# State of Rhode Island and Providence Plantations

# Executive Office of Health & Human Services

## Access to Medicaid Coverage Under the Affordable Care Act:

# Section 1303:

# Application Process for Medicaid Affordable Coverage

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**Access to Medicaid Coverage Under the Affordable Care Act:**

**Rules and Regulations Section 1303:**

**Application Process for Medicaid Affordable Coverage**

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## *Introduction*

These rules related to **Access to Medicaid Coverage Under the Affordable Care Act, Section 1303 of the Medicaid Code of Administrative Rules entitled, "Application Process for Medicaid Affordable Coverage"** 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.

**1303.**

**Application Process for Medicaid Affordable Coverage: No Wrong Door**

**1303.01 Scope and Purpose**

One of the central goals of the federal Affordable Coverage Act of 2010 was to improve access to and the availability of affordable health coverage. Toward this end, the State of Rhode Island is committed to making the process of applying for affordable health coverage easy to navigate and understand. In keeping with this commitment, the State established a new on-line system for determining eligibility for affordable coverage that enables consumers to apply on-line, or in-person, by telephone or through the mail from a variety of settings.

On January 1, 2014, the Executive Office of Health and Human Services (EOHHS), the Medicaid Single State Agency (hereinafter the Medicaid agency), will accept applications through the State's new on-line eligibility system for all consumers in the following Medicaid coverage groups:

- 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.

- 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.

- 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.

- Adults 19-64. This is the new Medicaid State Plan expansion coverage group established in conjunction with implementation of the ACA. The group consists of citizens and 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, 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.

The purpose of this rule is to describe the application process for members of these coverage groups and to set forth the respective roles and responsibilities of the Medicaid agency and applicants. Applicants using the new eligibility system will be evaluated for affordable coverage paid for in whole or in part by Medicaid, tax credits, and other forms of subsidies. The process of determining eligibility through the system is fully automated and, as such, provides applicants with greater access to coverage irrespective of the application starting point.

On and after January 1, 2014, the provisions set forth in this rule governing the application process shall take precedence over those established in section 0342 for any NEW APPLICANTS in the Medicaid coverage groups identified herein as subject to section 1301. Members of these coverage groups who are already enrolled in Medicaid on January 1, 2014, will not be subject to the provisions of this rule until their eligibility is determined in 2015 unless their coverage is discontinued for any reason and they seek to reapply.

**1303.02 Definitions**

*"***Application Access Points"** means the various contact points where consumers or their representatives can access the application process either directly through the eligibility system's web portal (on-line) or with the assistance of EOHHS, DHS, or Contact Center representatives or an application entity designated by the state for such purposes (in-person, by telephone or a mail-in application).

*"***Application Entity***"* means an organization or firm acting on a State agency's behalf that provides applicants for affordable coverage with an application access point including the EOHHS, the Department of Human Services (DHS), the HealthSourceRI (HSRI) benefits exchange, the Contact Center and any organizations designated for such purposes that maintains a staff of certified navigators or in-person assistors.

**"Attestation***"* means a person authenticates by signature that a statement or document is genuine and true.

**1303. 03 Application Access Points**
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Both the State's "No Wrong Door Policy" and the federal law stipulate that the Medicaid agency must provide consumers with a choice of application access points. New applicants for affordable coverage may access the eligibility system and complete the application process through application entities that have been designated for this purpose and on their own or with assistance, if necessary, through any of the following access points:

01**. On-line Self-Service Portal** -- Applicants have the option of accessing the eligibility system and applying on-line using a self-service portal through links on the EOHHS (eohhs.ri.gov) and

DHS (dhs.ri.gov) websites or directly through HSRI (HealthSourceRI.com). There are also kiosks located in DHS field offices that provide direct access to the on-line self-service portal. The information applicants provide on-line is entered directly into the eligibility system and is processed electronically in real-time. For these reasons, the Medicaid agency encourages all new applicants to select the on-line option and complete and submit the application electronically whenever feasible. NOTE: Applicants using the on-line system will have to establish their identity electronically to create an account. If an identity match cannot be completed on-line, documentation may be provided via upload, fax, mail, or in-person.

02. **In-person or by Telephone** – Applicants may apply in-person at DHS field offices with the assistance of an agency representative or on their own using kiosks established for this purpose. The Contact Center also provides access to walk-in applicants and consumers who make contact by telephone. If an applicant is unwilling or unable to apply on-line, an agency or Contact Center representative must enter the information into the eligibility system portal on the applicant's behalf.

