

## CHAPTER 8: MID-YEAR ELIGIBILITY UPDATES AND RENEWALS

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## CHAPTER 8: MID-YEAR ELIGIBILITY UPDATES AND RENEWALS

### A. Overview of Mid-Year Updates and Redeterminations

Individuals and households determined eligible for enrollment in Insurance Affordability Programs (IAPs) – Medicaid, Rite Care, Advanced Premium Tax Credits (APTC), Cost Sharing Reductions (CSR) – and Qualified Health Plans (QHPs) must undergo a redetermination of eligibility every 12 months. If new information impacting eligibility becomes available to the State – either reported by the individual or accessed through other data sources – during the 12-month period, the individual’s account must be updated. Multiple outcomes may result from an annual redetermination or the receipt of information requiring an account update. For example, a household may:

- Remain eligible for the same program in the same eligibility category;
- Remain eligible for the same program and eligible for a different category or cost-sharing amount;
- Become eligible for another program entirely; or
- Become ineligible for coverage.

If a household remains eligible for the same program, the redetermination date remains the same. If the household becomes ineligible under a current program, HealthSource RI will assess eligibility for other IAPs.

In addition to an annual redetermination, QHP customers will have routine data checks performed on customer accounts to ensure there have been no changes that may impact a customer’s eligibility to purchase health insurance from HealthSource RI, or that may impact that customer’s eligibility for existing financial assistance in the form of APTC’s or CSR’s. These constitute “Mid-Year Eligibility Updates” and are described in further detail below.

The purpose of this Chapter is to describe the rules and procedures governing IAP and QHP eligibility updates and redeterminations.

### B. Mid-Year Eligibility Updates

#### 1) **Mid-Year Eligibility Updates**

The following outlines how HealthSource RI becomes aware of new information impacting customer eligibility. Processes may differ depending on whether the information is self-reported or is accessed through external data sources, as well as if the household is enrolled in MAGI Medicaid/Rite Care or .QHP with financial assistance.

##### a) **Information Reported by Individuals**

Households must report any change affecting eligibility for IAPs and QHPs.<sup>1</sup> These include changes to:

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<sup>1</sup> 45 CFR 155.330(b)(1)

- Citizenship, status as a national, or lawful presence;
- Incarceration status;
- Residency;
- Income;
- Pregnancy;
- Household composition (e.g., a recent birth, death, or adoption); and
- Access to other sources of health coverage.

Individuals receiving Medicaid and CHIP must report changes to any of the above within 10 days,<sup>2</sup> while those enrolled in a QHP with or without financial assistance, must report within 30 days of such change.<sup>3</sup>

Individuals may report changes:

- **Online.** Through their secure user account at [www.HealthSourceRI.com](http://www.HealthSourceRI.com);
- **By phone.** By calling the HealthSource RI Contact Center at **(855) 712-9158**;
- **By mail.** At this address: HEALTHSOURCE RI, HZD MAILROOM , 74 WEST ROAD STE 800, CRANSTON, RI 02920-8412
- **In person.** At the HealthSource RI Walk-In Center at 401 Wampanoag Trail in East Providence.

If an individual reports a change affecting eligibility, DHS and EOHHS will update the account for Medicaid and CHIP eligibility,<sup>4</sup> and HealthSource RI will update the account regarding eligibility for a QHP, APTCs, and CSRs.<sup>5</sup> Customer reported changes may be shared across programs.

EOHHS, DHS and HealthSource RI provide periodic notifications to households regarding the obligation to report changes. These may be sent by mail, electronically via the household’s online account, or both, depending upon the communication preference selected by the household. The household may change their preference to receive mail or electronic notifications by accessing their online account or by calling the HealthSource RI Contact Center at (855) 840-4774.<sup>6</sup>

If a QHP enrollee did not request to be considered for IAP eligibility when the customer applied for coverage (i.e., indicated he or she was not interested in financial assistance), the enrollee is not required to report any information related to IAP eligibility but is still required to report changes impacting eligibility for HealthSource RI coverage, for example change in address or incarceration.<sup>7</sup>

EOHHS, DHS and HealthSource RI will verify any information reported by the individual following the standard verification processes used at application, as described in detail in Chapter 7.<sup>8</sup>

#### **b) Medicaid/CHIP Eligible Individuals: Information Identified through Data Matching**

For Medicaid/CHIP eligible individuals, OHHS, DHS and HealthSource RI will examine data sources periodically to identify changes related to eligibility. The frequency of these checks will vary by eligibility and data source.

