Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

(•) Yes ( ) No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

■ A qualified hospital is a hospital that:

■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

(•) Yes ( ) No

■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

■ Pregnant Women

■ Infants and Children under Age 19

■ Parents and Other Caretaker Relatives

■ Adult Group, if covered by the state

■ Individuals above 133% FPL under Age 65, if covered by the state

■ Individuals Eligible for Family Planning Services, if covered by the state

■ Former Foster Care Children

■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Medicaid Eligibility

◉ Yes ○ No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

All hospitals newly electing HPE will be granted a 6-month implementation period during which time no performance standards will be imposed. This 6-month period begins after assigned hospital staff are trained and certified and begins submission of HPE decisions. During the implementation period, data will be collected by DOM regarding the number of HPE approvals that have a full Medicaid application submitted before the end of the HPE period of eligibility. This data will be provided to the HPE hospitals on a monthly basis or more frequently if needed. DOM will monitor this data and provide feedback directly to the hospital staff certified to make HPE determinations in order to align the hospitals with the expectations for the 2nd 6-month period when a standard of 90% will be applied as follows: at least 90% of all HPE approvals submitted to DOM result in a full Medicaid application submitted to DOM before the end of the HPE period of eligibility. The number of full applications that are not submitted timely and the number of HPE approvals that are placed on file that do not result in a full application cannot exceed 10% of the total number of HPE approvals submitted to DOM during a month. Exceptions will be granted on a case by case basis, e.g., a HPE applicant dies or an inpatient HPE applicant leaves the hospital on a week-end before the full application can be submitted. Although submission of a full Medicaid application is not a condition of eligibility for HPE, it is a performance standard established by the state to measure the extent to which individuals covered during a HPE period are encouraged and assisted by the hospital to submit a full application.

During the 2nd 6-month period, data collection and direct contact with the hospital will continue on a monthly or as-needed basis. No hospital will be disqualified during the 1st 12 months of implementation of HPE. If the data collected during the first year of implementation suggests that a 90% accuracy rate for timely submissions of full Medicaid applications for HPE approvals is not an achievable standard for a particular hospital, discussions will be held with hospital staff regarding corrective actions needed, any training needed and any possible alternate standard that could be applied if the 90% standard could not be met due to circumstances beyond the hospital's control.

Effective with the 2nd year of participation in HPE, the performance standards shown above for submission of full Medicaid applications prior to the end of the HPE period increases and remain at 95%. The possibility of an alternate standard assigned for a pre-determined amount of time will be discussed as a correction action measure if at any time a hospital falls below the 95% standard due to circumstances beyond their control. Feedback and direct contact with hospital staff will continue on an as-needed basis and data will be shared monthly regarding adherence to the performance standards.

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

All hospitals newly electing HPE will be granted a 6-month implementation period during which time no performance standards will be imposed. This 6-month period begins after assigned hospital staff are trained and certified and begins submission of HPE decisions. During the implementation period, data will be collected by DOM regarding: at least 90% of HPE approvals are determined to be Medicaid eligible based on submission of the full Medicaid application. A full application that does not confirm Medicaid eligibility for the HPE period of eligibility cannot exceed 10% of the total number of HPE approvals processed during a month. An applicant's failure to complete the full application process with DOM will not count against the hospital.

Medicaid Eligibility

Description of standards:	During the 2nd 6-month period, data collection and direct contact with the hospital will continue on a monthly or as-needed basis. No hospital will be disqualified during the 1st 12 months of implementation of HPE. If the data collected during the first year of implementation suggests that a 90% accuracy rate for HPE approvals is not an achievable standard for a particular hospital, discussions will be held with hospital staff regarding corrective actions needed, any training needed and any possible alternate standard that could be applied if the 90% standard could not be met due to circumstances beyond the hospital's control. Effective with the 2nd year of participation in HPE, the performance standards for the accuracy of the HPE decisions will increase and remain at 95%. The possibility of an alternate standard assigned for a pre-determined amount of time will be discussed as a corrective action measure if at any time a hospital falls below the 95% standard due to circumstances beyond their control. Feedback and direct contact with hospital staff will continue on an as-needed basis and data will be shared monthly regarding adherence to the performance standards.

☑ The presumptive period begins on the date the determination is made.

☑ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☑ Periods of presumptive eligibility are limited as follows:

○ No more than one period within a calendar year.

◉ No more than one period within two calendar years.

○ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

○ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

◉ Yes ○ No

○ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

◉ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

Medicaid Eligibility

☑ The presumptive eligibility determination is based on the following factors:

☑ The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

☑ Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☑ The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CALCULATING MAGI HOUSEHOLD (HH) INCOME

(Handout #4)

Tax Filer Households (HH) Using Tax Filer Status

1. **Married Filing Jointly** – HH includes both spouses & all tax dependents claimed (living together or separately)
    - HH income is the sum of the tax filer couple's MAGI + the MAGI of each tax dependent that is "required to file."

2. **Married Filing Separately** – Each spouse has their HH computed separately but each spouse is included in the other's tax HH (if living together).
    - HH of each spouse includes both spouses + all tax dependents claimed.
    - HH income of each spouse includes the MAGI of each spouse + the MAGI of each tax dependent that is "required to file."

3. **Unmarried tax filer couples** (not a tax status) are not included in each other's HH. Each member of the couple would have their own HH.
    - HH of each member of the couple would include the tax filer + all dependents claimed.
    - HH of each member of the couple includes the MAGI of the tax filer + the MAGI of each tax dependent that is "required to file."

4. **Tax Filer Status Declared as Head of Household, Qualifying Widow or Single** -includes unmarried individuals with or without dependent(s)
    - HH includes tax filer + all tax dependents claimed, if any.
    - HH income includes the MAGI of the tax filer + the MAGI of each tax dependent (if any) that is "required to file."

5. **If a HH member is <u>both a tax filer and a tax dependent</u>**, treat that individual under tax dependent rules described below.

Tax Dependent's HH – a tax dependent may be a child (biological, adopted or step) or some other family member or non-family member (adult or child) who meets the requirements to be claimed as a tax dependent.

1. Each dependent's HH is determined separately

    - If dependent does not meet an exception, the HH and income of the dependent is the same as the tax filer's HH ***unless:***

        ✓ The tax dependent is married and living with his/her spouse in which case the dependent's HH is increased by 1 to include the spouse. The spouse's income, if required to file, would count towards dependent's HH.

    - A tax dependent meeting an exception is treated as a non-filer, counting MAGI of the dependent's HH under non-filer rules described below.

    - A tax dependent who is also a parent of a child or children living in the HH must have his/her income counted toward the child(ren) regardless of whether the dependent is "required to file."

