

HEALTH CARE REFORM POLICY DOCUMENTATION VERIFICATIONS

This policy applies to:	<input checked="" type="checkbox"/> MAGI Medicaid & CHIP <input checked="" type="checkbox"/> Non-MAGI Medicaid <input checked="" type="checkbox"/> Advanced Premium Tax Credits	<input checked="" type="checkbox"/> Cost Sharing Reductions <input checked="" type="checkbox"/> Qualified Health Plans (QHP) <input checked="" type="checkbox"/> Individual Insurance Requirement Exemption
Does this document reflect a change in policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Document Scope:	The scope of this document is to provide high-level information regarding Verifications including information regarding APTC compliance issues and the personal exemption verification. See information in the Verifications and Changes charts for specific incidences of when potential verifications situations may occur and the actions/verifications needed.
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DEFINITIONS		
Term	Definition	Comments

‘AS IS’ POLICY ASSESSMENT OF CURRENT POLICY	
Current Citations <i>List citation and link to underlying authority or embedded PDF</i>	Plain Language Synopsis of Citations
Minn. Statute 256B.055, Subd. 6	<p>Subd. 6. Pregnant women; needy unborn child. Medical assistance may be paid for a pregnant woman who has written verification of a positive pregnancy test from a physician or licensed registered nurse, who meets the other eligibility criteria of this section and whose unborn child would be eligible as a needy child under subdivision 10 if born and living with the woman. For purposes of this subdivision, a woman is considered pregnant for 60 days postpartum.</p>
<p>Minn. Statute 256B.056, Subd. 1a.</p> <p>MN AFDC Rule in effect 7/1996 section 9500.2420</p>	<p>...For families and children, which includes all other eligibility categories, the methodologies under the state's AFDC plan in effect as of July 16, 1996, as required by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Public Law 104-193, shall be used, except that effective October 1, 2003, the earned income disregards and deductions are limited to those in subdivision 1c. For these purposes, a "methodology" does not include an asset or income standard, or accounting method, or method of determining effective dates.</p> <p>Subpart 1. Information that must be verified. A local agency shall only require a person to document the information necessary to determine program eligibility and the amount of the assistance payment. Information previously verified and retained by a local agency must not be verified again unless the verification no longer applies to current circumstances.</p> <p>Subpart 4. Factors to be verified. A local agency shall verify factors of program eligibility at the time of the application, when a factor of eligibility changes, and at each redetermination of eligibility under subpart 5.</p> <p>A. A local agency shall verify:</p> <ol style="list-style-type: none"> (1) the social security number of each adult and child applying for assistance; (2) age if required to establish eligibility; (3) the identity of each adult applying for assistance; (4) the resident alien status of each adult and child applying for or receiving assistance if the applicant or recipient reports that he or she is not a citizen; (5) the incapacity of a parent when the basis of eligibility is an incapacitated parent under part 9500.2220;

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	<p>(6) the wage and employment history for both parents for the period preceding application when the basis of eligibility is unemployed parent under part 9500.2300. When an applicant cannot document employment, a local agency shall verify the employment by contacting the employer. When this verification and other primary or alternate forms of verification are not available, a local agency shall accept an affidavit from the applicant as a satisfactory substitute for that verification.</p> <p>(7) the first day of the third trimester when program eligibility is based on pregnancy.</p> <p>(8) school attendance and the date of anticipated completion of school for an 18 year old child;</p> <p>(9) the registration with a Job Service office of a principal wage earner living in a non-WIN county or exempt under part 9500.2700, subpart 15, item G;</p> <p>(10) the relationship of a caretaker to the child for whom application is made; and</p> <p>(11) residence.</p>
<p>MN Administrative Rule 9505.0095</p>	<p>The local agency shall verify the eligibility factors, in determining the medical assistance eligibility of the applicant. The local agency must not require an applicant or recipient to verify more than once an eligibility factor not subject to change and available in existing medical assistance files of the local agency.</p> <p>The applicant shall provide all necessary information and documents and give the local agency written authorization to contact sources who are able to verify the required information to the local agency. An applicant who refuses to authorize verification of an eligibility factor including a social security number shall be denied medical assistance eligibility.</p>
<p>Minn. Statute 256B.056, Subd. 4a & 4b</p>	<p>Subd. 4a. Asset verification. For purposes of verification, an individual is not required to make a good faith effort to sell a life estate that is not excluded under subdivision 2 and the life estate shall be deemed not salable unless the owner of the remainder interest intends to purchase the life estate, or the owner of the life estate and the owner of the remainder sell the entire property. This subdivision applies only for the purpose of determining eligibility for medical assistance, and does not apply to the valuation of assets owned by either the institutional spouse or the community spouse under section 256B.059, subdivision 2.</p> <p>Subd. 4b. Income Verification. The local agency shall not require a monthly income verification form for a recipient who is a resident of a long-term care facility and who has monthly earned income of \$80 or less. The commissioner or county agency shall use electronic verification as the primary method of income verification. If there is a discrepancy between reported income and electronically verified income, an individual may be required to submit additional verification.</p>
<p>Minn. Statute 256B.056, Subd. 8</p>	<p>Subd. 8. Cooperation. To be eligible for medical assistance, applicants and recipients must cooperate with the state and local agency to identify potentially liable third-party payers and assist the state in obtaining third-party payments, unless good cause for noncooperation is determined according to Code of Federal Regulations, title 42, part 433.147. "Cooperation" includes identifying any third party who may be liable for care and services provided under this chapter to the applicant, recipient, or any other family member for whom application is made and providing relevant information to assist the state in pursuing a potentially liable third party. Cooperation also includes providing information about a group health plan for which the person may be eligible and if the plan is determined cost-effective by the state agency and premiums are paid by the local agency or there is no cost to the recipient, they must enroll or remain enrolled with the group. For purposes of this subdivision, coverage provided by the Minnesota Comprehensive</p>

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	Health Association under chapter 62E shall not be considered group health plan coverage or cost-effective by the state and local agency. Cost-effective insurance premiums approved for payment by the state agency and paid by the local agency are eligible for reimbursement according to section 256B.19.
Minn. Statute 256B.056, Subd. 10	Subd. 10. Eligibility verification. (a) The commissioner shall require women who are applying for the continuation of medical assistance coverage following the end of the 60-day postpartum period to update their income and asset information and to submit any required income or asset verification. (c) The commissioner shall verify assets and income for all applicants, and for all recipients upon renewal.
Minn. Statute 256B.06	Subd. 4. Citizenship requirements. (a) Eligibility for medical assistance is limited to citizens of the United States, qualified noncitizens as defined in this subdivision, and other persons residing lawfully in the United States. Citizens or nationals of the United States must cooperate in obtaining satisfactory documentary evidence of citizenship or nationality according to the requirements of the federal Deficit Reduction Act of 2005, Public Law 109-171.
CFR §435.407 Verification of U.S. Citizenship	List of acceptable verification of U.S. citizenship.
CFR §435.406 Noncitizen documentation	States the agency must provide Medicaid to citizens and certain noncitizens. Also lists groups that are exempt from citizenship documentation requirements.
CFR §435.608 Application for other benefits	Applications for other benefits. (a) As a condition of eligibility, the agency must require applicants and recipients to take all necessary steps to obtain any annuities, pensions, retirement, and disability benefits to which they are entitled, unless they can show good cause for not doing so. (b) Annuities, pensions, retirement and disability benefits include, but are not limited to, veterans' compensation and pensions, OASDI benefits, railroad retirement benefits, and unemployment compensation.
CFR §433.138 (b) TPL	<i>(b) Obtaining health insurance information: Initial application and redetermination processes for Medicaid eligibility.</i> (1) If the Medicaid agency determines eligibility for Medicaid, it must, during the initial application and each redetermination process, obtain from the applicant or recipient such health insurance information as would be useful in identifying legally liable third party resources so that the agency may process claims under the third party liability payment procedures specified in § 433.139 (b) through (f). Health insurance information may include, but is not limited to, the name of the policy holder, his or her relationship to the applicant or recipient, the social security number (SSN) of the policy holder, and the name and address of insurance company and policy number.
CFR §435.116 Pregnancy	(a) The agency must provide Medicaid to a pregnant woman whose pregnancy has been medically verified and who—
CFR §435.910 SSN	(a) The agency must require, as a condition of eligibility, that each individual (including children) requesting Medicaid services furnish each of his or her social security numbers (SSNs). (b) The agency must advise the applicant of— (1) [Reserved] (2) The statute or other authority under which the agency is requesting the applicant's SSN; and (3) The uses the agency will make of each SSN, including its use for verifying income, eligibility, and amount of medical assistance payments under §§ 435.940 through 435.960. (c)-(d) [Reserved] (e) If an applicant cannot recall his SSN or SSNs or has not been issued a SSN

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	<p>the agency must—</p> <p>(1) Assist the applicant in completing an application for an SSN;</p> <p>(2) Obtain evidence required under SSA regulations to establish the age, the citizenship or alien status, and the true identity of the applicant; and</p> <p>(3) Either send the application to SSA or, if there is evidence that the applicant has previously been issued a SSN, request SSA to furnish the number.</p> <p>(f) The agency must not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by SSA.</p> <p>(g) The agency must verify each SSN of each applicant and recipient with SSA, as prescribed by the Commissioner, to insure that each SSN furnished was issued to that individual, and to determine whether any others were issued.</p> <p>(h) <i>Exception.</i></p> <p>(1) A State may give a Medicaid identification number to an applicant who, because of well-established religious objections, refuses to obtain a Social Security Number (SSN). The identification number may be either an SSN obtained by the State on the applicant's behalf or another unique identifier.</p> <p>(2) The term <i>well established religious objections</i> means that the applicant—</p> <p>(i) Is a member of a recognized religious sect or division of the sect; and</p> <p>(ii) Adheres to the tenets or teachings of the sect or division of the sect and for that reason is conscientiously opposed to applying for or using a national identification number.</p> <p>(3) A State may use the Medicaid identification number established by the State to the same extent as an SSN is used for purposes described in paragraph (b)(3) of this section.</p>
<p>CFR §457.340 (b) SCHIP SSN</p>	<p>(b) <i>Use of social security number.</i> A State may require a social security number for each individual requesting services consistent with the requirements at § 435.910(b), (e), (f), and (g) of this chapter.</p>

Current Policy

1. Verification Requirements

All programs require verification of certain information. This means clients may need to provide documentation from a third party or other source that shows proof the client's reported information is correct.

Use Request for Information ([DHS-3271](#)) to request information or verification needed to determine initial or continued health care eligibility.

Verification Overview

This chapter provides information on:

- What must be verified. See [Mandatory Verifications](#).
- [Inconsistent Information](#). Verify other information to determine eligibility if the information the client gives is [inconsistent](#) or questionable.
- Documentation that may be used as verification. See [Verification Documentation](#).
- Helping clients [obtain verification](#).
- The time period the client has to provide verifications. See [Verification Timelines](#).
- The length of time verifications must be retained. See [Verification Retention](#).

Deny or close health care for people who refuse or deliberately fail to help verify information.

2. Mandatory Verifications

This section provides basic policy requirements for mandatory verification. Additional detail is provided in the topic-specific

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sections identified in the links.

Many verification requirements vary between programs and sometimes within programs. The items listed below apply to all programs, although not necessarily to every individual within each program. See the topic-specific links for a complete description of each requirement and to whom it applies.

- [U.S. Citizenship and Identity.](#)
- [Immigration Status.](#)
- [Social Security Number.](#)
- [Income.](#)
- [Inconsistent Information.](#)
- [IEVS Matches.](#)
- [PARIS Matches.](#)

MA Verification Only

Verify the following information when needed for MA eligibility under a particular basis:

- Blindness and disability for people claiming a [blind](#) or [disabled](#) basis of MA eligibility. See [Disability Determinations.](#)
- Eligibility for state and Title IV-E adoption assistance. See [Adoption Assistance.](#)
- Enrollment in Medicare Part A when required for eligibility for QMB, SLMB, QWD, or QI. See [Medicare Savings Programs.](#)
- Assets. See [Verification of Assets](#) for specific program policy.
- Pregnancy. See [MA Pregnant Women](#) for specific verification policy requirements.
- Asset Reductions. See [MA Excess Assets](#) for more specific program policy.
- [Medical expenses](#) to meet a spenddown.

3. Inconsistent Information

This section explains when to verify information that is inconsistent with other information or documentation on file.

MA

Verify information that is inconsistent with documentation or information on file, even when it is not mandatory, if all of the following conditions exist:

- The information is necessary to determine at least one of the following:
 - Eligibility.
 - Premium Amount.
 - Spenddown.
- The information is inconsistent with at least one of the following:
 - Other information the agency has.
 - A client's own statements.
- The client cannot satisfactorily explain an inconsistency.

Document the following information in the case record:

- A description of the inconsistency.
- An explanation of why verification was necessary.
- A description of the verification.

See [No Income Reported](#) for more information if a client reports no income.

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4. No Income Reported

All Minnesota Health Care Programs (MHCP) require clients to report and verify income at application and renewal. Some clients report that they do not have any income. This section explains how to address reports of no income.

MA Method A and LTC

When applicants or enrollees claim no income from any source:

- Accept the client's statement. Count zero income if there is no conflicting information.
- Ask the client for an explanation and document the client's response if conflicting information is found.

5. Verification Documentation, Timelines and Retention

This section provides an overview of what type of documentation can be used as verification, verification timelines, and retention requirements.

General Documentation Provisions

The most common sources of verification are documents in the client's possession, such as pay stubs and immigration documents, and written verification from third parties such as employers. Assist clients in [obtaining verification](#) as needed. Any verification that has been received verbally must be clearly documented in case notes.

Do not require more than one type of documentation for the same eligibility factor.

See the following sections for more information on types of documentation for specific eligibility factors.

[Obtaining Verifications.](#)

[Verification of U.S. Citizenship.](#)

[Verification of Immigration Status.](#)

[Verification of Income.](#)

[Verification of Assets.](#)

Photocopying Requirements

When photocopying savings bonds or other negotiable items, you must alter the size of the items by reducing or enlarging. It is illegal to photocopy savings bonds without altering the size.

Some immigration documents, including the certificate of naturalization, state that they may not be copied. However, immigration regulations allow government agencies to make copies.

Verification Timelines - General

Generally, an enrollee has 10 working days from the date of the written request to return requested verification unless it is at application, or renewal.

For more information on verification timelines see:

- [Income Changes - MA.](#)
- [Removing a Household Member.](#)

See more information on policy under the [Identify Changes](#) documentation.

Application

For more information on verification timelines at application see:

- [Processing Applications.](#)

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- [Pending Applications.](#)
- [Processing Periods and Standards.](#)

Renewals

For more information on verification timelines at renewal see:

- [MA Renewals.](#)
- [Processing MA Renewals.](#)

Adding a Person

For more information on verification timelines at the time a new member is added to a household see:

- [Adding a Household Member.](#)

Record Retention

Verifications for ongoing cases should be retained according to your agency's retention policy. Your agency's policy should be based on and concurrent with the [county human services general records retention schedule](#), which is available to county staff through CountyLink.

In most ongoing cases, verification can be destroyed after three years.

Exception: Some verification may need to be retained throughout the life of the case file up until three years after the case has closed, such as:

- Alien identification cards (immigration documents).
- Birth certificates and other citizenship documentation.
- Death certificates.
- Divorce decrees.
- Spousal asset determinations.
- Employment information.
- Asset information.

Information on unpaid claims and overpayments, including estate claims and liens against real property, should be retained until paid.

If records are being scanned for electronic filing purposes, the original documents are retained until the scanned documents are verified and backed up.

6. Obtaining Verifications

This section details how to assist clients in obtaining mandatory verifications.

Client Responsibility

Providing verification is primarily the responsibility of the client. However, agencies must assist clients in obtaining verification. Do not deny or close eligibility for clients who are cooperating in attempting to obtain the verification.

Assisting Clients

Assist clients in obtaining verification if the client is unable to provide it.

