

Removal of Medicaid Temporary Eligibility for Identity and Income Verifications

Maryland requires that individuals must have income and identity verifications approved before enrolling in Medicaid. Individuals with outstanding verifications for income or identity have 30 days to submit their documents (consumer will receive a notice telling them they have 10 days to submit documents but they will officially be denied after 30 days). During this 30-day period, the eligibility determination will be pending and the person will not receive Medicaid benefits. If identity and income are verified, *and there are no other outstanding verifications*, they will be able to enroll in an MCO. After 30 days of not providing documentation for an initial application, the individual’s eligibility status will switch from ‘eligible’ to ‘denied’. After 30 days of not providing documentation for a change report (identity or income VCL outstanding), the individual’s eligibility status will switch from ‘active’ to ‘disenrolled’.

A 90 day temporary coverage period will be given to qualified individuals enrolled in Medicaid who have only outstanding citizenship or immigration status verifications only. Coverage will be on a fee-for-service (FFS) basis. Once the individual’s documents are verified, the person can enroll in an MCO. After 90 days of not providing documentation for an initial application, the individual’s eligibility status will switch from ‘temporary’ to ‘denied’.

If an individual who qualifies for Medicaid has outstanding verifications for either income or identity *and* citizenship or immigration status, the consumer's eligibility determination will be pending. Consumers will have 30 days to provide any identity and/or income verifications before their application will be denied or their prior coverage is cancelled. During this 30 day period consumers are not given temporary Medicaid eligibility. Consumers will not be enrolled in Medicaid until they have completed any outstanding income and identity verifications. If the income or identity verifications are cleared first, the consumer will be shifted into a temporary eligibility status with FFS coverage until any their citizenship or immigration documents are verified. The temporary eligibility period will be granted for 90 days from the date of application.

Medicaid Eligibility Status

Time Elapsed since Application Date	0 Days	30 Days	90 Days
No Outstanding Verifications	Consumer can enroll in MCO immediately		
Income/Identity Must be Verified	Eligibility Status: "Pending"		
Only Citizenship/Immigration Must be Verified	Eligibility status: "Temporary" (FFS)		

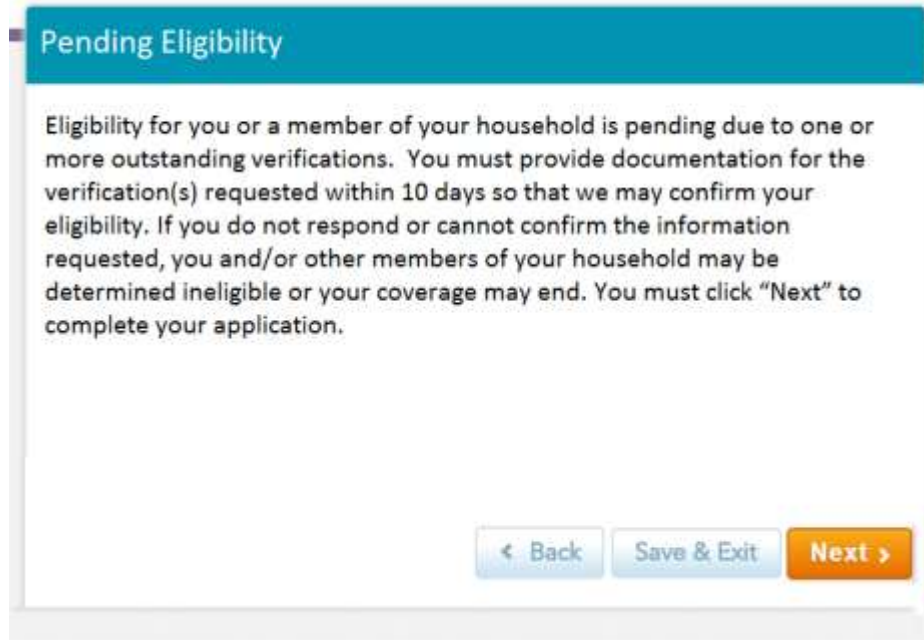
Change Reports: Individuals currently enrolled in Medicaid who report a change during the year that triggers a new VCL will have 30 days to verify changes in income/identity and 90 days to verify changes in citizenship/immigration. The consumer will retain full coverage through their MCO during this time period. Consumer with outstanding VCLs for both income or identity *and* citizenship or immigration status will have 30 days to verify their VCL. If income or identity verifications are cleared first, the consumer will have 90 days to submit their citizenship or immigration documents for verification. If the individual fails to verify their outstanding VCLs in a timely fashion, they will be disenrolled from coverage.

