

MAGI CoC Add a New Household member as an Applicant to an Existing Insurance Affordability Integrated Case

Last Updated: 09/05/2024

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Overview

This guide describes how to add a new household member, who is applying for medical benefits, to an existing Insurance Affordability Integrated Case (IAIC).

Key Points

Always perform a Person Search in NC FAST prior to adding a new household member to an existing IAIC. For assistance, refer to the *Registering Persons* job aid. Before adding a New Applicant to an existing IAIC, ensure the applicant has been registered in NC FAST. Refer to the *Registering Persons* job aid.

Add a new applicant to an existing case from the CoC/Recert Application tab located on the IAIC using the Add Applicant link.

To add a new member NOT applying for medical assistance, continue to use the Guided Change wizard. Refer to the *MAGI- Adding a Non-applicant to an Integrated Case* job aid.

If the primary client is reporting the return of a household member whose Application Details were previously end dated for a reason OTHER THAN Death or Adoption, prior to completing the Add Applicant process, exit and add new Application Details evidence for the individual.

When it is determined that a new applicant is Aged, Blind, Disabled (ABD), or has indicated the need for assistance with daily activities, a separate application for medical assistance must be done in NC FAST. Refer to the *Application to Case* job aid if further information is needed.

If Retro assistance is requested for the new member, a separate Retroactive Insurance Affordability Application Case (IAAC) is created. Refer to the *MAGI-Retroactive Applications* job aid for further information.

Review the New Member Application PDF to verify accuracy of information prior to processing.

When approving applicants, caseworkers will need to populate and mail a manual Medicaid approval notice. Refer to the *Generating and Completing Forms* job aid for more information.

Caseworkers should not use this functionality if the existing household members are on an IAIC that is in a county other than their own; rather, in these instances, a full “regular” MAGI application should be keyed, and a county transfer requested. If the county transfer occurs prior to application disposition, integration into the existing IAIC should occur; if not, a new IAIC should be created. Once the county transfer occurs, if multiple IAIC’s have been created for the same household, the IAIC’s should be integrated into one.

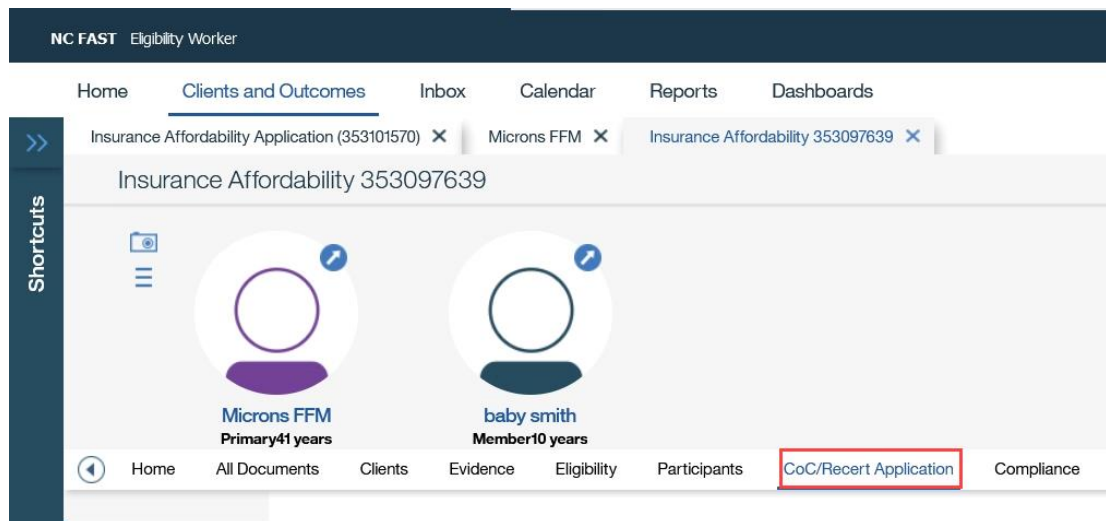
Referenced Job Aids

- *Registering Persons Last Updated: 12/18/2020*
- *Generating and Completing Forms Last Updated: 12/13/2021*
- *MAGI-Retroactive Applications Last Updated: 07/11/2023*
- *Application to Case Last Updated: 10/01/2019*
- *MAGI- Adding a Non-applicant to an Integrated Case Last Updated 09/8/2021*
- *Registering Persons Last Updated: 12/18/2020*
- *MAGI Work Queue and Task Enhancements Last Updated: August 6, 2021*
- *MAGI – Medical Assistance Evidence Verification Items and Levels. Excell*
- *Working with Changed Decisions on an Income Support and Insurance Affordability Last updated: 11/7/2023*
- *Verifications Last Updated: 09/04/2018*