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<sup>2</sup> 42 CFR 435.916(c)

<sup>3</sup> 45 CFR 155.330(b)(4)

<sup>4</sup> 42 CFR 435.916(c)

<sup>5</sup> 45 CFR 155.330(a)

<sup>6</sup> 45 CFR 155.330(c)(2)

<sup>7</sup> 45 CFR 155.330(b)(2)-(3)

<sup>8</sup> 45 CFR 155.330(c)(1)

**Table 1. Data Sources Reviewed By HealthSource RI To Identify Changes Related To Eligibility**

Eligibility Factor	Data Source	Frequency
Income	State Wage Information Collection Agencies (SWICA)	Data refreshed quarterly and accessed real-time
	Unemployment	Data refreshed weekly and accessed real-time
Death	Social Security Administration, Local Departments of Health <sup>8</sup>	Real-time to Federal Hub SSA data. DOH State data refreshed weekly & accessed real-time
Incarceration	Department of Corrections, Social Security Administration	DOC state data refreshed weekly & accessed real-time. Real-time access to Federal Hub SSA incarceration data.
Access to other Health Insurance	Non-ESI (Employer Sponsored Insurance) MEC (Minimum Essential Coverage) checks the following federal data: Medicare, Medicaid, CHIP, Tricare, Peace Corps, VHA (Veterans), and BHP	Real-time to Federal Hub SSA data.
	Self-Report	Done by customer during the application process

**c) APTC/CSR/QHP Eligible Individuals: Information Identified through Data Matching**

For APTC/CSR/QHP eligible individuals, EOHHS, DHS and HealthSource RI will examine a variety of data sources periodically to identify any changes related to:<sup>9</sup>

- Death;
- Incarceration status; and
- Eligibility for Medicare, Medicaid or CHIP for individuals receiving tax credits or cost-sharing reductions (CSRs).

**i) Updated Information Related to Financial Eligibility Criteria Including Income, Family Size or Family Composition**

The account update process for information related to income, family size or family composition (which could have an impact on the amount of APTCs and CSRs for which a household is eligible) differs slightly from the process for updating nonfinancial criteria. If HealthSource RI identifies inconsistency of information relating to income, family size or family composition for QHP-eligible households<sup>10</sup> a notice will be sent to the household

<sup>9</sup> 45 CFR 155.330(d)

<sup>10</sup> 45 CFR 155.330(e)(3)

that will indicate which members of the household need to confirm information along with a list of acceptable documents to verify that information (as found in Chapter 7). The household has 90 days from the date of the notice to respond and either confirm the information or contest any inaccuracies.

If the individual responds within the 90-day period to contest the accuracy of the information, HealthSource RI will reconcile the inconsistency according to the process outlined in Chapter 7. If the household does not respond within 90 days, HealthSource RI will use the information from existing data sources to update the household's eligibility.

## **ii) Updated Information Related to Nonfinancial Eligibility Criteria Including Death and Incarceration**

If HealthSource RI identifies updated information relating to death or other nonfinancial eligibility factors (all factors other than income, family size or family composition)<sup>11</sup> HealthSource RI will send a notice to the household, listing the updated information needed. The customer will have 90 days from the date of the notice to contest any inaccuracies.

If the customer responds within the 90-day period contesting the accuracy of the information, EOHHS, DHS and HealthSource RI will reconcile the inconsistency according to the process outlined in Chapter 7. If the individual does not respond, the State will use the identified information to update his or her eligibility. It is important to note that updates to an individual's eligibility may have an impact on other household members' coverage.

## **2) Noticing related to reporting changes**

Individuals are notified of their responsibility to report changes within 10 days of the change for Medicaid and CHIP, and within 90 days of the change for APTCs, CSRs, and QHP. Individuals receive messages about their obligation to report changes in multiple HealthSource RI notices, including those relating to exemption determination, annual open enrollment, QHP enrollment and disenrollment, Medicaid termination, and eligibility determinations. Additionally, a "periodic reminder for change reporting" is sent to customers via mail or uploaded to their account, depending upon the communication preference they selected, throughout the year. Customers should report all changes as soon as possible in order to avoid any unintended consequences for their coverage.