03. **On-paper** – Applicants may submit paper applications in-person or by U.S. mail, e-mail transmissions, and facsimile transmissions to the address specified on the application. Paper applications are available on-line, through the U.S. Mail upon written request or telephone request (1-855-609-3304 or 1-888-657-3173 (TTY), or in-person at any DHS field office or the Contact Center. Upon receipt, an agency or Contact Center representative must enter the information provided on the paper application directly into the eligibility system portal and submit the application for a determination on the applicant's behalf.

04. **Application Entities** – Applicants may access the eligibility system with the assistance of application entities that provide navigators or other in-person assisters (IPAs). Members of these entities assist applicants in completing paper applications or applying through the on-line portal. A list of these application entities is available from the Contact Center or on-line by visiting the EOHHS website (www.eohhs.ri.gov ).

### 1303.04 Completing and Submitting the Application

In general, the process of completing and submitting an application proceeds in accordance with the following:

01. **Account Creation** -- To initiate the application process, the applicant, agency or Contact Center representative, or application entity assisting the applicant must create a login and establish an account in the eligibility system.

(01) The applicant must provide personally identifiable information for the purpose of creating an on-line account as a form of identify proof during this process. Verification of this information is automated through the federal data hub (see section 1308). Documentation proving identity may be required if the automated verification process is unsuccessful. Acceptable forms of identity proof include a driver's license, school registration, voter

registration card, etc. Documents may be submitted via mail, fax, on-line upload, to a DHS Office, or the Contact Center. (See the Medicaid Code of Administrative Rules section 1308 for additional information).

(02) Once identity is verified, the Medicaid agency must conduct account matches in accordance with section 1308 of the Medicaid Code of Administrative Rules to determine whether the applicant or members of the applicant's household have other accounts or are currently receiving benefits. It is the Medicaid agency's responsibility to resolve account matching issues and notify the applicant of any necessary actions.

02. **Account Duration** – An application account is open for a period of ninety (90) days. Applicants must restart the process if they have not completed and submitted an application within that period.

(01) Applications may be started at any time. Once started, progress can be saved at any point and the application returned to at a later time. Incomplete applications not submitted within ninety (90) days are automatically deleted in the eligibility system.

(02) Eligibility determinations for Medicaid. Determinations must be made in no more than thirty (30) days from the date the completed application is received. The application remains open after that period if the Medicaid agency or its eligibility designee (DHS) or agents (application entities) are responsible for delays in the determination.

(03) Temporary eligibility period. If there are discrepancies between an applicant's attestations and electronic data matches on immigration or citizenship eligibility factors, eligibility is granted for a period of no more than ninety (90) days. The application remains open during this period to allow the applicant sufficient time to obtain necessary documentation. (See Medicaid Code of Administrative Rules sections 1308.09 and 1308.10).

03. **Application Materials** – Applicants must answer all the required questions for each member of their household. Application questions focus on the need for all types of affordable coverage and specific Medicaid eligibility criteria related to the applicable MACC group. In general, applicants will be able to provide answers to the application questions with information used when filing federal tax forms and/or documents commonly used for identification and income verification purposes. When applying through the web portal on-line, electronic verification through data matches will limit the applicant's need to refer to these materials. However, when using a paper application, access to these materials may be necessary. Materials that may be of assistance in such instances include, but are not limited to:

- Federal tax filing status
- Household/family size
- Social Security Numbers

- Birth Dates
- Passport or other immigration numbers
- Federal tax returns
- Information about any health coverage available to you or your family, including any information you have about the health insurance your current employer offers even if you are not covered by your employer's insurance plan
- W-2 forms with salary and wage information if you work for an employer
- 1099 forms, if you are self-employed

04. **Application Completeness** – Before a determination of eligibility is made, all questions on the application must be completed. Applicants must be informed and offered the opportunity to provide any additional documentation or explanations necessary to proceed to the determination of eligibility. Such information will be provided to applicants immediately through a notification from the eligibility system when using the self-service portal. The agency or Contact Center, or application entity entering the information into the eligibility system on the applicant's behalf, must provide this information to the applicant immediately once it becomes available, by letter or phone if the applicant is not present. Applicants must be informed that they have the option to submit any additional documentation or materials that may be required to complete the determination of eligibility through an on-line upload, by email, U.S. mail, fax, telephone or in-person.

