

***Welcome to the NY44 Health Benefits Plan Trust. This document is an overview of the process of entering enrollees into the enrollment software.***

**Overview:**

What is a Benefit Enrollment system?

What is needed from the Employee?

What is needed from the School?

The process in the enrollment software after Open Enrollment.

Frequently Asked Questions.

**Explanation of Terms:**

**NY44 Health Trust-** the NY44 Health Benefits Plan Trust is an Article 44 of the NYS Health Insurance Law. In January 2008, the NY44 Trust achieved self-funded status.

**Third Party Administrator (TPA)-** refers to any of the following service providers; Independent Health, MVP Healthcare, Nova Healthcare, Pharmacy Benefit Dimensions, ProBenefits Dental.

**Enrollment System-** a secure online software for employee benefit enrollment.

**Benefit Administrator-** the contact person at the school, who will be training, entering, and maintaining health insurance enrollments.

**SPD-** this acronym refers to the Summary Plan Description, which is the plan document for communicating health plan rights and obligations to the enrollees and dependents.

***What is an Enrollment System?*** A secure website the school uses to record benefit elections of enrollees at the time of hire or during Open Enrollment. NY44 currently uses “bswift”.

***Where can I find the Enrollment System?*** The enrollment system can be accessed at [www.ny44trust.bswift.com](http://www.ny44trust.bswift.com) Please bookmark this link for access into the enrollment system.

### ***Preparation for enrollment: What do employees need?***

- Social security numbers for eligible employees and all dependents. Eligible enrollees should provide copies of their card.
- Birth dates for all eligible dependents.
- Copy of social security card and birth certificate for dependents ages 19-26. (Some schools require all dependents, regardless of age, to provide copies.) The school retains the copies with the enrollment application.
- Special Needs Children over the age 26: Enrollees must provide additional paperwork including, but not limited to, Physician's Determination, Waiver Affidavit, and first page of the immediate past year Federal Income Tax Return, showing the dependent was claimed by the enrollee. The Federal Income Tax Return and Affidavit must be provided annually.
- Current insurance information for Coordination of Benefits.
- Employees or dependents on Medicare or Medicaid should supply a copy of their card.
- Retirees 65 and over will need to supply copies of Medicare Part A and Part B.
- Retirees will need to supply their permanent address. They cannot use two addresses (Example: 6 months in New York State and 6 months in Florida) or Post Office boxes.
- Dependent Out of Area (Nova Healthcare Schools Only): Enrollee will need to provide proof of the **permanent** address of the dependent entered on the application. Students who have a temporary address while attending school are not considered dependents out of area.
- If school policy allows Domestic Partners, all documentation must be provided. (See Section 3- Eligibility, Enrollment, and Conditions of Coverage in the Summary Plan Description) The NY44 Health Trust will supply the school with the required documents. The eligibility documents along with the application are kept at the school.

- If new or additional cards are required, the enrollee should call the third-party administrator's customer service number. Example: MVP Healthcare, NOVA/Independent Health, or Pharmacy Benefit Dimensions.

***Preparation for enrollment: What does the school need?***

- Provide the NY44 Health Trust with the contact information for any new benefit administrator: name, home address, birth date, social security number, hire date, and marital status. The information is needed to establish bswift user permissions for the benefit administrator.
- Those individuals who have direct access to the NY44 Health Benefits Plan Trust enrollment information are required to have HIPAA training.
- Files (known as EDI files) are uploaded to our third-party administrators every Wednesday. A timeline needs to be followed that will allow the information to be received by the TPA's so the enrollee will receive their membership cards in a timely manner. Data can be entered into the enrollment system through Tuesday for the Wednesday upload. Anything entered in on Wednesday through Tuesday will be uploaded on the following Wednesday's EDI file upload. Every required screen associated with the enrollee is to be completed before a card can be issued.
- Membership cards usually take 7 – 10 business days before enrollees receive them. If MVP Healthcare manages your coverage, the enrollees will receive three cards: one from MVP for medical, one from PBD for RX/scripts and one from Davis Vision for eye care.
- Provide enrollees with all required forms and information, including but not limited to, Current Enrollment Application, Enrollment Letter for Newly Eligible and Existing Employees, Other Insurance form, CHIP Notice, and Medicare documentation. (Additional documents are required for Special Needs Children over 26 years, and Domestic Partner (if school policy allows).
- Collect and review signed applications from enrollees to ensure all information has been provided. If application is incomplete, do not enter the enrollee into the enrollment system.

