

## **Verification Plan Template - Guidance and Instructions**

### ***Phase I – MAGI-based Eligibility***

Please follow these instructions for completing each section of the verification plan template:

#### **Verification Plan Submission**

The Centers for Medicare and Medicaid Services (CMS) is requesting States complete the MAGI- based eligibility verification plan and submit it by March 20, 2013. States should upload their verification plan to their state folder on the CALT at -

[https://calt.cms.gov/sf/docman/do/listDocuments/projects.medicaid\\_state\\_collaborative\\_com/docman.root.verification\\_plan](https://calt.cms.gov/sf/docman/do/listDocuments/projects.medicaid_state_collaborative_com/docman.root.verification_plan).

Detailed instruction on uploading documents to CALT can be referenced at -

<https://calt.cms.gov/sf/sfmain/do/viewProject/projects.training>.

Upon submission of the verification plan, CMS will review it and provide feedback to the state and schedule additional technical assistance calls as necessary. Upon review of the Verification Plan, if necessary revisions are required, states will resubmit the verification plan to their folder on the CALT under a new title.

Upon completion of review, CMS will provide a letter to states acknowledging receipt and assessment of state's verification plan in accordance with the regulations.

#### **Contact Sheet**


The state should include state and the name and contact information for the individual completing the verification plan and for whom CMS should contact for any follow-up that is needed.

#### **Title**

The state should choose whether the verification plan is for Medicaid, CHIP or both and fill out the state name.

## Data Entry

Many fields in this worksheet contain data validation that only accept YES or NO answers. For these fields, there is a drop-down menu that can be found on the bottom right corner of the cell. Please select the appropriate answer using the drop down menu. If there is a preference to type an answer in the field, make sure to type in all CAPS. e.g. YES or NO.

Certain cells within this worksheet contain guidance that can help enter information correctly. These cells are designated with a small red triangle found at the upper right-hand corner of the cell. When a cursor moves over these cells, a comment will be visible in a yellow text box. A comment box has been added to this cell as an example. 

### A. Verification Procedures for Factors of Eligibility

#### 1. Self-Attestation –

a. For each factor of eligibility listed (other than Social Security Number, citizenship and immigration status, which have been prepopulated with No since this is not permitted under statute or regulation), please identify whether the State will accept self-attestation of information - either without additional verification (column B) or with post-enrollment verification (column C). Please indicate by choosing Yes or No.

b. For income, states must verify financial information from an electronic data source; however, this can be done post-enrollment after the state has made an eligibility determination based on the attestation. Therefore, if the state indicates a Yes for accepting self-attestation without additional verification for income, it must describe in the comments section what type of income this is for (for example if there are no electronic data sources for a type of income). If the state indicates a Yes for accepting self-attestation with post-enrollment verification it must also indicate in Section B-1 that it uses certain financial data sources post-enrollment.

c. For each factor of eligibility listed (other than Social Security Number, citizenship and immigration status, which have been prepopulated with No since this is not permitted under statute or regulation), please identify whether the State will accept self-attestation of information with post-enrollment verification by choosing Yes or No. If the state indicates a Yes for accepting self-attestation with post-enrollment verification it must also indicate in Section B-2 that it uses certain data sources post-enrollment.

d. If the state indicates a Yes for accepts self-attestation without additional verification and a Yes for accepts self-attestation with post-enrollment verification for one factor of eligibility, the state should have an explanation in the comment section about why both are Yes and when one process is used over another.

2. Use of Electronic Data Sources - For each factor of eligibility, please choose Yes or No in column D whether an electronic data source is used. If you answered Yes to self-attestation without additional verification in column B, and you indicate that an electronic data source is also used, in the comment section please describe how and when the data source is used.

3. Reasonable Compatibility - For each eligibility factor listed except for SSN, citizenship and immigration status for which an N/A has been prepopulated, please specify in column E what reasonable compatibility standard the State will use when there is an inconsistency between the information obtained from electronic data sources and the information provided by or on behalf of the individual. Please write “N/A” (not applicable) if an electronic data source is not used.

a) Income – States can choose to use a percentage threshold (e.g. 10%), a dollar threshold (e.g. -\$50), a combination of percent & dollar threshold, or “other.” As noted, if information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP.

b) If the state chooses the percentage threshold option, please select from the drop-down option. Please specify the value in column F and provide any additional comments in column I.

c) If the state chooses the dollar threshold, please select from the drop-down option. Please specify the value in column F and provide any additional comments in column I.

