

State of Rhode Island and Providence Plantations

Executive Office of Health & Human Services



Access to Medicaid Coverage under the Affordable Care Act

Section 1308:

Verification of Medicaid Affordable Care Coverage Group Eligibility Factors

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Access to Medicaid Coverage under the Affordable Care Act
Rules and Regulations Section 1308:

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Introduction

These rules related to **Access to Medicaid Coverage Under the Affordable Care Act, Section 1308 of the Medicaid Code of Administrative Rules entitled, “Verification of Medicaid Affordable Care Coverage Group Eligibility Factors”**, are promulgated pursuant to the authority set forth in Rhode Island General Laws Chapter 40-8 (Medical Assistance), including Public Law 13-144; Title XIX of the Social Security Act; Patient Protection and Affordable Care Act (ACA) of 2010 (U.S. Public Law 111-148); Health Care and Education Reconciliation Act of 2010 (U.S. Public Law 111-15); Rhode Island Executive Order 11-09; and the Code of Federal Regulations 42 CFR Parts 431, 435, 436 *et seq.*

Pursuant to the provisions of §42-35-3(a)(3) and §42-35.1-4 of the General Laws of Rhode Island, as amended, consideration was given to: (1) alternative approaches to the regulations; (2) duplication or overlap with other state regulations; and (3) significant economic impact on small business. Based on the available information, no known alternative approach, duplication or overlap was identified and these regulations are promulgated in the best interest of the health, safety, and welfare of the public.

These regulations shall supersede all previous regulations related to access to Medicaid coverage under the Affordable Care Act entitled, “Verification of Medicaid Affordable Care Coverage Group Eligibility Factors”, promulgated by EOHHS and filed with the Rhode Island Secretary of State.

1308 Verification of Medicaid Affordable Care Coverage Group Eligibility Factors

1308.01 Overview

REV: June 2015

Section 1411 of the federal Affordable Care Act (“Affordable Care Act” or “ACA”) requires the states to verify information for anyone applying for coverage through their health insurance exchanges. In Rhode Island, this provision covers any individuals and families who must apply for Medicaid through the web portal developed to support both Medicaid and HealthSourceRI.

To achieve the ACA’s goal of improving and streamlining access to all forms of affordable coverage, including Medicaid, the federal government established a data hub containing information related to various eligibility factors. The data hub facilitates the electronic information exchange necessary to verify eligibility both at the time of initial application and during annual renewals thereafter. States have the flexibility to augment the electronic verification process the federal data hub uses with any additional data bases deemed appropriate. Rhode Island elected to use state level databases to verify income first as they tend to be more correct, but still uses the federal data hub, as appropriate.

1308.02 Scope and Purpose

REV: June 2015

All new applicants in the Medicaid Affordable Care Coverage (MACC) groups identified in section 1301 of the Medicaid Code of Administrative Rules (MCAR) are required to complete the same single, streamlined application as all other persons seeking coverage through the web portal that serves both Medicaid and HealthSourceRI. The application seeks basic information about everyone who is applying for affordable coverage, irrespective of payer – that is whether the coverage is paid for in whole or in part by Medicaid, tax credits, subsidies, the applicant, and/or an employer. Applicants must provide basic information related to the eligibility determination for all members of their household that includes, but is not limited to: names; household composition; Social Security Numbers (if they have one and wish to provide it), residency; and Modified Adjusted Gross Income (MAGI).

The purpose of this rule is to identify the principal facets of the verification process, including the electronic matches made through the federal data hub, and State-automated data bases and alternatives. In addition, the provisions of this rule also set forth the respective roles and responsibilities of the Executive Office of Health and Human Services (EOHHS), in its capacity as the Single State Medicaid Agency (Medicaid agency), and applicants in assuring this process functions in the most secure, effective, and efficient manner possible.

1308.03 Definitions

REV: June 2015

For the purposes of this rule, the following definitions apply:

“**Attestation**” means the act of a person affirming through an electronic or written signature or telephonically that the statements the person made when applying for Medicaid eligibility are truthful and correct.

