What is a Health Plan Dependent Audit?

A Health Plan Dependent Audit is a process used by organizations to confirm that all dependents enrolled in a group health plan (Medical/Vision and Dental) are eligible for coverage. Dependent audits require employees to certify the eligibility of their dependents and to confirm the accuracy of their personal information such as names and dates of birth.

Why perform a Health Plan Dependent Audit?

Ineligible dependents cost both employees and employers significant dollars. A dependent audit helps plan sponsors ensure health plans are compliant and that benefit dollars are only being spent on participants who are eligible. This keeps health care costs down for everyone.

Why are you asking me to verify my dependents?

We must guarantee consistent application of eligibility requirements within county sponsored health plans. Additionally, ineligible dependents that are using our health plans can create higher costs for those who are eligible.

Who is an eligible dependent?

Eligible dependents include spouse, as recognized by the Commonwealth of Virginia, minor children through age 26 (biological, adopted, or stepchildren, and children for whom the employee has been granted permanent legal custody), and disabled children over the age of 26. For more information on who is considered an eligible dependent, visit the <u>Health Plan Dependents Page</u>.

Who is NOT an eligible dependent?

Ineligible dependents include divorced spouses and domestic partners, ex-stepchildren, parents, grandparents, and siblings. Any individual already actively covered under a Fairfax County Government plan is considered an ineligible dependent.

Why would an ineligible dependent be listed on the plan?

In most instances, this happens by mistake. For instance, a plan participant may forget to remove a divorced spouse and ex-stepchildren.

Who is required to complete the dependent audit?

All employees covering a spouse and/or dependent in a county-sponsored health plan (medical/vision or dental) are required to certify their dependent(s) eligibility by completing the <u>2024 Health Plan</u> <u>Dependent Certification form</u> and submitting it to the Benefits Division in the Department of Human Resources by December 1, 2023.

What benefits plans are being audited during the Health Plan Dependent Audit?

The county-sponsored Medical/Vision and Dental plans are being reviewed during this audit process. Dependents do not need to be certified for Dependent Life Insurance, Flexible Spending Accounts (FSA), or Health Savings Accounts (HSA).

What happens if ineligible dependents are discovered?

You may remove ineligible dependents during our Open Enrollment period. Their coverage will be terminated effective December 31, 2023. You may also notify the Benefits Division to request a change form to remove them from your coverage on the first of the month following receipt of your form.

What happens if I fail to respond to the Health Plan Dependent Audit?

This audit is **mandatory** for all employees covering a spouse and/or dependents in a county-sponsored health plan. Coverage for any spouse or dependent who is not certified (via the 2024 Health Plan Dependent Certification Form) will be **terminated effective December 31, 2023**. Dependents that are removed due to no response, cannot be added back to the plan until the next Open Enrollment period in 2024 for the 2025 plan year or with a verifiable Qualifying Family Status Event.

The Benefits Division will share a list of employees who are required to participate in this audit and fail to respond by the deadline of December 1, 2023, with the HR Manager in their Agency for additional follow-up. <u>Continued lack of response will result in termination of county-sponsored health plan</u> <u>coverage for uncertified dependents.</u>

How can I find out who's currently covered under my health plans?

Benefits enrollment information including dependents actively covered, and their personal information, can be found on FOCUS Employee Self Service (ESS) under "My Benefits". To review benefits enrollments, select "Participation Overview". A step-by-step guide can be found on the "Resources Section" on the <u>2024 Health Plan Dependent Audit page</u>.

Is this an opportunity for me to make changes to my benefit coverage?

No. This is not an enrollment period, you will not be able to make changes to your benefit coverage. This process is an eligibility verification of dependents currently covered under the county sponsored health plans. You can make changes to your benefit elections during the annual open enrollment period, **October 2nd through October 20, 2023. For information on making plan changes outside of Open Enrollment, visit the Qualifying Events Page on FairfaxNet.**

My divorce decree states that I must provide benefit coverage for my ex-spouse. Can they continue to be covered under my benefits?

No. An ex-spouse is not eligible for coverage under your benefit plans regardless of the divorce decree. Your ex-spouse may be eligible for COBRA continuation coverage if your divorce was finalized within the last 60 days. You may contact the Benefits Division for more information about COBRA eligibility.

If a dependent isn't eligible and removed from coverage, will they be eligible for continued coverage through COBRA?

If the dependent became ineligible within 60 days of notification to the Benefits Division, then they would be eligible to elect continuation of coverage under COBRA. <u>Dependents removed during open</u> <u>enrollment are not eligible for continuation of coverage under COBRA.</u>

I am retiring by the end of the year. Do I have to comply with the Audit?

Yes. The results of the Dependent Audit will validate past, current, and continued participation on county-sponsored health plans including continuation of coverage in retirement. All employees covering dependents should complete the Health Plan Dependent Audit to validate that participation.

I am a recent new hire and recently completed this process, do I need to participate in the audit?

New employees with a hire date of September 1, 2023, and later do not need to participate in the dependent audit.

What happens if I'm out on leave for the duration of the Health Plan Dependent Audit?

The Benefits team will follow the same protocol as for an absence during the open enrollment season. Please contact the Benefits Division through HR Central at 703-324-3311. The hours of operation for the Benefits Division are 8:00 am - 4:30 pm Monday through Friday.

Whom do I contact with questions regarding the Health Plan Dependent Audit?

Please contact the Benefits Division through HR Central at 703-324-3311. The hours of operation for the Benefits Division are 8:00 am - 4:30 pm Monday through Friday. To learn more and additional details on how to and where to submit completed forms, visit the <u>Health Plan Dependent Audit page</u>.

