MAGI-BASED ELIGIBILITY VE (Insert Medicaid, CHIP, or Be State:		AN	Medicaid & C Maine	HIP				
	Section A. Ve	erification P	rocedures for	Factors of Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonabl e Explanatio n from the Individual (Y/N)	Documentati	Comments
Income*	NO	NO	YES	Both are above, at or below the applicable income standard. Other (Specify in Comments)	N/A	YES	YES	Sources: Maine's eligibility system, Data Services Hub, Work Number, SSA SDX, Maine Department of Labor. Paper verificaton required for self-employment, non-filers, various pensions, and seasonal wages. Verification requested if: 1) individual attests to income below the applicable standard, and the data source indicates income above the applicable standard, no matter the amount of the difference, and 2) application of the amount received from the source would result in a change in eligibility. In such cases, a reasonable explanation or paper documentation will be requested. If an individual attests to income above the applicable standard and a data source indicates income below the standard, the state will accept the attestation, determine the individual to be ineligible, and conduct a screen for an Advance Premium Tax Credit (APTC).

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonabl e Explanatio n from the Individual (Y/N)	Documentati	Comments
Residency	YES	NO	NO	N/A	N/A	NO	NO	For most cases the state will accept self-attestion without additional verification unless the state is made aware though electronic data that there is a discrepancy. Follow up will be done if a discrepancy is found post-eligibility with other programs (e.g., SNAP/TANF) or if mail is returned. Source: Maine's eligibility system, SSA, Work Number, Maine Department of Labor, PARIS. Will use PARIS match if client is open in another state. Will ask for an explanation and paper doucmentation if needed. Currently working to establish data feed with Maine Bureau of Motor Vehicles.
Age (Date of Birth)	NO	YES	YES	N/A	N/A	YES	YES	Source: Maine's eligibility system, Data Services Hub, SSA, DHS SAVE. Request paper documentation only when there is a discrepancy that would affect eligibility or needed in order to conduct verifications when source is identified post-eligibility.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	Source: Maine's eligibility system, Data Services Hub. Paper only when we have a mis-match with SSA and/or the Data Services Hub.
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	Source: Maine's eligibility system, Data Services Hub. Paper will only be requested when we mis-match with SSA or the Data Services Hub is identified.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	Source: Maine's eligibility system, Data Services Hub (SAVE). Paper will only be requested when alien number does not match SAVE information.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonabl e Explanatio n from the Individual (Y/N)	Documentati	Comments
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	For most cases the state will accept self-attestion without additional verification unless the state is made aware though electronic data that there is a discrepancy. Source: household composition in Maine's eligibility system. In such cases, will ask for an explanation and paper doucmentation only if necessary. If no source information is available, accept attestation.
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	For most cases the state will accept self-attestion without additional verification unless the state is made aware though electronic data that there is a discrepancy. Data source: information in Maine eligibility system and other program records (e.g., SNAP, TANF, etc). In such cases, will ask for an explanation and paper doucmentation only if necessary.
Caretaker Relative	YES	NO	NO	N/A	N/A	NO	NO	For most cases the state will accept self-attestion without additional verification unless the state is made aware though electronic data that there is a discrepancy. Data source: information in Maine eligibility system and other program records (e.g., SNAP, TANF, etc). In such cases, will ask for an explanation and paper doucmentation only if necessary.
Medicare	NO	YES	YES	N/A	N/A	YES	YES	Source: SSA. Request copy of Medicare card when there is a discrepancy with the SSA match and no reasonable explanation.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestatio n Accepted with Post- Eligibility Verificatio n (Y/N)	Electronic Data Source Used (Y/N)	Reasonable Compatibility Standard Used	Specify Reasonable Compatibility Standard for Income	Ask for a Reasonabl e Explanatio n from the Individual (Y/N)	Documentati	Comments
Application for Other Benefits	NO	YES	YES	N/A	N/A	YES	YES	Source: information in Maine's eligibility system and PARIS. We may follow up post eligibility in situations where the individual is awaiting a decision on other benefits such as VA. Paper documentation may be required if we cannot verifiy electronically.
Other: (Please describe any other eligibility factors in the space below)								
Incarceration	YES	NO	NO	N/A	N/A	NO	NO	Take self-attestaion but if we recieve information that the person is incarcerated, ask for a reasonable explanation or paper documentaion if necessary. Source: Maine's eligibility system, Maine Department of Corrections If no source information is available, accept attestation. Limit services to inpatient hospital to those who are incarcerated.
If the information obtained the applicable income states the state and is not an op ** States must follow statutes the federal data services	ed from election andard, the St tion that can e, regulations, hub if availab	ronic data s ate must de be changec , and guidar le.	ources and the etermine the a l). nce for verificat	erify income in accordance with information provided by or or pplicant eligible or ineligible fo tion of SSN, citizenship and imu ve information that is not reaso	n behalf of the indi r Medicaid/CHIP. (migration status in	vidual are bo NOTE: this o cluding obta	oth above, at o ption is prepop iining such info	r below bulated for

