Reasonable Opportunity Period (ROP) Deny Pending MA

HCEO
Reasonable Opportunity Period (ROP)

• ROP is the period of time a household member has to provide proof of attested information.

• When information on the application cannot be electronically verified, the applicants will get an ROP to provide proof.

• If proof is not provided by the end of the ROP or processing period, the persons eligibility may be Terminated or Denied and reassessed.

• If a person is in the process of providing proof, a case worker may extend the ROP to give the person more time. Citizenship ROP may not be extended.

• System actions at the end of ROP may apply at the individual or household level depending on the type of verification.
Post-eligibility Verification Items

• Verifications that must be satisfied after eligibility is determined:
  - SSN
  - Citizenship
  - PAI
  - Immigration status/Lawful Presence

• If proof is not received eligibility for financial assistance is terminated or denied and may be reassessed depending on the item to verify and program.
Pre-eligibility Verification Items

• Verifications for public programs that must be satisfied **before** an enrollee is granted eligibility.
  - Income
  - Excluded Income
  - Income Discrepancies from external sources:
    - PRISM Income
    - Social Security
    - DEED Wages Income or Unemployment and TALX Wages
  - Adjustments (Deductions)

• Eligibility changes from **pending** to **denied** if proof is not provided within the ROP.

• The current income that a person is required to verify may include income received by other household members.
Proof of Unemployment Income

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Needed Information</th>
<th>Acceptable Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/22/2019</td>
<td>Proof of Unemployment Income</td>
<td>• An electronic data source told us you have unemployment income. You must confirm or explain this. Call the agency shown at the top left of this notice.</td>
</tr>
</tbody>
</table>

• If the above information is not given to us by the due date listed, health care coverage will be denied and you will have to reapply. Send copies of any listed proofs to the agency address shown at the top left of this notice.
**Wages from a Job (DEED)**

Due Date | Needed Information | Acceptable Documents |
---|---|---|
03/22/2019 | Wages from a Job | An electronic data source told us you have wages from a job. You must confirm or explain this. Call the agency shown at the top left of this notice. |

*If the above information is not given to us by the due date listed, health care coverage will be denied and you will have to reapply. Send copies of any listed proofs to the agency address shown at the top left of this notice.*
## Social Security Income

<table>
<thead>
<tr>
<th>Due Date</th>
<th>Needed Information</th>
<th>Acceptable Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/22/2019</td>
<td>Social Security Income</td>
<td>• An electronic data source told us you have Social Security income. You must confirm or explain this. Call the agency shown at the top left of this notice.</td>
</tr>
</tbody>
</table>

If the above information is not given to us by the due date listed, health care coverage will be denied and you will have to reapply. Send copies of any listed proofs to the agency address shown at the top left of this notice.
<table>
<thead>
<tr>
<th>Date</th>
<th>Proof of Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/22/2019</td>
<td>Copy of last filed IRS Form 1040 showing adjustments or other proof of the expenses you reported.</td>
</tr>
</tbody>
</table>

If the above information is not given to us by the due date listed, health care coverage will be denied and you will have to reapply. Send copies of any listed proofs to the agency address shown at the top left of this notice.
ROP for Income Verifications

• The processing period is 45 calendar days.

• The person must be given a minimum of 10 days to provide proof after the SEN is generated.
  
  • METS generates a denial notice on the 10th day listing the outstanding item(s).

  • METS starts the denial process 10 days after the denial notice.
Examples of Income Verification Proofs

• Examples of acceptable proofs to verify the household income:
  - 1040 federal or state tax return
  - Wages and tax statement (W-2 and/or 1099)
  - Pay stub
  - Self-employment ledger documentation
  - Social Security Administration Statements
  - Unemployment Benefits Letter
• 10 days prior to the ROP end date METS will send a Denial Notice to the affected household members.

You do not qualify for Medical Assistance because you did not provide the information or proof we asked you for. (Code of Federal Regulations, title 42, section 435.952)

You will get another notice telling you whether you are eligible for another program.

• METS will reassess the case and determine if an applicant is eligible for other Insurance Affordability Programs (IAP).

• METS will generate a SEN with the new determination.
• When proofs are submitted after the effective date of denial, the submission is considered a request for redetermination.

• A new application is not needed if the person is currently eligible for another IAP including UQHP, or is a household member on an open METS case with other eligible people.

• Outstanding verifications must be resolved before the redetermination.
The effective date of the MA redetermination follows the standard begin date policy which is based on the date the proof was received or the date the person contacted the agency to explain the discrepancy.

If the redetermination results in new items to verify, then another RFI will be sent out.
Extending ROP Verification Period

• Upon request, workers can extend the Expiration Date for ROP verification items.
  
  • When an ROP extension is requested for pre-eligibility items, METS will extend the ROP expiration date by 10 days and sends out an Extension Notice.
  
  • When an ROP extension is requested for post-eligibility items, METS will extend the ROP expiration date by one calendar month.
  
  • More than one extension can be requested.
You asked for more time to give us the information we need to verify your eligibility for Medical Assistance or MinnesotaCare. You now have until the date shown below.

If you do not give us the needed information by the new due date, either

- your application for health care coverage and help paying costs will be denied or
- your health care coverage will end.
Cases are assigned based on program eligibility or potential program eligibility. The initial assigned agency is responsible for processing ROP verification items even if the items are received after the person’s eligibility terminates or is denied and the redetermination resulted in a new case owner based on program eligibility.