Will the Benefits Division provide me with enrollment information for my covered dependents?

No. As the Plan Auditors, Benefits Team members will not confirm enrollments, covered dependents, or other details required to complete the audit form.

Where do I send completed forms?

Forms must be returned to the Benefits Division in the Department of Human Resources by <u>December</u> <u>1, 2023</u>. Forms may be returned in-person, via inter-office mail, by email to <u>HRCentral@fairfaxcounty.gov</u> or via the Benefits Division secure fax at 703-802-8795. Additional information on returning this important form can be found on the <u>Health Plan Dependent Audit page</u>.

What is the deadline for me to turn in the 2024 Health Plan Dependent Certification Form to certify my dependents?

To continue covering dependents, employees must complete the <u>2024 Health Plan Dependent</u> <u>Certification Form</u> and submit it to the Benefits Division in the Department of Human Resources on or before <u>Friday, December 1, 2023</u>.

How will I know that my form was received and accepted with no further action from me?

When a form is received by the Benefits Division, the employee will receive an email confirming receipt of the form. *If the form is received prior to 3:00 pm, the receipt confirmation will be sent the same day the form is received. If it is after 3:00, it will be sent the following day.* Then, the form will be reviewed, details confirmed, and the dependent documentation already on file will be reviewed. Additional communications will be sent via the employee's county email confirming certification of dependents or additional steps needed to complete verification within 7 -10 Business days.

My spouse and I are both county employees. My spouse currently covers our child on his plan. During the 2024 Open Enrollment he will take our child off his plan, and I will cover him on my plan. Who completes the Dependent Audit Certification?

The parent that is currently covering the child should complete the form. When the child changes plans, if additional documentation is required, a Benefits team member will communicate with the plan subscriber via their county email address.

Do I list my own information in the dependent section of the form?

No. Employees who are subscribers of the county-sponsored health plan should complete the top portion of the form and a verifiable signature. Only information for your covered dependents needs to be supplied in the body of the form. Don't forget to sign and date your form.

Do I need to supply supporting documentation for my dependents with my 2024 Dependent Certification form?

No, if the Benefits Division is missing documentation from you, they will request it after review of your form.

What documents will be scanned?

Once the review has been completed and your dependent certification has been finalized, the 2024 Health Plan Dependent Certification form will be scanned into the employees permanent Laserfiche file. If we have requested any additional documents during this process, such as a marriage license or birth certificate, those will also be scanned into the employee's record. Originals will be destroyed.

If I am retired, do I need to complete the 2024 Health Plan Dependent Certification form?

No. The current audit is for <u>Active</u> employees who cover dependents in a county-sponsored health plan, Medical, Vision, and/or Dental. Any 2024 Health Plan Dependent Certification forms received from a retiree will be destroyed.

I don't have any dependents; do I need to complete a form?

No The current audit is for employees who cover dependents in a county-sponsored health plan: Medical, Vision, and/or Dental plans. Any 2024 Health Plan Dependent Certification forms received from employees who are not enrolled, or not covering dependents in a county-sponsored health plan will be destroyed.

I am a re-hired annuitant; do I need to complete the 2024 Health Plan Dependent Certification form?

Yes, but only if you are currently enrolled in, and covering dependents in, one of the county-sponsored health plans for active employees. If you have maintained enrollment in a county-sponsored retiree health plan, then you do not need to complete the 2024 Health Plan Dependent Certification form.

Can I complete the form by cutting and pasting the information from my FOCUS record?

No. Employees should complete the form to certify the eligibility of their dependents so that it can be verified against the information in FOCUS and Laserfiche. If you cut and paste that information, you may be certifying incorrect information and we will return your form to you for correction.

Why must I use a paper confirmation form instead of submitting it electronically through DocuSign or FOCUS?

The purpose of the audit is to confirm the accuracy of employees' dependent data in FOCUS and to ensure that all dependent eligibility documentation is recorded. Updating this data in FOCUS overrides existing information. The paper confirmation form allows the Benefits Division to confirm completion of the audit by every eligible employee, as well as data accuracy to ensure that dependent coverage is not terminated incorrectly.

Additionally, a physical or "wet" signature is required by the Benefits Division on all forms completed for benefits enrollment. The same requirement is in place for the certification of dependents. Benefit elections are also a payroll authorization since most actions have a direct effect on an individual's pay.

Why does the audit form require dependent social security numbers? What happens if the social security number is incorrect?

All benefit plan providers require a Social Security number (or nine-digit tax ID) for all participants enrolled in their plans. If a 2024 Health Plan Dependent Certification Form is submitted with a social security number, or tax ID, different from the number on record in FOCUS and Laserfiche, the Benefits Division will reach out to the employee via their county email, to determine which number is correct. This could include requesting a copy of the dependent's Social Security card. An incorrect Social Security number or tax ID could result in benefit claims and services being rejected or delayed for payment.

The 2024 Health Plan Dependent Certification Form contains sensitive data. Is the verification process secure?

Yes. In compliance with HIPAA regulations, information and documentation submitted to the Benefits Division is protected by procedural safeguards. Forms are handled exclusively by the Benefits Team. Forms that are mailed, dropped off at HR Central in-person, or left in the locked drop box outside of the Department of Human Resources, may be handled by HR Central team members prior to being turned over to the Benefits Team. Forms are kept in a locked file cabinet while under review. Once the review process has been finalized and dependents are certified, employees will receive confirmation via their county email. Forms and additional documentation are scanned into the employee's benefit Laserfiche record, and the originals are destroyed through secure document shredding.