- Use available electronic data sources following current program rules to verify wage or unearned income if a client provides verification that is not reasonably compatible with income reported by the client, or if no verification was submitted with an application or renewal. See [Verification of Income.](#)
- Use publicly available data, such as auto dealer's guides and stock exchange listings, when possible.
- Obtain the client's written consent before contacting third parties for verification. The signed release must identify the source and the specific information to be requested. See [Release Forms.](#)

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- If neither the client nor the agency is able to obtain outside verification, accept the client's written statement attesting to the correctness of the information.

Release Forms

The following release of information forms are available for use in helping the worker help the client obtain required verification:

- General Consent/Authorization for Release of Information ([DHS-3549](#)).
This release form is used to gather information and the authorization/consent of an applicant for health care or a license to provide services
- General Authorization for Release of Information ([DHS-2243A](#)).
General consent form allowing release of specified information required for the determination of eligibility for human service programs.
- Authorization for Release of Employment Information ([DHS-2146](#)).
Consent form allowing release of employment information required for the determination of eligibility for human service programs.
- Consent for Release of Information about Assets ([DHS-2243](#)).
Consent form allowing release of asset information required for the determination of eligibility for human service programs.

State Verification and Exchange System (SVES)

The State Verification and Exchange System (SVES) is an interface provided to workers to query online with the Social Security Administration (SSA). This interface is used to:

- Verify Social Security Numbers in a monthly batch job.
- Initiate some IEVS matches. See [IEVS](#) for more information.
- Provide verification of SSI and RSDI payment information.

The SVES interface may be used to confirm or verify citizenship and identity of current and former SSI recipients, including Minnesota Supplemental Aid (MSA) recipients.

The SVES interface **does not** provide information on which beneficiary obligations, such as child support, are deducted from the gross RSDI amount.

For more information about SVES, see POLI/TEMP in MAXIS.

7. Verification of Assets

Minnesota Health Care Programs may require verification of assets. This section explains when clients are required to verify assets.

Clients are responsible for providing the verification when verification is required. However, help clients to get the needed information if they are having difficulty obtaining it. Obtain the client's written consent to request verification from a third party.

Types of Asset Verifications

Common types of documentation to verify assets include, but are not limited to:

- Bank statements.

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- Agency-initiated verification forms.
- Copies of bonds.
- Stock ownership statements.
- Copies of life insurance policies.
- Statements from insurance companies or companies providing annuities.
- Copies of burial purchase agreements.
- An estimate of fair market value from a licensed dealer.
- An estimate from a licensed appraiser.
- Contracts.
- Trust documents.

For more information on additional ways to verify assets, see the manual sections addressing specific type of assets.

Request additional information from the client if the [application](#) or renewal does not contain sufficient information to determine countable assets.

- See [Obtaining Verification](#) for policy about how to obtain verifications.

MA Method A for Parents and Relative Caretakers

Verify all countable assets and their encumbrances at application and at renewal. However, do not require duplicate verification of excluded or unchanging assets at renewal if the client has already provided verification of that asset at any time in the past. Unchanging assets are assets whose make-up and value have not changed since they were previously verified. This may include, but is not limited to, burial accounts. Continue to verify assets that could change monthly, such as bank accounts, even if the balance at renewal matches what was reported a year ago.

Note: Do not require additional verifications if the client provided verifications for the same assets as part of an application or review for another program within the last 30 days.

- Contact the client to determine the net value of the assets if the asset total is in excess of the asset limit at application or renewal.
 - Ask the client if any of the assets have encumbrances not already reported. Verify any encumbrances.
 - Ask the client if he or she received a federal tax refund in the past 12 months. If the client received a federal tax refund, reduce the client's asset total by the amount of the refund, regardless of whether the client actually retained the refund. Do not require verification of the refund in order to exclude it. Document the client's statement and the reduced asset total in case notes. See [Excluded Assets](#).
- Act on asset changes reported between renewals, but do not verify until renewal.

Contact the client by phone, or in writing if unable to reach them by phone, when there are asset changes that result in ineligibility to determine if any of the assets have encumbrances not already reported. Do not verify any encumbrances in between renewals.
- Do not verify excluded assets unless verification is required to determine if the asset should be excluded.
- Verify the unavailability of countable assets.
- Verify the reduction of assets on medical bills for a retroactive period. See [Excess Assets](#).
- Verify assets that are deemed to a person with an asset limit, even if the assets belong to a person who is not applying for MA or who does not have an asset limit.
- Verify assets at application and renewal. Accept verification of assets that are dated within the last 30 days.
- Adults without children denied MA solely for failure to verify assets may not be eligible for MinnesotaCare. See [MA Asset Verification Denial/Closure](#) for information on how these negative actions affect MinnesotaCare eligibility.

Long-Term Care (LTC)

Follow Method A or Method B depending on the person's basis of eligibility. In addition, verify:

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- all assets when processing an asset assessment, regardless of whether they are excluded or unavailable.
- home equity when applying the [LTC/EW Home Equity Limit](#).

Note: At the first annual renewal, verify that all assets owned by an LTC spouse at the time of the request for MA payment of LTC services that could be transferred to a community spouse as part of the community spouse asset allowance have been legally transferred into the community spouse's name.

8. Verification of Burial Assets and Life Insurance

Verification of burial assets follows the policies outlined in [Verification of Assets](#). This section identifies how those policies apply to burial assets.

General Documentation

Document in the case record:

- The assets used, and the steps taken in applying the burial space items and the burial fund exclusions.
- The specific reason why assets designated toward the burial fund exclusion cannot be separated from other assets.

Burial and Life Insurance Verification

Follow specific program provisions for verification of burial assets. For more specific policy on the verification of assets, see [Verification of Assets](#).

- MA Method A and RMA.

Verify all burial assets to determine if the burial asset is excluded, counted, or unavailable at application and when there has been a change in the asset.

- LTC.

Follow MA Method B and if these burial assets are included in an asset assessment, be sure to verify them at the time of the assessment.

9. Verification of Income

All Minnesota Health Care Programs require verification of income.

Generally, the client is responsible for providing income verification. However, county agencies and MinnesotaCare Operations have limited access to different electronic income verification sources. Where appropriate, obtain verification from electronic data sources. If verification is not provided by the client and electronic data sources are not available, obtain the client's written consent to request verification from a third party.

See [Obtaining Verifications](#) for more information.

MA Method A

This section provides information regarding MA Method A.

General Provisions

Require verification of earned and unearned income received by all household members in the 30 days before:

- Application.
- Renewal.

Examples of income verification are:

- Pay stubs.
- Employer's statement.

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- Tax forms.
- Copies of checks for unearned income.
- Award letters.
- Court orders.
- SVES Interface.

Note: The State Verification and Exchange System (SVES) is an interface for online query to the Social Security Administration. This interface is available in MAXIS. SVES provides the following:

- Verifies Social Security Numbers in a monthly batch job.
- Serves as an input to initiate SDX, BENDEX, and BEER data exchanges.
- Inputs Interim Assistance Reimbursement (IAR) information.
- Serves as the vehicle for the current TPQY system used to verify Title II (RSDI) and Title XVI (SSI) benefit information.

Do not require the following:

- Additional verification if the client submits documentation which reflects reported earnings within the past 30 days.

Note: If the verification provided does not reflect current reported earnings, or no verification is provided, request verification of the past 30 days of earnings.

- Separate verification of interest and dividend income that is identified on the household's tax forms, on bank statements, and other documents from the payment source.
- Verification of income at the time of a reported change during the certification period. See [Income Changes](#).
- Verification of income the SSI program excludes for SSI recipients who are not requesting MA payment of long-term care (LTC) services.
- Verification of other income that SSA considers when determining SSI eligibility and benefit amount for SSI recipients who are not requesting MA payment of long-term care (LTC) services.

Tax Forms Submitted

Compare the information on tax returns a household submits as verification of income to the information reported on the application or renewal.

- If the tax forms do not accurately reflect the household's current situation:
 - Contact the household to resolve the discrepancy.
 - Request verification of the current income if it is from a different employer than shown on the tax forms or the amount on the tax forms is not reflective of current earnings or unearned income.
- Examples of circumstances that may or may not result in a significant difference between tax forms and the household's current situation include, but are not limited to:
 - A wage earner has changed jobs.
 - A wage earner has increased or decreased hours of employment.
 - A self-employment enterprise has changed in size, nature, or scope.
 - A wage earner who was previously employed seasonally has begun year-round employment.
 - A source of unearned income has started, stopped or changed in amount.

Self-Employment Income

For all programs, except MA-EPD, there are several ways to verify self-employment income:

- Income tax forms.
- Business financial statement or detailed records of gross receipts and expenses.
- Business quarterly report (may be filed for tax purposes).

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- Computer printout showing gross receipts and expenses.
- Signed statement from the business's accountant verifying projected business income or expenses.

See Self-Employment Income for more details on how to treat self-employment income and [MA-EPD Self-Employment Income](#) within this section.

Seasonal Income

Accept the following verification of [seasonal income](#) from seasonally employed people:

- Earnings for the most recent 30-day period in which the person was seasonally employed.
- The most recent year's tax forms and W-2s.
- Other documentation reflecting the current seasonal earnings.

Retroactive Coverage and Spenddowns

- Require verification of income received in each retroactive month for people requesting MA or MA-EPD [retroactive eligibility](#).

Exception: Self-employed clients requesting retroactive eligibility are not required to produce business documents showing actual income received in the retroactive months. Tax forms are acceptable unless they do not reflect accurate information for those months.

10. Sponsor Deeming

Sponsor Verification Process

Clients whose immigration status indicates they have a sponsor must cooperate with supplying or obtaining sponsor information unless they meet a [sponsor deeming exception](#). The sponsor must also cooperate. Deny or close coverage if the client or sponsor does not cooperate with providing or obtaining sponsor information.

For noncitizens whose immigration status indicates there is a sponsor:

- Request a copy of the Affidavit of Support from the client.
- Follow these steps to find out if there is a sponsor and the sponsor's identity if the client is unable to supply a copy of the Affidavit of Support, or the client appears to be subject to sponsor deeming but claims not to have a sponsor:

1. Request Affidavit of Support data using [SAVE](#):

Note: Do not use SAVE if the client has not submitted proof of [immigration status](#).

a) In SAVE, select the Request Additional Verification link and check the "Request Affidavit of Support Data" box prior to submitting the request.

b) The response in SAVE will include the following sponsor information if the individual was sponsored using I-864, Affidavit of Support:

- First, middle, and last name(s).
- Social security number(s).
- Last known address including street, city, state and zip code.

Note: Sponsor deeming rules do not apply if SAVE indicates that the individual was not sponsored using the I-864, Affidavit of support.

c) Follow the steps below if the sponsor information is incorrect in SAVE.

2. For agencies that do not use SAVE or if the sponsor information in SAVE is incorrect and follow-up is needed, obtain a release of information from the client to contact USCIS directly:

a) Complete a Document Verification Request form (USCIS G-845). This form is available online at the USCIS website (www.uscis.gov) and must be reproduced as a two-sided document.

b) Complete a Document Verification Request Supplement form (USCIS G-845 *Supplement*). This form is not

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available online but may be requested from the USCIS Forms Request Line at (800) 870-3676. This form must be reproduced as a two-sided document.

c) Send completed forms to:

U.S. Citizenship and Immigration Services
10 Fountain Plaza, 3rd Floor
Buffalo, NY 14202
Attn: Immigration Status Verification Unit

- Obtain a release of information from the client prior to contacting the sponsor to request income and asset verification.

Upon receipt of the release of information, send the sponsor the Sponsor Letter ([DHS-3453](#)). This form reminds the sponsor of the legal obligation to provide support and requests verification of the sponsor's and the sponsor's spouse's income and assets.

- Do not send the Sponsor Letter if the immigrant is exempt from the deeming requirement under a battered status and the sponsor is responsible for the battery.
- Do not request verification of assets if the client is exempt from the asset limit.
- Deny or close health care program coverage if the sponsor and the sponsor's spouse fail to respond to the Sponsor Letter or fail to provide verification. Consider whether the client is eligible for [EMA](#).

11. Verification of RSDI and SSI Benefits

Verify the [RSDI](#) gross amount and [SSI](#) benefit amount for all programs. Also verify receipt of Medicare.

Note: Do not require verification of other income that the Social Security Administration (SSA) considers when determining SSI eligibility and benefit amount, or income the SSI program excludes, unless the SSI recipient is requesting MA payment of long-term care (LTC) services. See [RSDI and SSI](#).

For more detailed income [verification](#) policy, including when verification is needed and how it is used for each program, see [Verification of Income](#).

Types of Verification and Documentation

There are a variety of Social Security Administration (SSA) documents and interfaces available to verify gross RSDI and SSI benefits, including:

- SVES interface.
 - This is a computer interface between SSA and MAXIS.
 - See [Obtaining Verification](#) for more information about the SVES interface.

Note: SVES is the preferred way to verify SSI and RSDI benefits. It is the trusted source for verifying that the RSDI and SSI information the client provides is the most current.

- Initial award letter (SSA-4926-SM).
- Report of Confidential Social Security Benefit Information (SSA-2458). This is a report sent to the client, although a third party may have requested the information.
- Annual notice of cost of living adjustment (COLA) sent to the client by SSA.
- Public Assistance Agency Information Request (SSA-1610-U2). This inquiry form is initiated by the worker to SSA.

Do not require clients to provide a specific document if another is available which provides the information.

Determining Gross Amounts

All health care programs budget the gross amount of SSA benefits. The gross amount is the benefit amount the client receives plus any deductions, such as a Medicare premium, taken out before the client receives it.

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Not all documents from SSA report the gross amount of benefits.

Use SVES in MAXIS to determine if there is a deduction taken from the gross SSA benefit by checking one of the following:

- Compare the gross amount and the net amount on BDXP. The client is not paying Medicare costs if the amounts are equal.
- The client has refused Medicare Part B if 'R' is coded on the "SMI Option Code" on BDXM.

12. LTC Income Calculation: Countable Gross Income Determination

All gross income, except [excluded income](#), is counted in the LTC income calculation. Count income in the month received.

Exception: Do not [deem a sponsor's income](#) if the sponsor is the community spouse.

Verify income at each request for MA payment of [LTC Services](#), at the annual renewal, and when a change is reported. Enrollees who have earned income in excess of \$80 per month are required to [report and verify their income monthly](#) using the Household Report Form ([DHS-2120](#)).

13. Community Spouse Income Allocation

An LTC spouse can allocate his or her income to a [Community Spouse](#) if the community spouse's income is insufficient to meet his or her monthly maintenance needs.

Verification Requirements

The agency cannot determine if it can deduct a community spouse income allocation in the LTC income calculation unless the client, or the client's authorized representative, provides verification of the community spouse's income and shelter expenses. Do not allow a deduction for a community spouse income allocation if the client or authorized representative does not provide verification of the community spouse's income and shelter expenses.

The client, or the client's authorized representative, must provide verification of the community spouse's income and shelter expenses at the time of the request for MA payment of LTC services and at each renewal.

If the agency deducts a community spouse income allocation in the LTC income calculation, inform the client or authorized representative that he or she must report changes in the income or shelter expenses of the community spouse. Do not require the client, or the client's authorized representative, to report income and expenses monthly.

Recalculate the community spouse income allocation when the client or authorized representative notifies the agency of a change in the income or expenses of the community spouse and the agency has verified the change.

14. Verification of Immigration Status

Require verification of immigration status for all applicants who report they are [lawfully present noncitizens](#).

Note: Do not request verification of immigration status for household members who are not requesting health care coverage.

Verification of date of entry or status date may also be required if there is a need to establish eligibility for a federally funded program. See [Federally or State-Funded Health Care](#) for further information.

Once an immigrant has provided the required verification of immigration status, do not request additional verification unless the immigrant reports a change in status. Accept verification obtained by another program unless there is a change in status.

Current Verification Not Provided

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If applicants or enrollees claim a status under which they would qualify for health care program eligibility but are unable to submit documentation, or submit expired U.S. Citizenship and Immigration Services (USCIS) documents:

- Request further verification and refer the applicant or enrollee to the USCIS district office to secure proper documentation.

