

Presumptive Eligibility for Hospitals: Determining Eligibility

October 2023

Reference Materials

- DMA Administrative Letter 06-17
- DMA Administrative Letter 06-13
- MAGI Household Composition Chart
- MAGI Counting Income Chart
- MAGI Medicaid Income Chart

This information can be located on the DMA website: <https://dma.ncdhhs.gov/hospital-presumptive-training>

Introduction

- **Hospitals may opt to do presumptive eligibility for Medicaid**
- **Make presumptive eligibility determinations on basis of preliminary information and Medicaid policy**
- **Programs – Income-based programs**
 - **Family & Children’s MAGI**
- **Coverage depends on program**

General Hospital Requirements

- **Complete process for authorization to do presumptive**
- **Use NC FAST portal for presumptive and regular Medicaid app**
- **Must submit or assist in submitting regular Medicaid app**
- **Identify staff and request NCID for portal access**
- **Ensure staff completes training**

Performance Measures

- **Meet thresholds established by DMA**
 - **95% of approvals submit a regular application**
 - **95% of approvals who submit a regular application are subsequently approved for regular Medicaid**
- **Correctly determine presumptive eligibility**
- **Provide access to records for monitoring of presumptive determination**

Performance Measures

A provider not meeting the performance standards shall

- Complete one additional DMA approved training on presumptive Medicaid eligibility determination within 10 business days of the date of notice from DMA, and**
- Implement a corrective action plan when prescribed by DMA**

Disqualification

A provider not meeting the performance measures within 3 consecutive months after the date of completing performance required training or corrective action may be disqualified.

Provider Requirement

- **Hospital cannot delegate/contract presumptive eligibility determination**
 - **Must be the hospital that determines eligibility**
 - **No contractors can determine eligibility**
 - **Federal regulation §42 CFR 435.1102 and 1110**

Provider Requirement

- **Hospital cannot be authorized rep for individual and determine presumptive eligibility**
 - **Mandated by CMS**
 - **Cannot delegate the authorized rep to a contractor**

Applicant Eligibility Requirements

- **In order to be eligible for Medicaid, an applicant must:**
 - **Have household gross income equal to or less than the income limit for the program**
 - **Meet non-financial requirements:**
 - **Attest to U.S. citizenship or immigration status that allows Medicaid eligibility**
 - **Attest to North Carolina residency.**
 - **Not be an inmate of a public institution, EXCEPT individuals incarcerated in a NC DOP facility – eligibility is placed in suspension**
 - **Not be receiving Medicaid from another aid/program category, county, or state**

Medicaid Programs

Presumptive Medicaid Programs

- **MAF – Coverage for Parent/Caretaker or individuals age 19/20**
- **MIC – Medicaid for children under age 19**
- **MPW – Medicaid for Pregnant Women**
- **MFC – Medicaid for Former Foster Care Children to age 26**
- **MXP – MAGI Adult Group**
- **MAF-D - Family Planning Medicaid**
- **MAF-W - Breast & Cervical Cancer Medicaid**
 - Limited to BCCCP authorized providers

MAF

- **To qualify for presumptive MAF**
 - Individual under age **21** including individuals age **19** and **20** living outside of parent's home permanently
 - Parent/Caretaker-Must have child under the age of **18** in the household and provides the day-to-day care
 - Have family size income equal to or less than the federal poverty level
 - Meet all other non-financial eligibility requirements

MIC

- **To qualify for presumptive MIC**
 - **Child must be under age 19**
 - **Have family size income equal to or less than the federal poverty level for child's age group**
 - **Meet all other non-financial eligibility requirements**

MPW

- **To qualify for presumptive MPW**
 - Applicant must attest to being pregnant
 - Have family size income (unborn/s count in family number) equal to or less than **196%** of the federal poverty level
 - Meet all other non-financial eligibility requirements

MFC

- **To qualify for presumptive MFC**
 - Applicant must be an individual age **18** thru **age 26**
 - Have been in foster care in NC when they turned **age 18**
 - Enrolled in Medicaid while in foster care
 - Meet all other non-financial eligibility requirements
 - There is no income test.