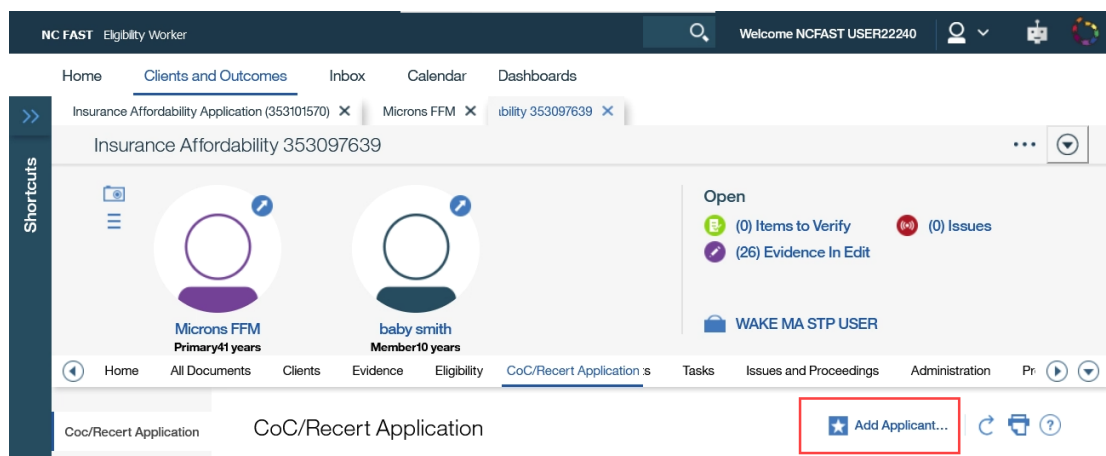
Step-by-Step Instructions

The following steps describe how to add a new household member as an applicant using the Add Applicant link on the CoC/Recert Application tab.

1. Navigate to the Insurance Affordability Case.
2. Click the **CoC/Recert Application** tab. The CoC/Recert Application page displays.



3. Click the **Add Applicant** hyperlink.



4. The Add Applicant pop-up displays with an alert that if there is in-edit evidence on the case. It should be resolved prior to adding a new applicant. Click **Yes** to proceed and follow the Guided Interview.

Note: Proceeding without resolving the in-edit evidence will result in the evidence remaining in-edit on the evidence dashboard. If the in-edit evidence is changed

during the CoC, no updates will be made to the evidence that is in-edit. Instead, the caseworker will receive an Evidence Corrections task. Refer to the *MAGI Work Queue and Task Enhancements* how to guide. Or Click **No** to return to the CoC/Recert Application page and resolve the in-edit evidence.

Add Applicant

?
×

If there are in-edit evidences on the case, it should be resolved before adding a new applicant.

Are you sure you want to Add an Applicant?


Yes
No

- The What you need to know page displays. Review the information on the page carefully. Select the checkbox **Use of SSN Explained** then click **Next**.

Note: The caseworker can move forward in the IEG without selecting the checkbox regarding the use of SSN. The appropriate evidence is added to the Evidence Dashboard.

What you need to know

?
×



What you need to know

Please read the information below and check the box to show your agreement before moving forward.

[Print](#)

Information about Social Security Numbers, U.S. Citizenship and Immigration

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our electronic databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

IMPORTANT:

Any individual in your household who wants to receive assistance must furnish all social security numbers he has and uses. If he does not have one, he must apply for one. We can help him do this.

If an individual refuses to provide his social security number, he is ineligible for assistance for himself.

If an individual in your family or household does not wish to receive benefits, he DOES NOT have to give his social security number. If he chooses to provide his social security number, it is strictly voluntary.

As part of the application process, we may need to retrieve your information from Federal and State agencies such as the Internal Revenue Service (IRS), Social Security Administration, NC Employment Security Commission, the Department of Homeland Security, and/or a consumer reporting agencies. We need this information to check your eligibility.

I know that the information on this application is needed to determine eligibility for help paying for health coverage and/or Medicaid/NCHC and Social Security Numbers will be checked against electronic databases, Internal Revenue (IRS), Social Security, Department of Homeland Security, consumer reporting agencies, financial institutions and/or other government agencies, and the local office to determine if the information is correct. If any of the information is incorrect, assistance may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information. I agree to report to the local office any changes in income, assets, or living arrangements as required.

Use of SSN Explained ☐

[Next](#)

6. The Add Applicant pop-up displays with an alert that if there is in-edit evidence on the case. It should be resolved prior to adding a new applicant.
7. The Review and Submit page displays. Scroll to the Information about your household section then click the **Add** hyperlink.

Review and submit ? ×

About primary applicant ▼

| Full name | Date of birth | Gender | Address | Action |
|-------------|---------------|--------|----------------------------|------------------------|
| Microns FFM | 1/1/1983 | Female | 342, cary, Wake, NC, 27560 | Change |

Information about your household ▼ **Add** + ▼

Please select "Add" to add a new household member or apply for existing members

| Household member | Date of birth | Gender | Address | Action |
|------------------|---------------|--------|----------------------------------|------------------------|
| baby smith | 1/1/2014 | Male | 2 main, raliegh, Wake, NC, 27707 | Change |


Household relationships ▼

| From | Type | To | Relationship | Primary Caretaker |
|---------|--------|------|--|-------------------|
| Microns | Parent | baby | Microns FFM, age 41, is the Parent of baby smith, age 10 | Yes |

[Exit](#) [Next](#)

8. The Add household member page displays. Select the **A new household member not on my case** radio button then click **Next**.

Add household member ? ×


 Add household member Print

The list below shows household members not currently receiving or marked as not applying for Medical Assistance.

If you wish to apply for an existing household member, select the button next to that person's name. If you wish to add a new person to your household select the 'A new household member' button.


If you wish to add more than one member, you will be able to add them from the summary page.

