# MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State:

Medicaid & CHIP Nebraska

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. Percent Threshold	10%	YES	YES	If individual attests to income below the applicable standard and data indicates income above the applicable standard, but the the difference between the two is 10% or less, we will consider the information reasonably compatible. If the difference is more than 10% we will request paper documentation. Will allow for reasonable explanation if employment ending in the month (March) before application was made (April). If an individual attests to income above the applicable standard and the data source indicates income below the standard, the individual will be ineligible and screened for APTC (Advance Premium Tax Credits).
Residency	YES	NO	NO	N/A	N/A	NO	NO	In most cases the state accepts self-attestion, however if attested information is inconsistent with information that the agency has from internal data sources, then additional data sources will be checked. If there is still an inconsistency after checking all available data sources, paper documentation will be requested.

Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	ו ווארם לחוורכם ו	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
Age (Date of Birth)	NO	NO	YES	N/A	N/A	NO	YES	Paper documentation will be requested if the electronic data source (I.e. SSA, Vital Statistics, DMV) for age (DOB) is inconsistent with attested information.
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	If information is not available from the data services hub, or the information from the data source is inconsistent with the attestation, paper documentation will be required from the individual.
Citizenship **	NO	NO	YES	N/A	N/A	N/A		If information is not available from the data services hub, or through vital statistics, or information from the data source is inconsistent with the attesation paper documentation will be required from the individual.
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	If information is not available from the data services hub, or information from the data source is inconsistent with the attesation, paper documentation will be required from the individual. As part of Nebraska's mitigation plan, from 10/1/13 through 3/31/14, our current SAVE data feed will be utilized. Nebraska will begin using the Hub for SAVE data on 4/1/14.
Household Composition	YES	NO	NO	N/A	N/A	NO	NO	In most cases, the state will accept self-attestion, however if attested information is inconsistent with information that the agency has from internal data sources, then additional data sources will be checked. If there is still an inconsistency after checking all available data sources, paper documentation will be requested.

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
Pregnancy ***	YES	NO	NO	N/A	N/A	NO	NO	In most cases, the state will accept self-attestation, however if attested information is inconsistent with information that the agency has from internal data sources, then additional data sources will be checked. If there is still an inconsistency after checking all available data sources, paper documentation will be requested.
Caretaker Relative	NO	NO	YES	N/A	N/A	NO	YES	If information is not consistent with data sources (i.e. vital statistics, TANF, Child Support Enforcement, Protection and Safety), then paper documentation will be requested.
Medicare	NO	NO	YES	N/A	N/A	NO	I YES	If information is not consistent with data sources, then paper documentation will be requested.
Application for Other Benefits	NO	NO	YES	N/A	N/A	NO	I YES	If information is not consistent with data sources, then paper documentation will be requested.
Other: (Please describe any other eligibility factors in the space below)								

<sup>\*</sup> 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).

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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) Medicaid & CHIP

State: Nebraska

Section B1. Use of Electronic Data Sources

Financial:

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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)		l lisen	used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Assuming the Hub is streamlined as stated as we are currently not using MAGI income from the Hub; therefore, we are predicting that the data source is useful.  Used at renewal to the extent consent is provided.

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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 Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		SSA is useful for applicants or beneficiaries who are current pay only. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly. The frequency varies case by case. Nebraska receives 40 quarters information and State Verification and Exchange System (SVES) provided through SSA.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		State Wage Information is useful to individuals/beneficiares whose employer reports income to the Department of Labor. Not all employers would interface for each individual/beneficiary. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		State Unemployment Compensation would only be used for clients/beneficiaries receiving unemployment compensation from Nebraska. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly. The frequency varies case by case.

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Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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)	ı	Data Source Used Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
5. State Administered Supplementary Payment Program	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		State supplement (State sup.) payment only cases would be used for clients/beneficiaries receiving State sup. assistance. The frequency of the data source occurs if the household reports a change in which Medicaid would be notified. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Nebraska does not electronically interface with GA programs.
7. Supplemental Nutrition Assistance Program (SNAP)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		SNAP would only be used for clients/beneficiaries receiving SNAP assistance. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly. The frequency varies case by case. State is using raw income data not calculations.

