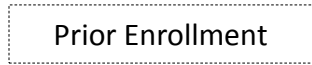


Health Insurance Exchange: MAGI Eligibility Flow Charts

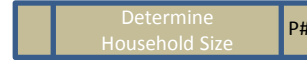
October 18, 2011

Comments and questions may be submitted to info@svcinc.org.

Flow Chart LEGEND



State Specific Comment



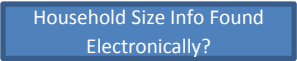
Detailed Process Indicator



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P#

Detailed Process Page #



Process Description

*#

State Decision Needed



Process Decision Connector



Continued on to New Page

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.

Regulation Brief



Process End Indicator



5% disregard included



Process Connector

*



Process Start Indicator

Coverage Option Overview

Individuals enrolled in employer sponsored coverage or eligible for minimal essential coverage through an employer are not eligible to receive advanced payments for premium tax credits provided that the coverage is affordable for the individual.

Employer Sponsored Coverage /Other Acceptable

Insured with Minimal Essential 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.

Non-Subsidized Individual Coverage

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

Not Eligible for Assistance

Insured through Individual Exchange Commercial Plan

Coverage Options

Exchange

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

Public Assistance

MAGI Calculation

Tax Subsidy

Insured through Exchange Commercial Plan w/ Subsidy

- Medicaid Categories
- Under 19
 - Pregnant
 - Parent/Caretaker
 - Adult
 - SCHIP
 - Other

Insured through Medicaid

Individual Coverage

Insured through Commercial Plan outside Exchange

Individual Mandate Exemption

Not Insured

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.

Non-MAGI Medicaid Determination

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

Insured through Medicaid



MAGI Calculation

Eligibility must be re determined every 12 months.

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

When possible the agency must complete the redetermination without requiring information from the individual.

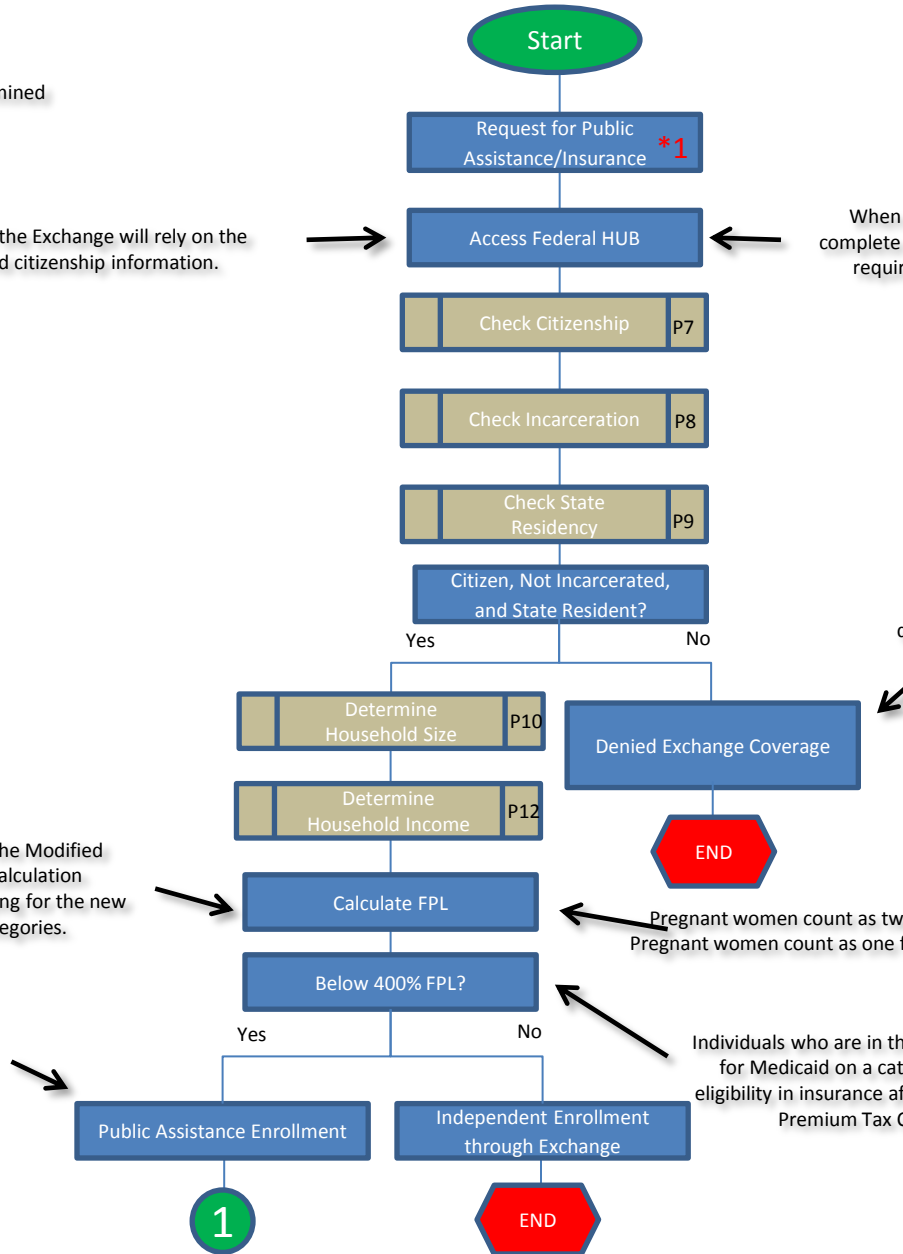
All individuals have the right to appeal any eligibility determination for Medicaid, premium tax credits, cost sharing subsidies, or QHP eligibility.