- Give enrollees the general COBRA notice. A model notice can be found on the Department of Labor's website.
- Collect copies of social security cards and birth certificates for the 19-26-year-old dependents. Some schools collect this information from everyone, not just the 19-26-year olds. The reason a school uses this approach is so that the benefit administrator does not need to remember to collect the social security card and birth certificate when the dependent turns 19 years old.
- Collect copies of Medicare cards from retirees 65 and over and their Medicare eligible dependent spouses.
- When an enrollee has waived coverage, then becomes eligible due to a Life Event or Open Enrollment, enter enrollee information into the enrollment system. Once NY44 sends this information to the third-party administrator, membership cards are mailed to enrollees within 10-15 business days.
- Run reports from the enrollment system to review and verify information before it is uploaded to the third-party administrators each Wednesday.

***Continue After Initial Open Enrollment:***

- Refer to Section 3: Eligibility and Conditions of Coverage in the Summary Plan Description (SPD) for enrollee eligibility and qualifying life events.
- When an employee is newly eligible for health coverage, the enrollment packet needs to include the NY44 Health Trust required documents. (Required documents are listed under Enrollment Preparation in the Benefit Administrator Portal, located on our website)
- Billing reports run automatically every month on the billing date. Retain the reports and compare them to the NY44 Health Trust monthly invoice.
- Keep enrollment system files current with enrollee demographic and/or health coverage changes.
- If an enrollee terminates coverage, use the Terminate Employment selection in bswift. Select the termination reason and enter the last day of coverage. Anyone in the

enrollment system without coverage should be listed as Terminated and Not Active on the Employment screen status. See Bswift User Guide for details.

- Keep all documents in a secure area. Medical applications should be kept separate from personnel files. Suggestions: Binders work well for easy record keeping and can be secured in locked file cabinets. File each bargaining unit in a separate binder alphabetically.
- Inform the NY44 Health Trust of any personnel contact changes for your school (ie: Superintendent, Benefit Administrator, Labor Unit leadership).
- Return the Annual Sign Off sheet verifying that the school has distributed the required NY44 Health Trust documents to all employees that are eligible for coverage, regardless of whether they are enrolled in health insurance.
- Verify that all enrollees with Special Needs Children over age 26 annually submit their Affidavit of Eligibility and the immediate prior year's Federal Income Tax form (with the dependent listed). Send this information, with the checklist provided, to NY44 Health Trust.

#### ***Frequently Asked Questions:***

- **When is Open Enrollment?** Open enrollment is held during the month of May for an effective date of July 1.
- **What is the difference between a Plan Year and a Plan Fiscal Year?** Nothing, the Plan Year and the Plan Fiscal Year begins on July 1 and ends the following June 30.
- **What is the Calendar Year for out-of-pocket?** For more details, see Section 5 of the SPD.
- **Can eligible enrollees make changes outside of the May Open Enrollment?** Only when a Life Event has occurred.
- **What is considered a Life Event?** The following are considered a Special Enrollment/Life Event: Adoption, Birth, Death, Marriage, Divorce, Loss/Gain of coverage, or other events allowed by section 125 of the U.S. Treasury regulations.
- **When does an enrollee have to notify me of a Life Event?** Enrollees must notify their employers **within 30 days** of the life event. If the enrollee fails to do so, they will have to

wait until Open Enrollment to make the change. (Schools should remind their employees quarterly that life events need to be reported within 30 days of the life event.) During open enrollment, there are required documents that the NY44 Health Trust has provided to you for distribution to your employees. The required documents should also be given to newly hired or newly eligible employees.

- **Does the enrollee need to give me any documentation regarding the Life Event?** Yes, each instance will have documentation supporting the life event occurrence. For the birth of a child, the supporting document would be a birth certificate. A divorce will have documentation on when the divorce was decreed or granted. A marriage certificate will suffice for a life event change of Marriage. You will need a letter from an employer or agency stating that an employee or dependent has lost coverage.
- **My employee has a change in employment or coverage eligibility, what do I do?** You would use the Termination of Employment (even if the employee is still working for you so you can terminate their coverage) and if the employee gains eligibility, example change in hours or position, use the New Hire or Rehire outlined in the Benefit Administrator's Guide for bswift.
- **What if the enrollee does not have a social security number for an infant or dependent?** First, enter the infant. As soon as the enrollee has the social security number available to them, you will need to enter the social security number into the enrollment system. Where a dependent does not have, or is not required to have, a social security number then an Attestation Form is completed and sent back to the Third-Party Administrator. All others must have a social security number in the enrollment system.
- **What should I do when a person retires, but is staying on the NY44 Health Trust Plan?** When an enrollee retires from your school, is no longer physically working at the school, but will continue to have NY44 Health Benefits Plan Trust coverage, proceed with the following steps: Change the enrollee's employment status from ACTIVE to RETIRED, and enter the effective date of the change (this is the date of retirement). Remember to click save. Next go to the Benefit Tab, click on Edit, update the Benefit Class to a RETIRED bargaining or Non-Bargaining Unit under 65 or 65 and over and use the date of retirement as the effective date for the coverage change, click SAVE. For complete instructions, please refer to your Administrative User Guide.

- Retirees: Medicare Part A and Part B are required for persons who are eligible for, and for whom Medicare would be primary payer. The NY44 Health Trust would then be secondary. (SPD Section 3 Eligibility; Section 7 General Exclusions)
- **Active employee is 65 years old, what do I do?**

When first eligible for Part A at age 65, the active employee (and spouse if age 65 or over) should be encouraged to enroll in Medicare during Medicare’s Initial Enrollment Period. The Initial Enrollment Period is a 3-month period beginning one month before the month in which the individual will turn 65, and ending one month after the month the individual turns 65. The timing during which an individual enrolls will determine when Medicare coverage is effective. Once the employee ceases employment, in order to continue coverage through the NY44 Health Trust, Medicare Part A and Part B is required for the retiree and spouse, if spouse is 65 years of age or older.
- **When a retiree reaches age 65, are they required to terminate coverage with the NY44 Health Benefits Plan Trust?** The NY44 Health Trust does not mandate that a retiree terminate coverage. However, the school may have a policy or contractual agreement that pertains to coverage for retirees who are 65 and older and otherwise Medicare eligible. Once the employment or coverage based on current employment ends, Medicare becomes primary payer and the NY44 Health Trust becomes secondary payer.
- **The retiree who is 65 or older is continuing coverage with the NY44 Health Benefits Plan Trust. What now?** The retiree and spouse, if 65 or older, must provide the school with their Medicare Part A and Part B information. Enter this information into the respective fields of the enrollment system. If the retiree is required to pay the school for NY44 Health Trust coverage, set up a payment schedule with the retiree.
- **What happens when the retiree discontinues the NY44 Health Trust coverage, but their spouse is not Medicare eligible? What should I do?** If the school policy or retiree’s contractual agreement permits the dependent spouse to continue coverage through the NY44 Health Trust, the dependent spouse and eligible dependent children, if any, may retain coverage. Enroll spouse and children in appropriate tier in the benefit class “xDep Bargaining Unit Under 65”. When the covered spouse in this benefit class reaches age 65, he or she is no longer eligible for coverage, unless the spouse also worked for the school.