Note: The Minnesota Health Care Programs Request for Information ([DHS-3271](#)) may be used.

- Approve the appropriate health care program while documentation is pending.

Exception: If verification of immigration status has been previously requested and the applicant failed to submit it, do not approve health care coverage until you receive the verification.

- If verification of immigration status is not received within two months of the request for the verification, send a letter to remind the applicant to provide the information.

Note: The Minnesota Health Care Programs Request for Information ([DHS-3271](#)) may be used.

- If verification of immigration status is not received within 30 days of the date of the reminder letter, close health care coverage for the next available month.

Exception: Do not close coverage for enrollees who document that they have requested the verification from USCIS but have not yet received it.

Role of the Worker in Obtaining Verification

Assist people in obtaining documentation if they request help.

Note: Do **not** contact USCIS without the person's written consent. Do not contact USCIS for undocumented people unless the person specifically requests the contact and gives signed permission.

See [Systematic Alien Verification for Entitlements \(SAVE\)](#) for information on when to use the automated SAVE system to validate immigration status.

Acceptable Sources of Verification

The verification a client must provide depends on the immigration status.

- In many instances, noncitizens will have one of two USCIS forms that indicate current immigration status and the date it was attained: the I-551 (Permanent Resident Card) or the I-94 (Arrival-Departure Record).
- Immigration status (but not entry or status date) is also indicated on I-766 or I-688B (Employment Authorization Card).
- USCIS may also issue a Form I-797 (Notice of Action) to indicate the approval of an application for a particular status.

For further information about verification guidelines for each immigration status, see:

[Afghan and Iraqi Special Immigrants](#). Verification Requirements

The following may be used to verify Afghan and Iraqi special immigrant status, as applicable:

- Principal Applicant Afghan/Iraqi Special Immigrant** - Afghan/Iraqi passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SI1 or SQ1 and Department of Homeland Security stamp or notation on passport or I-94 showing date of entry.
- Spouse** of Principal Applicant Afghan/Iraqi Special Immigrant - Afghan/Iraqi passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SI2 or SQ2 and Department of Homeland Security stamp or notation on passport or I-94 showing date of entry.
- Unmarried child under age 21** of Principal Applicant Afghan/Iraqi Special Immigrant - Afghan/Iraqi passport with an immigrant visa stamp noting that the individual has been admitted under IV (Immigrant Visa) Category SI3 or SQ3 and Department of Homeland Security stamp or notation on passport or I-94 showing date of entry.
- Principal Applicant Afghan/Iraqi Special Immigrant** adjusting status in the U.S. - Form I-551 ("green card") showing Afghan/Iraqi nationality or Afghan/Iraqi passport with an IV (immigrant visa) code SI6 or SQ6.
- Spouse** of Principal Applicant Afghan/Iraqi Special Immigrant in P6 Category - Form I-551 ("green card") showing

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Afghan/Iraqi nationality or Afghan/Iraqi passport with an IV (immigrant visa) code SI7 or SQ7.

- Unmarried child under age 21** of Afghan/Iraqi Special Immigrant in P6 Category - Form I-551 ("green card") showing Afghan/Iraqi nationality or Afghan/Iraqi passport with an IV (immigrant visa) code SI9 or SQ9.

Amerasian Immigrants. Verification Requirements

Require one of the following:

- A picture I-94 stamped "processed for I-551" with codes AM1, AM2, AM3, AM6, AM7, or AM8.
- A foreign passport stamped "processed for I-551" with codes AM1, AM2, AM3, AM6, AM7, or AM8.

American Indian Noncitizens. Verification Requirements

Require one of the following:

- A picture I-94 stamped "processed for I-551" with codes AM1, AM2, AM3, AM6, AM7, or AM8.
- A foreign passport stamped "processed for I-551" with codes AM1, AM2, AM3, AM6, AM7, or AM8.

15. Other Lawfully Present Noncitizens

The following noncitizens are lawfully present in the United States.

Some lawfully present noncitizens must cooperate with United States Citizenship and Immigration Services (USCIS) in efforts to obtain a qualified status or pursue U.S. citizenship if they do not have a status that qualifies them for federally funded health care. The USCIS application process and type of documentation required will vary according to the person's status. See Adjustment Requirements for Other Lawfully Present Noncitizens for specific information for each status.

Lawfully present noncitizens may be eligible for:

- federally funded MA or MinnesotaCare if they are children under age 21 or pregnant women. See the Medical Assistance Immigration Status and Eligibility Table or the MinnesotaCare Immigration Status and Eligibility Table for more information about program eligibility and systems coding.

Note: Pregnant women and children under age 21 who become incarcerated while enrolled in MinnesotaCare must be changed to state-funded MinnesotaCare until next renewal. Close MinnesotaCare if they remain incarcerated at next renewal.

- state-funded MinnesotaCare if they are a non-pregnant adult, including people who are blind, disabled, parents, adults without children, foster parents and relative caretakers.

Status Descriptions and Verification Requirements

- Applicants for Asylum** and for **Withholding of Removal** status are allowed to remain in the United States with an employment authorization document or card while their applications for asylee status are pending with U.S. Citizenship and Immigration Services (USCIS). Acceptable forms of verification include:
 - Receipt or notice showing Form I-589, Application for Asylum and Withholding, has been filed.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.

Applicants for Asylum/Withholding of Removal.

- Deferred Action** status is granted by USCIS or an immigration judge. Deferred action means the USCIS will not initiate removal proceedings against the person. This status may be granted to a self-petitioning battered spouse or child. See Battered Noncitizens. Acceptable forms of verification include:
 - Form I-797 indicating a notice of action for Deferred Action.
 - Form I-765, Application for Employment Authorization or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.

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Deferred Action.

- Deferred Enforced Departure** status is granted by executive authorization of the President. People with this status are allowed to remain in the United States with employment authorization. Acceptable forms of verification include:
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Any verification from the immigration authorities or other authoritative documents indicating Deferred Enforced Departure status.

Deferred Enforced Departure.

- Family Unity Beneficiary** status provides protection from deportation and employment authorization to the spouses and children of noncitizens who obtained legal status under the Immigration Reform and Control Act of 1986 (IRCA). Acceptable forms of verification include:
 - Form I-797, Notice of Action showing approval of I-817, Application for Family Unity.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Any verification from the immigration authorities or other authoritative documents indicating Family Unity status.

Family Unity Beneficiary.

- Citizens of Micronesia, the Marshall Islands and Palau** are allowed to live, study and work in the United States indefinitely as nonimmigrants under the Compact of Free Association. They do not need to with USCIS to adjust their status in order to be eligible, but do need to provide verification of their current status. Acceptable forms of verification include:
 - Form I-94 (Arrival/Departure Card) with a stamp indicating that the person was admitted as a citizen of Micronesia (CFA/FSM), the Marshall Islands (CFA/MIS) or the Republic of Palau (CFA/PAL).
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Unexpired Micronesian, Marshall Islands or Palauan passport.

Micronesians/Marshall Islanders.

- Lawful Temporary Residents (LTRs)** are people who had resided in the United States unlawfully since before January 1, 1982, who were allowed to legalize their status. Acceptable forms of verification include:
 - Form I-688, Temporary Resident Card.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Any verification from the immigration authorities or other authoritative documents indicating LTR status.

Lawful Temporary Residents.

- Individuals **paroled for less than one year** have been granted authorization to remain in the United States for emergency reasons, such as, to receive medical care or other reasons in the public interest. This status is granted by the Secretary of Homeland Security. Acceptable forms of verification include:
 - Form I-94 (Arrival/Departure Card) with a stamp displaying a grant of parole under Section 212(d)(5) of the INA. The I-94 may be stamped "PIP" or "HP."
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Form I-512 Parole Authorization annotated with the reason parole was granted under section 8 CFR.

Paroled for Less Than One Year.

- Certain people with **Pending Immigration** status are considered to be lawfully present in the United States while

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their applications for adjustment of status are still being processed by the USCIS. This includes:

- The spouse or child of a U.S. citizen or a Lawful Permanent Resident whose visa petition to adjust status for Alien Relative (USCIS Form I-130) has been approved by the USCIS via a Notice of Action, but whose application for a visa number (A#) to adjust status to LPR is still pending with the Visa Center. The Notice of Action will list the names of the petition beneficiaries (the spouse or child), along with a description of the additional immigrant visa processing steps.
- An applicant for adjustment of status to LPR under the "registry" provisions of immigration laws (Section 249 of the INA). The "registry" provision of the INA allows certain noncitizens, who have been present in the United States since January 1, 1972, to obtain lawful permanent residence even if they entered or resided in the United States illegally. Applicants who are in the United States and have filed an Application to Register Permanent Residence or Adjust Status (USCIS Form I-485) are eligible to apply for a work permit while their case is pending assignment of a visa number.

Pending Immigration Status.

- People with **Temporary Protected Status (TPS)** are living in the United States and are from certain designated countries where unsafe conditions would make it a hardship for them to return. They are authorized to remain in the United States for a specified period of time. Acceptable forms of verification include:
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
 - Any verification from the immigration authorities or other authoritative documents indicating Temporary Protected Status.

Temporary Protected Status.

- Some noncitizens may reside in the United States under a USCIS **Order of Supervision** (I-220B). These people may be granted employment authorization. Acceptable forms of verification include:
 - USCIS or Department of Homeland Security Form I-220B Order of Supervision.
 - Form I-94 (Arrival/Departure Card) annotated "Order of Supervision."
 - Employment Authorization Document Form I-766 or I-688B.
- Nonimmigrants with K-Visas**
 - A nonimmigrant with a K-1 visa is a fiancée who seeks to enter the United States solely to marry a U.S. citizen within 90 days of his or her admission to the United States. After the couple is legally married, the K-1 visa holder must apply for adjustment to Lawful Permanent Resident. The minor children of the fiancée may be granted K-2 visas and are also considered lawfully present.
 - A nonimmigrant with a K-3 visa is a noncitizen spouse of a United States citizen. This visa was created to shorten the separation between the noncitizen and citizen spouses by permitting entrance into the United States while the immigrant petition is pending approval. Once the immigrant petition is approved, the K-3 visa holder must apply to adjust status to a Lawful Permanent Resident. Children of K-3 visa applicants receive K-4 visas, and are also considered lawfully present.
 - Acceptable forms of verification include:
 - Notice of Action Form I-797, granting K nonimmigrant status, along with the attached Form-I-94 (Arrival/Departure Card).
 - A copy of the person's passport with a K nonimmigrant visa along with a copy of the attached Form I-94 (Arrival/Departure Card) evidencing that the person was admitted into the United States with a K nonimmigrant status.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.
- Nonimmigrants with U-Visas**
 - Nonimmigrants with a U-1 visa and family members with a U-2, U-3, U-4 or U-5 derivative nonimmigrant visa are considered lawfully present while they are waiting to adjust their status to Lawful Permanent Resident

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(LPR). The U nonimmigrant status protects victims of crimes who have suffered substantial mental or physical abuse due to crime and are willing to help law enforcement authorities in the investigation or prosecution of the criminal activity.

- Acceptable forms of verification include:
 - Notice of Action Form I-797, granting U nonimmigrant status, along with the attached Form-I-94 (Arrival/Departure Card).
 - A copy of the person's passport with a U nonimmigrant visa along with a copy of the attached Form I-94 (Arrival/Departure Card) evidencing that the person was admitted into the United States with a U nonimmigrant status.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.

Nonimmigrants with V-Visas

- Spouses or unmarried children under age 21 of Lawful Permanent Residents who are permitted to enter and remain the United States as nonimmigrants while they are waiting for the processing of their immigrant visas. The V-visa was created to reunite families who have been or could be separated during the process of immigrating to the United States. V-visa holders may apply for permission to work in the United States.
- Acceptable forms of verification include:
 - Notice of Action Form I-797, granting U nonimmigrant status, along with the attached Form-I-94 (Arrival/Departure Card).
 - A copy of the person's passport with a U nonimmigrant visa along with a copy of the attached Form I-94 (Arrival/Departure Card) evidencing that the person was admitted into the United States with a U nonimmigrant status.
 - Form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
 - Employment Authorization Document Form I-766 or I-688B.

Nonimmigrants.

Other immigration categories

Noncitizens lawfully present in the United States include, but are not limited to the following:

- Stays of deportation.
- Filed application for adjustment of status under Section 245 of the INA and USCIS has accepted as "properly filed."

There are many other immigration statuses under which people may be considered lawfully residing or lawfully present noncitizens. Contact [HealthQuest](#) for help with specific case situations involving these immigration categories not listed in this section.

Asylees. Verification Requirements

Require one of the following:

- USCIS form I-94 annotated with a stamp showing a grant of asylum.
- Grant letter from the Asylum Office of the USCIS.
- USCIS form I-688B annotated 274a.12(a)(5).
- USCIS form I-766 annotated A5.
- Order from an immigration judge granting asylum.
- I-571 Refugee Travel Document.

Battered Noncitizens. Verification Requirements

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Require one of the following:

- An approved self-petition filed with USCIS under the Violence Against Women Act (VAWA) on Form I-360.
- An I-360 petition is pending with USCIS and USCIS has issued an I-797 Notice of Prima Facie Determination. "Prima facie" means that a fact is established unless disproved.
- An application for VAWA cancellation of removal or suspension of deportation has been granted or is pending and the immigration court finds that the applicant has made a prima facie case.

Note: Children of the self-petitioner may also derive immigration status from the self-petition. USCIS should list the names of qualifying children on the Notice of Approval or the Notice of Prima Facie Determination.

If these noncitizens do not have a legal immigration status, USCIS may place them in a "deferred action" status at the time the self-petition is approved. See [Other Lawfully Present Noncitizens](#) for more information about this status.

The battery or cruelty must have a substantial connection to the need for health care coverage. See [Substantial Connection to Battery](#) for information on verifying substantial connection.

Conditional Entrants. Verification Requirements

Require one of the following:

- USCIS form I-94 with stamp showing admission under section 203(a)(7) of the INA or refugee-conditional entry.
- USCIS form I-688B annotated 274a.12(a)(3).
- USCIS form I-766 annotated A3.

Cuban/Haitian Entrants. Verification Requirements

Require one of the following forms of documentation of Cuban/Haitian entrant status:

- USCIS form 551 with codes CU6, CU7, or CH6.
- Unexpired temporary I-551 stamp in foreign passport or USCIS form I-94 with codes CU6 or CU7.
- USCIS form I-94 with stamp showing paroled as Cuban/Haitian Entrant under Section 212(d)(5) of the INA.

Lawful Permanent Residents. Verification Requirements

Require one of the following:

- USCIS form I-551 (green card). Earlier versions of the card, such as the I-151, may also be accepted.
- Reentry permit (form I-327).
- Foreign passport showing evidence of LPR status (temporary I-551 stamp).
- Order issued by an immigration judge, the Board of Immigration Appeals (BIA), or a federal court granting registry, suspension of deportation, cancellation of removal, or adjustment of status.
- USCIS form I-94, or any other USCIS verification that shows LPR status.

Paroled for at Least One Year. Verification Requirements

Acceptable verification includes form I-94 with a stamp showing parole granted for at least one year under Section 212(d)(5) of the [Immigration and Nationality Act \(INA\)](#). The I-94 may be stamped "PIP" or "HP."

Note: It is the duration of the parole period that must be at least one year, **not** the length of time the person has been in parole status.

Trafficking Victims. Verification Requirements

Require one of the following as verification of trafficking victim status:

- The ORR letter. Also call the trafficking verification line at (202) 401-5510 to confirm the validity of the claim as shown on the letter. Do not require any other U.S. Citizenship and Immigration Services (USCIS) documentation.

If an applicant appears to meet the criteria for certification as a trafficking victim but does not have a letter from ORR,

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contact the DHS Resettlement Program Office at (651) 431-3809, or call the following numbers:

- Adults: (202) 401-4561 or (202) 401-5702.
- Children under age 18: (202) 420-4732.

- Notice of Action Form I-797, Notice of Action, granting nonimmigrant T status with attached Form I-94 Arrival/Departure Record.
- A copy of the person's passport with a nonimmigrant T visa along with a copy of the attached Form I-94 Arrival/Departure Record evidencing that the person was admitted into the United States with a nonimmigrant T status.

Undocumented People. Verification Requirements

Do not require verification of immigration status for undocumented or nonimmigrant people who are requesting any of the following:

- Emergency Medical Assistance (program EH).
- CHIP-funded MA (NM/PC) for pregnant women.
- State-funded MA (program NM) for people who are eligible solely because they are receiving services from the [Center for Victims of Torture \(CVT\)](#).

Withholding of Removal. Verification Requirements

Require one of the following:

- Order from an immigration judge or federal court showing a grant of deportation or removal withheld.
- Copy of USCIS form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
- USCIS Form I-688B annotated 274a.12(a)(10).
- USCIS Form I-766 annotated A10.
- I-94 stamped Withholding of Deportation, § 243(h) or 241(b)(3).
- I-571 Refugee Travel Document.

Refugees. Verification Requirements

Require one of the following:

- USCIS form I-94 stamped "refugee" or §207.
- Copy of USCIS form I-765, Application for Employment Authorization, or receipt from USCIS indicating filing of application.
- USCIS form I-688B annotated 274a.12(a)(3).
- USCIS form I-766 annotated A3.
- USCIS form I-571.

16. Federally or State-Funded Health Care

Exemption for Military Service

Non-pregnant adult noncitizens with an immigration status of LPR, battered noncitizen, or immigrants granted parole for at least one year may be eligible for federally funded health care (MA or MinnesotaCare) regardless of their date of entry or length of time in the United States if they meet an exemption due to military service.

They meet an exemption due to military service if they are one of the following:

- Honorably discharged non-U.S. citizen veterans of the U.S. armed forces.
- Noncitizens on active duty in the U.S. armed forces.

This exemption also includes spouses and unmarried dependent children of these honorably discharged veterans or

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active duty personnel. It does not include National Guard service.

Require one of the following forms of verification:

- Original or notarized copy of discharge papers.
- Original or notarized copy of current orders showing full-time duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard.
- Military identification card.

Note: Self-declaration under penalty of perjury may be accepted pending receipt of acceptable documentation.

17. U.S. Citizenship and Identity Verification Requirements

Minnesota Health Care Program (MHCP) applicants and enrollees who state they are U.S. citizens are required to verify citizenship and identity as a condition of eligibility unless they are exempt.

Note: Noncitizens must cooperate with requirements to [verify their immigration status](#) as a condition of eligibility for any type of MHCP coverage.

People are only required to provide verification of citizenship and identity once. This documentation is a permanent part of the case file. Do not request additional proofs when verification is already in the case record. Request further documentation only if later evidence raises a question of the person's citizenship or identity.

What Is A U.S. Citizen?

A U.S. citizen is:

- A person (other than the child of a foreign diplomat) who was born in the United States or in the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands who has not renounced or otherwise lost his or her citizenship.
- A person born outside of the United States to at least one U.S. citizen parent (sometimes referred to as a "derivative citizen").
- A [naturalized U.S. citizen](#).

Consider U.S. nationals to be U.S. citizens for purposes of Social Security and for citizenship verification purposes. A U.S. national is a citizen or certain noncitizen that owes permanent allegiance to the U.S. and may enter and work in the U.S. without restriction. Currently, the only U.S. noncitizen nationals are (1) persons born in American Samoa or Swain's Island after December 24, 1952; and (2) residents of the Northern Mariana Islands who opted to become U.S. nationals instead of U.S. citizens.

Who Is Required to Verify U.S. Citizenship and Identity?

Verification of U.S. citizenship and identity is required as a condition of eligibility for the following programs (unless the client is exempt):

- Medical Assistance (MA), including [long-term care \(LTC\)](#), [waiver programs](#) and program [IM](#).

Exempt from Citizenship and Identity Verification Requirement

The following people are exempt from the U.S. citizenship and identity verification requirement:

- People enrolled in or entitled to enroll in [Medicare](#). Citizenship and identity has already been verified by the [Social Security Administration \(SSA\)](#).

Note: This includes people who are applying for or enrolled in the [Medicare Savings Programs](#).

- People who receive or previously received [SSI](#). Use a [SVES](#) query to confirm current or past receipt of SSI.
- People who receive or previously received [RSDI](#) income due to disability (also known as SSDI).

Note: People who receive RSDI retirement or survivor's insurance benefits are not exempt from this requirement unless they meet another condition for exemption (such as enrollment in Medicare).

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To determine if a client receives or previously received RSDI based on a disability, check the BNDX interface and case record for information from SSA indicating a disability, request a copy of the most recent RSDI award letter, or obtain a signed release from the client and contact SSA directly.

- Children eligible for MA who receive IV-E or non-IV-E [foster care](#).
- Children eligible for MA who receive IV-E or state-funded [Adoption Assistance](#).
- [Auto newborns](#) and children who were previously enrolled as auto newborns.

Who Is Not Required to Verify U.S. Citizenship and Identity?

In addition to people who meet one of the exemptions noted above, do not require verification of citizenship and identity as a condition of eligibility from the following:

- Clients who previously provided verification of U.S. citizenship and identity.
- [Noncitizens](#).
- SNAP and cash program applicants who are not requesting MA, MinnesotaCare or MFPP.
- [HIV/AIDS program](#) applicants and enrollees.

When Must Verification Occur?

For all health care programs, begin the citizenship and identity verification process at initial case processing.

Most MA applicants will have citizenship and identity verified electronically through the [Social Security Administration \(SSA\) data match](#). The SSA data match is an electronic interface between the Social Security Administration and DHS that verifies U.S. citizenship and identity.

Clients who fail to [cooperate](#) with the citizenship and identity verification requirement are not eligible for any MHCP until they cooperate. When clients reapply after being denied or closed for failure to cooperate with citizenship verification requirements, they must provide verification before they can be approved for coverage. Once verification of citizenship and identity is received, clients are eligible for ongoing and retroactive eligibility.

Clients who are otherwise eligible for MA or MinnesotaCare, but fail to verify citizenship and identity are not eligible for state-funded MinnesotaCare for adults without children.

Steps to Verify Citizenship and Identity

1. At application and renewal, check the case record to determine if citizenship and identity was previously verified.
 - Review all case records, including MAXIS, MMIS, MFIP, Food Support, child support and childcare records, to determine if the client previously provided verification of citizenship and identity or if verification was previously verified through the SSA data match.
 - If the client ever received services from a social worker or case manager, contact them to determine if they have documents verifying citizenship and identity.
 - If the client previously received assistance from another agency (county, tribe or MinnesotaCare Operations), ask that agency to provide copies of the paper verification.
 - Note: The agency in possession of paper citizenship or identity verification must provide copies for the current case record.
 - If paper copies were used to verify citizenship and identity previously, but the case record has been purged or destroyed, request verification citizenship and identity again.
2. Depending on the program, follow the appropriate [process for verifying citizenship and identity](#).
3. Enter a separate [case note](#) with detailed information about citizenship and identity verification, cooperation or exemption for all applying household members on each case. At a minimum, the first line must state in capital letters, "CITIZENSHIP AND IDENTITY" so that the information can be easily located for reviews and audits.
4. Approve health care if the client meets all other eligibility requirements, except for verification of citizenship and identity.

Exception: Do not approve health care until the client submits verification of citizenship if the verification was previously requested and the client failed to cooperate.

Assisting Clients with Verification Requirements

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Assist clients who need to submit paper verification of citizenship and identity if they ask for help or are having difficulty obtaining documents. MinnesotaCare Operations and county and tribal agencies must pay the fees involved in helping clients obtain the required documentation. Costs associated with verification of U.S. citizenship and identity are eligible for 50% federal matching administrative funds.

Transfer and Retention of Documentation

When transferring a case from one county to another or between counties, tribal agencies and MinnesotaCare Operations, the transferring agency is responsible for assuring that any paper copies of citizenship and identity verification are in the transferred case file.

Agencies are responsible for maintaining verification of citizenship and identity in the case file. Unless the SSA data match verifies citizenship and identity, retain a paper copy of citizenship and identity verification in the case file.

Follow the current retention schedule for destroying case records when cases become inactive. If a client who previously provided verification of citizenship and identity reapplies after the case record has been destroyed, the client must cooperate with providing citizenship and identity verification again.

Related Topics

For further information the next 2 related sections, or see:

Documentation on [Non-cooperation](#).

18. Sources of Citizenship and Identity Verification

Verification of U.S. citizenship and identity may be obtained on the client's behalf by the processing agency or may be submitted by the client directly. There are various resources available to the processing agency to assist clients with obtaining documentation. When the processing agency is unable to assist clients with obtaining verification of citizenship and identity, clients must provide paper copies of citizenship and/or identity verifications. The various types of acceptable paper citizenship and identity verifications are listed in this section.

This section provides information about sources and types of citizenship documentation in the order of preferred usage.

Sources of Citizenship Verification - Processing Agency

Use the following sources to obtain verification of citizenship and identity for clients who have not previously provided documentation. These sources are listed in order of preferred usage. The applicant may also provide paper documentation of citizenship and identity at any time. Of the agency resources, only the SSA data match is a level one verification that verifies both citizenship and identity.

SSA Data Match

Verify citizenship and identity for MA applicants by submitting a Social Security Administration (SSA) data match request through MAXIS. The SSA data match is an electronic interface between DHS and SSA that verifies both citizenship and identity. Additional documentation is not required.

The SSA data match cannot be initiated for clients requesting only MinnesotaCare or MFPP. However, if an SSA data match previously verified U.S. citizenship, the citizenship verification requirement has been satisfied.

Follow the instructions in POLI/TEMP TE02.08.166 to submit an SSA data match request.

When to Submit an SSA Data Match Request

Submit an SSA data match request for:

- MA applicants and enrollees who are required to verify U.S. citizenship and who have not previously provided verification.
- MA applicants and enrollees who provide incomplete citizenship verification. For example, an applicant or enrollee submits a birth certificate and does not submit verification of identity.
- People who are enrolled in MinnesotaCare for adults without children who become eligible for MA.

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Steps to Take When the SSA Data Match Fails to Verify Citizenship

Occasionally, the SSA data match does not verify citizenship (in other words, there is no match or there are discrepancies between the records that prevent a match). When the SSA Data Match does not verify citizenship, follow these steps to request verification of citizenship and identity from the client:

1. Send the enrollee the Request for Proof of Citizenship and Identity ([DHS-6230](#)) and enclose the Citizenship and Identity Proofs ([DHS-6231](#)). The Request for Proof of Citizenship and Identity informs the enrollee that the agency was unable to verify his or her U.S. citizenship through the SSA data match and lists three options for resolving the inconsistency. Check the appropriate boxes for follow up when sending the request.
2. Request a response within two months from the date of the request. Check the appropriate boxes for follow-up.
3. If the enrollee contacts the agency and reports that his or her SSN, date of birth, or name is incorrect or has changed, update MAXIS with new information. Submit a new SSA Data Match request.

Note: If the second SSA Data Match request does not verify citizenship, mail a second Request for Proof of Citizenship and Identity (DHS-6230) to request alternate verification of U.S. citizenship.

4. If the enrollee confirms the identifying information on MAXIS is correct, instruct the enrollee to contact the SSA to resolve the issue and notify worker of the changes, or provide alternate verification of U.S. citizenship. Submit a new SSA Data Match request if the enrollee reports he or she has resolved the issues with SSA.
5. Send a second Request for Proof of Citizenship and Identity (DHS-6230) if the enrollee does not submit verification of U.S. citizenship by the end of the two-month period. Indicate that proof of citizenship must be submitted (check the third box) and enclose the Citizenship and Identity Proofs (DHS-6231). Request a response within 30 days from the date of the second request.
6. Close MA with ten-day notice on the 31st day if the enrollee does not respond to the second request or otherwise fails to cooperate.
7. Enter [case notes](#) with detailed information about citizenship and identity documentation or exemption from documentation for all cases. At a minimum, the first line must state in capital letters, "CITIZENSHIP AND IDENTITY" so that the information can be easily located for reviews and audits.

Note: The Minnesota Health Care Programs (MHCP) Worker Checklist - Proof of U.S. Citizenship and Identity (DHS-4842) is no longer required.

Do not deny or close eligibility when an enrollee is cooperating with obtaining verification of U.S. citizenship, or while the agency is in the process of obtaining documents. Assist enrollees if they ask for help or are having difficulty obtaining verification.

Electronic Verification of Vital Events (EVVE)

EVVE is a web-based system that requests birth records for the purpose of verifying U.S. citizenship for Minnesota and other participating states. 19 States are currently participating in the EVVE program. EVVE does not verify identity.

Submit an EVVE request to verify U.S. citizenship if citizenship is not verified through another source.

- Require clients to sign the Authorization to Request Birth Records ([DHS-4841](#)). This form authorizes the agency to request birth record documents from the state where the client was born.
- Follow the worker instructions in SIR > MMIS > Documentation > EVVE to submit an EVVE request and to determine which states are currently participating in EVVE.

Note: Not all agencies have chosen to use EVVE.

Minnesota Birth Records Application

For clients born in Minnesota, birth records can be obtained by sending the Minnesota Department of Health (MDH) form [Minnesota Birth Record Application](#) to MDH, or to a [registrar's office](#) in your county.

Birth records obtained through Minnesota Birth Records Application process do not verify identity. Separate documentation of [identity](#) is required.

Birth Records from State of Birth

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For clients who were born in another state, birth records can be obtained directly from the state of birth:

- Require clients to sign the Authorization to Request Birth Records (DHS-4841). This form authorizes the agency to request birth record documents from the state in which the clients were born.
- Request birth records and track for their return.

Note: If another state requests that a different form be used to request citizenship verification, follow that state's requirements.

- Information on obtaining records from other states is available through the [National Center for Health Statistics](#).

Birth records obtained from the state of birth do not verify identity. Separate verification of identity is required.

Previously Enrolled in MA in Another State

Clients who were previously enrolled in MA in another state were required to verify citizenship as a condition of eligibility for MA. As such, verification of citizenship and identity may be requested from the state where the client was previously enrolled in MA, if it is not available through other sources.

To request verification of citizenship and identity from the state where the client was previously enrolled in MA:

- Request a signed release from the client or the client may sign the Minnesota Department of Human Services General Authorization for Release of Information ([DHS-2243A](#)) to allow the agency to contact the other state.
- Once the release is signed, contact the state human services agency where the client previously resided to determine if citizenship and identity has been documented there. Contact information for states' human services agencies can be found on the internet.
- Request copies and indicate in case notes if the previous state has verified citizenship and identity. Track for the return of the documentation.

Citizenship Verification - Client

Many clients submit verification of U.S. citizenship with their health care application. To determine whether the verification submitted is complete, refer to the [Hierarchy of Citizenship Verification](#) and [Identity Documentation](#) sections for a list of acceptable citizenship and identity documents. If complete verifications are received, the citizenship verification requirement has been satisfied and further verification is not required.

Submit an SSA data match request for MA applicants who submit incomplete verification of citizenship with their application. If the SSA data match is unable to verify citizenship, follow "[Steps to Take When the SSA Data Match Fails to Verify Citizenship](#)."

Hierarchy of Citizenship Verification

Follow the hierarchy of citizenship verification for enrollees whose citizenship and identity cannot be verified through the SSA data match or other sources.

Clients do not have to appear in person to submit verification of U.S. citizenship and identity. They may submit copies of documentation with their application in person, by fax, or by mail.

There are four levels within the hierarchy for verification of U.S. citizenship, from Level 1 (most preferred) to Level 4 (least preferred). A separate list of documents applies to [verification of identity](#).

Progress through the citizenship verification hierarchy as quickly as possible:

- Start with Level 1, but do not delay moving to the next level if verification from higher levels is not available.
- If verification from higher levels of the hierarchy is not immediately available but the client is otherwise eligible, accept a lower level of verification, such as [affidavits](#).
- Clients remain eligible as long as they [cooperate](#) with obtaining higher-level documents. However, if no higher-level verification can be obtained, eligibility must continue based on the level of documentation the client is able to provide.

