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May 2013

Translating Modified Adjusted Gross Income (MAGI) to Current Monthly Income

Number 3 in the Series, "Eligibility Determination Using Modified Adjusted Gross Income: Implications for Enrollment under Health Reform"

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INTRODUCTION

To increase access to health care across the nation, the Affordable Care Act (ACA) expands eligibility for Medicaid among adults under age 65 and establishes a system of premium tax credits and cost-sharing reductions to assist individuals and families in purchasing health insurance from state exchanges. Income eligibility for Medicaid among this population will extend to 138 percent of the federal poverty level (FPL).[i] Income eligibility for the cost-sharing reductions will extend to 250 percent of the FPL, with eligibility for the premium tax credits continuing to 400 percent of the FPL.[ii] To help create a seamless eligibility system for these programs, the ACA specifies a standard definition of income—Modified Adjusted Gross Income (MAGI)—that will be used to determine eligibility for both Medicaid and the premium tax credits and cost-sharing reductions.[iii] In principle, a uniform definition of income will eliminate gaps in coverage and simplify transitions between programs.

The adoption of MAGI as the standard definition of income creates a number of issues for the states, both in implementing the new definition and in applying it to eligibility determination for Medicaid:

1. First, MAGI is a tax concept, and major sources of income are defined differently for tax purposes than for reporting into the administrative databases that are used for income verification.
2. Second, MAGI represents annual income, and the ACA mandates that initial eligibility determinations for Medicaid continue to be based on current—that is, point-in-time or monthly—income. This use of current income will ensure that Medicaid remains available as a source of coverage when people experience a reduction in income that leaves them unable to maintain private coverage. However, some elements of MAGI do not translate readily into current income.
3. Third, the use of MAGI means that tax returns could end up playing a role in determining Medicaid eligibility, yet not all of those who are eligible for Medicaid file returns.
4. Fourth, some of the sources and especially adjustments to income that are used in calculating MAGI are not counted in determining Medicaid eligibility currently, so Medicaid applications do not collect this information at present. States using their eligibility data to estimate the impact of MAGI will have no information on these components.

About SHARE

The State Health Access Reform Evaluation (SHARE) is a Robert Wood Johnson Foundation (RWJF) program that supports rigorous research on health reform issues at a state level, with a focus on state-level implementation of the Affordable Care Act (ACA) and other efforts designed to increase coverage and access. The program operates out of the State Health Access Data Assistance Center (SHADAC), an RWJF-funded research center in the Division of Health Policy and Management, School of Public Health, University of Minnesota. Information is available at www.shadac.org/share.

This brief reviews the income that is included in MAGI and how income is currently counted in determining Medicaid eligibility. Issues related to measuring MAGI on a monthly basis are discussed, and some thoughts are offered on how states might begin to address these issues in their application of MAGI to determine eligibility for Medicaid.[iv]

It is important to note that there do remain specific MAGI-exempt populations (i.e., the elderly, the disabled, the medically needy, and those who are eligible for Medicaid through participation in other programs), for whom income will continue to be calculated using the traditional Medicaid formula in each state. The observations in this paper pertain to the larger population to whom MAGI will apply.

What Is MAGI?

Adjusted Gross Income (AGI) is the central income concept used to determine federal income tax liability in the United States. AGI is the total of all income subject to tax, less a number of adjustments. The ACA created section 36B of the Internal Revenue Code, which defines MAGI as AGI plus tax-exempt interest and foreign earned income. Subsequently, Public Law 112-56, which was signed into law in 2011, added nontaxable Social Security benefits to MAGI.[v]

How Is MAGI Different?

Currently, states have some flexibility in how they count income for the purpose of determining Medicaid eligibility. The states vary in the sources of income they count, how much income they disregard, and what, if any, expenses they allow applicants to deduct from income. On January 1, 2014, this variation will end as MAGI becomes the standard definition of countable income in every state and a uniform disregard of 5 percentage points of the federal poverty level replaces current disregards.