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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 Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
8. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		TANF would only be used for clients/beneficiaries receiving TANF assistance. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly. The frequency varies case by case. State is using raw income data not calculations.
9. Office of Child Support Enforcement (OCSE)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		CSE data provides spousal support received, if paid through Nebraska. Nebraska would only use this data source post enrollment if a change occurred as our system would generate an alert and the information becomes known to the agency and budgets would be updated accordingly.
10. State Income Tax	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Nebraska does not electronically interface with State Income Tax.
11. Commercial database: (Pease describe any commercial databases in the space below)												
TALX/The Work Number	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		TALX/The Work Number is tentively planned to be utilized July 2014 through the Hub. It is assumed this data source will be useful once it is being utilized. This data source will be utilized at application, post enrollment if a change is reported and at renewals tentively in July 2014.
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Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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
12. Other: (Please describe any additional electronic data sources in the space below)												
Provider Alerts (e.g. Child Care Providers and Personal Care Aids)	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO		Provider alerts, for providers such as child care and personal care providers, are only used for clients/beneficiaries that are self-employed through the State of Nebraska. The frequency of the data source occurs when a payment has been made to the provider as an alert would be created. If necessary, verification may be requested as provider alerts do not take into account client expenses.  This data is used at application if the applicant indicates that they are a provider paid by the state of Nebraska. The alerts for payments provided are generated after an applicant is pended on the eligibility system. This data source will be utilized at renewal if the applicant/beneficiary is actively a provider paid by the state of Nebraska.  Nebraska would only use this data source post enrollment if a change occurred.  State may re-evaluate if these sources will be used and need to be reviewed.

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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)	1	l lised	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
National Directory of New Hires	YES	YES	YES	YES	YES	NO	NO	YES	YES	NO		National Directory of New Hires is only used for clients/beneficiaries that have income from another state. The frequency of the data source occurs case by case. An alert would be created and if necessary, verification may be requested. Once an application is pended interfaces are activated, including New Hire match, and any information available is posted to the eligibility system. This is available at the time of application once the applicant is pended. This data source is used at renewals.  Nebraska would only use this data source post enrollment if a change occurred.

Electronic Data Source	Determined Useful (Y/N) <sup>1</sup>	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 Post- Enrollme nt (Y/N)	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
Internal Revenue Service (IRS)- 1099 information	YES	YES	NO	YES	YES	NO	NO	YES	YES	NO		The 1099 information received from the IRS is only used for clients/beneficiaries that file income tax returns. The frequency of the data source occurs case by case. An alert is created and if necessary, verification may be requested. Once an application is pended interfaces are activated, including IRS match, and any information available is posted to the eligibility system. This is available at the time of application once the applicant is pended.  It is our understanding that 1099 information is not available through the Hub. Nebraska will continue to use the information if available at application, renewal and post enrollment if information is received from the state's current IRS interface.  Nebraska would only use this data source post enrollment if a change occurred.

### MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State: Nebraska

## Section B2. Use of Electronic Data Sources

#### Non-Financial:

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 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	NO	NO		SSA generates an alert whenever there is a change with SSA. The frequency depends case by case and how many changes occur. These alerts will be acted on postenrollment for Medicare and application for other benefits. Nebraska would only use this data source post enrollment if a change occurred. This source can be used for residency if needed to resolve inconsistencies that the state becomes aware of.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		If the beneficiary reports a change in immigration status, SAVE would be used post-enrollment to verify reported change.  This source may prompt an inconsistency related to residency that may need to be acted on.  This source will be used at renewal only if status is subject to change. SAVE will be tentatively utilizied April 2014 through the HUB. We will continue to utilize our