MAGI-BASED ELIGIBILITY VERIFICA	τιών ρι ανι											
(Insert Medicaid, CHIP, or Both) State:	Medicaid & C Maine	HIP										
Financial:	Section B1. U	se of Ele	ctronic D	ata Sour	ces							
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 Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	NO	NO	YES	YES	YES	NO	NO	NO	NO	NO		Data is old and will not be useful for determinations; also security requirements are too onerous.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	If information received post eligibility indicates disrepancy, follow-up will occur to determine impact, if any, on eligibility. Post-eligibility data checks are based on state's current data match with SSA. Information for all applicable clients received on a monthly basis, received daily as requested for specific individuals. State will use existing SSA data source until 1/1/14. Will then utilize the Hub.
3. State Wage Information Collection Agency (SWICA)	NO	YES	YES	NO	YES	YES	YES	NO	NO	NO		Data is old and not useful for determinations. Do not currently have a data feed but examining the possible use for future date. State plans to use this data source in the future. Detailed in state's mitigation plan.

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 Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	Post-enrollment checks to identify any changes in in income or discrepancies.
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Monthly	Post-enrollment checks to identify any changes in income or discrepencies.
6. State General Assistance Programs	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		This data is not available electronically.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Post-enrollment checks to identify any changes in income or discrepancies. If information received post eligibility indicates disrepancy, follow-up will occur to determine impact, if any, on eligibility. Post- enrollment matches will occur whenever financial information is changed in Maine's eligibility system by another program (e.g., SNAP).
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	Other (specify in comments)	Post-enrollment checks to identify any changes in income or discrepancies. If information received post eligibility indicates disrepancy, follow-up will occur to determine impact, if any, on eligibility. Post-enrollment matches will occur whenever financial information is changed in Maine's eligibility system by another program (e.g., TANF).

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	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Data Source Used at Renew al (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		National data base of new hire
10. State Income Tax	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO		not available
11. Commercial database: (Pease describe any commercial databases in the space below) The work number												On Day 1, Maine expects to use this data source
	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO		through the process currently used and not through the Hub.
Verify direct	YES	YES	YES	NO	NO	NO	NO	YES	YES	NO		Similar to Work number - employment/wage information.
12. Other: (Please describe any additional electronic data sources in the space below)												
1. The state marked any criterion Y	ES if it was cor	nsidered	as a reas	on the d	ata sour	rce was	determin	ed useful/	not usefu	 ıl.		

MAGI-BASED ELIGIB			ים אסוי														
(Insert Medicaid, CH			ION PL		aid & C	HIP											
State:	, -			Maine													
Non-Financial:	Section	B2. Use	e of Eleo	ctronic	Data So	ources											
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 Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (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	YES	NO	YES	YES	YES	Monthly	Available data source to resolve inconsistencies with residency. Data used at renewal and post-ernollment for Medicare and application for other benefits. State will use existing SSA data source until 1/1/14. Will then utilize the Hub.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	Other (specify in comments)	At renewal and post-enrollment for status that are subject to change or expire and to determine if indiviudal has reached the 5- year bar. State will use existing DHS data source unti 1/1/14. Will then utilize the Hub.
3. Vital Statistics	YES	NO	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	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 Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post- Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO		Available data source to resolve inconsistencies with residency or household composition that the state is made aware of.
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES		comments)	Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules. Available data source to resolve inconsistencies with residency, household composition, pregnancy, andcaretaker relative the state is made aware of. Used on an ad-hoc basis, when needed.