2. Exceptions to using tax filer HH rules for a tax dependent exists when:

    - The tax dependent is not the tax filer's spouse or child,

    - The tax dependent, under age 19, lives with 2 parents (married or unmarried) who do not plan to file jointly,

    - The tax dependent, under age 19, is claimed by a non-custodial parent.

Non-Filer Rules – apply to individuals who do not expect to file taxes, or

are not claimed as a tax dependent, or

are a tax dependent but meet an exception:

1. Adult Non-Filer
    - HH includes non-filer adult + spouse (if living with spouse) + child(ren) under age 19.
    - HH income includes the income of all HH members. Income of a child under age 19 is not counted unless "required to file."

2. Child Non-Filer (Under Age 19)
    - HH includes non-filer child + parent(s) + siblings under age 19 living together.
    - HH income includes the income of all HH members. Income of a child is not counted unless "required to file."
    - A child non-filer living with someone other than parent(s) has their income counted regardless of the "required to file" rule
    - A non-filer child who is also a parent of a child or children living in the HH must have his/her income counted toward the child(ren) regardless of whether the non-filer child is "required to file."

3. Tax dependent child (under age 19) claimed by a non-custodial parent
    - In this situation, the child lives with the custodial parent, but is claimed by the non-custodial parent.
    - The child's HH (for the child's own eligibility) **does** include the custodial parent with whom the child lives + step-parent and siblings in the home, if any.
    - The child is **not** a HH member for the eligibility of the custodial parent with whom he/she lives or other members.
    - The child's income (if required to file) does **not** count in the custodial parent's HH.

- The child **would be** included as a tax dependent in the non-custodial parent's HH for that HH's eligibility.

Budgeting "Oddities" That You Need to Know – these are budgeting rules to keep in mind, in addition to those already described:

- A caretaker relative (and spouse, if applicable) can qualify for Medicaid even if the dependent child(ren) under age 18 for whom the relative is responsible cannot qualify due to excess income. Since the caretaker relative (and spouse) must be budgeted separately from the child(ren) in his/her/their care, it is possible for the child(ren) to have excess countable income that prohibits eligibility for Medicaid or CHIP while the caretaker relative is below the income limit for a household of one (or two, if there is a spouse). *For example, a grandmother caring for her grandchildren under age 18 may have little or no income but the children receive Social Security or some other countable income on their own that makes the children's budget group ineligible. However, the grandmother can qualify as a needy caretaker because she is the main person taking care of the children under age 18 and has low income and she is within the specified degree of relationship to the children.*

- One parent who is a member of an unmarried tax filer or non-filer couple may be able to qualify as a low-income parent even when the other parent cannot qualify due to excess income. Since unmarried couples are budgeted separately (not included in each other's budget group), it is possible for one member of the couple to qualify based on low income while the other parent does not. The parent must have a child of their own under age 18 in the home. *For example, an unmarried couple with children. Father does not have income (or has income that does not count) and mother works. Father's budget will be with his children and he can qualify based on low-income and his relationship to his children. Mother will not qualify in her budget group with her children due to income.*

- An SSI recipient who gets both SSI and SS is included in the appropriate household budget group. Their SS is countable as income in the budget group if the SSI recipient is an adult or a child not living with a parent. The SSI is not countable as income, but the SS is income toward the budget group with the SSI recipient included as a HH member. *For example, disabled mother receives SSI and SS (and Medicaid). If she applies for her children (and spouse, if any), her needs and her SS is counted in the budget with her children (and spouse, if any).*

Requirement to Convert Non-Monthly Income to Monthly for MAGI HH's

Actual monthly income must be counted in most cases for MAGI purposes.

1. Weekly Earned Income – multiply a reported weekly amount by 4.33 to arrive at a monthly countable amount (use normal rounding rules).
2. Bi-Weekly Earned Income (received every 2 weeks) – multiply a reported bi-weekly amount by 2.17 to arrive at a monthly amount.
3. Earnings reported from any source must be converted to a monthly amount based on the time period the payment is intended to cover, such as dividing net earnings from self-employment by 12 if the NESE was earned over an entire taxable year.
4. Recurring non-earned income reported from any source must be converted to a monthly amount based on the time period the payment is intended to cover.

CONSTRUCT A MAGI HOUSEHOLD (HH) FOR EACH APPLICANT
(Handout #1)

<table>
<tr><th colspan="5">DOES INDIVIDUAL EXPECT TO FILE TAXES?</th></tr>
<tr><th colspan="3">YES</th><th colspan="2">NO</th></tr>
<tr><td colspan="3">Does individual expect to be claimed as a tax dependent?</td><td colspan="2">Does individual expect to be claimed as a tax dependent?</td></tr>
<tr><th>YES</th><th>NO</th><td></td><th>YES</th><th>NO</th></tr>
<tr><td>Does individual meet <u>any</u> of the exceptions?
1. Expects to be claimed as a tax dependent of someone other than his/her spouse or parent.*
2. Child under age 19 lives with both parents (married or unmarried) who will not file a joint return.
3. Child under age 19 expects to be claimed by non-custodial parent.</td><td>HH consists of tax filer, <u>spouse living with tax filer</u> & all tax dependents expecting to be claimed.</td><td></td><td>Does individual meet <u>any</u> of the exceptions?
1. Expects to be claimed as a tax dependent of someone other than his/her spouse or parent.*
2. Child under age 19 lives with both parents (married or unmarried) who will not file a joint return.
3. Child under age 19 expects to be claimed by non-custodial parent.</td><td>Treat as Non-filer</td></tr>
<tr><th>YES</th><th>NO</th><td></td><th>YES</th><th>NO</th><td></td></tr>
<tr><td>Treat as Non-filer</td><td>Apply tax filer rules</td><td></td><td>Treat as Non-filer</td><td>The HH is the HH of the tax filer claiming his/her as a dependent. If individual is married (& living with spouse), the HH also includes the individual's spouse.</td><td></td></tr>
<tr><td colspan="5"></td></tr>
<tr><th colspan="5">NON-FILER: INDIVIDUAL DOES NOT EXPECT TO FILE TAXES AND IS NOT CLAIMED AS A DEPENDENT OR IS A TAX DEPENDENT WHO MEETS AN EXCEPTION</th></tr>
<tr><td colspan="3">The HH consists of the individual & if living with, the individual's spouse & children under age 19*</td><td colspan="2">If individual is under age 19, the HH includes the individual's parent(s)* (married or unmarried) and siblings under age 19* living in the HH.</td></tr>
</table>

* **Parent, Children & Siblings** refer to the biological, adopted or step parent, children or siblings.

