Health Insurance Exchange: MAGI Eligibility Flow Charts

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Comments and questions may be submitted to info@svcinc.org.
The Exchange must enter into agreements with Medicaid Agency to enable individual and dependents to be screened for Medicaid based on non-MAGI eligibility – example disability. 5% disregard included.
**Coverage Option Overview**

- **Employer Sponsored Coverage / Other Acceptable**
- **Insured with Minimal Essential Coverage**
- **Non-Subsidized Individual Coverage**

Individuals interested in applying for coverage on the Exchange have the ability to decline to be screened for eligibility for Medicaid or premium tax credit.

The Medicaid Agency must adopt the Modified Adjusted Gross Income (MAGI) calculation methodology for all individuals applying for the new and consolidated Medicaid categories.

Medicaid eligibility extends to all individuals under 138% of the Federal Poverty Level (FPL) and tax credit eligibility extends from 138% FPL to 400% FPL based on MAGI.

**MAGI Calculation**

- Not Eligible for Assistance
- Tax Subsidy
- Insured through Individual Exchange Commercial Plan
- Insured through Exchange Commercial Plan w/ Subsidy
- Medicaid Categories
  - Under 19
  - Pregnant
  - Parent/Caretaker
  - Adult
  - SCHIP
  - Other

**Insured through Medicaid**

- Medicaid Non-MAGI
  - Over 65
  - Blind/Disabled (SSI)
  - Institutionalized
  - QMB/SLMB
  - By Request

**Insured through Medicaid**

**Off Exchange – Public Assistance – Non MAGI Medicaid**

Individuals can still be eligible for Medicaid based on disability or other current Medicaid categories and would go through the current Medicaid application process; their income would not be calculated based on MAGI.

**Exchange**

**Individual Coverage**

**Insured through Commercial Plan outside Exchange**

**Individual Mandate Exemption**

**Not Insured**

**Public Assistance**

**Insured through Commercial Plan outside Exchange**

**DRAFT - Eligibility Process Flows - Based on our Interpretation of NPRM 42 CFR Parts 431, 433, 435, and 457 and 45 CFR Parts 155 and 157 Published 8/17/2011**
The Medicaid Agency must adopt the Modified Adjusted Gross Income (MAGI) calculation methodology for all individuals applying for the new and consolidated Medicaid categories.

Eligibility must be re-determined every 12 months.

For Eligibility determinations the Exchange will rely on the federal hub for income and citizenship information.

The Medicaid Agency must adopt the Modified Adjusted Gross Income (MAGI) calculation methodology for all individuals applying for the new and consolidated Medicaid categories.

Individuals that are determined not eligible for Medicaid must be screened for premium tax credits.

Pregnant women count as two for household size in Medicaid.
Pregnant women count as one for household size for tax subsidies.

When possible the agency must complete the re-determination without requiring information from the individual.

All individuals have the right to appeal any eligibility determination for Medicaid, premium tax credits, cost sharing subsidies, or QHP eligibility.

Individuals who are in the process of being determined eligible for Medicaid on a categorical basis must be screened for eligibility in insurance affordability programs (MAGI Medicaid, Premium Tax Credits) for interim coverage.

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MAGI Calculated Public Assistance Categories

The regulation consolidates eligibility categories for parents and other caretaker relatives, pregnant women, and infants and children under age 19. Non-consolidated mandatory and optional eligibility groups are maintained.

1. **0-200% FPL?**
   - **Yes**
     - **Under 19 years old?**
       - **Yes**
         - **Pregnant?**
           - **Yes**
             - **Under 200%?**
               - **Yes**
                 - **Pregnant Women Group** *2, 3*
               - **No**
             - **No**
           - **No**
         - **Parent/Caretaker?**
           - **Yes**
             - **Under 23% converted to MAGI FPL?**
               - **Yes**
                 - **Parent/Caretaker Relative Group** *2*
               - **No**
             - **No**
           - **Parent/Caretaker?**
             - **Yes**
             - **Between 0%-138% FPL?**
               - **Yes**
                 - **Not eligible for Medicaid**
               - **No**
             - **No**
       - **No**
     - **No**
   - **No**

