

MAGI - Application to Case

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Overview

This job aid describes the steps to use when processing and submitting Medical Assistance Modified Adjusted Gross Income (MAGI) applications. MAGI applications can derive from three sources: **Federally Facilitated Market Place** (FFM), Electronic Pre-Assessment Screening Service (ePASS), or entry by caseworker.

This process outlines how to key a new MAGI application for a household without an existing MAGI Integrated Case. If an Integrated case already exists and a Product Delivery Case (PDC) is active, refer to the following job aids: *MAGI - Adding a New Household Member Who is Applying to an Existing Integrated Case (COC)*, *MAGI - Non-Applicant Household Member on Integrated Case Decides to Apply*, or *Adding a Newborn Recipient to an Existing Integrated Case*.

For a comparison of MAGI applications and Traditional Medical Assistance applications, refer to the *MAGI and Medical Assistance Applications: A Comparison* job aid.

Notes:

- MAGI is concentrated around income budgeting, so different evidence is collected. Family and Children's MAGI product puts multiple individuals on the same case versus individuals having their own products and multiple cases.
- Advanced Evidence brokering (AES) can map evidence between the Person page, Applications, and Integrated Cases. Refer to the *MAGI - Managing Incoming Evidence* job aid.

Different Authorization Scenarios for Multi-Member Households use Product Exclusion. Refer to *MAGI and Medical Assistance Applications: A Comparison* job aid.

New functionality called *Straight-through Processing* is under development for MAGI application processing. NC FAST will run required checks on every new MAGI Medicaid application to determine if it can be processed without caseworker intervention. During *Straight-through Processing* an application may encounter "fallout points." If the application "falls out" at any stage, the caseworker must manually complete the application as described in the steps below. The end goal for MAGI applications that have successfully made it through the *Straight-through Processing* is to reach the Post Eligibility phase and then Case Assignment.

Step-by-Step Instructions

Search for and Register Applicants

1. Perform the following four searches for each applicant:
 - a. First name, Last name, Gender.
 - b. First name, Last name, Gender, Date of Birth (DOB).
 - c. Social Security Number.
 - d. Partial Name Search (the first three letters of First name and Last name) and Gender.

Note: If the Person is not found, register them following the steps in the *Search and Registration* job aid.

Start the Application

1. After registering all household members, navigate to the Person page for the Head of Household on the application.
2. Click the **Applications** tab.
3. The application page appears. Click the **New MAGI Application** hyperlink to begin the MAGI application.
4. The New Application Form pop-up appears. Click the **Health Care Application** radio button then click **Next**.

5. The New Application pop-up appears. Click the **Insurance Affordability** check box then click **Next**.
6. The Getting Started pop-up appears. Enter the applicable information then click **Next**.
7. The Before We Start pop-up appears. Enter the applicable information then click **Next**.
8. The Information About You pop-up appears. Enter the applicable information then click **Next**.
9. The Suggested Home Address pop-up appears. Enter the applicable information then click **Next**.
10. The More About You pop-up appears. Enter the applicable information then click **Next**.
11. The Other Household Members pop-up appears. Enter the applicable information then click **Next**.
12. The Household Member Extra Details pop-up appears. Enter the applicable information then click **Next**.
13. The More People? pop-up appears. Enter the applicable information then click **Next**.
14. The Relationship pop-up appears. Enter the applicable information then click **Next**.
15. The Tax Dependent Information pop-up appears. Enter the applicable information then click **Next**.
16. The Tax Dependent Information pop-up appears for additional household members. Enter the applicable information then click **Next**.
17. The Household Summary pop-up appears. Review all information. Edit the applicable information, if needed, then click **Next**.
18. The Income Information pop-up appears. Enter the applicable information then click **Next**.
19. The Income Information pop-up appears for additional household members. Enter the applicable information then click **Next**.
20. The Additional Information for Applicants pop-up appears. Enter the applicable information then click **Next**.
Note: This is where the questions for Retroactive (Retro) Medical applications are located.
21. The Retroactive Medical Need pop-up appears. Enter the applicable information then click **Next**.
22. The Summary pop-up appears. Review and edit information, if needed, then click **Next**.

