



DEPENDENT ELIGIBILITY VERIFICATION AUDIT

2022 Dependent Eligibility Verification Audit Update

September 8, 2022

What is DEVA?

Background:

Dependent Eligibility Verification Audit (DEVA) is the process of re-verifying the eligibility of dependent spouses and domestic partners enrolled in health and/or dental benefits provided by the San Francisco Health Service System (SFHSS).

Governing rules:

Section E of the SFHSS Rules permits the re-verification of eligibility of dependents by SFHSS.

Failure to comply with the audit results in termination of health/dental benefits of the dependent. This includes loss of coverage for any dependent children covered under an ineligible spouse or domestic partner.

Why we conduct the audit:

The audit helps contain costs related to health care coverage under SFHSS health plans.



2022 DEVA Timeline

- December 2021
 - Executive Director Yant notified the Health Service Board (HSB) of intent to conduct the first DEVA since 2018
 - Audit population size and group, were contingent on a successful contract with an outside vendor to help configure the Salesforce CRM, which would allow members to upload dependent verification documents
 - Initial plan was to audit 1/3 of the membership each year
- March 2022
 - Following the determination that the single respondent to the request for proposal (RFP) could not sufficiently meet the technical requirements, staff notified the HSB that it was transitioning the 2022 DEVA to a pilot project consisting of 611 retirees not audited in the prior 2018 audit. Lessons learned would be used to develop the next audit which would include active employees
- May 2022—August 2022
 - DEVA review period

Communications Channels to Educate Members

Members received communications by mail directing them to respond online (using **eBenefits**), by fax or mail.

Members were also provided a dedicated DEVA webpage featuring compliance instructions and downloadable materials, to help them comply with the audit.



DEVA & eBenefits

Members were encouraged to log into **eBenefits** to upload their dependent verification documents or drop their ineligible dependent online.

CITY AND COUNTY OF SAN FRANCISCO

DSW#, POI# or Username

Password

Accept the City and County of San Francisco
[Terms of Service and Privacy Policy](#)

Agree & Sign In

Forgot your password?

First time registration for Retirees, City College or SFUSD

MY LINKS **ALERTS**

WORK LINKS **EMPLOYEE LINKS**

HR INFORMATION

- How to Submit Vaccine Status
- Update/View Vaccine Status
- Report COVID Test Results
- Update Your Demographic Info

eBENEFITS

- New Hire / Retiree Enrollment
- Open Enrollment
- Submit a Qualifying Life Event
- Continue your Enrollment

PAYROLL & COMPENSATION

- View Paychex
- Compensation
- W-4 Tax Information
- View or Print
- W-2/W-2c
- W-2 Reissue

Begin a Life Event

Choose Life Event

Welcome to Life Events

If you have experienced a life event change it may impact your Benefit choices. This guide will take you through all the steps necessary to ensure that your personal information are updated to reflect this event in your life.

Please contact SFHSS Member Services at (628) 652-4700 if you are enrolled in Medicare Advantage or UnitedHealthcare Medicare Advantage PPO and need to enroll a dependent.

Select the event that has happened in your life

- I got married.
- I had a baby.
- I have a new domestic partnership.
- I married my domestic partner.
- I got divorced/legally separated.
- My domestic partnership ended.
- I and/or my dependent has gained other coverage.
- I adopted or gained legal guardianship of a child.
- My dependent died.
- I and/or my dependent has lost coverage.
- I received a Dependent Eligibility Verification (DEVA) notice

DEVA Letters Timeline

May

Letter 1: DEVA Notification Letter

- ❑ Letter dated 5/10/22 was mailed to all members who are part of the audit.
 - The letter contained compliance information for online submissions,
 - [DEVA List of Acceptable Documents](#), and
 - [Coversheet](#) for those who would like to submit verifications via fax or mail.

June

Letter 2a: Notice of Successful Completion of DEVA

- ❑ 7-days after the DEVA Notification Letter, members who have complied with providing acceptable documents, were notified that they successfully passed the audit.

