

# DEPENDENT VERIFICATION SERVICES (DVS) JOB AID



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## **DEPENDENT VERIFICATION SERVICES (DVS)**

SHBP requires documentation confirming eligibility of dependents and/or a Qualifying Event, such as a marriage or birth certificate. Upon a change in dependents and/or a Qualifying Event, the following applies:

### **Verification Request**

Members will receive a letter via US mail requesting the verification of dependents and/or events. If the member has an email address on file, the member will also receive the verification request via email. Each verification request includes instructions for submitting documentation.

Emails and letters are generated each day once the information has been entered into the SHBP Enrollment Portal.

### **Cover Sheet**

Each verification request (both email and letter) includes a Cover Sheet with a unique barcode. The Cover Sheet **MUST** accompany any documentation submitted for verification. If the Cover Sheet is not included, the verification may not be processed.

### **Submission of Verification Documents**

Members may submit verification documents:

- Via fax to ADP's secure line  
The ADP fax # is included on the Cover Sheet and should not be provided to members prior to their receiving the Cover Sheet since the Cover Sheet **MUST** be included when faxing documentation.

## Submission Deadline

Verification documents must be submitted within 45 days from the date the event is entered into the SHBP Enrollment Portal. The deadline date is included in all verification requests.

## Incomplete Submission

If the verification documents received are incomplete, ADP will contact the member to request the remaining documentation in order to complete the verification process. (See the **Sample Resubmit Letters -- Incomplete** at the end of this job aid.)

## Approvals

When approved, the member receives a notification of the approval via email, if an email address is on file, and by letter sent via US mail.

## Denials

A dependent or event which cannot be verified before the verification deadline, including a 15-day grace period, will be denied (as of 60<sup>th</sup> day). The member will receive a notification of the denial via email, if an email address is available, and by letter sent via US mail. The letter will be sent at the close of the verification period, and will include the reason(s) for denial.

## Disabled Dependents

Disabled dependents have a two-step approval process. SHBP provides a medical review for the dependent's disability while the relationship verification follows the ADP process outlined above. On a weekly basis, SHBP sends medical review follow up, by letter sent via US mail, to those members indicating they have a disabled dependent.

## Cancellation of Coverage

In the event of a denial, coverage will be removed for the applicable dependent(s) effective the end of the month in which evidence was denied. No premium deductions will be refunded since the dependent(s) had health coverage during the verification window. For example, if the verification period (including the grace period) ends on December 15, coverage ends on December 31<sup>st</sup>.

## Carrier Notification

ADP is responsible for notifying carriers of eligibility. Allow 7 – 10 business days from the time the dependent and/or event has been entered into the SHBP Enrollment Portal for coverage to be active with the carrier. Coverage for dependents is active during the verification process, and will be terminated according to the terms above. (See the **Sample Denial Letter** section.)

**List of Acceptable Documentation for an EVENT**

The following is a list of acceptable documentation for providing evidence of an Event.

<b>Event Name</b>	<b>Proof List</b>
Birth	Birth Certificate with Parent's Name Listed  Hospital Birth Record with Parent's Name Listed Certified Copy of Court Order/Decree
Adoption	Adoption Certificate  Certified Copy of Court Order/Decree
Marriage	Marriage Certificate  Certified Copy of Court Order/Decree
Divorce	Divorce Decree  Certified Copy of Court Order/Decree
Gain Guardianship	Documentation of Legal Custody  Documentation of Legal Guardianship
Lose Guardianship	Documentation of Loss of Legal Custody Documentation of Loss of Legal Guardianship
Loses Group Coverage Elsewhere	Letter from Previous Employer w/Coverage End Date Letter from Insurance Verifying Loss of Coverage HIPAA Certificate
Gained Coverage Elsewhere	Letter Verifying Other Coverage from Employer Letter Verifying Other Coverage from Insurance Co
Dependent(s) Loses PeachCare or Medicaid	Letter Verifying Loss of PeachCare/Medicaid Coverage
Dependent(s) Gains PeachCare or Medicaid	Letter Verifying Gain of PeachCare/Medicaid Coverage

**List of Acceptable Documentation for a DEPENDENT**

The following is a list of acceptable documentation for providing evidence of Dependent.

