

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State:

Last Updated:

New York

02/26/2024

Section A. Verification Procedures for Factors of Eligibility

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Eligibility	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual	Paper Documentation Required from the Individual (Y/N)	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard. Percent Threshold	50%	YES	YES	<p>Reasonable compatibility standard for verification of MAGI based income compares available IRS income data source to attestation of anticipated annual/current monthly income. If both attestation and data source are below applicable Medicaid/CHIP income standard, or at/above applicable Medicaid/CHIP income standard attestation accepted for Medicaid/CHIP. If individual attests to income below the applicable income standard, and the data source indicates income above the applicable standard, but the difference between the two is within 50% that is considered reasonably compatible. If not, compare applicable current income data source(s) (Wage Reporting, UIB, Title II) to anticipated annual/current monthly income, and follow same reasonable compatibility standard. If does not meet reasonable compatibility, individual will be asked for a reasonable explanation. Income documentation will only be required if the discrepancy is not one of the acceptable explanations listed in the application. If an individual attests to self-employment income, it is compared to IRS data. If no IRS data is available, the individual is required to document their income. Documents will not be required in special circumstances (e.g., unavailability of documents due to disaster, domestic violence, work for cash).</p> <p>When an individual attests to income above the applicable standard and data source indicates income below the standard, the state takes the attestation, making the individual ineligible and screens for other insurance affordability programs.</p>

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Eligibility	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for income	Ask for a Reasonable Explanation from the Individual	Paper Documentation Required from the Individual (Y/N)	Comments
Residency	YES	NO	NO	N/A	N/A	NO	NO	<p>Attestation accepted if valid NYS address. In future, may validate residency through identity proofing.</p> <p>Melissa software is used to validate household address at initial application, and when updated. If the software suggests an updated address (e.g., +4 of the zip code), the consumer is prompted to confirm the suggested address. Ultimately, the self-attested address will be accepted even if the software is unable to verify.</p> <p>Homelessness: If the consumer is homeless, they would check the box in the application that says, "no fixed residential address" and they can attest to their state and county of residence.</p>
Age (Date of Birth)	NO	NO	YES	N/A	N/A	NO	YES	<p>Only request documentation, and potentially refer individual to SSA for resolution, if individual attests to SSN, name, DOB and not verified per SSA/hub electronic data source. Referrals for follow-up verification also include potential identity theft issues.</p> <p>Paper documentation only requested if affecting eligibility</p>
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	<p>Only request documentation, refer to SSA for resolution, if individual attests to SSN, name, DOB and not verified per SSA/hub electronic data source.</p>
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	<p>Only request documentation, potentially refer individual to SSA (citizens) or DHS (some naturalized citizens, immigrants) for resolution if individual attests to citizenship/lawful status and not verified per SSA/DHS hub electronic data source.</p>
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	<p>Only request documentation, potentially refer individual to SSA (citizens) or DHS (some naturalized citizens, immigrants) for resolution if individual attests to citizenship/lawful status and not verified per SSA/DHS hub electronic data source.</p>
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Eligibility	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for income	Ask for a Reasonable Explanation from the Individual	Paper Documentation Required from the Individual (Y/N)	Comments
Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Eligibility	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for Reasonable Explanation from the Individual	Paper Documentation Required from the Individual (Y/N)	Comments
Medicare	NO	NO	YES	N/A	N/A	YES	YES	If attest that has Medicare, and seeking supplemental or LTC coverage, will refer/forward to local district for non-MAGI determination, with communication explaining not eligible for tax credit if have public MEC/Medicare, that can purchase QHP without subsidy if interested, and if income eligible, may qualify for Medicaid and Medicare, or help with paying for costs of Medicare through a Medicare Savings Program.

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Eligibility	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonable Explanation from the Individual	Paper Documentation Required from the Individual (Y/N)	Comments
Application for Other Benefits	NO	YES	YES	N/A	N/A	NO	YES	May decide in future to verify or sample against third party data sources for those determined Medicaid eligible. Will require attested agreement to apply for other benefits if appear eligible. If the applicant is required to apply for unemployment benefits or Social Security benefits, they can be enrolled based on a self- attestation of the intention to apply, but verification will be required as this is a condition of eligibility. Electronic verification will be used to the maximum extent practicable, but documents may be required.
Other: (Please describe any other eligibility factors in the space below)								
Federal public MEC beyond Medicare (e.g., Peace Corps.)ESI known to Medicaid	NO	NO	YES	If data source shows active coverage, but individual attests does not, refer for help in resolving (other federal public MEC).	N/A	NO	NO	Unable to use paper documentation.
<p>* 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).</p> <p>** 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.</p> <p>*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.</p>								

MAGI-BASED ELIGIBILITY VERIFICATION PLAN
 (Insert Medicaid, CHIP, or Both) Medicaid & CHIP
 State: New York
 Section B1. Use of Electronic Data Sources
 Financial:

Electronic Data Source	Determined Useful (Y/N) ¹	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)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used at renewal to the extent consent is provided.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Quarterly	Post-enrollment SSI; Pending fed hub interface. Current data batch will be used for post enrollment.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Non-MAGI populations and human service programs remain with local districts.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Non-MAGI populations and human service programs remain with local districts.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Non-MAGI populations and human service programs remain with local districts.
8. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Non-MAGI populations and human service programs remain with local districts.

Electronic Data Source	Determined Useful (Y/N) ¹	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
9. Office of Child Support Enforcement (OCSE)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Duplicative of IRS/fed hub
11. Commercial database: (Please describe any commercial databases in the space below)												
TALX/Work Number	NO	No	No	No	No	No	NO	NO	NO	NO		
12. Other: (Please describe any additional electronic data sources in the space below)												
1. The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.												