Letter 2b: Notice of Insufficient Documentation

- ❑ 30-days after the DEVA Notification Letter (Letter 1), members got Letter 2b if they provided started the compliance process but did not provide the correct documentation.
- ❑ Members were contacted by phone to encourage engagement

Letter 2c: No Response Notification

- ❑ 30-days after the DEVA Notification Letter (Letter 1), member got Letter 2c, if they did not attempt to submit verification of their dependent, through *eBenefits*, fax, or mail.

Letter 3: Notice of Termination

- ❑ On 6/30, the final notice to the members who did not provide acceptable, legible verification for their covered dependent, was sent out.
- ❑ Letter 3 contained the discontinuance date of 9/1/22 for the noncompliant dependent.

July

Letter 4: Final Termination Letter

- ❑ On 7/30, the termination notice was sent to members who have not provided acceptable, legible verification for their covered dependent.
- ❑ Letter 4 contained the discontinuance date of 9/1/22 for the noncompliant dependent.

Aug.

Discontinuance Processing

- ❑ On August 1st, dependent coverage was terminated.
- ❑ Prior to termination, members were contacted by phone to encourage engagement.

Sept.

Appeal Period DEVA 2022: 9/1—10/31

- ❑ Member will have 60 days to file an appeal.
- ❑ Members may still enroll their eligible dependents during OE, with coverage starting in the new plan year.

DEVA Letters #1 and #2a

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**
Affordable, Quality Benefits & Well-Being

<<Member>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

Dependent Eligibility Verification Audit - Action Required

Dear Member,

You have been selected to be part of the San Francisco Health Service System (SFHSS)'s Dependent Eligibility Verification Audit (DEVA).

Section E of the SFHSS Member Rules states that dependent eligibility may be audited at any time to confirm that a Member's relationship with their dependent is current. For more information, go to sfhss.org/san-francisco-health-service-system-member-rules.

Your action is now required to verify the relationship with your dependent spouse or domestic partner listed below.

Dependent Name	Relationship
«Dependent»	«Relationship»

To avoid the termination of your dependent's health benefits, you must confirm your dependent's current eligibility by submitting the requested documentation to SFHSS by <<date>>.

Letter #1 – Notification Letter

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

Dependent Eligibility Confirmed

Dear Member,

Thank you for submitting the requested documentation. Your dependent's eligibility has been successfully verified and they will continue to receive health benefits.

Dependent Name	Status
«Dependent»	<<Successful>>

No further action is required on your part. Please keep this letter on file for your records.

Section E of the Member Rules states that members can be audited at any time to ensure continued eligibility. You can find the Member Rules at sfhss.org/san-francisco-health-service-system-member-rules.

Sincerely,
San Francisco Health Service System

Letter #2a – Notice of Completion Letter

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

DEVA Letters #2b and #2c

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

Notice of Insufficient Documentation – Action Required

Dear Member,

SFHSS has received your dependent eligibility verification audit documentation. Unfortunately, your documentation was incomplete and did not verify the eligibility of your dependent listed below.

Documents may be deemed incomplete for different reasons including insufficient information or illegibility. Please verify your document meets our guidelines by reviewing our **List of Acceptable Documents** at sfhss.org/deva.

Dependent Name	Documentation Status
«Dependent»	<<Incomplete>>

If you do not provide the required documentation by <<June 27, 2022>>, your dependent will be dropped from your SFHSS benefits on <<September 1, 2022>>.

For instructions on how to submit documentation online or by fax or mail, go to sfhss.org/deva.

Sincerely,
San Francisco Health Service System

Letter #2b – Notice of Insufficient Documentation Letter

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

**2nd Notice: Request for Dependent Eligibility
Verification Documentation - Action Required**

Dear Member,

As of <<May 31, 2022>>, the San Francisco Health Service System (SFHSS) has not received documentation to verify your dependent’s eligibility to remain on your health plan coverage.

Dependent Name	Documentation Status
«Dependent»	<<Unverified>>

Your action is required to ensure continued benefit coverage for your dependent spouse or domestic partner.

Please confirm your dependent's eligibility for SFHSS benefits by providing the requested documentation by <<June 27, 2022>>.

