

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both)

Medicaid & CHIP

State:

Virginia

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. Percent Threshold | 10% | YES | YES | <p>If individual attests to income below the applicable standard and data sources indicate income above the applicable standard, if difference between the two is 10% or less, will accept attestation. If difference is more than 10%, will first ask for a reasonable explanation and if necessary, will request further verification, which could be paper documentation from individual. If no data sources exist to verify attestation and attestation is below the income level, will require an explanation or paper documentation.</p> <p>If individual attests to income above the applicable standard and data source indicates income below the standard, the state will accept the attestation of the higher income as the most current data available and, therefore, find the individual ineligible for Medicaid and refer to FFM.</p> |

| 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 |
|--------------------------------|---|--|-----------------------------------|--|--|--|--|---|
| Residency | YES | NO | NO | N/A | N/A | NO | NO | Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. |
| Age (Date of Birth) | YES | NO | NO | N/A | N/A | NO | NO | Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. In those cases, Date of birth can be verified through match with SSA. |
| Social Security Number ** | NO | NO | YES | N/A | N/A | N/A | YES | Additional documentation required from individual ONLY if SSA unable to verify SSN |
| Citizenship ** | NO | NO | YES | N/A | N/A | N/A | YES | Additional documentation required from individual ONLY if citizenship unable to be verified electronically |
| Immigration Status ** | NO | NO | YES | N/A | N/A | N/A | YES | Additional documentation required from individual ONLY if immigration status unable to be verified electronically |
| Household Composition | YES | NO | NO | N/A | N/A | NO | NO | Accept self-attestation unless information received is questionable or inconsistent with other information that the agency has obtained for other purposes. |
| Pregnancy *** | YES | NO | NO | N/A | N/A | NO | NO | |
| Caretaker Relative | YES | NO | NO | N/A | N/A | NO | NO | |
| Medicare | NO | NO | YES | N/A (reference the comments) | N/A | NO | YES | Will verify receipt of Medicare through SSA (SOLQ-I). If discrepancy is found then paper documentation is requested. Medicare verification will occur for every individual providing a Medicare number. |
| Application for Other Benefits | NO | NO | YES | N/A (reference the comments) | N/A | NO | YES | Will request paper documentation only when electronic data source not available for benefit |

| 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 |
|--|---|--|-----------------------------------|--|--|--|--|----------|
| Other: (Please describe any other eligibility factors in the space below) | | | | | | | | |
| <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> | | | | | | | | |
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MAGI-BASED ELIGIBILITY VERIFICATION PLAN

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

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 | | Virginia currently uses IRS data |
| 2. Social Security Administration (SSA) (SSI, Title II) | YES | YES | YES | YES | YES | YES | NO | YES | YES | NO | | Hub SSA composite service used at application and renewals. |
| 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 | | Data source only for non-MAGI, ABD population already in Medicaid |
| 6. State General Assistance Programs | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | | Data source only exists in a few localities and there is no way to verify dollar amount. |
| 7. Supplemental Nutrition Assistance Program (SNAP) | YES | YES | YES | YES | YES | YES | NO | YES | YES | NO | | If the SNAP program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes. The data is only available at the local level and may not be able to access through a centralized call center. |

| 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 |
|---|--------------------------------------|---------------------------|-----------------------------|------------------------------------|------------------------------|--------------------------------|---|---------------------------------------|-----------------------------------|--|--|--|
| 8. Temporary Assistance for Needy Families (TANF) | YES | YES | YES | YES | YES | YES | NO | YES | YES | NO | | If the TANF program has raw income information on an ongoing case that has medical assistance attached, VA may use the income data for verification purposes. The data is only available at the local level and may not be able to access through a centralized call center. |
| 9. Office of Child Support Enforcement (OCSE) | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | | Not relevant under MAGI; no longer counted as income. |
| 10. State Income Tax | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | | Medicaid does not have legal authority to access |
| 11. Commercial database: (Please describe any commercial databases in the space below) | | | | | | | | | | | | |
| The Work Number | YES | YES | YES | YES | YES | YES | NO | YES | YES | NO | | Virginia uses this data through a direction connection through the State. We do not use this service through the HUB. |
| 12. Other: (Please describe any additional electronic data sources in the space below) | | | | | | | | | | | | |
| PARIS | YES | NO | NO | NO | NO | NO | NO | NO | NO | YES | Quarterly | Used for instances of unreported income by the receipt Fraud Unit. Not used for any eligibility or renewal determination. |
| 1. The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria. | | | | | | | | | | | | |