d) If the state chooses the percent and dollar threshold, please select from the drop-down option. Please specify the value in column F and provide any additional comments in column I

e) If the state chooses to use an alternative reasonable compatibility standard that is not listed, please choose “other” from the drop-down option and specify what standard the state plans to use in column I.

f) Other Factors of Eligibility - the State must describe what reasonable compatibility standard it uses, if applicable. Note that if the state indicates that it will ask for an explanation from the individual or for paper documentation, the state should have a reasonable compatibility standard to indicate when the request for additional information is triggered. For example, the state may say that we accept self-attestation of residency but if the records from another human services program (SNAP, TANF, etc.) shows that the person lives somewhere else, the state will follow-up with the individual and ask for an explanation or documentation. In this case, the reasonable compatibility standard is that the attested information is not consistent with internal data sources.

4. Reasonable Explanation -For each factor of eligibility, except for SSN, citizenship and immigration status for which an N/A has been prepopulated, choose Yes or No in column G if the state asks for a reasonable explanation from the individual before asking for paper documentation when information obtained from an electronic data source is not reasonably compatible with the information provided by or on behalf of the individual.

5. Paper Documentation - For each factor of eligibility, choose Yes or No in column H if the state asks for paper documentation from the individual when information obtained from an electronic data source is not reasonably compatible with the information provided by or on behalf of the individual. If the state indicates Yes, you must respond to #1 in Section D.

6. Additional Factors to Be Verified – if the state wishes to include the verification policies for additional factors not listed, please choose describe in the rows below “other” (row 21) what the additional factors are and fill out the rest of the columns as described above

7. Comments - The state may add narrative to further describe their process in column H or in the Additional Comments Tab if necessary.

#### **B1. Electronic Data Sources - Financial**

1. Data Sources Used - For each data source listed, please identify whether the state has determined the data source to be useful or not useful, by choosing Yes or No in column B. If a state determines that a data source is useful for verifying income for some populations but not others, please indicate a Yes and describe which populations it is useful for in the comments section.

- Special note regarding Internal Revenue Service (IRS) data source: This electronic data source refers to MAGI received through the Hub for MAGI-based eligibility determinations. Please note if any Federal tax information (FTI) is determined useful, an IRS approved Safeguard Procedures Report must be in place prior to the release of FTI by the Hub. Special instructions for Medicaid only: please indicate in the comment field whether you intend to use electronic FTI obtained from any other source for income verification; specifically address FTI available from computer matches with the IRS for unearned income data through the IEVS Disclosure of Information to Federal, State and Local Agencies (DIFSLA) match) and Beneficiary Exchange Earnings Records (BEER) from SSA, if used for MAGI-based Medicaid eligibility determinations or post-eligibility income verification.

2. Criteria Used to Determine Useful or not Useful - for each data source, please choose Yes or No for all criteria, as described below, that the state considered in determining that the data was or was not useful.

a. Accuracy – is it a reliable data source for true and complete information?

- b. Timeliness – is the data available in a timeframe that is useful for making a determination, such as in real-time, overnight batch, or weekly?
- c. Ability to Access – does the state have a connection set up to access the data electronically or are there barriers to having such a connection such as cost or data security issues?
- d. Age of Data – is the age of the data (up to date, 1 month old, 3 months old, a year old) useful for determining current income?
- e. Comprehensive – does the data provide enough information about the individual’s income, or a component of the individual’s income to help make an eligibility determination, and does the data provide information for all populations or just a subset?
- f. Other – describe any other factors that the state uses to determine whether a data source is useful or not useful.

3. Data Source Usage - If the state indicates that data source is useful, please choose Yes or No if this data source will be used at the time of application, if it will be used at renewal, and/or if it will be used for post-enrollment verification (columns I, J, K). If using post-enrollment, please indicate the frequency with which the data will be matched by choosing monthly, quarterly, annually or other in column L. If you choose "other", please describe in the comments column M.

4. Additional Data Sources - If the state would like to use a data source that is not listed, it should be indicated as follows:

- a. Commercial Database - if the data comes from a non-governmental source, please provide the name or description in the row(s) below “commercial database” number 11 (row 20) and fill out the rest of the columns as described above.
- b. Other – if the data comes from a governmental source other than those listed for numbers 2-10, please provide the name or description in the row(s) below “other” number 12 (row 23) and fill out the rest of the columns as described above.
- c. If a state plans to use only a commercial database or other data source, and will not be using any of the data sources listed in numbers 1-8, please answer question #3 in section D.

