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Governor

## Department of Civil Service

**NY 16-03**  
**PE 16-04**  
**SEHP 16-03**

**TO:** Health Benefits Administrators of New York State Agencies, Participating Employers and the Student Employee Health Plan (SEHP)  
**FROM:** Employee Benefits Division  
**SUBJECT:** 2016 Dependent Eligibility Verification Audit (DEVA)  
**DATE** March 7, 2016

The Department of Civil Service (DCS) has contracted with Health Management Systems, Inc. (HMS) to administer a Dependent Eligibility Verification Audit for 2016. NYSHIP enrollees with family coverage will be required to document the eligibility of their enrolled dependents. Prior to the audit, enrollees were provided the opportunity to remove ineligible dependents, without penalty, during a Special Amnesty Period that ended January 29, 2016. Any dependents who were not removed during the Amnesty Period or children who were not verified during the 2009 Dependent Eligibility Audit will be included in the verification audit.

### **SPECIAL AMNESTY PERIOD (ended January 29, 2016)**

The initial phase of the DEVA project was the Special Amnesty Period. During this period, each enrollee with family coverage had the opportunity to remove any ineligible dependents. The last day to remove ineligible dependents was January 29, 2016. Amnesty forms received after January 29, 2016 were not processed and those dependents will be included in the Verification Period. All NYSHIP primary dependents reported as ineligible during the Special Amnesty Period were removed from coverage effective February 1, 2016. All Medicare primary dependents reported as ineligible will be removed effective April 1, 2016, in accordance with the regulations of the Centers for Medicare and Medicaid Services (CMS).

### **Dependents Removed in Error during the Amnesty Period**

You may re-add dependents of enrollees who removed a dependent during the Amnesty Period in error, with no break in coverage. Please enter a comment in NYBEAS indicating the date the enrollee notified you of the error. HMS will include all re-added dependents in the applicable verification phase of the audit.

Note: If the correction of the error results in a change from individual to family coverage, Pre-Tax Contribution Program (PTCP) rules will apply.

## **DEVA Project Returned Mail**

Although HMS will be administering the project, maintaining accurate and up-to-date enrollee addresses is the responsibility of the agency HBA. Agencies will be required to update the address for any enrollee whose correspondence was undeliverable due to an invalid address. To ensure enrollees receive their DEVA communications, EBD has developed a process in which agencies will receive a worklist when an address update is required. See below.

## **HBA Worklist: “DEVA Invalid Address 2016”**

Agencies are required to attempt to update the address for any enrollee whose DEVA mail was returned by the post office marked “UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD”. The agency should contact enrollees to obtain a new address, if the change of address information has not already been provided. See below for invalid address worklist instructions:

- 1- Access NYBEAS Worklist titled; “DEVA Invalid Address 2016”.

Worklist Summary					
Detail	Filter	Business Process	Activity	Worklist	Count
1	Detail	Filter	BEA Administer Workflow	DEAS Invalid Address	DEAS Invalid Address 2016

- 2- Click on detail. If the count column shows 1 or more you will need to update the address for the person(s) shown.

- 3- Enrollees with returned mail will appear as shown below.

- 4- Click on ‘work it’.

Field 1:  Field 2:  Field 3:

Worklist Details							
Mark Worked	ID	Emp/ Rcd#	DeptID	Name	Process Date	Sent From	WL Created on
1 <input checked="" type="checkbox"/>	11222222	0	11111	EDWARD	01/25/2016 12:00AM	UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD	01/25/2016 3:38:01PM
2 <input checked="" type="checkbox"/>	11222222	0	11111	PHILIP M.	01/25/2016 12:00AM	UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD	01/25/2016 3:38:01PM
3 <input checked="" type="checkbox"/>	11222222	0	11111	DALE R.	01/25/2016 12:00AM	UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD	01/25/2016 3:38:01PM
4 <input checked="" type="checkbox"/>	11222222	0	11111	JOSEPH J.	01/25/2016 12:00AM	UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD	01/25/2016 3:38:01PM
5 <input checked="" type="checkbox"/>	11222222	0	11111	MICHAEL	01/25/2016 12:00AM	UNDELIVERABLE AS ADDRESSED, UNABLE TO FORWARD	01/25/2016 3:38:02PM

- 5- After you click ‘work it’, you will be brought to a new screen that will show the address that the DEVA correspondence was mailed to and returned.

- 6- Once you have obtained the correct address information, process an address change (Refer to attachment).
- 7- Once the address had been updated, access the worklist and remove the enrollee by selecting the corresponding checkmark in the “Mark worked” column.

### **Agency Query / Updated Addresses**

There will be situations when HMS obtains updated address information. When this occurs, EBD will update the enrollee’s address on NYBEAS. Agencies can verify these updates by running a new query that will provide a full list of enrollees whose addresses have been updated. The new query is titled BEA\_DEVAUPDATEADR.

**Note:** For instructions on how to run a query, refer to NY15-19, PE15-15 or SEHP15-05 memos dated, September 14, 2015.

### **Dependent Eligibility Verification Period**

As the Special Amnesty Period has ended, enrollees will now be required to provide proof of eligibility for dependents during their respective Verification Period, as specified below:

#### May 2 – June 17, 2016

- Dependents of enrollees employed by a Participating Employer (PE) and all NY and PE retirees

#### July 5 – August 19, 2016

- Dependents of enrollees employed by New York State and SEHP enrollees

During this timeframe, enrollees will be required to submit documentation verifying the eligibility of each of their dependents covered under NYSHIP as of January 1, 2016. Failure to provide sufficient proof will result in the removal of the dependent from coverage effective January 1, 2016. *\*Please note that due to federal regulations, Medicare-primary dependents covered under Empire Plan MedicareRx or a Medicare Advantage HMO will be removed from coverage on a prospective basis, in compliance with CMS termination guidelines.*

Dependents not included in the 2016 Dependent Eligibility Verification Audit are:

- Dependent children who were **successfully verified** in the 2009 Audit
- Dependent Survivors

- Dependent children covered under a National Medical Support Order (NMSO)
- Dependents removed during the 2016 Special Amnesty Period (unless such removal was deemed an error)

### **ENROLLEE COMMUNICATIONS:**

Samples of enrollee communications will be posted to the NYSHIP website in the Current Topics section.

Please encourage your enrollees to respond to HMS by the deadline provided when they receive their DEVA packets. Enrollees may visit HMS's online web portal at [www.verifyOS.com](http://www.verifyOS.com) using their reference number from their verification letter. Through this online web portal, enrollees can check their status, upload verification documents, and link to resources that will help them obtain the required documentation.

### **CONTINUATION OF COVERAGE (COBRA)**

New York State is not offering COBRA to dependents that are removed during the DEVA Project.

Note: If the dependent is no longer eligible because of a "qualifying event," (e.g., divorce, child reaches age limit) COBRA provides workers and their families who lose their health benefits, the right to choose to continue group health benefits provided by their group health plan for limited periods of time, under certain circumstances, when a timely request is made.

Attachment: