

# Manual MAGI Medicaid Eligibility Process

Process work in the following priority:

1. December and January renewals that were rolled into January and February benefits
2. Report of Change (ROC) or renewals received in January
3. Oct-Dec applications/renewals without an eligible category.
4. Oct-Dec applications/renewals with an eligible with category.
5. January new applications.
6. Reviews due in December for January benefits that auto-closed for failing to submit a review.

## **CLERICAL PROCESS**

*Reminders:*

1. *We are not accepting phone applications at this time. We only accept a phone request for Medicaid if the client has an open program, except for CAMA, GA, SB, and HAP.*
2. *The application received date for MAGI Medicaid is the date we originally received the application or renewal.*
3. *Benefit start date for MAGI Medicaid is 1/1/14 for all applications and renewals received in October – January.*
4. *Follow normal procedure for assigning application received date and benefit start date for applications and renewals received in February.*
5. *An interview is not required for MAGI Medicaid effective 1/1/2014*

### **A. Applications, Renewals/Recertification and Other Documents:**

#### **1. Medicaid ONLY Application is received (hard copy, scan, SSP or FFM):**

- a. Review EIS - check for open program or existing APA related Medicaid.
  - If there is an open APA-ME case do not register a separate MAGI case for the individual receiving APA-ME.
- b. Register a new MAGI Medicaid case for the remaining household members under the PI's name following normal registration procedure. Be sure to include the APA-ME recipient in the household because their income may or may not count.
  - CARC to FSO 5-55.

- Place application in the basket for Manual MAGI Medicaid workers.

## **2. Combo Program Applications received including CAMA (hard copy, scan, or SSP):**

- a. Register all other programs following normal registration procedure, except for Medicaid.

**Note:** CAMA applications will be registered for CAMA and MAGI Medicaid under separate case numbers.

- b. Review EIS and check for open program or existing APA related Medicaid.

- If there is an open APA case, do not register a separate MAGI case for the individual receiving APA.

- c. Register a new MAGI Medicaid case for the remaining household members under the PI's name following normal registration procedure. Be sure to include the APA-ME recipient in the household because their income may or may not count.

- CARC the new MAGI Medicaid case to FSO 5-55.
- Print the REAP, CLPM and CAP2 screens for the new MAGI Medicaid case and place in basket for Manual MAGI Medicaid workers.
- Follow normal business procedures in the SPMG for other programs. Application will go to intake as normal procedure.

## **3. Paperwork/verification comes into the FSO:**

- a. Check for FSO 5-55 CARC.

- b. If carc'd to 5-55:

- Set alert on the 5-55 and any other related cases.
- Deliver paperwork/verification to the assigned functional team if other programs exist.
- If only a MAGI 5-55 or 5-56 case exist, place paperwork in the designated MAGI Medicaid basket/bucket.

**Note:** If an open case already exists in another office follow the distance delivery steps as outlined in the Addendum B of the SPMG for MAGI and other programs.

## **ELIGIBILITY PROCESS**

### ***Reminders:***

1. *This procedure is only for designated ETs processing manual MAGI Medicaid eligibility determinations.*
2. *MAGI Medicaid is a stand-alone case. Other programs cannot be registered in the same case number for a MAGI Medicaid program. A separate case number is needed for household members who are ineligible for MAGI Medicaid so that they can be referred to the FFM.*
3. *Each office is responsible for organizing their MAGI Medicaid paperwork.*
4. *Applications or renewals that were denied in October, November and December will need to be assessed for MAGI Medicaid eligibility.*
5. *If a household failed to submit a renewal in December for January benefits, the case must be assessed for MAGI Medicaid eligibility (note: this only applies for renewals not received in December for January benefits).*
6. *Cases that closed due to loss of contact do not need to be assessed for MAGI Medicaid eligibility.*
7. *For cases that have already been issued regular Medicaid, start MAGI Medicaid issuance the month following the last issuance month. For example, the case was rolled in December for January benefits. MAGI Medicaid will start in February but the first month of certification is still January.*
8. *APA Long-Term Pends*
  - a. *If the client has a disability determination, they fall under the APA-related Medicaid category, if eligible.*
  - b. *If there is no disability determination and there is no other eligible category, determine MAGI eligibility and continue APA pend following standard APA processing rules.*
9. *Case Files*
  - a. *If case file already exist or it is a new case, follow case file organization procedures under Administrative Procedures Manual section 103-1.*
  - b. *The following information must be included in the case file in addition to all other information that is required:*
    - *Copy of page 3 of the 4 page Job Aid.*

- *Print all pages of the Excel spreadsheet (spreadsheets still need to be printed even if there is no countable income; spreadsheet does not need to be printed for denied cases due to no eligible category).*

