

CHAPTER 6: MAGI MEDICAID ELIGIBILITY

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CHAPTER 6: MAGI MEDICAID ELIGIBILITY

A. Overview of MAGI Medicaid Eligibility

This Chapter provides a brief overview of the rules for determining Medicaid eligibility. Individuals should always consult the most up-to-date Medicaid Rules & Regulations¹ for the most accurate information regarding Medicaid eligibility Rules. **Medicaid eligibility rules are set by the Executive Office of Health & Human Services (EOHHS), not by HealthSource RI. HealthSource RI is not the definitive source for the rules regarding Medicaid eligibility or for the most recent updates to those rules.**

Medicaid provides health coverage to eligible children, adults, pregnant women, the elderly, and people with disabilities who meet residency, citizenship, immigration, and financial eligibility standards.² This Chapter focuses on Medicaid eligibility for children, adults, and pregnant women for whom eligibility is based on Modified Adjusted Gross Income (MAGI). To be eligible for MAGI Medicaid, a family must meet the program's technical,³ cooperation⁴, characteristic⁵, and financial requirements⁶. Please refer to the most up-to-date version of the Medicaid Rules & Regulations for more information regarding Medicaid eligibility requirements.

HealthSource RI adheres to a “No Wrong Door” policy, ensuring that any eligible Rhode Island resident may contact HealthSource RI to obtain information regarding their potential eligibility for MAGI Medicaid or QHP with or without financial help.

B. Coverage Groups

MAGI Medicaid eligibility is determined by rules governing specific coverage groups. A coverage group is a classification of individuals potentially eligible to receive Medicaid benefits. There are numerous coverage groups. An individual must satisfy all of the requirements of at least one coverage group to be eligible for MAGI Medicaid. Please refer to the most up-to-date version of the Medicaid Rules & Regulations for more information regarding coverage groups and financial standards for MAGI Medicaid.

Generally, the following coverage groups exist:

- Parents and Caretaker Relatives
- Pregnant Women
- Infants and children
- Adult Group - Individuals may be covered under this group if they:
 - Are aged 19-64;
 - Are not pregnant;
 - Are not entitled to or enrolled in Medicare part A or B benefits;

¹ available at <http://www.eohhs.ri.gov/>

² For an overview of government-sponsored health insurance care available in Rhode Island, please see the Medicaid Rules & Regulations, Ch. 0300.

³ See Medicaid Rules & Regulations, 0300.25.05

⁴ See Medicaid Rules & Regulations, 0300.25.15

⁵ See Medicaid Rules & Regulations, 0300.25.10

⁶ See Medicaid Rules & Regulations, 0300.25.20

- Are not otherwise eligible for and enrolled in another coverage group; and
- Have household income that is at or below 133 percent of the Federal Poverty Level (FPL).^{7,8}

C. Determining MAGI Medicaid Eligibility

1) Household Composition & Size

EOHHS identifies whether an applicant meets the eligibility criteria for MAGI Medicaid, by first determining which members of the applicant’s family who are considered part of his or her household.⁹ After the household is constructed, EOHHS can determine its household income and compare it to the FPL for a household of the appropriate size. There are some notable differences in the rules used for Medicaid eligibility as compared to eligibility for financial assistance for QHP enrollees.

First, there are a number of specific circumstances in which Medicaid household composition rules are different from the APTC/CSR rules. Second, Medicaid household rules are specific to each **individual** within a family or household. For example, an adult in a family may have a different Medicaid household than the child with whom he or she is living. In contrast, each person who is part of a taxpayer household for APTC/CSR eligibility purposes is considered to have the same household and the same household income.¹⁰ Please refer to the most up-to-date version of the Medicaid Rules & Regulations for more specific information regarding household composition rules for Medicaid.

2) Household Income

In order to be eligible for MAGI Medicaid, an applicant’s current monthly household income must meet certain income limits. As with APTC and CSR eligibility, Medicaid also relies on the IRS-based measure of income known as “Modified Adjusted Gross Income”¹¹ with some modifications,¹². That said, there is a substantial difference when evaluating income for Medicaid versus eligibility for APTC/CSR. While HealthSource RI determines APTC/CSR eligibility using estimated annual income, EOHHS uses **current** monthly income to determine eligibility for Medicaid.¹³ Please refer to the most up-to-date version of the Medicaid Rules & Regulations for more information regarding financial standards for Medicaid eligibility, including:

- Whose income is counted;
- What counts as household income; and
- What counts as household MAGI for purposes of evaluating Medicaid eligibility.

⁷ Under federal law, adults covered under 42 CFR 119 may include parents and caretaker relatives with incomes above the limit set for the Parent and Caretaker Relative Group under 42 CFR 435.110 and below 133% FPL. However, because Rhode Island’s income limit for the Parent and Caretaker Relative group under 42 CFR 435.110 is 133% FPL, coverage under 42 CFR 119 will be limited, as a practical matter, to adults without dependent children.

⁸ Medicaid Rules & Regulations Ch. 1305.13.01(B)(1)(a)(i), 42 CFR 119

⁹ 42 CFR 435.603(f)

¹⁰ 42 CFR 435.603(f)

¹¹ 42 CFR 435.603(e)

¹² 42 CFR 435.603(e)

¹³ 42 CFR 435.603(h)