ARIES Introduction and MAGI Medicaid Policy Overview
Welcome to the Alaska’s Resource for Integrated Eligibility Services (ARIES) Introductory and Modified Adjusted Gross Income (MAGI) Medicaid Policy Overview

This presentation includes:

- An introduction to MAGI Medicaid policy
- A basic overview of related terminology
- Information about ARIES and how it will be utilized
- Key features and changes related to ARIES and MAGI Medicaid
- Medical ID cards
- The renewal process
What is MAGI Medicaid?

- The Affordable Care Act expands Medicaid coverage to low-income Americans, requires simplified eligibility and enrollment rules, and establishes coordination between State Medicaid agencies and the Federally Facilitated Marketplace.
- Starting, January 1, 2014, eligibility for most Denali Care categories and Denali KidCare will be determined using methodologies that are based on Modified Adjusted Gross Income (MAGI), as defined by the IRS.
MAGI Income

- MAGI methodology is used to determine how income is counted and how household composition and family size are determined.
- MAGI is based on federal tax rules for determining adjusted gross income (with some modification). The MAGI income calculation is based on the values reported on page 1 of the 1040 tax form.

Count Income →

Don’t Count Income →
MAGI and Non-MAGI Categories

New method for eligibility determination—who is included?

MAGI-Categories
- Former Foster Children (18 up to 26)
- Parent/Caretaker
- Children (under 19)
- Pregnant Women

Non-MAGI
- SSI Recipients
- Aged, Blind, Disabled
- Premium Assistance Recipients
- CAMA

Coverage Groups
- Parents and Other Caretaker Relatives
- Pregnant Women
- Emergency Alien Medicaid
- Under 21
- Former Alaskan Foster Children (age 18 up to 26)
- Newborn
- Children under age 19

Coverage Groups
- SSI, Disabled Children, Working Disabled
- Aged, Blind, Disabled
- Long Term Care (Nursing Home, Community Based Waivers etc.)
- Medicare Savings Program
- Chronic Acute Medical Assistance (CAMA)
- Children receiving foster care, Adoption Assistance
- 2101f Children
What is the Federally-Facilitated Marketplace (FFM)

Starting in January 2014, consumers may qualify for financial assistance in the Marketplace through the Insurance Affordability Programs.

If eligible, an individual or family will receive tax credits that can help them pay for a Qualified Health Plan (QHP).

For applications for health insurance made through the FFM:
- The FFM will complete an assessment to determine if Alaska applicants appear to be eligible for Medicaid/Denali KidCare. If yes, the FFM will send the application to Alaska DPA to make an eligibility determination.

For applications for health insurance received by Public Assistance:
- DPA will determine eligibility for Medicaid/Denali KidCare
- If we deny Medicaid/Denali KidCare, we send information back to the FFM for assessment for tax credits and QHP
What is ARIES?

ARIES, Alaska’s Resource for Integrated Eligibility Services, is the new integrated system supporting MAGI Medicaid.

- ARIES consists of a Worker Portal and a Self Service Portal
- An application can be submitted to a worker or an office by:
  - Phone
  - Fax
  - Fee agent
  - Drop off
  - Mail in
  - In person
  - Self Service Portal (SSP)
  - Interface Referral (FFM)
Self Service Portal (SSP)

The Self Service Portal:

- Can be accessed by any Alaska resident through MyAlaska
- Allows clients to apply for benefits for MAGI-based Medicaid through a web application
- Provides navigation which is easy to understand

General *My Alaska* accounts cannot be established for agencies to assist their clients. Clients or individuals helping the client apply must use their own secure My Alaska account to apply.

The My Alaska account is used to log into the Self Service Portal the same as your other accounts.
Self Service Portal Page Level Help

- Page level help will be available in the Self Service Portal, with an option to print.
- This type of help will be displayed as a pop-up. Access page level help by clicking the Page Help link in the page header. When the link is clicked, a pop-up will display with the help text associated to the page.
SSP Application Entry Do's and Don’ts

When filling out your application, do:

• Write down your user ID and password
• Complete all mandatory fields
• Use the Next, Previous and Save & Exit buttons
• Verify the information on the summary pages
• Click the Change icon to make changes if needed
• Use the ‘Go Back’ links to update information before submitting the application

When filling out your application, don’t:

• Use the browser “Back, Forward or Refresh Buttons” while completing the application
• Submit the application without verifying the information
• Submit the application without making any necessary changes
What’s Changing?