Letter #2c – No Response Notification Letter

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

DEVA Letters #3 and #4

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

Final Notice Before Termination – Action Required

Dear Member,

The San Francisco Health Service System (SFHSS) is conducting a Dependent Eligibility Verification Audit (DEVA). This is our third and final attempt to verify if your dependent listed below is still eligible for benefits.

Dependent Name	Status
«Dependent»	<<Unverified>>

As of <<June 27, 2022>>, we have not received your documentation, or the documentation that you submitted did not establish eligibility for your dependent.

For this reason, your dependent will lose health coverage.

Coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** will also be terminated.

Letter #3 – Notice of Termination Letter

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

August 31, 2022 <<Employee ID>>

Your Dependent Benefits Have Been Terminated

Dear Member,

Due to your failure to submit sufficient documentation to prove the eligibility of your dependent, the San Francisco Health Service System (SFHSS) has terminated your dependent's health benefits coverage effective <<September 1, 2022>>.

Coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** is also terminated.

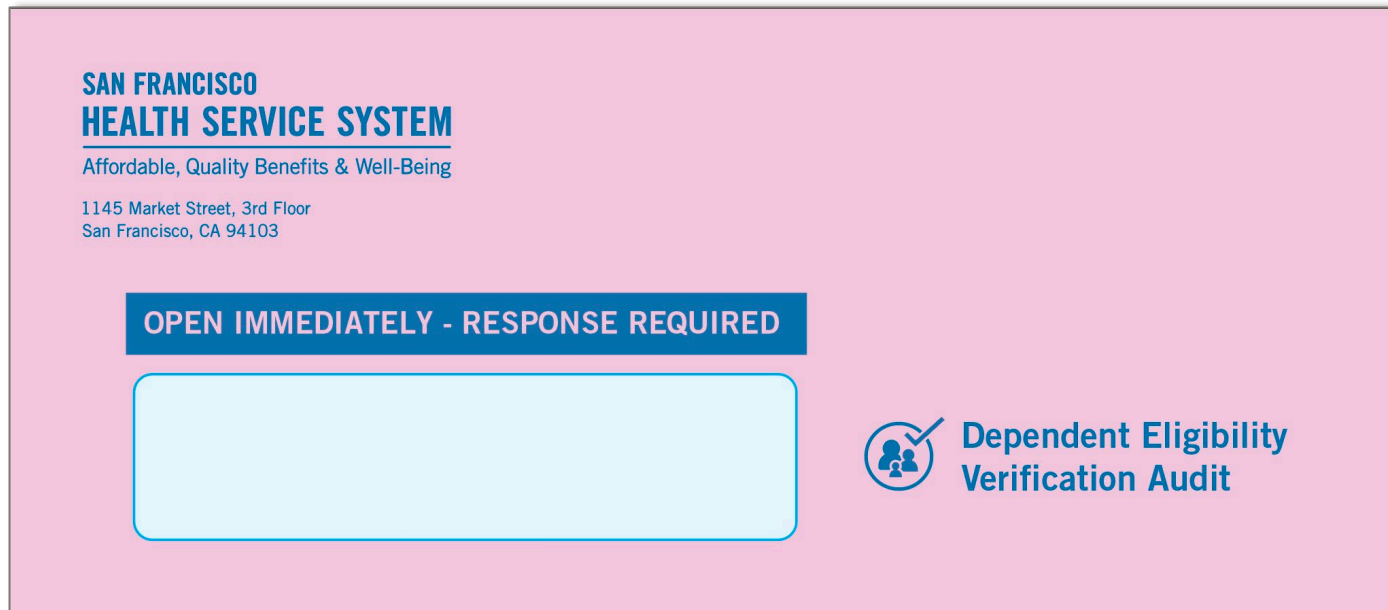
Dependent Name	Status
«Dependent»	<<Unverified>>