### 1303.05 Attestation of Application Information

All questions on the application must be answered in a truthful and accurate manner. Every applicant must attest to the truthfulness and accuracy by providing an electronic signature under penalty of perjury. The Medicaid agency must verify information electronically to the fullest extent feasible and must verify applicant attestations in accordance with the procedures set forth in the Medicaid Code of Administrative Rules section 1308.

01. **Electronic Matches** – Federal and State Data Sources**:** The eligibility system verifies attestations through electronic data matches with external sources such as the U.S. Social Security Administration and Internal Revenue Service and RI agencies such as the Division of Motor Vehicles, the Office of Vital Statistics and the Department of Labor. The eligibility factors subject to verification are specified in the Medicaid Code of Administrative Rules section 1305; the verification process is located in section 1308 of the Medicaid Code of Administrative Rules.

02. **Attestation** -- Before an application can be submitted, the applicant, or the person/entity acting on the applicant's behalf, must provide the necessary attestations. When applying on-line, the

attestation is conducted electronically. An agency or Contact Center representative or an authorized application entity must verify that the application was signed (e.g., mail application), a voice signature was obtained (telephone application), or that the applicant signed a declaration in-person. The signature provided by the applicant in these instances is an attestation to both the applicant's identity and the truthfulness and accuracy of the information on the application. After a complete application with a declaration has been submitted, the applicant will receive an eligibility determination for each household member seeking coverage. There are circumstances when an applicant's attestations and verification data matches show discrepancies. (See section 1308 of the Medicaid Code of Administrative Rules for the provisions governing reconciliation of such differences).

**1303.06 Privacy of Application Information**

Application information must only be used to determine eligibility and what types of coverage a person is qualified to receive. Accordingly, the Medicaid agency, Contact Center, or application entity must maintain the privacy and confidentiality of all application information and in the manner required by applicable federal and state laws and regulations.

**1303.07 Notice of Determination of Eligibility**

Once an application is completed and the required verifications are performed, eligibility for Medicaid and other forms of affordable coverage is made for each member of the household. (For information on other forms of affordable coverage, see www.HealthSourceRI.com or call the Contact Center at 1-855-609-3304).

Household members determined Medicaid-eligible may enroll immediately in the health plan of choice. A formal notice must be generated and sent to an applicant within forty-eight (48) hours of the determination indicating which household members are eligible for Medicaid or other forms of affordable coverage, the legal basis for the determination of eligibility, and the plan in which each household member is enrolled, if applicable. The notice must also advise the applicant of the right to appeal and request a hearing, in accordance with MCAR section 0100.

**1303.08 Agency and Applicant Role and Responsibilities**

The Medicaid agency and applicants have shared and distinct responsibilities in the application process.

01. **Medicaid agency** -- Under current state and federal laws, the Medicaid State Agency is required to:

    (01) Assist applicants in completing all necessary forms.

    (02) Provide applicants with an interpreter or translator services upon request.

(03) Assure all information applicants provide is kept confidential unless otherwise authorized to share with other state and federal agencies for the purposes of verification and enrollment.

(04) Make timely determinations of eligibility in accordance with applicable laws and regulations.

(05) Accept appeals and hold hearings on agency actions related to eligibility decisions in accordance with MCAR Section 0110 and the Department of Human Services' rule #0110. (Note: the health insurance marketplace is referred to as the "RI Health Benefits Exchange" in Section 0110 of the Medicaid Code of Administrative Rules).

02. **Applicant Rights and Responsibilities** -- All applicants have the following:

(01) **Applicant Rights** --The right to obtain help in completing forms; to an interpreter or translator, upon request; to be treated free from discrimination on the basis of race, color, national origin, sex, gender identity or sexual orientation, age or disability; to have personal information remain confidential; and to file an appeal and request a hearing on eligibility actions.

(02) **Applicant Responsibilities** -- The responsibility to:

(03) Disclose certain information including Social Security numbers and proof necessary to determine eligibility;

(04) Report changes in income, family size and other application information as soon as possible; and

(05) Sign the application and thereby agree to comply with any applicable laws related to the type of eligibility requested and the coverage received.

**1303.09. For Further Information or to Obtain Assistance**
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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 or 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).

**1303. 10. Severability**

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.