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 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	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	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO		
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		Only checking at renewal if there's been a change in status or 5 yr. bar.
3. Vital Statistics	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		See Section D
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
7. Office of Child Support Enforcement	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
9. Women, Infants and Children Program (WIC)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		

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
11. Commercial database: <i>(Please describe any commercial databases in the space below)</i>																	
Experian	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO		Identity Proofing
12. PARIS*	YES	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	YES	Quarterly Used to request verification of NYS residency.
13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i>																	
Medicaid/CHP active coverage	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	Checking in Legacy system to determine if individual is already covered.
* 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
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 State: New York
 Section C . Additional Factors of Eligibility for Separate CHIP

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification	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	NO	YES	YES	YES	Must be Applied	Medicaid enrollment (Public MEC Check) is checked at application. State employee database is used post enrollment. Requests paper documentation when an inconsistency is identified. For the title XXI Medicaid Expansion, the process is the same, with the exception that they donot check state employee health insurance employee plan database. Questions 2-5 would notapply.
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		
4. Access to public employee coverage	NO	YES	YES	YES		New York State Employee Health Insurance Plan Database. Only requesting paper documentation if there is a discrepancy with individuals' attestation and data source.
5a. Waiting period exception #1 (describe):	YES	NO	NO	NO		Involuntary loss of a job resulting in loss of health coverage
5b. Waiting period exception #2 (describe):	YES	NO	NO	NO		Death of family member which results in loss of coverage
5c. Waiting period exception #3 (describe):	YES	NO	NO	NO		Changed jobs and new employer does not offer coverage employer-based coverage is available

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification	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
5d. Waiting period exception #4 (describe):	YES	NO	NO	NO		Moved and no employer-based coverage is available
5e. Waiting period exception #5 (describe):	YES	NO	NO	NO		Employer stopped offering coverage to all employees
5f. Waiting period exception #6 (describe):	YES	NO	NO	NO		Health benefits terminated due to a long-term disability
5g. Waiting period exception #7 (describe):	YES	NO	NO	NO		Child applying for coverage is pregnant
5h. Waiting period exception #8 (describe):	YES	NO	NO	NO		COBRA coverage expired
5i. Waiting period exception #9 (describe):	YES	NO	NO	NO		Cost of the child's portion of family coverage is more than 5% of the household's income
5j. Waiting period exception #10 (describe):	YES	NO	NO	NO		Child is at or below age 5
6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i>						
Waiting Period exception #11 (describe):	YES	NO	NO	NO		The cost of family coverage that includes the child exceeds 9.5% of the household income
Waiting Period exception #12 (describe):	YES	NO	NO	NO		The child has special health care needs
Waiting Period exception #13 (describe):	YES	NO	NO	NO		The child lost coverage due to divorce

Section D. Additional Verification Questions

	Question	Response
1	<p>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):</p>	<p>The state accepts self-attestation with electronic verification for many factors of eligibility. Paper documents will be required when an electronic data source is not reasonably compatible with the information provided by or on behalf of an individual. The State would request paper documentation when information obtained is not reasonably compatible with the data source for citizenship/immigration status and income, in certain circumstances. In addition, the State would request further explanation or documentation where an attested verification for an eligibility factor such as incarceration status is inconsistent with an available data source, and/or may determine it is useful to recheck a data base for confirmation, reducing the need for paper documentation (e.g., rechecking state incarceration data base in 30 days to confirm a recently released individual). Finally, the State will require additional information or request documentation as may be mandated by HHS and in other appropriate circumstances where the State requires information to support eligibility and enrollment determinations for IA programs (e.g., cost effective determinations for employer sponsored (ESI) coverage) to support Medicaid ESI premium payments.</p> <p>Paper documents will be required when citizenship cannot be verified through SSA. New York has a high match rate with SSA data (over 95%) and has not invested in gaining access to vital records data. The state does not have a centralized vital records data base. The City of New York maintains vital records data for its residents. We did not determine it was useful or cost-effective to invest in developing multiple interfaces to the two vital records systems in the state for the few instances when citizenship cannot be obtained through the SSA match. We can revisit this decision if we experience a greater than anticipated need for paper documentation.</p>
2	<p>Please describe how the state uses PARIS?</p>	<p>New York State utilizes the Public Assistance Reporting Information System (PARIS) to identify active Medicaid beneficiaries who may be receiving Medicaid benefit payments in other states (Medicaid Interstate match) and to obtain Veteran status information. On a quarterly basis, results of the Interstate match are provided to the Local Departments of Social Services (LDSS). The LDSS offices are responsible for investigating each match to determine if the recipient is a NYS resident. Cases are closed for individuals who are no longer NYS residents. The State's Welfare Management System is updated with veteran status information returned through the quarterly PARIS file. A report detailing individuals identified as veterans is available to each LDSS office via a web-based reporting portal. Applicants/recipients for Medicaid eligibility are required to file for benefits at the appropriate State/Local VA office. LDSS offices are encouraged to establish local procedures for educating veterans about their eligibility and to develop protocols for assisting them in obtaining their care through the VA.</p>

	Question	Response
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).	NO
	If (YES), please submit a letter to CMS requesting such approval describing how 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.	N/A
4	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.	NO
	If (YES), please submit a letter to CMS requesting such approval describing how 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.	N/A
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	

Section A. Additional Comments

Implementation date is 6/23/2022
Section B1. Additional Comments

Implementation date of 9/26/2013
Section B2. Additional Comments

Implementation date of 9/26/2013
Section C. Additional Comments
Implementation date of 9/26/2013.