5. Comments - The state may add narrative to further describe their process in column M in the Additional Comments Tab if necessary.

**B2. Electronic Data Sources – Non-Financial**

1. Data Sources Used - For each data source listed, please identify whether or not the state plans to use that data source by indicating Yes or No in column B.

2. Factors of Eligibility - For each data source the state plans to use, please choose Yes or No for which factors that data source will be used (columns C-M). Note: CMS has prepopulated responses where statute or regulation requires a certain data sources be used to verify a factor of eligibility, such as SSN, citizenship, and immigration status. We indicate that PARIS will be used for post-enrollment verification and ask the state to describe how it uses PARIS in section D, #2. If the state indicates Yes for other in column M, please describe what that factor is in column R.

3. Data Source Usage - If the state indicates that it will use a data source, in column B, please choose Yes or No if this data source will be used at the time of application, if it will be used at renewal, and/or if it will be used for post-enrollment verification (columns N, O, P). If using post-enrollment, please indicate the frequency with which the data will be matched by choosing monthly, quarterly, annually or other in column Q. If you choose other, please describe in the comments column R.

4. Additional Data Sources - If the state would like to use a data source that is not listed, it should be indicated as follows:

a. Commercial Database - if the data comes from a non-governmental source, please provide the name or description in the row(s) below “commercial database” number 11 (row 19) and fill out the rest of the columns as described above.

b. Other – if the data comes from a governmental source other than those listed for numbers 2-10, please provide the name or description in the row(s) below “other” number 13 (row 23) and fill out the rest of the columns as described above.

5. Comments - The state may add narrative to further describe their process in column R or in the Additional Comments Tab if necessary.

### **C. Additional factors of eligibility for separate CHIPs**

States must fill out this section for their separate CHIPs.

1. Self-Attestation -

a. For each eligibility factor listed, please indicate Yes or No whether the State will accept self-attestation of information – either without additional verification (column B) or with post-enrollment verification (column C).

b. If the state indicates a Yes for accepts self-attestation without additional verification and Yes for accepts self-attestation with post-enrollment verification for one factor of eligibility, the state should have an explanation in the comment section about why both are Yes and when one process is used over another.

2. Use of Electronic Data Sources - For each eligibility factor, please indicate Yes or No in column D whether an electronic data source is used. If Yes, please describe the data source in the comments section. If you answered Yes to self-attestation without additional verification in column B, and you indicate that an electronic data source is also used, please also describe how and when the data source is used in the comments section.

3. Paper Documentation - For each eligibility factor, indicate Yes or No in column E if the state asks for paper documentation from the individual. If the state indicates a Yes they must respond to #1 in Section D.

4. Not Applicable - If an eligibility factor is not used by the state, please choose “N/A” (Not Applicable) in column F. Note we have prepopulated that information for whether an applicant does not have other coverage must be filled out.

5. Other Eligibility Criteria - If the state has other eligibility criteria or exceptions for its separate CHIP that require verification, for example, resident of an institution as defined in 457.310(c)(2), please provide the name or description in the row(s) below “other” number 6 (row 22) and fill out the rest of the columns as described above.

6. Comments - The state may add narrative to further describe their process in column G or in the Additional Comments Tab if necessary.

#### **D. Additional Verification Questions**

1. For any factor of eligibility, if the state indicates that 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, it must describe how the state determined that using an electronic data source was not effective, considering such factors as:

a. Administrative costs associated with establishing and using the data match versus relying on paper documentation, and

b. The impact on program integrity in terms of the potential for ineligible individuals to be approved as well as for eligible individuals to be denied coverage.

2. The State must detail what it uses PARIS to verify. For example, is it used to compare eligibility with other state Medicaid programs, for veteran’s benefits, etc.?

3. If the state indicates that it will not use any data sources listed in 1-8 in section B-1, the state must request Secretarial approval by submitting a letter to CMS describing how using an alternative source meets the following requirements:

- 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, and
- d. Promotes coordination with other insurance affordability programs.

Please choose Yes or No if the state intends to submit a letter to CMS requesting Secretarial approval and provide any comments if necessary.

4. If the state wants to use a mechanism other than the hub to verify information that is available through the hub, the state must request Secretarial approval by submitting a letter to CMS describing how using an alternative mechanism meets the following requirements:

- 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, and
- d. Promotes coordination with other insurance affordability programs.

Please choose Yes or No if the state intends to submit a letter to CMS requesting Secretarial approval and provide any comments if necessary.

5. The State has the option to describe additional verification policies and procedures not captured in the verification plan under question 5.