<b>Dependent</b>	Please submit one item from List A <b>OR</b> one item from List B <b>AND</b> List C. If you are submitting a document from List C, it must be dated within 6 months of the audit end date and have the dependent’s name listed on the document.		
	<b>List A</b>	<b>List B</b>	<b>List C</b>
Spouse	Current Federal Tax Return with Dependent Listed  Marriage Certificate	Common Law Affidavit	Bank or Credit Card Statement with Common Address  Mortgage or Lease Statement with a Common Address  Motor Vehicle Statement with a Common Address  Utility Bill with a Common Address

<b>Dependent</b>	Please submit one item from the list below.
Child	Birth Certificate with Parent's Name Listed Adoption Certificate Adoption Placement Agreement Documentation of Legal Custody Documentation of Legal Guardianship Qualified Medical Child Support Order Hospital Birth Record(Within 90 Days of Birth)

<b>Dependent</b>	Please submit one item from List A and the item from List B.	
	<b>List A</b>	<b>List B</b>
Stepchild	Birth Certificate with Parent's Name Listed	Marriage Certificate

<b>Dependent</b>	Please submit one item from the list below.
Overage Children (this will include Disabled Dependents)	Birth Certificate with Parent's Name Listed Adoption Certificate Adoption Placement Agreement Documentation of Legal Custody Documentation of Legal Guardianship Qualified Medical Child Support Order Hospital Birth Record(Within 90 Days of Birth)

## Appeals

A member whose dependent coverage has been cancelled for denial of verification may contact SHBP Member Services at 1-800-610-1863 to discuss the appeal process. A Member Services representative will instruct the member on next steps and how to request an appeal.

## Contact Information

Call SHBP Member Services for questions related to Eligibility (Dependent) Verification at 1-800-610-1863.

## Sample DVS Documents

**Important:** Sample Dependent Verification documents are included for general reference only to understand the information that is typically sent to participants. These documents are subject to change, and should not be shared directly with any participants.

SAMPLE APPROVAL LETTER:

ADP Dependent Verification Services  
P.O. Box 4350  
Alpharetta, GA 30023-4350



09/12/2014

000001  
ROBERT A TESTFAMILY  
5 COLUMBUS SQUARE  
UNIT #1  
BENEFITS, UT 84119  
DVSSSH  
T10CP 0001

**Dear ROBERT A TESTFAMILY:**

You recently provided the required proof of eligibility for your dependent(s) and event. This letter is to inform you the dependent verification process has been **Approved** based on the documentation you provided.

If your dependent is disabled, a secondary verification process is required before final approval can be determined. Please contact SHBP Member Services, no later than 14 calendar days from the date of this letter, for more information on completing the Disabled Dependent process.

Dependent/Event Information				
No.	Name	Birth Date	Dependent Type	Dependent Status
2	JOHN TESTFAMILY	04/27/2014	Child	Approved
Event				Event Status
Loses Group Coverage Elsewhere				Approved

We appreciate your prompt attention to this request. If you have any questions regarding the verification process, please call:

**SHBP Member Services**  
**1-800-610-1863**  
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday-Friday)** (except holidays).  
You may also log onto <https://www.adpdvs.com> to view a copy of this letter and review the status of your audit.

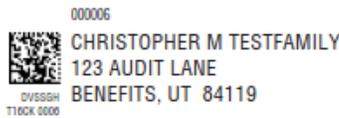
Sincerely,  
State Health Benefit Plan

SAMPLE DENIAL LETTER:

ADP Dependent Verification Services  
P.O. Box 4350  
Alpharetta, GA 30023-4350



09/12/2014



**Dear CHRISTOPHER M TESTFAMILY:**

This letter is to inform you the required documentation was not received to verify proof of eligibility for your dependent(s). The dependents listed below as **Failed** in the Dependent Status column will be removed from coverage.

If your dependent is disabled, a secondary verification process is required before final approval can be determined. Please contact SHBP Member Services, no later than 14 calendar days from the date of this letter, for more information on completing the Disabled Dependent process.