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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 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 | NO | NO | NO | NO | YES | YES | NO | YES | YES | NO | | Used at renewal for Medicare and Application for other Benefits only. Age/DOB is available through SSA if needed to resolve inconsistencies that the state is made aware of. |
| 2. Department of Homeland Security (DHS) - SAVE | YES | NO | YES | YES | NO | NO | NO | NO | NO | NO | NO | NO | YES | YES | NO | | Virginia currently uses all three steps of SAVE through the Hub Only used at renewal for those individuals whose immigration status is likely to change and for the 5-year bar. |
| 3. Vital Statistics | YES | NO | YES | NO | NO | NO | NO | NO | NO | NO | NO | NO | YES | NO | NO | | Used only if other electronic sources not available. Age/DOB information is available through vital statistics if needed to resolve inconsistencies. |
| 4. Department of Motor Vehicles (DMV) | YES | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | YES | YES | NO | NO | | Used only to verify identity in the context of citizenship, if necessary, if other electronic sources not available. Will not use to verify residency as not considered reliable. |
| 5. Temporary Assistance for Needy Families (TANF) | 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 |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------|---------------------------------------|-----------------------------------|--|--|--|
| 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: <i>(Please describe any commercial databases in the space below)</i> | | | | | | | | | | | | | | | | | |
| 13. Other: <i>(Please describe additional electronic data sources in the space provided below)</i> | | | | | | | | | | | | | | | | | |
| 12. PARIS* | YES | NO | NO | NO | NO | NO | NO | NO | NO | NO | NO | YES | NO | NO | YES | Quarterly | Used by fraud workers for interstate benefits, third party liability, veteran information and instances of unreported income |
| * 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. | | | | | | | | | | | | | | | | | |

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 State: Virginia
 Last updated 05/26/2016

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) <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 | YES | NO | NO | NO | Must be Applied | The CHIP Medicaid expansion program follows the same verification procedures. |
| 2. Applicant does not have access to affordable ESI | YES | NO | NO | NO | | |
| 3. When child has had coverage (as applicable to states' waiting period) | YES | NO | NO | YES | | The waiting period for CHIP no longer applies. |
| 4. Access to public employee coverage | YES | NO | NO | NO | | |
| 5a. Waiting period exception #1 (describe): | | | | | | |
| 5b. Waiting period exception #2 (describe): | | | | | | |
| 5c. Waiting period exception #3 (describe): | | | | | | |

| Eligibility Factor | Self-Attestation Accepted without Additional Verification | Self-Attestation Accepted with Post-Enrollment Verification (Y/N) | 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): | | | | | | |
| 5e. Waiting period exception #5 (describe): | | | | | | |
| 5f. Waiting period exception #6 (describe): | | | | | | |
| 5g. Waiting period exception #7 (describe): | | | | | | |
| 5h. Waiting period exception #8 (describe): | | | | | | |
| 5i. Waiting period exception #9 (describe): | | | | | | |
| 5j. Waiting period exception #10 (describe): | | | | | N/A | |
| 6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i> | | | | | | |
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| MAGI-BASED ELIGIBILITY VERIFICATION PLAN (Insert Medicaid, CHIP, or Both) State: Last updated | Medicaid & CHIP Virginia 05/26/2016 |
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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 of many factors of eligibility. For those that we do not, the state utilizes all available electronic data sources, included vital statistics as a back-up for citizenship, and asks for a reasonable explanation prior to requesting documentation. State does not have legal authority to access all sources of income which might be available, e.g., state income tax data. State will only require paper documentation when electronic sources are not available or information is not reasonably compatible |
| 2 | Please describe how the state uses PARIS? | Used for third party liability, veteran information and instances of unreported income. Used also to verify receipt of benefits in another state |
| 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. | |
| 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 |

| | Question | Response |
|---|---|----------|
| | <p>If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements:</p> <ol style="list-style-type: none"> 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): | None |

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