2. **200-400% FPL**
   - **Yes**
     - **Between 23% - 138% FPL?**
       - **Yes**
         - **Have Child under 19 enrolled in Medicaid or minimum essentially covered?**
           - **Yes**
             - **Adult Group** *2*
           - **No**
         - **Not eligible for Medicaid**
       - **No**
     - **Not eligible for Medicaid**
     - **Exchange Commercial Plan**
     - **TAX Subsidy**
   - **No**

*Indiana specific categories reflected*

*2 New category is created for adults between 19 and 65 who are at or below 138% FPL regardless of caretaker status.*

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**Age** | **FPL** | **Category**
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0-1 | 0-200% | Various
1-18 | 0-150% | Various

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Non-MAGI Medicaid Referral

2

Individual Request Non-MAGI Medicaid Determination? OR Exchange have reason to believe eligible for Non-MAGI Medicaid?

Yes

Referral to Non-MAGI Medicaid

No

END
Determine Citizenship

Citizenship found in federal hub to match attestation?
- Citizen
- National
- Lawfully Present
- Native American

Yes  No

SSN verified by info in federal hub?

Yes  No

Self-Attestation

Exchange finds an inconsistency

Eligibility process continues

Reasonably Compatible? *4

Yes  No

Exchange makes reasonable effort to identify the inconsistency and notifies individual and gives 90 days for application filer to provide satisfactory documentation. Eligibility process continues and if meets other eligibility criteria, HIX provide Medicaid coverage during this time.

Inconsistency resolved after 90 days?

Yes  No

Individual remains enrolled  Individual is disenrolled, if enrolled

Agency must verify Indian status and cannot accept self-attestation.

DRAFT - Eligibility Process Flows - Based on our Interpretation of NPRM 42 CFR Parts 431, 433, 435, and 457 and 45 CFR Parts 155 and 157 Published 8/17/2011
Determine Incarceration

Approved Electronic Data source available for verification of incarceration?

Yes

Inconsistency resolved? Yes

Exchange makes reasonable effort to identify the inconsistency

Exchange makes reasonable effort to identify the inconsistency and notifies individual and gives 90 days for application filer to provide satisfactory documentation. Eligibility process continues and if meets other eligibility criteria, HIX provide Medicaid coverage during this time.

No

If unable to verify after 90 days, provide notice to individual.

END

Inconsistency resolved after 90 days?

Yes

Individual remains enrolled

Period can be extended if applicant is making good faith effort to obtain additional documentation.

No

Individual is disenrolled, if enrolled

END

No

Reasonably compatible?

Yes

END

No

Eligibility process continues

END

Self Attestation

Inconsistency resolved after 90 days?
Determine State Residency

State Residency found in federal hub?
- Yes
  - Adult: Seeking employment or employed, intends to reside, or living in Child <21: living in, parent employed or seeking employment, parent intends to reside, non institutionalized or ward of state, attends school out of state but parent in state
  - State can accept self-attestation without further review
- No
  - Residency verified?
    - Yes
      - Eligibility process continues
    - No
      - Exchange finds an inconsistency
  - Eligibility process continues

Data in another Electronic Source & Compatible?
- Yes
  - Exchange makes reasonable effort to identify the inconsistency and notifies individual and gives 90 days for application filer to provide satisfactory documentation. Eligibility process continues and if meets other eligibility criteria, HIX provide Medicaid coverage during this time.
- No
  - Eligibility process stops

Inconsistency resolved after 90 days?
- Yes
  - Eligibility Process Continues
- No
  - Eligibility process stops

Document that provides evidence of immigration status may not be used alone to determine State residency.
Determine Household Size

In Medicaid, a pregnant woman is considered as a household of two. States have the option to count a pregnant woman as two in determining the family size of other members of a pregnant woman’s household for Medicaid eligibility purposes.

Agency must accept self-attestation of pregnancy and of the individuals that comprise a household unless the state has information suggesting that the information is not reasonably compatible with the attestation.