“Federal data hub or data hub” means the database of the United States population built by the U.S. Internal Revenue Service (IRS) and Health and Human Services (HHS) used to facilitate determinations for coverage, including Medicaid, under the Affordable Care Act of 2010.

“HealthSourceRI” means the entity that allows individuals, families, and small businesses to access insurance, as well as federal subsidies to assist in the payment of that coverage.

“Household composition” means, for the purposes of determining MAGI eligibility, the person(s) filing taxes, whether jointly or separately, and anyone included as a tax dependent of the person(s) filing taxes. Special relationship rules for household composition may apply when the person filing taxes is not the custodial parent of the tax dependent.

“Medicaid Affordable Care Coverage (MACC) Group” means a classification of persons eligible to receive Medicaid based on similar characteristics who are subject to the MAGI standard for determining income eligibility beginning January 1, 2014 as follows:

- (01) **Families and Parents/Caretakers with income up to 133% of the Federal Poverty Level (FPL)** – Includes families and parents/caretakers who live with and are responsible for dependent children under the age of 18, or 19 if enrolled in school full-time. It also includes families eligible for time-limited transitional Medicaid.
- (02) **Pregnant women.** Members of this coverage group can be of any age. The pregnant woman and each expected child are counted separately when constructing the household and determining family size. Eligibility extends for the duration of the pregnancy and two months post-partum. The coverage group includes all pregnant women with income up to 253% of the FPL, regardless of whether the legal basis of eligibility is Medicaid or CHIP, including pregnant women who are non-citizen residents of the State. The unborn child’s citizenship and residence is the basis for eligibility.
- (03) **Children and Young Adults.** Age is the defining characteristic of members of this MACC group. This coverage group includes: infants under age 1, children from age 1 to age 19 with income up to 261% of the FPL; and qualified and legally present non-citizen infants and children up to the age of 19, who have income up to 261% of the FPL.
- (04) **Adults 19-64.** This is the new Medicaid State Plan expansion coverage group established in conjunction with ACA implementation. This group consists of citizens and certain qualified non-citizens with income up to 133% of the FPL who meet the age characteristic and are not otherwise eligible for, or enrolled in, Medicare Part “A” or “B” or Medicaid under any other state plan or Section 1115 waiver coverage group. Adults found eligible for Social Security benefits are also eligible under this coverage group during the two (2) year waiting period.

“Modified Adjusted Gross Income (MAGI)” means income, adjusted by any amount excluded from gross income under section 911 of the IRS Code, and any interest accrued. The MAGI is the standard for determining income eligibility for all Medicaid affordable care coverage groups (See MCAR section 1307 for application of the MAGI).

“Reasonable compatibility” means a situation when a discrepancy between an applicant’s attestation and the information obtained from federal and State data sources in the electronic verification process does not affect the eligibility of the applicant. (See also section 1308.06 herein).

“Reasonable explanation” means information or documentation required to reconcile a discrepancy or difference between an applicant’s attestation and federal and/or State data sources on an eligibility factor.

“Reconciliation” means the point in the verification process when discrepancies between an applicant’s attestation and information from data sources are resolved.

1308.04 Synopsis of Verification Process **REV: June 2015**

New individuals and families seeking coverage must attest to the truthfulness and accuracy of the information they provide when applying by signing the completed application form under penalty of perjury. The Medicaid agency requires varying degrees of verification of the applicant attestations – sometimes referred to as self-attestations – depending on the eligibility factor (see Section 1308.05 for details). For example, self-attestations are accepted without verification for residency, household composition, pregnancy and caretaker relative status. For all other eligibility factors, the Medicaid agency requires electronic verification of applicant attestations through one or more federal and/or State data sources. In instances in which an applicant’s attestations on an eligibility factor conflict with data from the electronic data source, the Medicaid agency uses several different approaches to reconcile the differences. Paper documentation may be required. A beneficiary’s income self-attestation is also subject to a post-eligibility verification process. In general, this verification process proceeds as follows:

01. **Data matching** – The Medicaid agency must assure that an applicant’s information is entered into the eligibility system and matched electronically to the full extent feasible through the federal data hub and State data sources.
 - (01) **Federal Data Hub.** The federal data hub contains electronic information from various agencies of the United States government, including the IRS, Social Security Administration (SSA), HHS (Centers for Medicare and Medicaid Services (CMS) and other agencies), Department of Homeland Security (USDHS), Department of Veterans Affairs (VA), Department of Defense (DoD), Peace Corps, and Office of Personnel Management (OPM). Various categories of data from these sources are used to match on income, employment, health, entitlements, citizenship, and criminal history. A full list of the data included in the federal hub and the rules governing its use are located in 42 Code of Federal Regulations (CFR) 435.948/949.
 - (02) **State data sources.** The State draws from databases from an array of public agencies including the RI Department of Labor and Training (DLT), the Department of Health (DOH), Division of Vital Statistics, the Department of Corrections (DOC), Divisions of Revenue and Motor Vehicles, and EOHHS agencies including DHS. Specific databases include State Wage Information Collection Agency (SWICA) and state unemployment compensation information (UI).
02. **Reasonable compatibility** – The Medicaid agency must use a reasonable compatibility standard to match data sources with self-reported application information. Attestation and data sources are reasonably compatible if any differences that emerge during the verification process are insufficient to affect the eligibility of the applicant. If the data sources match the applicant’s

attestation, or are found “reasonably compatible,” the Medicaid agency must ensure that the eligibility system bases the determination on the information in the application. The Medicaid agency uses this standard for income verification and may apply it to other eligibility factors in the future. (See also section 1308.06 herein).

03. **Reasonable explanation** – The Medicaid agency must provide the applicant with the opportunity to provide an explanation and documentation if the data sources do not match the attestation, or are not reasonably compatible. Accordingly, the automated eligibility system issues a request to the applicant for this information and provides a list of reasonable explanation options.
04. **Reconciliation process** – The explanation provided by an applicant must be used to determine whether it is feasible to reconcile a discrepancy between an attestation and data matches to determine whether reconciliation is feasible. If the applicant provides a reasonable explanation, the final determination of eligibility will be based on the information the applicant provided. If the applicant is unable to provide a reasonable explanation, documentation will then be required to verify or correct the attestation and reconcile the discrepancy.
05. **Privacy** – The verification process utilizes personally identifiable information (PII) from both the federal data hub and State data sources. An account is maintained for each person who completes and submits an application through the State’s eligibility system. This account includes PII and other eligibility-related information used in the determination and annual renewal process. The Medicaid agency must assure the privacy of the information in these accounts in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information and Rhode Island General Laws 40-6-12 and 40-6-12.1. Also, the Medicaid agency must limit any use of account information to matters related to the administration of the Medicaid program including eligibility determinations, Medicaid health plan enrollment, appeals, and customer services.
06. **Account Duration**-- Once an account in the eligibility system is established, a person seeking Medicaid has ninety (90) days to complete and submit the application for a determination. The eligibility system eliminates the account and all eligibility information from all sources, federal and State, if an application has not been completed by the end of that period. The Medicaid agency must determine eligibility within thirty (30) days from the date the completed application is submitted.
07. **Post-eligibility verification** – see section 1308.12 herein.

1308.05 Eligibility Factors and Medicaid Verification

REV: June 2015

The following lists key eligibility factors, indicates the types of verification required for attestations, if any, and the verification sources:

- **Identity.** An applicant must provide proof of identity when applying through the eligibility system web-portal or when filing a paper application. To apply on-line, an applicant must first create an account; proof of identity is required to activate the account. Requests to establish an applicant’s identity – “identity proofing” – are processed through one of the federal hub data sources that maintains information about individuals based on date-of-birth and address, among

other factors. Applicants who have no fixed address (e.g., homeless) or are transient, or who have moved recently or often (e.g., students), may not be able to obtain electronic identity proofing through the federal hub due to data limitations. Pre-eligibility verification is required in these instances to establish an account. Applicants may up-load, fax, e-mail, or provide in-person any of the acceptable documents of identity listed in Section 1308.10.