A pregnant HH member (applying) is counted as herself + the number of babies expected for all HH members in her budget group for Medicaid (not CHIP) purposes. ***Pregnant minors*** *qualifying on the basis of pregnancy are Medicaid eligible with a total disregard of income (parental, spousal, personal income).*

INCOME COUNTING RULES

(Handout #3)

MAGI, or modified adjusted gross income, requires the use of IRS rules in determining income that counts, however there are some exceptions to using IRS rules.

Income that is not counted or is counted only under certain conditions:

- Alimony paid – alimony received is income but alimony paid is deducted as income from the payer.
- Child Support benefits – is not counted as income to the payee or child(ren) receiving the payment but is not deducted as income from the payer.
- Lump sum payments – whether recurring or non-recurring are counted as income in the month received and is not annualized.
- Self-employment – all IRS business deductions related to self-employment are allowable. Only net earnings from self-employment counts as income.
- VA benefits – all types of VA payments are not counted as income.
- Workers' Compensation – is not counted as income.
- Supplemental Security Income (SSI) – is not counted as income.
- Certain income received by an American Indian or Alaska Native may be excluded if it involves the following types of income: distributions from Alaska Native Corporations and Settlement Trusts; distributions from any property held in trust located within the boundaries of a federal reservation; distributions and payments from rents, leases, rights of way, royalties, usage rights or natural resource extraction and harvest from rights of ownership in any reservation lands or federally protected rights regarding off-reservation hunting, fishing, gathering or usage of natural resources; distributions resulting from real property ownership interests related to natural resources and improvements located on or near a reservation; payment resulting from ownership interests and usage rights to items that have a unique religious, spiritual, traditional or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom; and student financial assistance provided under the Bureau of Indian Affairs programs.

Income that counts:

- Social Security benefits received by an applicant. Social Security is income that counts unless it is received by a tax dependent or non-filer child who is not required to file, as explained in the "Required to File" rule. (Handout #5) Otherwise, count Social Security as income.
- Wages, Salaries, Tips, Military Pay, Bonuses or Earnings of any type
- Net Earnings from Self-Employment, Rental Income, Farming Income
- Retirement, Pension benefits, Annuity payments, Trust income
- Interest, Dividends, Royalties
- Any other income that counts under IRS rules.

When viewing a federal tax return, use the adjusted gross income from the 1040 form to obtain countable income after all allowable IRS adjustments. However, if any portion of Social Security benefits is not taxable for any adult filer in the household composition, add the non-taxable amount back as income. Keep in mind that you will not add back any Social Security received by a tax dependent or non-filer child who is not "required to file" a tax return.

Effective Month: March 2014

THIS CHART IS FOR HPE DECISION ONLY

MAGI Income Limits Effective March 1, 2014 with 5% FPL Disregard
Handout #6

The 5% disregard has been added for each group below. This chart is for use with HPE decisions only and is not for public distribution.

Medicaid for Pregnant Women (any age) and Medicaid for Infants from Birth to Age 1

194% FPL								
Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$1982	$2671	$3361	$4050	$4739	$5430	$6117	$6806

For more than 8 members add $691 for each additional person

Medicaid for Children Age 1 to Age 6

143% FPL								
Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$1462	$1969	$2478	$2985	$3493	$4002	$4510	$5017

For more than 8 members add $509 for each additional person

Medicaid for Children Age 6 to Age 19

133% FPL								
Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$1360	$1831	$2305	$2777	$3249	$3722	$4194	$4666

For more than 8 members add $474 for each additional person

Parent(s) & Caretaker Relative(s) with Dependent Children under Age 18

Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$238	$321	$403	$485	$568	$650	$732	$814

For more than 8 members, add $78 for each additional person.

Breast & Cervical Cancer Program (limited to hospital screening providers only)

Family Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Monthly Income	$2431	$3277	$4123	$4969	$5815	$6660	$7506	$8352

For more than 8 members, add $846 for each additional person.

HOSPITAL PRESUMPTIVE ELIGIBILITY (HPE)

TRAINING MATERIAL AGENDA

1. ACA COVERAGE CHANGES
2. QUALIFIED HOSPITALS
3. HOSPITAL RESPONSIBILITIES
4. DOM RESPONSIBILITIES
5. PERFORMANCE STANDARDS
6. POPULATIONS ELIGIBLE FOR MEDICAID HPE
7. ELIGIBILITY REQUIREMENTS
8. HPE APPLICATION REQUIREMENTS FOR HPE DECISIONS
9. HPE PERIOD OF ELIGIBILITY
10. MEDICAID COVERED BENEFITS FOR HPE APPROVALS
11. APPLICATION REQUIREMENTS FOR SUBMITTING FULL APPLICATIONS FOR HPE APPROVALS
12. THE HPE DETERMINATION PROCESS

    - Handout #1 – Construct a MAGI Household for Each Applicant
    - Handout #2 – Tax Filer & Non-Tax Filer Rules Chart
    - Handout #3 – Income Counting Rules
    - Handout #4 – Calculating MAGI Household Income
    - Handout #5 – "Required to File" Rule for Counting the Income of a Tax Dependent or Non-Filer Child
    - Handout #6 – MAGI Income Limits (with the 5% FPL Disregard)
    - Examples

13. The HPE Application Form & Instructions
14. Model Notice to Applicants

ACA COVERAGE CHANGES

The Affordable Care Act (ACA) was signed into law in March 2010; it makes major changes to how people secure health coverage in the U.S.
Coverage changes include:

- Medicaid and CHIP expansion and improvements
- Health insurance marketplaces for individuals and small businesses,
- Private insurance market reforms.

For Medicaid & CHIP, the changes include:

- Use of a single, streamlined application form to apply for Medicaid, CHIP and premium tax credits available through the federal marketplace used by Mississippi,
- Use of MAGI or Modified Adjusted Gross Income as the new method for determining eligibility for children, parent(s) or caretaker relatives and pregnant women.
- Medicaid expansion for children – all children up to age 19 with family incomes up to 133% of the federal poverty level are now Medicaid eligible,
- Hospitals can now determine individuals to be presumptively eligible for Medicaid. This allows temporary but immediate access to Medicaid coverage for certain eligible individuals and allows these individuals to get connected to more permanent coverage when the full Medicaid application is filed.

QUALIFIED HOSPITALS

Qualified hospitals are allowed to make presumptive eligibility decisions prior to a formal determination of Medicaid eligibility by the Division of Medicaid (DOM).

- A qualified hospital is one that participates as a Medicaid provider,
- Has filed a letter of intent to the Executive Director of DOM,
- Agrees to make HPE decisions according to state policies and procedures,
- Has not been disqualified from making HPE decisions for failure to meet performance standards set by DOM.