How much MAGI differs from the current definition of countable income will vary by state, but there will be some universal differences, including how certain major sources of income are defined. MAGI excludes several forms of income that are generally included in countable income for Medicaid currently—specifically, child support (with a disregard of at least $50 per month), veterans benefits, workers' compensation, and gifts and inheritances (Table 1). Conversely (although much less important for low-income families), capital gains[vi] and, for itemizers, state income tax refunds received during the tax year are included in MAGI but are not included in Medicaid income currently. Likewise, income received by a step-parent is not counted currently in determining a child's eligibility for Medicaid or CHIP in most states, but because a step-parent is in the child's tax unit, a step-parent's income is included in MAGI.[vii]

MAGI also differs from Medicaid in the way that it defines wage and salary income, business and farm net income, and net rental income, because MAGI uses tax definitions. In general, less of each of these income sources will be included in MAGI. For tax purposes, wage and salary income excludes various types of deductions that employees are allowed to make on a pre-tax basis if their employers offer such options. For example, employee contributions to retirement accounts such as 401(k) and 403(b) plans (up to $17,000 in 2012) are excluded from taxable earnings when they are made (but will be taxed when they are withdrawn, generally after retirement). Salary deductions for dependent care (up to $5,000 per year), health insurance premiums, flexible spending accounts (up to $5,000 through 2012 and $2,500 thereafter), and commuter expenses (up to $240 monthly for transportation and up to $240 monthly for parking) also are excluded from taxable income and, therefore, will be excluded from MAGI. Although low-income earners may be infrequent users of these deductions (and Medicaid applicants would not be paying health insurance premiums), these potential exclusions from wage and salary income in MAGI dwarf the minimum $90 per month[viii] that Medicaid currently excludes from countable income.[ix] Similarly, the tax code allows deductions from business and farm income (self-employment) and from net rental income for expenses that are not removed from Medicaid countable income currently, which means that the amounts included in MAGI will tend to be lower. In general, depreciation is the largest of these expenses.

Distribution of MAGI by Source

Table 2 reports the number of returns that claimed each source of income that will be included in MAGI and the aggregate dollars reported on returns with

Table 1. Highlighted Changes between Countable Income* Rules and MAGI rules

Income Source	Countable Income Rules	Modified Adjusted Gross Income Rules	Potential Impact on Eligibility
Child Support Received	Included**	Excluded	Broadens Medicaid eligibility; some children will shift from CHIP to Medicaid
Alimony Paid	Not considered	Deducted	Broadens Medicaid eligibility
Step-Parent Income	Excluded	Included	Some children will shift from Medicaid to CHIP
Depreciation of Assets for Self-Employed	Not considered	Deducted	Broadens Medicaid Eligibility
Worker's Compensation	Included	Excluded	Broadens Medicaid Eligibility
Veterans Benefits	Included	Excluded	Broadens Medicaid Eligibility
Gifts and Inheritances	Included	Excluded	Broadens Medicaid Eligibility
Capital Gains	Excluded	Included	Reduces Medicaid Eligibility
State Income Tax Refunds for Itemizers	Excluded	Included	Reduces Medicaid Eligibility

*For the purposes of determining Medicaid eligibility, "countable income" is income minus applicable disregards and deductions.
**Medicaid disregards the first $50 per month, and states are allowed to disregard a higher amount.
Source: Angeles, J. 2011. "Explaining Health Reform: The New Rules for Determining Income under Medicaid in 2014." Washington, D.C.: Kaiser Family Foundation. Available at http://www.kff.org/healthreform/upload/8194.pdf.

positive AGI less than $25,000 in tax year 2009—encompassing most of those who would have been income-eligible for Medicaid under the criteria that will become effective in 2014.[x] Because these data include taxpayers of all ages (filers aged 65 or older accounted for 15 percent of returns with positive AGI less than $25,000 in 2009), the fraction of returns with Social Security income, pensions and annuities, IRA withdrawals, and perhaps interest, dividends, and capital gains is higher than would occur among nonelderly taxpayers only, while reducing the fraction of returns with wages and salaries and unemployment compensation. Nevertheless, the table provides a sense of the relative importance of different sources of income among filers who will be income-eligible for Medicaid in 2014. Besides wage and salary income, which was the dominant source, only a few additional sources contributed more than a nominal amount to MAGI, and two of these sources reflected the inclusion of elderly taxpayers. Wage and salary income was reported on 76.8 percent of the returns, and it represented 60.1 percent of aggregate MAGI in 2009. The next most important sources, in order of their contributions to aggregate income, were nontaxable Social Security benefits (18.0 percent of returns and 19.0 percent of MAGI), taxable pensions and annuities (13.0 percent of returns and 7.2 percent of MAGI), business net income or loss (15.3 percent of returns and 6.2 percent of MAGI), and unemployment compensation (8.7 percent of returns and 3.7 percent of MAGI). Taxable interest income was the second most common source of income (reported on 23.7 percent of all returns), but it accounted for only 2.0 percent of MAGI. No other source beyond these accounted for as much as 2 percent of MAGI—positive or negative.