- **Income.** Electronic verification of self-attested income is required by the Medicaid agency. Multiple electronic data sources may be used for this purpose. In general, State data sources (e.g., State Wage Information Collection Agency [SWICA] and State Unemployment Compensation [UI] will be used first. The reasonable compatibility standard (section 1308.06.) applies when there are discrepancies between the applicant’s income self-attestation and information from electronic data sources. When no electronic data source(s) are available at the time of initial determination to verify income, a self-attestation is accepted in the post-eligibility income review if the difference between the attestation and income eligibility level for the applicable MACC group is less than or equal to ten percent (10%). Additional information on this process is located in Section 1307.06.
- **Social Security Numbers, Age, Citizenship, Death, Date of Birth, and Incarceration.** Information on these eligibility factors is verified against various state and federal data sources. Immigration status is verified against data from the USDHS. Paper documentation may be required as well as several other secondary sources (e.g., Rhode Island Department of Health, Division of Vital Statistics, Department of Corrections) for verification purposes if these primary electronic data sources are not available.
- **Residency, Household Composition, Pregnancy, Caretaker Relative Status.** Self-attestation is accepted for these factors, except when there is a wide discrepancy with available information (e.g., a 60 year old pregnant woman).

1308.06 Medicaid Reasonable Compatibility Standards

REV: June 2015

When information obtained through the federal data hub and State data sources is found reasonably compatible with the applicant’s attestation, no further verification is required (including documentation) and the eligibility determination will proceed, provided all other eligibility criteria are met.

The reasonable compatibility standards set forth below by the Medicaid agency are applicable to income verification. Note: The term “data” refers to information obtained through electronic data matches across federal and State sources.

<i>Medicaid Reasonable Compatibility Standards for Income</i>	
<i>Attestation and Data Scenario</i>	<i>Reasonable Compatibility Standard</i>
Attestation and SWICA and UI data are below Medicaid eligibility levels	Reasonably Compatible: Individual eligible for Medicaid
Attestation and SWICA and UI data are above Medicaid eligibility levels	Individual ineligible for Medicaid; eligibility for a qualified health plan (QHP) is determined
The attestation is lower than the SWICA and UI data and the difference between the attestation and data is 10% or less	Reasonably Compatible: Individual eligible for Medicaid

<i>Medicaid Reasonable Compatibility Standards for Income</i>	
<i>Attestation and Data Scenario</i>	<i>Reasonable Compatibility Standard</i>
The attestation is lower than the SWICA and UI data and the difference between the attestation and data is greater than 10%	Not Reasonably Compatible: pursue discrepancy reconciliation Individual may provide a reasonable explanation and/or provide the Medicaid agency with documentation of current income.
Attestation and income data (e.g., house rentals, death benefits) are both at the applicable income level	Reasonably Compatible: Individual eligible

01. Income attestation and data are both below Medicaid eligibility levels -- Attestation and data sources are reasonably compatible if the difference or discrepancy between the two does not affect the eligibility of the applicant. In other words, even if there is a difference between what an applicant says he or she earned and what the data shows was actually earned, the data are considered reasonably compatible, but only if both are below Medicaid eligibility levels.
02. Attestation and data are both above Medicaid eligibility levels -- Attestation and data sources are reasonably compatible if they are both above the Medicaid eligibility levels. Under such a scenario, the individual would be found ineligible for Medicaid. For example, this would occur if an applicant attests to income above the eligibility ceiling for the applicable MACC group and electronic data based verification indicates that the applicant's income is higher than that amount. The applicant is not eligible for Medicaid in either case. Eligibility for affordable care with federal advance premium tax credits and cost-sharing reductions is then reviewed.
03. Income attestation -- the difference between the income attestation and the data is less than 10% -- An income attestation and data from electronic sources are considered reasonably compatible if the difference between the applicant's attestation and the data sources is less than 10%. The applicant is eligible, provided all other eligibility criteria are met.
04. Income attestation -- the difference between the income attestation and data sources is greater than 10%. An income attestation and data on income sources are considered to be not reasonably compatible if the difference between the applicant's attestation and data sources is greater than 10%; a reasonable explanation is pursued.