Level 1

People who present verification of U.S. citizenship from Level 1 do not have to provide separate verification of their identity.

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Note: People who were born outside the U.S. and were not U.S. citizens at birth must provide Level 1 verification of U.S. citizenship to meet this requirement.

The following Level 1 documents prove citizenship and identity:

- SSA Data Match response confirming U.S. citizenship (agency requested).
- U.S. Passport.
Note: Do not accept an expired U.S. passport issued to a person born in Puerto Rico as documentation of U.S. citizenship.
- PASS Card.
- Certificate of Naturalization (N-550 or N-570).
- Certificate of Citizenship (N-560 or N-561).
- SDX match.
- Tribal enrollment or membership card or certification of degree of Indian blood issued by a federally recognized Indian tribe.

Level 2

People who do not have Level 1 verification may provide a document from Level 2 as verification of U.S. citizenship.

The following Level 2 documents verify citizenship and must be provided with [verification of identity](#):

- U.S. public birth record (birth certificate). Must be recorded within five years of birth and show birth in one of the 50 states; District of Columbia; American Samoa; Swains Island; Puerto Rico; U.S. Virgin Islands, or Northern Mariana Islands.
Note: Puerto Rican birth certificates issued prior to July 1, 2010, may not be used to verify citizenship for applicants whose MA, MinnesotaCare, or MFPP eligibility is determined for the first time on or after November 1, 2010.
- Certification of Report of Birth (DS-1350).
- Certification of Birth Abroad (FS-545).
- Report of birth abroad (FS-240).
- U.S. Citizen ID Card (I-197 or I-179).
- American Indian Card (I-872).
- Northern Mariana Card (I-873).
- Final adoption decree or letter from adoption agency showing U.S. place of birth.
- Final adoption decree or a letter from the adoption agency for noncitizen adopted children who derive U.S. citizenship from parents. Noncitizen adopted children automatically derive U.S. citizenship from their parents if they meet all of the following on or after February 27, 2001:
 - Have at least one U.S. citizen parent (by birth or naturalization).
 - Are under age 18.
 - Currently reside permanently in the U.S. with the U.S. citizen parent.
 - Are lawful permanent residents (LPRs).
- Evidence of U.S. government employment before 6/1/1976.
- U.S. military record showing U.S. place of birth.
- SAVE verification - for naturalized citizens.

Level 3

People may provide Level 3 documents if they do not have U.S. citizenship verification from Levels 1 or 2. The following Level 3 proofs of citizenship must be submitted with identity verification:

- Extract of hospital record on hospital letterhead created or insurance record created at least 5 years before application/renewal. For children under age 16, record must have been created near time of birth.
- Official religious record recorded within 3 months of birth showing U.S. place of birth.
- School record showing date of birth in U.S.

Level 4

People may provide one of the following Level 4 verifications to prove their U.S. citizenship when they are not able to obtain documents from Levels 1-3. Clients remain eligible as long as they cooperate with obtaining a higher-level

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document. Clients must also provide verification of their identity.

- Federal/state census record showing U.S. citizenship or U.S. place of birth.
- One of the following that shows U.S. place of birth and was created at least five years before application/renewal. For children under age 16, record must have been created near time of birth:
 - Seneca Indian tribal census record.
 - Bureau of Indian Affairs census record of the Navajo Indians or Roll of Alaska Natives.
 - State Vital Statistics official notification of birth registration.
 - Statement signed by physician or midwife in attendance at time of birth.
 - Institutional admission papers.
 - Medical record.
- Affidavits (DHS-4843A and DHS-4843B).

Affidavits

One form of Level 4 documentation is affidavits. Request affidavits in circumstances when a higher level of verification is not immediately available and when no other form of verification can be obtained. In order for affidavits to be acceptable verification of U.S. citizenship, all of the following must be completed:

- The client must complete the Proof of U.S. Citizenship - Statement by Applicant/Enrollee form (DHS-4843A), explaining why documentary evidence of U.S. citizenship does not exist.
- Require the client to sign the Authorization to Request Birth Records (DHS-4841). This authorizes the agency to request a higher level of verification from third parties.
- Obtain additional affidavits from at least two other people who are U.S. citizens and who have personal knowledge of the events establishing the client's claim of citizenship. Use the Proof of U.S. Citizenship - Statement by Friend or Family Member form for these affidavits (DHS-4843B).
 - At least one of the individuals making the affidavit must not be related to the client.
 - These individuals must provide proof of their own U.S. citizenship and identity. A statement in the affidavit is sufficient proof.
 - These individuals must state why documentary evidence of the client's U.S. citizenship does not exist or cannot be obtained if they have knowledge of this information.
- All of the affidavits must be signed under penalty of perjury. Do not require notarization of the affidavits.
- Do not accept an affidavit to document identity if affidavits are used to document citizenship.

Verification of Identity

Verification of identity is required if clients provide citizenship verification from Levels 2 - 4. If U.S. citizenship is verified with a Level 1 document, the verification of identity is not required.

Age 16 or Older

As verification of identity, individuals age 16 or older must provide a document from this list:

- SSA Data Match response confirming U.S. citizenship.
- U.S. passport, PASS card, Certificate of Naturalization or Certificate of Citizenship.
- State driver's license or government issued ID card with picture or other identifying information.
- School ID with picture.
- U.S. military card or draft record.
- Military dependents' ID card.
- U.S. Coast Guard Merchant Mariner Card.
- Cross match with federal or state government, public assistance, law enforcement, or correction's agency data system. Must be a program such as food stamps that requires certification of identity.
- For persons unable to leave a facility due to illness or disability, an affidavit attesting to the person's identity signed by the facility director or administrator.
- Where no other documentation is available, three or more corroborating documents such as marriage license, divorce decree, death certificate, high school diploma, FED, employer ID card or property deed/title. These can only be used if applicant submitted 2nd or 3rd level, citizenship documentation.
- For children under age 18, if a document from one of the preceding groups is not available, an affidavit signed

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under penalty of perjury by parent, guardian or caretaker relative is acceptable.

Under Age 16

Individuals under age 16 may provide a document from the list above, or any of the following documents:

- School records, including report card.
- Nursery school or day care records.
- Clinic, doctor or hospital records with date of birth.
- If a document from one of the preceding groups is not available, an affidavit signed under penalty of perjury by parent, guardian or caretaker relative is acceptable.

19. Process for Verifying U.S. Citizenship and Identity

There is a different process to follow for each program to request verification of citizenship and identity.

For MA, use the [SSA data match](#) to verify citizenship and identity.

Note: MMIS has not been programmed to interface with the SSA data match. As a result, the SSA data match cannot be used to verify citizenship and identity for MinnesotaCare and the Minnesota Family Planning Program (MFPP).

20. Qualifying Work Quarters

You can verify the number of qualifying work quarters a client has through the SSA automated system, known as SVES. More information can be found in the [Combined Manual](#).

Note: When determining the number of work quarters, be sure not to include quarters in which the client received assistance from a federal means-tested program.

21. Systematic Alien Verification for Entitlements (SAVE)

The Systematic Alien Verification for Entitlements (SAVE) system is used to validate the immigration status of eligible noncitizen applicants for certain programs, and for enrollees who report a change in immigration status. SAVE can also be used to access [sponsorship](#) information.

What Is SAVE?

SAVE is an information-sharing initiative that allows authorized staff to validate a noncitizen's immigration status by accessing [U.S. Citizenship and Immigration Services \(USCIS\)](#) data. The USCIS will protect people's privacy to the maximum degree possible, in accordance with the [Immigration and Nationality Act \(INA\)](#) and other applicable statutes. No consent for release of information is required to use SAVE.

SAVE does not determine eligibility for health care programs or provide information unrelated to a person's immigration status. It does not replace the requirement for noncitizens to provide verification of their immigration status. It is not a reporting mechanism. The USCIS cannot use information provided to workers by SAVE for the purpose of administrative (non-criminal) enforcement of immigration laws.

When to Use SAVE

Use SAVE to validate the immigration status of certain eligible noncitizen applicants and of enrollees who report a status change for the following health care programs:

- Medical Assistance (MA).
- [Refugee Medical Assistance \(RMA\)](#).

When Not to Use SAVE

Do not use SAVE for the following programs:

- [Emergency Medical Assistance \(EMA\)](#).

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- CHIP-funded MA for undocumented or nonimmigrant [pregnant women](#).
- State-funded MA (NMED) for people whose eligibility is based solely on receipt of services from the Center for Victims of Torture (CVT).

Also, do not use SAVE:

- When the immigration status claimed and the USCIS documentation provided by the applicant or enrollee cause ineligibility for the programs applied for, and the applicant or enrollee does not claim a different status.
- When the applicant or enrollee is ineligible for other reasons, such as income, assets or other coverage.
- For people who are not requesting coverage for themselves.
- When people withdraw their applications before SAVE validation has occurred.

SAVE and Sponsorship Information

Use SAVE to request sponsor information for clients whose immigration status indicates they have a sponsor, but are unable to provide the Affidavit of Support, or the client appears to be subject to sponsor deeming but claims not to have a sponsor.

For additional information, see [Sponsor Verification Process](#).

For further information about using SAVE, see the following POLI/TEMP sections in MAXIS:

TE02.12.19 (SAVE System).

TE02.12.20 (SAVE - Secondary Responses).

TE02.12.21 (SAVE Q&A, Part 1).

TE02.12.22 (SAVE Q&A, Part 1).

TE02.12.23 (Reminders on the Use of SAVE).

22. Verification of American Indian Status

People who are American Indians are eligible to receive premium-free coverage and cost sharing reductions when they have verified their status as American Indians.

Acceptable Verification

Accept any formal documentation from a tribe, Indian Health Services (IHS), or the Bureau of Indian Affairs (BIA) that verifies a person is an American Indian. Examples of such verifications include, but are not limited to the following:

- A document such as an enrollment or membership card, a tribal census document, or a document issued by a federally recognized tribe indicating the person's affiliation with the Tribe. See the [U.S. Department of the Interior Indian Affairs](#) website for the document, Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs, for the most recent information on federally recognized tribes.
- A document issued by the IHS indicating that the person is eligible for IHS services as an American Indian.
- A document obtained from the BIA recognizing the person as an American Indian.

Only require a client to verify American Indian status once. Do not require additional verification if documentation has already been provided as [proof of citizenship](#) or for the purpose of [excluding certain assets owned by American Indians](#).

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Who Must Verify Status

Consider documentation verifying American Indian status of a parent as sufficient verification of a biological child's American Indian status. Separate documentation verifying the child's American Indian status is not required. The parent does not need to be part of the child's MinnesotaCare household. Include information on what documentation was

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provided in a case note.

23. State Residence for Medical Assistance (MA)

This section covers state residence rules for MA:

Verification of State Residence

Do not require the client to verify residence or intent to remain unless there is inconsistent information.

Consider receipt of a [Public Assistance Reporting Information System \(PARIS\) interstate match](#) for an enrollee to be inconsistent information about the enrollee's state residence and require verification of state residence.

If there is inconsistent information, require verification to demonstrate that the client is living in Minnesota and intends to live here permanently or for an indefinite period or that he or she came to Minnesota with a job commitment or is seeking employment. Possible verifications include but are not limited to:

- A statement indicating the client does not maintain a home outside Minnesota.
- Correspondence showing the client receives mail at the address given.
- A client statement regarding where the client keeps most personal possessions.
- Copy of a recent voter registration card.
- Copy of a valid drivers' license or ID card showing the client's current address.

Note: A valid driver's license is a license that is not expired, suspended, revoked or canceled. The license must contain the person's current address. If the person moves the address must be changed within 30 days. A Minnesota driver's license is not valid if the person possesses a driver's license issued by another state.

- The most recent tax forms showing the client's current address.
- Copy of a Minnesota property tax statement
- Copy of a rental or lease agreement.
- Documentation that the client came to Minnesota in response to an offer of employment.
- Documentation that the client has looked for work, such as completed job applications or documentation from employers, the local job service office, or temporary employment agencies.
- Affidavit from a person engaged in public or private social services, legal services, law enforcement, or health services that states the person knows the client and believes the client resides in Minnesota.
- For preschool, elementary and secondary school-age children, copy of a student identification card, report card, daycare receipt or other documentation of school or daycare registration.
- A completed Proof of Residence ([DHS-6035A](#)) form.

24. Non-Homestead Real Property

Verification of Reasonable Effort to Sell

For MinnesotaCare, **do not** require verification of reasonable efforts to sell.

For MA verify reasonable efforts to sell at application and at each annual renewal.

- Do not** require applicants who are requesting coverage for any months before the month of application to verify reasonable efforts to sell non homestead real property in the retroactive months.

Note: Consider the property to be unavailable during the retroactive eligibility period if the applicant documents reasonable efforts to sell non-homestead real property as part of the application process.

- If you discover the client has not made a reasonable effort to sell the property at the time of the annual renewal, document whether good cause exists.

25. Trusts

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Trust Verification Requirements

Clients must provide a copy of the trust instrument, including all amendments and attachments at the time of application and at any time a trust is established after approval of health care eligibility.

Do not deny or close MHCP eligibility for failure to provide a copy of a trust instrument when the client does not have an asset limit. However, trust instruments may be required verification if needed to establish availability of income.

Additional verification requirements apply to special needs and pooled trusts. See [Special Needs Trusts](#) and [Pooled Trusts](#) for more information.

26. MA Excess Assets Acceptable Ways to Reduce Assets

Enrollees must verify that they have reduced excess countable assets by providing bank statements or other documents that show current asset amounts, but are not required to provide receipts.

27. Continuing Care Retirement Community (CCRC) Entrance Fee

Verification Requirements

Verify the amount of the entrance fee available to a client. Verification can be:

- A copy of the contract.
- An accounting of the contract information from the CCRC.

Note: The client must either provide the information needed from the CCRC or sign a General Authorization for Release of Information (DHS-2243A) giving permission to contact the CCRC to obtain the information.

Verify the availability of the entrance fee at renewal:

- If it was not previously verified at application.
- If the entrance fee availability has changed and the available amount cannot be determined with the verification on file.

Note: The contract between an individual and the CCRC may allow for a change in the availability of an entrance fee. Check the contract at renewal to see whether there are circumstances when the availability of the entrance fee might change.

Follow program provisions in [Verification of Assets](#) in addition to the information above.

28. Long-Term Care (LTC) Home Equity Limit

People who request or renew MA payment of long-term care (LTC) services and own a home must have an equity interest in their home that is at or below the applicable home equity limit to be eligible for MA payment of LTC services. A person's home equity interest must be verified each time a person requests or renews MA payment of LTC services unless an [exception](#) applies.

Verification Requirements

The fair market value (FMV) or estimated market value (EMV) of an applicant's or enrollee's [home](#) must be verified at the time the home equity limit is applied. If the FMV or EMV is greater than the applicable home equity limit, then encumbrances must also be verified to determine the home equity interest.

See [Agricultural Homestead](#) to evaluate a home located on agricultural land.

Note: Real estate appraisals will generally refer to a home's fair market value (FMV), while tax statements generally refer to estimated market value (EMV). Either FMV or EMV may be used for purposes of the home equity limit

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policy.

Check the county assessor's website to determine the EMV of a client's home. Request verification from the client if the EMV cannot be obtained from the county assessor's website.

29. Social Security Number (SSN)

Not Requesting Coverage

Adults and children who are not requesting or receiving coverage for themselves are not required to provide SSNs.

Note: The Minnesota Health Care Programs Application ([DHS-3417](#)) requests the SSN of all household members as a means of verifying income electronically. Do not require clients to provide the SSN of a household member who is not applying for coverage. Follow [standard income verification guidelines](#) if income cannot be verified electronically.

SSN Application

- People who do not have SSNs and do not meet an exception must apply for an SSN.
- People who report having SSNs but do not know the number must apply for a duplicate SSN.

