

(Insert Medicaid or CHIP or both) \_\_\_\_\_ **MAGI-BASED ELIGIBILITY VERIFICATION PLAN**

**State:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

In addition to the electronic data sources, the state uses the following procedures to complete the verification process:

**A. Verification Procedures for Factors of Eligibility**

| Eligibility Factor             | Self-Attestation Accepted without Additional Verification (Y/N) | Self-attestation accepted with post-enrollment verification (Y/N) | Electronic Data Source Used (Y/N) | Reasonable Compatibility Standard Used   | Ask for a Reasonable Explanation from the Individual (Y/N) | Paper Documentation Required from the Individual (Y/N) | Comments |
|--------------------------------|---|---|-----------------------------------|--|--|--|----------|
| Income*                        |   |   |                                   | <input checked="" type="radio"/> Both are below or at/above the applicable income standard<br><input type="radio"/> Percentage Threshold ( <i>Specific Threshold Percentage</i> ) _____%<br><input type="radio"/> Dollar Threshold ( <i>Specific Dollar Threshold</i> ) \$ _____<br><input type="radio"/> Other ( <i>Specify</i> ) |  |  |          |
| Residency                      |   |   |                                   |  |  |  |          |
| Age (Date of Birth)            |   |   |                                   |  |  |  |          |
| Social Security Number **      |   |   |                                   |  |  |  |          |
| Citizenship **                 |   |   |                                   |  |  |  |          |
| Immigration Status **          |   |   |                                   |  |  |  |          |
| Household Composition          |   |   |                                   |  |  |  |          |
| Pregnancy                      | Y ***   |   |                                   |  |  |  |          |
| Caretaker Relative             |   |   |                                   |  |  |  |          |
| Medicare                       |   |   |                                   |  |  |  |          |
| Application for Other Benefits |   |   |                                   |  |  |  |          |
| Other                          |   |   |                                   |  |  |  |          |

- \* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment.
- \*\* States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.
- \*\*\* States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

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In accordance with 42 CFR 435.940-965, the state sets forth the following policies and procedures for verification:

**B-1. Use of Electronic Data Sources**

| <b>Financial:</b>                                       |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
|---|-------------------------|---|------------|-------------------|-------------|---------------|-------------------------|---------------------------|-----------------------|----------------------------|---|----------|
| Electronic Data Source                                  | Determined Useful (Y/N) | Criteria Used to Determine Useful or not Useful (check all that apply for Y or N) |            |                   |             |               |                         | Data Source Usage         |                       |                            |   | Comments |
|   |                         | Accuracy  | Timeliness | Ability to Access | Age of Data | Comprehensive | Other (Please Describe) | Used at Application (Y/N) | Used at Renewal (Y/N) | Used Post-Enrollment (Y/N) | If Used for Post-Enrollment, Frequency Used (e.g. monthly, quarterly) |          |
| 1. Internal Revenue Service (IRS)                       |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 2. Social Security Administration (SSA) (SSI, Title II) |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 3. State Wage Information Collection Agency (SWICA)     |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 4. State Unemployment Compensation                      |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 5. State Administered Supplementary Payment Program     |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 6. State General Assistance Programs                    |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 7. Supplemental Nutrition Assistance Program (SNAP)     |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 8. Temporary Assistance for Needy Families (TANF)       |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 9. Office of Child Support Enforcement (OCSE)           |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 10. State Income Tax                                    |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |
| 11. Commercial database:                                |                         |   |            |                   |             |               |                         |                           |                       |                            |   |          |



**B-2. Use of Electronic Data Sources**

| Non-Financial:                                      |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------------------|---------------------------|-----------------------|--------------------------------|---|----------|
| Electronic Data Source                              | To Be Used (Y/N) | Factor of Eligibility  |             |                    |           |         |           | Other Factors         |                    |          |                                |                   | Data Source Usage         |                       |                                |   | Comments |
|   |                  | Social Security Number | Citizenship | Immigration Status | Residency | Age/DOB | Pregnancy | Household Composition | Caretaker Relative | Medicare | Application for other Benefits | Other: (describe) | Used at Application (Y/N) | Used at Renewal (Y/N) | Used for Post-Enrollment (Y/N) | If Used for Post-Enrollment, Frequency Used (i.e. monthly, quarterly) |          |
| 1. Social Security Administration (SSA)             | Y                | X                      | X           |                    |           | X       |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 2. Department of Homeland Security (DHS) - SAVE     | Y                |                        |             | X                  |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 3. Vital Statistics                                 |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 4. Department of Motor Vehicles (DMV)               |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 5. Temporary Assistance for Needy Families (TANF)   |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 6. Supplemental Nutrition Assistance Program (SNAP) |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 7. Office of Child Support Enforcement              |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 8. State General Assistance Programs                |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 9. Women, Infants and Children Program (WIC)        |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 10. State Income Tax                                |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 11. Commercial database: (please describe)          |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |
| 12. PARIS   | Y*               |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           | Y                     |                                |   |          |
| 13. Other: (please describe)                        |                  |                        |             |                    |           |         |           |                       |                    |          |                                |                   |                           |                       |                                |   |          |

\*Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information. If used for other purposes, please indicate in Section C.

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**C. Additional Factors of Eligibility for Separate CHIP**

| Eligibility Criteria  | Self-Attestation Accepted without Additional Verification | Self-Attestation Accepted with Post-Enrollment Verification (Y/N) | Electronic Data Source Used (Y/N)<br>If Yes, please describe | Paper Documentation Required from the Individual (Y/N) | Non-Applicable (N/A) |
|---|---|---|--|--|----------------------|
| 1. Applicant does not have other coverage   |   |   |  |  |                      |
| 2. Applicant does not have access to affordable ESI   |   |   |  |  |                      |
| 3. When child last had coverage (as applicable to states waiting period)                        |   |   |  |  |                      |
| Waiting period exception #1 (describe):   |   |   |  |  |                      |
| Waiting period exception # 2 (describe):  |   |   |  |  |                      |
| Waiting period exception #3 (describe):   |   |   |  |  |                      |
| Waiting period exception #4 (describe):   |   |   |  |  |                      |
| Waiting period exception #5 (describe):   |   |   |  |  |                      |
| Waiting period exception #6 (describe):   |   |   |  |  |                      |
| Waiting period exception #7 (describe)  |   |   |  |  |                      |
| Waiting period exception #8 (describe):   |   |   |  |  |                      |
| Waiting period exception #9 (describe):   |   |   |  |  |                      |
| Waiting period exception #10 (describe):  |   |   |  |  |                      |
| 4. Access to public employee coverage   |   |   |  |  |                      |
| 5. Other Eligibility criteria or exceptions to eligibility criteria ( <i>please describe</i> ): |   |   |  |  |                      |

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**D. Additional Verification Questions**

1. If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):

2. Please describe how the state uses PARIS?

3. Please indicate if the state is requesting Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1), and if so, what sources:

Please describe how the State is using such alternative:

a. Reduces administrative costs and burdens on both individuals and the state:

b. Maximizes accuracy and minimizes delay:

c. Meets the requirements related to confidentiality, disclosure, maintenance and use of information:

d. Promotes coordination with other insurance affordability programs:

4. Please indicate if the state is requesting Secretarial approval to use a mechanism other than the federal data services hub, and if so what mechanism:

Please describe how the State is using such alternative:

a. Reduces administrative costs and burdens on both individuals and the state:

b. Maximizes accuracy and minimizes delay:

c. Meets the requirements related to confidentiality, disclosure, maintenance and use of information:

d. Promotes coordination with other insurance affordability programs:

5. Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.