1308.07 Reasonable Explanations

REV: June 2015

When attestation and data sources are not reasonably compatible, the eligibility system provides the applicant with prompts for resolving any identified discrepancies. The applicant is asked first to provide an explanation. Before an eligibility determination is made, the applicant will be afforded an opportunity to explain any discrepancies between their income attestation and the income source data.

The following chart is a list of acceptable explanations when there is a discrepancy between an income attestation and data sources. If the applicant provides any one of these explanations, eligibility will be based on their attestation and no further verification is required. Note: The Medicaid agency has only implemented reasonable explanation options for income discrepancies.

<i>Reasonable Explanations for Discrepancy in Income</i>	
<ul style="list-style-type: none"> • Lost job • Decrease in hours • Multiple employers • Self-employed • Do not file taxes • Have not filed taxes yet • Homeless • Victim of domestic violence • Victim of natural disaster 	<ul style="list-style-type: none"> • Fluctuating income • Work on commissions • Income from capital gains • Income from dividends • Income from royalties • Seasonal worker • Divorce or marriage • Death in family • Victim of identity theft

1308.08 Reconciliation Period

REV: June 2015

If the applicant's data verification is not reasonably compatible and the applicant has been unable to provide a reasonable explanation for discrepancies related to income eligibility, applicants will be given a thirty (30) day application period to submit satisfactory documentation. Medicaid eligibility is only available during the reconciliation period as specified in section 1308.09 below.

1308.09 Limited Temporary Eligibility

REV: June 2015

An applicant who meets all other eligibility requirements will be deemed temporarily eligible for up to ninety (90) days during the reconciliation period only in circumstances in which the applicant is required to submit documentation to verify citizenship or immigration status.

If the discrepancy is related to an eligibility factor other than citizenship or immigration status, there is no temporary eligibility and applicants must submit documents within ten (10) days beginning on the fifth day from the date the request for information was mailed in order to proceed with the eligibility determination.

1308.10 Satisfactory Documentation

During the reconciliation process, applicants will be asked to submit satisfactory documentation to verify eligibility. The following charts summarize acceptable documentation when verifying eligibility.

Identity (First Name/Last Name)	
<ul style="list-style-type: none"> • Birth Certificate • U.S. Passport • Naturalization Certificate • Social Security Card • Military ID 	<ul style="list-style-type: none"> • Driver's License • State-issued Photo ID • School Photo ID • Voter registration card

Social Security Number	
<ul style="list-style-type: none"> • Social Security Card • Social Security Records 	<ul style="list-style-type: none"> • Tax Return or other documentation showing SSN

Date of Birth	
<ul style="list-style-type: none"> • Birth certificate • U.S. Passport • Naturalization Certificate • Hospital Birth Records • RSDI Award Letter if DOB of child is included • Adoption Records • Affidavit of a Third Party • School Records • Military Service Records • Physician Records • Social Security Card 	<ul style="list-style-type: none"> • Driver's License • State-issued Photo ID • Social Security Records • Baptismal Certificate • Voter Registration Card • Confirmation Papers • Family Bible • Marriage License • State/Federal Census Record • Life Insurance Policy • Immigration Papers

Residency	
<ul style="list-style-type: none"> • Rent Receipt • Letter from Landlord • Lease • Mortgage Papers • Utility Bill • Property Tax Bill 	<ul style="list-style-type: none"> • Home Insurance Bill • Letter from Person Whom Applicant Pays Room and Board • Mortgage Books/Records • Sewer and Water Bills • Non-Heating Utility Bills • Telephone Bills

Income	
<ul style="list-style-type: none"> • Pay stubs representative of the last four (4) weeks of income • Earnings Statement • Employment Letter • Book Keeping Records • Property Unit Proof • Owner Occupied Proof • Monthly Rental Income Proof • Mortgage Breakdown Proof • Income Tax Returns 	<ul style="list-style-type: none"> • Reports from Social Security Veteran's Administration and other agencies • When the applicant is unable to obtain the information requested, Departmental forms (Wage Report, AP-50; Bank Clearance, AP-91; Clearance with VA, AP-150 and AP-151) are used.