For MA:

1. Ask the client to submit the completed Application for Social Security Number (SS-5) to the county agency. You may give the client an Application Form SS-5, which is available at www.ssa.gov.
2. In the NPN block at the bottom of the SS-5 enter the three-digit Minnesota state code (240) followed by the client's eight-digit MAXIS PMI number.
3. Keep a photocopy of the signed SS-5 in the case file.
4. Refer the applicant to contact the local SSA office.
 - The client can mail or take the SS-5 form and the supporting evidence to the local SSA office.
 - The client must be able to verify age, identity, and citizenship or lawful immigration status. The SS-5 form describes acceptable types of supporting evidence.
5. SSA will provide a receipt to verify that the client applied for an SSN. This is acceptable proof until client receives the SSN.

Newborns

A parent may request an SSN for a newborn child on the birth certificate application.

- Accept the form, Information about When You Will Receive Your Baby's Social Security Card (SSA-2853-OP4), as proof of application for a SSN for MinnesotaCare and for MA.
- Newborn SSNs requested on the birth certificate application are not included in the SSA/DHS data exchange described in Verification. Parents must report the numbers to the agency.

Verification

See [SSN Application](#) for acceptable verification that a client has applied for a SSN.

Do not require people who report SSNs to submit documents to verify the number. Instead, MAXIS verifies the social security numbers through the SSA/DHS data exchange.

- For MinnesotaCare, SSNs entered on MAXIS as part of the PMI assignment process will be interfaced to MMIS.
- For MA, MAXIS will display the number as validated or send a message if there are discrepancies.

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POLI/TEMP contains detailed information about the automated verification process and how to handle discrepancies. In particular, see section TE02.13.06, Social Security Number Match.

30. SOCIAL SECURITY NUMBER MATCH - TE02.13.06

Do not enter a SSN on the ALIA panel unless the Social Security Administration has verified that the client has more than 1 SSN. Do NOT enter mistyped or incorrectly reported SSNs on the ALIA panel.

31. Asset Assessments

Verification of Asset Assessment Effective Date

The worker must verify the asset assessment effective date. Assist the individual in obtaining supporting documentation if the worker cannot verify the asset assessment effective date with sources already available, such as a Physician Certification ([DHS-1503](#)), a Lead Agency Case Manager/Worker Communication Form ([DHS-5181](#)) or eligibility information in MAXIS or MMIS.

32. Community Spouse Asset Allowance

Asset Verification Requirements

Verify the value of all of the couple's assets on the asset assessment effective date.

Follow standard Minnesota Health Care Programs policy for [obtaining verifications](#).

33. Medical Assistance for Pregnant Women

Verifications ([standard guidelines](#))

Pregnancy must be verified by a physician, registered nurse, licensed nurse midwife, certified nurse practitioner, or physician's assistant. Do not require additional verification if the pregnancy has already been verified for MinnesotaCare or a cash assistance program.

MA may be approved for pregnant women who meet all other eligibility requirements before the verification of pregnancy is received. If an applicant or enrollee reports she is pregnant but does not provide verification:

1. Use the estimated due dates reported on the application. Estimate the date of conception using the reported due date. The estimated date of conception is nine months prior to the reported due date. Contact the woman to obtain her due date if she did not report it on the application. Use an estimated date of delivery while waiting to receive verification if unable to reach the client.
2. Approve MA under a pregnant woman basis if she meets all other eligibility requirements and request verification of pregnancy.
3. Send a Proof of Pregnancy ([DHS-3236](#)) form to the client. The client must submit verification of pregnancy within 60 days of the request; however, the client does not have to use the DHS-3236 to verify the pregnancy. Accept any written verification of the pregnancy from the provider as long as it includes the estimated date of conception. A provider's signature is not required. Obtain a release of information to contact the provider if the verification is incomplete.
 - If the client fails to submit verification within 30 days of the request, send a second notice informing her she will lose pregnant woman status if she does not submit verification of pregnancy within 30 days.
 - Determine whether the client is eligible under another [basis](#) if she does not submit verification within 30 days of the second notice.

Note: If the client later submits the verification, approve pregnant woman status back to the date of conception or the effective date of coverage, whichever is later.

References: Include links to HCPM sections, DHS web, bulletins or other

[HCPM 09](#) - Verification Requirements
[HCPM 09.05](#) - Mandatory Verifications
[HCPM 09.05.05](#) - Inconsistent Information
[HCPM 09.10](#) - Verification Documentation, Timelines and Retention

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<i>relevant documentation of current policy.</i>	<p> HCPM 09.20 – Verification of American Indian Status HCPM 09.15 - Obtaining Verifications HCPM 19.20 - Verification of Assets HCPM 20.10 - Verification of Income HCPM 04.30 - Verification of RSDI and SSI Benefits HCPM 11.10 - Verification of Immigration Status HCPM 11.20.40 - Afghan and Iraqi Special Immigrants HCPM 11.20.05 - Amerasian Immigrants HCPM 11.20.10 - American Indian Noncitizens HCPM 11.25.25 - Other Lawfully Present Noncitizens HCPM 11.20.35 - Withholding of Removal HCPM 11.30.10 - Undocumented and Nonimmigrant People HCPM 11.20.30 - Trafficking Victims HCPM 11.20.25 – Refugees HCPM 11.20.15 – Asylees HCPM 11.25.05 - Battered Noncitizens HCPM 11.20.25.05 - Conditional Entrants HCPM 11.20.20 - Cuban/Haitian Entrants HCPM 11.25.10 - Lawful Permanent Residents HCPM 11.25.15 - Paroled For At Least One Year HCPM 11.05 - U.S. Citizenship and Identity Verification Requirements HCPM 11.05.05 - Sources of Citizenship and Identity Verification HCPM 11.05.10 - Process for Verifying U.S. Citizenship and Identity (mostly MCRE/MFPP-related) HCPM 20.15 - No Income Reported HCPM 13.05 - State Residence for MA and MinnesotaCare HCPM 19.25.40.10 - Verification of Burial Assets and Life Insurance HCPM 19.25.15.10 - Non-Homestead Real Property HCPM 19.25.35 - Trusts HCPM 19.35.10 - MA Excess Assets HCPM 18.05 - Sponsor Deeming HCPM 18.05.10 - Qualifying Work Quarters HCPM 11.25 - Federally or State-Funded Health Care HCPM 23.15.05 - LTC Income Calculation: Countable Gross Income Determination HCPM 23.15.10.05 - Community Spouse Income Allocation HCPM 19.25.45 - Continuing Care Retirement Community (CCRC) Entrance Fee HCPM 19.55 - Long-term Care (LTC) Home Equity Limit HCPM 10 - Social Security Number (SSN) HCPM 19.45 - Asset Assessments HCPM 19.45.05 - Community Spouse Asset Allowance HCPM 03.25.05 - Medical Assistance (MA) for Pregnant Women POLI/TEMP - TE02.13.06 SOCIAL SECURITY NUMBER MATCH </p>
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‘TO BE’ POLICY ASSESSMENT UNDER ACA	
ACA Citations <i>List citation and link to underlying authority or embedded PDF</i>	Plain Language Synopsis of Citations
Medicaid Final Rule , 42 CFR § 435.940	<p>General basis and scope of Medicaid verification requirements.</p> <p>Nothing in the regulations should be construed as limiting the State’s program integrity measures or affecting the State’s obligation to ensure that only eligible individuals receive benefits or its obligation to provide for methods of</p>

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	<p>administration that are in the best interest of applicants and beneficiaries and are necessary for the proper and efficient operation of the State Plan.</p>
<p>Medicaid Final Rule, 42 CFR § 435.945</p>	<p>General Medicaid requirements regarding verification.</p> <ul style="list-style-type: none"> • Except where the law requires other procedures, the agency may accept attestation of information needed to determine the eligibility of an individual for Medicaid. • Self-attestation can be given by an individual, adult in the applicant's Medicaid household or APTC household, someone acting responsibly for the individual if the individual is a minor or incapacitated. • The agency must request and use information relevant to verifying an individual's eligibility for Medicaid in accordance with § 435.948 through § 435.956 of this subpart. • The agency must request and use information relevant to verifying an individual's eligibility for Medicaid in accordance with § 435.948 through § 435.956 of this subpart. • The agency must furnish, in a timely manner, income and eligibility information needed for verifying eligibility to the following programs: <ul style="list-style-type: none"> ○ To other agencies in the State and other States and to the Federal programs both listed in § 435.948(a) of this subpart and identified in section 1137(b) of the Act; ○ Other insurance affordability programs; ○ The child support enforcement program under part D of title IV of the Act; and ○ SSA for OASDI under title II and for SSI benefits under title XVI of the Act. • All State eligibility determination systems must conduct data matching through the Public Assistance Reporting Information System (PARIS). • Agencies must reimburse other agencies for reasonable costs incurred in furnishing the information • Agencies must inform individuals that it will obtain and use information available to it under this subpart to verify income and eligibility or for other purposes directly connected to the administration of the State plan. • Agencies must report information to federal government as prescribed by the Secretary. • Information exchanged electronically between the State Medicaid agency and any other agency or program must be sent and received via secure electronic interfaces • The agency must execute written agreements with other agencies before releasing data to, or requesting data from, those agencies. • The agency must develop, and update as modified, and submit to the Secretary, upon request, a verification plan describing the verification policies and procedures adopted by the State agency. • Subject to approval by the Secretary, the agency may request and use information from a source or sources alternative to those listed in the regulations or through a mechanism other than the electronic service described.
<p>Medicaid Final Rule, 42 CFR § 435.948</p>	<p>Medicaid requirements regarding verifying financial information.</p> <ul style="list-style-type: none"> • The agency must in accordance with this section request the following information relating to financial eligibility from other agencies in the State and other States and Federal programs to the extent the agency determines such information is useful to verifying the financial eligibility of an individual: <ul style="list-style-type: none"> ○ Information related to wages, net earnings from self-employment,

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	<p>unearned income and resources from SWICA, IRS, SSA, State agencies administering unemployment compensation, State administered supplementary payment programs under section 1616(a) of the Act, and any State program administered under a plan approved under Titles I, X, XIV, or XVI of the Act</p> <ul style="list-style-type: none"> ○ Information related to eligibility or enrollment from the Supplemental Nutrition Assistance Program, the State program funded under part A of title IV of the Act, and other insurance affordability programs. <ul style="list-style-type: none"> • To the extent information is available through the federal data hub, the agency must obtain the information through it. • The agency must request the information by SSN, or if an SSN is not available, using other personally identifying information in the individual's account, if possible.
<p>Medicaid Final Rule, 42 CFR § 435.949</p>	<p>There will be a federal data hub through which States can verify certain information with federal agencies, including SSA, IRS and Homeland Security.</p> <p>To the extent information related to Medicaid eligibility is available through the federal data hub, the agency must obtain the information through it.</p>
<p>Medicaid Final Rule, 42 CFR § 435.952</p>	<p>Medicaid requirements regarding the use of information and requests of additional information from individuals.</p> <ul style="list-style-type: none"> • The agency must promptly evaluate information received from other sources to determine whether such information may affect the eligibility of an individual or the benefits to which he or she is entitled. • If information provided by an applicant or application filer is reasonably compatible with information received from other sources, the agency must determine or renew eligibility based on such information. • An individual must not be required to provide additional information or documentation unless information needed by the agency cannot be obtained electronically or the information obtained electronically is not reasonably compatible as provided in the State's verification plan. <ul style="list-style-type: none"> ○ Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both are either above or at or below the applicable income standard or other relevant income threshold. ○ If information provided by or on behalf of an individual is not reasonably compatible with information obtained through an electronic data match, the agency must seek additional information from the individual, including <ul style="list-style-type: none"> ▪ A statement which reasonably explains the discrepancy. ▪ Other information (which may include documentation) – provided that documentation from the individual is permitted only to the extent electronic data are not available and establishing a data match would not be effective. ▪ The agency must provide the individual a reasonable period to furnish any additional information. ▪ The agency may not deny or terminate eligibility or reduce benefits for any individual on the basis of information received from other sources unless the agency has sought additional information from the individual and provided proper notice and hearing rights to the individual.

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<p>Medicaid Final Rule, 42 CFR § 435.956(c)</p>	<p>Medicaid requirements regarding verifying state residency.</p> <p>The agency may verify State residency in accordance with § 435.945(a) of this subpart or through other reasonable verification procedures consistent with the requirements in § 435.952 of this subpart.</p> <p>Evidence of immigration status may not be used to determine that an individual is not a State resident.</p>
<p>Medicaid Final Rule, 42 CFR § 435.956(d)</p>	<p>Medicaid requirements regarding verifying SSN.</p> <p>The agency must verify Social Security numbers (SSNs) in accordance with § 435.910.</p>
<p>Medicaid Final Rule, 42 CFR § 435.956(e)</p>	<p>Medicaid requirements regarding verifying pregnancy.</p> <p>The agency must accept self-attestation of pregnancy unless the State has information that is not reasonably compatible with such attestation, subject to the requirements of § 435.952 of this subpart.</p>
<p>Medicaid Final Rule, 42 CFR § 435.956(f)</p>	<p>Medicaid requirements regarding verifying age, date of birth and household size.</p> <p>The agency may verify date of birth and the individuals that comprise an individual's household, as defined in § 435.603(f) of this part, in accordance with § 435.945(a) of this subpart or through other reasonable verification procedures consistent with the requirements in § 435.952 of this subpart.</p>
<p>Exchange Final Rule, 45 CFR § 155.315(b)</p>	<p>Exchange requirements regarding validation of SSN.</p> <p>For any individual who provides his or her SSN to the Exchange, the Exchange must transmit the SSN and other identifying information to HHS, which will submit it to the SSA.</p> <p>To the extent that the Exchange is unable to validate an individual's SSN through the SSA, the Exchange must follow the inconsistent information process except that the Exchange must provide the individual with a period of 90 days from the date on which the notice is received for the applicant to provide satisfactory documentary evidence or resolve the inconsistency with the SSA.</p> <p>The date on which the notice is received means 5 days after the date on the notice, unless the individual demonstrates that he or she did not receive the notice within the 5 day period.</p>
<p>Exchange Final Rule, 45 CFR § 155.315(c)</p>	<p>Exchange requirements regarding verification of citizenship, status as a national, or lawful presence.</p> <p>For an applicant who attests to citizenship and has an SSN, the Exchange must transmit the applicant's SSN and other identifying information to HHS, which will submit it to the SSA.</p> <p>For an applicant who has documentation that can be verified through the Department of Homeland Security and who attests to lawful presence, or who attests to citizenship and for whom the Exchange cannot substantiate a claim of citizenship through the Social Security Administration, the Exchange must transmit information from the applicant's documentation and other identifying information to HHS, which will submit it to the Department of Homeland Security.</p> <p>For an applicant who attests to citizenship, status as a national, or lawful presence, and for whom the Exchange cannot verify such attestation through the</p>