MPX

- **To qualify for presumptive MFC**
 - Applicant must be an individual age **19** thru age **64**
 - Not pregnant
 - Not entitled to or enrolled in Medicare A or B
 - Not otherwise eligible for or enrolled in a full Medicaid program
 - If applicant is parent/caretaker of a child under age **21** in the home, the child must be covered by minimal essential coverage or comprehensive medical coverage
 - Have family size income equal to or less than **133%** of the federal poverty level
 - Meet all other non-financial eligibility requirements

Family Planning

- **To qualify for presumptive FPP**
 - No age limit
 - Have family size income equal to or less than **195%** of the federal poverty level
 - Meet all other non-financial eligibility requirements.

BCCM

- **To qualify for presumptive BCCM**
 - Individual must be a woman under age 65
 - Has been screened and diagnosed for breast or cervical cancer through BCCCP
 - Hospital must be authorized through the Breast and Cervical Cancer Control Program in order to determine presumptive eligibility

Coverage

Coverage

- **Determined by program:**
 - **MAF, MIC, MFC, MXP, BCCM – Full Medicaid coverage**
 - **Family Planning – Limited to Family Planning services**
- **Pregnancy (MPW) – still limited to ambulatory prenatal care**

Coverage

- **Eligibility Period**
 - Begins on the day the presumptive eligibility is determined by the qualified provider.
 - Ends on one of the following dates, depending on whether a regular Medicaid application is made:
 - If no, then coverage ends on last day of the month following the month presumptive eligibility was determined.
 - If yes, then coverage ends on the day the DSS makes an eligibility determination on the regular Medicaid application.

Coverage Example

- PE application signed and approved **10/6/17**. No Medicaid application was submitted by **11/30/17**. PE is limited to **10/6/17 – 11/30/17**.
- If Medicaid application was submitted and eligibility decision was made by DSS on **12/19/17**, PE coverage will be authorized **10/6/17 – 12/19/17**.

Coverage Process

- Hospital determines PE eligibility
- Enters PE application into NC FAST
- DSS authorizes eligibility PE eligibility one month at a time retroactively

Coverage Process Example

PE is approved by ABC hospital on January 7, 2018. The PE application and regular Medicaid application is submitted in NC FAST on the same date. The Medicaid application is denied on February 10, 2018

Coverage Process Example

- DSS will authorize the PE in NC FAST by the 5th workday of the following month – February.
- If the regular Medicaid application is still pending, the PE authorization will be **1/7/18 – 1/31/18**.
- February coverage entered by 5th working day in March or on the date MA application is disposed.
- Eligibility determined on the Medicaid application on **2/10/18**, PE authorization for February will be **2/1/18 – 2/10/18**.
- **Total PE eligibility: 1/7/18 – 2/10/18**

Coverage

- **If regular Medicaid approved retroactively, it may replace the PE in NC Tracks.**
- **If regular Medicaid is denied, PE is still authorized and claims incurred in the PE period will be paid according to the program's scope of covered services.**

Coverage

- **Presumptive Eligibility is limited to:**
 - Once per pregnancy for Medicaid Pregnant Woman (MPW).
 - Once in a two year period for all other eligible programs
 - Example: Individual is determined presumptively eligible on January 5, 2018. The individual is not eligible for presumptive eligibility again until January 5, 2020.

Eligibility Determination

Income

Countable Income

- Income sources used in determining the adjusted gross income include but are not limited to
 - Wages/tips
 - Unemployment
 - Pension and annuities
 - Income from business or personal services
 - Interest
 - Alimony received
 - Social Security benefits (RSDI)
 - Foreign earned
 - Lump sum in the month received
 - Self-employment
 - Military-retirement/pension (NOT Veteran's Benefits)

Non-Countable Income

- **Child support**
- **Veterans' benefits (NOT military pension/retirement)**
- **Gifts and inheritances**
- **Worker's compensation**
- **Supplemental Security Income (SSI)**
- **Scholarships, awards, or fellowship grants used for educational expenses. Any amount used for living expenses is countable income (room and board).**
- **Lump sums, except in the month received**
- **Certain Native American and Alaska Native income**

Obtaining statement of income

- Use statement of gross income per pay period
- If gross amount not provided, probe further about hourly rate of pay and number of hours worked per week or pay period
 - Hourly rate x number of hours/week or pay period

Income Calculation

- Determine frequency of each type of income.
- Convert to a monthly amount using the following formulas:
 - Weekly – multiply by 4.3
 - Bi-weekly – multiply by 2.15
 - Semi-monthly – multiply by 2
 - Monthly – no conversion required
 - Annually – divide by 12