- **MA only = County**
- **MA and MCRE/IA/UQHP = County**
- **MCRE/IA/UQHP = MCRE Ops**
Questions?
Periodic Data Matching (PDM)

Kyleen Harstedt
• Result of state legislation passed in 2015
• Requires DHS to conduct Periodic Data Matching (PDM) where electronic data from Data Hub is used to “project” eligibility
• Purpose is to identify public program enrollees in who may no longer be eligible for their current program
• A case undergoes PDM once per 12 month Certification Period and it is assigned to avoid Renewal dates.

• Only Medical Assistance and MinnesotaCare Enrollees in METS will be subject to PDM.

• Existing METS cases have been assigned a PDM month. New applications will be automatically assigned a PDM month upon processing.
PDM & ROP Timeline for MA enrollee

- **3/2/19**: Consumer applies and is approved for MA
- **6/2/19 - 6/30/19**: ROP Process
- **9/5/19**: PDM Discrepancy Notices sent
- **9/5/19 - 10/31/19**: PDM Process
- **10/8/19**: PDM Closure Notices Sent
- **10/31/19**: MA eligibility ends if consumer does not respond
- **MA eligibility ends if consumer does not respond**

*Timeline reflects important dates and processes for MA enrollees.*
PDM Discrepancy Notice

Servicing Agency
123 Main Street
St. Paul, MN 55155

Mar 25, 2018 9:45 AM
Case Number: ABC123

JOHN J SMITH
500 MOCKINGBIRD LANE
ST. PAUL, MN 55155

Medical Assistance or MinnesotaCare Discrepancy Notice

Important: Action Needed
We have received information about you or members of your household that is different from what you reported. You must confirm or update the information on this notice within 30 days from the date on this notice. If you do not respond, health care coverage for some or all household members may end.
Contact the agency listed above or complete the enclosed form and send it to the agency listed above.
Income Discrepancy

Income information received from electronic sources indicates that the following people may no longer meet the income limit for their health care program. You must confirm the income information for your household.

[John Jacob Smith Jr]  
[Jane Julie Smith]  
[Joshua James Smith]
Medical Assistance or MinnesotaCare Discrepancy Response Form

Review the information below. You must tell us if this information is correct or if it is incorrect and needs to be changed.

If you know the information below is complete and correct:

- Call the agency listed on the first page of this notice to confirm the information; or
- Enter your name below, and send this form to the agency listed on the first page of this notice.

If you know the information below is incomplete or incorrect:

- Call the agency listed on the first page of this notice to provide updated information, or
- Enter your name below and provide updated information in the boxes below. Send this form to the agency listed on the first page of this notice.

Name of person completing this form: 

You must respond within 30 days from the date on this notice. If you do not respond, health care coverage for some or all household members may end.

Medicare Information

The information below is complete and correct unless you enter a change in the box below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of assistance</th>
<th>Start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jacob Smith Jr</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>Joe Julie Smith</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
<tr>
<td>Joshua James Smith</td>
<td>Medicare Part A</td>
<td>01/01/2017</td>
</tr>
</tbody>
</table>

If the information above is not correct, clarify in the box below:
Medical Assistance or MinnesotaCare Closing Notice for Unresolved Discrepancy

Important: Action Needed
We sent you a Discrepancy Notice asking you to confirm or update information about you or members of your household. You did not respond within 30 days, so the people listed on this form are no longer eligible for Medical Assistance or MinnesotaCare.

You may be able to continue your Medical Assistance or MinnesotaCare if you immediately contact the agency listed above or complete the Discrepancy Response Form that we sent you. You must do this before the date that coverage ends (listed below). If you complete the form, send it to the agency listed at the top of this page. If you would like to call the agency listed above and do not know the phone number, call the DHS Member Help Desk at 651-431-2670 or 800-657-3739 for assistance.

Health Care Results
John Jacob Smith Jr. - MNsure ID Number: 12345678
You no longer qualify for Medical Assistance starting [date]. The last day you can receive coverage from Medical Assistance is [date].

PDM Closing Notice
5/1/2019
# Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why did an enrollee receive a Discrepancy Notice?</td>
<td>Electronic data was received that indicated the enrollee may not be eligible for the public program they are currently enrolled in.</td>
</tr>
<tr>
<td>An enrollee received a Discrepancy Notice, what should they do?</td>
<td>The enrollee will need to review the information on their Discrepancy Notice and contact the agency listed on the notice before the due date. If the only public program eligibility on the case is MA, refer the enrollee to their county. If eligibility on the case is MinnesotaCare only, or a combination of MinnesotaCare and MA, refer them to MinnesotaCare Operations.</td>
</tr>
<tr>
<td>How can an enrollee resolve a discrepancy?</td>
<td>The enrollee can contact the agency listed on the notice and either confirm or explain the discrepancy (by phone, in person, or in writing). <strong>Verification IS NOT required to resolve a discrepancy.</strong></td>
</tr>
<tr>
<td>How long do enrollees have to resolve a discrepancy?</td>
<td>The enrollee has 30 days from the date on the notice to resolve their discrepancies, otherwise they may lose public program eligibility.</td>
</tr>
<tr>
<td>An enrollee’s MA/MCRE has now closed. What should they do?</td>
<td>Enrollees who do not respond to their Discrepancy Notice (or who provide information that makes them ineligible for public programs) will lose their coverage on the first day after their PDM month. In order to regain coverage, the enrollee must contact the appropriate agency to resolve their discrepancy and/or reapply.</td>
</tr>
</tbody>
</table>
PDM Training Resources

• Training and Resources:
  • PDM Online Training Course
  • Navigator Talking Points
  • Samples of PDM notices