

MAGI - Medicaid Admin Recertification

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Overview

This job aid describes how to complete an Administrative (Admin) Recertification. This alternative route is available to use when the preferred *MAGI - Medicaid Recertification* job aid process is not available in NC FAST. Admin Recertification involves managing brokered evidence. For details refer to the *Managing Incoming Evidence* job aid.

Notes:

- Refer to the *MAGI - Medical Forced Eligibility & Ex-Parte/Admin Recertification* job aid on FAST Help for details on how to complete a recertification for a Forced Eligibility case in a program covered only by Forced Eligibility.
- Refer to the *MAGI - Medicaid Recertification* job aid on FAST Help to complete recertifications for a MAGI Medicaid Case not currently using Forced Eligibility that does not require an Administrative Recertification.
- Refer to *MAGI CoC – Add a Current Household Member as an Applicant to an Existing Insurance Affordability Integrated Case* job aid on FAST Help to complete recertifications for a MAGI Medicaid Case currently using Forced Eligibility that does require an Administrative Recertification.
- Use the steps below for Forced Eligibility cases that are eligible for a program available in MAGI functionality.

Step-by-Step Instructions

1. Start with the existing Insurance Affordability Case and begin an ex-parte review using evidence in agency records and OVS.
 - a. If more information is needed, send DHB-5097 to the client and allow 30 days for the client to provide information.
 - i. For clients that provide information within the 30 days due date, continue to step 2.
 - ii. For clients that fail to provide information by the 30th day, send the DSS-8110.

Note: Refer to *MA/MAGI DSS-8110 Notice of (Modification, Termination or Continuation of Public Assistance)* job aid.
 - iii. When the DSS-8110 expires and no information has been received, close the client's Product Delivery Case (PDC).
 - iv. When clients provide information by the 90th day, reactivate the PDC. Refer to the *Completing Manual Reactivations* job aid then continue to the following step.
2. From the Head of Household Person page click the **Tab Actions Menu** then select **New MAGI Application**.
3. The New Application Form pop-up appears. Select the check box for **Health Care Application** then click **Next**.
4. The New Application pop-up appears. Select the check box for **Insurance Affordability** then click **Next**.
5. The Getting Started wizard pop-up appears. Select the applicable **I am applying** radio button then click **Next**.
6. The Before We Start pop-up appears:
 - a. Select **Use of SSN Explained** check box.
 - b. Click the **Do you want to screen this person before applying?** drop-down then select either **Yes** or **No**. Click **Next**.
7. The Information About You pop-up appears:
 - a. Enter the **Application Date**: Start date of the new Certification Period.
 - b. Click the **Method of Receipt** drop-down menu then select **Admin Recertification**.
 - c. Click the **Source** drop-down menu then select **Department of Social Services**.

- d. Complete the remaining Information About You section then click **Next**.
 - e. Complete the application. Refer to the *MAGI – Application to Case & Key Differences Checklist* job aid.
 8. The Head of Household Person page displays. Click the **Applications** tab then scroll down to the MAGI Application section.
 9. Click the applicable **Open Insurance Affordability Application** hyperlink.
 10. The Insurance Affordability Application Home page displays. Click the **Clients** tab.
 11. The Current Clients page displays. If a client has a *No* in the Registered column, click the **List Actions Menu** then select **Match Client**. Refer to the *Match Client* job aid.
- Note:** If duplicates were created refer to the *Preventing Duplicates and Capturing SSN in the Application* job aid for instructions on how to remove duplicates.

Manage Evidence

1. From the Current Clients page. Click the **Evidence** tab.
2. The Evidence page displays. Click the **Incoming Evidence** folder.
3. The Incoming Evidence page displays:

Note: Refer to the *Managing Incoming Evidence* job aid for additional guidance on managing incoming evidence.

 - a. Click the Application Details **List Actions Menu** then select **Reject**.
 - b. Click the Application Filer **List Actions Menu** then select **Reject**.
 - c. Click the Application Filer Consent **List Actions Menu** then select **Reject**.

Note: Repeat 3a-c for everyone on the application.

 - d. Click the Contact Preferences **List Actions Menu** then select **Reject**.
 - e. Click the Phone Number **List Actions Menu** then select **Reject**.
 - f. Click the **List Actions Menu** to **Accept** or **Reject** the remaining evidence as it relates to the current application transferred from the IA and Person page.

The steps below involve adding new evidence. Add evidence from the Evidence Dashboard hyperlinks instead of through the New Evidence hyperlink.

Note: Refer to the Adding Evidence to an Application job aid for additional guidance.

4. On the Incoming Evidence page click the **Dashboard** folder.

5. The Evidence Dashboard page displays. Add the following evidence for the Primary applicant (Case Head):
 - a. Application Filer and Application Filer Consent
 - b. Primary Care Provider – NC Medicaid Direct

Notes:

- Do not use the Application date as the default start date for evidence. Consult available sources (client's case file, applicable Change of Circumstance or Recertification documentation) to identify the correct start date for each evidence type.
 - If the Primary Care Provider did not change, add the Primary Care Provider information present on the Insurance Affordability case to the application.
 - Confirm Application Details evidence for everyone identified as needing coverage and ensure the Applicant check box is checked.
 - For the Primary (Case Head) only make sure that the Primary Applicant check box is checked.
6. The following evidence should already be on the Evidence Dashboard for each applicant. Add the evidence if it is missing.
 - a. Date of Birth
 - b. Gender
 - c. SSN Details
 - d. Citizen Status
 - e. Addresses
 - f. Residency
 - g. Member Relationship (if there is more than one applicant)
 - h. Tax Filing Status
 - i. Tax Relationship (if there is a tax dependent in the household)
 - j. Application Filer Consent (this evidence is required to run OVS on a client)
 - k. Income evidence (if client is working)
 - l. Benefit evidence (if client is receiving)

Note: Add any additional evidence that is missing and required to correctly determine eligibility.