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	<p>SSA or the Department of Homeland Security, the Exchange must follow the inconsistent information process except that the Exchange must provide the individual with a period of 90 days from the date on which the notice is received for the applicant to provide satisfactory documentary evidence.</p> <p>The date on which the notice is received means 5 days after the date on the notice, unless the individual demonstrates that he or she did not receive the notice within the 5 day period.</p>
<p>Exchange Final Rule, 45 CFR § 155.315(d)</p>	<p>Exchange requirements regarding verification of state residency.</p> <p>The Exchange must verify an applicant's attestation that he or she meets the residency requirements for the Exchange by</p> <ul style="list-style-type: none"> • accepting his or her attestation without further verification; or • Examining electronic data sources that are available to the Exchange and which have been approved by HHS for this purpose, based on evidence showing that such data sources are sufficiently current and accurate, and minimize administrative costs and burdens. <p>If information provided by an applicant regarding residency is not reasonably compatible with other information provided by the individual or in the records of the Exchange the Exchange must examine information in data sources that are available to the Exchange and which have been approved by HHS for this purpose, based on evidence showing that such data sources are sufficiently current and accurate.</p> <p>If the information in such data sources is not reasonably compatible with the information provided by the applicant, the Exchange must follow its inconsistent information policy. Evidence of immigration status may not be used to determine that an applicant is not a resident of the Exchange service area.</p>
<p>Exchange Final Rule, 45 CFR § 155.315(e)</p>	<p>Exchange requirements regarding verification of incarceration.</p> <p>The Exchange must verify an applicant's attestation that he or she meets the Exchange's incarceration requirements by:</p> <ul style="list-style-type: none"> • Relying on any electronic data sources that are available to the Exchange and which have been approved by HHS for this purpose, based on evidence showing that such data sources are sufficiently current, accurate, and offer less administrative complexity than paper verification; or • If an approved data source is unavailable, accepting his or her attestation without further verification. <p>To the extent that an applicant's attestation is not reasonably compatible with information from approved data sources or other information provided by the applicant or in the records of the Exchange, the Exchange must follow its inconsistent information policy.</p>
<p>Exchange Final Rule, 45 CFR § 155.320(b)(1)</p>	<p>The Exchange must verify if an applicant is eligible for minimum essential coverage other than through an eligible employer-sponsored plan, Medicaid, CHIP, or the BHP, by using the federal data hub.</p>
<p>Exchange Final Rule, 45 CFR § 155.320(b)(2)</p>	<p>The Exchange must verify whether an applicant has already been determined eligible for coverage through Medicaid, CHIP, or the BHP, if a BHP is operating in the service area of the Exchange, within the State or States in which the Exchange operates using information obtained from the agencies administering such</p>

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	<p>programs.</p>
<p>Exchange Final Rule, 45 CFR § 155.320(c)</p>	<p>Exchange requirements regarding verification of household income and family/household size.</p> <p>For all individuals whose income is counted in calculating household income, and for whom the Exchange has a Social Security number or an adoption taxpayer identification number (a temporary tax identifier for an adopted child when SSN under new name hasn't been assigned), the Exchange must request tax return data regarding MAGI and family size from the Secretary of the Treasury by transmitting identifying information specified by HHS to HHS.</p> <p>If the identifying information for one or more individuals does not match a tax record on file with the Secretary of the Treasury that may be disclosed in accordance with section 6103(l)(21) of the Code and its accompanying regulations, the Exchange must follow its inconsistent information process.</p> <p>For all individuals whose income is counted in calculating household income, the Exchange must request data regarding MAGI-based income in accordance with 42 CFR 435.948(a).</p> <p>Medicaid/CHIP</p> <p>Household size:</p> <ul style="list-style-type: none"> • The Exchange must verify household size in accordance with 42 CFR 435.945(a) or through other reasonable verification procedures consistent with the requirements in 42 CFR 435.952. • The Exchange must verify household size by accepting an applicant's attestation without further verification, unless the Exchange finds that an applicant's attestation to the individuals that comprise his or her household for Medicaid and CHIP is not reasonably compatible with other information provided by the application filer for the applicant or in the records of the Exchange, in which case the Exchange must utilize data obtained through electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange must request additional documentation to support the attestation within the procedures specified in 42 CFR 435.952. <p>MAGI-based income:</p> <ul style="list-style-type: none"> • The Exchange must verify MAGI-based income, within the meaning of 42 CFR 435.603(d), for the household described in paragraph (c)(2)(i) in accordance with the procedures specified in Medicaid regulations 42 CFR 435.945, 42 CFR 435.948, and 42 CFR 435.952 and CHIP regulations at 42 CFR 457.380. <p>APTC/CSR</p> <p>Family Size:</p> <ul style="list-style-type: none"> • The Exchange must require an applicant to attest to the individuals that comprise a tax filer's family for advance payments of the premium tax credit and cost-sharing reductions. • To the extent that the applicant attests that the tax return data represents an accurate projection of a tax filer's family size for the benefit year for

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which coverage is requested, the Exchange must determine the tax filer's eligibility for advance payments of the premium tax credit and cost-sharing reductions based on the family size data on the tax return.

- To the extent that tax return data is unavailable, or an applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and so it does not represent an accurate projection of a tax filer's family size for the benefit year for which coverage is requested, the Exchange must verify the tax filer's family size for advance payments of the premium tax credit and cost-sharing reductions by accepting an applicant's attestation without further verification.
- If Exchange finds that an applicant's attestation of a tax filer's family size is not reasonably compatible with other information provided by the application filer for the family or in the records of the Exchange, with the exception of the tax return data, the Exchange must utilize data obtained through other electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange must request additional documentation to support the attestation within the inconsistent information process.

Annual household income:

The Exchange must compute annual household income for the family based on the tax return data.

The Exchange must require the applicant to attest regarding a tax filer's projected annual household income.

To the extent that the applicant's attestation indicates that the annual household income computed by the Exchange represents an accurate projection of the tax filer's household income for the benefit year for which coverage is requested, the Exchange must determine the tax filer's eligibility for advance payments of the premium tax credit and cost-sharing reductions based on the household income computed by the Exchange.

To the extent that the tax return data is unavailable, or an applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and so it does not represent an accurate projection of the tax filer's household income for the benefit year for which coverage is requested, the Exchange must require the applicant to attest to the tax filer's projected household income for the benefit year for which coverage is requested.

- Increases in income

The Exchange must accept the applicant's attestation for the tax filer's family without further verification.

If the Exchange finds that an applicant's attestation of a tax filer's annual household income is not reasonably compatible with other information provided by the application filer or available to the Exchange, the Exchange must utilize data obtained through electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange must request additional documentation using its inconsistent information process.

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- Decreases in income

The Exchange must follow the alternate verification process when an applicant attests to decrease in annual household income and one of the following conditions is met:

1. The Secretary of the Treasury does not have tax return data that may be disclosed for the tax filer that is at least as recent as the calendar year two years prior to the calendar year for which advance payments of the premium tax credit or cost-sharing reductions would be effective;
2. The applicant attests that the tax filer's applicable family size has changed or is reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage, or the members of the tax filer's family have changed or are reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage.
3. The applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and so the tax filer's annual household income has decreased or is reasonably expected to decrease from the tax return data for the benefit year for which the applicants in his or her family are requesting coverage;
4. The applicant attests that the tax filer's filing status has changed or is reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage; or
5. An applicant in the tax filer's family has filed an application for unemployment benefits.

Alternate Verification Process:

- If a tax filer qualifies for an alternate verification process and the applicant's attestation to projected annual household income is no more than ten percent below the annual household income computed using tax return data, the Exchange must accept the applicant's attestation without further verification.
- If a tax filer qualifies for an alternate verification process and the applicant's attestation to projected annual household income is greater than ten percent below the annual household income computed using tax return data, or if the tax return data is unavailable, the Exchange must attempt to verify the applicant's attestation of the tax filer's projected annual household income for the tax filer by:
 1. Using annualized data from the MAGI-based income sources used for Medicaid; or
 2. Using other electronic data sources that have been approved by HHS, based on evidence showing that such data sources are sufficiently accurate and offer less administrative complexity than paper verification.

If electronic data are unavailable or do not support an applicant's attestation, the Exchange must follow its inconsistent information process.

If, following the 90-day period, an applicant has not responded to a request for additional information from the Exchange and the tax return data indicates that an applicant in the tax filer's family is eligible for Medicaid or CHIP, the Exchange must not provide the applicant with eligibility for advance payments of the premium tax credit, cost-sharing reductions, Medicaid, CHIP or the BHP,

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	<p>if a BHP is operating in the service area of the Exchange.</p> <p>If, at the conclusion of the inconsistent information period, the Exchange remains unable to verify the applicant's attestation, the Exchange must determine the applicant's eligibility based on the household income computed by the Exchange using tax return information, notify the applicant of such determination, and implement such determination in accordance with the effective dates specified in § 155.330(f).</p> <p>If, at the conclusion of the inconsistent information period, the Exchange remains unable to verify the applicant's attestation for the tax filer and tax return data is unavailable, the Exchange must determine the tax filer ineligible for advance payments of the premium tax credit and cost-sharing reductions, notify the applicant of such determination, and discontinue any advance payments of the premium tax credit and cost-sharing reductions in accordance with the effective dates specified in § 155.330(f).</p>
<p>Exchange Final Rule, 45 CFR § 155.320(d)</p>	<p>Exchange requirements regarding verification related to enrollment in an eligible employer-sponsored plan.</p> <p>The Exchange must verify whether an applicant who requested an eligibility determination for insurance affordability programs is enrolled in an eligible employer-sponsored plan or reasonably expects to be enrolled in an eligible employer-sponsored plan for the benefit year for which coverage is requested by accepting an applicant's attestation without further verification.</p> <p>If the Exchange finds that an applicant's attestation regarding enrollment in an eligible employer-sponsored plan is not reasonably compatible with other information provided by the applicant or in the records of the Exchange, the Exchange must utilize data obtained through electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange may request additional documentation to support the attestation by following its inconsistent information process.</p>
<p>Exchange Final Rule, 45 CFR § 155.320(e)</p> <p>Verification of Access to Employer-Sponsored Coverage Bulletin</p>	<p>Exchange requirements regarding verification related to eligibility for qualifying coverage in an eligible employer-sponsored plan.</p> <p>The Exchange must require an applicant to attest to an applicant's eligibility for qualifying coverage in an eligible employer-sponsored plan for the benefit year for which coverage is requested for the purposes of eligibility for advance payments of the premium tax credit and cost-sharing reductions, and to provide information identified in section 1411(b)(4) of the Affordable Care Act.</p> <p>The Exchange must verify whether an applicant is eligible for qualifying coverage in an eligible employer-sponsored plan for the purposes of eligibility for advance payments of the premium tax credit and cost-sharing reductions.</p>
<p>Exchange Final Rule, 45 CFR § 155.320(f)</p>	<p>For purposes of determining eligibility for Medicaid, the Exchange must verify whether an applicant who does not attest to being a citizen or a national has satisfactory immigration status to be eligible for Medicaid.</p>
<p>Exchange Final Rule, 45 CFR § 155.350(c)</p>	<p>Exchange requirements regarding verification of American Indian status.</p> <p>To the extent that an applicant attests that he or she is an Indian, the Exchange must verify such attestation by</p>

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	<ul style="list-style-type: none"> • Utilizing any relevant documentation verified in accordance with § 155.315(f); • Relying on any electronic data sources that are available to the Exchange and which have been approved by HHS for this purpose, based on evidence showing that such data sources are sufficiently accurate and offer less administrative complexity than paper verification; or <p>To the extent that approved data sources are unavailable, an individual is not represented in available data sources, or data sources are not reasonably compatible with an applicant’s attestation, the Exchange must follow its inconsistent information policy and verify documentation provided by the applicant in accordance with the standards for acceptable documentation provided in section 1903(x)(3)(B)(v) of the Social Security Act.</p>
Information About American Indians in MAGI and Exchange	<p>A chart showing Income and Asset Exclusions for American Indians. A comparison between MAGI methodology and MCHP program eligibility and verification of American Indian status factors.</p>
‘To Be’ Policy	
MAGI	<p>MAGI MA Verification Requirements</p> <p>For MAGI MA and CHIP, accept self-attestation for all eligibility factors except citizenship, immigration status, and where the attestation is not reasonably compatible with electronic sources or other information the agency has on file. The Exchange will use all available electronic data sources to attempt to validate attested information but must not require the applicant to provide additional verification unless the information obtained is not reasonably compatible with the information provided.</p> <p>Self-attestation can be given by an individual, adult in the applicant’s Medicaid household, authorized representative or someone acting responsibly for the individual if the individual is a minor or incapacitated. Self-attestation can be provided in writing or verbally.</p> <p>See the verifications chart for a list of verification types and sources.</p> <p>If an inconsistency is discovered between the information reported by the client and the electronic data source, apply the reasonable compatibility policy to determine if additional information is needed.</p> <p>Sources of Verifications</p> <p>Agencies must use electronic verification sources to attempt to obtain mandatory verifications first. If unable to obtain verifications electronically, the agency must determine if self-attestation is acceptable or if the applicant or enrollee must provide verifications necessary to determine eligibility. In some circumstances, individuals may be allowed to self-attest that the information is correct rather than providing paper verification. The agency must assist clients in obtaining verification. Eligibility must not be closed or denied for clients who are cooperating in attempting to obtain the verification.</p> <p>Obtain the client’s written consent before contacting third parties for verification. The signed release must identify the source and the specific information to be requested.</p>

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MAGI MA/CHIP Verifications

The following verifications are required as a condition of eligibility for MAGI MA:

Accept self-attestation for all other verification factors unless the information provided by the applicant or enrollee is inconsistent with other information on file or information obtained from electronic sources.

In addition, applicants and enrollees must provide verifications necessary to resolve inconsistent information identified through electronic data sources including but not limited to PARIS and IEVS.

1) U.S. Citizenship

Verification of U.S. Citizenship or national status is required for MAGI MA/CHIP. Self-attestation alone is not sufficient. For applicants who claim to be U.S. citizens or nationals, use the federal data hub (interface with SSA) to verify U.S. Citizenship. If unable to verify through the data hub, follow the manual process outlined in the [Citizenship policy document](#) to request verification from the client or assist the client with obtaining verification from the state where he or she was born. U.S. citizens have 95 days from the date of Medicaid approval to provide verification of U.S. citizenship.

2) Immigration Status

Verification of immigration status is required for MAGI MA/CHIP. Self-attestation alone is not sufficient verification of immigration status. For new applicants who are noncitizens, use the federal data hub (interface with SAVE) to verify immigration status. If unable to verify through the data hub, follow the manual process outlined in the [noncitizen policy document](#) to request verification from the client or assist the client with obtaining verification USCIS. Noncitizens have 95 days to provide verification of immigration status.

3) [Social Security Number](#)

The agency must verify each applicant's SSN with SSA, except for applicants who are not eligible to receive an SSN and those with a well-established religious objection.

Adults and children who are not requesting or receiving coverage for themselves are not required to provide SSNs.

If an applicant cannot recall his or her SSN or if an SSN has not been issued for the applicant, the agency must:

- assist the applicant in completing an application for a SSN.
- obtain evidence required under SSA regulations to establish the age, the citizenship or alien status, and the true identity of the applicant.
- either send the application to SSA or, if there is evidence that the applicant has previously been issued a SSN, request SSA to furnish the number

See also [SSN Verification Process for Medicaid](#).

4) Income and Family/Household Size

Verification of countable income is required for all individuals in the household. Use electronic

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verification sources to verify income first. If unable to verify household income through electronic sources, self-attestation may be accepted.

Verification of Household Income and Family/Household Size:

1. For all individuals whose income is counted in calculating a tax filer's household income, and for whom the Exchange has a SSN or adoption taxpayer ID number, the Exchange must request first tax return data regarding MAGI and family size from the IRS through the Federal Data Hub. If the identifying information for one or more individuals does not match a tax record on file with the IRS, follow the inconsistent information policy.
2. For all individuals whose income is counted in calculating a tax filer's household income, the Exchange must request data regarding MAGI-based income from all available electronic sources.

1) Compare income reported on application to IRS tax return data accessed through the federal data hub. If no IRS tax return data is available through the Federal Data Hub, access other available State electronic verification sources as appropriate.

2) Determine if the income reported by the client is reasonably compatible (see below) with electronic data sources to determine if additional verification is needed. If reasonably compatible, no additional information is needed.

3) If not reasonably compatible, contact the applicant for an explanation or paper documentation as needed.

4) If no income was reported and electronic data sources do not suggest the person has income, accept self-attestation. If electronic data sources indicate the person has income, contact the client to resolve the discrepancy. If unable to reach the client, send a request for information to the client to contact the agency.

Verification Timelines - General

Generally, an enrollee has 10 working days from the date of the written request to return requested verification unless it is at application, or renewal.

Verifications requested at application must be returned within the processing period, except for verification of citizenship or immigration status, or when the enrollee is cooperating with obtaining verification.

See also the [renewal verifications](#) policy document.