HOSPITAL RESPONSIBILITIES

Hospital staff assigned to authorize HPE eligibility must make informed decisions using Medicaid policy & procedures addressed in this material to place time-limited Medicaid eligibility on file with DOM for certain children, pregnant women, parents or caretakers presumed to be eligible for Medicaid.

Participating hospitals may not delegate HPE decisions to non-hospital staff, such as third party vendors or contractors.

Hospitals must:

- Use the HPE Application Form provided by DOM to notify DOM of all PE approvals within 5 days of the HPE decision, as outlined below in the HPE Application Requirements.
- Provide written notice to the individual assessed for HPE, as outlined below in the HPE Application Requirements. A model notice will be provided by DOM for your use.
- Assist the individual in completing and submitting the full application for Medicaid before the end of the HPE period, as outlined below in the Application Requirements for Submitting Full Applications for HPE Approvals.

DOM RESPONSIBILITIES

The Division of Medicaid must:

- Provide the HPE application form and information on how to complete and submit the form to DOM,

- Provide training and certification to hospital staff assigned HPE responsibility,

- Develop training materials needed to train hospital staff assigned HPE responsibility, including the requirement for a passing score on a knowledge test prior to certifying a staff member to make HPE determinations.

- Provide oversight of program quality that includes:

  - Establishing performance standards that may require corrective action or disqualification of a hospital for failure to meet standards or follow state policies,

  - Auditing hospital HPE approvals if necessary,

  - Establishing procedures to ensure responsibilities for HPE determinations are fulfilled.

PERFORMANCE STANDARDS

All hospitals newly electing HPE will be granted a 6-month implementation period during which time no performance standards will be imposed. This 6-month period begins after assigned hospital staff are trained and certified and begins submission of HPE decisions. During the implementation period, data will be collected by DOM regarding:

- The number of HPE approvals that have a full Medicaid application submitted before the end of the HPE period of eligibility, and,

- The number of HPE approvals that are determined to be Medicaid eligible based on submission of the full Medicaid application.

This data will be provided to the hospital on a monthly basis or more frequently if needed. DOM will monitor this data and provide feedback directly to the hospital staff certified to make HPE determinations in order to align the hospital with the expectations for the 2nd 6-month period when a performance standard of 90% will be applied as follows:

- At least 90% of all HPE approvals submitted to DOM result in a full Medicaid application submitted before the end of the HPE period of eligibility. The number of full applications that are not submitted timely and the number of HPE approvals that are placed on file that do not result in a full application cannot exceed 10% of the total number of HPE approvals submitted to DOM during a month. Exceptions will be granted on a case by case basis, e.g., a HPE applicant dies or inpatient HPE applicant leaves the hospital on a week-end before the full application can be submitted. Although submission of a full Medicaid application is not a condition of eligibility for HPE, it is a performance standard established by the state to measure the extent to which individuals covered during a HPE period are encouraged and assisted by the hospital to submit a full application.

- At least 90% of HPE approvals are determined to be Medicaid eligible based on submission of the full Medicaid application. A full application that does not confirm Medicaid eligibility for the HPE period of eligibility cannot exceed 10% of the total number of HPE approvals processed during a

month. An applicant's failure to complete the full application process with DOM will not count against the hospital.

During the 2nd 6-month period, data collection and direct contact with the hospital will continue on a monthly or as-needed basis. No hospital will be disqualified during the 1st 12 months of implementation of HPE. If the data collected during the first year of implementation suggests that a 90% accuracy rate for HPE decisions and/or timely submissions of full Medicaid applications for HPE approvals is not an achievable standard for a particular hospital, discussions will be held with hospital staff regarding corrective actions needed, any training needed and any possible alternate standard that could be applied if the 90% standard could not be met due to circumstances beyond the hospital's control.

Effective with the 2nd year of participation in HPE, the performance standards shown above for submission of full Medicaid applications and the accuracy of the HPE decisions will increase and remain at 95%. The possibility of an alternate standard assigned for a pre-determined amount of time will be discussed as a corrective action measure if at any time a hospital falls below the 95% standard due to circumstances beyond their control. Feedback and direct contact with hospital staff will continue on an as-needed basis and data will be shared monthly regarding adherence to the performance standards.

POPULATIONS ELIGIBLE FOR MEDICAID HPE

Under the ACA, coverage groups have been modified and income limits increased since there are no income deductions allowable under ACA budgeting rules. The groups covered and the new limits are outlined below. The limit is based on the household size of the budget group applicable to the individual applying for HPE, as explained in the HPE Determination Process section of this training.

1. Infants from birth up to age 1 – limit is 194% of the Federal Poverty Level (FPL).

2. Children age 1 up to age 6 – limit is 143% of the FPL,

3. Children age 6 up to age 19 – limit is 133% of the FPL,

4. Pregnant women – limit is 194% FPL. Pregnant minors (under age 19) can qualify regardless of household income.

5. Low Income Parent(s) or Caretaker Relative(s) of dependent child(ren) under age 18- limit is 24% FPL.

6. Former Foster Care Children – these are limited to foster children who were in the custody of the Department of Human Services (DHS) at age 18 and are currently under the age of 26 and are residents of MS. NOTE: In Mississippi, former foster children who aged-out of foster care at age 18 automatically received Medicaid to age 21 prior to the ACA. Effective with the ACA, the age limit for automatic eligibility was raised to age 26. If a HPE hospital identifies a former foster child who does not have Medicaid coverage who was in foster care in Mississippi and aged out of foster care in Mississippi at age 18, HPE is a possibility. DOM will verify the status of all such children with DHS before granting ongoing eligibility for Medicaid.

7. Certain Women with Breast & Cervical Cancer – women who are screened through the State Department of Health's Breast & Cervical Cancer Early Detection Program and diagnosed with breast and/or cervical cancer must meet the following conditions for HPE coverage:

- The woman must be under the age of 65,
- Have no other creditable health coverage,
- Have household income under 250% FPL,
- Have been screened by a hospital that conducts screenings as a MS Breast and Cervical Cancer Program screening provider as authorized by the State Department of Health.

Children eligible for CHIP (Children's Health Insurance Program) do not qualify for HPE.

The income limit based on household size for each covered group is found in the "MAGI Income Limits" handout #1.

The only allowable disregard of income is a 5% FPL disregard that is applied as needed to allow eligibility for Medicaid or CHIP. The income chart provided in this training material has the 5% allowable disregard built into the limits. When using the chart provided, the limits are the maximum allowable limits.

HPE is limited to no more than one period within two (2) calendar years. However, pregnant women are limited to one HPE period per pregnancy.