To get started, please choose one of the household members below:



Microns FFM

☐



A new household member not on my case

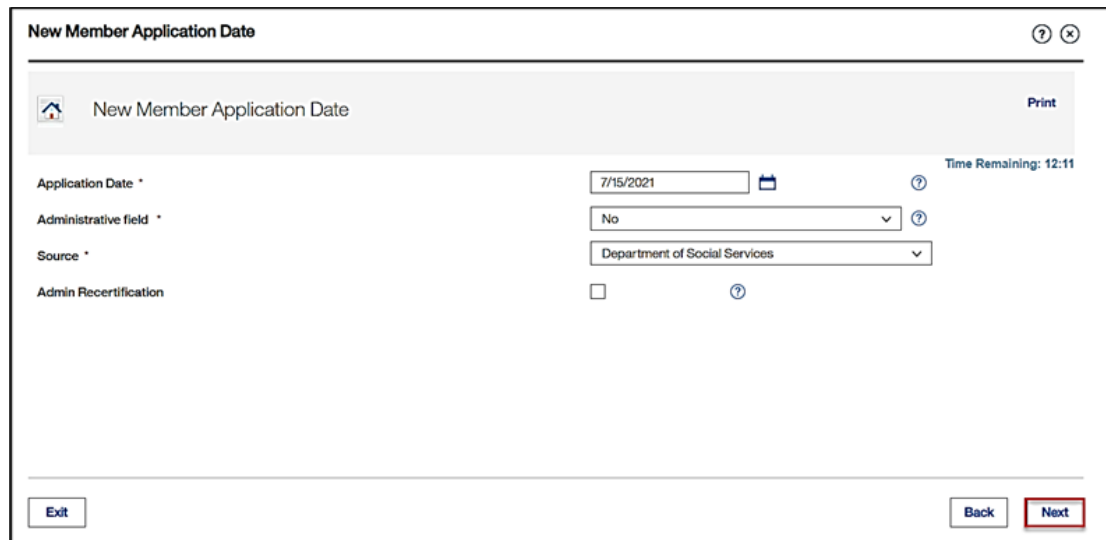
☒

[Exit](#) [Back](#) [Next](#)

9. The New Member Application Date page displays. Enter the **Application Date** for the new member. Click **Next**.

Note: This date should be the actual application filing date. The Administrative field defaults to No. Select Yes, if appropriate. Select the appropriate Source from the drop-down menu.

Check the Admin Recertification box, if applicable.



10. The Add/Change member information page displays. Add the Household member details for the new household member. Answer the Following:
 - a. “Does this person live with the applicant?” using the drop-down menu.
 - b. Answer the “Does this person want to apply for Medical Assistance?” question using the drop-down menu.

Note: If the new member applicant does not wish to apply for medical benefits, exit the application and refer to the *MAGI Adding a Non-Applicant to an Integrated Case* job aid.
 - c. Enter the date the person joined the household in the date field then click **Next**.

Add/Change member information



Add/Change member information

Print

Please provide details of the new household member.

Household member details

| | | | | | |
|--|----------------------|---|-----------------|----------------------|---|
| First name * | <input type="text"/> | ? | Middle name | <input type="text"/> | ? |
| Last name * | <input type="text"/> | ? | Date of birth * | <input type="text"/> | ? |
| Gender * | --Please Select-- | | | | |
| Does this person live with the applicant? * | --Please Select-- | | | | |
| Does this person want to apply for Medical Assistance? * | Yes | | | | |
| Enter the date on which this person joined the household * | <input type="text"/> | | | | |

Exit

Next

11. The More about <client name, age> page displays. Answer all questions for the new applicant.

More about baby 2, age 0



More about baby 2, age 0

Print

Please tell us more about baby 2, age 0

Ethnicity and race

The questions about ethnicity and race are asked for statistical purposes. Your answers are voluntary and will have no effect on your receipt of benefits.

What is baby 2's ethnicity?

What is baby 2's race? Check all that apply.

| | | | |
|---|--------------------------|---------------------------|--------------------------|
| American Indian/Alaska Native | <input type="checkbox"/> | Black or African American | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | White or Caucasian | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs?

Social Security Number (SSN)

If you are applying for Medical Assistance you need to provide an SSN if you have one. If you do not have one, you will be able to state the reason below. Providing an SSN of non-applicants who have an SSN is not required but is encouraged as it may allow for faster processing of this application.

Does baby 2 have an SSN? *

Is baby 2 a resident of North Carolina? *

Is baby 2 a U.S. citizen or U.S. national? *

Exit


Back


Next

12. The Other household members page displays. Click **Next**.

Note: If adding additional household members, click the **Add** hyperlink and repeat this section again.

Other household members ? ×


Other household members
Print

Household members
Add  ▼

Select "Add" to add a new member to your household or apply for an existing household member who is not currently receiving Medical Assistance.

| First name | Last name | Date of birth | Gender | Action |
|------------|-----------|---------------|--------|------------------------|
| Microns | FFM | 1/1/1983 | Female | Change |
| baby | smith | 1/1/2014 | Male | Change |
| baby 2 | minions | 1/1/2024 | Male | Change |

Exit
Next

13. The Relationships for <client name, age> page displays. Using the drop-down menu, select the appropriate relationship for the applicant to the other existing household members. Click **Next**.

Note: The Relationship page will display for all household members to give workers the option of adding/changing all the relationships for all household members.

