

## Job Aid – Off System Magi determination

### Objective

The objective of this job aid is to give direction on how to complete a MAGI determination outside of the KEES system.

### Overview

During the KEES dead zone, it may be necessary to complete a MAGI determination outside of the KEES system to address urgent medical situations. A process has been developed to complete a MAGI budget unit and income determination. A website called 'MAGI in the Cloud' will be used to assist in determining the MAGI budget unit for each individual in the household. The household size for each individual will then be compared to the MAGI income limits. The following steps will be used to do these determinations.

### Process

#### 1) Review Application

Review the application using current process and procedures to make sure the application is complete and a determination is able to be made. If the application cannot be completed, additional steps will have to be taken outside of this job aid.

#### 2) Navigate to the Magi in the Cloud Website

Using the following internet address, navigate to the MAGI in the Cloud website.

<https://www.medicaideligibilityapi.org/>

#### 3) In the "state" field, select Kansas.



The screenshot shows the 'MAGI in the Cloud' website interface. At the top, there is a dark blue header with the text 'MAGI in the Cloud' in white. Below the header, there is a form with two input fields. The first field is a dropdown menu labeled 'State' with a red oval around it, indicating that the user should select 'Kansas'. The second field is a text input box labeled 'Application Name or ID'.

#### 4) Application Name or ID

## MAGI in the Cloud

State

Application Name or ID

In the application name or ID field, enter the case name (Last name, First Name) and Case Number. Example: Smith, John 01231181

**Note:** In some situations, a case number may not be known. During the downtime, it will not be possible to create a new case number.

#### 5) Applicant information

Applicant Name or ID

Is this individual applying for insurance?

Age

Hours worked per week

Disabled  Student

Eligible for Medicare  Incarcerated

Lives in state  Claimed as a dependent by someone not on this application

- a) Enter the Last name, First name of the PI for Applicant 1. For applicants after the first, enter the last name, first name for each additional member
- b) Select if the applicant is applying for benefits.
- c) Enter the Age for the applicant.
- d) Ensure the “Lives in State” box is checked.

- e) If the applicant is claimed as a dependent by someone not on the application, click the check box.
- f) If the applicant has insurance, click the appropriate check box.

In long-term care	<input type="checkbox"/>		
Has insurance	<input type="checkbox"/>	Received state employee health benefits	<input type="checkbox"/>
Prior insurance	<input type="checkbox"/>		
Pregnant	<input type="checkbox"/>		
Pregnant within the last 3 months	<input type="checkbox"/>		
Formerly in foster care	<input type="checkbox"/>		
US citizen	<input checked="" type="checkbox"/>		
Required to file income taxes	<input type="checkbox"/>		

- g) If the member has access to state health insurance click the “received State Employee Health Benefits” check box.
- h) Mark if the member is pregnant.
  - a. When a member is pregnant, another box will display asking for the number of children expected.
- i) Mark if the member was pregnant in the last 3 months.
- j) Mark if the member was a US citizen.
- k) Mark if the member is required to file taxes. A member is required to file taxes if they have earnings in excess of \$5950 annually.

Monthly Wages	<input style="width: 60px;" type="text" value="0"/>	Annual Wages	<input style="width: 60px;" type="text" value="0"/>
<b>+ OTHER INCOME AND DEDUCTIONS</b>			

- l) Enter the monthly wages for the Applicant.
- m) If income other than wages is received, click the “Other Income and Deductions.”
  - a. Enter the additional income in the appropriate spot.

- b. If there is no appropriate spot, enter the additional income in “Other Monthly Income.”

**Note:** Use the fields on the left side of the web page marked as monthly.

- n) If additional members are in the home, click “Add Another Applicant”
- o) For each applicant after the first, complete the Relationship fields.
- p) Repeat a-m for each applicant.

## 6) Tax Return

TAX RETURN 1



### FILERS

Filer

Applicant 1

Filer

### DEPENDENTS

Dependent

Applicant 2

Dependent

Applicant 3

- a) Within the TAX return section, select the tax filer(s) from the drop down box.
- b) Then Select the dependents for that TAX filer in the dependents field.
- c) Continue with Step a and b until all the dependents are listed.
- d) If additional members are filing tax returns, click add another return and return to step A for the 2<sup>nd</sup> return.

## 7) Check Eligibility



- a) Click the Check Eligibility button at the bottom of the page.

- b) A determination will be listed per person listing if someone is Medicaid Eligible, Chip Eligible, or has no eligibility.
  - a. Note: The determination displayed for each person is NOT the final determination that we will use. This determination may be disregarded.
- c) On the web page, push Ctrl-P, and print the eligibility screen.

## 8) Review Determination

### Applicant 1

✓ Medicaid Eligible

Parent Caretaker Category Eligibility Threshold: 7421

HOUSEHOLD: Applicant 1 , Applicant 2 , Applicant 3

MAGI: 0

#### DETERMINATIONS

##### Yes

Residency  
 Parent Caretaker Category  
 Income Medicaid Eligible  
 Medicaid Citizen Or Immigrant  
 Dependent Child Covered

##### No

**Pregnancy Category**  
 Applicant not pregnant or within postpartum period

**Child Category**  
 Applicant is 19 years of age or older and the state does not cover young adults under age 20 or 21

**CHIP Targeted Low Income Child**  
 Applicant's age is not within the allowed age range

**Income CHIP Eligible**  
 Applicant did not meet the requirements for any eligibility category

**Former Foster Care Category**  
 Applicant was not formerly in foster care

**Work Quarters Override Income**  
 Applicant did not meet all the criteria for income override rule

**Medicaid Non-MAGI Referral**  
 Applicant does not meet requirements for a non-MAGI referral

**Emergency Medicaid**  
 Applicant does not meet the eligibility criteria for emergency Medicaid

**APTC Referral**  
 Applicant is eligible for Medicaid

##### Not Applicable

Adult Group Category  
 Optional Targeted Low Income Child  
 Unborn Child  
 CHIPRA 214  
 Trafficking Victim  
 Seven Year Limit  
 Five Year Bar  
 Title II Work Quarters Met  
 State Health Benefits CHIP  
 CHIP Waiting Period Satisfied  
 Refugee Medical Assistance

- a) Review the Household information to identify the household size for the individual. For a pregnant woman, add in the number of children expected.
- b) Take the MAGI wage and divide it by 12 to get the total monthly wage.
- c) Compare the wage to the income guidelines chart using the monthly wage and the number of people in the household.
- d) Determine coverage for each individual using the chart and all appropriate policies and procedures.

## Tips and Tricks

- a) BGs should be coded as “Other” not “Domestic Partner.
- b) BGs cannot file jointly with the PI.
- c) If an error occurs during your MAGI determination, you will have to start over or you will continue to receive the error
- d) Close and reopen MAGI after each determination to ensure that a fresh session is being created.