Do not round to the nearest dollar

Example

- Josephine is being evaluated for Presumptive Medicaid. During the interview, you ask for the gross income that she earns from her job at ABC Company. She cannot provide the gross amount, but does state that she makes **\$15.85** per hour and works **40** hours per week.
 - $\$15.85 \times 40 = \634.00 per week
 - $\$634.00 \times 4.3 = \$2,726.20$ monthly gross income

Example

- Melinda is being evaluated for Presumptive Medicaid. She works for the local grocery store and states she grosses \$1025.00 every two weeks.
- $\$1025.00 \times 2.15 = \2203.75 monthly gross income

Medicaid Terms

Medicaid Terms

- **Parent** - Natural, adoptive, or step
- **Medicaid Aged Child** - Natural, adopted, or stepchild under the age of 19
 - **Note: Medicaid still covers under age 21, but they are not considered a Medicaid child in the household of a non-filer**
- **Sibling** - Natural, adoptive, or step
- **Family Size** - Number in the household

Medicaid Terms

Parent/Caretaker-Must have child under the age of 18 in the household.

- **In addition, there are two other important points:**
 - A specified relative and spouse may both be eligible as the caretakers
 - A specified relative(s) may be the caretaker even if a parent is in the home. (This must be an **ongoing situation** and cannot flip back and forth depending upon who needs Medicaid.)

Medicaid Terms

- **Tax Filer**
 - An individual who expects to file a tax return for the taxable year in which a determination is made for Medicaid/NCHC.
- **Tax Dependent**
 - An individual expected to be claimed as a dependent by someone else
 - May also be a tax filer
- **Non-filer**
 - An individual who is not expected to file a tax return or expected to be claimed as a tax dependent by someone else

MAGI Household

Determining Medicaid Household

- **There are two different sets of rules to build a Medicaid household**
 - **Tax household**
 - **Non-filer**

Tax Household

- **Tax filer**
 - **Tax filer**
 - **Spouse living with the tax filer**
 - **All persons whom the tax filer expects to claim as tax dependents**

Tax Household

- **Tax dependent**
 - **The individual**
 - **Members of the household of the tax filer who is claiming the tax dependent**
 - **The tax dependent's spouse**
 - **If living together and not already included**

Tax Dependent Exceptions

- If the tax dependent meets one of the following exceptions, apply the non-filer rules on the next slide
 - The individual is claimed as a tax dependent by someone other than a spouse or a natural, adoptive parent or stepparent
 - A child under the age of 19 living with both parents who do not expect to file a joint tax return. This may include a stepparent.
 - A child under the age of 19 claimed as a tax dependent by a non-custodial parent

Non-filer Household

An individual who:

- Does not expect to file taxes, and
- Does not expect to be claimed as a tax dependent, or
- Is a tax dependent who meets one of the exception

• The household consists of:

- The individual
- The individual's spouse
- The individual's natural, adopted, and step children under age 19

• If individual is under age 19, the household includes the same as above **AND**

- The individual's natural, adoptive live-in parent / stepparent **and**
- The individual's natural, adopted, and step live-in siblings under age 19

Pregnant Woman Household

- Pregnant woman's household always includes the number of unborn children
- Pregnant woman only counts as one when she is included as a member in another applicant's household. Unborn children are not counted.
- **IMPORTANT: Members of the family may have different household sizes for eligibility purposes. Must construct household for each applicant**

Two Important Questions

- Do you plan to file taxes?
- Do you expect to be claimed as a tax dependent?
 - Note: Ask about the time period for which you are determining eligibility. Document patient's responses, no verification required.

MAGI ~ Household Composition

1	2	3	4	5	6
Will applicant/ beneficiary file Taxes?	Will applicant/ beneficiary file Taxes?	Will applicant/ beneficiary file Taxes?	Will applicant/ beneficiary file Taxes?	Will applicant/ beneficiary file Taxes?	Will applicant/ beneficiary file Taxes?
Yes	No	Yes	No	No	Yes
Will applicant/ beneficiary be a tax dependent for anyone else?	Will applicant/ beneficiary be a tax dependent for anyone else?	Will applicant/ beneficiary be a tax dependent for anyone else?	Will applicant/ beneficiary be a tax dependent for anyone else?	Will applicant/ beneficiary be a tax dependent for anyone else?	Will applicant/ Beneficiary be a tax dependent for anyone else?
No	Yes	Yes	No	Yes	Yes
	Does the applicant/ beneficiary meet any of the exceptions*?	Does the applicant/ beneficiary meet any of the exceptions*?		Does the applicant/ beneficiary meet any of the exceptions*?	Does the applicant/ beneficiary meet any of the exceptions*?
	No	No		Yes	Yes
↓	↓	↓	↓	↓	↓

Tax HH: HH is applicant, co-filer spouse and a/b's tax dependents. Include live in spouse if not included in tax HH.