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
3. Vital Statistics	YES	YES	YES	NO	NO	YES	NO	NO	YES	NO	NO	NO	YES	NO	NO		This source can be used for residency if needed to resolve inconsistencies that the state becomes aware of.
4. Department of Motor Vehicles (DMV)	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO		This source is used post-enrollment for change in circumstances and used at application and renewal for Residency and DOB only to resolve inconsistencies with other data sources if need be.
5. Temporary Assistance for Needy Families (TANF)	YES	YES	YES	YES	NO	YES	NO	NO	YES	NO	YES	NO	YES	YES	NO		If information becomes known to the agency through TANF, Medicaid would be notified and the change would be followed up on if applicable to Medicaid. This source will be used post-enrollment for change in circumstances and can be used at application and renewal for SSN, citizenship, immigration status, DOB, residency, pregnancy, household composition, caretaker relative and application for other benefits if needed to resolve inconsistencies. Will only be used for SSN if the SSN has been verified with SSA and for citizenship and immgration status if they have been verified in accordance with Medicaid and CHIP rules

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	YES	NO	NO	NO	NO	NO		If information becomes known to the agency through SNAP, Medicaid would be notified and the change would be followed up on if applicable to Medicaid. This source can be used for SSN, citizenship, immigration status, DOB, residency, household composition and Medicare if needed to resolve inconsistencies. Will only be used for SSN if the SSN has been verified with SSA and for citizenship and immgration status if they have been verified in accordance with Medicaid and CHIP rules.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	YES	NO	NO	YES	NO	NO	YES	YES	NO	NO		Office of Child Support Enforcement is used to verify caretaker relative and paternity. The Medicaid agency would be informed if the beneficiary is not cooperating with child support enforcement in which a sanction would be imposed. The frequency of post enrollment would vary case by case. This source will be used at application for paternity and cooperation and can be used for residency, and DOB if needed to resolve inconsistencies.
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 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
11. Commercial database: (Please describe any commercial databases in the space below)															Τ		
13. Other: (Please describe additional electronic data sources in the space provided below)															ı		
12. PARIS*	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	YES	I	PARIS data match is received quarterly, is used as a lead only. If PARIS is available and current at renewal it will be utilized.
CMS: Medicare Part D interface	YES	YES	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	NO	NO		An alert is received whenever there is a change. The frequency depends case by case and how many changes occur.  This source can be used for SSN, residency, and DOB if needed to resolve inconsistencies. Would also assist with exempting an individual from the citizenship verification requirement if the person has Medicare.  Will only be used for SSN if the SSN has been verified with SSA.

<sup>\*</sup> 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 Nebraska

State:

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) 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	YES	Must be Applied	Nebraska does interface with Blue Cross Blue Sheild of Nebraska. If the applicant or beneficiary has BCBS of Nebraska it would be verified through an electronic data source. If Nebraska is unable to verify electronically or the applicant/beneficiary has other health insurance paper documentation is required. (e.g. if individual is covered through other insurance carriers)  These verification procedures also apply to the state Medicaid Expansion component, according to title XXI.  The state will require paper documentation only if they cannot validate that individual has other coverage through electronic data source.

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
2. Applicant does not have access to affordable ESI					N/A	
3. When child has had coverage (as applicable to states' waiting period)  4. Access to public employee					N/A	
coverage 5a. Waiting period exception #1 (describe):					N/A 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
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	(Y/N) If Yes, please	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)					

MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both)
State:

Medicaid & CHIP Nebraska

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 some factors of eligibility. For those that it doesn't, Nebraska will utilize electronic data matches to the extent possible. To ensure program integrity Nebraska will utilize paper documentation when information is not reasonably compatible or available electronically.  Nebraska has many data sources, such as SNAP, TANF and Vital Statistics, that may be used to resolve inconsistencies (e.g for citizenship and SSN)before requesting paper documentation.
2	Please describe how the state uses PARIS?	PARIS information is received quarterly. The PARIS match collects data from three separate data matches: Federal, Veterans Affairs (VA) and Interstate. The Federal match provides information about recipients military and civil service benefits. The VA match provides information about veteran's pension and compensation benefits. The Interstate match provides information about recipient's possible receipt of duplicative Medicaid, TANF, Child Care and SNAP benefits issued by the 50 states, Washington D.C. and Puerto Rico.
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	
5	Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):	Nebraska does require individuals to report changes within 10 days.

Section A. Additional Comments		
Section B1. Additional Comments		
Section B2. Additional Comments		
Section C. Additional Comments		