Table 2. Distribution of Tax Return Income by Source: Returns with Positive AGI Less Than $25,000, Tax Year 2009

Income Source	Form 1040 Line Number	Number of Returns (1,000s)	Aggregate Income ($Millions)	Percent of Total Returns	Percent of Aggregate MAGI
Total income in AGI	22	56,547	713,389		81.3
Statutory adjustments	36	10,431	-14,113	18.4	-1.6
AGI	37	56,547	699,277		79.7
Additional income in MAGI		--	177,811		20.3
MAGI		56,547	877,088	100.0	100.0
Income Included in AGI					
Wages and salaries	7	43,453	526,827	76.8	60.1
Taxable interest	8a	13,414	17,164	23.7	2.0
Ordinary dividends	9a	6,110	10,633	10.8	1.2
State income tax refunds	10	1,462	895	2.6	0.1
Alimony received	11	136	1,208	0.2	0.1
Business net income or loss	12	8,666	54,536	15.3	6.2
Capital gain or loss	13	3,874	-2,510	6.9	-0.3
Other gains or losses	14	255	-1,129	0.5	-0.1
Taxable IRA distributions	15b	2,670	14,439	4.7	1.6
Taxable pensions and annuities	16b	7,374	62,943	13.0	7.2
Rent and royalty net income	17	2,077	-968	3.7	-0.1
Partnership and S-corporation	17	1,049	-686	1.9	-0.1
Estate and trust net income	17	89	225	0.2	0.0
Farm net income or loss	18	423	-2,302	0.7	-0.3
Unemployment compensation	19	4,932	32,842	8.7	3.7
Taxable Social Security benefits	20b	1,919	3,231	3.4	0.4
Net operating loss	21	261	-2,969	0.5	-0.3
Gambling earnings	21	368	1,395	0.7	0.2
Cancellation of debt	21	98	800	0.2	0.1
Foreign earned income exclusion	21	132[a]	-7,292	0.2	-0.8
Balance of other income	21	1,584	4,109	2.8	0.5
Additional Income in MAGI					
Tax exempt interest	8b	907	3,522	1.6	0.4
Nontaxable Social Security benefits	20a - 20b	10,180[b]	166,998	18.0	19.0
Foreign earned income	Various	132[a]	7,292	0.2	0.8

Source: Internal Revenue Service, Statistics of Income: Individual Income Tax Returns, 2009.

[a]Foreign earned income is reported under one of the sources above and then deducted under other income as a foreign earned income exclusion. Adding foreign earned income to MAGI is equivalent to removing the foreign earned income exclusion.

[b]This is the number of returns with any Social Security benefits. The number with any nontaxable benefits is not reported. Among returns with less than $25,000, however, nearly all that have Social Security benefits will have some portion that is not taxable.

It is notable that MAGI is likely to be very similar to AGI for most nonelderly adults. Besides nontaxable Social Security benefits, the other two components that will be added to AGI to form MAGI were among the smallest income sources in 2009. Tax exempt interest was reported on 1.6 percent of returns but represented only 0.4 percent of MAGI. Foreign earned income was even less common, being reported on just 0.2 percent of returns, although the aggregate amount was larger than tax exempt interest at 0.8 percent of MAGI.

Statutory adjustments, which are subtracted from total income subject to tax to obtain AGI, for the most part have no counterpart in the determination of Medicaid eligibility currently. While statutory adjustments were claimed on 18.4 percent of the low-income returns filed for 2009, their impact on MAGI was small: -1.6 percent. The two largest statutory adjustments were claimed by the self-employed, who may deduct one-half of the self-employment tax that they pay in lieu of a payroll tax and may also deduct a portion of what they pay for health insurance. Together, these deductions accounted for more than half of the total statutory adjustments by low-income taxpayers in 2009 (data not shown). Other statutory adjustments include the interest paid on student loans, expenditures for tuition and student fees, IRA contributions, and alimony paid (as taxes are assessed instead on alimony received).