Tax HH: HH is tax filer's household claiming a/b as a dependent. Include a/b's live-in spouse if not included in tax HH.

Non-Filer HH: HH is applicant/beneficiary, spouse in the home, and their children in home under age 19.
If applicant/beneficiary is under age 19: Also includes: live-in parent(s) and live-in siblings under age 19

***EXCEPTIONS:** Is the applicant/beneficiary:

1. A tax dependent of someone other than spouse or parent?
2. Under age 19 and living with both parents who will **not** file jointly?
3. Under age 19 and will be claimed by a non-custodial parent?

Types of Medicaid/NCHC MAGI Households

Tax Household – Used as Medicaid/NCHC when applicant/beneficiary is tax filer or tax dependent and no exceptions apply. The household includes:

- Tax Filer(s)
- Tax Dependents of Tax Filer(s)
- Spouse of applicant/beneficiary, if in the home and not in the tax household

Non-filer household – Used when applicant/beneficiary is not tax filer or tax dependent or meets one of the exceptions. The household includes:

- Individual, and if living in the home:
- Individual's spouse
- Individual's natural, adoptive and step children under age 19

If individual is under age 19, includes same as above AND

- Individual's natural, adoptive and step parent(s) in the home
- Individual's natural, adoptive and step siblings in the home under age 19

Pregnant Women

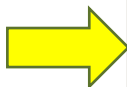
NOTE: Under either type of household (tax or non-filer), when a pregnant woman is the applicant/beneficiary, always include the unborn(s) in her household when determining her eligibility for any MAGI program. When the pregnant woman is a household member of another applicant/beneficiary, include only the PW – do not add the unborn(s).

Whose Income Counts

- **Basic Rules**
 - **When using a tax household, do not count income of tax dependents unless they expect to file a tax return.**
 - **When using a non-filer household, if the parent(s) is in the household, do not count the income of the child and/or siblings under age 19 unless they expect to file taxes.**
 - **When using a non-filer household, if the parent is not in the household, count income of child under 19 and of all siblings under age 19 for all of them. Also, include income of spouse of the child.**




Counting Income Tax Household

	Tax Filer(s)	Tax Dependent – child of tax filer – does not meet an exception
 Tax Household	Count income of tax filer and co-filer spouse. Include live in spouse's income if not already included in tax HH. Only count income of tax dependents who expect to file a tax return.	Count income of tax filer(s) Count income of the tax dependent applicant and other tax dependents who expect to file a tax return. Count the income of the tax dependent's spouse if not included in the tax household.



Counting Income Non Filer

	Tax Dependent – not child of tax filer (non-filer rules)	Adult – age 19 or older	Medicaid age child – under age 19
 Non-filer rules	Count income for own household regardless of whether they expect to file taxes and count income of live-in spouse. If the tax dependent has children under age 19 in the household, count income of children under age 19 if they expect to file return. If the tax dependent is under age 19 (see last column for Medicaid age child-under age 19)	Count income of applicant and spouse, if in home. Count income of children in household under 19 only if expect to file return	If parent(s) is not in the household count income for own household regardless of whether they expect to file taxes and count income of live in spouse and live in siblings under age 19. If the Medicaid age child has children under age 19, count income of children under age 19 if expect to file return. If parent(s) is in the household, count the income of the parent(s). Do not count income of the child and siblings under age 19 unless they expect to file a tax return.

Determining Eligibility

- **Step 1:** Determine Medicaid household and family size
- **Step 2:** Determine countable income for each person in the applicant's household
- **Step 3:** Determine the total household income for the applicant
- **Step 4:** Compare total countable income to the federal poverty level for the applicable family size

Let's See How It Works!

Please use the MAGI Household Composition flow chart and the Counting Income Chart to work through the following examples

Example 1

Annie, her son Jacob (10), her daughter Miley (7) are in the household. Annie does not expect to file taxes or be claimed as a tax dependent. Jacob and Miley do not expect to file taxes or be claimed as a dependent.

