Dependent Eligibility Audit Training
State of Arizona

For Benefit Liaisons
March 2009

Dependent Eligibility Audit Overview

Your agency has been selected !

The Benefit Services Division (BSD) has initiated a statewide eligibility audit to ensure that only eligible individuals are enrolled in and receiving benefits from the Benefit Options health plan (BOHP).

On October 1, 2004, the State of Arizona implemented the BOHP, a self-funded group medical, dental, vision, short and long-term disability and life Insurance plan.

The Arizona Department of Administration's (ADOA) decision to conduct a statewide eligibility audit was predicated upon several factors:

- **As BOHP Trust Fund Administrator, BSD has a fiduciary responsibility to ensure that only eligible individuals participate in the plan**
- **Rising health care costs are of concern to employers and workers**
- **Self-insured plans, like BOHP, have streamlined administration and reduced costs to help mitigate additional employee premiums and out-of-pocket costs**
- **As plan costs rise, employers look at dependent audits designed to assess and remove plans costs for dependents who do not qualify for coverage**

A random sample of 1,032 members in 53 agencies will participate in the Dependent Eligibility Audit (DEA).

The DEA will evaluate dependent eligibility for <u>medical coverage only</u>.

Audit Steps Overview

Agency Directors and Human Resource Managers were sent notification letters on Mar 18, 2009.

Benefit Liaisons will be sent notification emails along with a List of Members included in the audit sample, during the week of Mar 23rd, 2009.

Benefit Liaisons will collect supporting documentation from members and forward photocopies to BSD Audit Services.

Audit Services will evaluate the documentation and send disposition letters to members at the conclusion of each agency's review.

Agency Directors and Human Resource Managers will receive confirmation letters at the conclusion of each agency's audit sample.

Benefit Liaisons – Your Role

You are a key factor in the success of this audit !

Benefit Liaisons will verify that the documentation provided by members to support dependent eligibility is authentic, submitted within the established time frame, and:

Original documents must be provided by the member

- A valid document which supports the eligibility status being questioned
- An original document or
- A certified copy of an original document

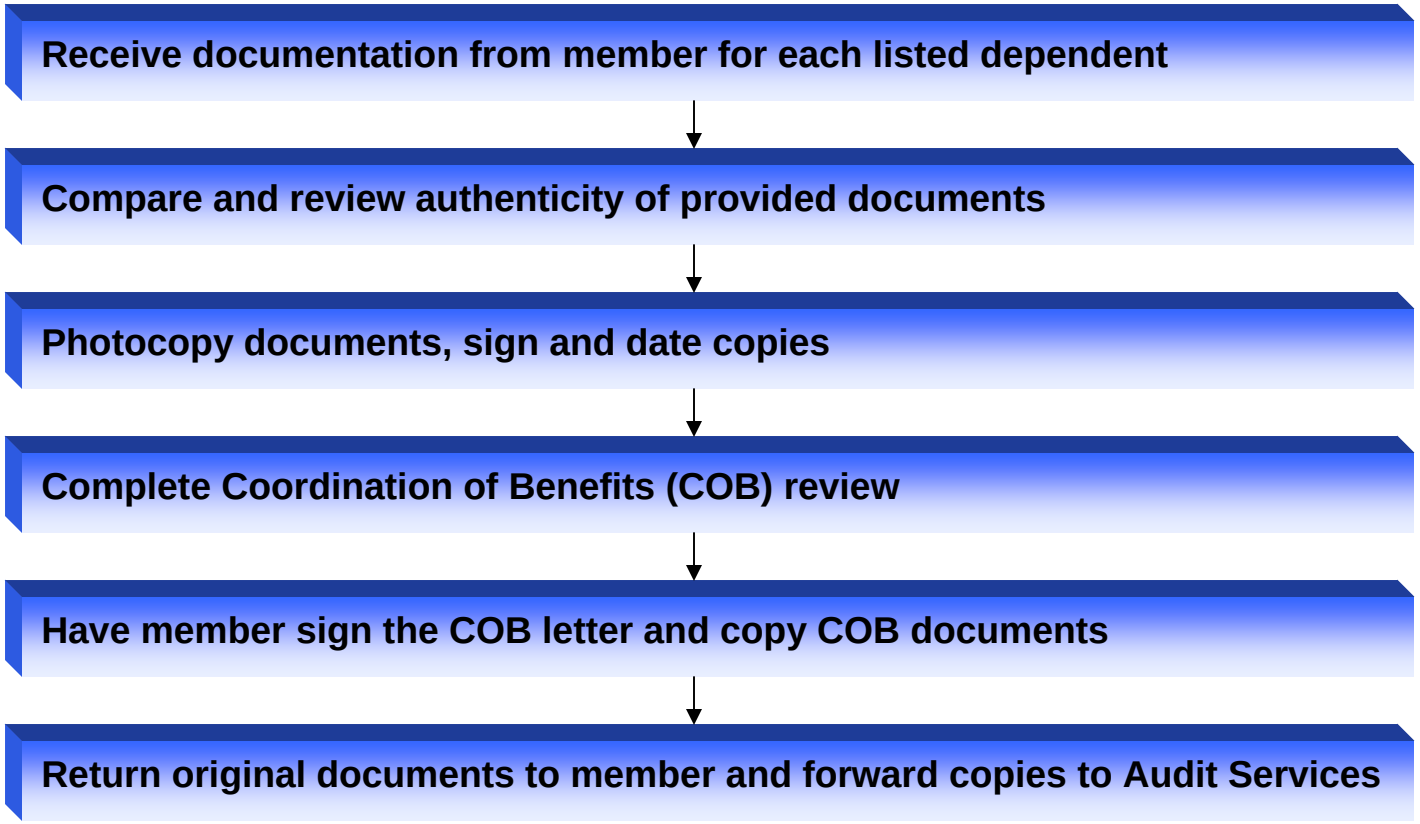
Benefit Liaisons will verify and photocopy all member-provided documents, then sign the copies and forward them to Audit Services for review.

Benefit Liaisons will return all original documents to members.

Audit Services will not confirm dependent eligibility until all documents have been received and evaluated.

Agency Directors, Human Resource Managers, Benefit Liaisons and Members will be notified of final disposition at the close of the audit.