Dependent Information				
No.	Name	Birth Date	Dependent Type	Dependent Status
3	MEGAN N TESTFAMILY	08/20/1989	Child	Approved
4	CYNTHIA LYNN TESTFAMILY	08/25/1963	Spouse	Approved
6	JACOB G. TESTFAMILY	11/04/1994	Step Child	Failed

If you have any questions regarding the verification process, please call:

**SHBP Member Services**  
**1-800-610-1863**  
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday-Friday)** (except holidays).  
You may also log onto <https://www.adpdvs.com> to view a copy of this letter and review the status of your audit.

Sincerely,  
State Health Benefit Plan

SAMPLE REMINDER LETTER: (PAGE 1 OF 3)

ADP Dependent Verification Services  
P.O. Box 4350  
Alpharetta, GA 30023-4350



08/18/2014

000001  
MICHELLE L TESTFAMILY  
123 AUDIT WAY  
BENEFITS, UT 84119  
DIVISION  
TRAC 0001

**VERIFICATION DEADLINE**  
**09/01/2014**

**Dear MICHELLE L TESTFAMILY:**

This letter is a **reminder** that the required documentation for your dependent(s) and event has not been received. As part of SHBP's continued effort to provide competitive benefits, we are verifying the eligibility of coverage for each of your dependents, as well as validating the event that was used to add them to coverage. Your participation in this verification process will help ensure that only eligible dependents are enrolled in coverage.

**All you need to do is complete these three simple steps:**

1. Review the enclosed Cover Sheet and confirm that each dependent is eligible for coverage and the event is valid.
2. Obtain the required documentation for each dependent and the event listed on the Cover Sheet. For information regarding where to obtain the necessary documentation, log onto <http://www.cdc.gov/nchs/w2w.htm> or <http://www.vitalrec.com>.
3. Upload or fax the completed Cover Sheet, along with the required documentation, by **09/01/2014**.

**SECURE UPLOAD:** <https://www.adpdvs.com> **Registration Code** n8fp88b2  
**Note:** To upload scanned images of your documentation, please log onto <https://www.adpdvs.com>. If this is your first time using the site, you will need the registration code listed above, along with additional requirements that will be listed on the website. Click on the *First Time Registration* link and follow the instructions on your screen.  
The website allows you to view the required documents, view a copy of this letter, submit documents and check the status of your audit.  
**SECURE FAX:** **Dependent Verification Services**  
**866-400-1686**

We are committed to protecting employee privacy and can assure you that all documentation will be treated confidentially. You will receive a confirmation letter after your documentation has been processed.

If you do not complete the process and provide acceptable proof of dependent and event eligibility, your dependent coverage may be terminated or rescinded.

If you have questions or need additional information regarding the necessary documentation, call:

**SHBP Member Services**  
**1-800-610-1863**  
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday-Friday)** (except holidays).

Sincerely,  
State Health Benefit Plan

Enclosure(s)

SAMPLE REMINDER LETTER: (PAGE 2 OF 3)

**Required Documentation**

**Important!** If you are sending a copy of your tax return, block out Social Security numbers and any financial information. Only the first page of the tax return is required.

<b>Child</b> Please submit one item from List A.
<b>List A</b>
Adoption Certificate
Adoption Placement Agreement
Birth Certificate with Parent's Name Listed
Documentation of Legal Custody
Documentation of Legal Guardianship
Hospital Birth Record with Parent's Name Listed
Qualified Medical Child Support Order

<b>Event</b> Please submit one item from List A.
<b>List A</b>
Adoption Certificate
Certified Copy of Court Order/Decree

**SHBP**

**Cover Sheet**

**(This sheet must be returned with the required documentation included)**

From: MICHELLE L TESTFAMILY  
123 AUDIT WAY  
BENEFITS, UT 84119

To verify the eligibility of each of your dependents and your event, complete the following three simple steps by 09/01/2014.

