LISTING OF ATTACHMENTS

Attachment I  MAGI and Non-MAGI Eligibility Groups
Attachment II  MAGI Screening Tool
Attachment III Medicaid Eligibility categorical and Coverage Codes
Attachment IV  Income Excluded from MAGI (unearned income types)
Attachment V  Self-Employment Worksheet
Attachment VI  OHIP-0077 – Notice of Intent to Discontinue Medicaid (MAGI-like budgeting)
Attachment VII OHIP-0078 – Notice of Intent to Discontinue Medicaid, FHPlus (MAGI-like budgeting)
Attachment VIII OHIP-000079 – Notice of Decision on Your Medicaid Application
Attachment IX  OHIP-0080 – Notice of Decision on Your Medicaid Application for Retroactive Coverage
Attachment X  OHIP-0081 – Notice of Decision on Your Medicaid Application (FPBP Acceptance)