7. From the Evidence Dashboard page click the **Online Data** tab.
8. The Online Data Request page displays. Click the **Request Online Data** hyperlink.
9. The Online Data Request results appear, click the **toggle** next to the Request Date to expand the results.
10. The Online Data results expand. Click the **List Actions Menu** for the applicable member then click **View**.
11. The Online Data pop-up appears. Click the **Evidence** check box to select all Outstanding Verifications then click **Verify**.
12. The Online Data Request page displays. Click the **Evidence** tab.
13. The Evidence Dashboard displays. Click the **Verifications** folder.
14. The Verifications page displays. Click the **Verify** hyperlink.
15. The Verify Evidence pop-up appears:
 - a. Click the **Item** drop-down menu then select the applicable verification item.
 - b. Click the **Case Participant** drop-down menu then select the case participant who provided this item. Click **Next**.
 - c. Select the **Evidence** check box to select all evidence listed then click **Save**.

Notes:

- Repeat steps 14-15a-c until all verifications are complete.
- Refer to the *Verifications* job aid and the *Adding Verifications* job aid. Also consult the *Application to Case* job aid (Verify Evidence section) for additional guidance.

16. From the Verifications page click the **Eligibility Checks** tab.
17. The Eligibility Checks page displays. Click the **Check Eligibility** hyperlink.
18. The Check Eligibility pop-up appears. Click **Yes**.
19. The Insurance Affordability results display. Click the **toggle** to expand the Insurance Affordability Decision.

Note: To check eligibility on an Insurance Affordability Integrated Case (IAIC) in NC FAST, please refer to the MAGI Check Eligibility on an Insurance Affordability Integrated Case How to Guide.

Evaluate Eligibility

1. The Insurance Affordability Decision expands. Review the Program, Coverage Type, and Household Members results.
 - a. If individuals are eligible for Minimum Essential Coverage, go to step 2. If individuals are not eligible for Minimum Essential Coverage, stop processing the Insurance Affordability Admin Recert and complete an offline assessment for non-MAGI coverage.
 - i. If no potential eligibility exists under non-MAGI coverage, send the DSS-8110 for termination or notification of a lesser product (ex: MPW or FPP).

Note: Refer to the *MA/MAGI DSS-8110 Notice of (Modification, Termination or Continuation of Public Assistance)* job aid and proceed with the Insurance Affordability Admin Recertification in MAGI once DSS-8110 has expired.
 - ii. If potential eligibility exists for an ABD or Deductible product, use the Income Support Application, and evaluate for non-MAGI coverage in Traditional Medicaid.
 - b. If eligible for non-MAGI coverage in Traditional Medicaid (ex: client is eligible for disability Medicaid):
 - i. Authorize the Income Support Application and activate the Income Support PDC.
 - ii. Navigate back to the pending Insurance Affordability Administrative Recertification in MAGI and complete an administrative denial.
 - iii. Close the old Insurance Affordability PDC and IC in MAGI. End Process.
2. If ineligible for non-MAGI coverage in Traditional Medicaid:
 - a. Send the DSS-8110. Once the form has expired, deny the Income Support application in Traditional Medicaid.
 - b. Navigate back to the pending Insurance Affordability Administrative Recertification in MAGI and deny the application using the applicable reason for ineligibility.
 - c. Close the old Insurance Affordability PDC and IAC in MAGI. End Process.

Authorize and Activate

1. From the Eligibility Checks page click the **Tab Actions Menu** then select **Authorize**.
2. The Authorize Program pop-up appears. Select the **Case Reference** check box to add the Insurance Affordability Application to an existing Insurance Affordability Case.

3. Authorization is complete once the Application status is *Closed*, and evidence is displayed on the existing Insurance Affordability Case.
4. The Eligibility Checks page displays. Click the **Related Cases** tab.
5. The Related Cases page displays. Click the applicable **Insurance Affordability Reference** number hyperlink.
6. The Insurance Affordability Home page displays. Scroll down the page to the Cases section then click the applicable Product Delivery Case (PDC) **Reference** number hyperlink.
Note: If no PDC is showing click the **Evidence** tab. If any evidence is in *In Edit* status click **Apply Changes**; this should create the active PDC.
7. The Product Delivery Case (PDC) Home page displays. Click the **Determinations** tab.
8. The Current Determination page displays. Click the **Coverage Period** hyperlink.
9. The Decision Summary page displays. Click the **Non-Financial** and **Income** tabs to review the determination. Click the **X** to close the Decision page.
10. Navigate to the original applicable Person page for eligible participants. Click the **Benefit History** tab.
11. The Individual Eligibility page displays. Verify that Benefit History matches Determinations.
12. Navigate to the Original Product Delivery Case (PDC). Click the **Tab Actions Menu** then select **Close Case**.
13. The Close Case pop-up appears:
 - a. Enter the last date of coverage in the **Closure Date** field.
 - b. Click the **Reason** drop-down menu then select the applicable reason.
 - c. Enter **Comments** supporting the closure reason then click **Save**.
14. Add Case Notes to document the work completed.