**Step 1: Review the dependent/event information below and confirm that each dependent is eligible for coverage and the event is valid. If your dependent is not eligible for coverage, please check "Not Eligible."**

No.	Name	Birth Date	Dependent Type	Not Eligible
1	Jimmy Testfamily	02/25/1995	Child	<input type="checkbox"/>

**Event**

Adoption

**Step 2: Obtain the Required Documentation for each dependent and the event listed.**

Refer to the previous page for a list of documents that must be submitted for dependent and event verification. Also, print SHBP on each of the proof items you are sending.

If you have questions concerning your audit, please call 1-800-610-1863.

**Step 3: Upload or fax this completed Cover Sheet, along with the required documentation, by 09/01/2014.**

**Note:** This completed Cover Sheet is required for your documentation to be processed!

**SECURE UPLOAD:** <https://www.adpdvs.com> Registration Code n8fp88b2

**Note:** To upload scanned images of your documentation, please log onto <https://www.adpdvs.com>. If this is your first time using the site, you will need the registration code listed above, along with additional requirements that will be listed on the website. Click on the *First Time Registration* link and follow the instructions on your screen.

The website allows you to view the required documents, view a copy of this letter, submit documents and check the status of your audit.

**SECURE FAX:** Dependent Verification Services  
866-400-1686

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Do not write below this line



73207520143082423862

**VERIFICATION DEADLINE**

**09/01/2014**

**FAX THIS PAGE ON TOP**

DEPFDL ADD 73

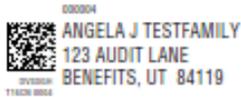
T16CL 0001 001 001

SAMPLE RESUBMIT LETTER--INCOMPLETE (PAGE 1 OF 3):

ADP Dependent Verification Services  
P.O. Box 4350  
Alpharetta, GA 30023-4350



08/18/2014



**VERIFICATION DEADLINE**  
**10/02/2014**

**Dear ANGELA J TESTFAMILY:**

This letter is to inform you that additional documentation is required for each dependent listed as **Pending Failure** on the enclosed Cover Sheet. As part of the verification process, you are required to furnish proof of dependent eligibility by **10/02/2014**.

**All you need to do is complete these three simple steps:**

1. Review the enclosed Cover Sheet and confirm that each dependent is eligible for coverage.
2. Obtain the required documentation for each dependent listed on the Cover Sheet. For information regarding where to obtain the necessary documentation, log onto <http://www.cdc.gov/nchs/w2w.htm> or <http://www.vitalrec.com>.
3. Upload or fax the completed Cover Sheet, along with the required documentation, by **10/02/2014**.

**SECURE UPLOAD:** <https://www.adpdvs.com>      **Registration Code** n5r69QW5

**Note:** To upload scanned images of your documentation, please log onto <https://www.adpdvs.com>. If this is your first time using the site, you will need the registration code listed above, along with additional requirements that will be listed on the website. Click on the *First Time Registration* link and follow the instructions on your screen.

The website allows you to view the required documents, view a copy of this letter, submit documents and check the status of your audit.

**SECURE FAX:**      **Dependent Verification Services**  
   **866-400-1686**

We are committed to protecting employee privacy and can assure you that all documentation will be treated confidentially. You will receive a confirmation letter after your documentation has been processed.

If you do not complete the process and provide acceptable proof of dependent eligibility, your dependent coverage may be terminated or rescinded.

If you have questions or need additional information regarding the necessary documentation, call:

**SHBP Member Services**  
**1-800-610-1863**  
Representatives are available **8:30 a.m. - 5:00 p.m. EST (Monday-Friday)** (except holidays).

Sincerely,  
State Health Benefit Plan

Enclosure(s)

**SHBP**

**Cover Sheet**

(This sheet must be returned with the required documentation included)

From: ANGELA J TESTFAMILY  
123 AUDIT LANE  
BENEFITS, UT 84119

Listed below are your dependent(s) that require verification. If the Dependent Status is Pending Failure, additional documentation is required.

To verify the eligibility of each of your dependents, complete the following three simple steps by 10/02/2014.