**Additional Comments**

If the state would like to make any additional comments for any of the sections of the plan, it may do so in the relevant sections in the Additional Comments Tab.



# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

## Contact Information

State / Territory	
Contact Name 1 ( <i>First Last</i> )	
Title	
E-mail	
Phone Number	
Contact Name 2 ( <i>First Last</i> )	
Title	
E-mail	
Phone Number	

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

State: 0

Date Submitted: (mm/dd/yyyy) \_\_\_\_\_

## Section A. Verification Procedures for Factors of Eligibility

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
Income*								
Residency					N/A			
Age (Date of Birth)					N/A			
Social Security Number **	NO	NO		N/A	N/A	N/A		
Citizenship **	NO	NO		N/A	N/A	N/A		
Immigration Status **	NO	NO		N/A	N/A	N/A		
Household Composition					N/A			
Pregnancy ***	YES				N/A			
Caretaker Relative					N/A			
Medicare					N/A			
Application for Other Benefits					N/A			
Other: (Please describe any other eligibility factors in the space below)								

Eligibility Factor	Self-Attestation Accepted without Additional Verification (Y/N)	Self-Attestation Accepted with Post-Eligibility Verification (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual (Y/N)	Paper Documentation Required from the Individual (Y/N)	Comments
					N/A			
					N/A			
					N/A			
					N/A			
					N/A			

\* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment.

If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

\*\* 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.

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) 0  
 State: 0  
 Date Submitted: (mm/dd/yyyy) 01/00/1900

## Section B1. Use of Electronic Data Sources

### Financial:

Electronic Data Source	Determined Useful (Y/N)	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
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)												

Electronic Data Source	Determined Useful (Y/N)	Accuracy Considered (Y/N)	Timeliness Considered (Y/N)	Ability to Access Considered (Y/N)	Age of Data Considered (Y/N)	Comprehensive Considered (Y/N)	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
8. Temporary Assistance for Needy Families (TANF)												
9. Office of Child Support Enforcement (OCSE)												
10. State Income Tax												
11. Commercial database: (Please describe any commercial databases in the space below)												
12. Other: (Please describe any additional electronic data sources in the space below)												

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) 0  
 State: 0  
 Date Submitted: (mm/dd/yyyy) 01/00/1900

## Section B2. Use of Electronic Data Sources

### Non-Financial:

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
1. Social Security Administration (SSA)	YES	YES	YES			YES											
2. Department of Homeland Security (DHS) - SAVE	YES			YES													
3. Vital Statistics																	
4. Department of Motor Vehicles (DMV)																	
5. Temporary Assistance for Needy Families (TANF)																	

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
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: <i>(Please describe any commercial databases in the space below)</i>																	
12. PARIS*	<b>YES</b>														<b>YES</b>		

Electronic Data Source	To Be Used (Y/N)	Social Security Number	Citizenship	Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Data Source Used at Application (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post-Enrollment (Y/N)	If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	

\* 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 D.



# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) 0  
 State: 0  
 Date Submitted: (mm/dd/yyyy) 01/00/1900

## Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
1. Applicant does not have other coverage					Must be Applied	
2. Applicant does not have access to affordable ESI						
3. When child has had coverage (as applicable to states' waiting period)						
4. Access to public employee coverage						
5a. Waiting period exception #1 (describe):						
5b. Waiting period exception #2 (describe):						
5c. Waiting period exception #3 (describe):						
5d. Waiting period exception #4 (describe):						
5e. Waiting period exception #5 (describe):						

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) <i>If Yes, please describe in comments</i>	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
5f. Waiting period exception #6 (describe):						
5g. Waiting period exception #7 (describe):						
5h. Waiting period exception #8 (describe):						
5i. Waiting period exception #9 (describe):						
5j. Waiting period exception #10 (describe):						
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						

# MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

State:

Date Submitted: (mm/dd/yyyy)

0

0

01/00/1900

## Section D. Additional Verification Questions

	Question	Response
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 (YES) or (NO) if the State intends to request 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).	
	If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.	

	<b>Question</b>	<b>Response</b>
<b>4</b>	Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.	
	<p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> <li>1) Reduces administrative costs and burdens on both individuals and the State,</li> <li>2) Maximizes accuracy and minimizes delay,</li> <li>3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and</li> <li>4) Promotes coordination with other insurance affordability programs.</li> </ol>	
<b>5</b>	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

**Section A. Additional Comments**

**Section B1. Additional Comments**

**Section B2. Additional Comments**

**Section C. Additional Comments**