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

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

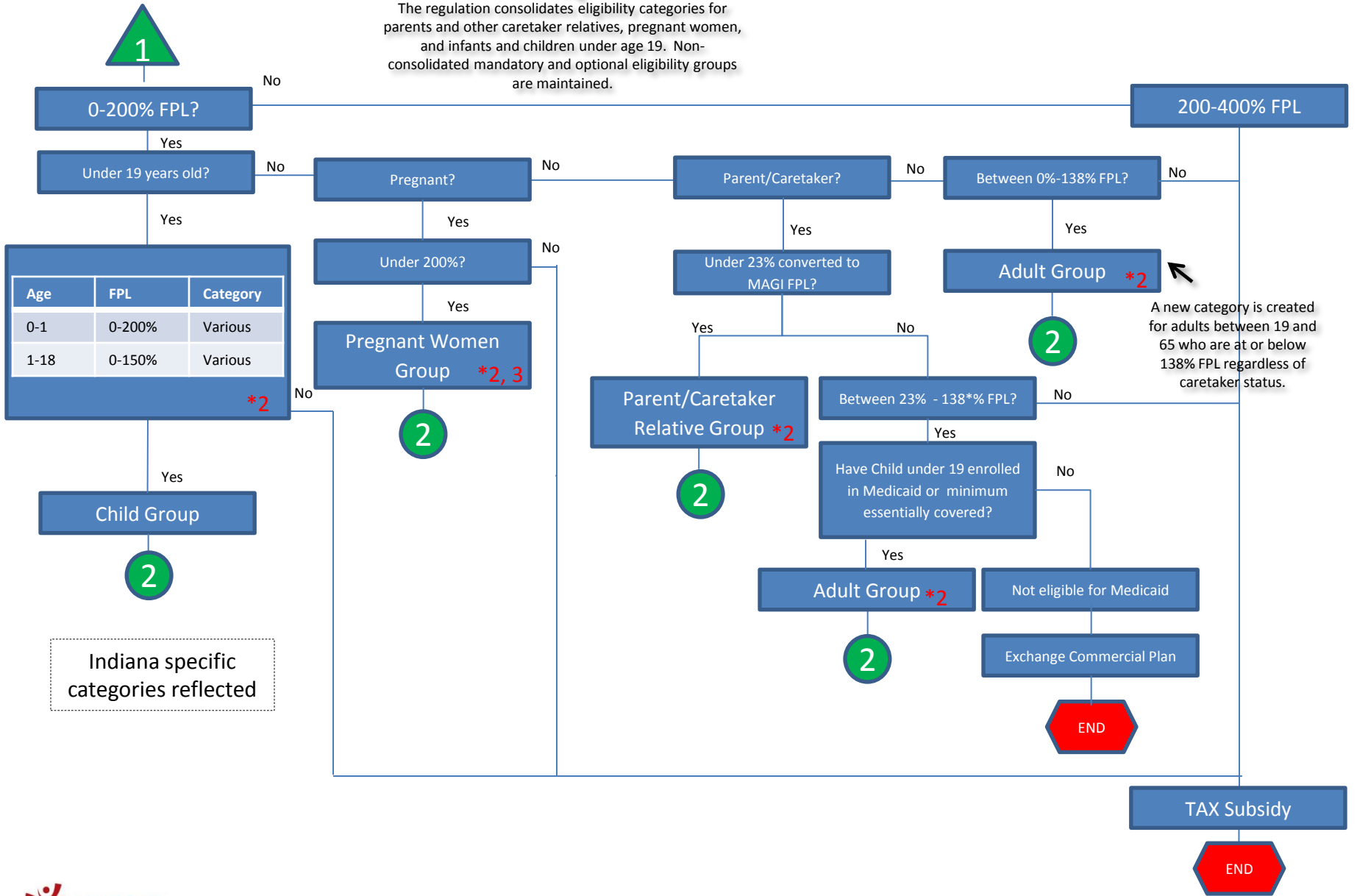
Individuals that are determined not eligible for Medicaid must be screened for premium tax credits.