23. The Additional Documentation pop-up appears. Review the application details. Click **Next**.
24. The NC Residency Declaration pop-up appears. Enter the applicable information then click **Next**.

Submit MAGI Application

Caseworkers must review the terms of the application with the client before submitting the application.

1. The Submit Application Form pop-up appears. Click all applicable checkboxes. Click **Submit**.

Match Client

1. Navigate to the Insurance Affordability Application then click the **Clients** tab.
2. Make sure all applicants are registered. Under the Registered column, you will see a status of *Yes*, if the client is registered, and *No*, if the client is not registered.

Note: Perform the manual Match Client process for any applicants not matched during the automated process. Click the List Actions Menu next to the clients' name, for any household member that has the word *No* under the heading Registered, then select Match Client or Potential Match from the drop-down menu to complete the manual match process. For additional information on matching a client, refer to the Match Client job aid and, if a Person Merge is required, refer to the Completing Person Merge job aid.

Review and Update Evidence

1. Click the **Evidence** tab. Resolve issues with evidence, edit existing evidence, or add new evidence to the Insurance Affordability Application.
2. When evaluating for Emergency benefits, complete Emergency evidence. Ensure that an Approval Date, which is the application date, is entered.

Notes:

- If additional information from the applicant is needed to process the application, generate the DMA 5097 Request for Information.
- Update Birth and Death Details and Gender on both the Person page and the MAGI application.
- Add Primary Care Provider-NC Medicaid Direct evidence prior to authorization. When no Primary Care Provider-NC Medicaid Direct evidence is present a temporary exemption code of 9900006 is automatically selected for the case.

Add Verifications

Request Online Data and add manual verifications. Review the online data.

Online Verifications

1. Click the **Online Data** tab.
2. The Online Data page appears. Click the **Request Online Data** hyperlink.
3. The results display. Click the **toggle** next to the applicable Request Date to display more information.
4. The results display. To review results for each household member, click the **List Actions Menu** then select **View**.
5. The Online Data pop-up for the selected applicant appears. Click the checkbox next to each evidence type then click **Verify**.
6. The Online Data page displays. Click the **Evidence** tab.

Notes:

- The NC Residency Declaration has been added to the Guided Interview in ePASS and NC FAST. If NC FAST is unable to verify residency via electronic sources, the NC Residency Declaration section will display. NC FAST will use this to systematically apply two forms of residency verification to the application.
- Online Data can only be pulled once per day. (Supervisors can pull Online Data when needed.)

Manual Verifications

Ensure all necessary verifications have been added to the client's application.

1. Click the **Verifications** folder.
2. The Verifications page appears. Click the **List Actions Menu** next to each item to verify. Select **Add Proof** from the drop-down.
3. The Add Proof pop-up appears. Enter or select the applicable information from the drop-down menu then click **Save**.

Note: If the client does not provide verifications, create Product Exclusion evidence of Reason Type *Failure to Provide Info/Proof*, to create an ineligible decision. Refer to the *Product Exclusion* job aid for details.

Check Eligibility

Check eligibility to determine whether the client is eligible or ineligible for benefits.

1. Navigate to the Insurance Affordability Application home page.
2. Click the **Check Eligibility** tab then click the **Check Eligibility** hyperlink.

3. The Check Eligibility pop-up appears, click **Yes**.

Note: Review results to confirm that the eligibility determination is correct.

Authorize or Deny Application

1. If all applicants are eligible, authorize the case:
 - a. Navigate to the Application home page.
 - b. Click the **Tab Actions Menu** then select **Authorize** from the drop-down menu.
 - c. The Authorize Program pop-up appears, click **Save**.
 - d. Click the **Related Cases** tab to view the Insurance Affordability Case and Product Delivery Case.