Documentation Process Overview



Documentation Process

Step 1 – Receive Documentation

Documents may be:

- **Hand delivered to Audit Services or Benefit Liaisons**
- **Mailed Internally* or**
- **Mailed via the United States Postal Service***

*** Original documents mailed to Audit Services will be returned by the same method they were received.**

Step 2 – Compare and Review Documents

- **Compare the names on the documents to the list of dependents**
- **Review each document to ensure that it has not been altered in any way**
- **Determine if the provided document is "Valid" as described in the audit requirements (See validation process)**

Step 3 – Photocopy and Return Original Documents

- **Make a photocopy of the complete document (front and back if there is information on the back)**
- **Sign and date the photocopies**
- **Return original documents to the member**
- **Mail photocopies to Audit Services**

Best Practice: Mail all copies to BSD Audit Services on the same day each week.

Coordination of Benefits

The Coordination of Benefits (COB) rules allow medical care plans to coordinate benefits when a member is covered by more than one group medical care plan. COB eliminates duplicate payments and assists patients in receiving the maximum benefit to which they are entitled.

How COB Works

- If a member is covered by more than one group plan, COB guidelines determine which carrier pays for covered services first.
- The plan that pays first is the primary plan. This plan must provide the member with the maximum benefits available under the plan.
- The plan that pays second is the secondary plan. This plan provides payments toward the balance of the cost of covered services, up to the total allowable amount determined by the carriers.

Together, the primary and secondary payers coordinate payments for services up to 100% of covered charges at a rate consistent with covered benefits.

Documentation Process – COB

Be sure to check for COB

Make a copy of the COB question located on the second page of the Initial Letter requesting dependent information, as shown below. Be sure to have the member sign and date the COB section of the letter.

Don't Forget: Members are required to answer this question.

	YES	NO
Please indicate if you, your spouse or your dependents have more than one type of health insurance coverage.		

Date _____

Member Signature _____

If the answer is **"yes",** a copy of the COB card (front and back) should be attached to the letter and forwarded to Audit Services along with any other eligibility documentation.

Documentation Process

COB – Example

Don't forget the checkbox

COB must be signed and dated by member

«Member Name»
February 3, 2009
Page 2

	YES	NO
Please indicate if you, your spouse or your dependents have more than one type of health insurance coverage.	✓	

Date 11/15/08

Member Signature John Roberts

If you answered 'Yes' above, please provide a copy of the insurance card that includes the name of your health insurance carrier and your policy and/or group numbers so that we may coordinate benefits and get you the maximum payment on your claims.

The Benefit Services Division appreciates your cooperation in providing the necessary documentation to establish dependent eligibility. If you have any questions or need additional time to provide the requested documentation, please contact your agency's Benefits Liaison or Rosie Huntley, Benefit Services Division, Audit Services at 602-364-1129.

Upon receipt of the information requested, you will be notified of the final determination of eligibility for each of your dependents.

Sincerely,

Philip Hamilton

Phil Hamilton
Assistant Director

Attachment

SAMPLE

IR 4

Be sure to copy both sides of the benefits card

IHC Independence Holding Company
Employee Benefit Plan
POINT of SERVICE
www.azfmc.com

Group: [redacted]
ID: [redacted]
01[redacted]

RxBIN: [redacted]
RxPCN: [redacted]
RxGrp: [redacted]

EXPRESS SCRIPTS
www.express-scripts.com
Pharmacist Questions: (800) 234-7345

SAMPLE

FOR BENEFIT / CLAIM QUESTIONS: Call (866) 651-5236

PRECERTIFICATION: Call (602) 870-0632 or (800) 522-2161 7 days before any inpatient Hospitalization or confinement, or home health care / hospice service; or 3 days before outpatient surgical or diagnostic procedures. Notify us immediately upon a diagnosis of pregnancy. Emergency & Maternity admissions must call the next business day. Penalties will apply if you fail to precertify.

Chirosource: For chiropractic services call (800) 680-9997.

Send paper claims to: AFMC, PO Box 2909, Phoenix AZ 85062-2909
Send electronic claims to WEBMD ID #: 86062
For PPO Information Call: (602) 252-4042

ELECTRONIC CLAIM INFORMATION: http://edihelp.jacusa.com
Optum Care24 Nurses and Counselors: (888) 805-4166 pin 263

PHCS For out of area provider referrals, please call PHCS at (800) 678-7427.

Effective Date: 01012007 03IHC02SAI
Card Produced: 12292006 Q27-AZ-00002

Validation Process

Dependent	Documentation
Spouse	1. Marriage License/ Marriage Certificate and/or a Divorce Decree, if applicable
Domestic Partner	**1. Domestic Partner Affidavit** *Audit Services will obtain and review the affidavit for Domestic Partner, the Member or Benefit Liaison will be contacted if additional information is required.
Dependent Child	1. Birth certificate 2. Adoption papers 3. Court Guardianship 4. Marriage License/Marriage Certificate (to establish the relationship of a step child) 5. Domestic Partner Affidavit for child of Domestic Partner
Dependent Child over the age of 19 FTS	1. Dependent Child Document **AND** 2. A signed letter from the Registrar or Dean of Students, on College or University letter head substantiating full time student status 3. A copy of current semester's tuition bill with College or University emblem or seal disclosing total credit hours 4. A copy of student's schedule with College or University emblem or seal confirming full-time student status
Older Child over the age of 19 Not FTS	1. Dependent Child Document **AND** **2. Older Child Affidavit** *Audit Services will obtain and review the affidavit for Older Children, the member or benefit liaison will be contacted if additional information is required.
Disabled Child	1. Dependent Child Document **AND** 2. Proof of Disability – formal documentation from a qualified professional i.e. physician, psychologist, learning disability specialist, audiologist or neuro-psychologist 3. Form provided by network, completed by the member and signed by a physician
Disabled Spouse	1. Marriage License /Marriage Certificate **AND** 2. Proof of Disability – formal documentation from a qualified professional i.e. physician, psychologist, learning disability specialist, audiologist or neuro-psychologist 3. Form provided by network completed by the member and signed by a physician

Details for Domestic Partner and Older Child on the following slides.

Validation Process – Domestic Partners

There were 2 significant Health Plan changes for the plan year 2008 - 2009. Beginning October 1, 2008, members had the option of adding Domestic Partners or Older Children to their coverage.

A Domestic Partner is subject to the following qualifications:

- Shares the employee's permanent residence; has resided with the employee or retiree continuously for at least 12 months before filing an application for benefits and expect to continue to reside with the employee or retiree indefinitely as evidenced by an affidavit filed at time of enrollment
- Has not signed a declaration or affidavit of domestic partnership with any other person and has not had another domestic partner within the 12 months before filing an application for benefits
- Does not have any other domestic partner or spouse of the same or opposite sex
- Is not currently legally married to anyone or legally separated from anyone else
- Is not a blood relative any closer than would prohibit marriage in Arizona
- Was mentally competent to consent to contract when the domestic partnership began
- Is not acting under fraud or duress in accepting benefits
- Is at least 18 years of age
- Is financially interdependent with the employee or retiree in at least three ways

*Members were required to add Domestic Partner dependents manually during open enrollment and to complete a "Domestic Partner Affidavit" certifying to the above information.

Domestic Partner Affidavits will be obtained and reviewed by Audit Services

Validation Process – Older Child

There were 2 significant Health Plan changes for plan year 2008 – 2009. Beginning October 1, 2008 members had the option of adding Domestic Partners or Older Children to their coverage.

An Older Child is a dependent subject to the following qualifications:

- Is under 25 years of age
- Is unmarried
- Was covered by an ADOA health insurance plan made available for the state during the year the individual was 18
- Resides in Arizona, if the individual is:
  - A natural child, adopted child or stepchild of an employee, officer, retiree, former elected official or domestic partner, or
  - A child for whom the employee, officer, retiree, former elected official or domestic partner received a court-ordered guardianship when the child was 18 years old or younger

Don't Forget: Both the Birth Certificate and proof of Older Child Affidavit is required to determine dependent eligibility **Please collect the Birth Certificate or other proof of dependent eligibility and forward copies to Audit Services

*Members were required to add Older Child dependents manually during open enrollment and to complete an "Older Child Affidavit" certifying the above information.

Older Child Affidavits will be obtained and reviewed by Audit Services

Validation Process – Best Practices

Document Validation Best Practices

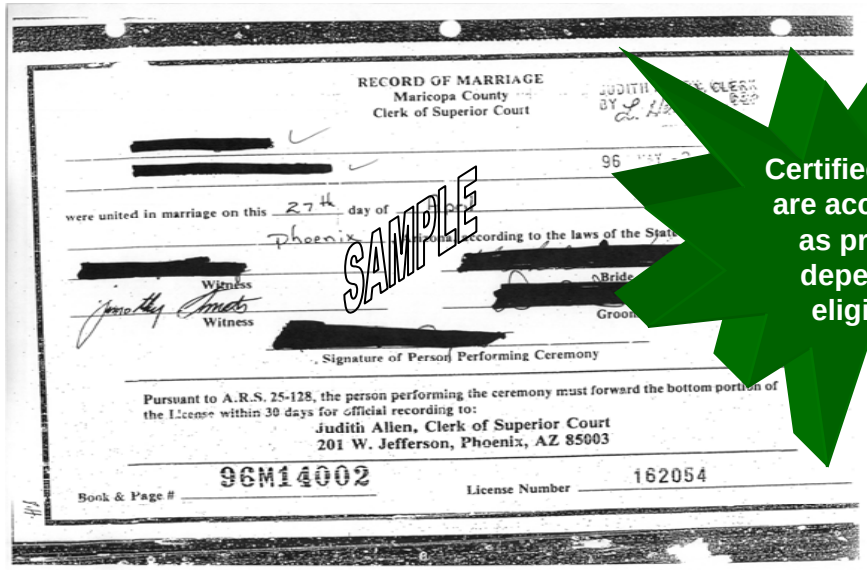
- Members must provide original documents or certified copies of original documents
- Certified copies are photocopies of a filed document, legal or other, in it's entirety that is sworn to be a true copy by a court clerk, solicitor or notary public
- Documents should be in good condition with no apparent alteration of signatures, names or dates
- Many documents will be on colored paper and may include a watermark; the watermarks should not be altered in any way
- The edges of the paper on most legal documents is <u>not</u> perforated
- Seals or emblems are often raised or stamped into the paper

If you have any questions or concerns about a document that has been provided by a member, please contact Rosie Huntley Audit Services (602) 364-1129 or email rosie.huntley@azdoa.gov

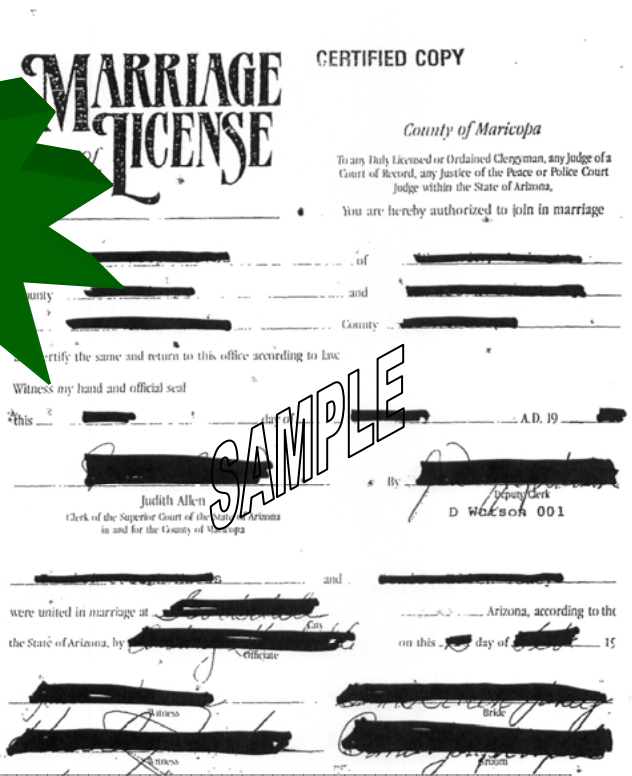
Don't forget to verify member or dependent names on each presented document