Family financial situation:

- \$150.00/weekly-Annie's salary from housecleaning**
- \$800.00/monthly-child support payments received by Annie**

Example 1

Annie is a non-filer household. Her household consists of herself, her son, Jacob, and daughter, Miley. Her monthly countable income is \$645. The child support of \$800.00 per month is non-countable under MAGI rules.

Annie is eligible for MAF-C because her countable income is below the limit of \$667 for a family size of 3.

A P P L I C A N T	MAGI Household	Annie	Jacob	Miley	Family Size	Household income	Eligibility
	Annie	x	x	x	3	\$645.00	MAF-C
	Jacob						
	Miley						

Example 1

Jacob is a non-filer household. His household consists of himself, his live-in parent, Annie, and his live-in sibling under age 19, Miley. His monthly countable income is \$645. The child support of \$800.00 per month is non-countable under MAGI rules.

He is eligible for MAF-C because his countable income is below the limit of \$667 for a family size of 3.

A P P L I C A N T	MAGI Household	Annie	Jacob	Miley	Family Size	Household income	Eligibility
	Annie	x	x	x	3	\$645.00	MAF-C
	Jacob	x	x	x	3	\$645.00	MAF-C
	Miley						

Example 1

Miley is a non-filer household. Her household consists of herself, her live-in parent, Annie, and her live-in sibling under age 19, Jacob. Her monthly countable income is \$645. The child support of \$800.00 per month is non-countable under MAGI rules.

She is eligible for MAF-C because his countable income is below the limit of \$667 for a family size of 3.

A P P L I C A N T	MAGI Household	Annie	Jacob	Miley	Family Size	Household income	Eligibility
	Annie	x	x	x	3	\$645.00	MAF-C
	Jacob	x	x	x	3	\$645.00	MAF-C
	Miley	x	x	x	3	\$645.00	NAF-C

Example 2

Whitney (45), Whitney's sons, Paul (15) and Jason (12) are in the household. Jason receives SSI benefits. Whitney claims both of her sons as tax dependents. Neither of her sons expect to file taxes, but do expect to be claimed as a tax dependent.

Family financial situation:

- **\$1650.00/monthly gross income-Whitney's salary**
- **\$710/monthly-Jason's Supplemental Security income (SSI)**

Example 2

Whitney is a tax filer household. Her household consists of herself and her sons, Paul and Jason. Her monthly countable income is \$1650. The SSI received by Jason is non-countable under MAGI rules.

Whitney is eligible for Family Planning Program because her countable income exceeds the \$667 limit for MAF-C for a family size of 3 but is below the limit of \$3319 for MAF-D.

A P P L I C A N T	MAGI Household	Whitney	Paul	Jason	Family Size	Household income	Eligibility
	Whitney	x	x	x	3	\$1650.00	MAF-D
	Paul						
	Jason				SSI recipient		

Example 2

Paul is a tax filer household. His household consists of himself, the tax filer, Whitney, and the other tax dependent, Paul. His monthly countable income is \$1650. The SSI received by Jason is non-countable under MAGI rules.

Paul is eligible for MIC because his countable income exceeds the \$667 limit for MAF-C for a family size of 3 but is below the limit of \$2264 for MIC for ages 6 - 18.

A P P L I C A N T	MAGI Household	Whitney	Paul	Jason	Family Size	Household income	Eligibility
	Whitney	x	x	x	3	\$1650.00	MAF-D
	Paul	x	x	x	3	\$1650.00	MIC
	Jason				SSI recipient		

Example 3

Sandy (45), her husband, Ben (46), and their pregnant daughter, Samantha (17) are in the household. Sandy, Ben, and Samantha do not expect to file taxes nor be claimed as tax dependents.

Family financial situation:

- \$400.00/monthly gross income-Sandy's social security benefits**
- \$750.00/monthly gross income-Ben's veteran's benefits**
- \$200.00/monthly gross income-Samantha's income from babysitting.**

Example 3

Sandy is a non-filer household. Her household consists of herself, her husband, Ben, and their daughter, Samantha. Her countable income is her social security of \$400.00.

Sandy is eligible for MAF-C because her countable income is below the limit of \$667 for a family size of 3.