10. *Certification periods:*

- Certification periods can be aligned with other programs following program rules.*
- For adults who are certified only through end of March for MAGI Medicaid and have other open program(s) that are certified in future months (i.e., if there is a FS case certified thru June), the other open program(s) must also be processed or recertified at the same time with the MAGI Medicaid case.*

11. *If a newborn is reported, determine MAGI Medicaid eligibility for the newborn and the mother.*

*Note: If the newborn and the mother fail MAGI Medicaid eligibility, the newborn is still eligible for BA-ME through the end of the month in which the child turns one year old and the mother is still eligible for 60 days of postpartum coverage (through the last of the month in which the 60 days end).*

12. *The job aid includes the subtypes needed for identifying funding source.*

**START THE ELIGIBILITY PROCESS BY IDENTIFYING IF AN ELIGIBLE CATEGORY EXISTS (BASED ON FM MS 5700):**

**A. If an eligible category does not exist:**

- Deny the case.
- Complete a case note.
- Send the N011 denial notice (using standard language).
- CARC to FSO 5-59; for example, 076-5-59.

*Note: There is no need to complete the job aids.*

**B. If an eligible category exists:**

- Check interfaces:
  - If interfaces have not been checked, check all interfaces.

- b. If application/renewal received date is 30 or more days old (October - December applications/renewals that were denied) check interfaces again.
  - c. If it is possible that income may be changing (SSA cola, UIB, etc.), be sure to review income determinations for the month of eligibility.
2. Go to the Instructions for Using the MAGI Job Aid, Manual Budget & Completing EIS Entry document (12 page document).
  3. Follow each step of the detailed instructions for completing the MAGI Medicaid Job Aid – Eligibility Questions (4 page document):
    - a. Section A of the Job Aid:
      - If renewal for Medicaid or Gen 50(c) is signed, the initial CSSD cooperation is met.
      - If a Gen 50(b) is being used or there is no open Medicaid case, contact the client regarding CSSD cooperation. Client Statement is acceptable for initial CSSD cooperation for MAGI Medicaid effective 1/1/2014.

**Note:** *The client only needs to say they will cooperate before the MAGI Medicaid case is opened. If the client cannot be reached, the case must be pended for CSSD cooperation and ET must pursue the information about the absent parent. The CSSD 1603a form must also need to be signed. Send an M060 or D360 notice to pend the case. If the client does not respond to the CSSD cooperation request, follow normal policy and procedure for determining good cause.*

4. Development of income rules have not changed. Follow normal policy and procedure regarding development of income.
5. Complete and keep page 3 of the MAGI Medicaid – Eligibility Questions Job Aid (4 page document) in the case file (household composition and income page).

*Note: If you have additional household members make a copy of this page for the additional household members.*
6. If client/individuals appear eligible complete the spreadsheet (continue to follow page 2 of Instructions for Using the MAGI Job Aid, Manual Budget & Completing EIS Entry document (12 page document)).

**If there are more than 8 household members:**

- a. Start by screening out any individuals that do not have an eligible category and are not a tax dependent of the tax filer. Register a MAGI case and deny. Send N011 for these individuals in the MAGI Medicaid case number. Carc to 5-59.

- b. If you still have more than 8 household members, identify separate tax filing households. Determine eligibility on a separate case number for each tax filing household. A signature is not needed for the other adult household member(s).
  - c. If you still have more than eight household members, start by entering the adults, and other household members that have income. Tax dependents that have only PFD income can be left off the spreadsheet if necessary.
  - d. If they pass the income test we can assume the remaining dependents are eligible. Include additional household members when checking category.
  - e. If they fail, identify the MAGI Medicaid category for each person in the household. Using Medicaid Manual Addendum 5, select the correct income standard for each household member's category and add the "Each Additional Person" Monthly Income Limit amount to the gross income standard for a household of 8.
7. If the family is MAGI Medicaid eligible, close the ongoing Family Medicaid. No adverse action is needed.
  8. If the MAGI Medicaid has to be pended, leave the Family Medicaid open, and send a PEND notice on the new MAGI Medicaid case number.
  9. Continue to follow page 7 on the Instructions for Using the MAGI Job Aid, Manual Budget & Completing EIS Entry document (12 page document) to process case in EIS.
  10. Cross reference any open cases by setting an alert on all case numbers. Follow normal office procedures for setting up due dates for these alerts.
  11. Send the approval, denial or pend notice (N011). Utilize the MACROs provided in the tool kit you received.
  12. For denied cases, make one attempt to reach client by phone (do not leave a voice mail message) to refer them directly to the FFM, and then send the N011. When talking to the client utilize the verbiage in the N011 denial notice.
  13. If eligible or pended CARC case to one of the carcs below and set a pend alert:
    - FSO 5-55 (Regular MAGI and Pends)
    - FSO 5-56 (Former Foster Care)
    - FSO 5-57 2101(f) Kids
    - FSO 5-59 (Denied/Closed)