Relationships for Microns, age 41



Relationships for Microns, age 41

Print

Please provide information about household member's relationships.

| | Microns | baby | baby 2 |
|--|---------|------|--------|
| | | | |

i In order to determine eligibility for medical insurance assistance, we need to know the relationships of all individuals in the household. Please select the most appropriate description of the relationship between each individual.

| | | |
|-------------|-------------------|------------|
| Microns | Parent | baby |
| Microns | --Please Select-- | baby 2 |

Exit

Back

Next

14. The Who is the primary caretaker for <new applicant name, age>? page displays. Select the appropriate check box. Click **Next**.

Note: This page displays only if the new member is under age 18 or if there is a member already in the household under age 18 and a new member is added with the relationship of Parent to the existing member.

Who is the primary caretaker for baby 2, age 0?



Who is the primary caretaker for baby 2, age 0?

Print

Who is primarily responsible for the daily care of baby 2, age 0?

| | |
|---------------------|-------------------------------------|
| Microns, age 41 | <input checked="" type="checkbox"/> |
|---------------------|-------------------------------------|


Exit

Back

Next


15. The Relationships for <name, age> page displays. Enter the relationship start date for each existing household member to the new applicant. Enter the appropriate date for each relationship. Click Next.

Relationships for Microns, age 41 ? ×

 Relationships for Microns, age 41 Print

You stated that Microns, age 41 is Parent of baby 2, age 6 months.

When did this relationship begin or change? *




Exit
Back
Next

16. The Absent parent information page displays. Select the appropriate answer from the drop-down menu. Click **Next**.

Note: If Yes is selected, the worker will then be asked to select the child(ren) on this application who the child support is for.

Absent parent information ? ×

 Absent parent information Print

Does anyone in the household receive child support from a parent not living in the household?

Exit
Back
Next

17. The Tax filer information page displays. Select the checkbox(es) as appropriate. Click **Next**.

Note: For example, if an existing household member has Tax filer evidence, the checkbox under their name will be pre-selected.

Tax filer information



Tax filer information

Print

Please choose the tax filers in the household

You must select all household members who are expected to file taxes this year. Most adults who receive any sort of income are expected to file taxes
- For married couples filing together, select both filers
- For individuals who will be listed as dependents on your tax return, do not select them unless they are also required to file their own tax return

Based on the above, who in the household expects to file taxes next year?

| | | |
|--|--|--|
| Microns, Born, 19830101 <input checked="" type="checkbox"/> | baby, Born, 20140101 <input type="checkbox"/> | baby 2, Born, 20240101 <input type="checkbox"/> |
|--|--|--|

Exit

Back

Next

18. Tax Dependent information page displays. Select the applicable from the dropdown then click **Next**.

Tax dependent information



Tax dependent information

Print

Who, if anyone, expects to claim baby, age 10 as a dependent on their tax return? *

--Please Select--


Exit

Back

Next

19. The Review page displays. Review all information on the page then click **Next**.

Review



Review

Please review the information below to ensure that it is correct.

Print

Time Remaining: 25:16

This is a summary page that lists all of the members in the household as well as the relationship between household members. Please review this information carefully and use the Change link to edit information about any household members. If you need to add additional household member, please click the 'Add' link. To remove a household member, click the 'Remove' link.

Information about you

| | | | |
|------------|----------|---------------|---|
| First name | Stacy | Middle name | |
| Last name | Clarkson | Date of birth | 10/20/1972 |
| Gender | Female | Address | 2138 Ponderosa Drive, Hayesville, Clay, NC, 27098 |

Information about your household

| First Name | Last Name | Date of birth | Gender | Address |
|------------|-----------|---------------|--------|---|
| Taylor | Clarkson | 9/30/2013 | Female | 2138 Ponderosa Drive, Hayesville, Clay, NC, 27098 |
| Richie | Clarkson | 7/25/1974 | Male | 2138 Ponderosa Drive, Hayesville, Clay, NC, 27098 |

Health insurance

Stacy Clarkson

Add


| Household member | Medical provider in your county | Action |
|------------------|---------------------------------|--------|
| | | |

Exit

Next

20. The Income & money page displays. Click **Next**.

Income & money



Income & money

Print

Time Remaining: 28:28

What do we need to know about your income and money?

We will ask for information about income and money for everyone in your household. Depending on your income level, we may need to know about both your current and expected income. You may need:

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

Why do we need to know about your income and money?

Income information helps us see what benefits you or your household might be eligible for.

Exit

Next

21. The Information about income & money page displays. Select the appropriate answer for the new applicant using the drop-down menu then click **Next**.

Information about income & money



Information about income & money

Print

Does baby 2 have any income? *

[-Please Select--]

Exit

Back

Next

22. Information about Educational scholarships page displays. Select the applicable information from the drop-down menu then click **Next**.

Information about Educational scholarships



Information about Educational scholarships

Print

Does baby 2 have any educational scholarships? *

[-Please Select--]

Exit

Back

Next

23. The Income summary page displays. Review the information then click **Next**.

Income summary



Income summary

Print

This is a summary of the information you have given so far. Please review to ensure that it is all correct before continuing.