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 Applicatio n (Y/N)	Data Source Used at Renewal (Y/N)	Data Source Used Post Enrollme nt (Y/N)	If Used for Post- Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
6. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	NO	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES		Only use for SSN if verified with SSA first. Only use for citizenship and immigration status if verified in accordance with Medicaid/CHIP rules. Available data source to resolve inconsistencies with residency, household composition, pregnancy, andcaretaker relative the state is made aware of. Used on an ad-hoc basis, when needed.
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		

1. Commercial atabase: (Please lescribe any		Social Security Number		Immigration Status	Residency	Age/DOB	Pregnancy	Household Composition	Caretaker Relative	Medicare	Application for other Benefits	Other	Source Used at Applicatio n (Y/N)	Source Used at Renewal (Y/N)	Source Used Post- Enrollme nt (Y/N)	Enrollment Frequency Used (i.e. monthly, quarterly)	Comments
ommercial latabases in the pace below)																	
2. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES		used to identify benefits in another state. Available data source to resolve inconsistencies with residency and household composition.
3. Other: (Please lescribe additional lectronic data ources in the pace provided pelow)													1				
Aaine Department f Corrections	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	(specify in	Intermittently. Available data source to resolve inconsistencies with residency and household composition.

MAGI-BASED ELIGIBILITY VERIF						
(Insert Medicaid, CHIP, or Both		Medicaid & CH	IP			
State:		Maine				
	Section C . Add	ditional Factors	of Eligibility for	Separate CHIP		
	Self-	Self-	Electronic	Paper		
	Attestation	Attestation	Data Source	Documentatio	Non-	
Eligibility Factor	Accepted	Accepted with	Used (Y/N)	n Required	Applicabl	Comments
	without	Post-	lf Yes, please	from the	e (N/A)	comments
	Additional	Enrollment	describe in	Individual	e (N/A)	
	Verification	Verification	comments	(Y/N)		
1. Applicant does not have						Source: Maine's eligibility system, HMS. If attestation is inconsistent with source, obtain
other coverage	NO	YES	YES	YES		verification. The same verification procedures for the separate CHIP apply to Maine's Title XXI
	NO	TES	TES	TES	Applied	Medicaid Expansion component.
2. Applicant does not have	VEC	NO	NO	NO		
access to affordable ESI	YES	NO	NO	NO		
3. When child has had						
coverage (as applicable to	YES	NO	NO	NO		
states' waiting period)						
4. Access to public employee	NO	YES	YES	YES		Source: HMS. If attestation is inconsistent with source, obtain verification.
coverage	NO	TLS	TES	TES		
5a. Waiting period exception	NO	YES	YES	YES		Exception reason: Individual who dropped coverage does not reside with the child. Source:
#1 (describe):	110	123		123		Maine's eligibility system.
5b. Waiting period exception						Exception reason: Family (employee) pays 50% or more of the cost of the child's coverage.
#2 (describe):	NO	NO	NO	YES		Will try and call the employer first before asking for paper. No electronic data source to obtain
						this information.
5c. Waiting period exception	NO	NO	YES	NO		Exception reason: Family pays over 10% of all family income for family coverage (including the
#3 (describe):						child dropped from coverage). Source: Maine's eligibility system.
5d. Waiting period exception	NO	NO	YES	YES		Exception reason: The individual had good cause for terminating the insurance coverage.
#4 (describe):	_	_	_	_		Source: Maine's eligibility system.
5e. Waiting period exception					N/A	
#5 (describe):						

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Electronic Data Source Used (Y/N) If Yes, please describe in comments	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
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	
6. Other eligibility factors or exceptions to eligibility factors: (<i>Please describe in the</i> <i>space provided below</i>)						
Child residing in a public institution or in-patient psychiatric facility	YES	NO	NO	NO		

MAGI-BA	SED ELIGIBILITY VERIFICATION PLAN		
(Insert M	ledicaid, CHIP, or Both)	Medicaid & CHIP	
State:		Maine	
	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 of eligibility and the state plans to use all electronic sources of data currently available as well as establish connectivity with new sources (e.g., Vital Statistics, Bureau of Motor Vehicles). At this time the most cost-effective process is to request paper documentation only when needed in order to resolve identified discrepancies or in those cases where an electronic source for data does not exist (e.g., verification of income for non-filers). For day one, State does not have a data feed with SWICA, but is examining the possibility to have that at a future data, at which time, SWICA would be used as a source for income verification prior to asking for paper documentation.	
2	Please describe how the state uses PARIS?	The State of Maine uploads to the PARIS system data files that include information for all persons open to any program within ACES, Maine's eligibility system. Maine receives from PARIS Interstate Match files that include a data match of all records open in Maine and another state. Maine also receives Federal Match files that contains a data match between all records open in Maine and the Federal Defense Payroll. Maine also receives VA Match file that contain a data match of all records open in Maine with records from the Verteran's Administration.	
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	

	Question	Response
	 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.	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. 	
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 D1 Additional Comments			
Section B1. Additional Comments			
Section B2. Additional Comments			
Section C. Additional Comments			