Medicaid Program Rules in Non-Aged and Non-disabled Categories:

• Application
• Interview
• Renewals
• Household Composition
• Resource Test
• Income Rules
• Verification Rules

Business Changes:

• ARIES – Client Self-Service Portal & Worker Portal
• Medicaid Cards – ‘Denali Care’ and ‘Denali KidCare’
Interviews

Interviews are not required for persons applying for the following MAGI Based eligibility categories:

- Parents and Other Caretakers
- Pregnant Women
- Infants and Children under Age 21
- Former Foster Care Children up to the Age 26
Household Composition

MAGI based Medicaid households are based on tax status *instead of* relationships based on blood, adoption or marriage.

- New applications will ask tax status questions (who’s filing for who)
- If Applicant is not a tax filer, then follow relationship based on blood, adoption or marriage rules
Resource Test

No resource test is required for MAGI based Medicaid.
Income Rules

• New income standards - adjusted for a standard 5% deduction and PFD
• MAGI Medicaid follows Internal Revenue Services (IRS) rules for countable income

Self-employment:
• Will allow same deductions as IRS
• Will accept client statement as we do now
• No longer allow 50% deduction as we do for other programs

No longer countable:
• Child support
• Native dividends
Verification Rules

- Must take client statement if within 10% of electronic information.
- If not within 10% use normal verification procedures. Attempting first to verify by phone then request in writing.
- Federally operated verification Hub will be used for verification of citizenship and immigration status.
- Department of Labor data will be used to verify income.
SSP Application Submitted

When the SSP application is complete a confirmation message will display. You can print the document by clicking on the Print PDF button at the bottom of the page.
Medical ID Cards

- Medicaid cards replaced Medicaid stickers (coupons) on January 1, 2014. Children under age 19 receive the Denali KidCare card and adults over age 19 receive the Denali Care card.
- Coupons will be used only for non-standard system issued recipient identification.

This card is not a guarantee of coverage or eligibility. Providers must verify eligibility before providing services.
State of Alaska, Department of Health and Social Services

DENALI KIDCARE RECIPIENT INFORMATION

| RECIPIENT HELPLINE | 644-6800 option #6 in Anchorage
| (Coverage Inquiries) | 1-800-780-9972 outside Anchorage |
|
For enrollment inquiries, contact the nearest Division of Public Assistance Office

HEALTH CARE PROVIDER INFORMATION

| Providers must verify eligibility before providing services |
|
Eligibility Verification | 1-800-884-3223 (EVS) |
Coverage Inquiries | 1-907-644-6800 (Anchorage/Out of State) |
| 1-800-770-5650 (Outside Anchorage) |
Submit claims to: Xerox State Healthcare, LLC
PO Box 240769
Anchorage, AK 99524-0769
RXBIN: 009661 RXPCN: P013009661 RXGRP: AKMEDICAID

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Renewals

Recipients can complete a Renewal via:

- Paper
- Phone
- Online (in the future)
- In person

Renewal will also be completed (without renewal form):

- When Electronic data provides information adequate to redetermine eligibility
- When a household report of change provides information adequate to redetermine eligibility
Medicaid in Alaska: Who does What?

- The Medicaid program is *administered* by the Division of Health Care Services (DHCS) and their fiscal agent Xerox,
- Division of Public Assistance is responsible for determining eligibility of individuals and families in need of benefits except foster children (OCS),
- Division of Senior & Disabilities Services oversees Medicaid Long Term Care and Waiver Services
Medicaid Covered Services

The Alaska Medicaid Recipient Services booklet gives detailed information about what medical services are covered by the Alaska Medicaid program and how to use those services:

http://hss.state.ak.us/dhcs/PDF/MedicaidRecipientHandbook.pdf
Other DPA Programs

• Food Stamps: nutritional assistance for individuals and families that qualify
• Alaska Temporary Assistance: financial assistance and supportive services for families with dependent children
• Chronic and Acute Medical Assistance: limited medical benefits to low income individuals with certain medical conditions
• General Relief Assistance: limited rental, utility and burial assistance to qualifying individuals
• Child Care Assistance: limited assistance with paying for child care
• Heating Assistance: seasonal heating benefit available October-April annually
• Senior Benefits: formerly SeniorCare, provides cash assistance to qualifying low-income seniors
• WIC: (Women, Infants and Children Program): nutritional assistance for pregnant women, new mothers and children under age 5
Keeping Track of your Application

Thank you!
Summary

In this presentation you have learned:

• About ARIES and how it will be utilized
• Some key features and changes related to ARIES and MAGI Medicaid
• What the Medical ID cards look like
• The renewal process
• About the related terminology
• About MAGI Medicaid policy