Certified Copy

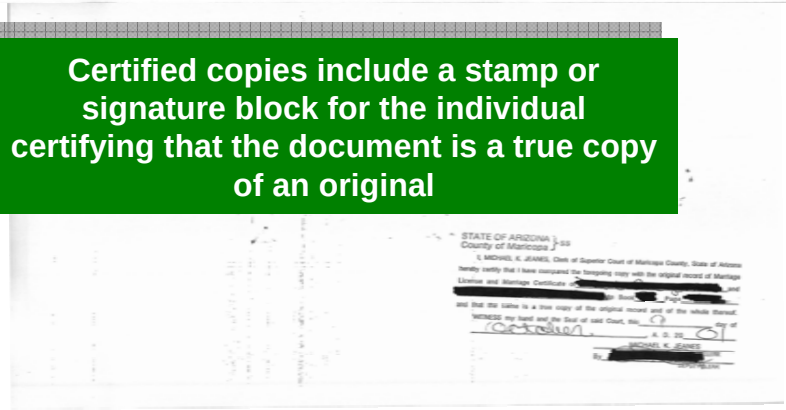
Example



Certified copies are acceptable as proof of dependent eligibility



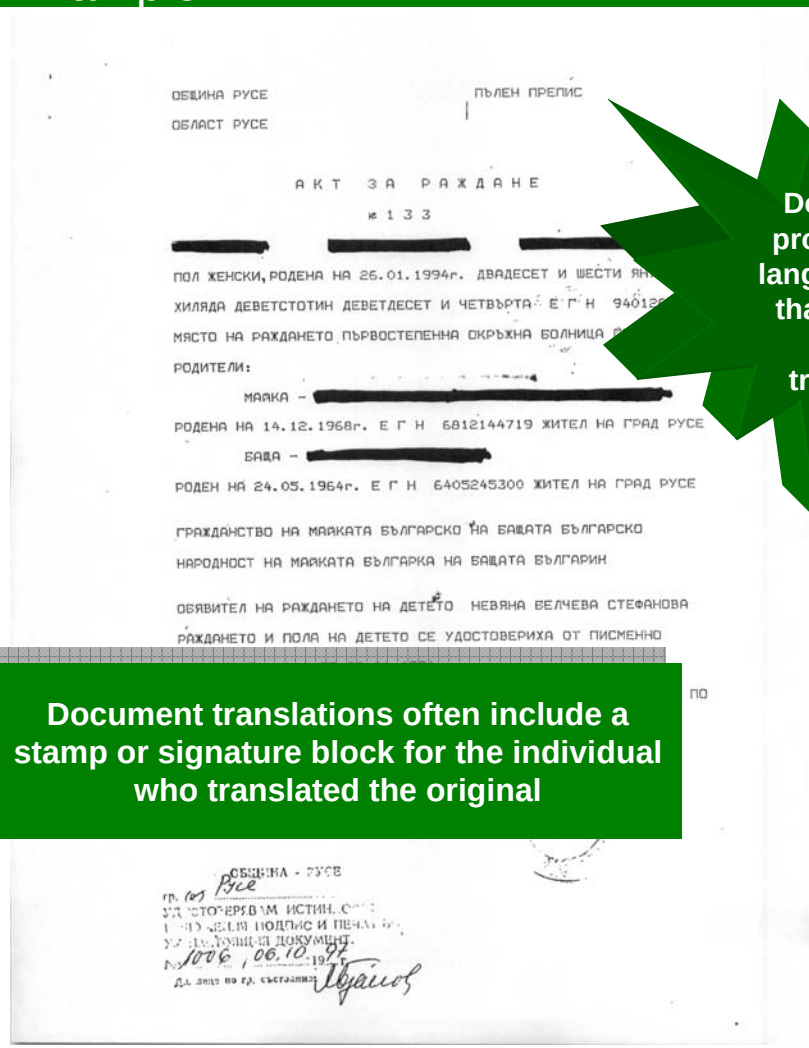
Certified copies include a stamp or signature block for the individual certifying that the document is a true copy of an original



Certified copies often have a raised seal or emblem designating the notary public which may be located near the signature block

Documents From Foreign Countries

Example



ОБЩИНА РУСЕ ПЪЛЕН ПРЕПИС

ОБЛАСТ РУСЕ

АКТ ЗА РАЖДАНЕ

№ 133

[redacted]

ПОЛ ЖЕНСКИ, РОДЕНА НА 26.01.1994г. ДВАДЕСЕТ И ШЕСТИ ЯН

ХИЛЯДА ДЕВЕТСТОТИН ДЕВЕТДЕСЕТ И ЧЕТВЪРТА Е Г Н 94012

МЯСТО НА РАЖДАНЕТО ПЪРВОСТЕПЕННА ОКРЪЖНА БОЛНИЦА

РОДИТЕЛИ:

МАЙКА – [redacted]

РОДЕНА НА 14.12.1968г. Е Г Н 6812144719 ЖИТЕЛ НА ГРАД РУСЕ

БАЩА – [redacted]

РОДЕН НА 24.05.1964г. Е Г Н 6405245300 ЖИТЕЛ НА ГРАД РУСЕ

ГРАЖДАНСТВО НА МАЙКАТА БЪЛГАРСКО НА БАЩАТА БЪЛГАРСКО

НАРОДНОСТ НА МАЙКАТА БЪЛГАРКА НА БАЩАТА БЪЛГАРИН

ОБЯВИТЕЛ НА РАЖДАНЕТО НА ДЕТЕТО НЕВЯНА БЕЛЧЕВА СТЕФАНОВА

РАЖДАНЕТО И ПОЛА НА ДЕТЕТО СЕ УДОСТОВЕРИХА ОТ ПИСМЕННО

ПО

ОБЩИНА - РУСЕ

гр. (с) Русе

УДОСТОВЕРЯВАМ ИСТИН...

...ПОДПИС И ПЕЧАТ...

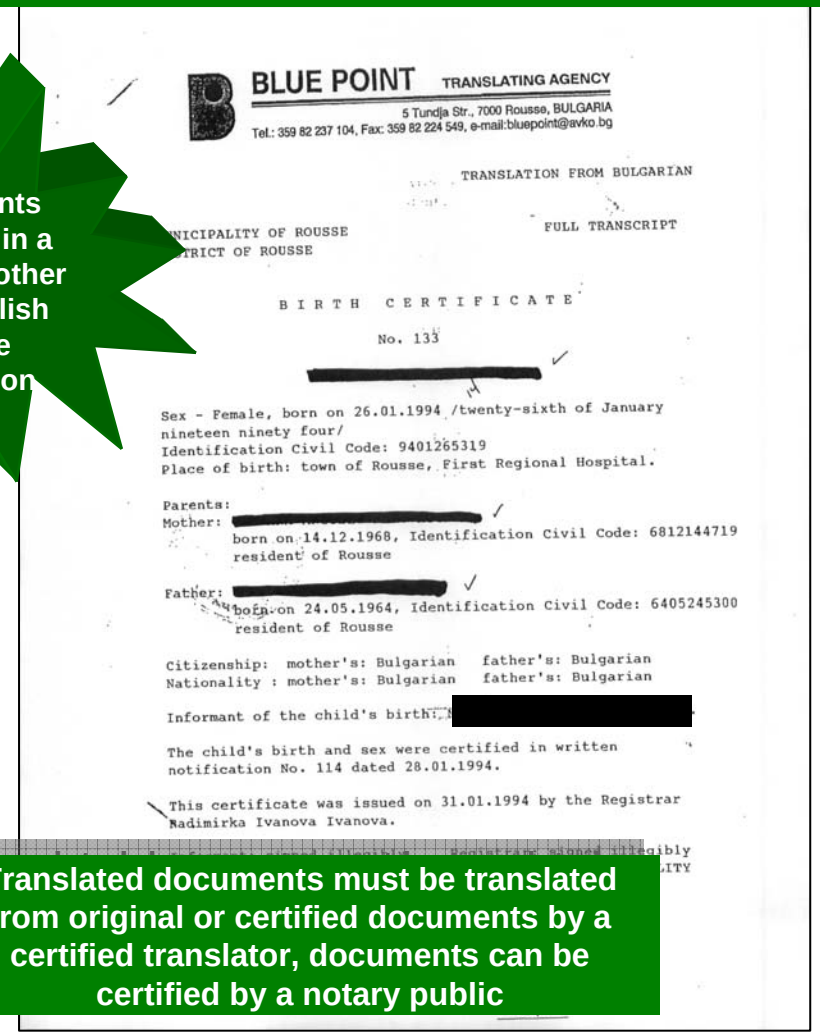
...ДОКУМЕНТ.