Citizenship	
Primary Evidence: The following evidence must be accepted as satisfactory documentary evidence of <u>both identity and citizenship</u>:	
<ul style="list-style-type: none"> • A U.S. Passport • A Certificate of Naturalization • A Certificate of U.S. Citizenship • A valid State-issued driver's license, if the State issuing the license requires proof of U.S. citizenship or a social security number to issue a license • Documentary evidence issued by a federally recognized Indian Tribe 	
Secondary Evidence: Only if the above documents are not available, the applicant can provide two of the following as secondary evidence:	
One of the following documents to <u>show citizenship</u>:	PLUS One of these documents to <u>prove identity</u>:
A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam, the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986 (CNMI local time)).	For individuals 16 years of age or older, any of the following Identity documents (described in 8 CFR 274a.2(b)(1)(v)(B)(1)):
Evidence of birth in Puerto Rico, the U.S. Virgin Islands or the Mariana Islands after they became part of the	A driver's license or identification card containing a photograph, issued by a state

Citizenship	
United States or an applicant's statement that they were resident in one of these locations when they became part of the United States.	
At state option, a cross match with a State vital statistics agency documenting a record of birth.	School identification card
A Certification of Report of Birth	Voter's registration card
A Report of Birth Abroad of a U.S. Citizen	U.S. military card or draft record
A Certification of birth issued by the Department of State	Identification card issued by the Federal, State or local government
A U.S. Citizen I.D. card	Military dependent's identification card
A Northern Mariana Identification Card (I-873)	U.S. Coast Guard Merchant Mariner card
A final adoption decree showing the child's name and U.S. place of birth	For children under age 19, a clinic, doctor, hospital or school record, including preschool or day care records
Evidence of U.S. Civil Service employment before June 1, 1976	Two documents containing consistent information that corroborates an applicant's identity. Such documents include, but are not limited to, employer identification cards, high school and college diplomas (including high school equivalency diplomas), marriage certificates, divorce decrees and property deeds or titles
U.S. Military Record showing a U.S. place of birth	Finding of identity from a Federal or State governmental agency including, but not limited to, public assistance, law enforcement, internal revenue or tax bureau or corrections agency, if the agency has verified and certified the identity of the individual.
A data verification with the Systematic Alien Verification for Entitlements (SAVE) Program for naturalized citizens	A finding of identity from an Express Lane Agency
Documentary evidence of Child Citizenship Act status for adopted or biological children born outside the United States	If the applicant does not have any of the above listed documents, the applicant may submit an affidavit signed, under penalty of perjury, by another person who can reasonably attest to the applicant's identity
Medical records, including, but not limited to, hospital, clinic, or doctor records or admission papers from a nursing facility, skilled care facility, or other institution that indicate a U.S. place of birth	
Official religious record recorded in the U.S. showing that the birth occurred in the United States	
School records including pre-school, Head Start and daycare, showing the child's name and U.S. place of birth	
Federal or State census record showing U.S. citizenship or a U.S. place of birth	
If the applicant does not have one of the documents listed above, he or she may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship and that contains the applicant's name, date of birth and place of U.S. birth. The affidavit does not have to be notarized	

Immigration Status
<ul style="list-style-type: none"> • Birth Certificate (if born in the U.S.) – otherwise this does not show immigration status in the U.S. • U.S. Passport • Naturalization Certificate

