



2022 DEPENDENT ELIGIBILITY VERIFICATION AUDIT

QUESTIONS & ANSWERS (Q&A)

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QUESTION

ANSWER

Why is my employer conducting a dependent eligibility verification audit?

To ensure that only eligible dependents are covered under the San Francisco Health Service System (SFHSS) health plans. Allowing coverage of ineligible dependents puts health plan administrators at financial risk and passes the cost onto eligible members.

Who needs to complete the Dependent Eligibility Verification Audit (DEVA)?

Upon request, all Employees and Retirees who have a dependent spouse or domestic partner enrolled in an SFHSS health plan must provide the required documentation requested.

I already submitted eligibility documentation when I first enrolled my dependent. Do I have to submit documentation again?

Yes. Even if you initially submitted documentation evidencing dependent eligibility, SFHSS Member Rules allow us to request documentation to prove that your dependent continues to be eligible for coverage.

Failure to provide documentation will result in termination of your dependent's health benefits coverage.

What documents do I need to prove eligibility? Where do I obtain these documents?

You will need to provide legal documents that show your relationship to your dependent spouse or domestic partner is current.

Acceptable documents include a 2020 or 2021 Federal Tax Return for a **Married Spouse or Qualified IRS Domestic Partner Dependent** or one piece of documentation demonstrating cohabitation / financial interdependency within the last 12 months, for a **Non-IRS Qualified Domestic Partner Dependent**.

You can download the **Dependent Eligibility Verification Audit List of Acceptable Documents** at sfhss.org/deva.

Can I remove an ineligible dependent from coverage before I submit documentation?

Yes. If you have an ineligible dependent currently enrolled in benefits, you can remove your dependent by going to myapps.sfgov.org/ccsfportal/signin and logging into **eBenefits**.

From there, you can drop your ineligible dependent. For instructions on how to access **eBenefits** or how to register for an account (one-time only), go to sfhss.org/deva.

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How do I submit my documentation?

Begin by reviewing the [DEVA List of Acceptable Documents](#), which can be found at sfhss.org/deva.

Next, gather your documentation verifying your dependent's current eligibility.

Go to myapps.sfgov.org/ccsfportal/signin to log into **eBenefits**. Under **eBenefits**, select **Submit a Qualifying Life Event**, followed by **I Received a DEVA Notice**, to begin the process.

Submit your documentation or drop your ineligible dependent online.

You can also fax your documentation to **(628) 652-4701** or mail to SFHSS, 1145 Market St., 3rd Floor, San Francisco, CA 94103.

You must attach a [Cover Sheet](#) with your documentation, which you can download at sfhss.org/deva.

What about the privacy of my information? How can I be sure my documentation remains private and secure?

Before submitting your documentation, be sure to redact information such as account numbers, financial information, Social Security Numbers, etc.

Digital copies will be retained and all hardcopies destroyed. The use, retention, and destruction of materials is done in compliance with regulations for handling Personally Identifiable Information (PII) and Protected Health Information (PHI).

For more information about our privacy policy, visit sfhss.org/sfhss-privacy-policy-and-forms.

What if I cannot obtain copies of the required documentation during the audit period?

If you cannot obtain copies of the required documentation, call SFHSS at **(628) 652-4700** to discuss how to provide alternative documentation to verify the eligibility of your dependent.

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What will happen if I do not drop my ineligible dependent?

If you do not remove an ineligible dependent, coverage will be terminated for the dependent and you may be required to repay health care claims paid on behalf of your dependent including any reimbursements paid to you for ineligible dependents. SFHSS reserves the right to avail itself to other appropriate remedies.

Will I receive confirmation after I submit my documentation?

Yes. You will receive a letter from SFHSS within approximately 30 days following the receipt of your documentation informing you of the status of your case.

If I drop a dependent, will they be eligible for continuation of coverage through COBRA?

The termination of health benefits due to eligibility is not a COBRA qualifying event.

If my dependent is determined to be ineligible, where can I go to acquire medical and/or dental coverage for them?

There are a number of individual plans available for people who are not eligible for group coverage. You can also visit Covered California, a government agency, that offers subsidized health plans under the Affordable Care Act (ACA). For more information, visit coveredca.com.

How do I file an appeal?

San Francisco Health Service System Member Rules, Section E, covers Dependent Eligibility. Section U covers Member Appeals and Grievances.

Appeals must be submitted within 60 days of the event giving rise to the grievance. Appeals can be mailed to SFHSS, Attn. Member Appeals, 1145 Market St., Suite 300, San Francisco, CA 94103.

Member Rules can be downloaded at sfhss.org/san-francisco-health-service-system-member-rules.

Who can I contact for more information?

If you have questions, please contact SFHSS at **(628) 652-4700**.

Our telephone hours are Monday, Tuesday, Wednesday, and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.

For more information, visit our website at sfhss.org/deva.