№ 1006, 06.10.1997 г.

Дл. лице по гр. съставяне

Documents provided in a language other than English require translation

Document translations often include a stamp or signature block for the individual who translated the original



BLUE POINT TRANSLATING AGENCY

5 Tundja Str., 7000 Rousse, BULGARIA

Tel.: 359 82 237 104, Fax: 359 82 224 549, e-mail:bluepoint@avko.bg

TRANSLATION FROM BULGARIAN

...NICIPALITY OF ROUSSE FULL TRANSCRIPT

...TRICT OF ROUSSE

BIRTH CERTIFICATE

No. 133

[redacted]

Sex - Female, born on 26.01.1994 /twenty-sixth of January nineteen ninety four/

Identification Civil Code: 9401265319

Place of birth: town of Rousse, First Regional Hospital.

Parents:

Mother: [redacted]

born on 14.12.1968, Identification Civil Code: 6812144719

resident of Rousse

Father: [redacted]

born on 24.05.1964, Identification Civil Code: 6405245300

resident of Rousse

Citizenship: mother's: Bulgarian father's: Bulgarian

Nationality : mother's: Bulgarian father's: Bulgarian

Informant of the child's birth: [redacted]

The child's birth and sex were certified in written notification No. 114 dated 28.01.1994.

This certificate was issued on 31.01.1994 by the Registrar Nadimirka Ivanova Ivanova.

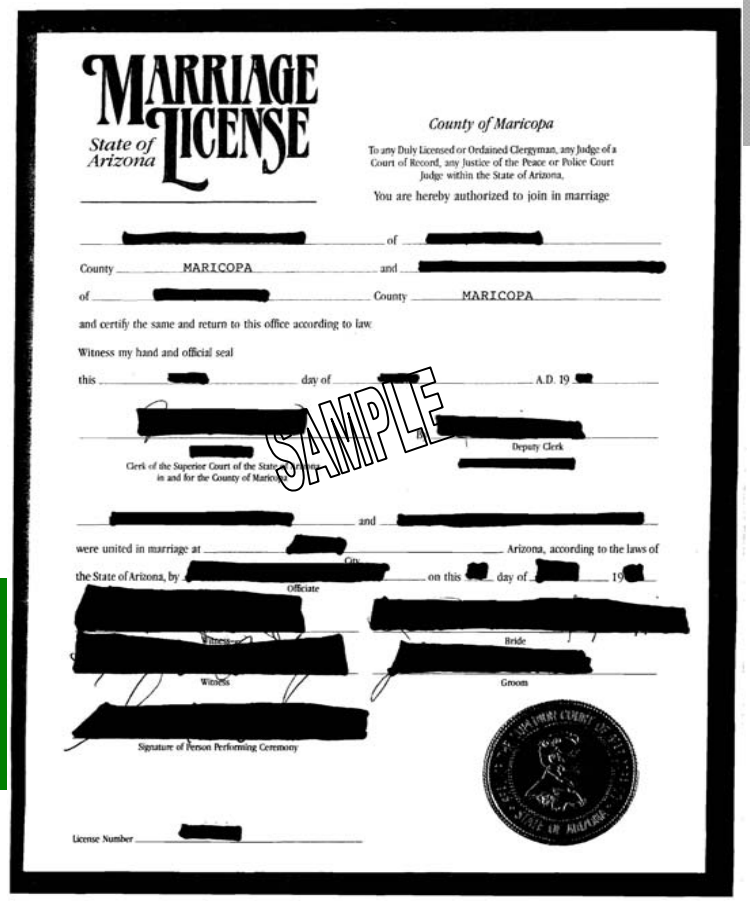
Translated documents must be translated from original or certified documents by a certified translator, documents can be certified by a notary public

Marriage License/Marriage Certificate

Sample 1

Each state and county uses a different type or style or Marriage License or Marriage Certificate

Match the member and dependent name's to the bride and groom



MARRIAGE LICENSE

State of Arizona

County of Maricopa

To any Duly Licensed or Ordained Clergyman, any Judge of a Court of Record, any Justice of the Peace or Police Court Judge within the State of Arizona,

You are hereby authorized to join in marriage

[redacted] of [redacted]

County MARICOPA and [redacted]

of [redacted] County MARICOPA

and certify the same and return to this office according to law.

Witness my hand and official seal

this [redacted] day of [redacted] A.D. 19[redacted]

[redacted] By [redacted]

Clerk of the Superior Court of the State of Arizona in and for the County of Maricopa

Deputy Clerk

SAMPLE

[redacted] and [redacted]

were united in marriage at [redacted] City, Arizona, according to the laws of the State of Arizona, by [redacted] Officiate on this [redacted] day of [redacted] 19[redacted]

[redacted] Witness

[redacted] Bride

[redacted] Witness

[redacted] Groom

[redacted] Signature of Person Performing Ceremony

License Number [redacted]

Remember: An application for a marriage license is not proof of legal marriage

Check the signature of the court clerk or person performing the marriage for authenticity

Check seals and/or emblems for authenticity

Marriage License/Marriage Certificate

Sample 2

Not all legal documents have a raised seal or emblem

Each country uses a different type or style or Marriage License or Marriage Certificate

Certificate of Marriage

This is to Certify that, on the sixth day of [redacted] A.D. 19[redacted], at Town of Newmarket in the Province of Ontario, I solemnized the Marriage of [redacted] and [redacted] under Marriage Licence No. T 45504 issued on the [illegible] day of Feb A.D. 1965