ELIGIBILITY REQUIREMENTS

In order for an individual to be considered eligible for an HPE approval, the individual must be a child, a pregnant woman, a low-income parent or needy caretaker, a former foster child or a woman screened for breast and/or cervical cancer by a valid screening provider:

1. Income Requirements

    - Children qualify on the basis of income & age. The MAGI household of a child applying for HPE must be equal to or less than the FPL applicable to their age group.

    - Pregnant women age 19 & over must have MAGI household income equal to or less than 194% FPL. In addition, a pregnant woman's MAGI household is increased by the number of babies expected. Pregnant minors, defined as under age 19, have MAGI household income disregarded for Medicaid purposes.

    - Low-income parent(s) or needy caretakers qualify based on their relationship to a child under age 18 living in the home:
        - A parent can be the natural, adoptive or stepparent of a child,
        - A needy caretaker relative must meet the specified degree of relationship to at least one child under age 18 living in the household and must be the person with primary responsibility for the care of the child or children. The relationship must be that of a blood relative, including those of half-blood, and includes first cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great; step-siblings; and, spouses of any person named above even after the marriage is terminated by death or divorce.
        - The child(ren) under age 18 must be deprived of one or both parents because of incapacity, death or absence of a parent or the unemployment or under-employment of a 2-parent household. Deprivation allows the parent(s) or caretaker relative to qualify in combination with MAGI household

income below the standard for the household size and meeting the degree of relationship.

- Former foster children who aged out of foster care in Mississippi at age 18 are not subject to an income limit in determining HPE provided the former foster child is over age 18.

- Breast & Cervical Cancer Program women are subject to a household limit of 250% FPL based on household size. **NOTE:** The MS State Department of Health is authorized to make a presumptive Medicaid eligibility decision for women who have been screened & diagnosed through their Breast & Cervical Cancer Program. As soon as the Health Department is notified of the cancer diagnosis by the screening provider, the case manager for the Breast & Cervical Cancer Program sends DOM the necessary information to immediately place eligibility on file for women determined presumptively eligible. An HPE decision may not be necessary since the State Department of Health is the lead agency for presumptive decisions for breast & cervical cancer patients.

2. Residency Requirement – the individual applying for HPE must be a resident of Mississippi. There is no requirement for a fixed address but the individual must be physically present in the state with the intent to reside.

3. Citizenship and/ or Satisfactory Immigration Status
   An individual applying for HPE must declare to be a U.S. citizen or an immigrant in the U.S in a satisfactory immigration status. Hospitals must rely on self-attested information from the immigrant. Check the listing below to determine if an immigrant can be eligible in Mississippi:

- Lawful Permanent Resident (LPR or Greencard holder) - who has been in the U.S. at least 5 years and has 40 Qualifying Quarters of Coverage with the Social Security Administration (SSA). A Qualifying Quarter means a quarter of coverage (3 calendar months ending March 31, June 30, September 30 or December 31) earned by the immigrant, a parent of an immigrant under age 18 and/or a spouse.

- Asylee – can qualify for Medicaid until 7 years after the date of entry into the U.S.

- Refugee – can qualify for Medicaid until 7 years after the date of entry into the U.S.

- Cuban or Haitian entrant- can qualify for Medicaid until 7 years after the date of entry into the U.S.

- Paroled into the U.S. – must have entered into U.S. before 08/22/1996 or have been in the U.S. at least 5 years and have 40 Qualifying Quarters of Coverage with SSA.

- Conditional entrant granted before 1980 – must have 40 Qualifying Quarters of Coverage with SSA.

- Battered spouse, child and parent- must have entered into U.S. before 08/22/1996 or have been in the U.S. at least 5 years and have 40 Qualifying Quarters of Coverage with SSA.

- Victim of Trafficking and his/her spouse, child, sibling or parent- can qualify for Medicaid until 7 years after the date of entry into the U.S.

- Member of a federally-recognized Indian tribe or American Indian Born in Canada – eligible for any Medicaid category if all other criteria met.

- An individual who is lawfully residing in the U.S. and was receiving and eligible for Medicaid on 08/22/1996 is considered to be in a satisfactory status.

- An honorably discharged veteran or individual on active duty in the U.S. military or their spouse or their unmarried dependent child is considered to be in a satisfactory status.

HPE APPLICATION REQUIREMENTS FOR HPE DECISIONS

1. A one-page application for HPE decisions is used to transmit HPE approvals to the Division of Medicaid (DOM). Email or fax all HPE approvals:
   - Email to Applications@medicaid.ms.gov, or,
   - Fax to 601-576- 4164

   Prior to completing the HPE application, check the DOM web-portal to make sure the individual is not currently eligible and is not in need of HPE. In addition, ensure that there is no indication of HPE on file within the current or previous calendar year or for the current pregnancy.

2. DOM will provide hospitals electing HPE with the HPE Application Form for duplication.

3. An HPE approval must be transmitted to DOM within 5 days after the HPE approval decision is reached by the hospital. Basic identifying household information will be needed on the form.

4. If the form is not sent to DOM within 5 days of the date of the HPE decision, the HPE eligibility will not be placed on file using the outdated form. A new form with a new HPE decision date will be required.

5. Hospitals must provide a written notice to all individuals assessed for HPE. The notice must provide the following information:

   - If approved, the notice will provide the beginning and ending date of the HPE period and the Medicaid ID number (DOM will provide this information to the hospital), as described below in the HPE Period of Eligibility.
   - If denied, the notice will give the reason for the denial and how to apply for full Medicaid.
   - The notice must explain that HPE decisions may not be appealed. Only a formal Medicaid eligibility decision made by DOM grants appeal rights.

   DOM will provide hospitals electing HPE with a model notice to use.

6. DOM will assign a Medicaid ID number for the PE period of eligibility and notify the qualified hospital within 5 days of the Medicaid ID number assigned.

HPE PERIOD OF ELIGIBILITY

1. The begin date of the HPE eligibility period that will be entered on the HPE Application Form is the 1st of the month in which the HPE decision is made. For example, if the hospital determines on January 15th that an individual is eligible for HPE, the begin date is January 1st. The hospital will have until January 20th to transmit the HPE Application Form to DOM but the begin date of the HPE period of eligibility is January 1st.

2. The end date of the HPE eligibility period is either:

    - the last day of the month following the month the HPE period begins, or,

    - if a full application is submitted to DOM within the HPE period, the HPE period will be extended to the end of the month in which DOM makes the final eligibility decision.

    Example: The HPE begin date is January 1st. The initial end date will be the last day of February. If a full application is received by DOM before the last day of February, the PE period will be extended to the last day of the month in which DOM makes the decision regarding eligibility. If DOM makes a decision on March 2nd regarding eligibility, the PE period for Medicaid eligibility will be extended to the last day of March regardless of the outcome of the full application.