**Step 1: Review the dependent information below and confirm that each dependent is eligible for coverage. If your dependent is not eligible for coverage, please check "Not Eligible."**

No.	Name	Birth Date	Dependent Type	Dependent Status	Not Eligible
1	JEFFREY A TESTFAMILY	10/05/1963	Spouse	Pending Failure	<input type="checkbox"/>
2	DANIEL A TESTFAMILY	11/10/1990	Child	Pending Approval	<input type="checkbox"/>
3	JOSHUA A TESTFAMILY	02/25/1993	Child	Pending Approval	<input type="checkbox"/>
4	ASHLEY N TESTFAMILY	06/05/1996	Child	Pending Approval	<input type="checkbox"/>
5	TIMOTHY M TESTFAMILY	12/18/2003	Child	Pending Approval	<input type="checkbox"/>
6	Deven TESTFAMILY	05/13/2014	Child	Pending Approval	<input type="checkbox"/>

**Step 2: Obtain the Required Documentation for each dependent listed.**

Refer to the following page for a list of documents that must be submitted for dependent verification. Also, print SHBP on each of the proof items you are sending. A list of the documentation submitted is listed in the Status of Documentation Received section on the back of this page.

If you have questions concerning your audit, please call 1-800-610-1863.

**Step 3: Upload or fax this completed Cover Sheet, along with the required documentation, by 10/02/2014.**

**Note:** This completed Cover Sheet is required for your documentation to be processed!

**SECURE UPLOAD:** <https://www.adpdvs.com> Registration Code n5r69QWS

**Note:** To upload scanned images of your documentation, please log onto <https://www.adpdvs.com>. If this is your first time using the site, you will need the registration code listed above, along with additional requirements that will be listed on the website. Click on the *First Time Registration* link and follow the instructions on your screen.

The website allows you to view the required documents, view a copy of this letter, submit documents and check the status of your audit.

**SECURE FAX:** Dependent Verification Services  
866-400-1686

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Do not write below this line



73207520140002423877

**VERIFICATION DEADLINE**  
10/02/2014  
**FAX THIS PAGE ON TOP**

DEPRSB ADD 70

TRUCK 0004 001 004

SAMPLE RESUBMIT LETTER--INCOMPLETE (PAGE 3 OF 3):

Please review the table(s) below for information on documents received. If the table(s) below are blank, valid documentation was **not** received. The table(s) do not capture all the documentation still needed to satisfy the audit. Please reference the Required Documentation tables for a complete list.

**Status of Documentation Received**

No.	Dependent Name	Document List	Document Received	Document Status
1	JEFFREY A TESTFAMILY	C	Bank or Credit Card Statement with Common Address	Approved
		A	Document(s) does not meet audit requirements	Insufficient Documentation
		B	Document(s) does not meet audit requirements	Insufficient Documentation
2	DANIEL A TESTFAMILY	A	Birth Certificate with Parent's Name Listed	Approved
3	JOSHUA A TESTFAMILY	A	Birth Certificate with Parent's Name Listed	Approved
4	ASHLEY N TESTFAMILY	A	Birth Certificate with Parent's Name Listed	Approved
5	TIMOTHY M TESTFAMILY	A	Birth Certificate with Parent's Name Listed	Approved
6	Deven TESTFAMILY	A	Birth Certificate with Parent's Name Listed	Approved

**Required Documentation**

**Important!** If you are sending a copy of your tax return, block out Social Security numbers and any financial information. Only the first page of the tax return is required.

Child
Please submit one item from List A.
<b>List A</b>
Adoption Certificate
Adoption Placement Agreement
Birth Certificate with Parent's Name Listed
Documentation of Legal Custody
Documentation of Legal Guardianship
Hospital Birth Record with Parent's Name Listed
Qualified Medical Child Support Order

Spouse		
Please submit one item from List A OR one item from List B AND List C. If you are submitting a document from List C, it must be dated within 6 months of the audit end date and have the dependent's name listed on the document.		
List A	List B	List C
Current Federal Tax Return with Dependent Listed	Common Law Affidavit	Bank or Credit Card Statement with Common Address
Marriage Certificate		Mortgage or Lease Statement with a Common Address
		Motor Vehicle Statement with a Common Address
		Utility Bill with a Common Address