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.

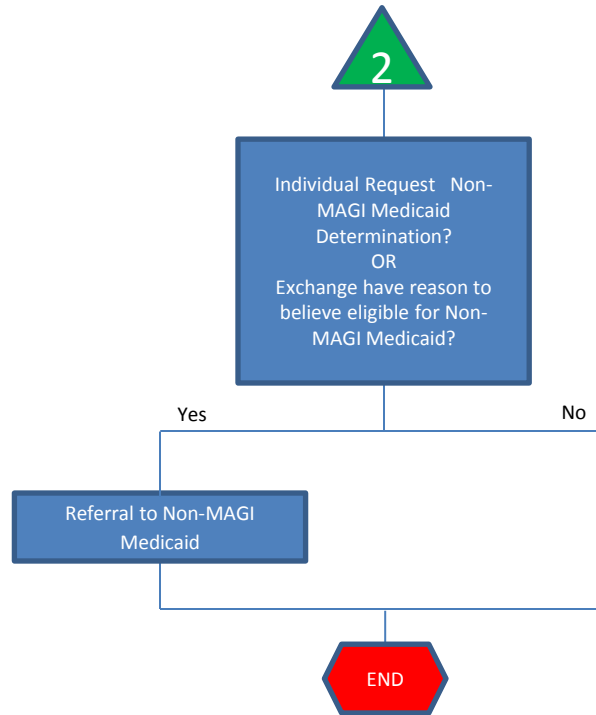


MAGI Calculated Public Assistance Categories

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.

