

# **Processing Manual MAGI Medicaid Eligibility While Working Other Programs**

*Revised 3/20/14*

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## **I. WORK PRIORITIZATION**

Process work in the following priority to ensure first contact resolution and working today's work today:

1. Applications, recertification/renewals, pended information, and reports of change received today for all programs.
2. Medicaid recertification/renewals that were rolled without an eligibility determination.
3. Applications, recertification/renewals and reports of change for all programs received in previous months.
4. October - December Family Medicaid applications or recertification/renewal which were denied and without an eligible MAGI category.
5. October - December applications which were denied for Family Medicaid and with an eligible MAGI category.

## **II. CLERICAL PROCESS**

### **A. Reminders:**

1. We are not accepting phone applications at this time for any program including MAGI Medicaid. We only accept a phone request for Medicaid if the client has an open program and wants to add Medicaid (add-on).

*Note: the open program cannot be CAMA, GA, SB, and HAP.*

2. The application received date for all programs remains the same including MAGI Medicaid – application received date is the date we originally received the application or renewal.
3. Benefit start date for all programs remains the same including MAGI Medicaid.

*Exception: The BSD for all MAGI Medicaid applications and recertification/renewals received from October 1 through December 31, 2013 is 1/1/14.*

4. Interview requirements for all programs remain the same with the exception of MAGI Medicaid. An interview is not required for MAGI Medicaid effective 1/1/2014

### **B. Registering Applications and Recertification/Renewals, and Processing Other Documents:**

#### **1. Medicaid ONLY Application (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.
  - Route the application to the appropriate unit/office.

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

- a. 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.
- Note: CAMA applications will be registered for CAMA and MAGI Medicaid under separate case numbers.*
- b. Register all other programs following normal registration procedure, except for Medicaid.
- 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 CLPM and CAP2 screens for the new MAGI Medicaid case and route to the appropriate unit/office.
  - Follow normal business procedures in the SPMG for all programs. Application will be assigned to the Intake unit as normal procedure.

**3. Recertification/Renewals:**

- a. Register all other programs following normal registration procedures including FM and DKC.
- b. Register the FM/DKC Medicaid recertification/renewal on the current case (MIRE).
- c. Register a new MAGI Medicaid case.
- d. CARC the new MAGI Medicaid to FSO 5-55.

- e. Print the CLPM and CAP2 screens for the new MAGI Medicaid.
- f. Route the recertification/renewal to the appropriate unit/office.

**4. Paperwork/verification:**

- a. Follow current procedure for document management and handling paperwork and verification received in the office as outlined in the SPMG – Clerical Process.
  - Set alert on all related cases.
  - Deliver paperwork/verification to the assigned functional team.

***Note:** If an open case already exists in another office follow first contact resolution guidance as indicated in the broadcast sent out by Field Services on 2/5/14.*

### III. ELIGIBILITY PROCESS

#### A. Reminders:

1. Each office is responsible for organizing their MAGI Medicaid paperwork.
2. MAGI Medicaid is a stand-alone case. Other programs cannot be registered in the same case number for a MAGI Medicaid program.
3. If the household has partial eligibility (i.e., children are eligible for MAGI but parents are ineligible), a separate case number is needed for household members who are ineligible for MAGI Medicaid so that they can be referred to the FFM. In this situation, ETs must:
  - Register another MAGI Medicaid case for the denied household members.
  - Deny the case.
  - Carc the case to FSO 5-59.

*Note: There is no need to send another denial notice on the denied MAGI case number.*

4. If clerical is unable to register a new MAGI Medicaid case number, ETs are permitted to do the registration and determine eligibility for the same case as long as a Medicaid case already exists for the household.

*Examples:*

- 1) *DKC recertification/renewal is received in February and the clerical unit was unable to register a MAGI Medicaid case number. An ET can register the MAGI Medicaid and determine eligibility for the household.*
- 2) *A Medicaid application is received in February and there is no existing case for the household. If the clerical unit was unable to register the case, an ET can register the application on EIS. However, the same ET is not permitted to authorize benefits for the case.*
5. Medicaid Applications or recertification/renewals that were denied in October, November and December will need to be assessed for MAGI Medicaid eligibility. Refer to work prioritization list in section I when processing cases.
6. Cases that closed due to loss of contact do not need to be assessed for MAGI Medicaid eligibility.
7. When rolling benefits or for cases that have already been issued regular Medicaid, start MAGI Medicaid issuance the month following the last issuance month. For example, a regular Medicaid case was not processed by adverse action date and was rolled in December for January benefits. MAGI Medicaid for the household will start in February. *Refer to section C (3) for additional instructions on adjusting certification periods if a recertification/renewal is not processed by the adverse action date.*

## 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. If a newborn is reported, process 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).*

11. The job aid includes the subtypes needed for identifying funding source for children under age 19 and pregnant women.

## **B. Manual MAGI Eligibility Determination Process**

***Start the eligibility process by identifying if an eligible category exists (based on FM MS 5700):***

1. If an eligible category does not exist:
  - a. Deny the case.
  - b. Complete a case note.
  - c. Send the N011 denial notice (using standard language included in the toolkit).
  - d. CARC to FSO 5-59; for example, 076-5-59.