A P P L I C A N T	MAGI Household	Sandy	Ben	Samantha	Family Size	Household Income	Eligibility
	Sandy	x	x	x	3	\$400	MAF-C
	Ben						
	Samantha						

Example 3

Ben is a non-filer household. His household consist of himself, his wife, Sandy, and their daughter, Samantha. His countable income is \$400.00.

Ben is eligible for MAF-C only because his countable income is below the limit of \$667 for a family size of 3.

A P P L I C A N T	MAGI Household	Sandy	Ben	Samantha	Family Size	Household Income	Eligibility
	Sandy	x	x	x	3	\$400	MAF-C
	Ben	x	x	x	3	\$400	MAF-C
	Samantha						

Example 3

Samantha is a non-filer household. Her household consist of herself, and mother and father, Sandy and Ben. Her countable income is \$400.00.

Samantha is eligible for MAF-C because her countable income is below the income limit of \$744 for a family size of 4. Her household size differs because she is pregnant and the unborn child is included in her household.

A P P L I C A N T	MAGI Household	Sandy	Ben	Samantha	Family Size	Household Income	Eligibility
	Sandy	x	x	x	3	\$400	MAF-C
	Ben	x	x	x	3	\$400	MAF-C
	Samantha	x	x	X+1	4	\$400	MAF-C

Example 4

Rose (48), Rose's daughter Alice, (17), Alice's daughter Kitty (1), are in the household. Rose claims Alice as a tax dependent. Alice does not expect to file taxes. Kitty is claimed by her father, Dennis (20), who does not reside in the household.

Family's financial situation:

- **\$1560/monthly gross income-Rose's salary**
- **\$600/monthly - Child support payments received by Rose for Alice.**
- **\$800/month – child support payment received by Alice for Kitty**

Example 4

Rose is a tax filer household. Her household consists of herself and her daughter, Alice. Her monthly countable income is \$1560. The child support she receives for Alice is non-countable under MAGI rules.

Rose is eligible for Family Planning Program because her countable income exceeds the \$569 limit for MAF-C for a family size of 2 but is below the limit of \$2639 for MAF-D.

A P P L I C A N T	MAGI Household	Rose	Alice	Kitty	Family Size	Countable Income	Eligibility
	Rose	x	x		2	\$1560.00	MAF-D
	Alice						
	Kitty						

Example 4

Alice is a tax filer household. Her household consists of herself and her mother, Alice. Her monthly countable income is \$1560. The child support she receives for Kitty is non-countable under MAGI rules.

Alice is eligible for MIC because her countable income exceeds the \$569 limit for MAF-C for a family size of 2 but is below the limit of \$1800 for MIC.

A P P L I C A N T	MAGI Household	Rose	Alice	Kitty	Family Size	Countable Income	Eligibility
	Rose	x	x		2	\$1560.00	MAF-D
	Alice	x	x		2	\$1560.00	MIC
	Kitty						

Example 4

Kitty is non-filer household. She is a tax dependent who meets an exception. Kitty's household consists of herself and her live-in parent, Alice. Her monthly countable income is \$0. The child support that Alice receives for Kitty is non-countable under MAGI rules.

Alice is eligible for MIC because her countable income exceeds the \$569 limit for MAF-C for a family size of 2 but is below the limit of \$1800 for MIC.

A P P L I C A N T	MAGI Household	Rose	Alice	Kitty	Family Size	Countable Income	Eligibility
	Rose	x	x		2	\$1560.00	MAF-D
	Alice	x	x		2	\$1560.00	MIC
	Kitty		x	x	2	\$0	MAF-C

Example 5

Dennis (20), and Dennis' daughter, Lynn (3), are in the home. Dennis claims Lynn as a tax dependent. Dennis also claims his other daughter, Kitty (1), who lives with her mother.

Family's financial situation:

- **\$2300.00/monthly gross income-Dennis' salary**

Example 5

Dennis is a tax filer household. His MAGI household consists of himself and his tax dependents, Lynn and Kitty. His monthly countable income is \$2300.

Dennis is eligible for Family Planning Program because his countable income exceeds the \$667 limit for MAF-C for a family size of 3 but is below the limit of \$3319 for MAF-D.

A P P L I C A N T	MAGI Household	Dennis	Lynn	Kitty	Family size	Countable Income	Eligibility
	Dennis	x	x	x	3	\$2300.00	MAF-D
	Lynn						

Example 5

Lynn is a tax filer household. Her MAGI household consists of herself, Dennis, and her sibling, Kitty. Her monthly countable income is \$2300.