Letter #4 – Final Termination Letter

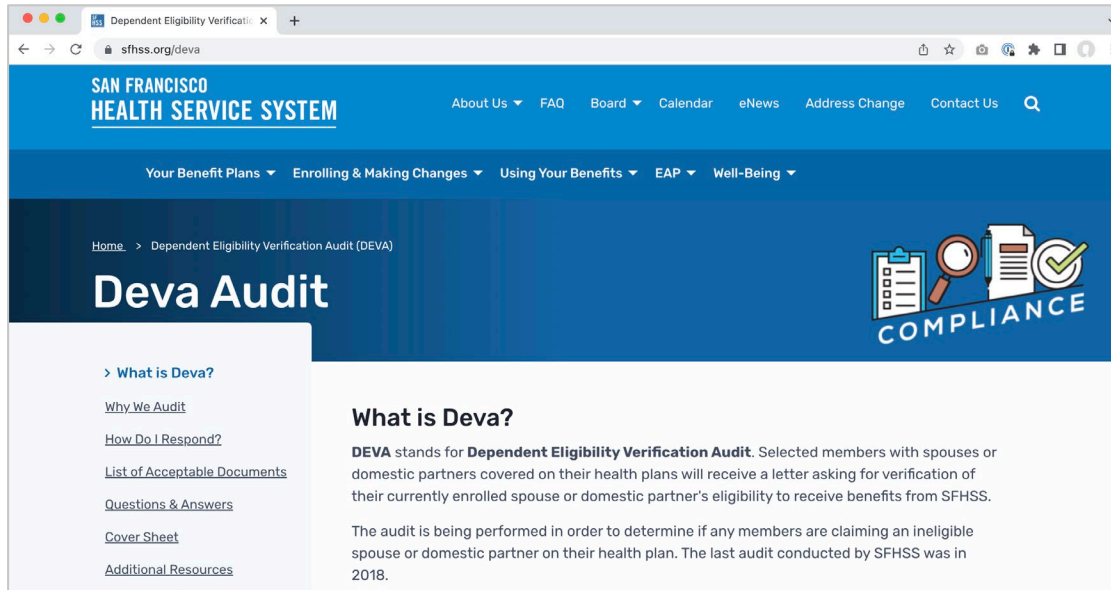
1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (628) 652-4700 or (800) 541-2266 Fax: (628) 652-4701 | sfhss.org

DEVA Envelope

A custom-designed pink envelope was created to catch Member's attention.



DEVA Homepage – sfhss.org/deva



The dedicated DEVA page, served as hub for Members to access information and for Benefits Analysts to direct members to resources during service calls.

Resources included:

- Q&A page
- List of acceptable documents
- Sample redacted IRS 1040 Forms
- Cover sheet for fax and mail
- Recorded webinars
- Step-by-step instructions on *How to Upload Documentation & How to Drop a Dependent*
- Get help & password reset

DEVA - Communications Resources

DEVA communications are comprised of a suite of print and digital materials to help members *review*, *gather*, and *submit* their verification documentation or drop their ineligible dependent dependent online, by fax or mail.

2022 DEPENDENT ELIGIBILITY VERIFICATION AUDIT

QUESTIONS & ANSWERS (Q&A)

LIST OF ACCEPTABLE DOCUMENTS

Married Spouse or Qualified IRS Domestic Partner Dependent

Please submit one of the following documents as proof of cohabitation/financial interdependency within the last 12 months:

- Federal Tax Return listing your spouse for tax year 2020 or 2021. Please provide a clear copy of pages 1 and 2 of your tax return, which includes your dependent's name and address. Be sure to include or cross out Social Security Numbers and any financial information before submitting.

IRS Code Section 152 states that a dependent meets the IRS standard for tax-favored premium contributions if:

- Member lives with the eligible dependent for the full taxable year (except for temporary absences for reasons such as military service, or education abroad) dependent is a U.S. citizen, U.S. resident, or a resident of the U.S., Canada or Mexico; the eligible dependent receives more than half of his or her support from Member during the tax year; and/or dependent is not your "qualifying child," nor anyone's "qualifying child."