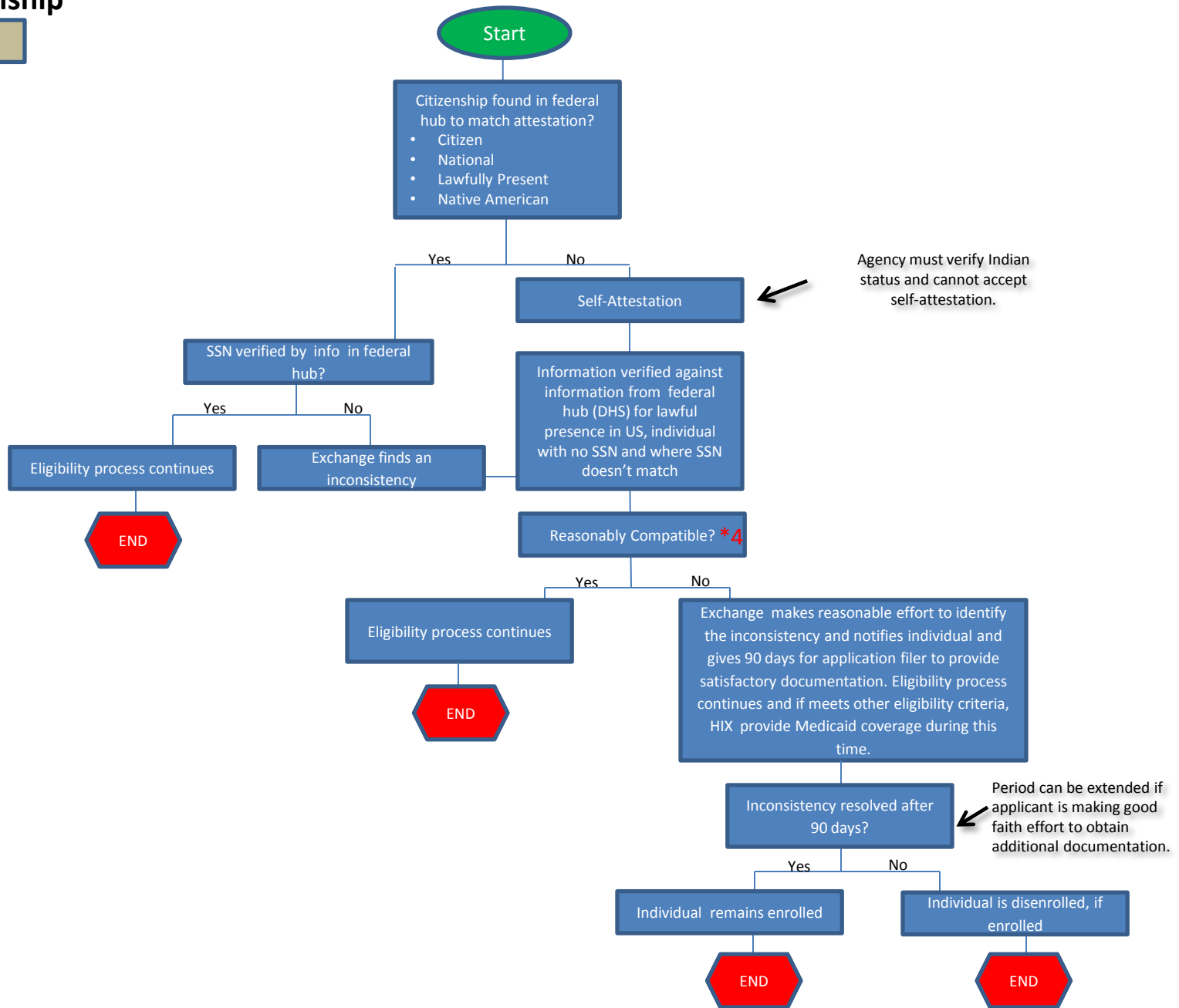


Non-MAGI Medicaid Referral



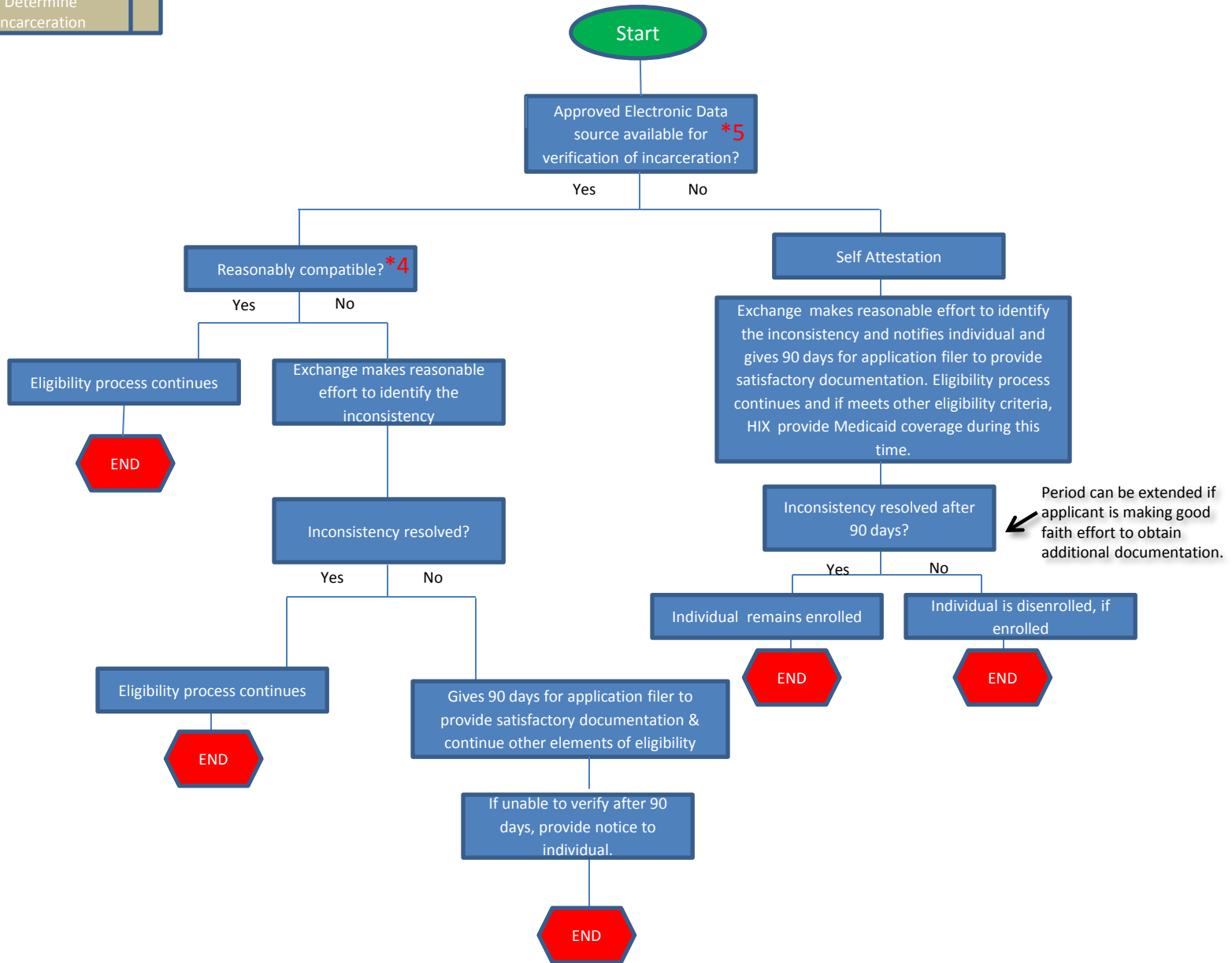
Determine Citizenship

Determine Citizenship



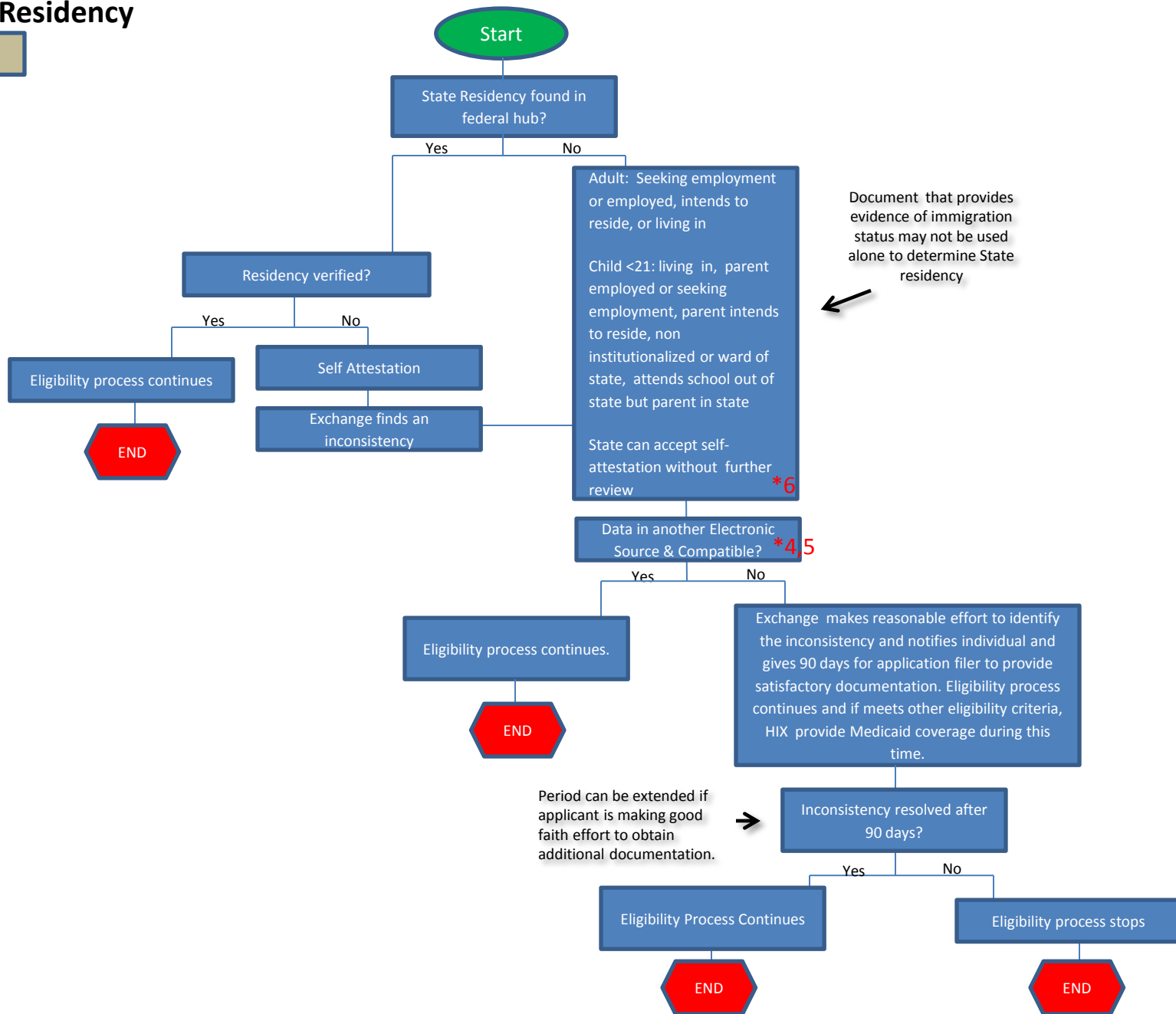
Determine Incarceration

Determine Incarceration



Determine State Residency

Determine State Residency



Determine Household Size

Determine Household Size

Basic rule for filers is that the household size consists of the taxpayer and all tax dependents.

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. *7

Start

Household Size Info via Fed Data Hub - Filer?

Yes No

Verified by Requestor?

Yes No

Use Fed Hub Electronically Found as Household Size

END

Data Found via Other Sources? *5

No

Yes

Self-Attestation from Requestor

Reasonably Compatible? *4

Yes No

Use Self-Attested Household Size

END

Requestor Provide Paperwork

Received and Approved w/in 90 Days?

Yes No

Calculate Household Size P12

Use Manually Calculated Size as Household Size

END

Sufficient Electronic Secured Data Available?