Note: If a consumer who is eligible for a qualified health plan (QHP) with APTC/CSR has outstanding verifications, they are eligible to enroll in a health plan immediately. The consumer will then have 90 days to provide the documents requested for income and 95 days to provide the citizenship/immigration documents. If the consumer does not provide the income documents with 90 days, their APTC/CSR will be recalculated based on income data available through data sources or

they will lose their APTC/CSR if the data sources do not have income data available for the consumer. If the consumer does not provide the citizenship/immigration documents, the consumer will be disenrolled from the QHP after 95 days.

Consumers will be notified of the necessity of submitting all documents needed for verification throughout the application process on HBX.

The following screen will now appear before the “Document Upload” screen if eligibility for any member of the household is pending due to one or more outstanding verifications.



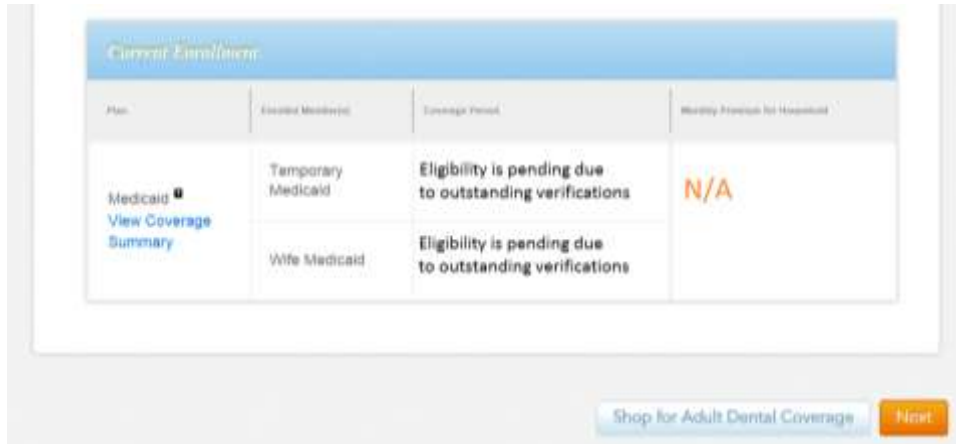
On the “Final Confirmation” page consumers will see a message under ‘Coverage Period’ that their eligibility is pending due to outstanding verifications.

Final Confirmation

Please review and confirm the **Medicaid** and **MCHP Premium** enrollment information below. After confirming your updated enrollment information you will have the opportunity to shop for coverage year(s) for Qualified Health Plans (QHPs).

Current Enrollment			
Plan	Enrolled Member(s)	Coverage period	Monthly Premium for Household
Medicaid View Coverage Summary	mia brown	Eligibility is pending due to outstanding verifications	N/A
Medicaid View Coverage Summary	lily brown	Eligibility is pending due to outstanding verifications	N/A

Additionally, on the “Current Enrollment” section of the homepage consumers will be shown a message stating that their eligibility is pending due to outstanding verifications.



Below are some sample scenarios for different situations a household may find themselves in and how the Medicaid eligibility rules apply with respect to outstanding verifications.