## **3) Coverage Effective Dates for Changes**

### **a) Medicaid/CHIP Individuals**

If the reported change makes an individual ineligible for Medicaid and/or CHIP, the individual will be notified at least 15 days before his or her coverage is canceled, or according to the most recent Medicaid Rules & Regulations. If the individual disagrees with the change in eligibility, he or she may request a hearing and aid pending according to the process described in Chapter 9 while awaiting the hearing date.<sup>12</sup>

### **b) APTC/CSR/QHP Individuals**

In general, changes to APTC, CSR, and QHP-eligible individuals and households identified by the 23<sup>rd</sup> of the

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<sup>11</sup> 45 CFR 155.335(e)(2)(i)

<sup>12</sup> 42 CFR 431.211

month are effective the first day of the month following the date of the notice.<sup>13</sup> However, there are exceptions to this rule depending on the nature of the change in eligibility factor and whether the change affects the customer’s level of financial help.

**Table 2. Changes in Household Status & Corresponding New Coverage Effective Dates\***

<b>Change</b>	<b>Coverage Effective*</b>
<b>Impacts Premiums or Enrollment<sup>14</sup></b>	First day of the month following that in which the HealthSource RI is notified of the change.
<b>Birth, Adoption, Placement for Adoption or Placement in Foster Care<sup>15</sup></b>	Date of birth, adoption, placement for adoption or placement in foster care.
<b>Marriage or Loss of Minimum Essential Coverage<sup>16</sup></b>	First day of the following month.
<b>Newly eligible for Medicaid or CHIP<sup>17</sup></b>	QHP coverage terminates the day before such coverage begins. In the case where a customer becomes eligible for Medicaid or CHIP mid-month, the customer’s QHP coverage will continue for the duration of that month in which they became eligible.

*\*For coverage to be effective as of the time frames provided in the table above, the customer must first report the change, make a plan selection, and make the first premium payment, all by the 23<sup>rd</sup> of the month.*

If a change results in a decrease in Advanced Premium Tax Credits (APTCs) or a change in Cost Sharing Reductions (CSRs), and the household notifies HealthSource RI of the change, or the redetermination notice is sent after the 23rd of the month, the change may not be effective until the first day of the second month.<sup>18</sup>

If the reported change results in an APTC or CSR eligible household becoming newly eligible for Medicaid or CHIP, then the individual or household will be enrolled in Medicaid. Those who enroll in Medicaid will also have the opportunity to be evaluated for retroactive coverage dating back to the first of the month of the date of application through DHS. As noted in the table above, if a customer is actively enrolled in a QHP plan and found eligible for Medicaid coverage dating back to the first of the month, the customer will have one month where the customer has both QHP and Medicaid coverage.

<sup>13</sup> 45 CFR 155.330(f)(1)(i)

<sup>14</sup> 45 CFR 155.330(f)(1)(iii)

<sup>15</sup> 45 CFR 155.330(f)(4)

<sup>16</sup> 45 CFR 155.330(f)(4)

<sup>17</sup> 45 CFR 155.430(d)(iv)

<sup>18</sup> 45 CFR 155.330(f)(3)