2. If all applicants are ineligible, deny the application from the Programs tab.
 - a. Click the **Programs** tab.
 - b. Click the applicable **List Actions Menu** then select **Deny**.
 - c. The Deny pop-up appears. Click the **Denial Reason** drop-down then select the applicable option.
 - d. Enter Comments pertaining to the Denial Reason selected then click **Save**.

Note: Refer to the *FFM Account Transfer Triggers & Initiating Account Transfer* job aid for information regarding when an account may or may not be transferred to the FFM.

3. If some individuals in the Household are eligible and some are not, first deny each ineligible applicant then authorize the application.
 - a. Click the **Clients** tab.
 - b. The clients page displays. Click the **toggle** next to each applicant to review the applicant status information.
 - c. Click the **List Actions Menu** then select the applicable **Denial Reason** for each ineligible applicant.

Notes:

- NC FAST prepopulates the suggested Denial Reason if an eligibility check has been run. Users can override the system calculated reason if necessary. The DSS-8109 Denial Notice is generated based on the reason selected.
- For an application, when the user denies the application or applicant, the 8109 wizard is triggered with the system generated denial reason of Failed to Provide all Eligibility Information. Click the **Communication** folder, change the Communication Status from *Draft* to *Sent* and send a manual notice.

- Navigate to the Administration tab then click the **Communications** folder to review the DSS-8109 notice for each denied applicant.

Note: In the situation where the client's pregnancy ended in the retro period, and pregnancy coverage is not established yet, if the caseworker authorizes the ongoing application first, then the client will not get the postpartum coverage on the ongoing application/case automatically. Once the client is authorized for the retro case, and the pregnancy coverage is established, the ongoing case needs to be reassessed for the client to get the correct postpartum benefit on the ongoing case.

Authorize and Activate the Application

1. Click the **Tab Actions Menu** then select **Authorize**.

When the eligible case is authorized, the Product Delivery Case is automatically activated online (unless there is an item that could block activation, such as an Outstanding Verification.

Navigate to the applicable MAGI Medicaid Product Delivery Case to review the case determination and benefit history for any approved applicant.

Note: When the Insurance Affordability Application case is authorized its status is changed to *Closed*. An Insurance Affordability Integrated Case is created with a status of *Open*. The Product Delivery Case is also created with a status of *Active*.

Authorization Scenarios for Multi-Member Households with Product Exclusion

Scenario	Steps
A three-member household with two adults. Adult 1 is unrelated while Adult 2 is the parent of the child. The Adult 2 and the child have provided all needed verification items, the caseworker is waiting on the unrelated Adult 1 to provide verifications.	<p>Create a new application for the non-parent adult (Adult 1). Make sure the application date, source, and method of receipt are the same as the original application. Include the parent and child on the second application and mark them as non-applicants.</p> <p>On the original application, edit the application details to mark the non-parent as a non-applicant AND discard the evidence for which they have outstanding verification items.</p> <p>Create a case note to document the new application number created for the non-parent adult and list the pieces of evidence that were discarded for them.</p> <p>Authorize the original application.</p>

	<p>When Adult 1 provides the requested verification items, clear the outstanding verifications on the second application and authorize.</p> <p>Select the IAA of the parent and child created by the original application.</p> <p>Manage the evidence on the IAA case once the second application is authorized.</p>
<p>A three-member household. Adult 1 is unrelated, while Adult 2 is the parent of the child. The Adult 2 and the child have provided all needed verification items, but the Adult 1 fails to provide verification items and the other two household members need to be authorized.</p>	<p>Discard all evidence for the Adult 1 for which there are outstanding verification items.</p> <p>Add the Product Exclusion evidence for the Adult 1 with Reason Type <i>Failure to Provide Info/Proof</i>. In the comments list the Evidence that was discarded due to the failure to provide verifications.</p> <p>Deny the Adult 1 application and send the manual notice.</p> <p>To ensure that the wrong evidence was not discarded, Check Eligibility again before authorizing the application for the other household members.</p>