From MAGI to Current Income

In its final rule on Medicaid eligibility determination under the ACA, issued in March 2012, the Centers for Medicare & Medicaid Services (CMS) acknowledged some issues in applying MAGI to the calculation of current monthly income but did not provide guidance:

> Comment: Several commenters expressed concern about how to determine applicants' MAGI-based income for a monthly budget period, as some of the line items on the Federal tax return, reported as an annual figure, are not easily translated to a monthly amount.
>
> Response: While we are not addressing this issue in this rulemaking, we understand the need for further information and will provide ongoing technical assistance on the determination of current monthly income using MAGI-based methodologies in the context of working with States on implementing this final rule.

The conversion of annual MAGI to monthly income for the purpose of determining Medicaid eligibility remains one of the more challenging problems confronting states in preparing for the expansion of Medicaid eligibility in 2014.

Deductions and other adjustments to net income that are not ordinarily calculated until the tax return is prepared do not fit easily into the concept of current monthly income and may present the greatest challenge in applying MAGI-based methods to determine Medicaid eligibility. Income or losses that are not reported to the recipient until well after the end of the year present a similar problem in terms of timing, but they are neither new nor more common with MAGI, as the sources of such income are unchanged.

The legislative change that added taxable Social Security benefits to MAGI eliminated one of the more serious issues presented by the new income concept. Calculating the proportion of Social Security benefits that is taxable requires knowledge of annual income from all other taxable sources. This calculation would have been difficult to replicate on a current month basis except for those who consistently pay no taxes on their Social Security benefits. Including all Social Security benefits in MAGI eliminates the need for this calculation. Furthermore, total Social Security benefits translate nicely to a current income concept because they tend to be uniform from month to month except for the annual cost of living adjustment.

Other fluctuations in monthly income—particularly those due to changes in employment or the receipt of lump sum amounts—are not new to Medicaid. Procedures have been developed to address them, although not always in the most satisfactory way.

Inconsistency between the monthly income used to determine Medicaid eligibility and the annual income used to determine premium tax credits and cost-sharing reductions introduces a new issue. Applicants may have too much income measured on a current monthly basis to qualify for Medicaid yet too little (below 100 percent FPL) to qualify for the tax credits and cost-sharing reductions.[xi]

Based on the earlier discussion of MAGI, it is possible to make several observations about what states might expect when using MAGI to determine income eligibility for Medicaid:

- MAGI eliminates several sources from the income counted in determining Medicaid eligibility. Operationally, this change presents the least challenge to the states.
- Employment-related income dominates all other sources, even among low-income families. What fraction of gross earnings will be excluded from MAGI, typically, is the most important determinant of how MAGI will compare with net income as it is counted currently, yet existing data do not speak to this issue.
- Pay stubs report federal taxable wages, which may differ from the gross income that employers report to their state employment security agencies. As long as all employment is accounted for, the earnings that applicants show on their pay stubs will be more consistent with tax return wages than the wages recorded in state databases. States will need to take into account the potential overstatement of federal taxable wages in the wage data used for income verification when determining eligibility.
- For applicants with self-employment income (both farm and non-farm) or rental income, the additional deductions that MAGI incorporates will need to be taken into account for applicants who might otherwise appear to be income-ineligible for Medicaid.
- The December reporting date for certain types of financial income is not a new problem for states in determining Medicaid eligibility. Furthermore, for the population likely to be eligible for Medicaid, the income received from such sources is very small.
- Income volatility during the year—particularly related to employment—is neither increased nor reduced with the application of MAGI-based methods. States and the federal government have developed a variety of approaches to address income volatility in determining and reassessing eligibility. These could be improved—especially where they yield results that diverge from the determination of eligibility for premium tax credits and cost-sharing reductions—but they continue to be applicable.

In light of these observations, the states and the federal government might take a number of steps to move forward with implementing Medicaid eligibility based on MAGI for the non-exempt populations to which this new measure applies:

1. There is no need for the Medicaid application to become a mini-tax return. To this end, CMS is working on a simplified application form that will request income totals but not details. States will need to revise the list of unearned income sources that applicants are asked to include, dropping those (such as child support and veterans benefits) that are not in MAGI and adding any that *are* in MAGI but not currently listed by the state. States will also need to eliminate most current Medicaid disregards from their calculation of countable income.[xii] These two steps will go a long way toward achieving a standardized definition of income that is broadly consistent with MAGI.
2. States should ask applicants to report income from employment separately from all other income. Earnings are the dominant source of income for most applicants and the source that can be verified most readily. Applicants should be asked to exclude from their reported earnings any deductions for dependent care, commuting expenses, and contributions to retirement plans.
3. For applicants who did not file tax returns for the most recent tax year, the intricacies that differentiate MAGI from the income that applicants are able to report on a current basis will have no practical consequence for determining Medicaid eligibility. Except for married couples with no dependents, filing thresholds are well below 138 percent of the FPL, and the procedures used currently, with the modifications discussed above, should be sufficient in nearly all cases.[xiii, xiv] The exception is applicants who are making the transition from not filing to filing. Even here, complications arise only for those with self-employment or rental income; if they have not filed recently, there is no basis for understanding how their current monthly net income may differ from the annual income they ultimately report on their tax return. Over time,

states may develop sufficient experience to enable them to apply a discount factor that will render reported monthly income more consistent with MAGI, but this is likely to matter only for applicants who would otherwise appear to be income-ineligible by a narrow margin.

4. For tax filers, the most recent tax return provides a source of data on unearned income that can be checked against what the applicant reports currently. For the self-employed and those who report net rental income, the most recent return also provides a basis for assessing how MAGI-based estimates differ from annualized income—but only if their income has not changed appreciably. Ultimately, the question that must be addressed for such sources is what has changed that would make the average monthly value of MAGI from the most recent return inappropriate for assessing current eligibility for Medicaid.

Whether a successful applicant's *next* tax return (that is, for the year in which the individual enrolled in Medicaid) will prove valuable to states in confirming eligibility remains to be seen. For individuals enrolled in Medicaid all year, their tax return may be helpful in retrospectively confirming eligibility in the prior year, or in identifying possible underreporting of income that could be relevant to a redetermination of eligibility in the current year—although there may have been circumstances that allowed an individual to remain enrolled despite a temporary increase in income. Among individuals enrolled in Medicaid for less than the full year, their tax returns for that year may include earlier income that would be inappropriate to include in a monthly average for determining (or confirming) Medicaid eligibility. For the first few years that MAGI-based eligibility is in place, the best use of tax return data may be in helping the states and the federal government to simplify and standardize the use of MAGI for Medicaid eligibility determination.

Conclusion

Beginning January 1, 2014, the ACA will put into place a standard definition of income to be used in determining eligibility for Medicaid as well as the premium tax credits and cost-sharing reductions that will enable individuals without access to affordable health insurance to acquire coverage at a reduced effective cost. For Medicaid, the new income definition, based on the tax concept of MAGI, will require changes in the information that states collect from non-exempt applicants and the procedures that the states follow in making eligibility determinations. In this brief we have outlined some of the issues that are raised by the new income definition, including the complex issue of converting an annual MAGI concept to monthly income for the purpose of determining Medicaid eligibility.

Our principal conclusions are as follows: The application of a tax-based income concept, which is inherently annual, to the determination of current monthly income poses a number of challenges to the states. For most applicants, the problems presented by uneven income flows will not grow any worse with MAGI-based methods. Procedures that the states have used to address income volatility in eligibility determinations will remain viable, but they will need to be supplemented to encompass new deductions or adjustments to income that applicants cannot estimate until they prepare their tax returns for the year in question. The biggest challenge, because it affects the greatest proportion of applicants, derives from the fact that MAGI includes only taxable wages whereas the sole administrative source of monthly earnings data provides only gross wages. The use of annual income in the eligibility determinations for premium tax credits and cost-sharing reductions will introduce some additional issues, although the final rule issued by CMS in March 2012 gives states some new options for dealing with these issues. With the simplifications that are likely to be necessary in translating MAGI to current monthly income, states will tend to err on the high side in estimating applicants' current income. Therefore, applicants who appear to be income-ineligible by a narrow margin—particularly those who are self-employed or have significant rental income—may require a more in-depth review to obtain the result that is most consistent with MAGI.

This brief is the third in a three-part series titled, "Eligibility Determination Using Modified Adjusted Gross Income: Implications for Enrollment under Health Reform." Each of the three briefs can be found at www.shadac.org/share/grant/Eligibility-MAGI.

ACKNOWLEDGMENTS

The author is grateful to SHARE and the Robert Wood Johnson Foundation for their support of this work and their editorial and substantive assistance with this brief. The author would also like to thank Deborah Chollet, Cheryl Camillo, and January Angeles for their detailed comments and suggestions on earlier drafts.