Job Information

Microns FFM Add +

| Household member | Income source | Income type | Amount | Frequency | Start date | End date | Action |
|------------------|---------------|-------------|----------|-----------|------------|----------|--------|
| Microns FFM | Applicant | Job | 2,000.00 | Monthly | 10/27/2021 | | Change |

Educational Scholarships

Microns FFM Add +

| Household member | Income source | Amount | Frequency | Start date | End date | Action |
|------------------------|---------------|--------|-----------|------------|----------|--------|
| No information entered | | | | | | |

Exit

Next

24. The additional household information page displays. Review the information and then click Next.

Additional household information



Additional household information

Print

What else do we need to know about your household?

We might ask you for more information about:

- Disability
- Medical needs
- Primary Care Provider and NC Managed Care Plan

If you answer yes to any of the questions on the next page, we will ask you to provide more information. If you answer yes to any of the disability questions, you may be asked to continue on another application after reporting your changes.

Why do we need to know more about your household?

Providing more information about these items helps us see what benefits you or your household might be eligible for.

Exit

Next

25. The Additional information for applicants page displays. Enter the applicable information then click **Next**.

Additional information for applicants



Additional information for applicants

Print

Are you or anyone in your household blind? *

No



Are you or anyone in your household disabled? *

No



Do you or anyone in your household need help with daily living activities? *

No



Does anyone in the household currently receive benefits, such as Medicare? *

--Please Select--

Does anyone in the household currently have health insurance? *

--Please Select--

Primary Care Provider and NC Managed Care Plan

Does anyone in your household want to select a Primary Care Doctor and/or an NC Managed Care Plan?

--Please Select--



Exit

Back

Next

26. The Prior medical expenses page displays. Review the information then click **Next**.

Prior medical expenses



Prior medical expenses

Print

What are prior medical expenses?

Prior medical expenses include medical bills that you or someone in your household incurred or are responsible for, whether paid or unpaid, in the last three calendar months (meaning the last three full months before this one).

Why are we asking about prior medical expenses?

If you or someone in your household had medical bills in the last three months, you may be eligible to receive Medicaid coverage for that time period to help pay for those bills. To check if you can get benefits for that time period, you may need to provide:

- Income information for anyone in your household for the past three months.
- Residency information for anyone in your household for the past three months.
- Household information for the past three months (such as who was in the household).

Exit

Next

27. Prior Medical expenses page display. Enter the applicable information then click **Next**.

Prior medical expenses



Prior medical expenses

Print

Does anyone in the household need help paying for medical bills for services received during the last three months?

[-Please Select ▾]



Exit

Back

Next

28. The Review and submit page displays. Review all information and make any additional changes as needed via the Add and Change hyperlinks as appropriate. Click **Next**.

Review and submit



Review and submit

Print

Below is a summary of information on your case. Review the information to ensure it is correct.

To add information about an individual, select "Add". To change information about an individual, select "Change".

Note: Summary of Information displays active evidence only. Please manage in-edit evidence prior to completing an 'Add Applicant' COC.

If in-edit evidence exists on the IAIC evidence dashboard, any changes made to the corresponding evidence on this summary page will not be reflected on the dashboard. A task will be sent to the owner of the IAIC with the newly added values and will require you to manage the evidence prior to disposing the New-Member IA Application.

About primary applicant



| Full name | Date of birth | Gender | Address | Action |
|-------------|---------------|--------|----------------------------|------------------------|
| Microns FFM | 1/1/1983 | Female | 342, cary, Wake, NC, 27560 | Change |

Information about your household

Add

Please select "Add" to add a new household member or apply for existing members

[Exit](#)

[Next](#)

29. The Voter registration page displays. Select the appropriate response from the drop-down menu then click **Next**.

Voter registration



Voter registration

Print

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina Bipartisan State Board of Elections and Ethics Enforcement.

If you require assistance with voter registration, you can call the North Carolina Bipartisan State Board of Elections and Ethics Enforcement at 1-866-522-4723.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? IF YOU DO NOT ANSWER THE QUESTION, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

[Exit](#)

[Next](#)

30. The Final Steps page displays. Review then click **Next**.

Final steps

Final steps

Print

You may need to provide additional documentation so we can verify what you entered on your application.

If documentation is needed, you will receive a request from a Department of Social Services representative.

If you have an enhanced ePASS account, you can provide this documentation online.

?

We will alert you on your dashboard of documentation to provide after you submit your application.

If you do not have an enhanced ePASS account, you will have the chance to enhance your ePASS account after you submit your application.

You can also mail any required documentation to your county Department of Social Services.

Please include the application reference number you will be given when you submit your application.

Click next to continue

Time Remaining: 29:54

Exit

Next

31. The Sign & Submit page displays. Select all **check boxes**, as applicable then click **Submit**.

Sign & Submit



* required field

I know that the information on this application is needed to determine eligibility for help paying for health coverage and/or Medicaid/NCHC and Social Security Numbers will be checked against electronic databases, Internal Revenue (IRS), Social Security, Department of Homeland Security, consumer reporting agencies, financial institutions and/or other government agencies, and the local office to determine if the information is correct. If any of the information is incorrect, assistance may be denied, and I may be subject to criminal prosecution for knowingly providing incorrect information. I agree to report to the local office any changes in income, assets, or living arrangements as required.

The Applicant/Beneficiary is signing this application under the penalty of perjury, which means they have provided true answers to all of the questions to the best of their knowledge. They know that they may be subject to legal penalties if they intentionally provide false or untrue information.