3. DOM will be reviewing the full application for all household members applying. The full application will be evaluated for Medicaid, CHIP and possible transfer to the federal healthcare marketplace for insurance coverage. A prior HPE approval will be valid regardless of the final outcome of the full Medicaid application.

   For example, if a child with a HPE period of January 1st – March 31 is determined to be CHIP eligible, the child's CHIP eligibility cannot begin until April 1st. If the same child is determined to be Medicaid eligible rather than CHIP, Medicaid coverage will be possible for April forward plus up to 3 months prior to the month the full application is received by DOM if retroactive coverage is requested. In this example, if the full application was received in February and January Medicaid eligibility is already on file (HPE eligibility), the retro period possible is November and December. If the child is determined ineligible for Medicaid or CHIP, the Medicaid coverage ends March 31st and the account is transferred to the marketplace for evaluation of health insurance coverage through the marketplace.

MEDICAID COVERED BENEFITS FOR HPE APPROVALS

Covered benefits include all covered Medicaid benefits as those provided under the Medicaid group for which the individual is determined presumptively eligible.

The **exception** to full coverage is for pregnant women. Benefits for pregnant women under HPE are limited to ambulatory prenatal care. Birthing expenses are not covered under HPE.

APPLICATION REQUIREMENTS FOR SUBMITTING FULL APPLICATIONS FOR HPE APPROVALS

1. The ACA requires the use of a single, streamlined application for all "insurance affordability programs" which includes Medicaid and CHIP through DOM and advance payment of premium tax credits and cost-sharing subsidies through DOM's affiliation with the federal healthcare marketplace. When qualified hospitals submit the full application following HPE approvals, the application will be evaluated for Medicaid, CHIP and insurance through the federal healthcare marketplace.

2. In addition to the use of the single application, the ACA requires that applications be accepted:
    - On-line by going to the DOM website at www.medicaid.ms.gov,
    - By telephone (a signature will be recorded),
    - Via mail,
    - In person, and
    - Through other commonly available electronic means (such as faxing and/or emailing). Full applications may be faxed or emailed to the same email address or fax number provided for the HPE approvals.

3. In-person interviews for MAGI-based applications are prohibited under the ACA; however, individuals may apply in person if they choose to do so.

4. The full application is available on line at www.medicaid.ms.gov

THE HPE DETERMINATION PROCESS

Complete the HPE Application Form

The starting point for determining HPE is for a hospital staff person trained and certified in HPE to discuss the information needed on the HPE Application Form with the HPE applicant. A separate form is filled out for each HH member that needs to apply for HPE. The key to HPE is to determine each individual's:

- Age
- Relationship to other HH members
- Tax status
- Household income & who receives the income

The application form asks about U.S. citizenship and immigration information (if not a U.S. citizen). There is no requirement to verify citizenship or immigration status for HPE purposes; rely on self-attestation from the applicant(s) but the individual must attest to being a citizen or immigrant in the U.S. in a satisfactory immigration status using the list of statuses provided in this material.

Construct a MAGI Household (HH) for Each Applicant

Use the chart entitled "Construct a MAGI HH for Each Applicant" (Handout #1) to determine if each individual applying is:

- A tax filer
- A tax dependent or a tax dependent who meets an exception,
- An individual who is both a tax filer and a tax dependent (including exceptions), in which case use tax dependent rules to construct a MAGI HH,
- A non-filer, meaning the individual either does not expect to file taxes and is not claimed as a tax dependent OR is a tax dependent who meets an exception.

Use the "Tax Filer & Non-Tax Filer Chart" (Handout #2) as an added resource for use in determining household composition. Handouts #1 and #2 are designed to help determine which household members must be considered a "household" for budgeting purposes and whose income must count toward the income limit for the household size.

Income Counting Rules

Refer to the "Income Counting Rules" (Handout #3) for the types of income that do not count and income that does count and how to arrive at countable income if viewing a federal tax return.

Refer to the "Calculating MAGI HH Income" (Handout #4) and the "Required to File Rule for Counting the Income of a Tax Dependent or Non-Filer Child" (Handout #5) for further resources on determining whose income counts within the household composition.

Combine the income that counts for each person in a "household" and compare the total income to the "MAGI Income Limits" chart (Handout #6) applicable to the household constructed. If total income is equal to or less than the limit, the individual is eligible for HPE. ***Keep in mind that the income limits shown on this chart contain the allowable 5% FPL disregard so the limits shown are the maximum allowable for use with HPE.***

Examples

Filer Example 1 : HH consists of ***married*** parents Bob & Mary who have one common child, Ben (age 15) and Jane (age 22) who is Mary's child (Bob's stepchild). Bob is a tax filer and has a spouse, Mary. He claims Ben and Jane as dependents.

- Tax filer rules apply to each HH member. No exceptions exist in this HH.
- HH size is 4 for each member.
- Income of Bob & Mary would count. Income of Ben & Jane would count only if "required to file."

Filer Example 2: Same example as above but 22 year old Jane is married to Jack. Jane and Jack live separately from Bob/Mary but Bob still claims Jane as a tax dependent.

- Tax filer rules continue to apply for Bob, Mary, Ben
- HH size for Bob, Mary and Ben remains 4. Bob & Mary's income counts to all 4.
- Jane's HH size is 5 because she is a married tax dependent; her HH includes the tax filer's HH Bob, Mary, Ben, herself and her spouse, Jack. Income for Jane would include Bob & Mary's income as well as Jack's income, if any.
- Jack is not claimed as a tax dependent so his HH consists of him and his spouse (HH of 2). Income that counts would be Jack & Jane's income, if any.

Exceptions to Tax Filer Rules: if a tax dependent is not the tax filer's spouse or child, or if the tax dependent is under age 19 and lives parents (married or unmarried) who will not file jointly, or if the tax dependent is claimed as a tax dependent by a non-custodial parent then the tax dependent meets an exception and is treated as a non-filer.

Filer Exception Example 1: Sue and Bill are ***unmarried*** parents of Betty (15). Jenny (18) is Sue's child. Bill is a tax filer and claims Sue, Betty and Jenny as tax dependents.

- Bill is a tax filer so his HH is 4. Income of all 4 counts, unless Betty & Jenny are not "required to file."
- Sue is not the spouse of Bill so she is treated as an *exception*. Sue's HH is herself and her children living with her, Betty and Jenny (HH of 3). Sue's income would count, if any & Betty & Jenny's income would count if "required to file."
- Betty is an *exception* because she is living with parents who are not married & cannot file jointly. Betty's HH size is 4 (child & parents/siblings living together). Parental income counts as well as income of Betty & Jenny if "required to file."
- Jenny is an *exception* because she is a tax dependent who is not the tax filer's child (Bill is not her father). Her HH size is 3 (self + parent/sibling living together). Her income would be her mother's income. If Jenny & Betty are "required to file" then their income would count in Jenny's budget.

