

# Cascading Non-MAGI to MAGI Eligibility

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For the purpose of this document, Income Support for Medical Assistance (traditional) programs are referred to as non-MAGI Medicaid, and Income Support for Medical Assistance (Health Care Reform) are referred to as MAGI Medicaid (specifically the Streamline Medicaid program).

A number of non-MAGI Medicaid programs are considered more beneficial than MAGI Medicaid.

Where both non-MAGI Medicaid and MAGI Medicaid programs are deployed together by making use of the same database, then an individual's MAGI Medicaid eligibility should automatically adjust to reflect changes in non-MAGI Medicaid eligibility.

The following scenario illustrates the functionality:

- 1) A citizen is eligible for Streamline Medicaid (MAGI Medicaid).
- 2) The citizen later becomes eligible for ABD (non-MAGI Medicaid) for an overlapping period.  
*Streamline Medicaid decision should automatically adjust, becoming ineligible for periods of ABD eligibility.*
- 3) The citizen's ABD eligibility ends during a period that overlaps with Streamline Medicaid.  
*The Streamline Medicaid decision should automatically adjust, becoming eligible for periods where the citizen no longer has ABD eligibility.*

The previous approach achieved this through evidence:

- On new Non-Magi Medicaid decision on an Income Support Integrated Case, create ISMedicaidEligibility Evidence at the Person Level.
- Share this to the logically equivalent NonMagiMedicaidEligibilityEvidence on Insurance Affordability Integrated Case.
- Use NonMagiMedicaidEligibilityEvidence in determining eligibility for Magi Medicaid.

There are a number of defects in the maintenance of this evidence affecting the eligibility of the MAGI Medicaid decision.

## New approach

The previous evidenced based approach is not considered the most suitable for sharing calculated decisions. In a number of other places this has been achieved by reading the *casegroups* or *benefitgroup* tables.

A new hook point is provided to support this pattern allowing decisions to be written to custom tables on new and changed Income Support decisions.

## Hook point

```
curam.isproduct.creole.casemanagement.impl.CREOLECustomCaseGroupsMaintainer

    void maintainCustomCaseGroups(final long productDeliveryCaseID,
        final Set<CaseGroupDetails> eligibleMembers)
        throws ApplicationException, InformationalException;
```

This hook is called at the same point as casegroups are written for Income Support. The intention of this hook point is to persist those decisions that impact MAGI Medicaid eligibility so that they can be read by CER rules when determining MAGI Medicaid eligibility.

## Customization

Implement the new hook point to write eligible decisions that impact MAGI Medicaid eligibility.

Update HCR rules to read the new entity when determining eligibility for Traditional Medicaid.

## Further notes

Internal code changes have been made to *curam.isproduct.creole.casemanagement.impl.CREOLECaseGroupsMaintainer* so that ISMedicaidEligibility evidence is no longer created. ISMedicaidEligibility evidence will still be shared from the Person to Insurance Affordability integrated cases to the logically equivalent NonMagiMedicaidEligibilityEvidence with the OOTB evidence sharing configurations. To remove this sharing configuration:

- Log on to the administrative interface.
- In the Shortcuts panel, click Rules & evidence -> Evidence Sharing.
- Search for the sharing configuration from Person -> Insurance Affordability integrated case.
- Select the logically equivalent and select the delete row level action.

To remove this sharing configuration through DMX override the row identified by EVIDENCEBROKERCONFIGID 26872 in EJBServer/components/HCR/data/initial/EVIDENCEBROKERCONFIG\_LE.dmx in a custom component setting the RECORDSTATUS to RST2.