Witnesses: [redacted]

[redacted]

(Signature of person solemnizing the marriage — If Judge or Magistrate so indicate)

132 Don Mon Dr. Newmarket (address)

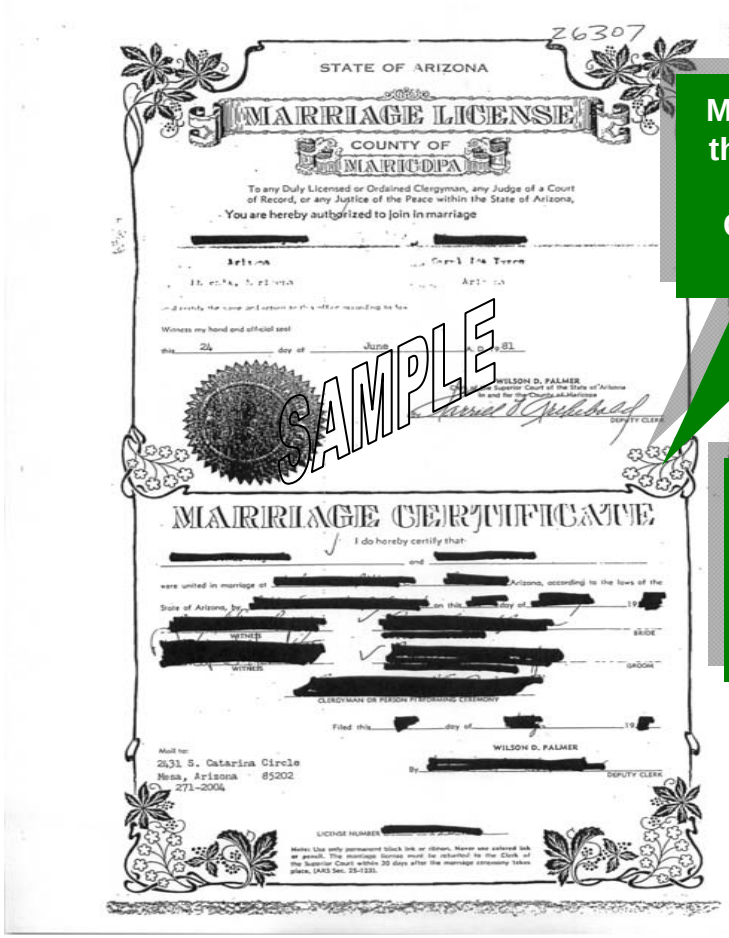
13836 (Denomination) Church of the Nazarene (Registration Certificate Number)

SAMPLE

Check the signature of the court clerk or person performing the marriage for authenticity

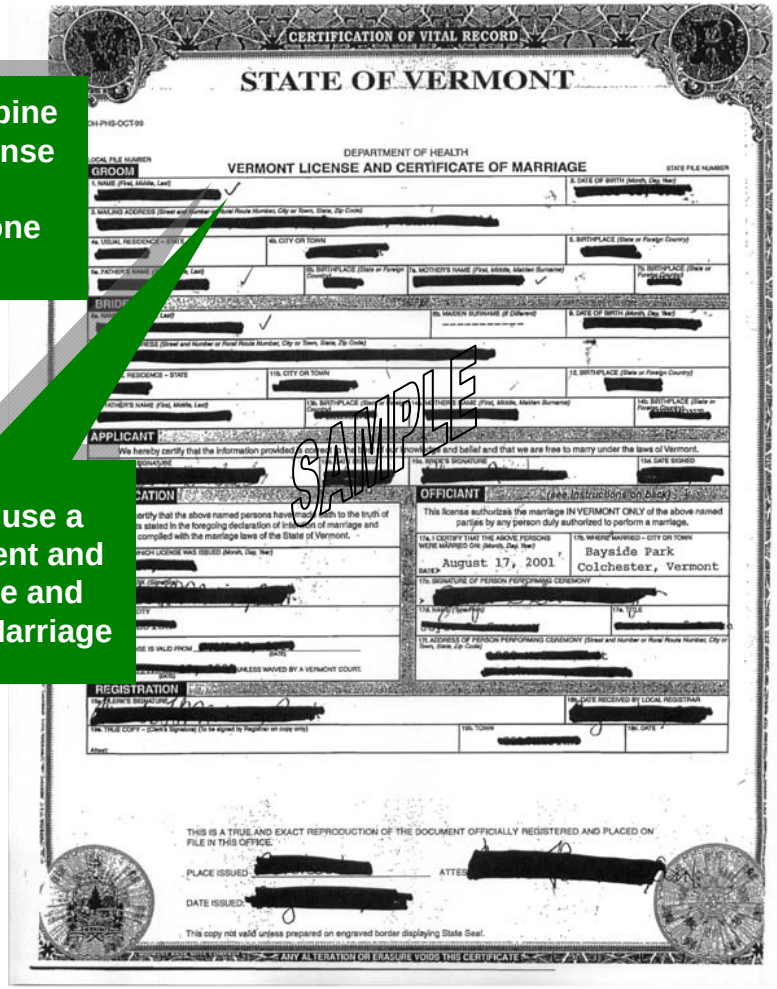
Marriage License/Marriage Certificate

Sample 3 - Other



Many states combine the Marriage License and Marriage Certificate into one document

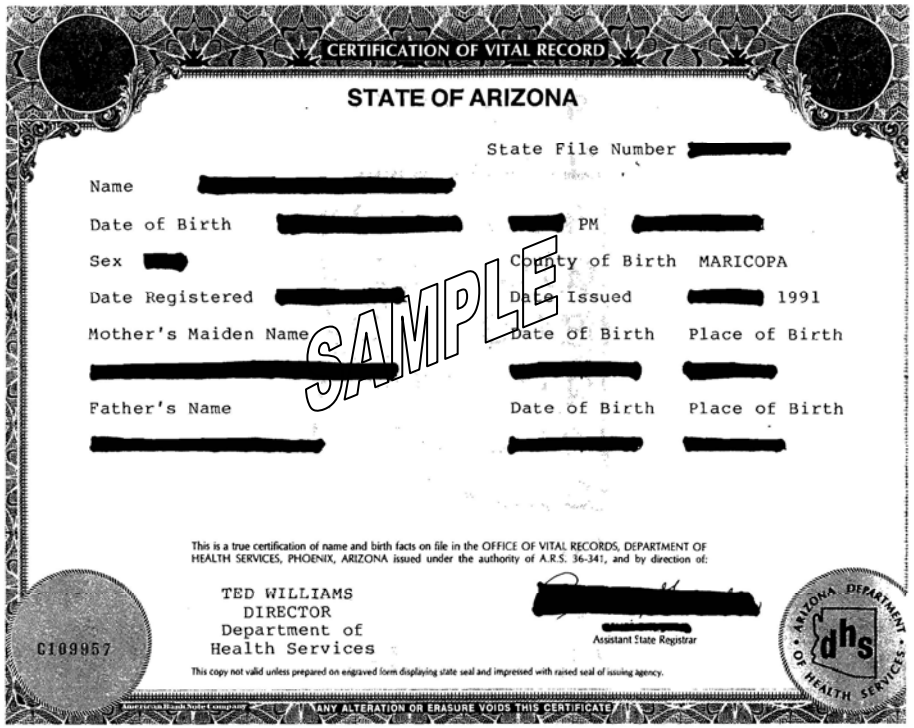
Some states use a single document and title it License and Certificate of Marriage