**Table 2. Overview of Account Update Processes for Medicaid/CHIP/APTC/CSR Individuals**

Program Eligibility Prior to Change Report	Eligibility Impact of New Information	Specific Change to Eligibility	Documentation Issued to Consumer	Coverage Effective Date
<b>Medicaid/CHIP/APTC/CSR</b>	No impact on eligibility	n/a	Notice acknowledging updated account information and indicating no changes to individual's coverage	No change to next anticipated annual redetermination date
<b>Medicaid/CHIP</b>	Change in eligibility (prior to termination of Medicaid/CHIP eligibility, must conduct ex parte review and check for all bases of eligibility)	Eligibility for Extended Family Planning Program 60 Days Postpartum	To be determined – policy discussion ongoing	To be determined – policy discussion ongoing
		Different Medicaid /CHIP category	Notice acknowledging updated account information and change in Medicaid/CHIP eligibility category	No change to next anticipated annual redetermination date
		Ineligible for Medicaid/CHIP, Eligible for APTC/CSR	Combined notices with Medicaid/CHIP eligibility termination, right for aid continuing, eligibility determination for APTC/CSR	New annual redetermination date for next open enrollment period
		Ineligible for Medicaid/CHIP, Eligible for QHP	Combined notice with Medicaid/CHIP eligibility termination, right for aid continuing, eligibility determination for QHP	New annual redetermination date for next open enrollment period
		Ineligible for all IAP/QHP	Combined notice with Medicaid/CHIP eligibility termination, right for aid continuing, eligibility denial for other IAPs/QHP	n/a
<b>APTC/CSR</b>	Change in eligibility	Different APTC/CSR level	Notice acknowledges updated account information and indicates there are no changes to individual's	No change to next anticipated annual redetermination date

Program Eligibility Prior to Change Report	Eligibility Impact of New Information	Specific Change to Eligibility	Documentation Issued to Consumer	Coverage Effective Date
			coverage	
		Ineligible for APTC/CSR, Eligible for Medicaid/CHIP	Combined notice with APTC/CSR eligibility termination, eligibility determination for Medicaid/CHIP	New annual redetermination date
		Ineligible for APTC/CSR, Eligible for QHP	Combined notice with APTC/CSR eligibility termination, eligibility determination for QHP, eligibility denial for Medicaid/CHIP	No change to next anticipated annual redetermination date
		Ineligible for all IAP/QHP	Combined notice with APTC/CSR eligibility termination, eligibility denial for Medicaid/CHIP	N/A

### C. Annual Redeterminations

Eligibility for IAPs<sup>19</sup> must be re-determined every 12 months.<sup>20,21,22</sup> EOHHS, DHS and HealthSource RI must make the redetermination, if possible, based on information available to the state from the individual's account, or other more current sources (such as electronic databases), and without requiring in-person interviews.<sup>23</sup> If EOHHS, DHS and HealthSource RI do not have enough information to Re-determine eligibility, they must reach out to the individual and receive an adequate response to continue coverage.

The following outlines procedures for the annual redetermination process. Procedures vary depending on if individuals are currently enrolled in Medicaid/Rite Care or enrolled in a QHP with (or without) APTCs or CSRs.

#### 1) **Medicaid/CHIP Eligible Individuals Redetermined by EOHHS/DHS**

For Medicaid/CHIP eligible individuals, an *ex parte* process is used. If the State has enough information available to redetermine an individual's or household's eligibility for Medicaid or CHIP, the redetermination process may proceed. All bases of Medicaid eligibility must be considered.

If EOHHS or DHS have enough information to re-determine that an individual or household is eligible for

<sup>19</sup> Assuming initial eligibility determined using MAGI-based income methods

<sup>20</sup> 42 CFR 435.916

<sup>21</sup> 42 CFR 457.343

<sup>22</sup> 45 CFR 155.335(a)

<sup>23</sup> Any data bases accessed by the agency under 42 CFR 435.948, 42 CFR 435.949 and 42 CFR 435.956

coverage, they will proceed to do so without requiring additional information.

If EOHHS or DHS are unable to renew an individual's eligibility for Medicaid/RIteCare using information in the customer's account and other more current sources, either because available information is insufficient to make a redetermination or existing information indicates a customer is ineligible for coverage, the customer will receive a renewal form. The customer must complete and submit the renewal form according to the most recent Medicaid Rules & Regulations.

## **2) APTC- & CSR-Eligible Individuals & Households**

For APTC and CSR eligible individuals and households, HealthSource RI will initiate a renewal process prior to the Annual Open Enrollment Period Each Year.

### **a) Annual Redetermination Notice**

HealthSource RI sends a annual redetermination notice<sup>24</sup> to each primary account holder to announce the renewal process and dates for the Annual Open Enrollment Period.

