MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP
State: Idaho
Last updated 05/26/2016

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*	NO	NO	YES	Both are above, at or below the applicable income standard.		YES	YES	Self-Attestation is accepted for Self-Employment Income when an individual's information is not representive of last year's tax information. For other types of income, if the individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, then a reasonable explanation or paper documentation will be requested. For housholds receiving Medicaid and a change is reported, data sources will be checked. If the data source is above the applicable FPL and and self-attestation is above the applicable FPL, the self attestation figure will be used. If the data source reports a figure less than the applicable FPL and the self-attestation declares less than the applicable FPL, the self attestation figure will be used. If the data source shows above the applicable FPL and the individual reports below the appliable FPL, verifications will be requested.
Residency	YES	NO	NO		N/A	NO	NO	If there is a discrepancy with SSA data we will ask for additional information from the individual.
Age (Date of Birth)	NO	NO	YES		N/A	NO	NO	Self-attested DOB must still pass Numident process with SSA. If there is a discrepancy will have the individual resolve it with SSA and then conduct a follow-up data match. Would enroll in benefits if otherwise eligible pending verification.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	The state- uses an existing real time data match with SSA, through SOLQi, and not the Hub. Paper Documentation only required if there is a discrepancy between information reported and information received from SSA interface. If there is a discrepancy will have the individual resolve it with SSA and either return a form of resolution or conduct a follow-up data match. If information is not resolved with SSA, we would not enroll in benefits without good cause.

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
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	The state uses an existing data match with SSA, through SVES, and not the Hub. Paper Documentation only required if SSA match and vital statistics verification does not resolve discrepancy. The SVES is a batch process, however if the client attests to meeting the citizenship requirements, we will approve the Medicaid and give them the 90 day reasonable period to provide information. We run the batch process that night. If they fail, we send out verification requests the next day, explaining the 90 day requirement and begin tracking from that day forward.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	The state will be using its web-based connection with SAVE and not through the Hub's VLP service. When an intial match is found in step 1, no further action is required. If no match is found, we proceed to step 2 verification and wait 3 to 5 days for a response from SAVE. If the response comes back to "Resubmit the Documentation with the original copies", we request verification from the customer and resubmit.
Household Composition	YES	NO	NO		N/A	NO	NO	For most cases the state is accepting self-attestaion, however, if there is a discrepancy identified on the application, we woud ask for a reasonable explanation and Paper Documentation only if necessary.
Pregnancy ***	YES	NO	NO		N/A	NO	NO	
Caretaker Relative	YES	NO	NO		N/A	NO	NO	
Medicare	NO	NO	YES		N/A	YES	YES	If there is a discrepancy with SSA data we will ask for additional information from the individual.
Application for Other Benefits	YES	NO	NO		N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								

* 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).

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(Insert Medicaid, CHIP, or Both) Medicaid & CHIP
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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	YES	Other (specify in comments)	Idaho will access to IRS data to determine Medicaid eligibility. We will check this information periodically, but at least annually for each individual.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	The state will be existing data connection with SSA through SOLQ and not the Hub as per Idaho's Hub waiver. The state uses its SSA Post-enrollment When Change reported (by client or SSA). Have "real-time daily and monthly updates.
3. State Wage Information Collection Agency (SWICA)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		We receive state wage data from the Department of Labor (see below).
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO		We use State UIB at application and re-evaluation
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		State supplemental assistance is computed in the same automated system where Medicaid is computed so an interface is not necessary.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Does Not Exist
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Only looking at the wage data available in these programs not the calculation.
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Only looking at the wage data available in these programs not the calculation.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Only looking at the wage data available in these programs not the calculation.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Idaho does not have current interface data available through the State Tax Commission.