☐ **Confirmed that the client has read or been made aware of the penalty of perjury ***

The Applicant/Beneficiary has read and understood their rights and responsibilities.

[NCFAST 20009](#)

☐ **Confirmed that the client has read or been made aware of the rights and responsibilities. ***

The Applicant/Beneficiary has read and understood the "Medicaid Notice of Privacy Practices."

[DMA 2188](#)

☐ **Confirmed that the client has read or been made aware of the "Medicaid Notice of Privacy Practices." ***

The Applicant/Beneficiary has read and understood the "Medicaid Transportation Rights/Responsibilities". If the Applicant/Beneficiary requires assistance with transportation for medical purposes, they should contact the Department of Social Services.

[DMA 5046](#)

☐ **Confirmed that the client has read or been made aware of the "Medicaid Transportation Rights/Responsibilities". ***

The Applicant/Beneficiary knows they will be asked to cooperate with the agency that collects medical support from an absent parent. If the Applicant/Beneficiary thinks that cooperating to collect medical support will harm them or their children, they can tell Social Services and they may not have to cooperate.

☐ **Confirmed that the client agrees to adhere to this policy.**

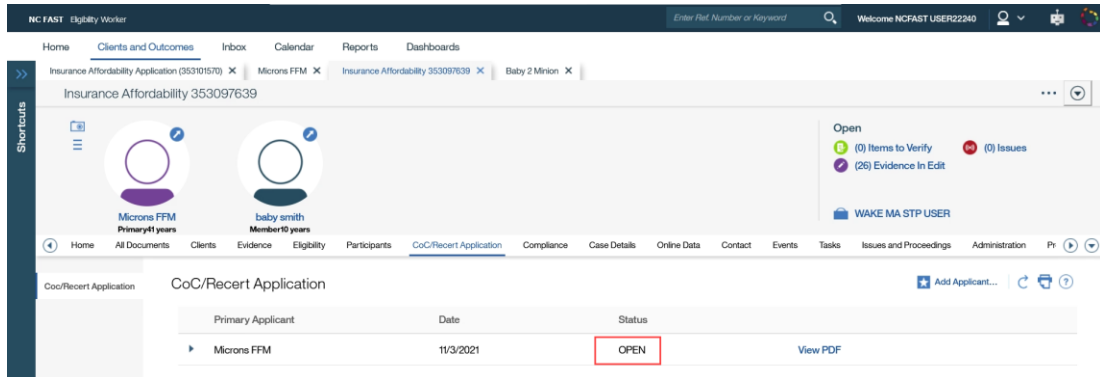
The Applicant/Beneficiary knows that they must tell the program they will be enrolled in if information they listed on this application changes. They understand that a change in their information could affect the eligibility for member(s) of their household

☐ **Confirmed that the client agrees to report changes ***

Submit

Cancel

32. The CoC/Recert Application tab page displays. The New Member Application displays in *Open* status.



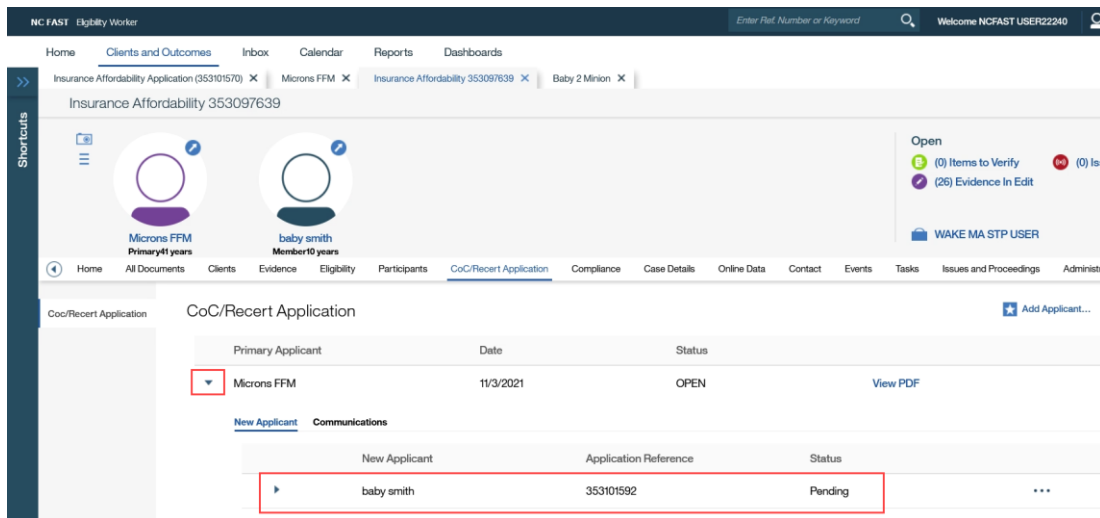
The screenshot shows the NC FAST Eligibility Worker interface. The 'CoC/Recert Application' tab is active. The 'Primary Applicant' table has the following data:

| Primary Applicant | Date | Status |
|-------------------|-----------|--------|
| Microns FFM | 11/3/2021 | OPEN |

A red box highlights the 'OPEN' status in the table.

33. Click the **toggle** to expand the line item. The New Member Applicant displays along with the Application Reference in Pending status.