Lynn is eligible for MIC because her countable income exceeds the \$667 limit for MAF-C for a family size of 3 but is below the limit of \$3574 for MIC age 0-5.

A P P L I C A N T	MAGI Household	Dennis	Lynn	Kitty	Family size	Countable Income	Eligibility
	Dennis	x	x	x	3	\$2300.00	MAF-D
	Lynn	x	x	x	3	\$2300.00	MIC

Example 6

Mary (51), Mary's son Bill (22), Mary's twin nephew and niece Ned and Nancy (10) are in the household. Mary claims all as tax dependents. None of the dependent's expect to file taxes.

Family financial situation:

- **\$700.00/monthly gross income-Mary's income from her home business**
- **\$250.00/monthly gross income-Bill's income from weekend jobs.**
- **\$500.00/monthly gross income- Ned's SSA survivor's benefits**
- **\$500.00/monthly gross income- Nancy's SSA survivor's benefits**

Example 6

Mary is a tax filer household. Her MAGI household consists of herself and her tax dependents, Bill, Ned, and Nancy. Her monthly countable income is \$700.

Mary is eligible for MAF-C because her countable income is below the \$744 limit for MAF-C for a family size of 4.

A P P L I C A N T	MAGI Household	Mary	Bill	Ned	Nancy	Family Size	Countable Income	Eligibility
	Mary	x	x	x	x	4	\$700.00	MAF-C
	Bill							
	Ned							
	Nancy							

Example 6

Bill is a tax filer household. His MAGI household consists of himself, Mary, Ned, and Nancy. His monthly countable income is \$700.

Bill is eligible for Family Planning Program only. He cannot receive MAF because he is over age 21 and does not qualify as caretaker. His income is below the income limit of \$3998 for FPP for a family size of 4.

A P P L I C A N T	MAGI Household	Mary	Bill	Ned	Nancy	Family Size	Countable Income	Eligibility
	Mary	x	x	x	x	4	\$700.00	MAF-C
	Bill	x	x	x	x	4	\$700.00	MAF-D
	Ned							
	Nancy							

Example 6

Ned is a non-filer household because he meets and exception. His MAGI household consists of himself and his sibling, Nancy. His monthly countable income is \$1000.

Ned is eligible for MIC age 6 – 18. His income is below the income limit of \$1800 for a family size of 2.

A P P L I C A N T	MAGI Household	Mary	Bill	Ned	Nancy	Family Size	Countable Income	Eligibility
	Mary	x	x	x	x	4	\$700.00	MAF-C
	Bill	x	x	x	x	4	\$700.00	MAF-D
	Ned			x	x	2	\$1000.00	MIC
	Nancy							

Example 6

Nancy is a non-filer household because she meets and exception. Her MAGI household consists of herself and her sibling, Ned. His monthly countable income is \$1000.

Nancy is eligible for MIC age 6 – 18. Her income is below the income limit of \$1800 for a family size of 2.

A P P L I C A N T	MAGI Household	Mary	Bill	Ned	Nancy	Family Size	Countable Income	Eligibility
	Mary	x	x	x	x	4	\$700.00	MAF-C
	Bill	x	x	x	x	4	\$700.00	MAF-D
	Ned			x	x	2	\$1000.00	MIC
	Nancy			x	x	2	\$1000.00	MIC

Example 7

Jan (45), her boyfriend Phil (49), Jan's son, Mike (16), Phil's son, Brett (14), Jan and Phil's daughter, Emma (4) are in the household. Jan claims Mike as a tax dependent. Mike expects to file taxes. Phil claims Brett and Emma as tax dependents. Neither Brett nor Emma expect to file taxes.

Family's financial situation:

- \$2,500/monthly gross income - Jan's salary
- \$1,095/monthly gross income - Phil's salary
- \$600.00/monthly gross income - Mike's salary

Example 7

Jan is a tax filer household. Her MAGI household consists of herself and her tax dependent, Mike. Her monthly countable income is \$3100.

Jan is ineligible for all programs as her income exceeds the income limits of \$569 for MAF-C and \$2639 for Family Planning Program for a family size of 2.