Non-IRS Qualified Domestic Partner Dependent

Please submit one of the following documents which includes your domestic partner, as a co-owner/signer, demonstrating cohabitation/financial interdependency within the last 12 months:

- Mortgage Statement
- Roommates or Member's Insurance Statement
- Auto Loan Statement
- Bank Statement/Bank Letter showing account is active
- Auto Insurance
- Lease Agreement
- Credit Card Statement
- Municipality/County Property Tax Statement

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (415) 625-4700 or (800) 541-2265 | Fax: (415) 625-4701 | info@sfsfhs.org

DEPENDENT ELIGIBILITY VERIFICATION AUDIT COVER SHEET

Instructions: Please print and complete this Cover Sheet with your full name, Employee ID Number, and a checkmark in the box next to the document that you will be submitting. Please write your Employee ID Number on each document that you submit. You must include a completed copy of this Cover Sheet when submitting your documentation by fax or mail. Do NOT use this Cover Sheet for uploading documents online.

San Francisco Health Service System Member:

Member Name: _____

I have attached the following document(s) as accepted dependent's current eligibility:

Married Spouse or Qualified IRS Domestic Partner

Please submit one of the following documents as proof of last 12 months:

- Federal Tax Return listing your spouse for pages 1 and 2 of your tax return, which includes your dependent's name and address.

Non-IRS Qualified Domestic Partner Dependent

Please submit one of the following documents which demonstrates cohabitation/financial interdependency:

- Mortgage Statement
- Roommates or Member's Insurance Statement
- Auto Loan Statement
- Bank Statement/Bank Letter showing account is active
- Auto Insurance
- Lease Agreement
- Credit Card Statement
- Municipality/County Property Tax Statement

*IRS Code Section 152 states that a dependent meets the IRS standard for tax-favored premium contributions if:

- Member lives with the eligible dependent for the full taxable year (except for temporary absences for reasons such as military service, or education abroad) dependent is a U.S. citizen, U.S. resident, or a resident of the U.S., Canada or Mexico; the eligible dependent receives more than half of his or her support from Member during the tax year; and/or dependent is not your "qualifying child," nor anyone's "qualifying child."

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | Tel: (415) 625-4700

Dependent Eligibility Verification Audit (DEVA) How to Upload Documentation

Follow the step-by-step instructions below to upload your DEVA documentation online.

To learn more about DEVA, please visit sfsfhs.org/deva.

What documents do I need?

For the DEVA List of Acceptable Documents, go to sfsfhs.org/deva-acceptable-documents.

- How long do I have to respond?** Please refer to your Notification Letter, which you received in the mail, for the deadline to submit your verification documentation. If you have any questions about the deadline to submit documentation, please call SFHSS at (628) 652-4700.
- Problems logging in? Need to reset your password?** If you experience technical issues accessing your account and cannot resolve with our online resources or need to reset your password, call SFHSS at (628) 652-4700.
- Submit documentation by fax or mail.** Verification documentation submitted by fax or mail must be accompanied by a completed **Cover Sheet**, which was enclosed with your initial Notification Letter. You can also download a copy here: <https://sfsfhs.org/deva-acceptable-documents>. Our fax number is (628) 652-4701 and our mailing address is SFHSS, 1145 Market Street, 3rd Floor, San Francisco, CA 94103.
- You can also drop your documentation off in our secure Drop Box** located on the 3rd floor from Monday to Friday from 9am to 5pm. Our offices are currently closed to the public.

1040 U.S. Individual Income Tax Return

Filing Status: **Married filing jointly**

John M. Doe
Jane S. Doe

Top gross income: 123,456,789
Adjusted gross income: 123,456,789

Standard Deduction: 12,345,678

Dependent(s): 1

Table with columns: Line, Description, Amount, and Taxable Amount.

