benefit changes extended to Participating Employers/Agencies and other unrepresented groups effective 1/1/2019. For clarification, please e-mail EBDAccounting@cs.ny.gov.

Q103: Why did Family Coverage with 1 Medicare Primary go down so much when all other rates increased? Why did the Med/Fam2 premium decrease by such a large amount?

A103: The 5-tier rates charged to Participating Agencies are developed based on the historical and projected claim and expenditure experience of Medicare Primary and Plan Primary enrollees and dependents. As a result, the annual rate actions for each 5-tier rate component will vary based on the experience data and trend projections utilized in developing the rates.

Q104: Is there a projection for the 2021 annual administrative fee so that we can budget appropriately? What will the admin fee be for 2021?

A104: The annual administrative fee to be assessed for the 2021 plan year is not yet available. We anticipate the 2021 plan year administrative fee will be included in the August or September 2021 agency billing statements.

Q105: Does the admin fee cover the regular calendar year or April through March?

A105: The administrative fee is assessed annually for the calendar year.

Q106: Can you provide an explanation on how we calculate the annual administration fee?

A106: The administrative fee for the 2020 calendar year reflected on the September 2020 agency billing statements is based on an agency's average enrollment for the period April 1, 2019 to March 31, 2020. The per enrollee rate of \$25.38 was then applied to the average enrollment count for the period to determine an agency's annual administrative fee.

Q107: Why have the Quarterly Reports not been published?

A107: To assist agencies with budgeting for the 2021 NYSHIP rates, the Department has made available an Empire Plan experience report developed by our benefits consultant (Aon Hewitt). We will make available similar reporting during plan year 2021 to assist agencies with budgeting for the 2022 plan year.

Q108: Are experience reports going to be provided going forward or will that no longer happen for future projections?

A108: To assist agencies with budgeting for the 2021 NYSHIP rates, the Department has made available an Empire Plan experience report developed by our benefits consultant (Aon Hewitt). We will make available similar reporting during plan year 2021 to assist agencies with budgeting for the 2022 plan year.

Q109: What are the long-term projections on the program given the pandemic? How do you anticipate COVID and its impact on hospitals' loss of revenues and cost of COVID will increase rates in the following year? Regarding the 2022 rates, how much of an impact do you feel COVID-19 will have? Should we expect a much higher rate increase for next year?

A109: There is considerable amount of uncertainty regarding the long-term impact to hospitals and other medical providers due to the ongoing pandemic. Due to the uncertainty, we are not able to provide an estimate of the anticipated 2022 rates at this time.

Q110: In 2020 the projected rates came out rather late in the year, will the reporting timeline change to help during budget planning in future years?

A110: We anticipate early rate action estimates for the 2022 plan year rates will be available for NYSHIP agencies in the 2nd quarter of 2021.

Q111: Why are you projecting such a large increase in projected earned 2020 dividend over 2019 (487.8 compared to 258.2)?

A111: The majority of the projected 2020 plan year earned dividend is from the Empire Plan Hospital and Medical Programs due to decreased claim expenditures from the reduction of elective procedures and other medical services as a result of the COVID-19 pandemic.

General Questions

Q112: Can we obtain a printout of today's session for easy access to the forms, publications, etc.?

A112: Today's slides were emailed to all attendees. In addition, the slides will be distributed in an HBA Memo with this Q&A document.

Q113: Can you provide further clarification on the "annual transfer period" for employees who have opted for a buyout and when/what they need to do to opt in for coverage with NYSHIP.

A113: The only requirement is that the agency must have an option transfer period where employees can opt back in for enrollment.

Q114: Is there a 2021 *Medicare and NYSHIP* booklet?

A114: The most current version of [Medicare & NYSHIP for PAs](#) is dated May 2019. As is our normal process, we will review content for 2021 and update these publications if necessary. Be sure to check HBA Online regularly for information about new and revised publications.

Q115: Can we order more than one set of Empire Plan benefit cards?

A115: Once the one set of cards are processed, you can request another set, but we only send out 2 cards per "request".

Q116: Once a dependent becomes 26, do we as an agency have to do anything on the NYBEAS site or is that done internally?

A116: NYBEAS automatically terminates coverage for children at age 26. Their last day of coverage will be the last day of the month in which they turn 26.

Q117: Is the 50/35 still the minimum contribution for employer?

A117: Yes. There is no change to this rule.

Q118: It would be easier for me if the memos were emailed rather than having to search for them. Would it be possible to email out the memos when they are first posted?

A118: EBD is currently working to create a mailing list for HBA Memos and NYBEAS System Announcements.

Q119: When will info for 1095-C forms be available?

A119: The information is available to download from NYBEAS now. Your report will reflect enrollment information from January 1, 2020 through December 31, 2020. Please

refer to HBA Memos [PA 16-20](#), [PAEX16-20](#), [PA16-02](#) and [PAEX16-02](#) for background and instructions on how to run this report.

Q120: What are the dates for the Option Transfer period?

A120: The New York State Annual Option Transfer period for plan year 2021 will take place from November 30, 2020 through December 31, 2020.

Q121: If an agency has historically only offered the Empire plan, is there anything "special" we need to do to also offer the Excelsior plan?

A121: If an agency wishes to change the benefit plan offered, they can do so by submitting a resolution change to PELU@cs.ny.gov. As a reminder, an agency cannot offer the Empire Plan and the Excelsior Plan to the same class or category of employee at your agency.

Q122: Our printed NYBEAS manual is dated 2007 - is that the most up to date? I have been using the online manual.

A122: The Manual for Participating Agencies was last updated on 3/1/2018. You can access it at HBA Online: [Manual for Participating Agencies](#)