

# Phase II - Modules 9 -10

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## Keying MAGI Applications

Scenarios can be found in Modules 9-10 folder. The previous module covered the various methods applicants can use to determine their eligibility.

Refer back to the search for and registering a person section prior to starting the application. Also perform any Person Page clean up if necessary.

To begin the application process in the Community College Environment using NC FAST, follow the guided interview process.

There are three possible outcomes for any Medicaid application:

1. **Inquiry** – a/b decides not to apply **before** signing an application
2. **Approval**
3. **Denial**
4. **Withdrawal** – a/b decides not to continue the process **after** signing an application

## Application Types

Applications can be submitted for both ongoing and retroactive coverage.

## Processing Timeframes

**Applications can be taken for:** Ongoing & retroactive coverage

**Processing Timeframe:** Applicants have 45 calendar days to complete their application. This period ends on the date the notice is mailed or given to the applicant/beneficiary.

## Application Basics

### Initial Contact

An individual or their representative has the right to apply for Medicaid on the day they visit the agency seeking medical or financial assistance.

In some cases, an appointment may be necessary for the individual to return and complete the application.

Under no circumstances should an individual or their representative be discouraged from applying for Medicaid.

### Medicaid Application Dates

- **In person** – the date the application is signed by the client in the agency.
- **Mail-in or online (ePASS and/or FFM)** – the date the signed application is received by the agency.
- **Phone** – the date of the telephone interview (whether or not a signature is obtained the same way).

### Complete vs. Incomplete Applications

<i><b>Complete</b></i>	<i><b>Incomplete</b></i>
The information provided is legible	The information is NOT legible
The application is signed by the applicant or representative	Signed by someone other than the applicant or representative
The application includes: <ul style="list-style-type: none"> <li>• The name &amp; date of birth of at least one applicant, &amp;</li> <li>• Mailing address</li> </ul>	Missing the full name, gender, and/or date of birth of at least one applicant or does not have a complete mailing address

### What to Do If an Application Is Incomplete:

1. **Contact the Applicant:** Try to reach out to the applicant to clarify any missing or illegible information.
2. **Send Notice of Incomplete Application:** If you can't contact the applicant, send the DHB-5104 Notice of Incomplete Application, a copy of the submitted application, and a DHB-5097 Request for Information to both the applicant and the individual who submitted the application (if different) within 3 business days.
3. **Request Missing Information:** Ask for all necessary information to consider the application completely.
4. **Follow Up on Verifications:** If required verifications are not received within 12 calendar days, send a second DHB-5097.

5. **Pending Application:** If verifications are still not received within 12 calendar days after the second DHB-5097, keep the application pending until the requested information is received or until the 45th day from the application date, whichever comes first.
6. **Deny Application if Necessary:** If the required verifications are not received by the 45th day and two 12-day DHB-5097s have been sent and expired, deny the application for “Failure to Provide Information.”
7. **Process Complete Applications:** If the required verifications are received, process the application according to current procedures.
8. **Handle Unsigned Applications:** Unsigned applications cannot be processed. Return the application to the individual who submitted it along with the DHB-5104/DHB-5104S Notice of Incomplete Application.
9. **Document Actions:** Record all actions taken in NC FAST.

The NCF-20023 is a notice titled “Notice Regarding the Status of Your Application for Medical Assistance.” It is automatically generated by the NC FAST system and sent to applicants if their Medicaid application has not been processed within a specific timeframe—either by the 45th or 90th day after submission.

The purpose of this notice is to inform applicants about the status of their application and to ensure they are aware of any delays in processing. This helps maintain transparency and keeps applicants informed about the progress of their application.

However, the NCF-20023 will not be generated if:

1. The application has been processed by the 45th day.
2. The caseworker has entered the stop processing time begin date into NC FAST.
3. The stop processing time has been entered by the caseworker into NC FAST.
4. A DHB-5098 notice, titled “Your Application for Medicaid is Pending,” has already been generated in NC FAST.

#### **Application Disposition:**

The application is considered to be disposed of by the State, on the date that the notice of outcome is either given to OR mailed to the applicant, regardless of what action disposes the application.

1. **Withdrawal & Denial** – disposed the date the DSS-8109 is given or mailed to the applicant.
2. **Approval** – disposed the date the DHB-5003 is given or mailed to the applicant.

**NOTE:** *Demonstrate how to withdraw and/or deny an application*

## Forms and Notices

There are various forms and notices to use for Medical Assistance programs:

Notice of Your Right to Apply for Benefits	<b>DMA-5094</b>
Immigrant Access Notice	<b>DSS-8227</b>
North Carolina Rights and Responsibilities for Public Assistance	<b>NCFAST-20009</b>
Notice on the Use of Social Security Numbers	<b>DHB-5001N</b>
Application for Health Coverage & Help Paying Costs (NC Medicaid Application)	<b>DHB-5200</b>
<b>Application and Appendix</b>	
NC Medicaid Application	<b>DHB-5201</b>
Health Coverage from Jobs	<b>DMA-5202-A</b>
AI/AN Family Member	<b>DMA-5202-B</b>
Designation of Authorized Representative	<b>DMA-5202-C</b>
Medical Bills	<b>DHB-5202-E</b>
Consent for Release of Information	<b>DMA-5044</b>
Request for Information	<b>DHB-5097</b>
NC Residency Declaration	<b>DMA-5152</b>
Your Application is Pending	<b>DHB-5098</b>
Medical Transportation Assistance Notice of Rights/Responsibilities	<b>DHB-5046</b>
Notice of Denial/Withdrawal	<b>DSS-8109</b>
Approval Notice	<b>DHB-5003</b>
Notice of Case Status	<b>DMA-5020</b>
Wage Verification Form	<b>DSS-8113</b>
Language Services Agreement	<b>DSS-10001</b>
Notice of Inquiry	<b>DMA-5095</b>
Notice of Incomplete Application	<b>DMA-5104</b>

## Job Aids

MAGI - Application to Case
MAGI – Managing Incoming Evidence
Adding or Editing MA Authorized Representative Evidence
MAGI Check Eligibility on an Insurance Affordability Integrated Case (IAIC) /Application (IAAC)

## Steps to Start Application Process

*Demonstrate how to start and complete the MAGI application to the case process.*

1. **Register Household Members:** After registering all household members, go to the Person page for the Head of Household.