NOTES

i The ACA specifies an expansion of Medicaid eligibility to 133 percent FPL; however, the ACA also allows applicants to disregard a portion of their income equaling five percent of the applicable FPL, which effectively raises eligibility to 138 percent of poverty

ii Eligibility for the premium tax credits will begin at 100 percent of the FPL but extend lower for legal aliens who are income-eligible for Medicaid but do not meet the residency requirement.

iii Selected sources of income will be excluded from MAGI in determining income eligibility for Medicaid but not for the tax credits and cost-sharing reductions.

iv In addition to specifying *what* income is counted, MAGI has implications for *whose* income should be counted in determining eligibility for Medicaid as well as eligibility for (and amount of) the premium tax credits and cost-sharing reductions. This brief does not address this aspect of MAGI.

v This provision addressed a concern that many who elected to receive Social Security benefits before age 65 or were receiving Social Security benefits for a disability, but had little income from other sources, would otherwise become eligible for Medicaid. Only the taxable portion of Social Security benefits is included in AGI and, therefore, only the taxable portion would have been included in MAGI. The ACA and the subsequent law do not change the taxation of Social Security benefits, foreign earned income, or interest; the untaxed amounts are simply added to AGI to obtain a more complete accounting of income.

vi Capital gains—income from the sale of an asset—is a tax concept. Medicaid appears to treat capital gains as an addition to assets—affecting the application of the asset test—rather than as income.

vii According to the author's tabulations of Current Population Survey data, 4 percent of children in families below 100 percent of poverty have step-parents. This fraction rises to 9 percent among children in families above 138 percent of poverty (based on income as measured in the survey, not MAGI).

viii Medicaid disregards from monthly income the first $90 of earned income and in some cases $30 plus one-third of the earned income not already disregarded. Medicaid also disregards up to $200 in child care expenses for each child under age 2 and up to $175 for each child older than 2. States can disregard additional income sources or deduct additional expenses when counting income for the purposes of Medicaid eligibility determination. Angeles, J. 2011. "Explaining Health Reform: The New Rules for Determining Income under Medicaid in 2014." Washington, D.C.: Kaiser Family Foundation. Available at http://www.kff.org/healthreform/upload/8194.pdf.

ix Our understanding of the magnitude of these deductions at any level of income is hampered by the fact that there is no dataset that measures taxpayers' gross wages and salaries along with their federal taxable wages and salaries. The wage reports that employers submit to the IRS and the SSA on form W-2 contain the federal taxable wages and salaries and (separately) pre-tax employee contributions to retirement accounts, dependent care accounts and, in some cases, health insurance premiums. Other pre-tax contributions that would be included in gross income but not AGI (nor MAGI) are not reported. Monthly gross wages are reported on a quarterly basis to state employment security offices; these data cover most employees, but they are not routinely linked to W-2 data, tax return data, or Social Security earnings records. Such linkages that would permit a comparison of gross wages and federal taxable wages at the person-level to estimate the fraction of gross wages included in federal taxable wages at different levels of gross wages. While researchers perform such linkages on occasion, these linkages have not been done on a national scale, and, to our knowledge, smaller scale linkages have not been used for the purpose outlined here.

x 2009 is latest year for which such data are available. We excluded returns with negative AGI because many of these returns have very large deductible losses that we would not expect to see among applicants for Medicaid.

xi Partly in response, the final rule issued by CMS allows states to consider "annual" income in performing ongoing reviews.

xii The final rule preserves disregards related to awards used for educational purposes and certain income received by American Indians and Alaskan Natives.

xiii For the 2010 tax year, the filing threshold for a married couple was $18,700, which corresponded to an FPL of 128 percent for a two-person family. For a couple with two dependents this same filing threshold was equivalent to an FPL of 85 percent. For a single person with no dependents the filing threshold of $9,350 equaled 86 percent of the FPL.

xiv People may have reason to file even if their incomes are below the filing threshold (for instance, to recover wages that were withheld for federal income taxes). Elsewhere we estimated that the non-filing rate for the families of nonelderly adults below 50 percent of the FPL was 68 percent but dropped to 2 percent for families between 50 and 138 percent of the FPL (133 percent plus the 5 percent disregard allowed under the ACA). See: John L. Czajka, "Income Eligibility for Assistance Under the Affordable Care Act: Estimates for Nonelderly Adults," SHARE Issue Brief, March 2013. Available at: http://www.shadac.org/share/grant/Eligibility-MAGI.