



PROVIDER ALERT

MEDICAID ELIGIBILITY GUIDELINE UPDATE

SEPTEMBER 3, 2015

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.

Please review this information closely as this system update will have a *significant* impact on the information you should share with consumers who apply for benefits.

Effective August 29, 2015

The Rule: In most instances, individuals eligible for Medicaid have 30 days to submit outstanding verifications. Applicants who qualify for Medicaid will be placed in a pending status. They will not be eligible for coverage until their documentation is reviewed and approved.

The Exception: Qualified individuals who enroll in Medicaid have 90 days to verify citizenship and/or immigration status. Applicants will receive 90 days of temporary eligibility coverage on a fee-for-service basis (FFS) while their documentation is reviewed and approved.



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30 Day Pending Status

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'.

90 Day Temporary Eligibility

Consistent with the Affordable Care Act (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 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'.

Outstanding Verifications for BOTH Income/Identity and Citizenship/Immigration

If an individual who qualifies for Medicaid has outstanding verifications for *both* 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. During this 30 day period consumers are not



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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 their citizenship or immigration documents are verified. The temporary eligibility period will be granted for up to 90 days from the date of application.

Change Reports

Individuals currently enrolled in Medicaid who report a change during the year that triggers a new Verification Check List (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. Consumers 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 lose Medicaid coverage and be disenrolled from their MCO.

Please review the attached notice from DHMH concerning these changes and updates.