Use Other Electronically Found Household Size

END

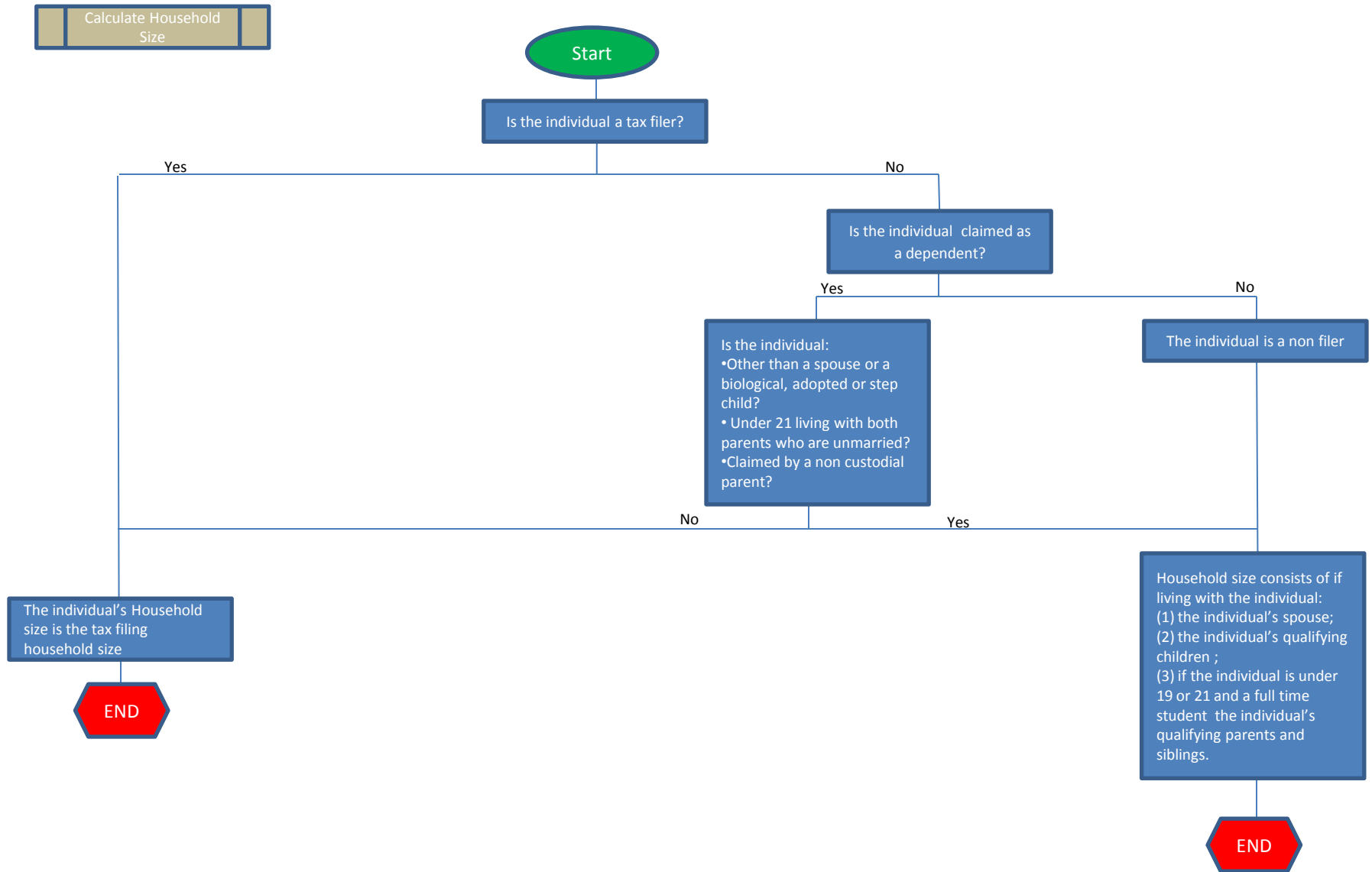
Not eligible for Continued Determination Due to Insufficient Data

END

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.