Note: Refer to the *MAGI CoC/Recertification Stop Processing Times, Deny and Withdraw* how to guide if applicable.



The screenshot shows the NC FAST Eligibility Worker interface. The 'CoC/Recert Application' tab is active. The 'Primary Applicant' table is expanded, showing the 'New Applicant' table below it. The 'New Applicant' table has the following data:

| New Applicant | Application Reference | Status |
|---------------|-----------------------|---------|
| baby smith | 353101592 | Pending |

A red box highlights the 'Pending' status in the 'New Applicant' table.

34. Click the **View PDF** link and review the Application PDF for accuracy.

NC FAST Eligibility Worker

Home Clients and Outcomes Inbox Calendar Reports Dashboards

Insurance Affordability Application (353101570) X Microns FFM X Insurance Affordability 353097639 X Baby 2 Minion X

Insurance Affordability 353097639

Open
(0) Items to Verify (0) Iss
(26) Evidence In Edit
WAKE MA STP USER

Home All Documents Clients Evidence Eligibility Participants CoC/Recert Application Compliance Case Details Online Data Contact Events Tasks Issues and Proceedings Administration

CoC/Recert Application

CoC/Recert Application

| Primary Applicant | Date | Status | |
|-------------------|-----------|--------|--------------------------|
| Microns FFM | 11/3/2021 | OPEN | View PDF |

New Applicant Communications

| New Applicant | Application Reference | Status | |
|---------------|-----------------------|---------|-----|
| baby smith | 353101592 | Pending | ... |

Manage Evidence

1. Navigate to the Evidence tab. Click the **In-Edit Evidence** folder. All evidence added for the new applicant will be displayed on the Evidence Dashboard. Review In-edit Evidence.

Home All Documents Clients **Evidence** Eligibility Participants CoC/Recert Application Compliance Case Details Online Data Contact Events Tasks Issues and Proceedings Administration Program Integrity Cases

Dashboard

Active Evidence

In Edit Evidence

Verifications

Incoming Evidence

Reasonable Comput...

Guided Change

In Edit Evidence

| Type | Participant | Description | Period | Latest Activity |
|---------------------|-----------------|--------------------------------|-------------|--------------------------------|
| Application Details | Richie Clarkson | Is included on the Application | 7/15/2021 - | Created by SYSTEM on 7/15/2021 |
| Residency | Richie Clarkson | Is a North Carolina resident. | 7/15/2021 - | Created by SYSTEM on 7/15/2021 |
| SSN Details | Richie Clarkson | SSN number is | 7/15/2021 - | Created by SYSTEM on 7/15/2021 |
| Citizen Status | Richie Clarkson | Is a U.S. Citizen | 7/15/2021 - | Created by SYSTEM on 7/15/2021 |
| Voter Registration | Stacy Clarkson | Voter Registration | 7/15/2021 - | Created by SYSTEM on 7/15/2021 |

Verify all outstanding verifications.

1. If Unevaluated Evidence Errors occur, they must be resolved prior to all appropriate outstanding evidence verifications displaying on the IAIC. Once all Unevaluated Evidence Errors have been resolved, all the appropriate outstanding verification items will display both in the Verifications folder and on the Evidence dashboard of the IAIC. Refer to *MAGI CoC Unevaluated Evidence Error* for further guidance.

Home All Documents Clients Evidence Eligibility Participants CoC/Recert Application Compliance Case Details Online Data Contact Events Tasks Issues and Proceedings Administration Program Integrity Cases

Dashboard

Active Evidence

In Edit Evidence

Verifications

Outstanding All

| Item for Verification | Evidence Type | Participant | Mandatory | Due Date |
|-----------------------|-------------------------|-----------------|-----------|----------|
| Citizenship | Citizen Status | Richie Clarkson | No | ... |
| Residency | Residency | Richie Clarkson | Yes | ... |
| Income | Income | Richie Clarkson | Yes | ... |
| Date Of Birth | Birth and Death Details | Richie Clarkson | No | ... |

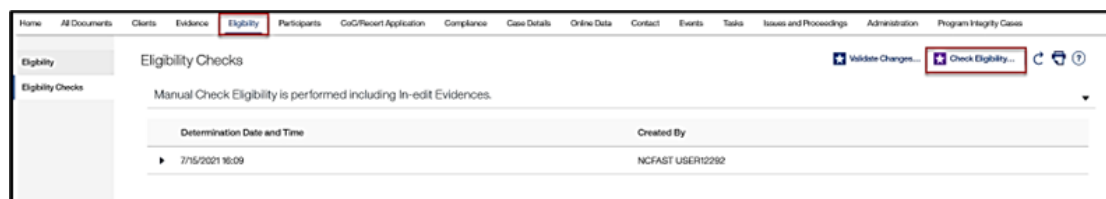
2. Evaluate any Unevaluated Evidence Errors. Refer to the *Unevaluated Evidence Errors* job aid for further guidance.

Note: Outstanding verifications will be created for all eligibility-related evidence on the IAIC for the New Member Application. For assistance refer to the *Verifications* job aid and *MAGI – Medical Assistance Evidence Verification Items and Levels* job aid.

Check Eligibility

1. Navigate to the Eligibility tab. Click the **Eligibility Checks** folder. Click the **Check Eligibility** hyperlink.

Note: Refer to the *MAGI Check Eligibility on an Insurance Affordability Integrated Case how to guide*.

