



Information Announcement

New York State Health Insurance Program (NYSHIP) Dependent Eligibility Verification Project - Update

September 1, 2016

Health Management Systems, Inc. (HMS) has completed the NYSHIP Dependent Eligibility Verification Audit (DEVA) for New York State Agency enrollees and their covered dependents. Enrollees were required to provide proof of eligibility for their covered dependents by August 19, 2016. A grace period is now in effect which extends the reporting deadline to **September 7, 2016**. If an employee is unsure what documents are needed or has questions, please reach out to HMS at 1-866-252-0635.

Termination of Dependents

On October 2, 2016, Civil Service, Employees Benefits Division (EBD) will process the removal of unverified dependents from NYSHIP coverage effective January 1, 2016. Medicare primary dependents will be terminated in accordance with Centers of Medicare and Medicaid Services (CMS) guidelines.

Enrollee Deductions Affected by DEVA

EBD understands that most enrollees are covering eligible dependents but may require additional time to provide the necessary documents. If the removal of an enrollee's dependent results in a change to individual coverage, EBD will continue to deduct family premiums and, when applicable, will assess imputed income through the end of the reinstatement period. This ensures there is no affect to employee's paychecks or taxes once they've reinstated dependent coverage. The impact on the enrollee's paycheck is based upon when the dependent is determined eligible by HMS and the NYSHIP reinstatement is processed.

NYSHIP Dental and Vision Coverage

Upon the completion of the DEVA, EBD will remove all dependents that remain ineligible from NYSHIP dental and vision coverage.

Enrollee Communications

Enrollees will receive a notification from HMS advising them whether or not their dependents were verified. Enrollees will also receive a termination of coverage letter from EBD for each dependent

removed due to DEVA. When HMS verifies eligibility of a dependent, and the dependent's NYSHIP coverage has been reinstated, a reinstatement letter will be mailed to the enrollee.

If you have any questions regarding this announcement, please feel free to reach out to the BSC Benefits Administration Unit at BSCBenefitsAdmin@ogs.ny.gov or (518) 457-4272.