Sample Scenarios

Scenario 1 – Income verification documents provided within 30 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	An income VCL remains open after initial application submission.	1301, 1302	No—Pending status
Household submits income documentation before 3/7/2015 (30 day time limit).	Documents are verified and HBX grants Medicaid with Coverage Start Date of 2/1/2015.	1403	Yes

Scenario 2 – Income verification documents not provided within 30 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	An income VCL remains open after initial application submission.	1301, 1302	No—Pending status
Household does not submit income documentation before 3/7/2015 (30 day time limit).	Denial notice is sent to the household explaining that they are no longer eligible. Their application status within the HBX will read ‘denied’.	1328	No

Scenario 3 – Mixed household with income verification documents not provided within 30 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015. Mother and father are determined eligible for QHP/APTC and their child is eligible for Medicaid.	An income VCL remains open after initial application submission.	1301, 1302	No—Pending status for child. (M/F can enroll in QHP)
Household does not submit income	Denial notice is sent to the	1328	No

documentation before 3/7/2015 (30 day time limit).	household explaining that the child is no longer eligible. The child's application status within the HBX will read 'denied'. The mother and father still enrolled in QHP/APTC and need to provide documents within 90 days to remain eligible for APTC/CSR.		
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Scenario 4 – Income verification required on a change report provided within 30 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015. Mother and father are determined eligible for Medicaid and the child is determined eligible for CHIP.	There are no pending verification so the parents are enrolled in Medicaid while the child is enrolled in CHIP.	1301	Yes. Parents in MA, child in CHIP.
On 4/14/2014 they report a change. The parents are still eligible for Medicaid and their child is now also eligible for Medicaid.	An income VCL remains open after application submission.	1302, 1303	Yes. Parents in MA, child in CHIP.
Household submits income documentation before 5/14/2015 (30 day time limit).	Parents continue to be enrolled in MA. Child is enrolled in MA with a Coverage Start Date of 4/1/2015.	1403	Yes. Parents and child in MA.

Scenario 5 – Income verification required on a change report not provided within 30 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015. Mother and father are determined eligible for Medicaid and the child is determined eligible for CHIP.	There are no pending verifications so the parents are enrolled in Medicaid while the child is enrolled in CHIP.	1301	Yes. Parents in MA, child in CHIP.
On 4/14/2014 they report a change. The parents are still eligible for Medicaid and their child is now also eligible for Medicaid.	An income VCL remains open after application submission.	1302, 1303	Yes. Parents in MA, child in CHIP.
Household does not submit income documentation before 5/14/2015 (30 day time limit).	Termination notice is sent and household is disenrolled from MA and CHIP on 5/31/2015.	1408	No

Scenario 6 – Citizenship documents provided within 90 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	A citizenship VCL remains open after initial application submission.	1301, 1302	Yes—Temporary, FFS.
Household submits citizenship documents within 90 days.	Household continues to be enrolled in MA.		Yes

Scenario 7 – Immigration documents not provided within 90 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	An immigration VCL remains open after initial application submission.	1301, 1302	Yes—Temporary, FFS.
Household does not submit immigration documents within 90 days.	The household is disenrolled from Medicaid and a cancellation notice is sent on 6/1/2015.	1408	No

Scenario 8 – Income and citizenship documents provided within 30 and 90 days respectively

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	Income and citizenship VCLs remain open after initial application submission.	1301, 1302	No
Household submits income documentation before 3/7/2015 (30 day time limit).	Household is enrolled in temporary Medicaid coverage with start date 2/1/2015.	1328	Yes—Temporary, FFS.
Household submits citizenship documents within 90 days.	Household continues to be enrolled in MA.		Yes—MCO.

Scenario 9 – Income document provided within 30 days but citizenship documents not provided within 90 days

Action	Result	Notices Generated	Medicaid Coverage?
Household of three submits applications through HBX system on 2/5/2015 and are determined eligible for Medicaid.	Income and citizenship VCLs remain open after initial application submission.	1301, 1302	No
Household submits income documentation before 3/7/2015 (30 day time limit).	Household is enrolled in temporary Medicaid coverage with start date 2/1/2015.	1328	Yes—Temporary, FFS.
Household does not submit citizenship documents within 90 days.	The household is disenrolled from Medicaid and a cancellation notice is sent on 6/1/2015.	1408	No