Inconsistent Information

Information reported by the applicant or enrollee that is inconsistent with electronic data sources or information on file must be resolved if the information is necessary to determine eligibility and,

- the information is inconsistent with other information the agency has or the client's statements, or
- the client cannot satisfactorily explain an inconsistency.

The agency must make a reasonable effort to identify and address the causes of inconsistent information, including checking for agency errors and contacting the applicant to confirm the accuracy of the information.

Apply the reasonable compatibility policy when inconsistent information is identified or a change is reported.

See [Inconsistent Information](#) policy doc for more information.

Reasonable Compatibility

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When information obtained through electronic data sources is reasonably compatible with an individual's attestation of an eligibility factor (income, state residence, pregnancy, household composition, etc.), the attestation is considered verified. When data obtained by the agency is reasonably compatible with an applicant's attestation, no additional documentation is required.

Attestation and data sources are reasonably compatible if the difference or discrepancy does not impact the eligibility of the applicant.

For example, the applicant provides an address in Minneapolis but the address according to SSA is in St. Paul. A notice will need to be sent to the client asking her to confirm her current address, but this does not affect eligibility.

If however, the client's address with SSA is listed as in Iowa, additional follow up would be required to confirm the client is actually a resident of Minnesota.

Income

For income, self-attestation and electronic data sources (data sources include Federal Data Hub and State electronic sources such as VerifyMN) are reasonably compatible when the difference or discrepancy does not impact eligibility. Income reported by the client and through electronic data sources is considered reasonably compatible in the following situations:

1) Both the reported income and the electronic data source are below the MAGI MA income standard. Determine eligible for MAGI MA if applicant meets all other criteria.

2) Both the income reported and the electronic data source is above the MAGI MA income standard. Determine ineligible for MAGI MA – refer to APTC/CSR.

3) The income reported is below the MAGI MA income standard and the electronic data source is above the MAGI MA income standard, but the difference between the two income amounts is less than 10%. For example, the client reports income of \$10,000 annually and the client's tax return amount is \$10,090. The income limit is \$10,025. Because the difference between the income reported and the income electronically verified is less than 10%, consider it reasonably compatible. Additional information is not required.

4) The applicant reports income that is above the MAGI MA standard but the electronic data source indicates that the applicant's income is below the MAGI MA standard. Accept applicant's self-attested income amount and deny MAGI MA.

Self-attestation and data sources **are not reasonably compatible** when an applicant reports income that is below the MAGI MA standard but the electronic data source indicates that the applicant's income is above the MAGI MA standard. There is more than 10% difference between the amounts. To resolve, first contact the applicant to request an explanation.

- If the applicant's explanation resolves the discrepancy, accept attestation. For example, the agency contacts the applicant because the income reported on the application is less than the amount verified through the IRS. The applicant states that her hours were recently cut and the tax data does not reflect current income. Accept the applicant's self-attestation of her current income.
- If the agency is unable to reach the applicant or the applicant cannot provide a satisfactory explanation of the discrepancy, request other documentation. Allow 10 days to return. If not received, the person is ineligible.

Required Verification for People who Request MA Payment of LTC Services

All applicants to Medicaid certified nursing facilities, including certified boarding care facilities, must be screened prior to admission regardless of income, assets, or funding sources for nursing facility care to determine the person's need for nursing facility level of care.

The long-term care facility or physician must provide verification that the person being admitted

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	to the LTCF has had a preadmission screening to determine the need for a nursing facility level of care.
Non-MAGI (Applies Across Medicaid)	<p>TBD. To align with MAGI MA, will need to accept self-attestation for non-MAGI MA verifications with some of the following exceptions. The agency will use all available electronic data sources first to verify required eligibility factors. This policy will need to be developed further:</p> <ol style="list-style-type: none"> 1. Verification of assets is required for non-MAGI MA. 2. People with income above the non-MAGI income standard who qualify with a spenddown will be required to provide verification of income from the past 30 days. If unable to verify income through electronic sources, applicants and enrollees may be required to provide paper documentation of income – self-attestation is not acceptable since the spenddown amount needs to be determined. 3. Certification of disability or blindness by SSA or SMRT is required for non-MAGI MA. 4. Require verification of medical expenses used to meet a spenddown. 5. Require verification of actual income received for each month in which retroactive coverage is requested.
Advanced Premium Tax Credits	<p>Same as MAGI MA with the following differences:</p> <ol style="list-style-type: none"> 1) The Exchange must verify whether an applicant is eligible for MEC other than through an eligible employer-sponsored plan, Medicaid, CHIP, or the basic health plan, using information obtained from HHS. 2) Verification of American Indian status is required. <p>To the extent that an applicant attests that he or she is an Indian, the Exchange must verify such attestation by using other electronic data sources and information available through other agencies.</p> <ol style="list-style-type: none"> 3) Inconsistent information process <p>Annual household income:</p> <p>The Exchange must compute annual household income for the family based on the tax return data.</p> <p>The Exchange must require the applicant to attest regarding a tax filer’s projected annual household income.</p> <p>To the extent that the applicant’s attestation indicates that the annual household income computed by the Exchange represents an accurate projection of the tax filer’s household income for the benefit year for which coverage is requested, the Exchange must determine the tax filer’s eligibility for advance payments of the premium tax credit and cost-sharing reductions based on the household income computed by the Exchange.</p> <p>To the extent that the tax return data is unavailable, or an applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and so it does not represent an accurate projection of the tax filer’s household income for the benefit year for which coverage is requested, the Exchange must require the applicant to attest to the tax filer’s projected household income for the benefit year for which coverage is requested.</p> <ul style="list-style-type: none"> • Increases in income <p>The Exchange must accept the applicant’s attestation for the tax filer’s family without further verification.</p>

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	<p>If the Exchange finds that an applicant's attestation of a tax filer's annual household income is not reasonably compatible with other information provided by the application filer or available to the Exchange, the Exchange must utilize data obtained through electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange must request additional documentation using its inconsistent information process.</p> <ul style="list-style-type: none"> • Decreases in income <p>The Exchange must follow the alternate verification process when an applicant attests to decrease in annual household income and one of the following conditions is met:</p> <ol style="list-style-type: none"> 1. The Secretary of the Treasury does not have tax return data that may be disclosed for the tax filer that is at least as recent as the calendar year two years prior to the calendar year for which advance payments of the premium tax credit or cost-sharing reductions would be effective; 2. The applicant attests that the tax filer's applicable family size has changed or is reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage, or the members of the tax filer's family have changed or are reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage. 3. The applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and so the tax filer's annual household income has decreased or is reasonably expected to decrease from the tax return data for the benefit year for which the applicants in his or her family are requesting coverage; 4. The applicant attests that the tax filer's filing status has changed or is reasonably expected to change for the benefit year for which the applicants in his or her family are requesting coverage; or 5. An applicant in the tax filer's family has filed an application for unemployment benefits. <p><u>Alternate Verification Process:</u></p> <ul style="list-style-type: none"> • If a tax filer qualifies for an alternate verification process and the applicant's attestation to projected annual household income is no more than ten percent below the annual household income computed using tax return data, the Exchange must accept the applicant's attestation without further verification. • If a tax filer qualifies for an alternate verification process and the applicant's attestation to projected annual household income is greater than ten percent below the annual household income computed using tax return data, or if the tax return data is unavailable, the Exchange must attempt to verify the applicant's attestation of the tax filer's projected annual household income for the tax filer by: <ol style="list-style-type: none"> 1. Using annualized data from the MAGI-based income sources used for Medicaid; or 2. Using other electronic data sources that have been approved by HHS, based on evidence showing that such data sources are sufficiently accurate and offer less administrative complexity than paper verification.
Cost Sharing Reductions	See APTC
Qualified Health Plans	<p>The following information must be provided in order to enroll in a QHP. The Exchange must validate these factors through electronic data sources approved by HHS:</p> <ul style="list-style-type: none"> • SSN, validated through SSA • Citizenship or National Status, validated through Dept of Homeland Security • Lawful presence status for noncitizens, validated through Dept of Homeland Security • Incarceration status, validate through any available electronic data source.

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	<p>Follow the inconsistent information policy when agency cannot validate attested information or information is not reasonably compatible.</p> <p>Accept self-attestation of residency as long as it is reasonably compatible with other information provided.</p>
<p>Individual Insurance Requirement Exemption</p>	<p>See Additional ACA Verification Beyond MAGI and Overview – Individual Mandate documents.</p> <p>Under the ACA, applicable individuals must maintain health insurance. An applicable individual is an individual other than the following:</p> <ul style="list-style-type: none"> • A person eligible for a religious exemption under 1311(d)(4)(H) of the ACA which certifies that such an individual is: <ul style="list-style-type: none"> ○ A member of a recognized sect under 1402(g)(1) and adheres to the teachings of such sect <p>Required Verification: Under §1402 of the IRC, it appears that any person seeking an exemption under §1402 from certain taxes must file an application with the IRS. A possible verification item for purposes of the exemption from the individual mandate may be a copy of the approved application from the IRS.</p> <ul style="list-style-type: none"> • A person who is a member of a health care sharing ministry; a health care sharing ministry is defined as an organization: <ul style="list-style-type: none"> ○ Described in 501(c)(3) of the IRS code and is exempt from taxation under 501(a) ○ In which members share a common set of ethical beliefs and share health care expenses ○ In which members remain members after they develop a medical condition ○ Which has been in continuous existence since 12/31/1999 and medical expenses of its member have been continuously shared since at least that time ○ Which conducts an annual audit performed by an independent certified public accountant <p>Required Verification: The person must demonstrate they are a member of the 501(c)(3) organization. The 501(c)(3) status of the ministry can be verified online using the IRS Exempt Organization Select Check. In order to verify status clients will likely need to input the ministry’s EIN as that is the best way to search. As to whether the client is a member, attestation may be the best way to verify without creating a huge burden on the client and the state to review paperwork. Additionally, the number of people seeking an exemption under this section is likely small and thus argues against creating an in-depth verification process.</p> <ul style="list-style-type: none"> • Noncitizens who are not lawfully present Accept self-attestation • People who are incarcerated Accept self-attestation <p>Certain applicable individuals may receive an exemption from the individual mandate. The following individuals are exempted from the mandate:</p> <ul style="list-style-type: none"> • Individuals who cannot afford coverage. The cost of coverage must exceed 8% of the individual household income. (“For purposes of applying this subparagraph, the taxpayer’s household income shall be increased by any exclusion from gross income for any portion of the required contribution made through a salary reduction arrangement.”) ‘Required contribution’ means—

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	<p>“(i) in the case of an individual eligible to purchase minimum essential coverage consisting of coverage through an eligible-employer-sponsored plan, the portion of the annual premium which would be paid by the individual (without regard to whether paid through salary reduction or otherwise) for self-only coverage (if an applicable individual is eligible for minimum essential coverage through an employer by reason of a relationship to an employee, the determination shall be made by reference to required contribution of the employee), or</p> <p>“(ii) in the case of an individual eligible only to purchase minimum essential coverage described in subsection (f)(1)(C), the annual premium for the lowest cost bronze plan available in the individual market through the Exchange in the State in the rating area in which the individual resides (without regard to whether the individual purchased a qualified health plan through the Exchange), reduced by the amount of the credit allowable under section 36B for the taxable year (determined as if the individual was covered by a qualified health plan offered through the Exchange for the entire taxable year).</p> <p>Required Verification: Clients will need to supply their income and the monthly contribution required for any plan available through an employer. If no plan is available through the employer, the Exchange will compare against the cost of a bronze plan reduced by available APTC.</p> <p>Additional document needed: Yes in regards to the process; “No”, with regards to the verifications sought.</p> <ul style="list-style-type: none"> • Taxpayers with income below the filing threshold Required Verification: Clients will likely only be able to verify this status via self-attestation. Clients can attest to their income; if such income is below the filing threshold, an exemption may be granted. It is assumed that if income is actually above the threshold, clients will be assessed the tax penalty. No verification is required. • Tribal Members Required Verification: Clients can verify tribal status via documentation or any electronic source established by HHS. • Individuals with short coverage gaps; individuals can be without coverage for up to one consecutive three-month period per year. If the period lasts longer than three months, no exemption is available for any of the months. Required Verification: Absent data exchanges, clients could be required to submit certificates of coverage demonstrating the period of non-coverage was 3 months or less. • An individual deemed by the Secretary of HHS under 1311(d)(4)(H) to have suffered a hardship. Required Verification: A copy of the HHS hardship determination
How will the ‘to be’ policy affect or apply to:	
New applicants	For all insurance affordability programs, the streamlined application will ask new applicants to attest to factors necessary to determine eligibility. The system will interface with electronic data sources to compare the information reported by the applicant to the electronic data received. If the information reported by the applicant is reasonably compatible with the electronic data source, additional verifications will not be necessary. In order to access data through electronic sources, the applicant must provide at minimum the names of all individuals applying for insurance affordability programs and their Social Security number. Additional information including date of birth, address as verification of state residence, information about access to other MEC, citizenship or immigration status, household size, income are required to determine eligibility but will likely be verified through electronic sources.

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	For the Individual Insurance Requirement Exemption, additional paper documents may be required to verify that the person meets an exemption.
Current Enrollees	When changes are reported, attestation will be accepted in most situations for verifications. The system will interface with electronic data sources to verify self-attested changes. If not reasonably compatible, additional information will be requested from the applicant to resolve the discrepancy.
Application Process	See “new applicant” See Application Form policy doc.
Eligibility Begin Date	Eligibility may only be pended if the information provided by the applicant is not consistent with electronic sources and additional information is needed. If there is no electronic data for non-mandatory verifications, self-attestation will be accepted.
Renewals	See the renewals verifications document.
Verification Requirements	See “to be” policy.
Social Security Number	Required verification for all insurance affordability programs. An SSN must also be provided to access electronic data through the federal hub. See SSN policy document.
Citizenship Status	Required verification for all insurance affordability programs. Citizenship and national status will be verified electronically through the SSA and Dept of Homeland Security as long as the applicant provides SSNs. If unable to verify electronically, applicants/enrollees have 95 days to submit paper documentation. See also Citizenship policy document.
Immigration Status	Required verification for all insurance affordability programs. Immigration status will be verified electronically through the Dept of Homeland Security as long as the applicant provides alien number or other documentation needed to submit electronic query. If unable to verify electronically, applicants/enrollees have 95 days to submit paper documentation. See also Noncitizen Status policy document.
Insurance, TPL & Benefit Recovery	Required verification for all insurance affordability programs. Enrollment in a MEC may bar eligibility for APTC and CSR. For Medicaid, other insurance information is required to determine cost-effectiveness . See also TPL policy document.
State Residency	Accept self-attestation of state residency unless it is not reasonably compatible with electronic data sources or case file.
Household Composition	Accept self-attestation of state residency unless it is not reasonably compatible with electronic data sources or case file.
Income and Asset Guidelines	n/a
Income and Asset Deeming	n/a
Income Calculation	n/a
Spenddowns and Obligations	n/a
Premiums	n/a
Covered Services	n/a
Service Delivery	n/a
End of Eligibility	n/a
Other Requirements	n/a
Relationship to Other Programs, Groups or Bases	n/a
Other Reference Material <i>Include links to flowcharts, tables, issue briefs, etc.</i>	Verifications Chart link

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Change in State Law Needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Detail of State Law Change	
Remove requirement for verification of pregnancy: Minn. Statute 256B.055, Subd. 6 and the requirement for new verifications at the end of the post-partum period in Minn. Statute 256B.056, Subd. 10 Delete references to 1996 AFDC income calculation and verifications policy in Minn. Statute 256B.056, Subd. 1a . Delete requirements to verify assets for MAGI MA group. Remove requirements for applicant to provide verifications and replace with language about electronic verification and self-attestation: MN Administrative Rule 9505.0095	
Federal Compliance Considerations?	<input type="checkbox"/> State Plan Option <input type="checkbox"/> Waiver <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
Detail of Federal Compliance Considerations	
Minnesota will need to develop a Medicaid/CHIP verification plan that describes verification policies and procedures using the required federal template when it is issued.	