*Note: MAGI Medicaid cases already denied in the manual process with CLPM/CAP2 printed need to be carc'd to 5-59. Shred CLPM/CAP2.*

### C. If a renewal is not processed by adverse action date:

1. Let the case roll under the old Medicaid case and authorize benefits for the following month. Certify the children under 19 years old for 12 months. Certify adults through March 2014 except for pregnant women. Pregnant women will be certified through the end of their pregnancy. There is no need to send an approval notice for the rolled benefit.
2. Register a new case number for MAGI Medicaid and determine eligibility.
  - a) If the household is eligible for MAGI Medicaid:
    - Approve benefits in the new MAGI Medicaid case number and send an approval notice.
    - Start MAGI Medicaid issuance the month following the last issuance month.
    - The certification date remains the same.

*For example: A renewal was submitted in December for January benefits and was not processed by the adverse action date. The old Medicaid case was rolled in December for January benefits. MAGI Medicaid will start in February but the first month of certification is still January.*

- Close the other Medicaid case effective and do not send a closure notice.
- b) If the household is not eligible for MAGI Medicaid:
    - Go back to the old Medicaid case and determine eligibility for Medicaid under old rules.
    - If the household remains eligible for Medicaid based on old rules, leave the case open with the certification dates noted under (1) -- certify the children under 19 years old for 12 months, adults through March 2014 except for pregnant women who will be certified through the end of their pregnancy.
    - If the household is no longer eligible for Medicaid based on old rules, close the case and send a denial notice. Please note that pregnant women will still need to receive benefits through the end of their pregnancy.

### D. Processing 2101(f) Kids

Children under the age of 19, who are currently on Medicaid, and become ineligible for MAGI Medicaid due to the **loss of income disregards** may remain eligible for an additional 12 months under the Family Medicaid and DKC rules.

- 1) If eligible, register a new standalone Medicaid number in EIS. (These cases will remain in EIS as ARIES does not currently support this category of Medicaid).
- 2) Determine and maintain eligibility in EIS under the Pre-MAGI Family/DKC Medicaid rules.
- 3) CARC to 5-57
- 4) Only one CEP extension is allowed for 2101(f) cases. No additional CEP extensions are allowed using the old Family Medicaid or DKC rules.
- 5) Set Alert “NO 2101(f) extension on CEP’s past XX/XX/XX (date).”
- 6) Once the child’s Family Medicaid/DKC eligibility ends under this CEP period, the child’s eligibility for Medicaid must be reevaluated under MAGI based rules.
- 7) If eligible, issue MAGI Medicaid.
- 8) If not eligible for MAGI Medicaid, the child must be referred to the FFM via ARIES.

**NOTE:** *The 2101(f) Kids category of Medicaid cannot be renewed beyond 12/31/2015.*

## **E. Children Denied due to Step-Parent and Sibling Income**

### **1. Applications Received after 1/1/14**

- a) If child is not eligible for MAGI Medicaid due to step parent or sibling income, the child must be denied and referred to the FFM via ARIES.
- b) Send an e-mail to [dpapolicy@alaska.gov](mailto:dpapolicy@alaska.gov). The e-mail must be titled: “**2101F Ineligible Child**” and needs to include the child’s name, client ID number and specific reason for ineligibility.

### **2. Renewals Received for periods ending 12/31/2013 through 2/28/2014**

- a) If child is not eligible for MAGI Medicaid due to step parent or sibling income, remove the step parent or sibling from the case.
- b) Determine the child’s eligibility under Pre-MAGI FM/DKC rules on the existing EIS case number.



- c) If eligible under old FM/DKC rules, set a 12-month CEP renewal period. No additional CEP extensions are allowed using old Family Medicaid or DKC rules.
- d) CARC case to normal office CARC (this case would not use special CARC of 5-57)
- e) Once the child's Family Medicaid/DKC eligibility ends under this CEP period, the child's eligibility for Medicaid must be reevaluated under MAGI based rules.
- f) If eligible, issue MAGI Medicaid.
- g) If not eligible for MAGI Medicaid, the child must be referred to the FFM via ARIES.
- h) Send an e-mail to [dpapolicy@alaska.gov](mailto:dpapolicy@alaska.gov). The e-mail must be titled: "**2101F Ineligible Child**" and needs to include the child's name, client ID number and specific reason for ineligibility.

### **3. Renewals Received for renewal periods ending 3/31/2014 through 11/30/2014**

- a) If a child is not eligible for MAGI based Medicaid due to step parent or sibling income.
- b) Deny the Medicaid Application and refer the child to the FFM.
- c) Follow the office's business practices for tracking denials/closures to be referred to the FFM.
- d) Send an e-mail to [dpapolicy@alaska.gov](mailto:dpapolicy@alaska.gov). The e-mail must be titled: "**2101F Ineligible Child**" and needs to include the child's name, client ID number and specific reason for ineligibility.