2. **Access Applications Tab:** Click the Applications tab.
3. **Begin New Application:** On the application page, click the New MAGI Application hyperlink.
4. **Select Application Type:** In the New Application Form pop-up, select the Health Care Application radio button and click Next.
5. **Insurance Affordability:** In the New Application pop-up, check the Insurance Affordability box and click Next.
6. **Getting Started:** Enter the required information in the Getting Started pop-up and click Next.
7. **Before We Start:** Enter the necessary information in the Before We Start pop-up and click Next.
8. **Information About You:** Fill in the Information About You pop-up and click Next.
9. **Suggested Home Address:** Enter the suggested home address information and click Next.
10. **More About You:** Provide additional details in the More About You pop-up and click Next.
11. **Other Household Members:** Enter information for other household members and click Next.
12. **Household Member Extra Details:** Fill in extra details for household members and click Next.
13. **More People?** Indicate if there are more people to add and click Next.
14. **Relationship:** Enter relationship details and click Next.
15. **Tax Dependent Information:** Provide tax dependent information and click Next.
16. **Additional Tax Dependents:** Repeat tax dependent information for additional household members and click Next.
17. **Household Summary:** Review all household information, make any necessary edits, and click Next.
18. **Income Information:** Enter income information for the head of household and click Next.
19. **Additional Income Information:** Provide income information for additional household members and click Next.
20. **Additional Information for Applicants:** Enter any additional information for applicants and click Next.

21. **Retroactive Medical Need:** Provide information for retroactive medical needs and click Next.
22. **Summary:** Review and edit the summary information if needed, then click Next.
23. **Additional Documentation:** Review the application details and click Next.
24. **NC Residency Declaration:** Enter the NC residency information and click Next.

### **Submit MAGI Application**

**Review Terms with Client:** Caseworkers must review the terms of the application with the client before submitting.

1. **Submit Application:** In the Submit Application Form pop-up, click all applicable checkboxes and then click Submit.

### **Match Client**

1. **Navigate to Clients Tab:** Go to the Insurance Affordability Application and click the Clients tab.
2. **Check Registration Status:** Ensure all applicants are registered. The Registered column will show “Yes” if the client is registered and “No” if not.

### **Review and Update Evidence**

1. **Access Evidence Tab:** Click the Evidence tab to resolve issues, edit existing evidence, or add new evidence to the Insurance Affordability Application.
2. **Emergency Benefits:** When evaluating for Emergency benefits, complete the Emergency evidence and ensure the Approval Date (application date) is entered.

### **Add Verifications**

**Request Online Data and Add Manual Verifications:** Review the online data and add necessary verifications.

### **Online Verifications**

1. **Request Online Data:** Click the Online Data tab and then the Request Online Data hyperlink.
2. **Review Results:** Click the toggle next to the applicable Request Date to display more information.
3. **View Results:** To review results for each household member, click the List Actions Menu and select View.
4. **Verify Evidence:** In the Online Data pop-up for the selected applicant, check each evidence type and click Verify.

5. **Return to Evidence Tab:** The Online Data page will display. Click the Evidence tab.

### Manual Verifications

1. **Access Verifications Folder:** Click the Verifications folder.
2. **Add Proof:** On the Verifications page, click the List Actions Menu next to each item to verify and select Add Proof from the drop-down.
3. **Enter Information:** In the Add Proof pop-up, enter or select the applicable information from the drop-down menu and click Save.

### Check Eligibility

**Determine Eligibility:** Check eligibility to determine whether the client is eligible or ineligible for benefits.

1. **Navigate to Home Page:** Go to the Insurance Affordability Application home page.
2. **Check Eligibility:** Click the Check Eligibility tab, then click the Check Eligibility hyperlink.
3. **Confirm Eligibility:** In the Check Eligibility pop-up, click Yes.

### Authorize or Deny Application

1. **Authorize Eligible Applicants:** 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. In the Authorize Program pop-up, click Save. d. Click the Related Cases tab to view the Insurance Affordability Case and Product Delivery Case.
2. **Deny Ineligible Applicants:** 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. In the Deny pop-up, select Denial Reason from the drop-down menu. d. Enter comments related to the Denial Reason selected, then click Save.
3. **Mixed Eligibility:** 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. Review the applicant status information by toggling next to each applicant. c. Click the List Actions Menu, then select the applicable Denial Reason for each ineligible applicant.

### Authorize and Activate the Application

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

*Make use of the available tools, resources, and scenarios to give students opportunities to practice this process.*

*The upcoming modules will delve into the changes and the processes involved. The upcoming modules will delve into the changes and the processes involved. Encourage students to review this module and complete the activities for homework to further polish their skills.*

## **Cited Sources**

NC FAST Phase I Training Curriculum

Buncombe County Department of Social Services Training Curriculum

NCDHHS Energy Programs Policy Manuals [EP Policies/Manuals – NCDHHS Policies and Manuals](#)

NC FAST HELP

[https://ncfasthelp.nc.gov/FN\\_B/FN\\_B/server/general/projects/FAST\\_Help/FAST\\_Help.htm](https://ncfasthelp.nc.gov/FN_B/FN_B/server/general/projects/FAST_Help/FAST_Help.htm)