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- Military Service Records
- Alien Resident Card (I-155) (also known as a Green Card)
- Employment Authorization Card (I-688B)
- For recent arrivals, a temporary I-551 stamp in a foreign passport or on USCIS Form I-94
- Unexpired Re-entry Permit (Form I-327)
- Forms AR-3 and AR-3a, Alien Registration Receipt Card
- USCIS Form I-94 with stamp showing admission under 203(a)(7) of the INA, refugee-conditional entry
- USCIS Form I-688B (or USCIS employment authorization card) annotated 274a.12(a)(3);
- USCIS Form I-766 annotated A3.
- For lawful permanent residents who are victims of domestic violence - IRS form I551 or I551B coded IB1 through IB3, IB6 through IB8, B11, B12, B16, B17, B20 through B29, B31 through B33, B36 through B38, BX1 through BX3, BX6, BX7 or BX 8
- For victims of domestic violence petitioning for legal status who are considered as "qualified aliens" under PROWORA - IRS Form 797 showing an approved I-360 or I-13 self petitioning as a spouse or child of a U.S. citizen or lawful permanent resident; OR USCIS Form 797 showing a Notice of Prima Facie Determination
- USCIS Form I-94 with date of admission and annotated with unexpired status as listed in Section 0304.05.45.05
- Dated USCIS letter or court order indicating a lawfully residing status listed in Section 0304.05.45.05
- An unexpired USCIS employment authorization document (I-688-B) annotated with status code
- Applicants for asylum: I-94, I-589 on file, I-688B coded 274a.12(c)(8)
- Applicants for suspension of deportation: I-94, I-256A on file, I-688B coded 274a.12(c)(10)
- Non-citizens granted stays of deportation by court order statute or regulation or by individual determination of USCIS whose departure the USCIS does not contemplate enforcing: letter or Granted a stay of deportation, I-688B coded 274.12(c)(12)
- Non-citizens granted suspension of deportation pursuant to Section 244 of INA (8 USC 1254) whose departure the USCIS does not contemplate enforcing: letter/order from the immigration judge and a Form I-94 showing suspension of deportation granted
- Non-citizens residing in the United States pursuant to an Order of Supervision: USCIS Form I-220B, I-688B coded 274a.12(c)(18)
- Temporary Protected Status: I-94 "Temporary Protected Status" and/or I-688B employment authorization coded 274a.12(a)(12)
- Deferred Enforced Departure: Letter from USCIS; I-688B coded 274a.12(a)(11)
- Family Unity: USCIS approval notice, I-797, and/or I-688B coded 274a.13
- Non-citizens granted deferred action status: Letter indicating that the non-citizen's departure has been deferred and/or I-688B coded 274a.12(c)(14)
- Non-citizens who have filed applications for adjustment of status whose departure the USCIS does not contemplate enforcing: Form I-94 or I-181 or passport stamped with either of the following: "adjustment application" or "employment authorized during status as adjustment applicant"; and/or I-688B coded 274a.12(c)(9)
- USCIS Form I-94 annotated with stamp showing entry as a refugee under Section 207 of the INA and date of entry
- USCIS Form I-688B (or USCIS Employment Authorization Card) annotated 274a.12(a)(3)
- USCIS Form I-766 annotated A3
- USCIS Form I-571
- USCIS Form 551 (Resident Alien Card) coded RE-6, RE-7, RE-8, or RE-9
- USCIS Form I-94 annotated with stamp showing a grant of asylum
- Grant letter from the Asylum Office of the USCIS
- USCIS Form I-688B annotated with 274a.12.(a)(S)
- USCIS Form I-766 annotated
- Order from Immigration Judge granting asylum
- Order from an Immigration Judge showing the date of a grant of deportation withheld under Section 243(h) of the INA
- USCIS Form I-688B (or USCIS employment authorization card) annotated 274a.12(a)(10)
- USCIS Form I-766 annotated A10
- USCIS Form 551 with codes CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in a foreign passport or USCIS Form I-94 with codes CU6 or CU7
- USCIS Form I-94 with stamp showing the individual paroled as a Cuban/Haitian Entrant under Section 212(d)(5) of the INA
- An USCIS Form I-94 annotated with a stamp showing grant of parole under 212(d)(5) of the INA and a date showing

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granting of parole for at least one (1) year is acceptable verification of this status

- ORS issues a certification letter to adults and a letter of benefit eligibility pursuant to Section 107(b) of the Trafficking Victims Protection Act of 2000 to children under eighteen (18) years of age: For adult, the ORS certification letter is proof of qualified non-citizen status; For children under age eighteen (18), the ORS letter of benefit eligibility is proof of qualified non-citizen status