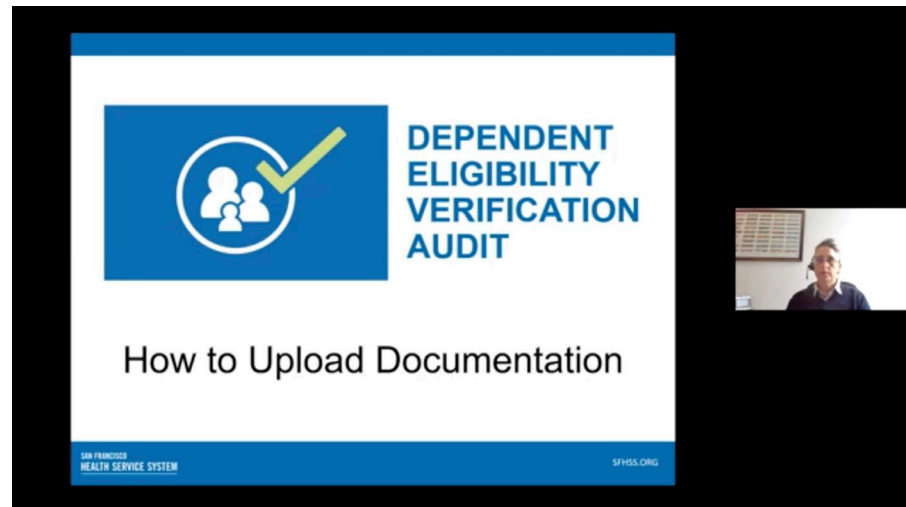
DEVA Webinars

Members were encouraged to respond online using **eBenefits**.

Recorded webinars walked members through the login process and how to upload documentation or drop an ineligible dependent online.



The screenshot shows a webinar slide with a blue header. On the left is a blue square icon containing a white circle with three stylized human figures and a yellow checkmark. To the right of the icon, the text reads "DEPENDENT ELIGIBILITY VERIFICATION AUDIT". Below this, the subtitle "How to Disenroll an Ineligible Dependent" is centered. At the bottom left, it says "SAN FRANCISCO HEALTH SERVICE SYSTEM" and at the bottom right, "SFHSS.ORG". A small video inset in the top right corner shows a man in a blue shirt speaking.



The screenshot shows a webinar slide with a blue header. On the left is a blue square icon containing a white circle with three stylized human figures and a yellow checkmark. To the right of the icon, the text reads "DEPENDENT ELIGIBILITY VERIFICATION AUDIT". Below this, the subtitle "How to Upload Documentation" is centered. At the bottom left, it says "SAN FRANCISCO HEALTH SERVICE SYSTEM" and at the bottom right, "SFHSS.ORG". A small video inset in the top right corner shows a man in a blue shirt speaking.

DEVA Video



2022 DEVA Results

- Total Audited Population: 634
 - Spouses: 574*
 - Successful: 542 (97%)
 - Terminated: 18 (3%)
 - Domestic Partners: 60
 - Successful: 59 (98%)
 - Terminated: 1 (2%)
- Number that Completed Successfully: 601* (97%)
- Number of Terminated Dependents: 19 (3%)
- Number of Members Who Failed to Respond: 14 (2%)
- Number of Submissions via *eBenefits*: 156 (25%)
- Number of Returned Mail: 13**

*14 members were removed from the audit due to various sampling reasons.

**11 members were contacted and complied with the audit. 2 members are part of the 12 who did not engage.

2022 DEVA Results (cont.)

- Number of DEVA-related inbound calls: 668
 - Questions related to required documentation: 569
 - General DEVA questions: 75
 - Requesting assistance relating to *eBenefits submission*: 24
- Number of outbound calls made to members: 331
- Counts of action-needed letters sent out by month:

Letter Type	June	July	August
Incomplete	62	48	12
Unverified	224	49	18
Potential Termination		97	30

- Counts of successful completion letters sent out by mailing date:

Date	05/20	05/27	06/10	06/24	07/05	07/08	07/15	07/22	07/30
Successful Audit Letters	121	124	131	77	56	41	21	7	14

2022 DEVA Results (Cont.)

- Financial savings comparison

	2022 pilot	2018 rates for 2022 pilot	2018 total population
Monthly Savings	\$ 7,132.33	\$ 8,692.81	\$ 233,333.33
Annual Savings	\$ 85,587.96	\$ 104,313.72	\$ 2,800,000.00
per person / annual	\$ 4,075.62	\$ 4,967.32	\$ 3,465.35

Audit Challenges and Next Steps

- Challenges
 - Automated system solution
 - Communications
 - Website updates
 - Letter updates
 - Member services preparedness
 - Timing of Audit
 - Ideal March—August (outside of Open Enrollment)
- Lessons Learned
 - Verification Documents
 - Electronic Communication
- Next Steps
 - Future audits
 - Automation solution
 - Population
 - Timing and frequency