



**NYSHIP**  
New York State  
Health Insurance Program

Dependent Verification  
PO Box 165308  
Irving, TX 165308



<<Mail Date>>



**PC or Mobile Upload:** [www.VerifyOS.com](http://www.VerifyOS.com)



**FAX:** 1-877-223-8478



**Go green at [www.VerifyOS.com](http://www.VerifyOS.com)!**

Emp\_Name  
Street  
Street2  
City, St Zip

**[[EID bar code]]**

**REFERENCE NUMBER: [[EID]]**

**RESPOND BY: JANUARY 29, 2016**

Dear Emp\_Name,

As part of our commitment to control healthcare costs, the New York State Health Insurance Program (NYSHIP) is taking steps to ensure that only eligible dependents are enrolled in NYSHIP. To accomplish this, we have contracted with HMS Employer Solutions (HMS), an independent auditor, to conduct a dependent eligibility verification audit. This audit is intended to ensure that each dependent meets the eligibility requirements to be enrolled in the plan and is accurately listed.

The initial phase of the program is an Amnesty Phase which will take place from December 1, 2015 through January 29, 2016. This phase allows each enrollee the opportunity to carefully review the definitions of an eligible dependent below and remove any dependent(s) who does not meet eligibility criteria on the reverse side of this letter. **If all dependents listed on the reverse side of this letter remain eligible for coverage, NO ACTION IS REQUIRED AT THIS TIME.** If you remove an ineligible dependent during the Amnesty Phase, the dependent will be removed from coverage **effective February 1, 2016** and no repercussions of any kind will be applicable beyond that action. COBRA will not be offered to dependents removed from coverage as a result of the Amnesty Phase.

As a reminder, eligible dependents are defined in your NYSHIP *General Information Book* as:

- Your spouse, including a legally separated spouse. \*Note: If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.
- Your domestic partner if you are both 18 years or older; have been in the partnership for at least six months; are both unmarried; are not related in a way that would bar marriage; have shared the same residence and have been financially interdependent for at least six months; and have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations.
- Your child up to age 26. Coverage may be extended past the age of 26 if the child is incapable of self-support by reason of mental or physical disability; is unmarried; and was incapacitated before the age at which dependent coverage would otherwise be terminated. Coverage may also be extended past the age of 26 for an unmarried child who served in the military and is a full-time student.

A child is defined as your natural biological child; stepchild; child of your domestic partner; legally adopted child, including a child in a waiting period prior to finalization of adoption; or your "other" child. An "other" child must be chiefly dependent upon you; reside with you; and be a child for whom you have assumed legal responsibility in place of the parent. The "other" child must have met the above requirements before age 19.

If after reading the attached Frequently Asked Questions (FAQs) you still have questions, please feel free to call HMS Employer Solutions at (855) 884-9475 from 8am to 8pm ET, Monday through Friday.

Thank you for your cooperation with this important effort to control healthcare plan costs.



**Para asistencia en español, por favor comuníquese con HMS Employer Solutions al 1-855-884-9475.**

(over) →

[[EID bar code]]

**Name:** Emp\_name

**PC or Mobile Upload:** www.VerifyOS.com

**Reference Number:** [[EID]]

**FAX:** 1-877-223-8478

According to our records, the following dependent(s) are currently enrolled on your health plan\*:

Enrollee Name   Relationship	Place x to remove ineligible dependent from coverage	Please indicate the date of ineligibility.
dep_1	<input type="checkbox"/>	
dep_2	<input type="checkbox"/>	
dep_3	<input type="checkbox"/>	
Dependents you indicate as ineligible <b>will be removed from coverage effective February 1, 2016.</b>		

\* IMPORTANT: You may have other dependents enrolled on your health plan who are not listed above because you will not be required to verify their eligibility.

**To complete the amnesty process, simply follow these steps:**

- **Note: If all dependent(s) listed above remain eligible for coverage, NO ACTION IS REQUIRED AT THIS TIME.**
- Complete this form. **Sign** and **date** the signature box below.
- Submit **this form** to HMS Employer Solutions so that it is received by January 29, 2016.

For faster processing, please submit this form by uploading it via the web portal, www.VerifyOS.com, or by faxing it to (877) 223-8478. If the web and fax are unavailable to you, the form may be mailed to HMS Employer Solutions, P.O. Box 165308, Irving, TX 75016-9923.

Within the months following the completion of the Amnesty Phase, you will receive a letter from HMS that will detail the next steps in the process, the Verification Phase. During the Verification Phase, documentation will be required to validate each enrolled dependent's eligibility. Enrollees of NYSHIP Participating Agencies (PAs) will receive a verification letter from HMS dated February 29, 2016. Retired NY enrollees and enrollees of Participating Employers (PEs) will receive verification letters dated May 2, 2016. Finally, active NY enrollees will receive verification letters from HMS dated July 5, 2016.

By my signature on this form, I certify to NYSHIP that all information on this form is true, correct, and current as of the date signed. I understand any attempt to maintain coverage for an ineligible dependent past the Amnesty Phase may result in penalties including claims recovery during the period in which my dependent were ineligible.

**Signature of Enrollee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: If all dependent(s) listed on the enclosed form remain eligible for coverage, NO ACTION IS REQUIRED AT THIS TIME.**

If one or more listed dependent is ineligible, please submit **SIGNED LETTER** by January 29, 2016 using any of the following methods (we recommend the first two for faster processing):

- Visit [www.VerifyOS.com](http://www.VerifyOS.com) and upload your letter using a computer or mobile device
- Submit your letter 24 hours a day, 7 days a week via our toll-free fax at 1-877-223-8478
- Submit your letter via mail to: Dependent Verification,  
P.O. Box 165308, Irving, TX 75016-9923.

**Please keep your reference number throughout the review in order to check your status online at [www.VerifyOS.com](http://www.VerifyOS.com).**

## **FREQUENTLY ASKED QUESTIONS**

### **Q1. Why is the New York State Health Insurance Program (NYSHIP) conducting a Dependent Eligibility Verification?**

The NYSHIP is sensitive to the rising costs of healthcare for its enrollees and feels this verification program is necessary to help make sure its health benefit plans are compliant with state law, competitive, and cost effective. This program was included in the Fiscal Year 2016 Enacted New York State Budget and will help NYSHIP manage overall plan costs, which benefits all enrollees.

### **Q2. Who is HMS Employer Solutions (HMS)?**

HMS Employer Solutions is an independent third-party cost containment company with whom NYSHIP has contracted to verify the eligibility of dependents covered under its health benefit plans. HMS specializes in verifying health plan eligibility and has reviewed verification documentation for millions of dependents for some of the largest public and private employers in the United States.

### **Q3. The documentation that will be required during the verification phase contains sensitive information. Is this process secure?**

Protecting personal information is a priority to NYSHIP and HMS. In compliance with applicable U.S. (federal) and state regulations, information and documentation submitted to HMS for the Dependent Eligibility Verification program is stored, processed, and protected by physical, electronic, and procedural safeguards. **When submitting your tax documentation, only the top portion that includes the names of the enrollee, spouse, and any dependent child(ren) is required. Please mark out Social Security Numbers, as well as any income information.**

All documents are securely stored for six months following completion of the verification program. Upon expiration of the retention period, all documents and electronic files will be securely destroyed by HMS, and a Certificate of Destruction will be supplied to NYSHIP. ***Please note that documents provided will NOT be returned.*** HMS meets all of the professional and legal standards associated with providing service to employers, including the Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), and disposal rules as enforced by the Federal Trade Commission. In addition, every employee of HMS submits to a thorough and multi-tiered background check. Only HMS employees directly involved in the NYSHIP dependent verification program will have access to these documents.

**Q4. Where do I go for more information regarding the Dependent Eligibility Verification program or to find out where I can obtain copies of the documents that I will need?**

Visit us online at [www.VerifyOS.com](http://www.VerifyOS.com) for details regarding the program, tools to assist you in locating and submitting your documentation, and more. This secure site is compatible with your mobile device.

**Q5. Should I submit documentation early, during the Amnesty Phase?**

No. You will receive a verification letter in the months following the Amnesty phase detailing the required documentation at that time. The verification letter will provide a deadline with ample time to provide the documentation. Enrollees of NYSHIP Participating Agencies (PAs) will receive a verification letter from HMS dated February 29, 2016. Retired NY enrollees and enrollees of Participating Employers (PEs) will receive verification letters dated May 2, 2016. Finally, active NY enrollees will receive a verification letter from HMS dated July 5, 2016.

\* Please note that dependent survivors, dependent children verified as eligible during the 2009 audit and children covered due to a National Medical Support Order will not be subject to the Verification Phase.

**Q6. What happens if I do not submit all required documents during the verification phase?**

If you do not submit complete documentation for your dependents, or if you knowingly submit false information for enrolled dependents, one or all of the following actions may occur:

- The effected dependent(s) for whom complete documentation has not been submitted will be removed from coverage.
- NYSHIP may seek to recover claims paid during the period that the ineligible dependent was covered.

NYSHIP is ultimately responsible for determining how best to handle each individual case.

**Q7. May I provide my documents to my Health Benefits Administrator (HBA), Human Resources Department or the New York State Department of Civil Service Employee Benefits Division (EBD)?**

No. HBAs, Human Resources, or EBD will not be able to forward your documents to HMS or provide enrollees with copies of previously submitted documents. The only way to ensure that all documents are logged appropriately and eligibility of your dependents is verified is to submit your supporting documentation to HMS during your group's verification phase. Please do not call EBD with questions or for assistance with the verification program, as this is an independent review. If you have questions, you should call (855) 884-9475 Monday – Friday, 8am – 11pm ET.

**Q8. Can an exception be granted to allow my ineligible dependent to stay covered?**

No. Only dependents who currently satisfy the plan's eligibility definition can remain covered.

If the dependent is no longer eligible because of a "qualifying event," (e.g., divorce, child reaches age limit), see your HBA or Human Resources representative for COBRA details. COBRA, or the Consolidated Omnibus Budget Reconciliation Act, gives 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.

**Q9. I prefer email communications rather than mailed letters. Can I elect to receive follow up communications about the verification process through email instead?**

Yes. To go green and receive all future communications electronically, please go to the "My Account" tab at [www.VerifyOS.com](http://www.VerifyOS.com) and enter your email address in the "My Information" section. Once you validate your email address as correct, you will be prompted to log back into the site where you may then click on the "Enable Paperless" button to activate electronic communications.