- **What do you do when a dependent resides permanently out of the area?** Dependents up to the age 26 can be covered under the enrollee's coverage, even if the dependent does not live with them or is financially independent. The out of area dependent for NOVA participants is entered into the enrollment system differently. Please call our office for this process.
- **What should I do when a dependent reaches the age of 26?** Dependents aging off will automatically terminate at the end of their birth month. As a "best practice", the school is advised to send a letter to the enrollee stating when the coverage will end, and that a COBRA packet will be sent after the termination.
- **If our school has a policy that allows Domestic Partners, what is the process?** The enrollee must complete the documentation in its entirety. If all paperwork is complete and verified, the domestic partner is entered into the enrollment system. Please read the eligibility requirements so you are familiar with the required documentation. The NY44 Health Trust will provide you with a checklist.
- **What date should I use for Termination of Coverage for an Enrollee?** Use the last day of the month as the effective date of termination of coverage for the employee. The ONLY time a date within the month is used, is when a single enrollee becomes deceased. SPD Sec 17 E.g. Enrollee terminates on September 14, coverage extends until midnight September 30. Review the Administrative User Guide for effective dates of coverage for dependents and special enrollments.
- **What date should I use for the Termination of a Dependent?** Use the FIRST DAY WITHOUT coverage in bswift Life Events. Life Events are used when dependents gain or have a loss of coverage.
- **Can I terminate in advance?** Due to restrictions from our third-party administrators, you cannot terminate coverage more than **30 days** in advance.
- **Can I enter future changes?** You can enter future changes (not birth or marriage) of enrollees, dependents, and coverage changes without date limitations. This process is typically done during May's Open Enrollment for July 1 effective date of coverage.
- **What do I do when I need to change a birth date, gender, or social security number?** Make the change in the enrollment system and please advise us of the change.
- **When is the billing date?** Generally, the billing date falls on the first Wednesday of the month. A billing schedule is provided by the NY44 Health Trust office. Every school is



required to view and save their own billing reports from Billing Suite 2.0. The billing reports are compared with the invoiced amount from the NY44 Health Trust. Compare the past month's billing report to the current billing report. Changes should match the Change Report from the enrollment system. Reviewing a payroll deduction report can also help in reconciliation. This method will help you reconcile to the NY44 Health Trust's invoice.

- **What method of payment is accepted and when is it due?** The NY44 accepts payments to our lockbox (address is on the invoice), or you may setup an ACH wire directly to our bank account. The invoices, paid in full, are due the fifth of every month. Late payments will incur a 2% late fee. Please call the office if there are extreme circumstances.
- **What if there is an error on the invoice?** All adjustments are made on the next billing cycle. Changes made in the enrollment system are verified with the Change Report, which must be run as part of the billing process.
- **Why hasn't an enrollee or dependent received a COBRA packet?** The benefit coverage must end in the enrollment system. The termination of coverage "triggers" a COBRA notice from our Third-Party Administrator for the covered participant. The termination date uploads on Wednesday. The COBRA packet will be mailed to the enrollee/dependent **after** the termination date. Verify the address in the enrollment system prior to terminating the file.
- **How would I process a retro termination of coverage?** If the school believes the enrollee made a legal misrepresentation, then the termination date may be backdated. If, however, it is an error or oversight by the school, then the dependent will be termed the end of the month **AFTER** a 30-day notice has been sent to the enrollee informing them the dependent is not eligible. I.e. the dependent that aged off in September but was not removed from coverage in a timely manner. If the error is found later, such as March, then the enrollee must be notified that the dependent will be removed from coverage the last day of April. Please review the Department of Labor's documentation regarding retro termination of coverage.

In both instances the important communication is that the school must give the enrollee a 30-day notification in writing.

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For more information, please visit our  
website: [www.ny44.e1b.org](http://www.ny44.e1b.org)