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**Processing MAGI Applications in MEDS beginning in January 2014**

Applicants applying for Medicaid benefits that fall within the MAGI categories after January 2014 will have their Medicaid eligibility determined under the 2014 MAGI rules using the following process and their application processed in MEDS until you receive instructions to begin processing them in the Healthy Connections ACCESS system. This includes processing applications that include Former Foster Care children.

Before you begin this process remember to check if the applicant is known to MEDS. For example, determine if there is there a Household Number or was the application pended in MEDS. Check to see if there is a matching Tracking Form in workflow for this Household Number in OnBase.

For applications that come in beginning January 1, 2014 the first step will always be to screen for MAGI Eligibility using the 2014 MAGI workbook. The one exception to the 2014 MAGI Workbook is the new Former Foster Care group as they do not have a resource test.

# If Ineligible for Full Medicaid & Family Planning Based on MAGI Rules:

1. Deny the application in MEDS and on the MEDS and OnBase Notes screen document
   1. Eligibility for January 2014 was considered, and
   2. Enter the countable income amount and the FPL used from the MAGI workbook
2. Applications processed in MEDS for individuals who do not have Medicare and who are either denied for full benefits or approved for Family Planning (PCAT 55) must be referred to the FFM. An email must be sent to [SP\_FFMTransfer@scdhhs.gov](mailto:SP_FFMTransfer@scdhhs.gov).
   1. Subject Line of the email: Household Number
   2. Body of the email: First and Last Name

# If Eligible for Medicaid Based on the MAGI Rules:

1. Virtually print the MAGI workbook into the case record on OnBase
2. Use the household composition under 2013 policy to select the members you want to include in the January 2014 budget group.
3. Enter $0.00 on the Countable Income field on the ELD01 screen. Because the countable income is listed on ELD01 as $0.00 it is important for auditing purposes to document the actual countable income and the FPL on the notes screen.
4. Complete Make Decision on ELD01. Change the begin date for all members to 1/1/14 on ELD02.
5. Complete the Act on Decision and virtually print the MAGI Workbook into the case record in OnBase.

# Former Foster Care Coverage

1. If the applicant is not eligible for full Medicaid benefits effective January 1, 2014 under another MAGI Category determine their eligibility under Former Foster Care (FFC) Coverage. Do not use the MAGI workbook, because their determination is not based on the workbook since there is no income test.
2. Retrieve the application for processing from OnBase and review to see that the applicant was in a Foster Care Coverage group on their 18th birthday. To do this, check MEDS for the following information:
   1. Review the HMS54 screen to verify their Foster Care Status. The Foster Care PCAT would be 31 or 60;
   2. Review the HMS06 Household Member Detail for Living Arrangement, which should reflect Foster Care if the information was updated to Living Arrangement to Foster Care. Remember, the individual could have been eligible in another PCAT, but had a foster care living arrangement.
   3. Check the case notes in MEDS Notes or OnBase
3. If verified, the applicant will be Medicaid eligible up to age 26.
4. Is the applicant eligible for Medicaid under the 2014 MAGI rules for the FFC category?
   1. If yes, in MEDS, pend the individual in a household of one and a PCAT of 60. Approve the case in MEDS and set the next review date for one year from the Act on Decision date. Enter “$9.99” in the Countable Income field on the ELD01 screen. Manually send an approval notice (DHHS Form 4100 Notice of Former Foster Care Medicaid Eligibility) informing them that their Medicaid eligibility begins January 1, 2014. Virtually print the DHHS Form 4100 into OnBase. Annotate on the MEDS and OnBase notes screen, include the information the “*Applicant (first and last name) is eligible for FFC*” and include the application effective date.
   2. If no, see Step 5.
5. Applications processed in MEDS for individuals who do not have Medicare and who are either denied for full benefits or approved for Family Planning (PCAT 55) must be referred to the FFM. An email must be sent to [SP\_FFMTransfer@scdhhs.gov](mailto:SP_FFMTransfer@scdhhs.gov).
   1. Subject Line of the email: Household Number
   2. Body of the email: First and Last Name
6. Determine if the applicant is eligible for Family Planning.

# Eligible for FP Only under 2014 MAGI Rules:

1. If the applicant is eligible for Family Planning only beginning in January 2014, follow the steps for MEDS listed in the Eligible for Medicaid Based on the MAGI Rules section.
2. Document the eligibility determination for January 2014 on the MEDS Notes screen including the actual Countable Income and FPL used in the Family Planning determination.
3. Approve their eligibility in MEDS. MEDS will send the approval notice.
4. Applications processed in MEDS for individuals who do not have Medicare and who are either denied for full benefits or approved for Family Planning (PCAT 55) must be referred to the FFM. An email must be sent to [SP\_FFMTransfer@scdhhs.gov](mailto:SP_FFMTransfer@scdhhs.gov).
   1. Subject Line of the email: Household Number
   2. Body of the email: First and Last Name