The renewal notice is sent as a single, coordinated communication with the annual open enrollment notice containing:

- Dates of the upcoming open enrollment period;
- Description of the annual redetermination and renewal process;
- Any applicable requirement to report changes to information affecting eligibility and the timeframe and channels through which to do so;
- The last day by which a plan selection may be made for coverage to be effective as of January 1 of the upcoming coverage year and the payment deadline for the same;
- A brief description of the premium tax credit calculation methodology and a reminder regarding the reconciliation process; and
- A clear statement of what action, if any, must be taken by the customer to renew coverage and avoid a disruption in coverage between one year's coverage end date and the upcoming year's start date;

#### **Required Authorization to Access Tax Return Data**

For APTC and CSR eligible individuals and households, HealthSource RI must obtain authorization for the release of tax return information in order to access updated financial information and re-determine each individuals' eligibility for financial help. The individual grants such consent during the application process and may provide an authorization for up to 5 years. This consent may be found on HealthSource RI's website.<sup>25</sup>

The individual may also provide consent for a designated authorized representative to obtain access to this information for the purposes of representing them at a hearing. If HealthSource RI does not have a valid authorization to access tax data from an individual, it may only conduct a redetermination for QHP eligibility without financial help. Tax data is essential to the determination of eligibility for tax credits and cost sharing reductions. HealthSource RI may not proceed with the redetermination for IAP eligibility until the individual

<sup>24</sup> 45 CFR 155.335(c)

<sup>25</sup> available at <http://www.healthsourceri.com/about/?section=application-policies>

authorizes access to tax data.

#### **b) Eligibility Redetermination**

Individuals who contact HSRI to renew coverage will be encouraged to update pertinent information that may impact their eligibility for coverage and affordability assistance (e.g., family size, income, incarceration, immigration). The application process used during a renewal will be abbreviated and will be pre-populated with current year application data to the extent possible.<sup>26</sup>

#### **b) Coverage Effective Date**

Assuming all steps required of the applicant are taken in accordance with appropriate deadlines, a redetermination for coverage may be effective on the first day of the following coverage year.<sup>27</sup>

### **D. ENROLLMENT RECONCILIATION**

Pursuant to 45 CFR §155.400(d), HealthSource RI is required to reconcile enrollment records with all participating health insurance companies and HHS on a monthly basis. Because The Centers for Medicare and Medicaid Services (CMS) pays APTCs and CSRs to health insurance companies on the basis of the enrollment files, it is critical that entities' enrollment data is reconciled. In addition, the enrollment data retained by HealthSource RI is used as the basis for annual generation of Form 1095-A tax data for customers. Accurate enrollment information allows CMS to make correct payments for APTCs and CSRs. It also supports quality assurance that the data used for analytics and metrics are accurate and that billing and enrollment systems are also correct.

#### **1) ENROLLMENT DATA RECONCILIATION PROCESS**

When customers enroll in coverage through HealthSource RI or make changes to their coverage, HealthSource RI sends an enrollment transaction to the relevant health insurance company. To ensure the accuracy and completeness of the information and to maintain consistent information between health insurance companies and HealthSource RI, a process called "enrollment data reconciliation" is used. At least monthly, HealthSource RI uses an automated monthly reconciliation process to compare billing and enrollment systems data with health insurance company data.

#### **2) RESOLUTION OF ENROLLMENT DISCREPANCIES**

HealthSource RI will resolve discrepancies identified through the enrollment reconciliation process. Resolution will include correction of erroneous billing or plan enrollment.

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<sup>26</sup> Any information reported by a customer will be verified using the processes outlined in 45 CFR §§155.315 and 155.320.

<sup>27</sup> 45 CFR 155.335(i)-(j)

**a) OVER-BILLED PREMIUMS**

HealthSource RI may retroactively correct any over-billed premium amount for an erroneously high premium amount. HealthSource RI must, within a reasonable time of the discovery of the over-billing, credit the over-billed premium to the enrollees' accounts, refund the over-billed amount to the enrollees, or use a combination of both solutions.

**b) UNDER-BILLED PREMIUMS**

The term "under-billed premium" refers to a circumstance where HealthSource RI bills an enrollee an erroneously low premium amount (or does not bill the enrollee at all). HSRI may, within a reasonable time of discovery of under-billing, generate a corrected invoice and duly update the customers' account balances.