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
11. Commercial database: (Pease describe any commercial databases in the space below)												
Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Idaho has a current contract with TALX and uses this data available through the work number interface to verify income information
12. Other: (Please describe any additional electronic data sources in the space below)												
Dept. Labor Quarterly Wage	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		The information received through the Department of Labor is the state wage information - the source is the Department of Labor.
Dept. Labor New Hire	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		

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(Insert Medicaid, CHIP, or Both)   <u>Medicaid & CHIP</u>
State: <u>Idaho</u>
Last updated   <u>05/26/2016</u>

Section B2. <u>Use of Electronic Data Sources</u>

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	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	YES	YES	Other (specify in comments)	Idaho uses its existing data connection with SSA outside the Hub for which the state has an existing Hub waiver. Only used at renewal and post-enrollment for Medicare. Any change reported by SSA through BENDEX or SDX files are acted on by the Medicaid Agency.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	Idaho uses its web-based connection with SAVE outside the Hub for which the state has an existing Hub waiver. Used at renewal and post-enrollment for status are subject to change or 5-year bar information. If information changes post enrollment, that information will be acted as appropriate for Medicaid eligibility.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	Used at application for as a back-up for citizenship. Used at renewal and post-enrollment if receive a report of change for Date of death and household composition.

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
4. Department of Motor Vehicles (DMV)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		not available and data sharing challenges. Since this data is unreliable and there is not a resource test for Medicaid, we do not have immediate plans to utilize this data.
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		
11. Commercial database: *(Please describe any commercial databases in the space below)*																	

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
12. Other: *(Please describe additional electronic data sources in the space provided below)*																	
13. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Monthly	Used to identify if individual is enrolled in benefits in another state.
14. VA benefits	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	Other (specify in comments)	Idaho uses the non ESI-MEC check service through Hub to check for VA benefits. We check at time of application/renewal and any time that there is a change made to the case which requires a new benefits calculation.

* 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)   Medicaid & CHIP
State: Idaho
Date submitted   12/20/2014

Section C . <u>Additional Factors of Eligibility for Separate CHIP</u>

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) *If Yes, please describe in comments*	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
1. Applicant does not have other coverage	YES	NO	YES	NO	Must be Applied	Accept self-attestation in most cases, unless questionable,such as they are a state employee or they work for an employer we know is likely to offer health coverage. In those cases, we would ask for additional information. We will be using the DSH to check for non-ESI MEC electronically.
2. Applicant does not have access to affordable ESI	NO	YES	NO	NO		This is not applicable unless state employee. In such case we would deny their coverage for CHIP. If an individual states that their employer offers insurance that is not affordable, we will require follow-up verifications from the employer before accepting this information.
3. When child has had coverage (as applicable to states' waiting period)	YES	NO	NO	NO		
4. Access to public employee coverage	NO	NO	YES	NO		State Dept. of Labor
5a. Waiting period exception #1 (describe):					N/A	
5b. Waiting period exception #2 (describe):					N/A	
5c. Waiting period exception #3 (describe):					N/A	
5d. Waiting period exception #4 (describe):					N/A	
5e. Waiting period exception #5 (describe):					N/A	
5f. Waiting period exception #6 (describe):					N/A	
5g. Waiting period exception #7 (describe):					N/A	
5h. Waiting period exception #8 (describe):					N/A	
5i. Waiting period exception #9 (describe):					N/A	
5j. Waiting period exception #10 (describe):					N/A	

Eligibility Factor	Self-Attestation Accepted without Additional Verification	Self-Attestation Accepted with Post-Enrollment Verification (Y/N)	Electronic Data Source Used (Y/N) *If Yes, please describe in comments*	Paper Documentation Required from the Individual (Y/N)	Non-Applicable (N/A)	Comments
6. Other eligibility factors or exceptions to eligibility factors: *(Please describe in the space provided below)*						

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State:	Idaho
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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):	The state accepts self-attestation without additional verification for many factors. For those that are verified, the state uses all available electronic data sources and asks for a reasonable explanation or paper documentation only when necessary to resolve inconsistencies.
2	Please describe how the state uses PARIS?	The State uses PARIS information post-enrollment to determine potential duplicate participation.
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 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.	
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.	**YES**
	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	Idaho has a full Hub waiver approved February 5, 2014. The Hub waiver gives Idaho the authority to forego using the Hub to verify citizenship, social security number (SSN) and the receipt and amount of cash benefits provided under Title II of the Social Security Act (Act), as well as to access the Department of Homeland Security's Systematic Alien Verification for Entitlements (SAVE) system for steps 2 and 3 of the process

	Question	Response
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

Section B1. Additional Comments

Section B2. Additional Comments

Section C. Additional Comments