Filer Exception Example 2: Same example as above but Bill and Sue file taxes separately. Bill claims Betty and Sue claims Jenny as their respective tax dependents.

- Bill's HH size is 2 (self + 1 dependent). Bill's income counts + Betty's income only if "required to file."
- Sue's HH size is 2 (self + 1 dependent). Sue's income counts + Jenny's only if "required to file."

- Betty is an exception because she is living with unmarried parents so her HH size is 4 (self + parents/sibling). Parental income counts. Betty & Jenny's income would count only if "required to file."
- Jenny is not an exception. Her situation follows tax filer rules. She is the dependent of her mother so her HH size is 2. Mother's income counts and Jenny's only if "required to file."

Non-Filer Rules: the non-filer rules include the rule for an adult and child:

- A non-filer adult's household includes the non-filer, his/her spouse (if any) and his/her children living together. Income of a child not required to file a tax return does not count. A parent cannot be separated from his/her child if living together so the parent's income always counts toward a child.
- A non-filer child's household includes the non-filer, his/her parent(s) and siblings living together.

Non-filer Example 1: Gerald and Monica are ***married*** but neither files taxes. Bryan is their common child, John belongs to Mary. All 4 live together. The HH size for each HH member is 4 because parents and their children compose the HH. Parental income counts. The children's income counts only if "required to file."

Non-filer Example 2: Gerald and Monica are ***unmarried*** and do not file taxes. Bryan and John are their children.

- Gerald's HH size is 3 (parent/children living together). Parent's income counts & children's income counts only if "required to file,"
- Monica's HH size is 3 (parent/children living together). Parent's income counts & children's income counts only if "required to file,"
- Bryan and John's HH size is both 4 (parents and children living together). Parental income counts and Bryan & John's income counts only if "required to file."

(Hospital Letterhead)

Application for Hospital Presumptive Eligibility Results

(Date)

Dear _____

You were evaluated for Hospital Presumptive Eligibility (HPE) which provides temporary Medicaid benefits. The outcome is:

❑ You are approved. Your Medicaid begin date is: _____

The end date of this temporary period is _____

Your Medicaid ID # is _____

You must complete a full Medicaid application in order for Medicaid to continue.

- ❑ According to our records, we assisted you in completing this full application on _____. You will be notified of the outcome by the Division of Medicaid.
- ❑ According to our records, we were not able to assist you in completing a full Medicaid application. If you want to apply, contact the Division of Medicaid at www.medicaid.ms.gov or call 1-800-421-2408 to get information on how to apply.

❑ You are denied HPE. The reason for the denial is:

- ❑ The household has too much income to qualify.
- ❑ There is no HPE Medicaid coverage group available to assist you.
- ❑ Other _____

_____

_____ _____

Hospital Staff Member Name Contact Information

HPE APPLICATION FORM

Qualified Hospital _____ **Date of HPE Decision** _____

Full Name of HPE Individual _____

SSN of Individual (Optional) _____ **Sex:** ❑ Female ❑ Male **DOB:** _____

U.S. Citizen? ❑Yes ❑ No **If not a U.S. citizen, is immigration status satisfactory?** ❑ Yes ❑ No **Resident of MS?** ❑ Yes ❑ No

Was HPE Applicant in Foster Care at Age 18? ❑ Yes ❑ No If yes, in what state? _____

Full Address of HPE Individual (Street)_____

City _____ State _____ Zip Code _____

Mailing Address (if different) (street or PO Box)_____

City _____ State _____ Zip Code _____

Phone Number(s) (C) _____ (H) _____ (W) _____

Individual Qualifies As: ❑ Pregnant Woman ❑ Child Under Age 19 ❑ Parent of Dependent Child < 18
❑ Caretaker of Dependent Child < 18 ❑ Former Foster Care Child
❑ Woman screened & diagnosed through the Breast & Cervical Cancer Program (screening hospitals only)

Tax Status of Individual: ❑ Filer Household ❑ Non-Filer Household **Number in Household** _____ **Household Income** $_____

Name of Household Members (other than HPE Applicant	**Age**	**Relationship to HPE Applicant**

HPE APPLICATION FORM

Comments: _____

_____

_____

_____

_____ _____

Name of Certified Hospital Staff Member Completing This Form **Contact Number**

For Use by Division of Medicaid: HPE Medicaid ID# Assigned _____

Begin Date _____ **End Date**_____

Medicaid Specialist _____**Phone #** _____

Date _____

HPE APPLICATION FORM INSTRUCTIONS

The HPE Application Form is designed to be completed by a HPE hospital staff member certified in HPE after obtaining household information from the HPE applicant. This form is not designed to be completed by the HPE applicant.

Qualified Hospital – please give the full name of the hospital submitting the HPE Application Form.

Date of HPE Decision – enter the date the hospital made the decision regarding HPE for the individual applying. This is the date that starts the 5-day clock for submission of the HPE approval to DOM.

Full Name of HPE Individual – enter the first, middle & last name of the person applying for HPE.

SSN of Individual (Optional) – it is optional to furnish SSN's for an individual applying for HPE but in order for DOM to prevent duplicate ID numbers from being issued for the same person and in order for DOM to match up HPE eligible recipients with the subsequent submission of a full application, SSN's are helpful.

Sex – check female or male.

Date of Birth – enter the date of birth for the individual applying for HPE.

U.S. Citizen? – enter if the individual has declared to be a U.S. citizen.

If not a U.S. citizen, is immigration status satisfactory? – enter whether the non-citizen applicant for HPE has declared to be in a satisfactory immigration status, meaning the individual has in his/her possession a green card or other papers that would show that he/she entered the U.S. legally. See the list in the training material for definitions of the various types of immigration statuses.

Resident of MS – enter whether the individual declares to be a resident of MS.

Was HPE applicant in Foster Care at Age 18? - ask if the individual was in foster care in Mississippi and aged out at age 18. Only individuals in foster care at age 18 in Mississippi qualify for continued Medicaid coverage provided the individual is under age 26.

Full Address of HPE Individual – enter the street address of the individual applying for PE.

Mailing Address - enter only if the mailing address is different from the street address.

Phone Number(s) – enter cell, home and work phone numbers if appropriate. If not, enter a contact number if available.

HPE APPLICATION FORM INSTRUCTIONS

Individual Applying Qualifies As: check the appropriate block to indicate the basis for the HPE eligibility.