Birth Certificate

Sample 1

Match members name to the mother or father's name



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

State File Number [redacted]

Name [redacted]

Date of Birth [redacted] [redacted] PM [redacted]

Sex [redacted]

County of Birth MARICOPA

Date Registered [redacted]

Date Issued [redacted] 1991

Mother's Maiden Name [redacted]

Date of Birth [redacted]

Place of Birth [redacted]

Father's Name [redacted]

Date of Birth [redacted]

Place of Birth [redacted]

SAMPLE

This is a true certification of name and birth facts on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

TED WILLIAMS
DIRECTOR
Department of
Health Services

[redacted]

Assistant State Registrar

C109957

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ARIZONA DEPARTMENT OF HEALTH SERVICES dhs

Match name with members dependent list

Date of birth –If the dependent is over the age of 19 – Additional documentation may be required.

For a stepchild, a copy of the marriage certificate is required. Check to ensure that the name of the member's spouse shown on the marriage certificate matches on the birth certificate.

Signature by registrar

Review DHS seal

Birth Certificate

Sample 2

Match members name to the mother or father's name

Match name with members dependent list

Date of birth If the dependent is over the age of 19 – Additional documentation may be required.

For a stepchild, a copy of the marriage certificate is required. Check to ensure that the name of the member's spouse shown on the marriage certificate matches on the birth certificate.

Review DHS seal

CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS
CERTIFICATE OF LIVE BIRTH

BIRTH NO. [redacted]

1. CHILD'S NAME A. FIRST [redacted] B. MIDDLE [redacted] C. LAST [redacted]
2. SEX [redacted] 3A. PLURALITY (SPECIFY) [redacted] 3B. IF MULTIPLE BIRTH (SPECIFY) 4A. DATE OF BIRTH (MONTH DAY, YEAR) [redacted]
4B. HOUR OF BIRTH [redacted] 5. PLACE OF BIRTH A. COUNTY MARICOPA B. TOWN OR CITY [redacted]
5C. PLACE OF BIRTH ■ HOSPITAL ☐ FREESTANDING BIRTHING CENTER ☐ RESIDENCE ☐ CLINIC/DOCTOR'S OFFICE ☐ OTHER (SPECIFY) D. FACILITY NAME (IF NOT INSTITUTION GIVE STREET AND NUMBER) [redacted]
6. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX (Optional)) [redacted]
7. DATE OF BIRTH (MONTH DAY, YEAR) [redacted] 8. PLACE OF BIRTH (STATE OR COUNTRY) [redacted]
9. MOTHER'S MAIDEN NAME (FIRST, MIDDLE, LAST) [redacted]
10. DATE OF BIRTH (MONTH DAY, YEAR) [redacted] 11. PLACE OF BIRTH (STATE OR COUNTRY) [redacted]
12. MOTHER'S USUAL RESIDENCE A. STATE [redacted] B. COUNTY [redacted] C. TOWN OR CITY [redacted] D. ZIP
12E. STREET ADDRESS OR R.F.D. 12F. IN CITY LIMITS ■ YES ☐ NO 13. MOTHER'S MAILING ADDRESS (IF DIFFERENT FROM ITEM 12)

SAMPLE

DATE REGISTERED: [redacted] DATE ISSUED: AUGUST 10, 2005

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

[redacted]
ASSISTANT STATE REGISTRAR

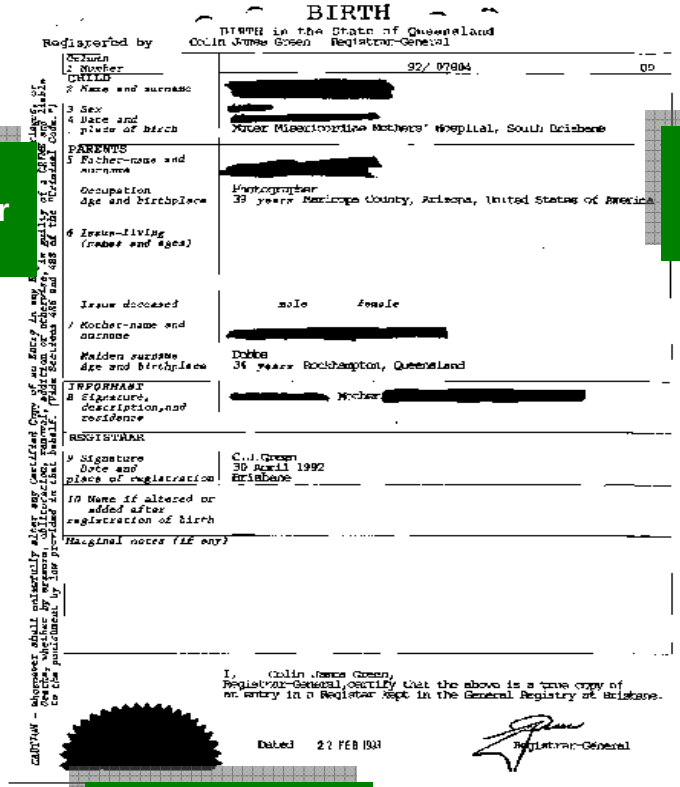
This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

Birth Certificate

Sample 3



BIRTH

BIRTH in the State of Queensland

Registered by Colin James Green Registrar-General

Column 1 Number 92/ 07804 00

CHILD

2 Name and surname [redacted]

3 Sex [redacted]

4 Date and place of birth Mater Misericordiae Mothers' Hospital, South Brisbane

PARENTS

5 Father-name and surname [redacted]

Occupation Age and birthplace Photographer 39 years Maricopa County, Arizona, United States of America

6 Issue-living (names and ages)

Issue deceased male female

7 Mother-name and surname [redacted]

Maiden surname Age and birthplace Dobbs 34 years Rockhampton, Queensland

INFORMANT

8 Signature, description, and residence [redacted] Mother [redacted]

REGISTRAR

9 Signature Date and place of registration C.J.Green 30 April 1992 Brisbane

10 Name if altered or added after registration of birth

Marginal notes (if any)

I, Colin James Green, Registrar-General, certify that the above is a true copy of an entry in a Register kept in the General Registry at Brisbane.