A P P L I C A N T	Medicaid Household	Jan	Phil	Mike	Brett	Emma	Family Size	Countable Income	Eligibility
	Jan	x		x			2	\$3100.00	Ineligible
	Phil								
	Mike								
	Brett								
	Emma								

Example 7

Phil is a tax filer household. His MAGI household consists of himself and his tax dependents, Brett and Emma. His monthly countable income is \$1095.

Phil is eligible for Family Planning Program. His income exceeds the limit of \$667 for MAF-C for a family size of 3, but is below the limit of \$3319 for MAF-D.

A P P L I C A N T	Medicaid Household	Jan	Phil	Mike	Brett	Emma	Family Size	Countable Income	Eligibility
	Jan	x		x			2	\$3100.00	Ineligible
	Phil		x		x	x	3	\$1095.00	MAF-D
	Mike								
	Brett								
	Emma								

Example 7

Mike is a tax filer household. His household consists of himself and his mother, Jan. His monthly countable income is \$3100 since he also expects to file taxes.

Mike is ineligible for all programs because his countable income exceeds the income limits of \$569 for MAF-C, \$1800 for MIC age 6 – 18, and \$2639 for MAF-D for a family size of 2.

A P P L I C A N T	Medicaid Household	Jan	Phil	Mike	Brett	Emma	Family Size	Countable Income	Eligibility
	Jan	x		x			2	\$3100.00	Ineligible
	Phil		x		x	x	3	\$1095.00	MAF-D
	Mike	x		x			2	\$3100.00	Ineligible
	Brett								
	Emma								

Example 7

Brett is a tax filer household. His household consists of himself, his father, Phil, and Phil's other dependent, Emma. His monthly countable income is \$1095.

Brett is eligible for MIC age 6 – 18. His countable income exceeds the income limits of \$667 for MAF-C but is below the MIC age 6 – 18 limit of \$2264 for a family size of 3.

A P P L I C A N T	Medicaid Household	Jan	Phil	Mike	Brett	Emma	Family Size	Countable Income	Eligibility
	Jan	x		x			2	\$3100.00	Ineligible
	Phil		x		x	x	3	\$1095.00	MAF-D
	Mike	x		x			2	\$3100.00	Ineligible
	Brett		x		x	x	3	\$1095.00	MIC
	Emma								

Example 7

Emma is a non-filer household. Her household consists of herself, her parents, Jan and Phil, and her live-in siblings, Mike, and Brett. Her monthly countable income is \$4195.00.

Emma is eligible for MIC age 0 – 5. Her countable income exceeds the income limits of \$824 for MAF-C but is below the MIC age 0 – 5 limit of \$5037 for a family size of 5.

A P P L I C A N T	Medicaid Household	Jan	Phil	Mike	Brett	Emma	Family Size	Countable Income	Eligibility
	Jan	x		x			2	\$3100.00	Ineligible
	Phil		x		x	x	3	\$1095.00	MAF-D
	Mike	x		x			2	\$3100.00	Ineligible
	Brett		x		x	x	3	\$1095.00	MIC
	Emma	x	x	x	x	x	5	\$4195.00	MIC

Provider Procedures for Approval/Denial

PE Forms

- **DMA-5032(H) = PE Application**
 - **Must be signed by applicant and provider**
 - **Must be sent to applicant's county of residence**
- **DMA-5033 = PE Approval Transmittal**
- **DMA-5035 = PE Denial Letter**

PE Approval Process

- Complete **DMA-5032H** (original and 2 copies); send original to DSS, copy to applicant, and copy for your files.
- Submit the Medicaid application to NCFAST via ePASS
- Complete **DMA-5033** (original and 3 copies). Send original and one copy to DSS, copy to the applicant, and one copy for your files. The DSS will complete the bottom portion and return to hospital.
- Completed **DMA-5032H and DMA-5033** must be sent to DSS within 5 workdays of PE determination

PE Denial Process

- Keep the completed **DMA-5032H** for your files
 - **do not send to DSS**
- Complete the **DMA-5035**, PE Denial
- Give/send the original DMA-5035 to applicant and keep one copy for your files
- No appeal rights related to the determination of presumptive coverage

How to Make a Medicaid Application

- Mail-in application – DMA-5200
 - <https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice>
- ePASS
 - <https://epass.nc.gov/CitizenPortal/application>
.doIn person at local county DSS
- In person at local county DSS
- By phone by calling local county DSS

Questions?

If you have future questions, you may email them
to

Pam.Cooper@dhhs.nc.gov

Please indicate **Hospital PE** in the subject line.