Tax Status of Individual - enter whether the HPE individual is a tax filer or a non-filer. A non-filer either does not file federal taxes or is someone who meets an exception to tax filer rules as described in training material.

Number in Household – enter the number of household members included in the HPE individual's household that was used as the basis for the HPE decision.

Household Income – enter the household income that was used to determine the HPE individual's eligibility.

Household Members – enter the names of the household members used in the budget for the HPE individual. There are 7 spaces provided on the form to add household members in addition to the HPE applicant. If additional household members need to be named, use a separate sheet of paper to attach to the form.

NOTE: Use a separate form for each person within a household applying for HPE. If more than 8 household members are present, use additional pages to list the names of the household members or include the needed information in the "comments" section.

Comments – the hospital staff person completing this form will use this space to record any necessary comments about the household or the HPE application.

Name of Certified Hospital Staff Member Completing the Form – the authorized hospital staff person will enter his/her name and contact information in the event the DOM staff person needs to make contact about information on the form.

For Use by Division of Medicaid: DOM will return the form with the Medicaid ID assigned to the PE period and the beginning and ending dates assigned to the PE period. The Medicaid Specialist entering the HPE period will enter their identifying and contact information.

"REQUIRED TO FILE" RULE FOR COUNTING THE INCOME OF A TAX DEPENDENT OR NON-FILER CHILD

(Handout #5)

Tax Filer rules require income of a tax dependent to count only if the dependent is "required to file."

Non-Filer rules require the income of a child under age 19 to count only if the child is "required to file."

"Required to file" is different from ***"filing"*** – Many dependents and children who work and pay taxes file a tax return in order to get a refund. However, the person may not be **"required"** to file a tax return.

In order to determine if a tax dependent or non-filer child is "required to file" a federal tax return for Medicaid & CHIP purposes, follow these steps:

1. The MAGI application form asks the question "does this person plan to file a federal income tax return next year?"

   ❑ No – If checked, accept this response – do not determine if "required to file"

   ❑ Yes –If checked, determine if the person is "required to file" in Step 2.

2. Determine "taxable" income of the tax dependent or non-filer child.

   - Do not include Social Security (SS) or Railroad Retirement Benefits (RRB) received by the tax dependent or non-filer child. If the only income received by a tax dependent or non-filer child is SS or RRB, the benefits are generally not taxable.

   - If there is income other than or in addition to SS or RRB, these benefits may be taxable. Calculate the total "other" income per dependent or non-filer child and go to Step 3.

3. Compare taxable income to the following tax dependent filing requirement limits published by the IRS keeping in mind the following:
    - Test Earned and Unearned income separately against the appropriate limit.
    - Do not include SS or RRB against the unearned income limit but include any other type of countable unearned income.
    - Use IRS filing limits for earned/unearned income in effect at the time of the eligibility decision or the most recent limits available from IRS at the time of the decision.

Single or Married Dependent Under Age 65 – 2013 Limits	
Unearned Income	More than $1,000
Earned Income	More than $6,100

Single Dependent Age 65 or Over or Blind – 2013 Limits	
Unearned Income	More than $2,500 ($4,000 if age 65 or older and blind)
Earned Income	More than $7,600 ($9,100 if age 65 or older and blind)

Married Dependent Age 65 or Over or Blind – 2013 Limits	
Unearned Income	More than $2,200 ($3,400 if age 65 or older and blind)
Earned Income	More than $7,300 ($8,500 if age 65 or older and blind)

4. If taxable earned income and/or taxable unearned income computed for Step 3 exceeds the limit appropriate for the tax dependent or non-filer child, the income (other than the SS or RRB excluded in this process) counts in the budget group of the tax dependent or non-filer child because the individual is "required to file."

    If income is below the limit, the individual is not required to file and the individual's income does not count.

TAX FILER & NON-TAX FILER RULES CHART
(Handout #2)

TAX FILER HOUSEHOLD RULES				
Applicant Is:	*Tax filer Status + Filing Thresholds (2013)*	*Household Composition*	*Qualifier*	*Income*
Tax Filer	**Married Filing Jointly (MFJ)** Both spouses < 65 $20,000 1 spouse > 65 $21,200 Both spouses > 65 $22,400	Tax filer + all dependents claimed	MFJ Spouses are considered 1 Household.	Income that counts is total countable MAGI income for the Household (HH). Do not count income of tax dependent that is not required to file a tax return, regardless whether dependent files. If required to file, dependent's income counts for HH.
Tax Filer	**Married Filing Separately** Any age $3,900	Tax filer + all dependents	Spouses filing separately are included in each other's tax HH if living together; spouses living apart are 2 separate HH's.	Same as above for spouses living together.
Tax Filer	**Head of Household** < 65 $12,850 > 65 $14,350	Tax filer + all dependents	Limited to single, divorced or otherwise unmarried w/ qualifying dependents in HH	Same as above
Tax Filer	**Qualifying Widow(er)** < 65 $16,100 > 65 $17,300	Tax filer + all dependents	Must have at least 1 dependent	Same as above
Tax Filer	**Single** < 65 $10,000 > 65 $11,500	Tax filer + dependents, if any	Unmarried, can have dependent but would usually file as HOH if claiming a dependent	Same as above
Tax Dependent	**Child** (biological, adopted, step) **Other Individuals** (Family or non-related individuals who meet requirements to be claimed as a tax dependent) **See "Required to File Rule for Counting the Income of a Tax Dependent or Non-Filer Child"**	HH is same as Tax filer's HH	Note: *Married couples living together must be included with each other.*	HH income is that of the Tax filer's HH.

TAX FILER & NON-TAX FILER RULES CHART
(Handout #2)

EXCEPTIONS TO USING TAX FILER HOUSEHOLD RULES:

- Tax dependent is not the Tax filer's spouse (unmarried couple living together, tax filer's parent, etc.) — Treat as Non-filer
- Tax dependent is not the Tax filer's child (foster child, related or unrelated child dependent) — Treat as Non-filer
- Tax dependent under age 19 lives with 2 parents (married or unmarried) who do not plan to file jointly — Treat as Non-filer
- Tax dependent under age 19 is claimed by a non-custodial parent — Treat as Non-filer

NON-FILER HOUSEHOLD RULES			
Applicant Is:	*HH Composition*	*Qualifier*	*HH Income*
Adult Non-Filer	HH includes non-filer adult, spouse & children living in the home	The MAGI income of a parent always counts for their child. **See "Calculating MAGI HH Income"**	Income of all HH members ***except*** income of a child who is not required to file a tax return is not counted as HH income.
Child Non-Filer (Under Age 19)	HH includes non-filer child + parent(s) and sibling(s) under age 19 living together		Same as above