



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

Maryland Health Connection System Updates

Effective August 29, 2015, the Maryland Health Connection (MHC) will make the following changes to greatly improve the eligibility process and eligibility determinations for Medicaid beneficiaries. The improvements will:

1) Remove Temporary 90 Day Medicaid, MCHP and MCHP Premium Eligibility for Identity and Income Verifications for New Applicants

Currently, applicants with outstanding verifications are given temporary 90 day Medicaid eligibility. When the State implemented the Connecticut system in November 2014, the system included a rule allowing a 90 day temporary eligibility period. To correct this issue, Maryland will disable this rule effective August 29th. Individuals will be required to have income and identity verifications approved BEFORE enrolling in Medicaid.

Moving forward, individuals with outstanding verifications for income or identity will be notified they have 10 days to submit documentation. Caseworkers will have an additional 20 days to process the verifications. During this 30-day period, the eligibility status will be pending in the system, and the applicant will not receive Medicaid benefits. If identity and income are verified, *and there are no other outstanding verifications*, applicants will be determined eligible for Medicaid effective the first day of the month in which they applied. If no documentation is provided for the initial application after 30 days, the eligibility status will switch from 'pending' to 'denied'.

Consistent with the ACA, Maryland will give a 90 day temporary coverage period to qualified individuals enrolled in Medicaid who have outstanding citizenship or immigration status verifications ONLY. Coverage will be on a fee-for-service (FFS) basis. Once the individual's documents are verified, he or she can enroll in an MCO. After 90 days, if documentation is not provided for an initial application, the individual's eligibility status will switch from 'temporary' to 'denied'.

Applicants will be notified via the Maryland Health Connection website and notices to submit all documents needed for verification.

NOTE: The eligibility process for individuals eligible for Medicaid and individuals eligible for a QHP is different. Individuals with outstanding verifications who are eligible for a qualified health plan (QHP) with an advanced premium tax credit or cost-sharing reduction (APTC/CSR) may enroll in a QHP immediately. The individual will then have 90 days to provide the documents requested. If the individual fails to provide citizenship/immigration verification information within 90 days, coverage will end. If the individual fails to provide income verification information within 90 days, financial assistance will end.

2) Add an Automated Medicaid Renewal Process in the MHC

For most renewals the MHC system will retrieve household information from each individual's last submitted application 60 days prior to the applicant's Medicaid, MCHP and MCHP Premium coverage end date. The MHC will use this information to perform a projected eligibility determination and automatically renew those

applications who qualify for coverage. Active enrollees will be “auto-renewed” and sent a notice to notify the enrollee of the final eligibility determination (1337 Notice).

In some scenarios, a household’s application meeting certain criteria will be excluded from the Medicaid auto-renewal process. The following application types will be excluded: applications that included a household member that reported they were pregnant, applications where information cannot be electronically verified, applications where the program eligibility changes from Medicaid to MCHP or MCHP Premium, and applications where the program eligibility changes from Medicaid to QHP/APTC. These individuals and members of their household will receive an initial manual renewal notice 60 days prior to the coverage end date (1305 Notice).

For those individuals who fail to renew manually, the MHC will send a final reminder notice 30 days before the coverage end date to inform them to renew or lose coverage (1334 Notice).

3) Incorporate Maryland Automated Benefits System (MABS)

The Maryland Automated Benefits System (MABS) was recently added to Maryland Health Connection. MABS, a database with recent income information, will allow more people to verify income electronically resulting in faster and more accurate eligibility determinations.