



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

A3-Eligibility Determinations and Fair Hearings RU PRA document

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1. A3- Eligibility Determinations and Fair Hearings Screenshots

1.1 Section A. Eligibility Determinations (including any delegations)

The screenshot shows a web application interface for Medicaid State Plan Administration. At the top, there is a navigation bar with 'News', 'Tasks', 'Records', 'Reports', and 'Actions' (highlighted). A user profile icon for 'Applan' is in the top right. The main header reads 'Medicaid State Plan Administration'. Below this, the 'Organization' section is titled 'Eligibility Determinations and Fair Hearings' with a sub-header 'MEDICAID | Medicaid State Plan | Administration | FL2017MS00060'. A 'Request System Help' link is on the right. A progress indicator shows 'Not Started', 'In Progress', and 'Complete' stages. The 'Package Header' section lists details: Package ID (FL2017MS00060), Submission Type (Official), Approval Date (N/A), Superseded SPA ID (N/A), SPA ID (N/A), Initial Submission Date (N/A), and Effective Date (N/A). A 'View Implementation Guide' link and a 'VIEW ALL RESPONSES' button are present. The 'A. Eligibility Determinations (including any delegations)' section contains a question: '1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:'. It has four radio button options: 'a. The Medicaid agency', 'b. Delegated governmental agency' (checked), 'i. Single state agency under Title IV-A (TANF)...', and 'ii. An Exchange that is a government agency...'. Below the options is a table with one row: 'Test1234'. The table has columns for 'Name of entity:', an up arrow, and 'Delete'. An 'ADD' button is at the bottom right.

Figure 1: Section A Screenshot 1

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- a. The Medicaid agency
- b. Delegated governmental agency

- i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
- iv. Other

Name of entity:	Delete
Test5678	X

c. Local governmental entities

3. Assurances:

- a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
- c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

Figure 2: Section A Screenshot 2

1.2 Section B. Fair Hearings (including any delegations)

B. Fair Hearings (including any delegations)

The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.

The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- a. Medicaid agency
- b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- c. Local governmental entities
- d. Delegated governmental agency

- i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
 - (1) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.
 - Yes
 - No
 - (2) The Medicaid agency only reviews appeals decisions with respect to the proper application of federal and state law, regulations and policies and that the review process is conducted by an impartial official not involved in the initial determination.
- ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act
 - (1) Name of entity:
 - (2) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.
 - Yes
 - No
 - (3) The Medicaid agency only reviews appeals decisions with respect to the proper application of federal and state law, regulations and policies and that the review process is conducted by an impartial official not involved in the initial determination.

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

- a. There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- b. When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.
- c. The Medicaid agency does not delegate authority to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.
- d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Figure 3: Section B