1308.11 Alternative Verification Process

REV: June 2015

The Medicaid agency may provide an alternate verification process. This alternative process is available when one or more of the following conditions apply:

- The IRS's only tax data for the applicant is over two years old;
- The applicant attests that the family size or family members have changed since the tax information being used for the determination was filed;
- The applicant attests that a change in circumstances has occurred or is reasonably expected to occur that may affect eligibility;
- The applicant attests to a change in tax filing status that has or is reasonably expected to change the tax filer's annual income; or
- An applicant in the tax filer's family has applied for unemployment benefits.

1308.12 Post-Eligibility Verification by the Automated Eligibility System

EFF: June 2015

01. The automated eligibility system will conduct post-eligibility verification of the beneficiary's information.
02. The automated eligibility system runs post-eligibility verifications on the following beneficiary information:
 - Incarceration status (Rhode Island Department of Corrections data)
 - Death data (Department of Health Vital Records data)
 - Current Income - Wages (Department of Labor and Training – SWICA)
 - Current Income - Unemployment Income (UI) (Department of Labor and Training – UI)
 - (01) Post-eligibility verification for incarceration, death data, and current unemployment insurance information will be checked monthly.
 - (02) Post-eligibility verification for current income/wages runs approximately every ninety (90) days (e.g., February, May, August, and November).
03. If the automated eligibility system finds all information about the beneficiary is current and accurate and the difference between the total attested income supplied by the beneficiary and

the information supplied by an external data source(s) is less than ten percent (10%), no action on the part of the Medicaid agency or the beneficiary is required. The beneficiary continues to receive benefits without interruption.

04. If the total attested income supplied by the beneficiary is more than ten percent (10%) above the information supplied by an external data source(s), the automated eligibility system will check each line of income (e.g., unemployment insurance) and send out a notice to the beneficiary(ies) indicating the source of income that cannot be verified and requesting that it be reviewed and verification documentation related to current income be provided.
05. The beneficiary will have ten (10) days to respond to such a notice. The ten day period begins on the fifth day after the notice was mailed by the Medicaid agency. The beneficiary may either log onto the automated account (www.healthyrhode.ri.gov) and change information, send via U.S. mail, or bring the documentation to a local DHS office. Upon receipt of the verification documentation, the Medicaid agency will redetermine eligibility. This may alter Medicaid eligibility.
06. After the time period to provide documentation has elapsed, if the individual has not provided documentation or reported a change, the Medicaid agency will redetermine eligibility using the data from external sources. This may alter Medicaid eligibility.
07. If any member of the beneficiary's household has died or if there is a change in the household composition, the Medicaid agency will seek further information from the beneficiary before terminating coverage. If terminated, the beneficiary will then have to re-apply (i.e., log onto the automated account (www.healthyrhode.ri.gov); send via U.S. mail; or bring the documentation to a local DHS office).
08. A notice of the beneficiary's new eligibility status will be sent, along with a Medicaid termination notice with appeal rights (section 0110 of the Medicaid Code of Administrative Rules), as applicable.
09. A beneficiary will not be terminated by the Medicaid agency based on a change in income without first considering other possible eligibility factors including age, disability status, and level-of-care needs.

1308.13 Information

REV: June 2015

For Further Information or to Obtain Assistance

01. Applications for affordable coverage are available online on the following websites:
 - www.eohhs.ri.gov
 - www.dhs.ri.gov
 - www.HealthSourceRI.com
02. Applicants may also apply in person at one of the Department of Human Services offices or by U.S. Mail. Request an application by calling 1-855-609-3304 and TTY 1-888-657-3173.

03. For assistance finding a place to apply or for assistance completing the application, please call: 1-855-609-3304 or 1- 855-840-HSRI (4774).

1308.14 Severability

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If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity shall not affect the provisions or application of these regulations which can be given effect, and to this end the provisions of these regulations are declared to be severable.

Tuesday, June 02, 2015
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