

DEPENDENT ELIGIBILITY VERIFICATION (DEV)

Verifying your dependent's eligibility for the medical/dental plan

As an employee of an agency who participates in the State of Idaho's Group Insurance Program, you and your dependents may be eligible to participate in the group medical and dental plans offered. The Office of Group Insurance (OGI) works hard to preserve the benefits program. To continue to do this, we work with **HMS Employer Solutions** to administer our Dependent Eligibility Verification (DEV) Program.

All employees who enroll dependents in one of the State of Idaho group medical plans, at any point during the year, are required to participate in the verification. This is primarily an electronic process. You will receive an initial communication at the mailing address and email address you entered on your enrollment form; all follow up communication will be done by email. The email will come directly from HMS Employer Solutions. **THIS IS NOT SPAM.**

*When you receive any correspondence from HMS, please read carefully as there are specific due dates for submission of information. **Failure to follow the instructions could result in loss of coverage for your unverified dependents.***

1. **WHAT** is a Dependent Eligibility Verification (DEV)?

Dependent eligibility verification requires employees who carry dependents on the State's group insurance plan to provide documentation that those dependents are eligible for coverage based on the criteria set forth in each plan contract and on the OGI website at: <https://ogi.idaho.gov/eligibility-enrollment/>

2. **WHY** does the Office of Group Insurance (OGI) require dependent verification?

The State provides medical and dental benefits to nearly 19,000 employees and their 27,000 dependents at a cost of about \$270 million per year. OGI conducts this verification through HMS as part of our fiscal responsibility to ensure that only eligible dependents are receiving benefits so we can continue to provide a robust benefit package.

3. **WHO** conducts the Dependent Eligibility Verification (DEV)?

OGI works with HMS Employer Solutions, an independent third-party company. HMS specializes in verifying dependent eligibility and has verified documentation for 3.5 million dependents.

4. **HOW** is the Dependent Eligibility Verification (DEV) conducted?

Blue Cross of Idaho will transmit a notice to HMS to initiate the verification process. You will receive an initial communication, approximately 3 – 4 weeks after enrollment, at the mailing address and email address you entered on your enrollment form; all follow up communication will be done by email. All communications will include detailed instructions about what you need to provide to complete the program requirements via mail, FAX, or the AuditOS online portal. Examples of information required include marriage certificates, birth certificates, tax returns, joint utility bill, etc. that validate a current, legal relationship status.

5. **SECURITY**, is my personal information safe?

Protecting your personal information is a priority for OGI and HMS. HMS meets all of the professional and legal standards associated with providing service to employers, include the Health Insurance Portability and Accountability Act (HIPAA).

Ineligible dependents, and those who fail to comply with the Dependent Eligibility Verification (DEV), will immediately be removed from the health plan.

The Office of Group Insurance (OGI) works diligently to preserve the benefits package available to employees. Thank you for your cooperation in this important program. If you have any questions, please contact your agency Human Resource office or visit the Office of Group Insurance website at <https://ogi.idaho.gov>.