



COMBINED MEDICAID 103-4 Verifications and Documentation

Supersedes: CMA 103-4 (07/2016)

Reference: 42 CFR 435.403, .406, .522, .910, .913, .920, .940, .945, .948, .949, .952, .953, .956; 42 CFR 457.380; ARM 37.82.101, .401, .402 & .416; 42 USC 1396b; Deficit Reduction Act of 2005

Overview: All Medicaid Programs: Income and expenses reported on income tax forms are considered valid. However, if the client expects their income to change, additional information may be needed.

ACA and Family Medically Needy: Self-attestation is accepted for most non-financial, and financial criteria. We must accept self-attestation from the individual, an adult who is in the client's household or an authorized representative. Self-attestation is an oral or written client statement of information needed to determine eligibility.

ABD Only: Unless otherwise noted, hard copy verification is required. Non-financial and financial criteria must be verified and/or documented for all ABD Medicaid clients. Certain criteria (e.g., household composition) only require documentation in case notes while other criteria (e.g., age, citizenship) must be verified. All information and verification must be established in the case prior to eligibility being determined.

Verification must be from a knowledgeable source that does not have an interest in the property being verified. See 'Knowledgeable Source' in the glossary.

Do not request information that is not needed to determine Medicaid eligibility.

The following items may need to be verified and/or documented, depending on which Medicaid program is being evaluated.

AGE:

ACA and Family Medically Needy: If data source indicates an inconsistency, follow PEV inconsistency process.

ABD: Birth certificate, baptismal certificate, school records; hard copy is required.

CITIZENSHIP/ IMMIGRATION STATUS:

Citizenship/Immigration status must be verified by electronic means. If electronic interface is unable to provide verification, then a hard copy must be requested. Reasonable opportunity to provide citizenship or immigration status must be allowed (see FMA 301-1 on reasonable opportunity).

If hard copy is required, it must be an original or certified copy of the document.

Citizenship/immigration status verification cannot be required for individuals not receiving/requesting Medicaid.

CSED COOPERATION:

Cooperation with Child Support is **not required for ABD**, and is optional for ACA Parent/Caretaker Relative, Qualified Pregnant Woman medically needy and Family medically needy.

DISABILITY:

When client is requesting Medicaid as a disabled individual. A current or ongoing SSA disability determination or a MEDS disability determination (using SSA criteria) is required.

HEALTH INSURANCE POLICY INFORMATION:

Adults in the household are required to provide information on all health insurance policies that cover any individual who is applying for or receiving Medicaid. If the adult fails to comply, the adult will lose their Medicaid coverage, but any children receiving Medicaid will continue to receive Medicaid, as long as the case remains otherwise eligible.

HEALTH INSURANCE PREMIUM PAYMENT (HIPP):

Client statement, employer statement, completed HCS-449. **Adults must cooperate with HIPP as a condition Medicaid eligibility.**

HOUSEHOLD COMPOSITION:

ACA and Family Medically Needy: If the data source indicates an inconsistency, follow PEV inconsistency process.

ABD: Client statement.

NOTE: If the data source indicates an inconsistency or if the information currently provided contradicts information previously reported, verification (e.g., divorce decree) is needed.

IDENTITY:

Proof of identity is required for all Medicaid clients. Identify is verified electronically. If electronic interface is unable to provide verification, then a hard copy is requested.

If hard copy is required, it must be an original or certified copy of the document.

INCOME:

ACA: Verify self-attested income using PEV. PEV is used for initial month of application and for subsequent eligibility. If the data sources indicate an inconsistency, follow PEV inconsistency process.

Family Medically Needy: Use self-attestation for initial month of eligibility. PEV is used for subsequent eligibility. If data sources indicate an inconsistency, follow PEV inconsistency process.

ABD: Pay stubs, employer statements, MISTICS, SEARCHS, BENDEX (or other system inquiry screens), SOLQ, tax records. Income must be verified at application and anytime an income change is reported.

Actual income must be verified when determining retroactive Medicaid eligibility.

LIVING WITH A SPECIFIED RELATIVE:

ACA and Family Medically Needy: If information in the data sources indicates an inconsistency, follow PEV inconsistency process. If hard copy verification is necessary, the following can be used: Birth certificate, adoption papers, baptismal certificate, marriage license, divorce decree, death certificate. If the specified relative is not the natural/adoptive parent, they must be related within the fifth degree of kinship.

ABD: not required

MEDICARE ELIGIBILITY, ENROLLMENT & MEDICARE NUMBER:

ACA and Family Medically Needy: If information from data source indicates an inconsistency, follow PEV inconsistency process.

ABD: If information from the data source indicates an inconsistency, hard copy verification is required. Interface queries, or other documents from Medicare can document eligibility, enrollment, and Medicare claim numbers.

PRE-ELIGIBILITY VERIFICATION (PEV):

PEV is the act of validating self-attested information against various data sources to ensure the information provided at the time of application is 'reasonably compatible' with information contained in various electronic data sources. If the data source information is not reasonably compatible with self-attested information, a reasonable explanation needs to be provided before hard copy verification is requested.

ABD: Not applicable

REASONABLE COMPATIBILITY:

When PEV is used for **ACA/Family Medicaid**, it may be necessary to request additional information if the PEV data source information is inconsistent with the individual's self-attested information. Montana uses a 10% reasonable compatibility threshold for income.

Reasonable compatibility is the compatibility between an individual's self-attested income and what is found during electronic data searches/matches. Montana has chosen 10% as the reasonable compatibility threshold.

ABD: Not applicable

RESIDENCE:

ACA and Family Medically Needy: Client statement.

ABD: Client statement; other verification (e.g., landlord statement, rent receipt) only required when residence is questionable.

RESOURCES:

ACA and Family Medically Needy: Resources only need to be verified for medically needy coverage.

ABD: Resource verification required for all ABD programs. Verifications that may be used but are not limited to bank statements, vehicle query, stock certificates, and safety deposit box contents.

Tax appraisals cannot be used to determine the value of real property. Use information from knowledgeable sources, such as real estate brokers familiar with the area where the property is located.

SOCIAL SECURITY NUMBER:

Client statement; SSA interface will verify. Do not request copies of cards, unless there is a mismatch with SSA data.

Parents have until the 1st of the month following a baby's birth or release from the hospital (whichever is later) to provide verification of application for a Social Security number. The newborn's Medicaid cannot be closed due to the parent's failure to provide a Social Security number until the next case redetermination.

Good cause may exist if the individual has well-established religious objections to obtaining a social security number.

TPL TRAUMA QUESTIONNAIRES:

Adult Medicaid clients are required to cooperate with TPL regarding trauma/injury questionnaires. A child's eligibility will not be affected by the parents' failure to cooperate.

Effective Date: January 1, 2020