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

## 2. If an eligible category exists:

- a. Check interfaces:
  - If interfaces have not been checked, check all interfaces.
  - If application or recertification/renewal received date is 30 or more days old (October - December applications or recertification/renewals that were denied) check interfaces again.
  - If it is possible that income may be changing (SSA cola, UIB, etc.), be sure to review income determinations for the month of eligibility.
- b. Go to the Instructions for Using the MAGI Job Aid, Manual Budget & Completing EIS Entry document (12 page document).
- c. Follow each step of the detailed instructions for completing the MAGI Medicaid Job Aid – Eligibility Questions (4 page document):

### Section A of the Job Aid:

- If the recertification/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.*

- d. Development of income rules have not changed. Follow normal policy and procedure regarding development of income.
- e. 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.*

- f. 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).

- g. If there are more than 8 household members:
- i. 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 an N011 for these individuals in the MAGI Medicaid case number. Carc to 5-59.
  - ii. 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).
  - iii. 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.
  - iv. If they pass the income test we can assume the remaining dependents are eligible. Include additional household members when checking category.
  - v. 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.
- h. If the family is MAGI Medicaid eligible, close the ongoing Family Medicaid. No adverse action is needed.

**Procedure for Closing FM/DKC before Authorizing MAGI Medicaid**

Correctly closing the FM/DKC before processing MAGI eligible applications will reduce the number of spiders received on cases and assist with correct "IN" and "OUT" participation coding on the cases.

*Note: These actions are only necessary when everything is received and MAGI application is ready to process for a determination. FM/DKC cases remain open while a MAGI application is pending.*

- Review MEIH for last paid month of benefits for the individual client.
- Using the MIBW, change the certification "THRU MO:" to the last paid month of Medicaid for each eligible client.
- Make sure to code each client "OU" on the SEPA for any month after the last paid month. Work the case backwards to prevent getting a spider.

*For example: While processing a MAGI case in March, the ET discovers an existing pregnant woman case where the PI is left coded "IN" after the postpartum period ended in December. The PI should be coded "OU" back to her last month of eligibility. Change the SEPA coding in the most frequent month first and work*



*backwards. In this example, start with March, then change February's SEPA, and then change January.*

- If the Medicaid case is initialized into a future month(s) – Use the DELETE MONTH FOR PROGRAM function (#15) on the CAMM screen to delete all future Medicaid month(s).
- Use CAMM or REPC (Revert to close) close the FM/DKC case, with “OT” as the reason code and proceed to processing with MAGI case. It is important to make all necessary changes to the case before closing it to avoid corrupting the case.

*Note: Double-check all programs (FS, TA, etc.) for the household to ensure they are initialized into the current system month and that benefits are not de-authorized. Make sure that correct income amounts have been re-entered on all income screens before reauthorizing benefits.*

- i. If the MAGI Medicaid has to be pended, leave the Family Medicaid open, and send a PEND notice on the Family Medicaid case number. *Refer to the MAGI Medicaid Notice Information Sheet for additional information about MAGI Medicaid notices.*
- j. 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.
- k. 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.
- l. Send the approval, denial or pend notice (N011). Utilize the MACROs provided in the tool kit you received.
- m. 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.
- n. 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. Processing recertification/renewals**

1. Processing recertification/renewals with other open programs and aligning certification periods:
  - a. Certification periods can be aligned with other programs following program rules.

- b. If a non-MAGI program is due for recertification/renewal (i.e., FS or TA) and there is an existing Medicaid case, MAGI Medicaid eligibility needs to be determined. *Note: this includes Medicaid cases which are due for recertification/renewal at a later month.*
  - c. 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 TA case certified thru June), the other open program(s) must also be processed or recertified at the same time with the MAGI Medicaid recertification/renewal.
2. Processing Medicaid recertification/renewals received between 1/1/14 – 3/31/14:
- a. All Medicaid recertification/renewals received between 1/1/14 and 3/31/14 must be processed for MAGI Medicaid.
  - b. Register a new case number for MAGI Medicaid.
  - c. If the household fails MAGI Medicaid, process the recertification/renewal under the current FM and/or DKC case number applying old rules.
  - d. If the household is eligible for FM and/or DKC, certify the children under 19 years old for 12 months.
  - e. *Certify adults through March 2014 except for pregnant women. Pregnant women will be certified through the end of their pregnancy. Refer to section C (3) for instructions on setting certification periods if a recertification/renewal is not processed by the adverse action date.*
3. Recertification/renewals not processed by adverse action date:
- If a recertification/renewal is not processed by adverse action date:
- a. Let the case roll under the old Medicaid case and authorize benefits for the following month.
  - b. Certify the children under 19 years old for 12 months and certify adults through March 2014 except for pregnant women. Pregnant women will be certified through the end of their pregnancy.
  - c. There is no need to send an approval notice for the rolled benefit.
  - d. Register a new case number for MAGI Medicaid and determine eligibility (process the case as noted below):
    - i. 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 recertification/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 and do not send a closure notice.

ii. 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 3(b) – 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.

- a. 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).
- b. Determine and maintain eligibility in EIS under the Pre-MAGI Family/DKC Medicaid rules.
- c. CARC to 5-57
- d. Only one CEP extension is allowed for 2101(f) cases. No additional CEP extensions are allowed using the old Family Medicaid or DKC rules.
- e. Set Alert “NO 2101(f) extension on CEP’s past XX/XX/XX (date).
- f. 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.

- g. If eligible, issue MAGI Medicaid.
- h. 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. Recertification/renewals received between 1/1/14 and 3/31/14
  - 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. Recertification/renewals received between 4/1/2014 and 12/31/14
  - 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.