



DAVID A. PATERSON
GOVERNOR

STATE OF NEW YORK
DEPARTMENT OF CIVIL SERVICE

NANCY G. GROENWEGEN
COMMISSIONER

PA10-01
PAEX10-01

TO: Participating Agency Health Benefits Administrators

FROM: NYS Department of Civil Service

SUBJECT: Dependent Eligibility Verification Project

DATE: January 13, 2010

Enclosed is an updated list of employees of your agency who have not fully complied with the requirements of the NYSHIP Dependent Eligibility Verification Project. The enclosed is a list of employees who have one or more dependents that were reported as **Ineligible** by Budco Health Service Solutions, either because no documentation was submitted or incomplete documentation was submitted. The list reflects documents processed by Budco as of December 31, 2009. If you would like this list provided in EXCEL format via secure e-mail, please contact your processor.

The appeals period administered by Budco ends January 15, 2010. Documentation that is not received by Budco by that date must be submitted directly to the Department of Civil Service by February 12, 2010.

- Ineligible dependents with **Status Code O – “No Documentation Received by Budco”**, or with **Status Code I – “Incomplete Documentation Submitted to Budco”**) will be removed from NYSHIP coverage **as of February 1, 2009**. The transactions to delete these dependents will be processed on February 25, 2010.

If you decide to contact these enrollees (both those with Status Code O and Status Code I) please make individual contact to protect enrollees' personal information and advise them of the following:

- If the enrollee has received a letter from Budco or the Department of Civil Service confirming the eligibility of their dependent(s), no further action is necessary.
- Documentation received by Budco after January 15, 2010 will not be processed. Enrollees must resubmit the documentation to the Department of Civil Service by February 12, 2010.
- If the enrollee submitted some but not all of the requested documentation to Budco and the dependent was determined to be ineligible, the enrollee must resubmit ALL required documentation for that dependent to the Department of Civil Service by February 12, 2010.
- If an enrollee is not sure if they submitted adequate documentation or if they need additional information about what documentation is required, refer them to www.cs.state.ny.us/nyshipeligibilityproject/ to review the documentation requirements.

- A toll free number (1-800-409-9059) will be available to assist enrollees with unusual situations (see below for hours of operation) beginning January 19, 2010. Enrollees **should not call** to inquire about the status of documents submitted. A status letter with the outcome of the review of documentation will be mailed by the Department of Civil Service within approximately two weeks of receipt of the documents.

Attached is a description of the most common types of documentation required. Two common types of situations that cause an ineligible determination are:

- Spouse Only marriage certificate was submitted. Enrollee must also submit proof of joint ownership dated beginning November 1, 2008 or later or copy of 2008 tax return if filed jointly.*
- Dependent Student Proof of current enrollment was provided (e.g. Fall 2009 semester). Proof of enrollment in Fall 2008 or Spring 2009 semester required.*

* see www.cs.state.ny.us/nyshipeligibilityproject/ for more details.

Enrollees must submit documentation directly to the Department of Civil Service to the address below during the final appeals process from January 15, 2010 through February 12, 2010.

<u>Address:</u>	<u>Telephone Number beginning January 19, 2010:</u>
NYSHIP Dependent Eligibility Project New York State Department Of Civil Service P.O. Box 13193 Albany, NY 12212-3193	1-800-409-9059 Monday through Friday, 8:00 a.m. to 5:00 p.m. EST. <i>Enrollees should only call this number if they have unusual situations. Enrollees should not call to confirm receipt of documents, unless documents were mailed more than three weeks ago.</i>

Enrollees should include the attached cover sheet or include their name, telephone number, social security number and the names of their dependents.

The Dependent Eligibility Audit ends on February 12, 2010. Ineligible dependents will be removed as of February 1, 2009. The transactions to delete these dependents will be processed on February 25, 2010. After February 12, 2010, enrollees will have to submit documentation directly to their agency to have eligible dependents reinstated to coverage. Additional information and guidelines will be sent to agencies next month with an updated listing of enrollees who have not fully complied with the Dependent Eligibility Verification Project. We appreciate your assistance in this matter.

We strongly encourage health benefits administrators to work with their employees to make sure they submit the proper documentation to ensure the continuation of health insurance coverage for enrollees' eligible dependents.

Enrollee Listing – Code Definitions

Dependent Relationship

Code	Definition
D	Daughter
DP	Domestic Partner
O	Other Child
S	Son
SP	Spouse

Status

Code	Definition
I	Incomplete Documentation Submitted to Budco
O	No Documentation Received by Budco

Required Documentation

SPOUSE

- **2008 Tax Return – Federal or State (including Puerto Rico Returns)**
 - Your 2008 tax return showing “married filing jointly” OR “married filing separately”. Your spouse’s name must appear on the tax form on the line provided after the “married filing separately” status (or vice versa).
 - Only submit page 1 of the return. This could include the 1040 form, e-File Confirmation Page, Tax Preparer’s Summary, Federal Return Recap, or Telefile.
 - Mark out all financial information and the first five digits of all Social Security numbers.

OR

- **Marriage certificate AND Proof of Joint Ownership**
Submit BOTH your marriage certificate and proof of joint ownership. Both the enrollee’s and spouse’s name must be listed on the documentation of joint ownership and be dated after November 1, 2008. Examples include copy of:

- | | |
|---|--|
| <ul style="list-style-type: none">• Mortgage Statement• Property Tax Document• Rental/Lease Agreement | <ul style="list-style-type: none">• Homeowners/Renters Insurance Policy• Credit Card Statement• Loan Obligation• Bank Account Statement |
|---|--|

Natural-Born, Child, Stepchild, or Legally Adopted Child

- Copy of Birth Certificate

AND

If dependent is age 19 or older

- Verification of full-time enrollment (at least 12 credit hours) at an accredited secondary, preparatory school or college. Submit copy of transcript, class schedule or tuition bill. Documents must be for the Fall 2008 or Spring 2009 semester and indicate the total credit hours.

All Other Dependent Types

Refer to complete Eligibility Worksheet located online at www.cs.state.ny.us/nyshipeligibilityproject/. The navigation path is *Information for Enrollees > Verification Period – PA > Eligibility Worksheet/Required Documents List*.



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New York State Health Insurance Program Dependent Eligibility Verification Project Cover Sheet

Complete this form and return it with the necessary documentation to confirm the eligibility of your dependent(s).

Enrollee Name	
Enrollee Social Security Number	Enrollee Day Time Telephone Number

List each dependent for which you are submitting documentation:

	Name	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

Return this form and all documents to:

**NYSHIP Dependent Eligibility Verification Project
New York State Department of Civil Service
P.O. Box 13193
Albany, NY 12212-3193**