

# Ohio Office of Medical Assistance

## Modified Adjusted Gross Income (MAGI) Conversion Plan

REVISED

November 7, 2013

This MAGI Conversion Plan is being submitted to CMS by Ohio as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards.<sup>1</sup> The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

**Eligibility and FMAP claiming conversions.** States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf>.

**Note about Income Eligibility Conversions and State Plan Amendments:** Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum allowed and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

### Option 2 – Standardized Methodology with State data

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<sup>1</sup> SHO letter available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>

Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

	Part 1 – Conversions for Eligibility		Part 2 – Conversions for FMAP Claiming	
	Pages to Complete	Due Date	Pages to Complete	Due Date
Standardized Methodology	Page 1	May 31, 2013	Page 1	August 1, 2013
Standardized Methodology with State Data	Page 3-10	April 30, 2013	Pages 13-18	August 1, 2013
Alternative Methodology	Page 3-12	April 30, 2013	Pages 13-18	August 1, 2013

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**Standardized Methodology with State Data Method  
and  
Alternative Method:**

Please provide a state contact who can answer questions about the conversion plan, data, and methods:

Name: Jenni Langlois Title: MHSA

E-mail: Jenni.Langlois@Medicaid.Ohio.gov Phone: 614-752-3591

**Supplemental Information:** In addition to the information provided in the attached MAGI Conversion Plan, during the review and approval process, CMS may determine that supplemental information regarding the income conversion results is necessary. If CMS determines that a supplemental review of these results is necessary, your state may be required to submit:

- Descriptive statistics of the data used. Such descriptive statistics could include for each eligibility group converted with state data:
  - Net income statistics and disregard statistics for the full population or sample and for the population used in conversion (e.g., the 25% band) including: Total N, Mean Net Income, Standard Deviation of Mean Net Income, Median Net Income, and Number of individuals with Positive Net Income
- Data files used for conversion
- Annotated programming code used in the analysis

## **PART 1: ELIGIBILITY CONVERSIONS- TABLE 1 – DUE APRIL 30, 2013**

For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method

Please fill out Table 1 below to provide CMS with information about how state data were used for MAGI income conversion. All cells in rows for eligibility groups that do not have a converted income standard in your state (for example, if your state does not cover independent foster care adolescents or does not apply an income standard to this group) should be marked "N/A."

### **Instructions for Table 1:**

**SIPP results used:** Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results.<sup>2</sup> Please list the group below (e.g., pregnant women) and an explanation of why the SIPP results are being used for this eligibility group (e.g., data unavailable). Attach additional pages if necessary. **Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used.**

Ohio used state data for all conversions except that we used SIPP data for the AFDC 1988 and 1996 numbers that create a minimum income level for parent coverage.

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<sup>2</sup> If SIPP results include conversions for applicants and beneficiaries, both should be included.

For all conversions using state data, please provide the following information:

Time period-Specify the time period of data that was used, for example, June 2011-May 2012. If a time period other than 12 months was used, please explain why below and summarize the methods used to determine that the time period is unbiased. Attach additional pages if necessary:

Two separate months of data were analyzed – September, 2012, and January, 2013. September was chosen as a typical month, and January (which often brings a post-holiday spike in enrollment activity) was chosen to see whether there were any significant differences from September. There were not.

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Sampling: Please mark this column yes or no. If yes (in other words, the analysis did not include all records in the eligibility group), please provide a detailed explanation below of the sampling approach that was used (i.e., simple random sample, stratified sample, etc.). Please also provide information about the total population and the number of records sampled. Attach additional pages if necessary.

Ohio did not use sampling. Eligibility files were pulled from the eligibility system on the last working day of each of the two months. Individuals were excluded if they were covered under an ABD group or a non-income-based group such as Transitional Medical Assistance. A relatively small number of family-based cases were excluded from the data files because they included income deeming, which would have been a more complex calculation and not expected to meaningfully change the results.

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Net income standard- Please fill in the net standard that was converted for each eligibility group. This should reflect the bolded standard from the eligibility template that you developed with CMS. For conversions that were based on fixed dollar thresholds, please specify the net standard for each family size. You may use fewer or more family sizes than indicated in Table 1.

For 1115 demonstrations, please enter a row for each MAGI-included 1115 demonstration group, specifying whether its Medicaid or S-CHIP.

Income band used in conversion-This column is applicable only for the State Data method and should reflect the net standard minus 25 percentage points of FPL. For example, if the net standard was 120% FPL, the income band used in conversion would be 95% FPL to 120% FPL. For standards at or below 25% FPL, the income band will include all records—e.g., for a net standard of 18% FPL, the income band used in conversion should be 0-18% FPL. For conversions of fixed dollar thresholds, please specify the income band (expressed as a percentage of FPL) for each family size.<sup>3</sup>

Converted standard for applicants-Please fill in the converted standard for applicants. Fixed dollar standards should be given in dollars for each family size.