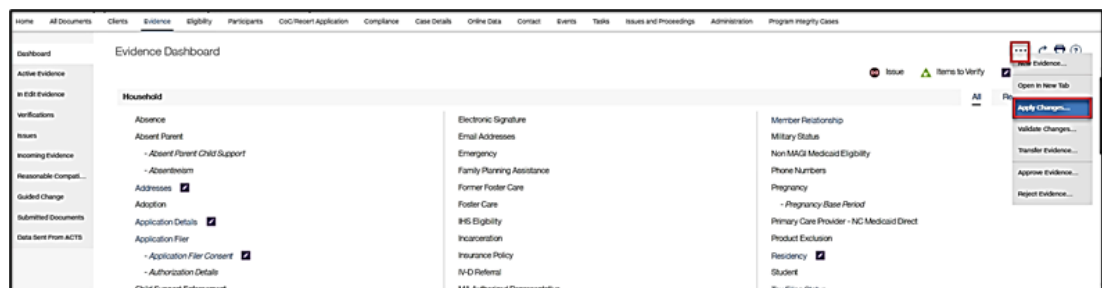


2. If the eligibility check is correct, apply changes to all of the in-edit evidence from the Evidence Dashboard.

Note: For information on denials, refer *the MAGI CoC/Recertification Stop Processing Time, Deny, and Withdrawals for New Applicant* how to guide.

Applying Changes

1. Click the **Page Actions Menu** then select **Apply Changes**.

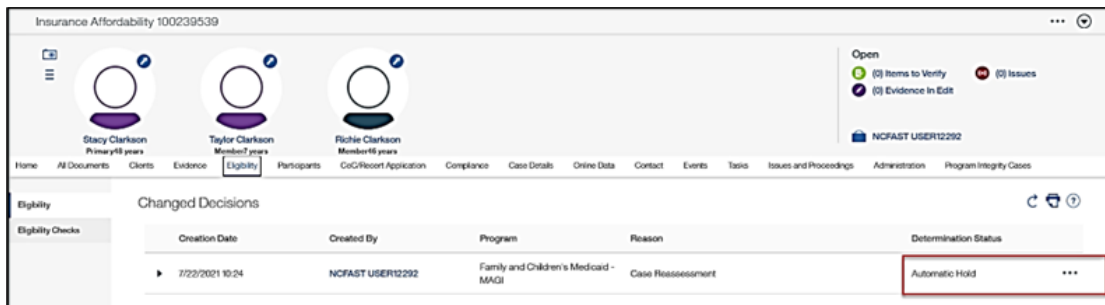


2. From the Eligibility folder on the Eligibility tab, accept the Changed Decision as appropriate. Accepting the Changed Decision will authorize benefits for the new member and will also dispose of the New Member Application.

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

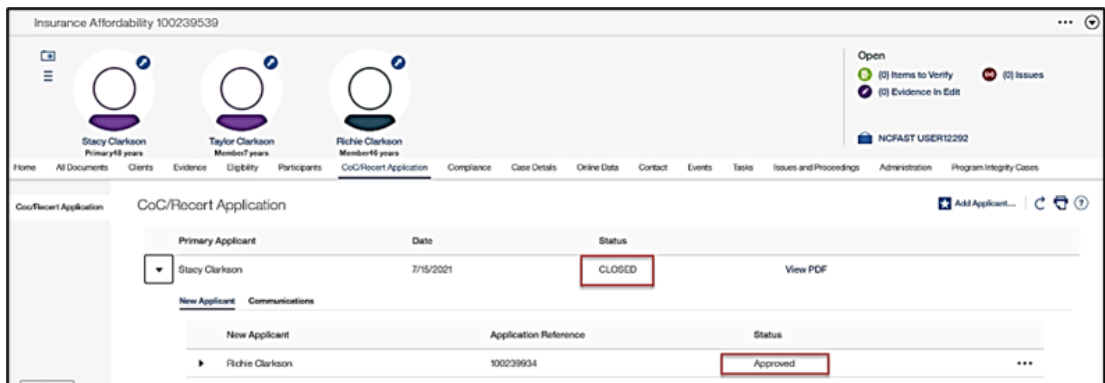
application first, then the client will not get the postpartum coverage on the ongoing application/case automatically. Once the client is authorized for the retro case, and the pregnancy coverage is established, the ongoing case needs to be reassessed for the client to get the correct postpartum benefit on the ongoing case.

Note: Refer to the *Working with Changed Decisions on an Income Support and Insurance Affordability* job aid for more information.



| Creation Date | Created By | Program | Reason | Determination Status |
|-----------------|------------------|---------------------------------------|-------------------|----------------------|
| 7/22/2021 10:24 | NCFast USER12292 | Family and Children's Medicaid - MAGI | Case Reassessment | Automatic Hold |

3. Navigate to the CoC/Recert Application tab. The Primary Applicant line item displays in *Closed* status. The New Applicant line item displays in *Approved* status.



| Primary Applicant | Date | Status |
|-------------------|-----------|--------|
| Stacy Clarkson | 7/15/2021 | CLOSED |

| New Applicant | Application Reference | Status |
|-----------------|-----------------------|----------|
| Richie Clarkson | 100239934 | Approved |

4. A manual Medicaid Approval notice will need to be populated and sent by the caseworker.