(Insert Medicaid, CHIP, or Both) State: Medicaid & CHIP New Jersey

Section A. Verification Procedures for Factors of Eligibility

	Section A. Vern	ication Procedu	res for Factor	S OF Eligibility				
Eligibility Factor	Self- Attestation Accepted without Additional Verification (Y/N)	Self- Attestation Accepted with Post-Eligibility Verification (Y/N)	III)ata Solirce		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 source indicates income above the applicable standard, and the difference between the two is greater than 10%, then a reasonable explanation/paper documentation will be required. If an individual attests to income above the applicable standard and data source indicates income below the standard, and the difference is more than 10%, the state will ask for additional information. If the individual is then deemed ineligible, state will screen for APTC (Advance Premium Tax Credits).
Residency	YES	NO	NO	N/A	N/A	NO	NO	This process will change once a multi-benefit system is ready. Est 4/1/14.
Age (Date of Birth)	YES	NO	NO	N/A	N/A	NO	NO	
Social Security Number **	NO	NO	YES	N/A	N/A	N/A	YES	
Citizenship **	NO	NO	YES	N/A	N/A	N/A	YES	

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
Immigration Status **	NO	NO	YES	N/A	N/A	N/A	YES	
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	
Medicare	NO	YES	YES	N/A	N/A	NO	YES	Discrepancy is identified if individual says they do not have Medicare but EDS says they do. Does not hold up eligibility because they are not excluded from MA.
Application for Other Benefits	YES	NO	NO	N/A	N/A	NO	NO	
Other: (Please describe any other eligibility factors in the space below)								
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^{*} 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.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP New Jersey

State:

Section B1. Use of Electronic Data Sources

Financial:

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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)	(e	Other Criteria Used (Y/N) (Please Describe in Comments section)	Data Source Used at Applicati on (Y/N)	Used at	Usea Post-	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
1. Internal Revenue Service (IRS)	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		For 10/1/13, NJ will not be using Hub services. Once our eligibility system is implemented we will be changing this plan. This is an approved mitigation plan. Tentative start date for new eligibility system and utilization of Hub is 12/01/13. NJ plans to update Verification Plan at that time. Once NJ begins utilizing Hub, state will use IRS as primary and SWICA as secondary at application. If reasonably compatable, self-attestation of income would be accepted.
2. Social Security Administration (SSA) (SSI, Title II)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		NJ plans to utilize current SSA feed. State will utilize the Hub for this data once new eligibility system is complete. Tentative start date for new eligibility system and utilization of Hub is 12/01/13. This is an approved mitigation plan.
3. State Wage Information Collection Agency (SWICA)	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		NJ Wage data does not include out of state (bordering state) wage data. Will be used at application/renewal as a secondary source when IRS data not reasonably compatible.
4. State Unemployment Compensation	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Unemployment Compensation does not include out of state (bordering state) data. Will be used at application/renewal as a secondary source when IRS data not reasonably compatible.

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)		Used Post-	If Data Source Used for Post- Enrollment - Frequency Used (e.g. monthly, quarterly)	Comments
5. State Administered Supplementary Payment Program	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Currently administered by SSA for NJ.
6. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NJ is developing a multi-benefit system, estimated for April 2014, which wont allow discrepancy in income reported between programs so this data source may be used if the individual is applying for mulitple benefits and is known to the system. The plan will be updated when system is operational.
7. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NJ is developing a multi-benefit system, estimated for April 2014, which wont allow discrepancy in income reported between programs so this data source may be used if the individual is applying for mulitple benefits and is known to the system. The plan will be updated when system is operational.
8. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NJ is developing a multi-benefit system, estimated for April 2014, which wont allow discrepancy in income reported between programs so this data source may be used if the individual is applying for mulitple benefits and is known to the system. The plan will be updated when system is operational.

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)	1 .		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)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		NJ will not use an electronic data source because we do not have a link with OCSE at current time; we are exploring setting one up and may change this at a later date.
10. State Income Tax	YES	YES	YES	YES	YES	YES	NO	YES	YES	NO		Used as a secondary reasonable compatibility tool if FTI is not available at the time of application.
11. Commercial database: (Pease describe any commercial databases in the space below)												
TALX/The Work Number	NO	YES	YES	YES	YES	YES	NO	NO	NO	NO		For 10/1/13, NJ will not be using Hub services. Once our eligibility system is implemented we will be changing this plan. This is an approved mitigation plan. Tentative start date for new eligibility system and utilization of Hub is 12/01/13. NJ plans to update Verification Plan at that time. Once NJ begins utilizing Hub, state will use this data souce similar to State Wage Data: Will be used at application/renewal as a secondary source when IRS data not reasonably compatible.
12. Other: (Please describe any additional electronic data sources in the space below)												

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP

State:

New Jersey

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
Social Security Administration (SSA)	YES	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	YES	NO		NJ plans to utilize current SSA feed. State will utilize the Hub for this data once new eligibility system is complete. Tentative start date for new eligibility system and utilization of Hub is 12/01/13. This is an approved mitigation plan. Data is available but not actively using for age / DOB verification. Source is only used at renewal for Medicare.
2. Department of Homeland Security (DHS) - SAVE	YES	NO	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO		NJ plans to utilize current DHS SAVE feed. State will utilize the Hub for this data once new eligibility system is complete. Tentative start date for new eligibility system and utilization of Hub is 12/01/13. This is an approved mitigation plan. Source is only used at renewal when immigration status is subject to change or expire.
3. Vital Statistics	YES	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		Used as a back-up if citizenship cannot be verified through SSA
4. Department of Motor Vehicles (DMV)	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
5. Temporary Assistance for Needy Families (TANF)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Will be changed to YES when multi-benefit system is ready. Est 4/1/14.
6. Supplemental Nutrition Assistance Program (SNAP)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Will be changed to YES when multi-benefit system is eady. Est 4/1/14.
7. Office of Child Support Enforcement	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES	Quarterly	Medical Support
8. State General Assistance Programs	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO		Will be changed to YES when multi-benefit system is ready. Est 4/1/14.
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																	State is only using this data source for SSN if we know that the SSN has been verified with SSA.
	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO		State income tax used for household eligibility factors if this source indicates an inconsistency with the attestation. Also used for CHIP eligibility.

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)																	
Health Management Systems (HMS)	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	YES	NO	NO	YES	Monthly	Vendor checks all TPL
13. Other: (Please describe additional electronic data sources in the space provided below) 12. PARIS*																Quarterly	State is only using this data source for SSN
	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	YES		if we know that the SSN has been verified with SSA. Used to identify if an indiviudal is enrolled in benefits in another state. May identify if a person has moved out of state leading to an inconsistency with residency that needs to be folllowed up on.
* Under 42 CFR 435	.945(d),	all State	e Medi	caid eli	gibility	systems	s must (conduc	t a mat	ch with	n PARIS	for Int	erstate ben	efit informa	ition.		

^{*} 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.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP State: New Jersey

Section C . Additional Factors of Eligibility for Separate CHIP

	Self-	Self-	Electronic	Paper		
Eligibility Factor	Attestation Accepted without Additional Verification	Attestation Accepted with Post- Enrollment Verification	Data Source	Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
Applicant does not have other coverage	NO	YES	YES	NO	Must be Applied	Commercial data source from HMS used. Paper documentation required only for when insurance has ended. This process also applies to Medicaid expansion program. Questions 2-6 are not applicable to this population. No waiting periods for these children.
2. Applicant does not have access to affordable ESI	NO	YES	YES	NO	l	Will check with other database systems on the backend post-verification. Will enroll them and then perform TPL check on the backend. It's an electronic process via vendor HMS. Utilize HMS vendor for verification.
3. When child has had coverage (as applicable to states' waiting period)	NO	YES	YES	YES		Commercial data source from HMS used. Termination letter from insurance company required. If a child applies for Medicaid expansion under CHIP, NJ will also verify that applicant does not have other coverage. Caveat: child has the option of keeping Medicaid expansion but dropping other insurance. Verification still on the back end.
4. Access to public employee coverage	NO	YES	YES	YES		
5a. Waiting period exception #1 (describe):	NO	NO	NO	YES		Up to 350%, lost through no fault of your own, drop private individual insurance or COBRA expires - paper documentation required before enrollment.
5b. Waiting period exception #2 (describe):	NO	NO	NO	YES		Up to 200%, stop paying COBRA benefits - paper documentation required before enrollment.

Eligibility Factor	Self- Attestation Accepted without Additional Verification	Self- Attestation Accepted with Post- Enrollment Verification	Paper Documentatio n Required from the Individual (Y/N)	Non- Applicabl e (N/A)	Comments
5c. Waiting period exception				N/A	
#3 (describe): 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	
6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)					

	SED ELIGIBILITY VERIFICATION PLAN	
(Insert M	ledicaid, CHIP, or Both)	Medicaid & CHIP
State:		New Jersey
	Section D. Additional Verification Questions	
	Question	Response
	If paper documentation is required when a data source is not	In NJ, paper documentation would only be required when electronic data is
	available or the information obtained from a data source is not	inconsistent or information cannot be verified electronically, such as income
	reasonably compatible with the information provided by or on behalf	from a "day laborer" or a recent change in circumstances such as loss of
	· · · ·	employment. For most of these situations, the only way to verify the
		information is through paper documents. The state accepts self-attestation for
1	considering such factors as cost and program integrity in accordance	most non-financial factors of eligibility and only follows up with the individual if
	, , ,	internal data sources from other human services programs identifies any
	` '	inconsistencies that affect the individual's eligibility.
	Please describe how the state uses PARIS?	PARIS Interstate matches are reviewed on a quarterly basis to identify
	Trease describe now the state ases trans.	beneficiaries who have moved out of the state and are enrolled in benefits in
		another state. NJ is developing plans for reviewing Federal and Veterans
2		matches in the future for verification of items such as other available insurance
		and income.
		and income.
3	Please indicate (YES) or (NO) if the State intends to request	
	Secretarial approval to solely use alternative data sources for	NO
	financial verification other than those listed in 42 CFR 435.948	INO
	(Numbers 1-8 in Section B-1).	

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