*4

*5

*7
Is the individual a tax filer?

Yes

Start

Is the individual claimed as a dependent?

Yes

Is the individual:
- Other than a spouse or a biological, adopted or step child?
- Under 21 living with both parents who are unmarried?
- Claimed by a non custodial parent?

No

The individual is a non filer

END

Household size consists of if living with the individual:
(1) the individual’s spouse;
(2) the individual’s qualifying children ;
(3) if the individual is under 19 or 21 and a full time student the individual’s qualifying parents and siblings.

No

END

END

The individual’s Household size is the tax filing household size

No

Yes

END

Is the individual a tax filer?

Yes

No
**Determine Household Income**

Start

Household Income Info via Fed Data Hub - Filer?

- **Yes**
  - Verified by Requestor?
    - **Yes**
      - Data Found via Other Sources?
        - **Yes**
          - Self-Attestation from Requestor
            - Reasonably Compatible?
              - **Yes**
                - Use Fed Hub Electronically Found Household Income
              - **No**
                - Use Self-Attested Household Income
        - **No**
          - Requestor Provide Paperwork
            - Received and Approved w/in 90 Days?
              - **Yes**
                - Sufficient Electronic Secured Data Available?
                  - **Yes**
                    - Use Other Electronically Found Household Income
                  - **No**
                    - Not eligible for Continued Determination Due to Insufficient Data or no longer filer
              - **No**
                - Use Manually Calculated Income as Household Income
            - END
          - END
        - END
      - END
    - **No**
      - Data Found via Other Sources?
        - **Yes**
          - Self-Attestation from Requestor
            - Reasonably Compatible?
              - **Yes**
                - END
              - **No**
                - Use Self-Attested Household Income
        - **No**
          - Received and Approved w/in 90 Days?
            - **Yes**
              - Sufficient Electronic Secured Data Available?
                - **Yes**
                  - END
                - **No**
                  - Not eligible for Continued Determination Due to Insufficient Data or no longer filer
            - **No**
              - Use Manually Calculated Income as Household Income
          - END
      - END
    - END
  - **No**
    - Verified by Requestor?
      - **Yes**
        - Data Found via Other Sources?
          - **Yes**
            - Self-Attestation from Requestor
              - Reasonably Compatible?
                - **Yes**
                  - Use Fed Hub Electronically Found Household Income
                - **No**
                  - Use Self-Attested Household Income
          - **No**
            - Requestor Provide Paperwork
              - Received and Approved w/in 90 Days?
                - **Yes**
                  - Sufficient Electronic Secured Data Available?
                    - **Yes**
                      - Use Other Electronically Found Household Income
                    - **No**
                      - Not eligible for Continued Determination Due to Insufficient Data or no longer filer
                - **No**
                  - Use Manually Calculated Income as Household Income
            - END
        - **No**
          - Use Manually Calculated Income as Household Income
      - END
    - END
  - END
- **No**
  - Tax subsidy requires filing for continued receipt of benefits

END

**Gather sum of income for household:** Pay Stubs, Letters of employment
Medicaid count Lump Sum in month received. Grants/ Scholarships not retained (<138% Only), Native American/Alaska Native Income not counted
Annualize Income from historical data (option)
Attest that to an accurate projection of next benefit year income

END

**Allows states to conduct MAGI eligibility based on current monthly income or projected annual income.**
1. Will the state use the CMS application or develop a state specific application form?

2. How will current aid categories feed into the new consolidated groups? What benefits packages are associated with each revised eligibility group?

3. If benefit package is different, process must be developed to transfer women from Adult Group to Pregnant Group when pregnancy is reported.

4. State to define rules for what is considered reasonably compatible when self-attestation does not match electronic data.

5. State to define other electronic data sources that will be utilized.

6. State to decide if they will accept self-attestation for residency without further review.

7. States have the option to count a pregnant woman as two in determining the household size of other members of a pregnant woman’s family.

8. Will current monthly income or projected annual income be used for current beneficiaries?