Converted standard for beneficiaries (if relevant)- If your state applies different disregards based on whether someone is applying or being renewed for coverage, and you are doing a separate conversion for beneficiaries, please provide. Fixed dollar standards should be given in dollars for each family size.

*Special note for premium payment groups: if your state charges premiums for any eligibility group, you will need to attach a separate sheet showing the MAGI Conversion Plan information requested for each income level used to determine premium payments.*

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<sup>3</sup> See page 15 of *How States Can Implement the Standardized Modified Adjusted Gross Income (MAGI) Conversion Methodology from State Medicaid and CHIP Data* for more information on converting fixed dollar standards to FPL.  
<http://aspe.hhs.gov/health/reports/2013/MAGIHowTo/rb.cfm>.

**Table 1**

<b>Coverage Category</b>	<b>SIPP Results used (Yes/No)</b>	<b>Time Period</b>	<b>Sampling (yes/no)</b>	<b>Net Income Standard</b>	<b>(For State Data Method Only) Income band used in conversion</b>	<b>Converted Standard</b>
Parents and other caretaker relatives (mandatory under Section 1931)	N/A (Ohio applies a two-step test of 34% net income OR 90% gross income, and will use the 90% gross income.)			% FPL _ <b>or</b> Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ <b>or</b> % FPL <u>by Family size</u> (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ <b>or</b> Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard
Parents and other caretaker relatives (optional under 1902(a)(10)(A)(ii)(I))	N/A (Ohio applies a two-step test of 34% net income OR 90% gross income, and will use the 90% gross income.)	All	No	% FPL 90% GROSS_ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or % FPL by Family size (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL 90% gross_ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
Pregnant women, full benefits	No	Sept. 2012 & Jan. 2013	No	200%	175% - 200%	210%
Pregnant women, pregnancy only coverage	N/A	N/A	N/A	N/A	N/A	N/A
Children under age 1	No	September & January	No	150%	125% - 150%	156%
Children ages 1 to 5	No	September & January	No	150%	125% - 150%	156%
Children ages 6 to 18	No	September & January	No	150%	125% - 150%	156%
M-CHIP optional targeted low-income children	No	September & January	No	200%	175% - 200%	206%



<b>Coverage Category</b>	<b>SIPP Results used (Yes/No)</b>	<b>Time Period</b>	<b>Sampling (yes/no)</b>	<b>Net Income Standard</b>	<b>(For State Data Method Only) Income band used in conversion</b>	<b>Converted Standard</b>
Optional reasonable classifications of individuals under age 21	No	September & January	No	34%	9% - 34%	44%
State adoption assistance	N/A	N/A	N/A	N/A	N/A	N/A
Independent foster care adolescents	N/A	N/A	N/A	N/A	N/A	N/A
Family planning services	No	September & January	No	200%	175% - 200%	210%
Individuals needing TB-related services	N/A	N/A	N/A	N/A	N/A	N/A
Other Medicaid section 1115 demonstration (e.g., childless adults)	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Children</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Pregnant Women</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Unborn child option</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard
AFDC payment standard 5/1/1988	Yes			Fixed dollar standards Family size 1 <u>\$184</u> 2 <u>\$253</u> 3 <u>\$309</u> 4 <u>\$382</u> 5 <u>\$446</u> 6 <u>\$497</u> 7 <u>\$556</u> Add-on for additional family members if relevant _____	% FPL by family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	Fixed dollar standards Family size 1 <u>\$212</u> 2 <u>\$291</u> 3 <u>\$357</u> 4 <u>\$440</u> 5 <u>\$513</u> 6 <u>\$574</u> 7 <u>\$643</u> Add-on for additional family members if relevant _____
AFDC payment standard 7/16/1996	Yes			Fixed dollar standards Family size 1 <u>\$203</u> 2 <u>\$279</u> 3 <u>\$341</u> 4 <u>\$421</u> 5 <u>\$493</u> 6 <u>\$549</u> 7 <u>\$613</u> Add-on for additional family members if relevant _____	% FPL by family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	Fixed dollar standards Family size 1 <u>\$232</u> 2 <u>\$318</u> 3 <u>\$390</u> 4 <u>\$480</u> 5 <u>\$562</u> 6 <u>\$629</u> 7 <u>\$703</u> Add-on for additional family members if relevant _____
Premium payment determination						

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard
Pre-CHIP Medicaid as of 3/31/97	No	September & January	No	0-5__133%____ 6-18_100%____	0-5__108 – 133% 6-18_75% - 100%	0-5_141% 6-18_107%__