[redacted] Dated 22 FEB 1993 Registrar-General

CAUTION - Whoever shall unlawfully alter any Certified Copy of an Entry in any Register, or Index, or Certificate, or Certificate, whether by erasure, obliteration, removal, addition or otherwise, is guilty of a CRIME and liable to the punishment by law provided in that behalf. (Vide Sections 486 and 488 of the Criminal Code.)

Match members name to the mother or father's name

Match name with members dependent list

For a stepchild, a copy of the marriage certificate is required. Check to ensure that the name of the member's spouse shown on the marriage certificate matches on the birth certificate.

Date of birth If the dependent is over the age of 19 – Additional documentation may be required.

Review raised seal or emblem

Students Schedule

Sample 1

My ASU - Schedule

Page 1 of 1

ARIZONA STATE UNIVERSITY

[redacted]

My Class Schedule - Spring 2009

Course	Title	Units	Instructor (s)	Days	Times	Date(s)	Location
ACC 231	Uses of Accounting Info I	0.0	Staff	W	8:35 AM - 9:25 AM	1/19/09 - 5/5/09	Tempe BAC 116
ACC 231	Uses of Accounting Info I	3.0	Staff	M F	8:35 AM - 9:25 AM	1/19/09 - 5/5/09	Tempe BA 341
GPH 111	Intro to Physical Geography	4.0	Cerveny	T	9:00 AM - 10:15 AM	1/19/09 - 5/5/09	Tempe SCOB 210
MAT 211	Math for Business Analysis	3.0	[illegible]	[illegible]	9:40 AM - 10:30 AM	1/19/09 - 5/5/09	Tempe SCOB 252
REL 321	Religion in America	3.0	[illegible]	[illegible]	10:30 AM - 11:45 AM	1/19/09 - 5/5/09	Tempe SCOB 228
ECN 211	Macroeconomic Principles	3.0	[illegible]	M W F	10:45 AM - 11:35 AM	1/19/09 - 5/5/09	Tempe BAC 216
GPH 111	Intro to Physical Geography	0.0	Cerveny	M	11:40 AM - 2:30 PM	1/19/09 - 5/5/09	Tempe SCOB 312
DCI 194	Topic: Career Preparation	1.0	Iniguez	T	1:40 PM - 3:00 PM	1/19/09 - 5/5/09	Tempe MUSIC E277
Total Units: 17.0							

SAMPLE

https://webapp4.asu.edu/myasu/schedule?term=2091

11/4/2008

College or University emblem or seal

Verify the name of the FTS dependent

A student is considered "full-time" if they meet one of the following criteria:

1. **An undergraduate student taking at least 12 credit hours**
2. **A graduate student taking at least 9 credit hours**
3. **A post-secondary student classified as "full-time" by the college or university**

Arizona State University
University Registrar's Office
P.O. Box 870312
School Code: 001291
Tempe, Arizona 85287-0312
(480) 965-3124

Page 1 of 1

Enrollment Verification as of 1/23/2009

Name: [redacted]

Career: Program of Study

Career: Undergraduate
Academic Program: School of Letters & Sciences

Academic Plan: Interdisciplinary Studies
Degree: BS
Declare DL: 03/[illegible]/2004

Enrollment History

Term	Career	Begin Date	End Date	Units	Status
2009 Spring	UGRD	01/12/2009	05/[illegible]/2009	12.00	Full-Time

Sincerely,

Louise Derry
University Registrar

Confirm that the student is designated as Full Time

Don't Forget: Both the Birth Certificate and proof of full-time student status is required to determine dependent eligibility

Frequently Asked Questions

1	QUESTION	If a document is provided in a different language, is a translation required?
	ANSWER	Yes, a certified translation document is required for Marriage Certificates, Birth Certificate, Adoption papers and Divorce Decrees.
2	QUESTION	Can I accept certified copies instead of original documents?
	ANSWER	Yes, certified copies are acceptable.
3	QUESTION	Is the member required to provide a Birth Certificate for an Older Child or Full Time Student?
	ANSWER	Yes, proof of dependent eligibility is required for all children regardless of student or older child status.
4	QUESTION	Is COB verification required?
	ANSWER	Yes, employees are asked to mark yes or no, sign and date the COB portion of the letter they received and provide a copy of the secondary insurance card if applicable.
5	QUESTION	Who do I contact if I have questions?
	ANSWER	Contact Rosie Huntley at 602-364-1129 or via e-mail; rosie.huntley@azdoa.gov
6	QUESTION	How were members picked for audit?
	ANSWER	A random sample was obtained from statewide employees.
7	QUESTION	What happens to the copies of documents that members provide?
	ANSWER	Copies are stored electronically and placed in the member's Benefit Services file.
8	QUESTION	What happens if a member can not provide the requested documentation?
	ANSWER	Have the member contact Rosie Huntley @ 602-364-1129

Acknowledgment of Training

I Acknowledge that I have completed the Benefit Liaison Dependent Eligibility Audit Training. I understand my role and responsibilities as related to the Dependent Eligibility Audit and will follow the standards identified within the training. I am aware that as a Benefit Liaison, it is not my role to determine eligibility and that dependent eligibility will not be approved until all documents have been reviewed by BSD Audit Services.

Agency	
Benefit Liaison	
Date	

By entering your name on the above you are providing an electronic signature

Please E-mail this document to:

Rosie Huntley
Senior Health Plan Auditor
Rosie.Huntley@azdoa.gov
or
Fax to: 602-542-4048
or
Send via Inter-office Mail to:
BSD Audit Services
Suite 103

This document must be returned to BSD Audit Services upon completion of training.

Thank you for completing the Benefit Liaison Dependent Eligibility Audit Training. If you have additional questions regarding the Dependent Eligibility Audit, please contact:

BSD Audit Services at 602-364-1129