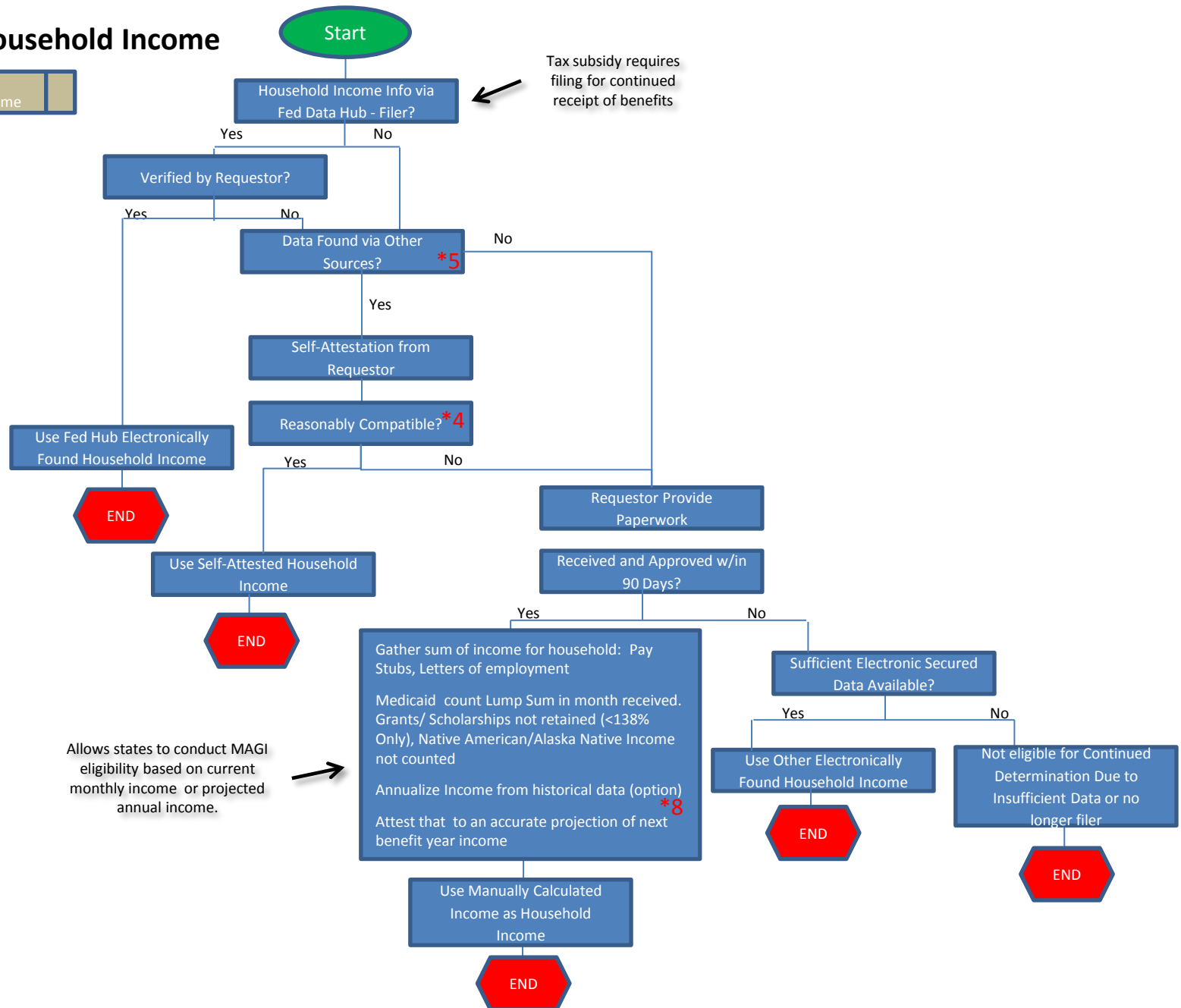


MAGI Household Size Calculation



Determine Household Income

Determine Household Income



Tax subsidy requires filing for continued receipt of benefits

Allows states to conduct MAGI eligibility based on current monthly income or projected annual income.



State Decisions Needed

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?